



2. Cover

#### Please Note:

- The BCF quarterly 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 Better Care Exchange) 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.

Checklist

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|---|-----------------------------------|
| Health and Wellbeing Board:   | Reading                           |
| Completed by:   | Beverley Nicholson                |
| E-mail:   | beverley.nicholson@reading.gov.uk |
| Contact number:   | 0118 937 3643                     |
|   |                                   |
| Has this report been signed off by (or on behalf of) the HWB at the time of submission? | Yes                               |
| If no, please indicate when the report is expected to be signed off:                    |                                   |

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 <a href="mailto:england.bettercarefundteam@nhs.net">england.bettercarefundteam@nhs.net</a> saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund

|                        | Complete  |  |  |  |  |  |  |
|------------------------|-----------|--|--|--|--|--|--|
|                        | Complete: |  |  |  |  |  |  |
| 2. Cover               | Yes       |  |  |  |  |  |  |
| 3. National Conditions | Yes       |  |  |  |  |  |  |
| 4. Metrics             | Yes       |  |  |  |  |  |  |
| 5. Spend and activity  | Yes       |  |  |  |  |  |  |

# 3. National Conditions

| Selected Health and Wellbeing Board:   | Reading      |  | Checklist<br>Complete: |
|--|--------------|--|------------------------|
| Has the section 75 agreement for your BCF plan been finalised and signed off?                                      | No           |  | Yes                    |
| If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off       | 22/02/2024   |  | Yes                    |
| Confirmation of National Conditions  |              |  |                        |
| National Conditions  | Confirmation | If the answer is "No" please provide an<br>explanation as to why the condition |                        |
| 1) Jointly agreed plan   | Yes          |  | Yes                    |
| 2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer      | Yes          |  | Yes                    |
| 3) Implementing BCF Policy Objective 2:<br>Providing the right care in the right place at the<br>right time        | Yes          |  | Yes                    |
| 4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services | Yes          |  | Yes                    |

#### 4. Metrics

Selected Health and Wellbeing Board:

Reading

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

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

and Support

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

Checklist Complete:

| Metric                                       | Definition  | For information - Your<br>planned performance as<br>reported in 2023-24 planning<br>Q1 Q2 Q3 Q4 | actual performance<br>for Q1 |       | progress against<br>the metric plan for |   | Q3 Achievements - including where BCF funding is supporting improvements.  |   |
|--|---|---|------------------------------|-------|---|---|--|---|
| Avoidable<br>admissions                      | Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i) | 197.0 174.0 198.0 198.0   | 187.8                        | 173.5 | On track to meet target                 | This continues to be challenging as a result of the request for 'stretching targets' to be set. Whilst we are on track at the moment, a severe winter could impact particularly for people with respiratory diseases and we continue to engage with our health care system partners and voluntary and community sector with the aim of ensuring people are able to stay warm, and have the right support and advice to support their wellbeing. | our Better Care Fund Section 75 Framework Agreement, which is funding a Community Wellness Outreach project to deliver NHS Health Checks in Community based settings, reaching into communities where uptake of Health Checks has been historically low. This is a |   |
| Discharge to<br>normal place<br>of residence | Percentage of people who are discharged from<br>acute hospital to their normal place of<br>residence              | 92.8% 92.1% 92.2% 92.0%   | 92.1%                        | 91.8% |   | There have been more complex<br>cases on discharge from hospital,<br>which has meant an increase in<br>admissions to residential/nursing<br>homes, also impacting on this<br>target.  | Our current forecast against this metric is within 1½ of the target. Through discharge funding we have been able to provide reablement training to home care/domiciliary care providers to support discharge to home where this is appropriate.                    | i |

