

**Better Care Fund 2024-25 Update Template**

**2. Cover**

**Version 1.3.0**

Please Note:

- The BCF planning template is categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website and gov.uk. 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.
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- 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.

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<b>Has this report been signed off by (or on behalf of) the HWB at the time of submission?</b>	Yes
<b>If no please indicate when the HWB is expected to sign off the plan:</b>	

**Complete:**

Yes
Yes
Yes
Yes
Yes
Yes



**HM Government**



**England**

	Role:	Professional Title (e.g. Dr, Cllr, Prof)	First-name:	Surname:	E-mail:
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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

	Complete:
2. Cover	Yes
4.2 C&D Hospital Discharge	Yes
4.3 C&D Community	Yes
5. Income	Yes
6a. Expenditure	No
7. Narrative updates	Yes
8. Metrics	Yes
9. Planning Requirements	Yes

Message from Better Care Fund Team (05/06/2024): "A bug has been discovered on the 24-25 [planning template](#) tab '6a. Expenditure' Cell S50 which is the data validation box for 'Source of Funding'. This can be erroneously flagging that it is incomplete when it is in fact complete in particular for additional schemes entered where the source of funding is additional contributions. **Please disregard this error and the subsequent error on the Cover page and you can submit the template when this occurs.**"

**NHS Commissioned Out of Hospital spend from the minimum ICB allocation**

	2024-25
Minimum required spend	£3,468,488
Planned spend	£5,191,679

**Adult Social Care services spend from the minimum ICB allocations**

	2024-25
Minimum required spend	£6,624,884
Planned spend	£7,597,598

**Metrics:**

**Avoidable admissions**

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)	189.0	176.0	180.0	208.0

**Falls**

		2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	1,620.9	1,612.2
	Count	342	356
	Population	21100	22081

### Discharge to normal place of residence

	2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 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)	92.6%	92.1%	92.2%	92.0%

### Residential Admissions

		2022-23 Actual	2024-25 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	398	562

### Planning Requirements

Theme	Code	Response
NC1: Jointly agreed plan	PR1	Yes
	PR2	0
	PR3	Yes
NC2: Social Care Maintenance	PR4	Yes
NC3: NHS commissioned Out of Hospital Services	PR5	0
NC4: Implementing the BCF policy objectives	PR6	Yes
Agreed expenditure plan for all elements of the BCF	PR7	Yes
Metrics	PR8	Yes

**Note:** PR2 and PR5 were not requirements for the Refreshed Plans, hence a 0.

# Better Care Fund 2024-25 Update Template

## 4.2 Capacity & Demand (Hospital Discharge)

Selected Health and Wellbeing Board:

Reading

Hospital Discharge	Capacity surplus. Not including spot purchasing													Capacity surplus (including spot purchasing)													Average LoS/Contact Hours per episode		Complete:
	Capacity surplus. Not including spot purchasing													Capacity surplus (including spot purchasing)													Full Year	Units	
	Capacity - Demand (positive is Surplus)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25				
Reablement & Rehabilitation at home (pathway 1)	55	77	103	83	75	78	76	102	87	94	98	75	55	77	103	83	75	78	76	102	87	94	98	75	56.52	Contact Hours per package	Yes		
Short term domiciliary care (pathway 1)	0	0	0	0	0	1	1	0	1	1	1	0	0	0	0	0	0	1	1	0	1	1	1	0	60.28	Contact Hours per package	Yes		
Reablement & Rehabilitation in a bedded setting (pathway 2)	14	17	24	11	3	12	8	12	14	9	-1	5	14	17	24	11	3	12	8	12	14	9	0	5	26	Average LoS (days)	Yes		
Other short term bedded care (pathway 2)	5	7	4	7	6	7	4	6	5	4	3	6	5	7	4	7	6	7	4	6	7	6	5	8	27	Average LoS (days)	Yes		
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	105	Average LoS (days)	Yes		



Short term domiciliary care (pathway 1)	Total	10	17	11	17	12	25	31	20	24	28	22	18	Yes
	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	10	17	11	17	12	25	31	20	24	28	22	18	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Total	21	14	19	11	31	20	33	26	29	26	28	38	Yes
	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	21	14	19	11	31	20	33	26	29	26	28	38	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Other short term bedded care (pathway 2)	Total	5	3	6	3	4	3	6	4	5	6	7	4	Yes
	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	5	3	6	3	4	3	6	4	5	6	7	4	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Total	18	14	10	19	28	21	16	15	15	23	17	27	Yes
	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	0	0	0	0	0	0	0	0	0	0	0	0	Yes
	ROYAL BERKSHIRE NHS FOUNDATION TRUST	18	14	10	19	28	21	16	15	15	23	17	27	Yes
	OTHER	0	0	0	0	0	0	0	0	0	0	0	0	Yes

## Better Care Fund 2024-25 Update Template

### 4.3 Capacity & Demand (Community)

Selected Health and Wellbeing Board:

Reading

Community	Refreshed capacity surplus:												Average LoS/Contact Hours		Complete:
Capacity - Demand (positive is Surplus)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Full Year	Units	
Social support (including VCS)	0	0	0	0	0	0	0	0	0	0	0	0	1	Contact Hours	Yes
Urgent Community Response	-19	-25	-27	-19	-21	-22	-25	-12	-13	-35	-28	-19	1	Contact Hours	Yes
Reablement & Rehabilitation at home	22	47	57	48	69	92	71	83	72	32	50	28	4	Contact Hours	Yes
Reablement & Rehabilitation in a bedded setting	10	40	25	47	27	30	48	45	28	53	59	34	26	Average LoS	Yes
Other short-term social care	2	3	1	3	3	3	1	6	5	4	3	6	13	Contact Hours	Yes

