

BCF Template Cover

Explanatory Notes for sections that are incomplete (red rated): The Metrics for Admission Avoidance are not automatically pulling through to the Summary page and the template does not enable this to be manually entered – NHS England are aware of this glitch.

Better Care Fund 2022-23 Template

2. Cover

Version 1.0.0



Please Note:

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- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.
- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board: Reading

Completed by: Beverley Nicholson

E-mail: beverley.nicholson@reading.gov.uk

Contact number: 07812 461464

Has this plan been signed off by the HWB (or delegated authority) at the time of submission? Yes

If no please indicate when the HWB is expected to sign off the plan: If using a delegated authority, please state who is signing off the BCF plan:

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title: Executive Director of Adult Social Care
Name: Seona Douglas

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

*Area Assurance Contact Details:	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
	Health and Wellbeing Board Chair	Cllr	Ruth	McKewan	ruth.mcewan@reading.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Dr	James	Kent	jameskent99@nhs.net
	Additional ICB(s) contacts if relevant		Belinda	Seston	belinda.seston@nhs.net
	Local Authority Chief Executive		Jackie	Yates	jackie.yates@reading.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)		Seona	Douglas	seona.douglas@reading.gov.uk
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Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the

Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	No
7. Planning Requirements	Yes

Summary

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board:

Reading

Income & Expenditure

[Income >>](#)

Funding Sources	Income	Expenditure	Difference
DFG	£1,197,341	£1,197,341	£0
Minimum NHS Contribution	£11,781,757	£11,781,757	£0
iBCF	£2,692,624	£2,692,624	£0
Additional LA Contribution	£270,400	£270,400	£0
Additional ICB Contribution	£0	£0	£0
Total	£15,942,122	£15,942,122	£0

[Expenditure >>](#)

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£3,106,841
Planned spend	£5,171,316

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£5,934,130
Planned spend	£6,520,440

Scheme Types

Assistive Technologies and Equipment	£184,500	(1.2%)
Care Act Implementation Related Duties	£2,079,046	(13.0%)
Carers Services	£529,423	(3.3%)
Community Based Schemes	£421,324	(2.6%)
DFG Related Schemes	£1,197,341	(7.5%)
Enablers for Integration	£970,808	(6.1%)
High Impact Change Model for Managing Transfe	£173,640	(1.1%)
Home Care or Domiciliary Care	£0	(0.0%)
Housing Related Schemes	£0	(0.0%)
Integrated Care Planning and Navigation	£1,118,623	(7.0%)
Bed based intermediate Care Services	£1,761,265	(11.0%)
Reablement in a persons own home	£6,181,661	(38.8%)
Personalised Budgeting and Commissioning	£0	(0.0%)
Personalised Care at Home	£1,279,491	(8.0%)
Prevention / Early Intervention	£45,000	(0.3%)
Residential Placements	£0	(0.0%)
Other	£0	(0.0%)
Total	£15,942,122	

Summary (Cont...)

Note: The Avoidable Admissions Metrics are not automatically pulling through. They are:

2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
170	195	204	195

[Metrics >>](#)

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)				

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	91.0%	91.0%	91.0%	91.0%

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	487	497

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	85.0%

[Planning Requirements >>](#)

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	Yes
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	Yes
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

Income:

Better Care Fund 2022-23 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)	
Total Minimum LA Contribution (exc iBCF)	£1,197,341

IBCF Contribution	Contribution
Reading	£2,692,624
Total iBCF Contribution	£2,692,624

Are any additional LA Contributions being made in 2022-23? 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	£211,000	Carer's respite and assessment service £75k
Reading	£59,400	Underspend from 2021/22 c/fwd in
Total Additional Local Authority Contribution	£270,400	

NHS Minimum Contribution	Contribution
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£11,781,757
Total NHS Minimum Contribution	£11,781,757

Checklist

Complete:

Yes

Yes

Income (Cont...)

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	No
---	----

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional NHS Contribution	£0	
Total NHS Contribution	£11,781,757	

	2021-22
Total BCF Pooled Budget	£15,942,122

Funding Contributions Comments

Optional for any useful detail e.g. Carry over

Local Authority Contribution is for: Carer's respite and assessment service £75k, Carer's Information Advice & Support Service £100k (£30k ringfenced for BfFC), Social Prescribing Service £36k. Total £211k. The underspend in the project management office of £59.4k was carried forward and the post has been recruited to in 2022/23 financial year.