| Metric                    | Definition   | For information - Your<br>planned performance as<br>reported in 2023-24 planning<br>Q1 Q2 Q3 Q4 |       | actual performance |                             | Challenges and any Support<br>Needs in Q3   | Q3 Achievements - including where BCF funding is supporting improvements.   |     |
|---------------------------|--|---|-------|--------------------|-----------------------------|---|---|-----|
| Falls                     | Emergency hospital admissions due to falls in<br>people aged 65 and over directly age<br>standardised rate per 100,000.                                  | 2,272.0   | 334.9 | 383.3              |                             | Data continues to be monitored and a Falls & Frailty Programme Manager is being recruited which has been challenging. Once in post there will be a full diagnostic review of falls across Berkshire West, and programme of work based on the outcomes of the diagnostic to ensure the right support is in place to continue to prevent admissions due to falls.   | We have seen a 41% decrease in the number of admissions due to falls in 2023/24 compared to the same period in 2022/23. We believe this may be due, in part, to the increased use of Technology Enabled Care, funded from BCF, alongside home adaptations, through the Disabled Facilities Grant, to support people to remain well at home, in line with BCF Objective 1. | Yes |
| Residential<br>Admissions | Rate of permanent admissions to residential care per 100,000 population (65+)  | 433   |       | OF outcome:<br>8.1 | Not on track to meet target | We have seen a 50% increase, compared to the average across the previous 5 years, in admission numbers, indicating increased complexity. Of the numbers admitted, the level of complex care beds needed has increased from an average of 8% to 25% for this year. The current, straight line, projection to year end is 514. Performance against this target has also impacted the metric for Discharge to Normal Place of Residence. | The capacity has been available to support people who need this more complex level of care, ensuring they get the right level of care, in the right place at the right time in line with BCF Objective 2.   | Yes |
| Reablement                | Proportion of older people (65 and over) who<br>were still at home 31 days after discharge from<br>hospital into reablement / rehabilitation<br>services | 82.5%   |       |                    | Not on track to meet target | We have updated our triage process to improve the appropriateness of referrals into our reablement service. There have been a higher number of referrals of people aged 90+, some who have been very unwell. The main reason that has not been met is as a result of people referred into reablement that passed away within the 91 day period following discharge.   |   | Yes |

