



**Better Care Fund 2022-23 End of Year Template**

**2. Cover**

**Version 1.0**

*Please Note:*

- The BCF end of year reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here 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 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.

<b>Health and Wellbeing Board:</b>	Reading		Yes
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<b>Completed by:</b>	Chris Greenway		Yes
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<b>E-mail:</b>	<a href="mailto:christopher.greenway@reading.gov.uk">christopher.greenway@reading.gov.uk</a>	Yes
<b>Contact number:</b>	07972 177847	Yes
<b>Has this report been signed off by (or on behalf of) the HWB at the time of submission?</b>	Yes	Yes
<b>If no, please indicate when the report is expected to be signed off:</b>		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'. This does not apply to the ASC Discharge Fund tab.**

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

	<b>Complete:</b>
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Income and Expenditure actual	Yes
6. Year-End Feedback	Yes

## Better Care Fund 2022-23 End of Year Template

### 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 2022-23:
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 NHS minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Plan for improving outcomes for people being discharged from hospital	Yes	

**Checklist**

Complete:

Yes

Yes

Yes

Yes

## Better Care Fund 2022-23 End of Year Template

### 4. Metrics

Selected Health and Wellbeing Board:

Reading

National data may be unavailable at the time of reporting. As such, please utilise data that may only be available system-wide and other local intelligence.

**Challenges and Support Needs** Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

**Achievements** Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements
<b>Avoidable admissions</b>	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	810.5	On track to meet target	The impact of Flu and continued impact of Covid during the winter period has been a challenge and we were pleased to be able to manage the level of avoidable admissions within the realistic target set.	The programme of promoting the NHS health checks and supportive community based "health MOTs" have been helpful in raising awareness of the impact of sensitive conditions on healthy length of life and where

#### Checklist

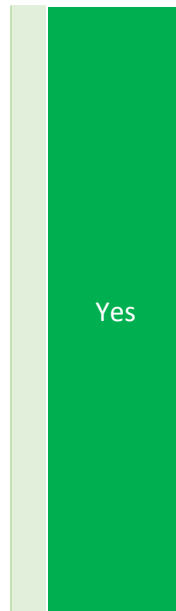
Complete:

Yes

					best to get support, when needed.
<b>Discharge to normal place of residence</b>	Percentage of people who are discharged from acute hospital to their normal place of residence	92.2%	On track to meet target	During the first two quarter of the year, we were above target but the last two quarters have been particularly challenging. The introduction of the ASC Discharge Fund enabled us to purchase more care to get people home but some needs were more complex and this did impact on our performance.	We were pleased that we were able to meet the target across the year, despite challenges in the latter period. The increased use of Technology Enabled Care (TEC) has had a significant impact in this area and further investment for 2023/24 is planned.
<b>Residential Admissions</b>	Rate of permanent admissions to residential care per 100,000 population (65+)	469	On track to meet target	Whilst we are meeting the target, we remain mindful of the current limited capacity in the care market for complex cases, such as people with more challenging behaviours and we continue to work with our system partners to address these gaps.	A Home First approach has ensured that people are not being placed into Residential or Nursing Care Homes and we have significantly overachieved with only 403 people against a target of 469 have been placed into care homes (per 100,000 population (65+)) during 2023/24.

Yes
Yes

<b>Reablement</b>	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	85.0%	Not on track to meet target	NHS England reporting requirements are to include the number of people who had been referred into reablement but had passed away within that 91-day period. Our performance would have been 83%, had we excluded those that had unfortunately passed away during that 91-day period, and still short of the target due to hospital readmissions.	The target for 2022/23 is a minimum of 85%. All quarters have remained below the target threshold (Q1 84.3%, Q2 79.2%, Q3 79.5%, Q4 TBC). The impact of people included that passed away within the 91 day period and hospital readmissions have impacted our performance. A review of our Community Reablement Team (CRT) has been started to review appropriateness of referrals.
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## Better Care Fund 2022-23 End of Year Template

### 5. Income and Expenditure actual

Selected Health and Wellbeing Board:

Reading

#### Income

2022-23		
Disabled Facilities Grant	£1,197,341	
Improved Better Care Fund	£2,692,624	
NHS Minimum Fund	£11,781,757	
<b>Minimum Sub Total</b>		£15,671,722
	Planned	Actual
NHS Additional Funding	£0	Do you wish to change your additional actual NHS funding? No
LA Additional Funding	£270,400	Do you wish to change your additional actual LA funding? No
<b>Additional Sub Total</b>		£270,400
	Planned 22-23	Actual 22-23
<b>Total BCF Pooled Fund</b>	£15,942,122	£15,942,122

ASC Discharge Fund

#### Checklist

Complete:

Yes

Yes

	Planned		Actual	
LA Plan Spend	£474,585		Do you wish to change your additional actual LA funding?	No
ICB Plan Spend	£810,196		Do you wish to change your additional actual ICB funding?	No
<b>ASC Discharge Fund Total</b>		<b>£1,284,781</b>		<b>£1,284,781</b>

	Planned 22-23	Actual 22-23
<b>BCF + Discharge Fund</b>	<b>£17,226,903</b>	<b>£17,226,903</b>

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2022-23

## Expenditure

	2022-23
Plan	£15,942,122

Do you wish to change your actual BCF expenditure? No

Actual	£15,154,122
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Yes

Yes

Yes

Yes

Yes



	ASC Discharge Fund
Plan	£1,284,781

Do you wish to change your actual BCF expenditure? No

Actual	£1,284,781
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<p>Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2022-23</p>	<p>Some underspend occurred due to an agreement between the ICB and the Local Authority to pay funding back into the Local Authority portion of the funding, where ICB commissioned services were not being delivered for Falls &amp; Frailty, for the Local Authority to use towards projects that supported and addressed people in this category. Some of these funds were directed into Technology Enabled Care and we are looking to use remaining funds towards dedicated Falls &amp; Frailty projects which will be reflected in the BCF Plans for 2023/24.</p>
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Yes