Capacity - Community		Please enter refreshed expected capacity:													
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		
Social support (including VCS)	Monthly capacity. Number of new clients.	15	10	16	9	15	16	15	16	12	11	28	18	Yes	
Urgent Community Response	Monthly capacity. Number of new clients.	76	94	107	111	117	115	132	140	166	157	124	130	Yes	
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	165	191	206	176	199	196	211	246	214	209	210	188	Yes	
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	45	71	68	69	61	62	89	83	71	88	84	77	Yes	
Other short-term social care	Monthly capacity. Number of new clients.	4	4	4	4	4	4	4	4	10	10	10	10	Yes	

Demand - Community	Please enter refreshed expected no. of referrals:													
Service Type	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25		
Social support (including VCS)	15	10	16	9	15	16	15	16	12	11	28	18	Yes	
Urgent Community Response	95	119	134	130	138	137	157	152	179	192	152	149	Yes	
Reablement & Rehabilitation at home	143	144	149	128	130	104	140	163	142	177	160	160	Yes	
Reablement & Rehabilitation in a bedded setting	35	31	43	22	34	32	41	38	43	35	25	43	Yes	
Other short-term social care	2	1	3	1	1	1	3	4	5	6	7	4	Yes	

## Better Care Fund 2024-25 Update Template

### 5. Income

Selected Health and Wellbeing Board:

Reading

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Reading	£1,306,000
DFG breakdown for two-tier areas only (where applicable)	
<b>Total Minimum LA Contribution (exc iBCF)</b>	<b>£1,306,000</b>

**Complete:**

Yes

Local Authority Discharge Funding	Contribution
Reading	£629,170

Yes

ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding	
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£1,473,618	£1,473,618	Not changed from plan but validation cell would not	Yes
<b>Total ICB Discharge Fund Contribution</b>	<b>£1,473,618</b>	<b>£1,473,618</b>		



ICB Discharge Funding	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding	
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£1,473,618	£1,473,618	Not changed from plan but validation cell would not	Yes
<b>Total ICB Discharge Fund Contribution</b>	<b>£1,473,618</b>	<b>£1,473,618</b>		
iBCF Contribution		Contribution		
Reading	£2,692,624			Yes
<b>Total iBCF Contribution</b>	<b>£2,692,624</b>			
Local Authority Additional Contribution	Previously entered	Updated	Comments - Please use this box to clarify any specific uses or sources of funding	
Reading	£305,000	£305,000	Not changed from plan but validation cell would not	Yes
		£1,163,920	c/fwd project spend from 22/23 of 713k - committed to 31/03/2025. Front Door and Falls project funding £451k from 23/24 - agreed to be c/fwd.	
<b>Total Additional Local Authority Contribution</b>	<b>£305,000</b>	<b>£1,468,920</b>		
NHS Minimum Contribution		Contribution		
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB	£13,153,195			
<b>Total NHS Minimum Contribution</b>	<b>£13,153,195</b>			
Additional ICB Contribution	Previously entered	Updated	Comments - Please use this box clarify any specific uses or sources of funding	
				Yes
<b>Total Additional NHS Contribution</b>	<b>£0</b>	<b>£0</b>		
<b>Total NHS Contribution</b>	<b>£13,153,195</b>	<b>£13,153,195</b>		
		<b>2024-25</b>		
<b>Total BCF Pooled Budget</b>		<b>£20,723,527</b>		

### Funding Contributions Comments

Optional for any useful detail e.g. Carry over

The initial plan submitted was a two year plan and project funding was committed to end of March 2025. As agreed with our ICB partners (in line with the S75 Agreement), and supported by the Reading Integration Board (RIB), underspends 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 beyond 2025/26. 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. There is £251k for that project 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 which will be a total of £1,163,920 c/fwd but committed to the end of March 2025.

**6. Expenditure**

Selected Health and Wellbeing Board:

[<< Link to summary sheet](#)

Running Balances	2024-25	
	Expenditure	Balance
DFG	£1,306,000	£0
Minimum NHS Contribution	£13,153,195	£0
iBCF	£2,692,624	£0
Additional LA Contribution	£1,468,920	£0
Additional NHS Contribution	£0	£0
Local Authority Discharge Funding	£629,170	£0
ICB Discharge Funding	£1,473,618	£0
<b>Total</b>	<b>£20,723,527</b>	<b>£0</b>

**Required Spend**

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum ICB Contribution (on row 33 above).

	2024-25	
	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£5,191,679	£0
Adult Social Care services spend from the minimum ICB allocations	£7,597,598	£0

**Note:** Error code at the top of "Source of Funding" column is caused by an issue with the template, confirmed by BCF Team. The content is accurate.

