

## READING HEALTH AND WELLBEING BOARD

<b>Date of Meeting</b>	19 January 2024
<b>Title</b>	BCF Integration Update
<b>Purpose of the report</b>	To note the report for information
<b>Report author</b>	Beverley Nicholson
<b>Job title</b>	Integration Programme Manager
<b>Organisation</b>	RBC – Adult Social Care / BOB Integrated Care Board
<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. That the Health and Wellbeing Board note the Quarter 2 (2023/24) performance against the BCF Metrics.</li> <li>2. To note the contents of the Q1 BCF Return, formally submitted by the due date 31<sup>st</sup> October 2023, following delegated authority sign-off by the Executive Director for Adult Social Care in consultation with the Lead Member for Public Health in order to comply with the national deadlines which fall outside the cycle of these Board meetings.</li> </ol>

### 1. Executive Summary

- 1.1 The purpose of this report is to provide an update on the Integration Programme and performance of Reading against the national Better Care Fund (BCF) targets. This report will show the position as at the end of Quarter 2, 2023/24 (July to September), and also outlines the spend against the BCF Plan, including the Discharge Fund to support hospital discharges in 2023/24.
- 1.2 The BCF metrics were agreed with system partners during the BCF Planning process. Outcomes shown here are for Quarter 2, as at the end of September 2023.
  - a) The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) **Met**
  - b) The number of emergency hospital admissions due to falls in people aged 65 and over, per 100,000 population. **Met**
  - c) An increase in the proportion of people discharged home using data on discharge to their usual place of residence **Not Met**
  - d) The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population **Not Met**
  - e) The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation) **Met**

Details against each of these targets is outlined in Section 3 of this report and demonstrates the effectiveness of the collaborative work with system partners.

The report also covers the Better Care Fund Quarterly return covering performance against the BCF Metrics for Quarter 1, which were reported at the October Health and Wellbeing Board. The Quarterly Return was, submitted on 31<sup>st</sup> October and signed off through the Delegated Authority process on 26<sup>th</sup> October. We continue to meet the National Conditions and the full return is attached at Appendix 1.

## 2. Policy Context

- 2.1. The Better Care Fund Policy Framework<sup>1</sup> sets the principles for the pooling of funds to support integrated working across health and social care, to ensure the right care is available to people at the right time. The Reading Integration Board (RIB) is responsible for leading and overseeing system working with Local Authority Adult Social Care and Housing, Acute and Community health providers, Primary Care, Integrated Care Board (ICB) Commissioners, Voluntary Sector partners and Healthwatch, across Reading. The aim of the board is to facilitate partners and other interested stakeholders to agree a programme of work that promotes integrated working to achieve the national Better Care Fund (BCF) performance targets, as set out in sections 1.2 and 3.0 of this paper.

## 3. Performance Update for Better Care Fund and Integration Programme

### 3.1. Performance as at the end of Quarter 2, 2023/24

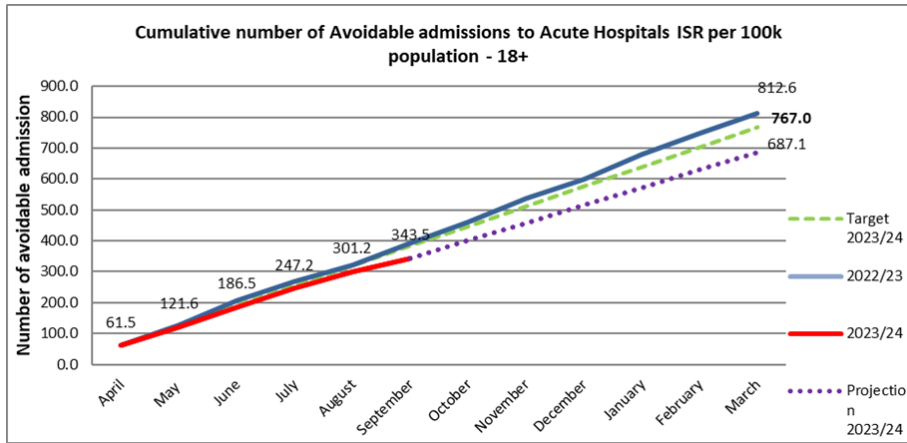
#### 3.1.1. Admission Avoidance

This aims to reduce avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions), and have no more than 767, per 100,000 population, for the year. This metric was adjusted to a more realistic target based on previous performance and projections for 2023/24. It measures how many people with specific long-term conditions, which should not normally require hospitalisation if their conditions were well managed, who were admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and high blood pressure.

