

Reading Better Care Fund (BCF) 2023-24 End of Year Return



Better Care Fund 2023-24 Year End Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be 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.

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:	

Checklist
Complete:
Yes
Yes
Yes
Yes
Yes
Yes

When all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'.



	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. I&E actual	Yes
6. Spend and activity	Yes
7.1 C&D Hospital Discharge	Yes
7.2 C&D Community	Yes
8. Year End Feedback	Yes

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3. National Conditions

Selected Health and Wellbeing Board:

Reading

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

Checklist Complete:
Yes
Yes
Yes
Yes
Yes
Yes

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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.

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 2023-24 planning				Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4			
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	197.0	174.0	198.0	198.0	On track to meet target	No support needs at this stage. Q1 - 185.8, Q2 - 172.1, Q3 - 175.5, Q4 - 192.6	726 achieved as at end of March 2024, against a plan of 767. The target will be adjusted for the 2024/25 plan, in agreement with the ICB in line with S75 Agreements.
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	92.6%	92.1%	92.2%	92.0%	Not on track to meet target	Average 92.0% for the year against a target of 92.2%. Q1 - 92.0%, Q2 - 91.7%, Q3 - 91.6%, Q4 - 92.5%. We were 0.2% below the target and we are planning on maintaining the target for 2024/25 which will be a stretch as performance over the last three years has been 92%.	We are planning on maintaining the target for 2024/25 which will be a stretch as performance over the last three years has been 92%. We have a home first ethos and the hospital discharge team are working closely with our hospital discharge hub to improve outcomes. We contributed to the system wide review of the High Impact Change Model for Transfers of Care and as a system we are achieving Mature status for 5 of the 10 aspects of the model, with the remainder being mostly Established status. We work closely with our system partners to achieve the best outcomes and also the quality of data received to inform planning.

Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	2,272.0	On track to meet target	No support needs at this stage. We have commenced a Diagnostic Review across Berkshire West to inform the development of the Falls and Frailty Service within Reading, ensuring this is evidence based.	Our performance this year has been much better than expected, which may be in part due to our increased use of Technology Enabled Care (TEC) and our 12 Week TEC project. The Diagnostic Review will provide supporting evidence. Our 2024/25 target will be adjusted to demonstrate a stretch. Performance targets were set last year based on an average of the previous three years and a 3% reduction on that average.
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	433	Not on track to meet target	There was a 50% increase in the need for residential/nursing care. With 123 actual admissions long term, and 220 hospital Discharges on Pathway 3 in 2023/24, alongside people's health and wellbeing declining in the community, leading to complex care needs. Over 66% of complex care beds were Dementia beds, and it is expected that these needs will increase during 2024/25 as the population prediction for 65+ has increased by 2%.	Target proposed for 2024/25 will be based on the actual 2023/24 (566) with a 1% reduction given the increasing pressure in the system for complex care. Urgent Care Referrals increased by 63% from 2022/23 to 2023/24 and our community providers have predicted a 25% to 30% increase in demand for UCR in 2024/25, which is most likely to have an impact on admissions.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	82.5%	Not on track to meet target	We have not met this target for the year. The average is 81.1% based on discharges into Reablement from April to December 2023. This is as a result of the methodology of including people who	We have seen improvements recently with performance at 82.9% for the December cohort discharged who were still at home in March, due to some pathway referral changes working with

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5. Income actual

Selected Health and Wellbeing Board:

Reading

Income			
2023-24			
Disabled Facilities Grant	£1,301,821		
Improved Better Care Fund	£2,692,624		
NHS Minimum Fund	£12,448,604		
Minimum Sub Total		£16,443,050	
	Planned		
NHS Additional Funding	£0		
LA Additional Funding	£1,093,000		
Additional Sub Total		£1,093,000	
			Actual
Do you wish to change your additional actual NHS funding?	No		
Do you wish to change your additional actual LA funding?	No		
			£1,093,000
	Planned 23-24	Actual 23-24	
Total BCF Pooled Fund	£17,536,050	£17,536,050	
			Additional Discharge Fund
	Planned		
LA Plan Spend	£377,502		
ICB Plan Spend	£833,925		
Additional Discharge Fund Total		£1,211,427	
			Actual
Do you wish to change your additional actual LA funding?	No		
Do you wish to change your additional actual ICB funding?	No		
			£1,211,427
	Planned 23-24	Actual 23-24	
BCF + Discharge Fund	£18,747,476	£18,747,476	
Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2023-24			

Checklist Complete:
Yes
Yes
Yes
Yes

Expenditure

	2023-24
Plan	£18,642,996

Do you wish to change your actual BCF expenditure? Yes

Actual	£17,583,556
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Yes

Yes

Note: The 2023/24 Planned spend shown above does not reflect the additional £104,480 Disabled Facilities Grant that was issued part way through the year.