Checklist																		
Column complete:																		
Yes	Yes	Yes			Yes	Yes	Yes	Yes		Yes	No	Yes		Yes	Yes	Yes	Yes	Yes
Scheme ID	Scheme Name	Brief Description of Scheme	Previously entered Outputs for 2024-25	Updated Outputs for 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
1	Short Term / Hospital Discharge Team	Local Authority Social Work and Occupational Therapy		1441		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£1,914,521	£2,030,421	25%	Yes	Increase to staffing in hospital discharge team and mental health discharge team.
2	Reablement	Reablement & Rehabilitation Services	800	800	Packages	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£2,060,366	£2,081,500	72%	Yes	Applied further uplift from 2025/26 uplift allocation.
3	Step Down Beds - Discharge to Assess	Step Down Beds - Discharge to Assess	20	24	Number of placements	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£338,842	£301,872	42%	Yes	Staffing realignment
4	Step Down Beds - Discharge to Assess (Physiotherapy)	Step Down Beds - Discharge to Assess	20	8	Number of placements	Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£87,427	£87,428	51%	Yes	Minor rounding change.
5	Care Packages - Mental Health	Personalised Care at Home		200		Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£123,088	£139,800	4%	Yes	Applied further uplift from 2025/26 uplift allocation.
6	Care Packages - Physical Support	Personalised Care at Home		589		Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£750,707	£854,100	9%	Yes	Applied further uplift from 2025/26 uplift allocation.
7	Care Packages - Memory and Cognition	Personalised Care at Home		222		Social Care		LA			Private Sector	Minimum NHS Contribution	Existing	£478,116	£538,100	46%	Yes	Applied further uplift from 2025/26 uplift allocation.
8	TEC Equipment	TEC equipment	900	1200	Number of beneficiaries	Community Health		LA			Private Sector	Minimum NHS Contribution	Existing	£194,943	£214,500	26%	Yes	Increase in demand
9	Carers Funding - Grants, Voluntary	Carers Services	60	60	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£154,264	£202,000	59%	Yes	Supporting ICB Commissioned contracts Young People with Dementia, Stroke Association and Dementia Care Advisors.
10	Carers Funding - Grants, Voluntary	Carers Services	200	200	Beneficiaries	Social Care		LA			Charity / Voluntary Sector	Additional LA Contribution	Existing	£305,000	£305,000	21%	No	
11	Care Act Funding	Care Act Implementation Related Duties		0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£431,840	£408,700	31%	Yes	Team restructure
12	LA Discharge & Admission Avoidance projects	LA Discharge & Admission avoidance projects		0		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£459,621	£459,621	31%	No	
13	IMHA	Prevention / Early Intervention		0		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£36,981	£35,000	17%	Yes	Maintained at 2023/24 level and uplift applied to high demand areas.
14	BCF Local Project Management	BCF Local Project Management		3.5		Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£177,061	£168,000	100%	Yes	Maintained at 2023/24 level and uplift applied to high demand areas.
15	Hospital to Home - Extended Settling In Services (Red)	Post Hospital Discharge - Home from Hospital	70	81		Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£10,566	£10,000	11%	Yes	Maintained at 2023/24 level and uplift applied to high demand areas.
16	Care Home Selection (CHS) - Project in RBH	Care Home Selection (CHS) - Project in RBH		1		Community Health		LA			NHS Community Provider	Minimum NHS Contribution	Existing	£65,509	£62,000	11%	Yes	Maintained at 2023/24 level and uplift applied to high demand areas.
17	Out Of Hospital Speech & Language Therapy	Eating & drinking referral service				Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£63,673	£63,673	28%	No	
18	Out Of Hospital Care Home in-reach	HICM for Managing Transfer of Care				Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£124,636	£124,636	18%	No	
19	Out Of Hospital - Community Geriatrician	Provide Community Geriatrician Service - urgent referrals seen within 2 days.	1300	1400	Number of placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£131,408	£131,408	26%	No	
20	Out Of Hospital - Intermediate Care (including	Rapid response services delivered for patients discharged from A&E or AMU, preventing a hospital admission.	800	900	Number of placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£1,060,748	£1,060,748	43%	No	

Scheme ID	Scheme Name	Brief Description of Scheme	Previously entered Outputs for 2024-25	Updated Outputs for 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
20	Out Of Hospital - Intermediate Care (including	Rapid response services delivered for patients discharged from A&E or AMU, preventing a hospital admission.	800	900	Number of placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£1,060,748	£1,060,748	43%	No	
21	Out Of Hospital Health Hub	Acute Single Point of Access to Community Health Services.				Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£487,700	£487,700	35%	No	
22	Out Of Hospital - Intermediate Care night sitting, rapid	Rapid response services delivered to patients in their own homes, avoiding hospital admission within 2 hours.	1680	1470	Number of placements	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£349,518	£349,518	21%	No	
23	Connected Care	Connected Care				Other	Digital Records	NHS			Private Sector	Minimum NHS Contribution	Existing	£316,980	£316,980	33%	No	
24	Carers Funding ICB	Support for Young People with Dementia (YPWD), Alzheimers	80	141	Beneficiaries	Community Health		NHS			Charity / Voluntary Sector	Minimum NHS Contribution	Existing	£119,420	£119,420	25%	No	
25	Street Triage	Street Triage service supporting Reading Rough sleepers				Mental Health	Homelessness	NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£173,404	£173,404	58%	No	
26	Falls Service & Frailty	Falls service to reduce Admissions due to falls				Social Care		LA			Local Authority	Minimum NHS Contribution	Existing	£281,056	£281,056	73%	No	
27	Care Homes / RRaT	Intermediate Care Services	1730	966	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£655,686	£655,686	45%	No	
28	Discharge to Assess Beds	Hospital Discharge	20	40	Number of placements	Social Care		LA			Local Authority	Local Authority Discharge	Existing	£448,864	£421,200	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
29	Hospital to Home Service (Extended)	Hospital to Home Service British Red Cross	240	181		Social Care		LA			Charity / Voluntary Sector	Local Authority Discharge	Existing	£63,050	£40,000	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
30	TEC Hospital Discharge	TEC Hospital Discharge Pilot	900	800	Number of beneficiaries	Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£176,709	£99,547	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
31	Home Care Hours to support Discharge	Home Care Hours to support Discharge	14768	11,132	Hours of care (Unless short-term in which	Social Care		LA			Private Sector	ICB Discharge Funding	Existing	£265,063	£242,000	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
32	Bed & Breakfast (Rough Sleepers/No	Bed & Breakfast (Rough Sleepers/No recourse to public funds)		52		Social Care		LA			Local Authority	Local Authority Discharge	Existing	£48,339	£37,517	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
33	Minor Works required to support people to be discharged from Hospital	Minor Works required to support people to be discharged from Hospital		80		Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£88,354	£0	0%	Yes	This has shifted to the LA Discharge Funding stream but I cannot change the "Source of Funding", so removed from here and added as a "New" scheme. Amount reduced based on spend in 2033/24 and balance reallocated to high demand areas.
34	Social Worker/OT posts within Hospital Discharge	Social Worker/OT posts within Hospital Discharge		4		Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£360,486	£360,000	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
35	Hospital / CRT Delivering extended hours /	Hospital / CRT Delivering extended hours / Bank holidays	100	21	Packages	Social Care		LA			Local Authority	Local Authority Discharge	Existing	£66,400	£30,000	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
36	Complex cases - High Cost Placement (including MH)	Complex cases - High Cost Placement (including MH)	20	100	Number of beds	Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£441,639	£732,071	100%	Yes	Increased funding based on significant pressure for complex care beds in 2023/24 and expected continuation of this position.
37	Brokerage staff	Brokerage staff		2		Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£70,683	£40,000	100%	Yes	Funding was reallocated to ensure more focus on high demand aspects of discharge
38	Self-Neglect - Blitz Cleans	Self-Neglect - Blitz Cleans		20		Social Care		LA			Local Authority	ICB Discharge Funding	Existing	£35,342	£0	0%	Yes	This has shifted to the LA Discharge Funding stream but I cannot change the "Source of Funding". Amount reduce as funding was reallocated to ensure more focus on high demand aspects of discharge