Yes

Yes

Expenditure

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board:

Reading

[<< Link to summary sheet](#)

Running Balances	Income	Expenditure	Balance
DFG	£1,197,341	£1,197,341	£0
Minimum NHS Contribution	£11,781,757	£11,781,757	£0
iBCF	£2,692,624	£2,692,624	£0
Additional LA Contribution	£270,400	£270,400	£0
Additional NHS Contribution	£0	£0	£0
Total	£15,942,122	£15,942,122	£0

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£3,106,841	£5,171,316	£0
Adult Social Care services spend from the minimum ICB allocations	£5,934,130	£6,520,440	£0

Expenditure (Cont...)

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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Sheet complete

													Planned Expenditure	
Scheme ID	Scheme Name	Brief Description of Scheme	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	Local Authority Social Work and Occupational Therapy	Care Act Implementation Related Duties	Other	Hospital Discharge Support Team	Social Care		LA			Local Authority	Minimum NHS Contribution	£1,680,339	Existing
2	Reablement care packages	Intermediate Care Services	Reablement in a persons own home	Reablement to support discharge -step		Social Care		LA			Local Authority	Minimum NHS Contribution	£1,845,996	Existing
3	Step Down Beds - Discharge to Assess	Intermediate Care Services	Bed based intermediate Care Services	Step down (discharge to assess pathway-		Social Care		LA			Local Authority	Minimum NHS Contribution	£297,591	Existing
4	Step Down Beds - Physiotherapy	Intermediate Care Services	Bed based intermediate Care Services	Step down (discharge to assess pathway-		Social Care		LA			Local Authority	Minimum NHS Contribution	£82,744	Existing
5	Care Packages - Mental Health	Personalised Care at Home	Personalised Care at Home	Mental health /wellbeing		Social Care		LA			Private Sector	Minimum NHS Contribution	£116,494	Existing
6	Care Packages - Physical Support	Personalised Care at Home	Personalised Care at Home	Physical health/wellbeing		Social Care		LA			Private Sector	Minimum NHS Contribution	£710,493	Existing
7	Care Packages - Memory and Cognition	Personalised Care at Home	Personalised Care at Home	Mental health /wellbeing		Social Care		LA			Private Sector	Minimum NHS Contribution	£452,504	Existing
8	Equipment (e.g. Wearable TEC, walking and	Assistive equipment to support rehabilitation	Assistive Technologies and Equipment	Telecare		Social Care		LA			Private Sector	Minimum NHS Contribution	£184,500	Existing
9	Care Act Funding	Care Act Implementation Related Duties	Care Act Implementation Related Duties	Carer advice and support		Social Care		LA			Local Authority	Minimum NHS Contribution	£398,707	Existing
10	Carers Funding - Grants, Voluntary	Carers Services	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£146,000	Existing

Expenditure (Cont...)

11	Carers Funding - Grants, Voluntary	Carers Services	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	£270,400	Existing
12	IMHA	Prevention / Early Intervention	Prevention / Early Intervention	Other	Advocacy	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£35,000	Existing
13	Extended Settling In Services	Post hospital discharge settling in service at home	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£10,000	Existing
14	ICB PMO (BOB)	Share of cross Berkshire West Programme	Enablers for Integration	Programme management		Other	Risk Share	LA			Local Authority	Minimum NHS Contribution	£28,000	Existing
15	BCF Reading Locality Project Management	RIB Programme management and analytics team	Enablers for Integration	Programme management		Social Care		LA			Local Authority	Minimum NHS Contribution	£160,073	Existing
16	RIB Integration Projects to support	Integration Board Projects supporting integration, health	Enablers for Integration	Integrated models of provision		Social Care		LA			Local Authority	Minimum NHS Contribution	£400,000	Existing
17	iBCF	Community Reablement services	Reablement in a persons own home	Preventing admissions to acute setting		Social Care		LA			Private Sector	iBCF	£2,692,624	Existing
18	DFG	Supporting people with disability	DFG Related Schemes	Adaptations, including statutory DFG		Social Care		LA			Private Sector	DFG	£1,197,341	Existing
19	CCG Contingency	Share of cross Berkshire West Contingency Funding	Integrated Care Planning and Navigation	Other	Contingency	Community Health	CCG Staff Cost	CCG			CCG	Minimum NHS Contribution	£129,773	Existing
20	ICP PMO	Share of cross Berkshire West Programme	Enablers for Integration	Programme management		Other	Risk Share	CCG			CCG	Minimum NHS Contribution	£82,735	Existing
21	Risk share-LA	Other	Integrated Care Planning and Navigation	Other	Risk share	Other	Risk Share	CCG			CCG	Minimum NHS Contribution	£138,127	Existing
22	BHFT Re-ablement Contract	Reablement & Rehabilitation Services.	Reablement in a persons own home	Preventing admissions to acute setting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£998,687	Existing
23	SCAS Falls Service & Frailty	Partnership with SCAS to reduce NEAs due to falls.	Community Based Schemes	Integrated neighbourhood services		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£266,000	Existing
24	Carers Funding CCG	Support for Young People with Dementia (YPWD). Alzheimers	Carers Services	Other	Support Young People with Dementia /	Community Health		CCG			Charity / Voluntary Sector	Minimum NHS Contribution	£113,023	Existing