We have achieved the target as at the end of the Q2, and the trend projected to the end of the year indicates that we remain on track. Factors that support this positive outcome included engaging with the Berkshire West Ageing Well programme for rapid and emergency responses by intermediate care services, to support people to stay well at home with a short-term care package, where appropriate. Other activity to support the promotion of healthy living is delivered through a variety of Public Health and Wellbeing services, working with Carers and Dementia groups, as well as our Voluntary Care Sector and Community partners.

<b>Cumulative number of Unplanned hospitalisations for chronic ambulatory care sensitive conditions per 100,000 population - 18+, Acute hospitals</b>	
Target performance per annum (no more than)	767
Actual cumulative performance to date	344
Projected performance to end of the year	687
Status	Green

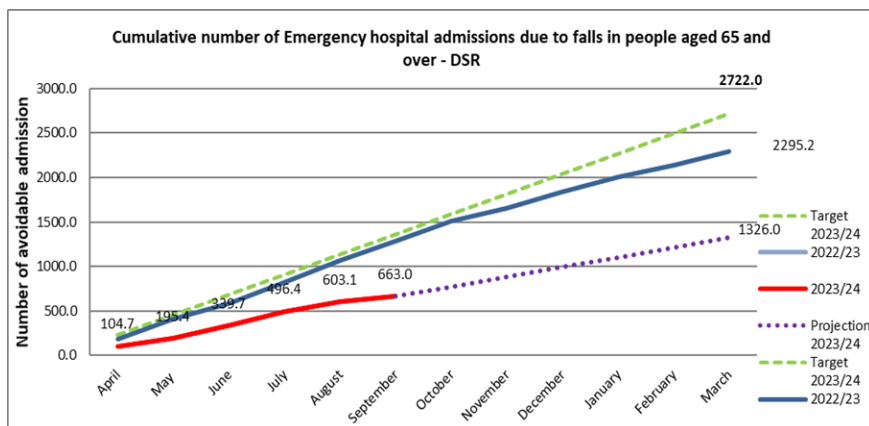
<sup>1</sup> <https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025>



### 3.1.2. Falls

This is a new metric introduced for 2023/24 in relation to emergency hospital admissions due to falls in people aged 65 and over. The target for 2023/24 is to have no more than 2,722 people per 100,000 (given the population of Reading for this age group this equates to no more than 500 people) and represents a 2% improvement on the average performance in the previous two years. We also had increased numbers of Technology Enabled Care equipment that could be installed/worn to build confidence and ensure early alerts for people who are frail or at risk of falls. Performance to date is significantly better than the plan, which is positive.

Cumulative number of Directly Standardised Rate (DSR) of Emergency hospital admissions due to falls in people aged 65+	
Target performance per annum (no more than)	2722
Actual performance to date	663
Average performance for the current period	1326
Status	Green



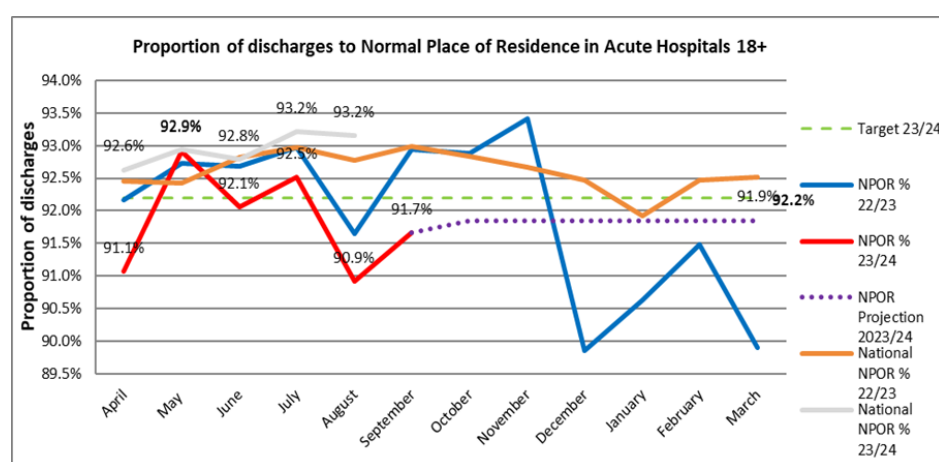
Reading Local Authority has agreed with the Integrated Care Board to carry out a Diagnostic review and map existing pathways and support across West Berkshire. The review will help understand the underlying causes that may support the development of future pathways and support.