Scheme ID	Scheme Name	Brief Description of Scheme	Previously entered Outputs for 2024-25	Updated Outputs for 2024-25	Units	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Previously entered Expenditure for 2024-25	Updated Expenditure for 2024-25 (£)	% of Overall Spend (Average)	Do you wish to update?	Comments if updated e.g. reason for the changes made
39	Social Care Workforce Development and Retention	Social Care Workforce Development and Retention		0.5	WTE's gained	Social Care		LA			Local Authority	ICB Discharge Funding	New	£35,342	£0	0%	Yes	This has shifted from ICB Discharge Funding to the LA Discharge Funding stream, so removed from here and added as a "New" scheme. Amount reduced as funding was reallocated to ensure more focus on high demand aspects of discharge
40	ICB PMO (BoB)	Share of Cross Berkshire West Programme				Other	Risk Share	LA			Local Authority	Minimum NHS Contribution	Existing	£87,418	£87,418	33%	No	
41	iBCF	Community Reablement Services	800		Packages	Social Care		LA			Private Sector	iBCF	Existing	£2,692,624	£2,692,624	100%	No	
42	DFG	Supporting people with disability	48	80	Number of adaptations funded/people supported	Social Care		LA			Private Sector	DFG	Existing	£1,197,341	£1,306,000	100%	Yes	Increased funding provided by DHSC part way through 2023/24 and additional increase for 2024/25. Passported to our Housing Team who manage the DFG.
43	Risk Share-LA	Other				Other	Risk Share	NHS			NHS	Minimum NHS Contribution	Existing	£583,243	£583,243	45%	No	
44	BHFT Re-ablement Contract	Reablement & Rehabilitation Services	1809	868	Packages	Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£1,114,937	£1,114,937	36%	No	
45	ICB Contingency	ICB Contingency				Community Health		NHS			NHS Community Provider	Minimum NHS Contribution	Existing	£10,326	£10,326	33%	No	
46	Other	LA Care Act Implementation		0		Social Care		LA			Local Authority	Additional LA Contribution	New	£0	£1,163,920	100%	Yes	c/fwd project spend for continuing projects to March 2025 and beyond as agreed at the Integration Board by Health and Social Care system partners.
47	Other	Assumed uplift not yet allocated		0		Social Care		LA			Local Authority	Minimum NHS Contribution	New	£309,190	£0	0%	Yes	Uplift now allocated to areas of high pressure.

### Amended Schemes:

### Adding New Schemes:

Scheme ID	Scheme Name	Brief Description of Scheme	Outputs for 2024-25	Units (auto-populate)	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	New/ Existing Scheme	Expenditure for 2024-25 (£)	% of Overall Spend
33b	Minor Works required to support people to be discharged from Hospital	Minor Works required to support people to be discharged from Hospital	80		Social Care		LA			Local Authority	Local Authority Discharge	Existing	£50,000	100%
38b	Self-Neglect - Blitz Cleans	Self-Neglect - Blitz Cleans	20		Social Care		LA			Local Authority	Local Authority Discharge	Existing	£30,453	100%
39b	Social Care Workforce Development	Social Care Workforce Development and Retention		0.5	Social Care		LA			Local Authority	Local Authority Discharge	Existing	£20,000	1001%

**Better Care Fund 2024-25 Update Template**

**7. Narrative updates**

Selected Health and Wellbeing Board:

Reading

Please set out answers to the questions below. No other narrative plans are required for 2024-25 BCF updates. Answers should be brief (no more than 250 words) and should address the questions and Key lines of enquiry clearly.

**2024-25 capacity and demand plan**

**Linked KLOEs (For information)**

Please describe how you've taken analysis of 2023-24 capacity and demand actuals into account in setting your current assumptions.

The Local Authority hospital discharge teams, reablement and commissioning teams worked with our system partners in the Integrated Care Board, Acute Hospital and community health services to improve the demand and capacity data, which had previously been reported at a Berkshire West level, and based on 2 months worth of data. We have seen an improvement in 2023/24 and now have a more robust dataset for that period. This improved data has supported an improvement in planning for 2024/25. There are still areas that require improvement and we are asking our partners to provide regular reporting of the demand and capacity, with the assumption that reporting templates will be based on the refreshed plan for 2024/25. We have based our planning for 2024/25 on the actuals in 2023/24 and included uplift estimates e.g. 2.3% for Urgent and Emergency Care, which will in turn translate to increased demand in both hospital and community settings. Our population of over 65s is also increasing, with a 3% increase from 2022/23 to 2023/24 and a 2% increase from 2023/24 to 2024/25, these increases have been factored into the revised demand and capacity planning. It is more challenging to identify short term demand as our systems record current status i.e. if someone is in a permanent long term placement but they may have been a short-term placement at some point in the year. The Council operates on a Framework model and referrals for care packages are managed through that framework effectively but this is not specifically classed as 'spot purchase' in the recording of the placements, or short term. We have 65 block booked beds for general residential and nursing needs, and the ability to purchase more through our Framework model, up to 170. We also have 10 Discharge to Assess beds with flexibility to increase capacity for these, especially during the Winter period, with providers. There is a transformation programme of work to review voids and the reasons for these, in order to reduce and address issues. We know from last year that we had an unprecedented pressure for complex care nursing beds, 50% higher demand when compared to the average over the previous 2 years. We have increased capacity in our Discharge Fund budget to accommodate this increased pressure which we expect to continue. The Local Authority is working with commissioning and health partners to build a central reporting template, based on the BCF Planning and Reporting templates that each system partner can feed into on a monthly basis. Once agreed and in place this will be an enabler for improved reporting and trend analysis. This will be an iterative process to improve our demand and capacity modelling across the system. The Discharge Data Pack, produced by the Acute Hospital team, indicates that only 2.2% of delayed discharges are as a result of Adult Social Care delays, the majority of failed discharges are due to people becoming "Not Medically Fit for Discharge" again, Transport issues and medication delays. There is a Discharge Group that meets ever two weeks, chaired by the Lead Flow Co-ordinator at the hospital, and includes representatives from the hospital discharge team/Ward representatives, the community hospital team, and care homes, with a view to addressing issues that arise in process. In some cases delays are caused due to awaiting families to agree the discharge plan or if a Best Interest Assessment is required, or Court of Protection Order, which the Courts do not prioritise as the person is deemed to be in a place of safety. These issues are not reflections of a problem with the capacity in the community settings to take someone on discharge from hospital. Other reasons could be because someone's home is not fit /environmentally safe to return to, and this was not "known" at the point of admission, but the required action is pending the outcome of an environmental assessment.