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2023-24

The initial plan submitted was a two year plan and some schemes have been slow to start but project funding was committed and, as agreed with our ICB partners (in line with the S75 Agreement), will be carried forward into 2024/25. Our Front Door Project was agreed at our Integration Board to run for a longer period beyond 2024/25 into 2026/27 and the funding allocated 2023/24, £200k, will be c/fwd to support that project. The Falls project was to identify the gaps in service provision through a Diagnostic carried out across Berkshire West for an evidence based approach to the service designed for Reading. We have now recruited to a post to undertake that review, which we aim to have completed by the end of July 2024. The funding, £266k, is being c/fwd as it is suspected that start up funding to develop the service is likely to exceed the running costs in the first year. The other projects to support specialist discharge pathways and mental health outreach have taken time to move forward due to limited project management and commissioning resource, and at present there is an underspend of £713k that will be c/fwd for those. There were slight overspends on Community based projects of £15,073 which has been offset against the amount c/fwd which will be a total of £1,163,920 committed to the end of March 2025.

Yes

Note: Only a sub-set of schemes were pre-selected by NHS England on the reporting template, so not all scheme expenditure is shown below.

Better Care Fund 2023-24 Year End Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board:

Reading

Checklist													Yes	Yes	Yes
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Q3 Actual expenditure to date	Actual Expenditure to date	Planned outputs	Q3 Actual delivered outputs to date	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly implemented as a		
2	Reablement	Home-based intermediate care services	Reablement at home (to support	Minimum NHS Contribution	£1,969,996	£1,477,497	£1,969,996	784	588	784	Packages	No			
3	Step Down Beds - Discharge to Assess	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Minimum NHS Contribution	£322,691	£242,018	£322,691	18	3	18	Number of placements	No			
4	Step Down Beds - Discharge to Assess (Physiotherapy)	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Minimum NHS Contribution	£82,744	£62,058	£82,744	18	3	18	Number of placements	No			
8	TEC Equipment	Assistive Technologies and Equipment	Assistive technologies including	Minimum NHS Contribution	£204,500	£153,375	£204,500	670	1,062	1062	Number of beneficiaries	No			
9	Carers Funding - Grants, Voluntary	Carers Services	Respite services	Minimum NHS Contribution	£146,000	£109,500	£146,000	50	37	50	Beneficiaries	No			
10	Carers Funding - Grants, Voluntary	Carers Services	Respite services	Additional LA Contribution	£305,000	£228,750	£305,000	180	135	180	Beneficiaries	No			
19	Out Of Hospital - Community Geriatrician	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Minimum NHS Contribution	£124,369	£93,202	£124,369	1,036	777	1036	Number of placements	No			
20	Out Of Hospital - Intermediate Care (including integrated	Bed based intermediate Care Services (Reablement,	Bed-based intermediate care with	Minimum NHS Contribution	£1,003,926	£752,945	£1,003,926	784	588	784	Number of placements	No			
22	Out Of Hospital - Intermediate Care night	Bed based intermediate Care Services	Bed-based intermediate	Minimum NHS Contribution	£330,795	£248,096	£330,795	1,656	1,242	1656	Number of placements	No			
31	Home Care Hours to support Discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital	ICB Discharge Funding	£150,000	£58,459	£150,000	14,768	2,669	14,768	Hours of care (Unless short-term in which case it is	No			
35	Hospital / CRT Delivering extended hours / Bank holidays	Home-based intermediate care services	Rehabilitation at home (to support	Local Authority Discharge Funding	£40,000	£14,005	£40,000	100	75	100	Packages	No			
36	Complex cases - High Cost Placement (including MH)	Residential Placements	Care home	ICB Discharge Funding	£249,925	£615,564	£249,925	20	45	20	Number of beds/placements	No			
39	Social Care Workforce Development and Retention	Workforce recruitment and retention		ICB Discharge Funding	£20,000	£14,450	£20,000		-	0	WTE's gained	No			
41	iBCF	Home-based intermediate care services	Reablement at home (to support	iBCF	£2,692,624	£2,019,468	£2,692,624	800	600	800	Packages	No			
42	DFG	DFG Related Schemes	Adaptations, including statutory DFG	DFG	£1,197,341	£898,006	£1,301,821	48	58	99	Number of adaptations funded/people	No			
44	BHFT Re-ablement Contract	Home-based intermediate care services	Joint reablement and rehabilitation	Minimum NHS Contribution	£1,055,212	£791,409	£1,055,212	1,712	1,284	868	Packages	No			