## 6. Spend and activity

Selected Health and Wellbeing Board: Reading

| Checkli      | kli  |   | Yes Yes                                      |   |                     |                                  | Yes             | Yes   |  |  |   |
|--------------|--|---|--|---|---------------------|----------------------------------|-----------------|---|--|--|---|
| Scheme<br>ID | Scheme Name  | Scheme Type   | Sub Types                                    | Source of<br>Funding                    | Planned Expenditure | Actual<br>Expenditure to<br>date | Planned outputs | Outputs<br>delivered to date<br>(estimate if<br>unsure)<br>(Number or NA) | Unit of Measure  | Have there been any implementation issues? | If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.  |
| 2            | Reablement   | Home-based<br>intermediate care<br>services             | Reablement at<br>home (to<br>support         | Minimum NHS<br>Contribution             | £1,969,996          | £1,477,497                       | 784             | 588   | Packages   | No   |   |
| 3            | Step Down Beds -<br>Discharge to Assess                                  | Bed based intermediate<br>Care Services<br>(Reablement, | Bed-based<br>intermediate<br>care with       | Minimum NHS<br>Contribution             | £322,691            | £242,018                         | 18              | 3   | Number of<br>placements                                    | No   |   |
| 4            | Step Down Beds -<br>Discharge to Assess<br>(Physiotherapy)               | Bed based intermediate<br>Care Services<br>(Reablement, | Bed-based<br>intermediate<br>care with       | Minimum NHS<br>Contribution             | £82,744             | £62,058                          | 18              | 3   | Number of<br>placements                                    | No   |   |
| 8            | TEC Equipment  | Assistive Technologies<br>and Equipment                 | Assistive<br>technologies<br>including       | Contribution                            | £204,500            | £153,375                         |                 | 1,062   | Number of<br>beneficiaries                                 | No   |   |
| 9            | Carers Funding - Grants,<br>Voluntary                                    | Carers Services   | Respite<br>services                          | Minimum NHS<br>Contribution             | £146,000            | £109,500                         |                 | 37  | Beneficiaries  | No   |   |
| 10           | Carers Funding - Grants,<br>Voluntary                                    | Carers Services   | Respite<br>services                          | Additional LA<br>Contribution           | £305,000            | £228,750                         | 180             | 135   | Beneficiaries  | No   |   |
| 19           | Out Of Hospital -<br>Community Geriatrician                              | Bed based intermediate<br>Care Services<br>(Reablement, | Bed-based<br>intermediate<br>care with       | Minimum NHS<br>Contribution             | £124,369            | £93,202                          | 1,036           | 777   | Number of<br>placements                                    | No   |   |
| 20           | Out Of Hospital -<br>Intermediate Care<br>(including integrated          | Bed based intermediate<br>Care Services<br>(Reablement, | Bed-based<br>intermediate<br>care with       | Minimum NHS<br>Contribution             | £1,003,926          | £752,945                         | 784             | 588   | Number of<br>placements                                    | No   |   |
| 22           | Out Of Hospital -<br>Intermediate Care night<br>sitting, rapid response, | Bed based intermediate<br>Care Services<br>(Reablement, | Bed-based<br>intermediate<br>care with       | Minimum NHS<br>Contribution             | £330,795            | £248,096                         | 1,656           | 1242  | Number of<br>placements                                    | No   |   |
| 24           | Carers Funding ICB   | Carers Services   | Other  | Minimum NHS<br>Contribution             | £113,023            | £84,767                          | 72              | 54  | Beneficiaries  | No   |   |
| 27           | Care Homes / RRaT  | Home-based<br>intermediate care<br>services             | Rehabilitation at<br>home<br>(accepting step | Minimum NHS<br>Contribution             | £620,562            | £465,422                         | 1,712           | 1284  | Packages   | No   |   |
| 28           | Discharge to Assess<br>Beds  | Bed based intermediate<br>Care Services<br>(Reablement, | Bed-based<br>intermediate<br>care with       | Local Authority<br>Discharge<br>Funding | £270,400            | £64,752                          | 18              | 8   | Number of<br>placements                                    | No   |   |
| 30           | TEC Hospital Discharge   | Assistive Technologies<br>and Equipment                 | Assistive<br>technologies<br>including       |   | £100,000            | £55,128                          | 700             | 525   | Number of<br>beneficiaries                                 | No   |   |
| 31           | Home Care Hours to<br>support Discharge                                  | Home Care or<br>Domiciliary Care                        | Domiciliary care<br>to support<br>hospital   | ICB Discharge<br>Funding                | £150,000            | £58,459                          | 14,768          | 2,689   | Hours of care<br>(Unless short-term<br>in which case it is | Yes  | Not issues with implementation but a correction to the outputs data. The planned outputs on<br>the initial plan were incorrect. Home Care costs £21.74 per hour and for the allocated funding<br>the maximum hours deliverable is £,900. To date we have delivered 39% against that target. |
| 35           | Hospital / CRT Delivering<br>extended hours / Bank<br>holidays           | Home-based intermediate care services                   | Rehabilitation at<br>home (to<br>support     | Local Authority<br>Discharge<br>Funding | £40,000             | £14,005                          | 100             | 75  | Packages   | No   |   |
| 36           | Complex cases - High<br>Cost Placement (including<br>MH)                 | Residential Placements                                  | Care home                                    | ICB Discharge<br>Funding                | £249,925            | £615,564                         | 20              | 45  | Number of<br>beds/placements                               | Yes  | There has been a significant increase in the need for complex care beds compared to previous years.   |
| 39           | Social Care Workforce Development and Retention                          | Workforce recruitment<br>and retention                  |  | ICB Discharge<br>Funding                | £20,000             | £14,450                          |                 | 0   | WTE's gained   | Yes  | This funding has not supported a particular number of staff but has contributed to reablement training of home care providers to support discharge.   |
| 41           | iBCF   | Home-based intermediate care services                   | Reablement at<br>home (to<br>support         | iBCF                                    | £2,692,624          | £2,019,468                       | 800             | 600   | Packages   | No   |   |
| 42           | DFG  | DFG Related Schemes                                     | Adaptations,<br>including<br>statutory DFG   | DFG                                     | £1,197,341          | £898,006                         | 48              | 58  | Number of<br>adaptations<br>funded/people                  | No   |   |
| 44           | BHFT Re-ablement<br>Contract   | Home-based<br>intermediate care<br>services             | Joint<br>reablement and<br>rehabilitation    | Minimum NHS<br>Contribution             | £1,055,212          | £791,409                         | 1,712           | 1284  | Packages   | No   |   |