Yes

Yes

## Better Care Fund 2022-23 End of Year Template

### 6. 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. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Reading

#### Part 1: Delivery of the Better Care Fund

Please use the below form to indicate to 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	Neither agree nor disagree	During the implementation of the Integrated Care Boards and subsequent consultations, there have been some challenges around ensuring an integrated approach and joint working. We have been able to maintain the majority of schemes as we had previously funded. There has been improved engagement with our Voluntary Sector Partners due to project funding engagement through the Integration Board Programme of Work for 2022/23, which have shown some positive outcomes.
2. Our BCF schemes were implemented as planned in 2022-23	Agree	On the whole yes our schemes were implemented as planned. Where services commissioned through the Integrated Care Board, agreements were reached with regard to reallocating funding to enable us to provide appropriate services locally.

#### Checklist

Complete:

Yes

Yes

3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Neither agree nor disagree	The three Local Authorities within our Integrated Care Board "Place" of Berkshire West, all have different populations with different needs, so it has been a challenge to drive up joint / integrated ways of working to address those needs at scale. We continue to discuss any opportunities to work at scale with our health partners.
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Yes

**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 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	Other	A significantly increased provision of Technology Enabled Care (TEC) equipment, funded through the Better Care Fund, with over 1000 users across Reading, This service has been beneficial in enabling our residents to stay safe and well at home, avoiding admissions and enabling service users to feel able to stay in their own homes for longer. A 12 week universal TEC offer project launched in March 2023 and outcomes will be considered in relation to the programme planning for 2023/24.
Success 2	Other	Implementation of a digital Social Prescribing Platform pilot (JOY), supported through the Better Care Fund Projects allocations. Over 400 referrals within the first few weeks managed through this platform. A full report to be generated in June 2023 on referral routes and outcomes and identifying any potential commissioning gaps. Other successes achieved through the Project Funds that were allocated to schemes

Yes

Yes

		across Reading that would support achievement of the Better Care Fund Objectives. 10 Bids supported from the fund with some really good outcomes for local people, and learning shared with the Integrated Care Partnership and Integrated Care Board.
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5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	6. Good quality and sustainable provider market that can meet demand	We have had a significant number of complex cases, requiring specialist care (e.g. Dementia, Challenging Behaviours and Bariatric) and whilst we are working with our system partners in the acute and community hospitals and provider market to develop capacity in these areas, we have only been able to partially meet the demand, which has led to longer lengths of stay in hospital once people are medically optimised for discharge. We will continue working with our system partners to build a sustainable pathway for people with these needs.
Challenge 2	3. Integrated electronic records and sharing across the system with service users	We have found it particularly challenging to meet the demands of the ASC Discharge Fund reporting every fortnight as our records systems are not set up to focus on hospital discharge in the way that would be required to enable reporting, based on the templates which were provided. We are working with our system partners and have proposed an opportunity to implement a system at pilot stage that would allow clear and accurate reporting both at a Place, Provider and Local Authority level.

Yes

Yes

**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

## Better Care Fund 2022-23 End of Year Template

### ASC Discharge Fund

Selected Health and Wellbeing Board:

Reading

Scheme Name	Scheme Type	Sub Types	Planned Expenditure	Actual Expenditure	Actual Number of Packages	Unit of Measure
Additional block hours of home care	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge	£100,000	£100,000	8,553	Hours of care
Additional Discharge to Assess (D2A) beds	Bed Based Intermediate Care Services	Step down (discharge to assess pathway 2)	£124,800	£93,600	28	Number of beds
Additional IMHA Advocacy capacity	Other		£10,000	£10,000		N/A
Additional residential/nursing bed capacity	Residential Placements	Discharge from hospital (with reablement) to long term care	£242,000	£551,203	145	Number of beds
Agency capacity within Social Care; 6 x SW, 1 x OT	Additional or redeployed capacity from current care workers	Costs of agency staff	£163,000	£127,504	2,516	hours worked

Agency capacity; 2 x OT to support additional Home Care Hours	Additional or redeployed capacity from current care workers	Costs of agency staff	£60,000	£0		hours worked
British Red Cross Settling in Service (Top Up)	Other		£20,000	£17,900		N/A
Contingency for high-cost placements	Contingency		£70,000	£0	0	N/A
Contract Management and Administration	Administration		£12,785	£12,785	598	N/A
Emergency Duty Team Additional Capacity	Additional or redeployed capacity from current care workers	Costs of agency staff	£50,000	£90,061	2,805	hours worked
Ensuring safe home environment on discharge	Other		£15,000	£13,647		N/A
Equipment (incl. Technology Enabled Care)	Assistive Technologies and Equipment	Community based equipment	£110,000	£60,000		Number of beneficiaries
Extra Carers hours support for existing D2A beds	Increase hours worked by existing workforce	Overtime for existing staff.	£20,000	£0		hours worked
Healthcare capacity	Additional or redeployed capacity from current care workers	Local staff banks	£52,000	£61,551	2,728	hours worked

Mental Health placements	Residential Placements	Discharge from hospital (with reablement) to long term care	£60,000	£0	0	Number of beds
Operational Commissioning capacity	Additional or redeployed capacity from current care workers	Costs of agency staff	£25,000	£59,591	1,227	hours worked
Risk pool	Contingency		£130,196	£0		N/A
Workforce development and retention	Improve retention of existing workforce	Wellbeing measures	£20,000	£86,939		number of staff