**Checklist**  
Complete:

Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?

Yes

Have there been any changes to commissioned intermediate care to address any gaps and issues identified in your C&D plan? What mitigations are in place to address any gaps in capacity?

There was a 63% increase in demand for Urgent Care Response in 2023/24 compared to the previous year for Reading, and our community health system partners have indicated that they will not be able to increase capacity but will continue to improve the quality and reporting of data. There was a system wide workshop for system partners in place of the UEC Board on 16th May to raise awareness of the demands and also to plan how to manage potential shortfalls in capacity, particularly in relation to UCR. Our Community partners, BHFT, have said that they will try to mitigate the gap by referring to alternative pathways across other BHFT and Local Authority community services, such as reablement, where clinically appropriate. There has been an increase of demand and if the demand continues to grow for 24/25 there will be concerns in the ability of the UCR team in meeting that growth. ICB leads have been alerted to this. The ICB currently have a review of intermediate care and urgent response demand underway, to understand if response is appropriate to need. There is potential to move some same day cases to next day to free up urgent activity and maximise the use of other pathways in both community and acute settings. There is also a review of the technological / virtual monitoring opportunities, including Local Authority services to join up care and make best use of the resources available. These reviews are all being managed through the Discharge and Flow workstream within the UEC workplan. The Local Authority has also trained two cohorts of staff working within the Domiciliary Care market to provide additional capacity for reablement focused services to underpin our Capacity to take referrals from the hospital on Pathway 1. We have 214 hours block booked per week with Domiciliary Care Agencies to support discharge. There will be some flexibility in the number of people supported. For this purpose, we are suggesting that this supports an average of 10 people each month as we have seen an increase in the number of care hours required, with a higher level of usage in the Winter period. We have included our home from hospital service but due to limited usage, and issues with response times, this may not be delivered beyond October 2024 and we are looking at alternatives for this support from the Voluntary and Community Sector. Our Disabled Facilities Grant is passported directly to our Housing team and this supports housing adaptations and minor works to enable people to return to their usual place of residence after a hospital admission but also to support admission avoidance.

Yes

Does the plan describe any changes to commissioned intermediate care to address gaps and issues?

Does the plan take account of the area's capacity and demand work to identify likely variation in levels of demand over the course of the year and build the capacity needed for additional services?