Expenditure (Cont...)

25	Connected Care	Data Integration between Health & Social Care	Enablers for Integration	System IT Interoperability		Community Health		CCG			Private Sector	Minimum NHS Contribution	£300,000	Existing
26	Care Homes / RRaT	Intermediate Care Services	Reablement in a persons own home	Rapid/Crisis Response - step up (2 hr)		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£587,320	Existing
27	Out Of Hospital Speech & Language	Eating & drinking referral service.	Reablement in a persons own home	Reablement service accepting		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£57,034	Existing
28	Out of Hospital Care Home in-reach	HICM for Managing Transfer of Care	High Impact Change Model for Managing	Improved discharge to Care Homes		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£111,640	Existing
29	Out Of Hospital - Community Geriatrician	Provide Community Geriatrician Service - urgent referrals seen	Bed based intermediate Care Services	Rapid/Crisis Response		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£117,707	Existing
30	Out Of Hospital - Intermediate Care (including	Rapid response services delivered for patients discharged	Bed based intermediate Care Services	Step up		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£950,148	Existing
31	Out Of Hospital Health Hub	Acute Single Point of Access to Community Health Services.	Integrated Care Planning and Navigation	Assessment teams/joint assessment		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£436,850	Existing
32	Out Of Hospital - Intermediate Care night	Rapid response services delivered to patients in their own	Bed based intermediate Care Services	Rapid/Crisis Response		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£313,075	Existing
33	Street Triage	To reduce the number of S136's applied by Thames Valley Police	Community Based Schemes	Integrated neighbourhood services		Mental Health		CCG			NHS Community Provider	Minimum NHS Contribution	£155,324	Existing
34	Risk share Performance - Care Home	Risk Share	Integrated Care Planning and Navigation	Other	Risk share	Community Health		CCG			CCG	Minimum NHS Contribution	£413,873	Existing
35	Care Home Selection (CHS)	Supporting hospital discharge	High Impact Change Model for Managing	Home First/Discharge to Assess -		Acute		LA			Local Authority	Minimum NHS Contribution	£62,000	Existing

Metrics:

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board:

8.1 Avoidable admissions

		2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population (See Guidance)	Indicator value	171.3	199.9	206.4	197.8	Note: There is a discrepancy between the end of year reported position (using SUS data published by BCF team), which shows a total actual rate of 680.6, and the data shown in this template from the BCF team (775.4). This is because the method of measuring this data has been changed by NHSE to the Indirectly Standardised Rate (SIR). Our plan for 2022/23 is based on the actual data reported for 2021/22 and the forecast for 2022/23 using the ISR data and planning tool, provided by the BCF data team and Clinical Support Unit (CSU). As our Q1 2022/23 figure is the actual rate reported and is 21% higher than Q1 in 2021/22, we believe there is no further capacity for reduction and have used a 0% improvement rate for the remaining three quarters. Historically Q3 and Q4 intakes have been higher than Q1 and Q2, and as the system remains under pressure this is a realistic stretch target. Whilst we realise that this in effect shows an increase in admissions compared to the previous year, we have to be realistic and are bearing in mind the impact of "Cost of Living" and Energy Crisis, which can lead to people being hungry/cold and potentially more susceptible to falls and respiratory infections. We have also been advised by PH England that the strain of Winter Flu this year (predicated on the occurrences in Australia, giving an indication of what will happen in other parts of the world) is likely to lead to 3 to 5 times more deaths in the UK, and likely to lead to an increase in respiratory ill health and potential admissions. It is of note that 30% of admissions in the older age group 65+ for Q1 2022/23 were in relation to COPD.	Multi Disciplinary Team (MDT) reviews at Primary Care Network (PCN) level to ensure people with long term conditions are supported to manage their conditions effectively. Intermediate Care and Rapid Response teams to support people in the
	Denominator	160,300	160,300	160,300	160,300		
	Indicator value	206	200	206	198		
	Denominator	160,300	160,300	160,300	160,300		