### 3.1.3. Discharge to Normal Place of Residence

This aims to increase the proportion of people who are discharged directly home, from acute hospitals with a target of not less than 92.2% per month. This is based on hospital data for people “discharged to their normal place of residence”.

Performance dropped slightly through Quarter 2, at 91.7%, a similar trend to the previous year at this time, and just under 2% below the National position for England. We continue to work with the multi-disciplinary team in the hospital and following the ethos of “Home First”, in line with the Hospital Discharge Policy, with support if needed through the use of TEC / equipment that can be installed to support independent living, and reablement.

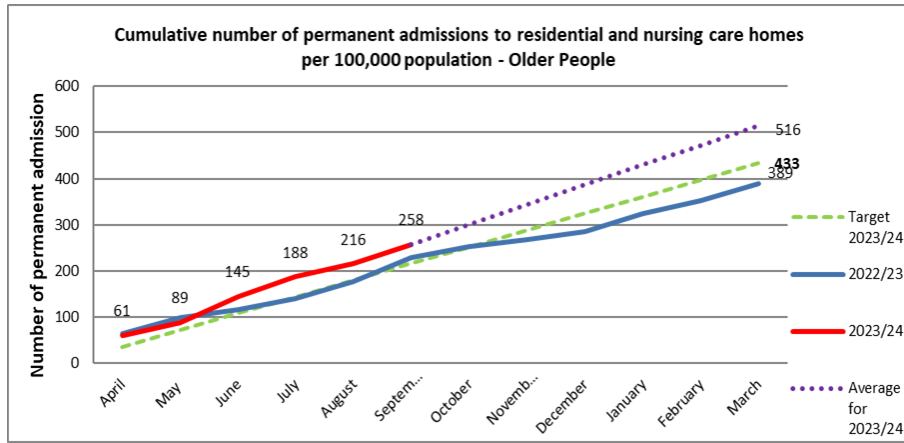
Proportion of discharges to Normal Place of Residence in Acute Hospitals 18+, per month	
Target performance per month (not less than)	92.2%
Actual performance this month (May)	91.7%
Projected performance to end of the year	91.9%
Status	Amber



### 3.1.4. Permanent Admissions to Residential/Care Homes

This aims to reduce the number of older adults (65+) whose long-term care needs are met by admission to residential or nursing care per 100,000 population with a maximum target of 433 for the year. Whilst we have met the target in this quarter straight-line projections indicate that we will not meet it by the end of the year. However analysis of data over previous years, typically shows a reduction in admissions during the latter part of the year, and if that trend is replicated in this year, then we may get back on track to achieve the target. This will be closely monitored. We continue to work with our system partners to identify appropriate care for people to meet their needs.

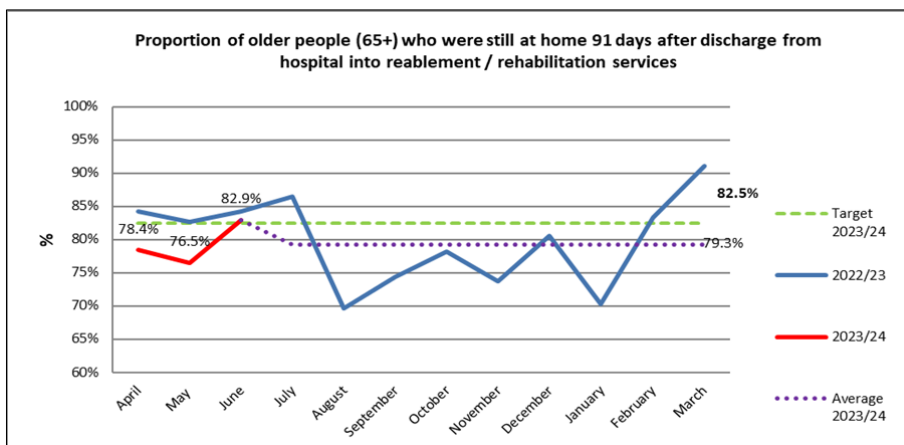
Cumulative number of permanent admissions to residential and nursing care homes per 100,000 population - Older People	
Target performance per annum (no more than)	433
Actual performance to date	258
Projected performance to the end of the year	516
Current Status	Amber