7.1. Capacity & Demand

Selected Health and Wellbeing Board:

Reading

Estimated demand - Hospital Discharge		Prepopulated from plan:								Q2 Refreshed planned demand				
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Service Area	Metric													
Reablement & Rehabilitation at home (pathway 1)	Planned demand. Number of referrals.	97	91	92	87	77	76	110	66	68	65	67	69	
Short term domiciliary care (pathway 1)	Planned demand. Number of referrals.	25	25	25	25	25	25	25	34	30	33	35	34	
Reablement & Rehabilitation in a bedded setting (pathway 2)	Planned demand. Number of referrals.	1	2	1	2	1	2	1	111	118	110	112	114	
Short-term residential/nursing care for someone likely to require a longer-term care	Planned demand. Number of referrals.	10	9	5	5	9	12	9	4	4	5	10	10	

Actual activity - Hospital Discharge		Actual activity (not spot purchase):											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	82	85	60	68	76	58	89	82	70	69	81	79
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	10	17	11	17	12	25	31	20	14	23	15	17
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	21	14	19	11	30	20	32	25	28	25	27	37
Short-term residential/nursing care for someone likely to require a longer-term care	Monthly activity. Number of new clients.	9	10	11	11	7	8	11	11	9	8	15	13

Actual activity - Hospital Discharge		Actual activity in spot purchasing:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	10	5	7	1
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients.	0	0	3	0	0	0	2	2	4	4	7	2
Short-term residential/nursing care for someone likely to require a longer-term care	Monthly activity. Number of new clients.	2	2	3	3	1	2	3	2	2	2	4	2

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Note: The first table is fixed and pulled through from the initial plan, which indicated total capacity for BHFT community beds, hence the much lower actual numbers, as we are now able to receive our data by Local Authority area. Reading admissions to Community hospital beds on Pathway 2 discharges accounted for 30% of their total number of admissions across Berkshire West.

Better Care Fund 2023-24 Capacity & Demand Refresh

7.2 Capacity & Demand

Selected Health and Wellbeing Board:

Reading

Demand - Community		Prepopulated from plan:							Q2 refreshed expected demand				
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Planned demand. Number of referrals.	69	69	69	69	69	69	69	69	69	69	69	69
Urgent Community Response	Planned demand. Number of referrals.	138	138	138	138	138	138	138	177	221	199	162	188
Reablement & Rehabilitation at home	Planned demand. Number of referrals.	226	250	207	188	207	175	225	168	127	157	152	137
Reablement & Rehabilitation in a bedded setting	Planned demand. Number of referrals.	1	2	1	2	1	2	1	3	2	3	2	3
Other short-term social care	Planned demand. Number of referrals.	0	0	0	0	0	0	0	0	0	0	0	0

Actual activity - Community		Actual activity:											
Service Area	Metric	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	Monthly activity. Number of new clients.	15	10	16	9	15	16	15	16	12	11	28	18
Urgent Community Response	Monthly activity. Number of new clients.	76	94	107	111	117	115	132	140	166	157	124	130
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	33	61	80	57	90	88	99	108	93	96	84	77
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	34	30	42	22	33	31	40	37	42	34	24	42
Other short-term social care	Monthly activity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0

Checklist
Completed
Yes
Yes
Yes
Yes
Yes

Note: In the main the demand indicated in our initial plan was close to the actual activity, with only a few periods from December onwards where demand was slightly higher than originally planned. Our Community partners have indicated that capacity to meet this level of demand is still limited with data showing that approximately 56% of referrals receiving a first appointment in each month, although the individual patient journey cannot be mapped in the dataset at the moment. We are working with our partners to continue improving data quality to enable more robust demand and capacity planning.