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

Checklist

Complete:

Yes

Yes

Narrative sections expanded:

Rationale for how ambition was set	Local plan to meet ambition
<p>Note: There is a discrepancy between the end of year reported position (using SUS data published by BCF team), which shows a total actual rate of 680.6, and the data shown in this template from the BCF team (775.4). This is because the method of measuring this data has been changed by NHSE to the Indirectly Standardised Rate (SIR). Our plan for 2022/23 is based on the actual data reported for 2021/22 and the forecast for 2022/23 using the ISR data and planning tool, provided by the BCF data team and Clinical Support Unit (CSU). As our Q1 2022/23 figure is the actual rate reported and is 21% higher than Q1 in 2021/22, we believe there is no further capacity for reduction and have used a 0% improvement rate for the remaining three quarters. Historically Q3 and Q4 intakes have been higher than Q1 and Q2, and as the system remains under pressure this is a realistic stretch target. Whilst we realise that this in effect shows an increase in admissions compared to the previous year, we have to be realistic and are bearing in mind the impact of "Cost of Living" and Energy Crisis, which can lead to people being hungry/cold and potentially more susceptible to falls and respiratory infections. We have also been advised by PH England that the strain of Winter Flu this year (predicated on the occurrences in Australia, giving an indication of what will happen in other parts of the world) is likely to lead to 3 to 5 times more deaths in the UK, and likely to lead to an increase in respiratory ill health and potential admissions. It is of note that 30% of admissions in the older age group 65+ for Q1 2022/23 were in relation to COPD.</p>	<p>Multi Disciplinary Team (MDT) reviews at Primary Care Network (PCN) level to ensure people with long term conditions are supported to manage their conditions effectively. Intermediate Care and Rapid Response teams to support people in the community. Support to the Health Checks programme and in particular, a focus on communities where there is deprivation, using a Population Health Management (PHM) approach).</p>

Metrics (Cont...)

Explanatory note: Metric 8.2 is missing because that was the previous Length of Stay measure which has been removed from the template, however the metric numbering has remained the same within the template.

8.3 Discharge to usual place of residence

		2021-22 Q1	2021-22 Q2	2021-22 Q3	2021-22 Q4	Rationale for how ambition was set	Local plan to meet ambition
		Actual	Actual	Actual	Actual		
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)	Quarter (%)	92.0%	91.9%	92.3%	92.0%	This year we are aligning with our Local Authority partners at a Berkshire West Place level and we have agreed a minimum Berkshire West target of 91%, based on forecast data from our Commissioning Support Unit (CSU). This has been agreed with our system partners within the Acute Trust and Urgent and Emergency Care Board.	We have continued to adopt a "Home First" approach as outlined in the Hospital Discharge Service Policy and the High Impact Change Model for transfers of care, which has been successful. We also work closely with the Voluntary Care Sector to enable support to be in place, where needed, and included in the discharge plan. In
	Numerator	2,598	2,624	2,667	2,472		
	Denominator	2,825	2,856	2,890	2,688		
	2022-23 Q1	2022-23 Q2	2022-23 Q3	2022-23 Q4			
	Plan	Plan	Plan	Plan			
	Quarter (%)	91.0%	91.0%	91.0%	91.0%		
	Numerator	2,639	2,588	2,609	2,448		
	Denominator	2,900	2,845	2,868	2,691		

Yes
Yes
Yes

Narrative sections expanded:

Rationale for how ambition was set	Local plan to meet ambition
This year we are aligning with our Local Authority partners at a Berkshire West Place level and we have agreed a minimum Berkshire West target of 91%, based on forecast data from our Commissioning Support Unit (CSU). This has been agreed with our system partners within the Acute Trust and Urgent and Emergency Care Board. Whilst the Berkshire West target has been agreed at Place level, we expect to improve on performance against this target.	We have continued to adopt a "Home First" approach as outlined in the Hospital Discharge Service Policy and the High Impact Change Model for transfers of care, which has been successful. We also work closely with the Voluntary Care Sector to enable support to be in place, where needed, and included in the discharge plan. In the small number of cases where a person cannot return directly home, there is a plan to support them to get back home, wherever possible, as quickly as possible. Our Priority for introducing a "Self-Neglect Pathway" will support us to get more people home, as well as improved reablement and intermediate care services to support timely discharge and support at home where needed. The use of Technology Enabled Care (TEC) has been very successful in Reading, and work in this area to further develop the TEC available to people is underway. Numbers of people using TEC has increased significantly and we expect this to be a key factor in enabling people to return home and remain safe in that environment.