<b>What impacts do you anticipate as a result of these changes for:</b>			
<b>i. Preventing admissions to hospital or long term residential care?</b>			
<p>We continue to use the Discharge Fund to provide additional domiciliary care hours, having trained two of our domiciliary care providers in reablement. This complements our existing reablement and intermediate care offer to people on discharge to prevent further readmission, and the continued support for people through our 12 Week Technology Enabled Care (TEC) project, we expect to be able to improve outcomes for people to enable them to remain well at home and avoid the need for long term residential care. We have noticed an increase in demand for complex dementia and other complex care over the last year and our operational teams are reviewing early intervention support available based on the outcomes of our pilot projects and the Diagnostic review that is underway across Berkshire West in relation to Falls and Frailty to provide an evidence based approach to the service that is set up in Reading. The funding for this project has been carried forward to ensure it is committed to embedding a falls service based on the findings of the diagnostic review. We continue to operate a Home First approach and our hospital discharge team are working closely with our hospitals to enable new staff cohorts to be trained in the discharge pathways and processes to improve outcomes for people on discharge. Our Disabled Facilities Grant (DFG), which is passported to Housing, supports home adaptations and minor works to enable people to remain in their own homes. There is a plan for expenditure of the DFG, which is held by our Housing team.</p>	Yes	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?	
<b>ii. Improving hospital discharges (preventing delays and ensuring people get the most appropriate support)?</b>			
<p>Our market responses to requests for domiciliary care on discharge are timely and usually same day, and sometimes if more complex care is needed up to 48 hours. Our system reviewed the 10 High Impact Changes for Transfer of Care (refreshed in early 2024), and assessed the majority of hospital discharge processes as "Mature". We continue working with our system partners to improve flow and prevent lengthy delays. We have a weekly highlight escalation to our commissioning and brokerage services for anyone on the discharge ready list who has been waiting longer than the hospital target days for discharge on both Pathways 1 and 3, in order that these cases can be continually reviewed and actioned. We also need to be mindful that personal / family choice needs to be enabled for people needing more complex care and complex cases can often entail best interest assessments, court of protection orders which delay discharges. Families may not always be readily available to assess and agree choices and in some cases the "Choice Policy" needs to be applied due to the delays in a patient being transferred out of hospital to a more suitable environment for their needs.</p>	Yes	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?	
<b>Please explain how assumptions for intermediate care demand and required capacity have been developed between local authority, trusts and ICB and reflected in BCF and NHS capacity and demand plans.</b>			
<p>We have worked closely with our Acute and Community hospital partners, and our intermediate care and hospital discharge teams. The Integrated Care Board have predicted an increase in demand for non-elective care of 2.5% in 2024/25 and this has been reflected within the refreshed BCF Metric target setting. There was a 63% increase in the demand for Urgent Community Care in 2024/25 and the community teams also working with a Virtual Ward model of care to support people to remain in their own homes and environments that are familiar to them with the right support for as long as possible. However, our Community partners have indicated that whilst the demand is increasing they are not able to increase their capacity and this may well lead to increased admissions.</p>	Yes	Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC activity templates and BCF capacity and demand plans?	
<b>Have expected demand for admissions avoidance and discharge support in NHS UEC demand, capacity and flow plans, and expected demand for long term social care (domiciliary and residential) in Market Sustainability and Improvement Plans, been taken into account in you BCF plan?</b>	Yes	Yes	
<b>Please explain how shared data across NHS UEC Demand capacity and flow has been used to understand demand and capacity for different types of intermediate care.</b>			
<b>Please explain how shared data across NHS UEC Demand capacity and flow has been used to understand demand and capacity for different types of intermediate care.</b>			
<p>Our Market Sustainability demand and capacity planning and a review of the usage of our domiciliary and residential care provision in Reading has indicated that we expect there to be a sufficient volume of provision to meet our needs over the next 10 to 15 years but given the predicted increases in dementia rates, we may wish to consider block purchasing more nursing dementia beds in the future and will be guided by demand for these through the year. There are also a low number of out of area placements either based on need or due to personal/family choice. The data we are now, very recently, receiving from community and acute providers together with their growth assumptions is helping us to identify a more accurate picture of need and we have the flexibility within our markets to adapt to those needs at present.</p>	Yes	Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?	
<b>Approach to using Additional Discharge Funding to improve</b>			
<b>Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.</b>			
<p>We have increased the workforce to support hospital discharge and significantly increased the amount of funding allocated to our Complex Care, Pathway 3 discharges given the unprecedented demand due to much higher levels of complexity, particularly in relation to dementia and challenging behaviours, in 2023/24. We have increased the number of home care hours accessible to support timely discharge and have trained two of our homecare providers in reablement in order that the care they provide is reablement focused to build strength and resilience to remain at home. We allocated funding for Technology Enabled Care, which has proven beneficial in supporting people to return home and remain safe, with sensors and alarms installed to build confidence. Our Discharge Team liaise directly with the Care Home team and the ward discharge team / Trusted Assessors to maintain training and clarity of understanding of the discharge process to ensure people get the right care at the right time to support a timely discharge home. We have also continued to allocate funding for deep cleans where a person's home may not be environmentally safe for them to return to and funding to support people who may be homeless to leave hospital and be put into accommodation that is safe in the short term whilst their needs are assessed. We have maintained the additional discharge to assess capacity as it was not fully utilised through the year but there were pressure points where the flexibility was important to ensure a timely discharge.</p>	Yes	Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?  Is the plan for spending the additional discharge grant in line with grant conditions?	



<p>Please describe any changes to your Additional discharge fund plans, as a result from</p> <ul style="list-style-type: none"> <li>o Local learning from 23-24</li> <li>o the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK (<a href="http://www.gov.uk">www.gov.uk</a>))</li> </ul>		
<p>Learning from 23-24:</p> <ul style="list-style-type: none"> <li>- We did not have enough funding allocated to the Complex Care beds, and as a result we have increased the allocation of funding to complex care pathway 3 discharges based on the demand last year which had created a large cost pressure on adult social care.</li> <li>- We have continued with the provision of domiciliary care hours that were available to support people home and invested in reablement training for home care staff to support people maintaining their wellbeing at home and to boost the capacity for reablement on hospital discharge.</li> </ul> <p>The National evaluation of the 22-23 Discharge Fund:</p> <ul style="list-style-type: none"> <li>- It was clear that we were not the only Local Authority grappling with increasing complexity of discharges</li> <li>- Continued challenges in timely recruitment of staff given the increase in cost of living and oth the local and national workforce shortages</li> <li>- Reporting timelines were challenging, as a result of the complex processes to draw the data out to fit the reporting template and ensure there was no duplication on reporting. At this stage we do not retain data to support the analysis of wait times from referral to the start of services, although we do monitor length of wait for discharge from hospital. This is definitely an area of focus for us in 2024/25 to enable visibility of the impact of the discharge fund to support effective discharges. We continue to invest in Technology Enabled Care from the Discharge Fund to directly support hospital discharges and workforce recruitment of Social Workers and Occupational Therapists, who are working directy with the hospital discharge hub and the wards, to improve the effectiveness of discharges, particularly on Pathway 3.</li> </ul>	<p>Yes</p>	<p>Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?"</p>
<p><b>Ensuring that BCF funding achieves impact</b></p>		
<p><b>What is the approach locally to ensuring that BCF plans across all funding sources are used to maximise impact and value for money, with reference to BCF objectives and metrics?</b></p>		
<p>Our Better Care Fund schemes contribute to the costs of a wide range of statutory adult social care core services as well as to place based services commissioned by the Integrated Care Board for services such as Dementia Care Advisors, supporting Young People with Dementia and Stroke Association. We also provide smaller grants to local voluntary and community sector schemes that work within our communities to provide wellbeing and activity support particularly in areas of higher deprivation where health outcomes are poorer. Whilst not specifically funded through the BCF we included non-pooled funds in our Section 75 Framework Agreement for a health inequalities funded scheme to delivery NHS Health Checks in Community settings in some of most deprived areas and to enable a wider range of ethnic groups and age groups (the pilot in Reading is for anyone over the age of 18) to receive a full NHS Health Check and the wrap around support from our Health Champions and Social Prescribers who will follow up with people to assess outcomes and also support registration with a GP where people are not registered. As at the end of April we had achieved 471 Health Checks with some excellent outcomes reaching much wider ethnic groups over 54% of people were non-white, and early identification of key risk factors in cardiovascular disease and diabetes to enable early intervention. This collaborative project across Health, Social Care, Primary Care and Voluntary and Community sector has demonstrated that community focused schemes are beneficial to the wellbeing and improved outcomes for our communities most at risk of poor health outcomes.</p>	<p>Yes</p>	<p>Does the BCF plan (covering all mandatory funding streams) provide reassurance that funding is being used in a way that supports the objectives of the Fund and contributes to making progress against the fund's metric?</p>