### 3.1.5. 91 Day Rehabilitation (discharged April to June)

This aims to measure the effectiveness of reablement by looking at the proportion of older people who are still at home 91 days after discharge from hospital into reablement or rehabilitation. The target for 2023/24 is a minimum of 82.5%. Performance has dipped slightly compared to the last update but we have been able to meet the target at the end of September. There is a new Triage process in place for reablement, to ensure that referrals are only made where there is a true potential for reablement. We are currently in the process of scoping a specialist discharge pathway for a Hospice at Home, End of Life pathway to ensure people receive the right care in the right place at the right time.

Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	
Target performance (2023/24)	82.5%
Total no. of people departing hospital into reablement 91 days ago (numerical)	41
Of those, no. at home 91 days later (numerical)	34
Actual performance (%)	82.9%
Status of Monthly performance	Green



(based on people discharged in June 2023, who were still at home in September 2023- the June cohort)

## 4. Contribution to Reading's Health and Wellbeing Strategic Aims

4.1 The activity reported through the Better Care Fund metrics in Section 3 supports people to remain well at home and to receive the right care in the right place based on their needs, and is primarily aligned to priorities 1 and 2 of the [Berkshire West Joint Health & Wellbeing Strategy 2021-30](#) and partially supports priority 5.

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives

3. Help children and families in early years
4. Promote good mental health and wellbeing for all children and young people
5. Promote good mental health and wellbeing for all adults

The Reading Integration Board (RIB) are leading on delivery against priorities 1 and 2 for Reading. Action plans have been developed in collaboration with the members of RIB, which includes representation from system partners, including Acute Hospital, Primary Care and Voluntary and Community Sector. Delivery against the action plans involves a collaborative approach, supported by a number of groups, such as the Long-Term Conditions Board. Action plans are in the process of being reviewed by the RIB membership, against the 10-year strategy.

- 4.2 The Reading Integration Board (RIB) Programme Plan objectives are mapped to both the Health and Wellbeing Board strategic priorities, as listed in 4.1 above, and the Integrated Care Board (ICB) priorities, listed below, to ensure alignment and effective reporting:

ICB key priorities are as follows:

- Same day access
- Intermediate care
- Community wellness
- CHC/Joint Funding
- SEND
- High complexity / high-cost placements
- Children and Young People's Mental Health

## **5. Environmental and Climate Implications**

- 5.1. The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers).
- 5.2. No new services are being proposed or implemented that would impact the climate or environment, however, climate implications are being considered in relation to the wider context of the Health and Wellbeing Board Strategic Priority Action Plans.

## **6. Community Engagement**

- 6.1. Engagement in relation to specific services takes place, such as feedback on customer satisfaction for services such as Reablement. Stakeholder engagement continues to be a key factor in effective integrated models of care, and engagement with all system partners is important to the Reading Integration Board. Service User satisfaction rates for our Community Reablement Team were 100%, with an average to date of 98%, against a minimum target of 90%. Service Users being discharged from hospital have been given an opportunity to provide feedback on their experience to enable us to shape our services.
- 6.2. Reading Adult Social Care have recruited a co-production lead, to help ensure that services are co-designed with service users, carers and families as much as possible, and feedback on user experiences will be gathered.
- 6.3. The Community Wellness Outreach Project is progressing, which involves the provision of NHS Health Checks, delivered by qualified Nurses from the Royal Berkshire Hospital, within communities that are more at risk of poor health outcomes, with a focus on Whitley and Church wards in the first instance. There will also be holistic wrap-around services to support people with mental health advice, housing, food poverty and debt advice and a range of other information and support which will be shaped based on what communities are indicating they need. The Social Prescribers and Community Champions will be key partners to reach into these areas, and to ensure appropriate referrals and support is

provided. The programme started in November and there has been very effective collaboration across

## **7. Equality Implications**

7.1 Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to—

- eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

7.2 There are no new proposals or services recommended in this report that would impact negatively on anyone with protected characteristics.