Metrics (Cont...)

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	486.8	439.1	505.9	469.0	We have set our target as a reduction on the Actual number of admissions (507) in 2021/22, by reducing the intake (numerator) to 100, and feel this is realistic stretch, based on the population (automated in this	In 2021/22 the Target rate was 439 and actual rate 507 (this template does not enable entry of this figure). We are aiming for a reduction on actual intake in 2022/23: Implementation of the use of Technology Enabled Care and
	Numerator	99	92	106	100		
	Denominator	20,335	20,953	20,953	21,324		

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

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

Yes

Yes

Narrative sections expanded:

Rationale for how ambition was set	Local plan to meet ambition
We have set our target as a reduction on the Actual number of admissions (507) in 2021/22, by reducing the intake (numerator) to 100, and feel this is a realistic stretch, based on the population (automated in this template) of people over the age of 65 in 2022/23, which would reduce the overall rate of admission to residential/nursing homes by 7.5% to 469, from actual performance in 2021/22. The population figures being used by NHSE for this measure are the 2020 mid-year estimates. According to the 2021 Census data, the population of Reading has increased to 174k, and the proportion of people 65+ is 20,900, however reporting from BCF will continue to be based on the population figures automated in this template, which we are not able to change.	In 2021/22 the Target rate was 439 and actual rate 507 (this template does not enable entry of this figure). We are aiming for a reduction on actual intake in 2022/23: Implementation of the use of Technology Enabled Care and continued collaboration with system partners providing community rapid response and intermediate care to avoid admission to care homes where possible.

Metrics (Cont...)

8.5 Reablement

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	79.4%	87.0%	80.0%	85.0%	2021/22 Target was 87%, this was an unrealistic target, and never achieved due to inclusion of people that passed away, as set out in NHS guidance for this metric. We are proposing a stretch target of 85% for 2022/23 which has	We are in the process of a local (Reading) review of our Reablement services and are also involved in a review of Intermediate Care service delivery at Berkshire West "Place" level. We believe the target is realistic
	Numerator	100	456	387	409		
	Denominator	126	524	484	481		

Yes

Yes

Yes

Narrative sections expanded:

Rationale for how ambition was set	Local plan to meet ambition
<p>2021/22 Target was 87%, this was an unrealistic target, and never achieved due to inclusion of people that passed away, as set out in NHS guidance for this metric. We are proposing a stretch target of 85% for 2022/23 which has been aligned and agreed across Berkshire West. Note: Error in 2020/21 dataset: Denominator should be 423, and numerator should be 336 (79.4%). This cannot be amended in this template.</p>	<p>We are in the process of a local (Reading) review of our Reablement services and are also involved in a review of Intermediate Care service delivery at Berkshire West "Place" level. We believe the target is realistic based on previous performance and is a stretch, in consideration of the likely impact of the winter Flu season and cost of living. Public Health are predicting an increase in death rates 3 to 5 times worse than in previous years, due to the impact of 'cost of living' increases, potentially leading to neglect, cutting back and leaving elderly frail people susceptible and less resilient. We continue to work closely with our voluntary care sector partners to support people who are vulnerable, and we are currently in the process of commissioning a "Home from Hospital" service, that will complement our reablement and intermediate care services in Reading.</p>

Planning Requirements

Better Care Fund 2022-23 Template

7. Confirmation of Planning Requirements

Selected Health and Wellbeing Board:

Reading

Theme	Code	Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR)	Confirmed through	Please confirm whether your BCF plan meets the Planning Requirement?	Please note any supporting documents referred to and relevant page numbers to assist the assurers	Where the Planning requirement is not met, please note the actions in place towards meeting the requirement	Where the Planning requirement is not met, please note the anticipated timeframe for meeting it
NC1: Jointly agreed plan	PR1	A jointly developed and agreed plan that all parties sign up to	<p>Has a plan, jointly developed and agreed between ICB(s) and LA; been submitted?</p> <p>Has the HWB approved the plan/delegated approval?</p> <p>Have local partners, including providers, VCS representatives and local authority service leads (including housing and DFG leads) been involved in the development of the plan?</p> <p>Where the narrative section of the plan has been agreed across more than one HWB, have individual income, expenditure and metric sections of the plan been submitted for each HWB concerned?</p>	<p>Cover sheet</p> <p>Cover sheet</p> <p>Narrative plan</p> <p>Validation of submitted plans</p>	Yes			
	PR2	A clear narrative for the integration of health and social care	<p>Is there a narrative plan for the HWB that describes the approach to delivering integrated health and social care that describes:</p> <ul style="list-style-type: none"> • How the area will continue to implement a joined-up approach to integrated, person-centred services across health, care, housing and wider public services locally • The approach to collaborative commissioning • How the plan will contribute to reducing health inequalities and disparities for the local population, taking account of people with protected characteristics? This should include <ul style="list-style-type: none"> - How equality impacts of the local BCF plan have been considered - Changes to local priorities related to health inequality and equality, including as a result of the COVID 19 pandemic, and how activities in the document will address these. <p>The area will need to also take into account Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with Core20PLUS5.</p>	Narrative plan	Yes			
	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	<p>Is there confirmation that use of DFG has been agreed with housing authorities?</p> <ul style="list-style-type: none"> • Does the narrative set out a strategic approach to using housing support, including use of DFG funding that supports independence at home? • In two tier areas, has: <ul style="list-style-type: none"> - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? - The funding been passed in its entirety to district councils? 	<p>Narrative plan</p> <p>Confirmation sheet</p>	Yes			
NC2: Social Care Maintenance	PR4	A demonstration of how the area will maintain the level of spending on social care services from the NHS minimum contribution to the fund in line with the uplift in the overall contribution	Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			
NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes			

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Planning requirements (Cont...)

NC3: NHS commissioned Out of Hospital Services	PR5	Has the area committed to spend at equal to or above the minimum allocation for NHS commissioned out of hospital services from the NHS minimum BCF contribution?	Does the total spend from the NHS minimum contribution on non-acute, NHS commissioned care exceed the minimum ringfence (auto-validated on the planning template)?	Auto-validated on the planning template	Yes				
NC4: Implementing the BCF policy objectives	PR6	Is there an agreed approach to implementing the BCF policy objectives, including a capacity and demand plan for intermediate care services?	Does the plan include an agreed approach for meeting the two BCF policy objectives: <ul style="list-style-type: none"> - Enable people to stay well, safe and independent at home for longer and - Provide the right care in the right place at the right time? <ul style="list-style-type: none"> • Does the expenditure plan detail how expenditure from BCF funding sources supports this approach through the financial year? • Has the area submitted a Capacity and Demand Plan alongside their BCF plan, using the template provided? • Does the narrative plan confirm that the area has conducted a self-assessment of the area's implementation of the High Impact Change Model for managing transfers of care? • Does the plan include actions going forward to improve performance against the HICM? 	Narrative plan Expenditure tab C&D template and narrative Narrative plan Narrative template	Yes				
Agreed expenditure plan for all elements of the BCF	PR7	Is there a confirmation that the components of the Better Care Fund pool that are earmarked for a purpose are being planned to be used for that purpose?	<ul style="list-style-type: none"> • Do expenditure plans for each element of the BCF pool match the funding inputs? (auto-validated) • Is there confirmation that the use of grant funding is in line with the relevant grant conditions? (see paragraphs 31 – 43 of Planning Requirements) (tick-box) • Has the area included a description of how BCF funding is being used to support unpaid carers? • Has funding for the following from the NHS contribution been identified for the area: <ul style="list-style-type: none"> - Implementation of Care Act duties? - Funding dedicated to carer-specific support? - Reablement? 	Expenditure tab Expenditure plans and confirmation sheet Narrative plan Narrative plans, expenditure tab and confirmation sheet	Yes				
Metrics	PR8	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<ul style="list-style-type: none"> • Have stretching ambitions been agreed locally for all BCF metrics? • Is there a clear narrative for each metric setting out: <ul style="list-style-type: none"> - the rationale for the ambition set, and - the local plan to meet this ambition? 	Metrics tab	Yes				

Yes
Yes
Yes
Yes