**Better Care Fund 2024-25 Update Template**

**7. Metrics for 2024-25**

Selected Health and Wellbeing Board:

**8.1 Avoidable admissions**

		*Q4 Actual not available			
		2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4
		Actual	Actual	Plan	Plan
Indirectly standardised rate (ISR) of admissions per 100,000 population  (See Guidance)	Indicator value	186.5	174.2	198.0	198.0
	Number of Admissions	273	255	-	-
	Population	173,170	173,170	-	-
		2024-25 Q1 Plan	2024-25 Q2 Plan	2024-25 Q3 Plan	2024-25 Q4 Plan
	Indicator value	189	176	180	208

Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.	Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.
We met the target in 2023/24 by a small margin and our Urgent and Emergency Care Board have, in their health capacity and demand planning, predicted a 2.3% increase in non-elective admissions for 2024/25 so we have applied that same increase to our actuals from last year, then applied a 1% reduction to set this target, which we believe will be stretching given the increasing complexity we are seeing in hospital discharges. It is noted that the Total population figure has increased by 8% from 160,337 on the original 2023-25 plan. This field is auto populated and actual performance in year was based on the refreshed population of 173,170.	As a system, we look to build on the improved performance last year and within our Section 75 we have non-pooled funding from outside the BCF to increase the number of health checks completed for people in Reading, being delivered in the community settings to enable easier access for people, to improve overall wellbeing and address potential health risks at an early stage, as well as working with health services to provide opportunities for screening services to co-locate with the health check team in community settings where trust with the people there has been developed. We have a focus on health inequalities for all of our services and then potentially working to improve their outreach (this includes groups that are more likely to use the hospital, like our over 65/80-year-olds). Our Multi-Disciplinary Team programme is continuing as business as usual within our PCN Clusters, operated by our Community Health partner in collaboration with Primary Care, which has proven to be effective in this area, reducing hospital attendances due to effective care planning and support. We will continue contributing to the Urgent and Rapid Response services and our Acute hospital are operating a Virtual Ward model to support people to remain in the community.

## 8.2 Falls

		2023-24 Plan	2023-24 estimated	2024-25 Plan
Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	Indicator value	2,272.0	1,620.9	1,612.2
	Count	500	342	356
	Population	21,100	21,100	22,081

<p>Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.</p>	<p>Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.</p>
<p>We performed well against this target in 2023/24, and significantly below the average 3 year maximum that had been set. It was noted that the 65+ population figure being used had been static since 2021/22 and yet our 65+ population has been increasing. We used the 65+ population figure from Metric 8.4, which also focuses on this group, and have applied that as the denominator here. This indicates a 4% increase in the population of 65+ from the original figure that had been used as a denominator (i.e., 21,100). The Count equates to a 2% reduction on actual performance in 2023/24 accounting for the adjustment in population figures.</p>	<p>The Local Authority have commenced with a diagnostic review of Falls and Frailty across Berkshire West, that is planned to be completed by the end of July 2024. This review will provide an evidence based approach to developing a Falls and Frailty service in Reading. There are existing activities already in place to prevent admissions due to falls, such as early responder services, the use of Technology Enabled Care, Urgent and Rapid Community Response and Strength based falls classes commissioned through our Public Health Service.</p>

**8.3 Discharge to usual place of residence**

\*Q4 Actual not available

		2023-24 Q1	2023-24 Q2	2023-24 Q3	2023-24 Q4
		Actual	Actual	Actual	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)	Quarter (%)	92.0%	91.7%	92.2%	92.0%
	Numerator	2,477	2,545	2,645	2,476
	Denominator	2,692	2,774	2,868	2,691
		2024-25 Q1	2024-25 Q2	2024-25 Q3	2024-25 Q4
		Plan	Plan	Plan	Plan
	Quarter (%)	92.6%	92.1%	92.2%	92.0%
	Numerator	2,685	2,621	2,645	2,476
	Denominator	2,900	2,845	2,868	2,691

Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.

We did not meet the target in 2023/24, missing it by just 0.2%. Given the increasing complexities we have seen in hospital discharges it has been agreed that we should maintain this target at the same level as in the original 2023/25 plan.

**Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.**

A "Home First" and "Why not today" approach as outlined in the Hospital Discharge Service Policy and the High Impact Change Model for transfers of care, has been successful in the main. We also work closely with the Voluntary Care Sector to enable support to be in place, where needed, and included in the discharge planning respect of a commissioned Hospital to Home service. 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, through our D2A Step-down therapy led service. The "Self-Neglect Pathway" enables more people home quickly where hoarding is an issue preventing them returning safely to their own home. There is an ongoing review of reablement and Intermediate Care across Berkshire West to support timely discharge. The use of Technology Enabled Care (TEC) has been very successful in Reading, and work in this area to further develop the TEC available, offering a 12-week free TEC service to people. Numbers of people using TEC continues to increase significantly and we expect this to be a key factor in enabling people to return home and remain safe in that environment. The Hospital Discharge Team at the Local Authority is working with the Lead Flow Coordinator and the Wards to improve awareness and compliance with agreed protocols to support an increase in the number of people who return to their usual place of residence.