Better Care Fund 2023-24 Year End Reporting Template

8. 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

Statement:	Response:	Comments: Please detail any further supporting information for each
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Agree	We work collaboratively with our system partners in Acute and Community services, as well as with Primary Care and the Voluntary & Community Sector. We are jointly working on ways to improve data quality for reporting as well as opportunities for joint approaches to support admission avoidance and enabling people to remain well in the community.
2. Our BCF schemes were implemented as planned in 2023-24	Disagree	We had to adjust some of our spending last year against the Discharge Funding due to very high demand for complex care beds on Pathway 3 discharges; many with challenging behaviours and high levels of need. We also had a slow starting period for many of the projects that were being funded through the BCF. We have agreed with the ICB that this funding will be c/fwd into 2024/25 as the projects are running up to March 2025. Progress
3. The delivery of our BCF plan in 2023-24 had a positive impact on the integration of health and social care in our locality	Agree	The relationships with our system partners has improved further and we are receiving more detailed information which has a positive impact on confidence levels. We ensure our programme of work is aligned not only with the BCF objectives but also with the ICB priorities and the wider priorities of the Buckinghamshire, Oxfordshire and Berkshire West ICS, as well as contributing to the Berkshire West Joint Health and Wellbeing Strategic Priorities and the Local Authority Corporate Plan priorities.

Checklist
Complete:

Yes

Yes

Yes

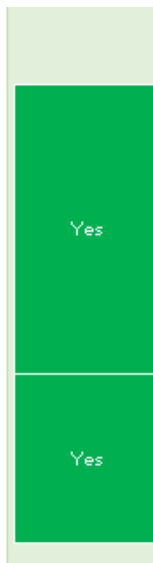
Part 2: Successes and Challenges

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 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	6. Good quality and sustainable provider market that can meet demand	We operate on a Framework model and the response from market providers when invited to deliver a care package is prompt, usually same day. We are able to meet demand for care in line with our duties under the Social Care Act (2014) and work closely with colleagues in Commissioning and Brokerage to ensure the market remains sustainable, and aligned to the Market Sustainability and Improvement Fund (MSIF) Plans, to ensure our providers receive fee rate uplifts to remain competitive and delivery good quality services. Our MSIF is used to support: increasing fee rates paid to adult social care providers in local areas increasing adult social care workforce capacity and retention and reducing adult social care waiting times. Demand for adult social care market sectors is expected to continue to grow in line with demographic forecasts in the Joint Strategic Needs Assessment and the most recent census data. Demand for home and community-based services (both preventative and regulated care) is anticipated to increase in both the older people's and specialist / working age adult care sectors. More preventative/ community-based support services will be needed as people are choosing to remain at home for longer.
Success 2	8. Pooled or aligned resources	We ensured that our Section 75 Framework Agreement not only referenced the BCF Pooled funding but also non-pooled funding from the Health Inequalities Fund to support our Community Wellness Outreach project, which very much aligns to the Better Care Fund objectives 1: Enabling people to stay well, safe and independent at home for longer and 2: Provide the right care in the right place at the right time. This project is a pilot model of delivering the full NHS Health Checks in the community, in places where there is very low take up of the traditional NHS Health Checks through GPs. We have demonstrated our reach in the first few months of delivery with over 54% of the people seen being from a non-white ethnic background. Early detection of conditions that could lead to Cardiovascular disease and a wrap around model of support to inform and engage people about what is available to them to enable people to improve their overall health and wellbeing (e.g. including social prescribing, advice on managing debt, food security, mental health and wellbeing). We have also delivered grant funding to Community services, and they are joining up across projects to ensure better outcomes for individuals e.g. the Mental Health Reablement project provided 12 weeks reablement for people on a discharge pathway out of the Mental Health hospital, now linked in with the Compass Recovery College project for outreach workers to ensure a sustained support mechanism in the community to maintain good mental health and support socialisation back into the community.



5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2023-24	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production	Increased complexity in cases both in the Acute and community hospital discharges, and we anticipate the trend to continue. We have seen an unprecedented increase in the demand for Complex Care beds with admissions being 54% higher than originally planned and the plan had been based on averages over the previous three years. Over 66% of the beds required were dementia care beds, and whilst there is capacity in the market, we have seen increasing delays in hospital discharges on Pathway 3 due to the need for Best Interest Assessments, Court of Protection delays (the Courts don't see these as a priority as the person is in a "safe place" whilst in hospital, and decisions have been delayed due to waiting for family members to agree initial plans for discharge destinations. We then invoke the Choice Policy but not until after exhausting other options as we want the discharge of someone to be well supported with the agreement of their families wherever possible to ensure the right care is agreed and in place.
Challenge 2	5. Integrated workforce: joint approach to training and upskilling of workforce	High-cost pressures, on pay and staffing, which we expect will remain for at least 2024/2025 due to high inflation. This reduces the 'real' value of investment in the market and reduces the progress made towards sustainable fee rates and care worker retention. Workforce Challenges regarding both recruitment and retention will continue both generally across the sector due to the barrier of high cost of living/accommodation in the region. A high number of vacancies and intense competition for labour will be a continued pressure for the Local Authority.



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