## **8. Other Relevant Considerations**

8.1 The Better Care Fund Planning and Performance reporting included in this report is requires us to adhere to the Better Care Fund Framework 2023/25 four National Conditions and the Better Care Fund Objectives:

- National Condition 1: Plans to be jointly agreed.
- National Condition 2: Enabling people to stay well, safe and independent at home for longer.
- National condition 3: Provide the right care in the right place at the right time.
- National Condition 4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

BCF Objective 1: Enabling people to stay well, safe and independent at home for longer.

BCF Objective 2: Provide the right care in the right place at the right time.

## **9. Legal Implications**

9.1 Compliance with the Better Care Fund (BCF) 2022/23 National Conditions: The report sets out the National Conditions in Section 8. A Section 75 Framework Partnership Agreement (2023/24) has been drafted and is in the process of being agreed between the Integrated Care Board (ICB) and Reading Borough Council (RBC) in relation to the pooled funds, in accordance with the Planning Requirements<sup>2</sup>, and in line with National Conditions 1 and 4.

## **10. Financial Implications**

### **10.1. BCF 2023/24 Expenditure to date against the Plan**

This overview of the BCF budget shows the forecast variance of £8.5k. There are projects for which funding was committed that have not yet started, or in early stages e.g. the Front Door project for which funding was increased for 2024/25, and the committed funding will be carried forward to support that increase.

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<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

<b>RIB Summary Report at P8</b>	<b>Original Budget £k</b>	<b>YTD Budget as at 31/11 £k</b>	<b>YTD as at 31/10 (Actuals) £k</b>	<b>Forecast to 31/03/24 £k</b>	<b>Variance £k</b>
<b>Summary</b>					
Reading Borough Council Hosted Schemes	11,751.0	7,833.7	7,512.0	11,742.2	(8.5)
BOB Integrated Care Board	1,699.7	1,133.1	1,133.1	1,699.7	0.0
Cross BOB ICB Hosted Schemes	3,296.5	2,197.4	2,197.4	3,296.6	0.0
<b>Total</b>	<b>16,747.2</b>	<b>11,164.2</b>	<b>10,842.5</b>	<b>16,738.5</b>	<b>(8.5)</b>

## 10.2. Hospital Discharge Fund

Fortnightly returns have now been replaced with monthly returns, and have been submitted in line with the reporting schedule. As at the last return submitted for expenditure up to 30<sup>th</sup> November, £888,322 had been spent against the total fund of £1,211,427. The high costs of complex care beds to support to support Pathway 3 discharges, have resulted in an overspend of £220,507 against the allocated £249,925, which indicates the increasing complexity of these discharges. We will continue to report the overspend which is increasing which demonstrates the pressure on the Local Authority.

<b>Scheme Type</b>	<b>Planned Spend</b>	<b>Total spend to date</b>	<b>Balance against plan</b>
Home care or domiciliary care (Pathway 1)	£150,000	<b>£36,629</b>	£113,371
Home-based intermediate care services (Pathway 1)	£0	<b>£0</b>	£0
Bed based intermediate care services (Pathway 2)	£270,400	<b>£32,376</b>	£238,024
Residential placements (Pathway 3)	£249,925	<b>£470,432</b>	<b>-£220,507</b>
Workforce recruitment and retention	£304,000	<b>£208,612</b>	£95,388
Assistive technologies and equipment	£100,000	<b>£46,154</b>	£53,846
Voluntary and community support	£37,982	<b>£30,107</b>	£7,875
All other spend	£99,120	<b>£64,012</b>	£35,108
<b>Total</b>	<b>£1,211,427</b>	<b>£888,322</b>	<b>£323,105</b>
<b>Spend percentage to date:</b>		<b>73%</b>	

## 11. Background Papers

The BCF performance data included in this report is drawn from the *Reading Integration Board Dashboard – November 2023 (Reporting up to 30<sup>th</sup> September 2023)*

## 12. Appendices

Appendix 1 Reading BCF Quarterly Return (Q1)