#### 8.4 Residential Admissions

		2022-23 Actual	2023-24 Plan	2023-24 estimated	2024-25 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	398.1	432.8	566.3	561.6
	Numerator	84	94	123	124
	Denominator	21,100	21,719	21,719	22,081

<p>Rationale for how the ambition for 2024-25 was set. Include how learning and performance to date in 2023-24 has been taken into account, impact of demographic and other demand drivers. Please also describe how the ambition represents a stretching target for the area.</p>	<p>Please describe your plan for achieving the ambition you have set, and how BCF funded services support this.</p>
<p>We had a 31% increase in permanent admissions compared to the plan with over 66% of those admissions being into Dementia Care beds. We have taken our actuals for 2023/24, applied the population increase percentage of 2% from 2023/24 to 2024/25, and then applied a 1% reduction to reach the target for 2024/25, which will be challenging given the rising population of over 65s.</p>	<p>The Local Authority continues to work with the Acute, Ageing Well, Primary Care, and Voluntary &amp; Community Sector partners to ensure people can remain well in their own homes for as long as possible. We do this through the support of community nursing, virtual wards, provision of Technology Enabled Care (TEC) equipment, therapy led assessments, minor works and adaptations through the use of the DFG. The complexity of cases being discharged from hospital and referred from the community has increased significantly, coupled with an increase in our over 65 population. We have implemented a 12 Week TEC (free) programme, which recipients (if self-funders) can choose to maintain after the 12 weeks if they find this beneficial.</p>

**Better Care Fund 2024-25 Update Template**

**8. Confirmation of Planning Requirements**

Selected Health and Wellbeing Board:

Reading

	Code	2023-25 Planning Requirement	Key considerations for meeting the planning requirement These are the Key Lines of Enquiry (KLOEs) underpinning the Planning Requirements (PR) to be confirmed for 2024-25 plan updates	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	Has a plan; jointly developed and agreed between all partners from ICB(s) in accordance with ICB governance rules, and the LA; been submitted? <i>Paragraph 11</i>  Has the HWB approved the plan/delegated (in line with the Health and Wellbeing Board's formal governance arrangements) approval? <i>*Paragraph 11 as stated in BCF Planning Requirements 2023-25</i>  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? <i>Paragraph 11</i>  Have all elements of the Planning template been completed? <i>Paragraph 11</i>	Cover sheet  Cover sheet  Cover sheet  Cover sheet	Yes			
	Not covered in plan update -	A clear narrative for the integration of health, social care and housing	Not covered in plan update					
	PR3	A strategic, joined up plan for Disabled Facilities Grant (DFG) spending	Is there confirmation that use of DFG has been agreed with housing authorities?  In two tier areas, has: - Agreement been reached on the amount of DFG funding to be passed to district councils to cover statutory DFG? or - The funding been passed in its entirety to district councils?	Cover sheet  Planning Requirements	Yes			
NC2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	PR4 & PR6	A demonstration of how the services the area commissions will support the BCF policy objectives to:  - Support people to remain independent for longer, and where possible support them to remain in their own home  - Deliver the right care in the right place at the right time?	Has the plan (including narratives, expenditure plan and intermediate care capacity and demand template set out actions to ensure that services are available to support people to remain safe and well at home by avoiding admission to hospital or long-term residential care and to be discharged from hospital to an appropriate service?  Has the area described how shared data has been used to understand demand and capacity for different types of intermediate care?  Have gaps and issues in current provision been identified?  Does the plan describe any changes to commissioned intermediate care to address these gaps and issues?  Does the plan set out how demand and capacity assumptions have been agreed between local authority, trusts and ICB and reflected these changes in UEC demand, capacity and flow estimates in NHS activity operational plans and BCF capacity and demand plans?  Does the HWB show that analysis of demand and capacity secured during 2023-24 has been considered when calculating their capacity and demand assumptions?		Yes			
Additional discharge funding	PR5	A strategic, joined up plan for use of the Additional Discharge Fund	Have all partners agreed on how all of the additional discharge funding will be allocated to achieve the greatest impact in terms of reducing delayed discharges?  Does this plan contribute to addressing local performance issues and gaps identified in the areas capacity and demand plan?  Does the plan take into account learning from the impact of previous years of ADF funding and the national evaluation of 2022/23 funding?		Yes			
NC3: Implementing BCF Policy Objective 2:	PR6	A demonstration of how the services the area commissions will support	PR 4 and PR6 are dealt with together (see above)					

Complete:

Yes
Yes
Yes
Yes

NC4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	PR7	A demonstration of how the area will maintain the level of spending on social care services and NHS commissioned out of hospital services from the NHS minimum contribution to the fund in line with the uplift to the overall contribution	<p>Does the total spend from the NHS minimum contribution on social care match or exceed the minimum required contribution?</p> <p>Does the total spend from the NHS minimum contribution on NHS commissioned out of hospital services match or exceed the minimum required contribution?</p>		Yes			
Agreed expenditure plan for all elements of the BCF	PR8	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?	<p>Do expenditure plans for each element of the BCF pool match the funding inputs?</p> <p>Where there have been significant changes to planned expenditure, does the plan continue to support the BCF objectives?</p> <p>Has the area included estimated amounts of activity that will be delivered/funded through BCF funded schemes? (where applicable)</p> <p>Has the area indicated the percentage of overall spend, where appropriate, that constitutes BCF spend?</p> <p>Is there confirmation that the use of grant funding is in line with the relevant grant conditions?</p> <p>Has the Integrated Care Board confirmed distribution of its allocation of Additional Discharge Fund to individual HWBs in its area?</p> <p>Has funding for the following from the NHS contribution been identified for the area:</p> <ul style="list-style-type: none"> <li>- Implementation of Care Act duties?</li> <li>- Funding dedicated to care-specific support?</li> <li>- Reablement? Paragraph 12</li> </ul>		Yes			
Metrics	PR9	Does the plan set stretching metrics and are there clear and ambitious plans for delivering these?	<p>Is there a clear narrative for each metric setting out:</p> <ul style="list-style-type: none"> <li>- supporting rationales that describes how these ambitions are stretching in the context of current performance?</li> <li>- plans for achieving these ambitions, and</li> <li>- how BCF funded services will support this?</li> </ul>		Yes			

Yes
Yes
Yes