

READING HEALTH AND WELLBEING BOARD

Date of Meeting	11 October 2024
Title	BCF Integration Update
Purpose of the report	To note the report for information
Report author	Beverley Nicholson
Job title	Integration Programme Manager
Organisation	RBC – Adult Social Care / BOB Integrated Care Board
Recommendations	<ol style="list-style-type: none"> 1. That the Health and Wellbeing Board note the BCF Quarter 1 return (2024/25), formally submitted by the due date of 29th August 2024. 2. To note that the Section 75 Framework Agreement for 2024/25 is in the process of being agreed between Reading Borough Council and the Integrated Care Board to be signed and sealed by 29th October 2024, ahead of the Q2 BCF return, to remain compliant with the BCF National Conditions.

1. Executive Summary

- 1.1 The purpose of this report is to provide an update on the Integration Programme and performance of Reading against the national Better Care Fund (BCF) targets. This report will show the position as at the end of June 2024 (Quarter 1), and also outlines the spend against the BCF Plan, including the Discharge Fund to support hospital discharges in 2024/25.
- 1.2 The BCF metrics were agreed with system partners during the BCF Refresh Planning process for 2024-25.
 - a) The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care) **Not Met**
 - b) The number of emergency hospital admissions due to falls in people aged 65 and over, per 100,000 population. **Met**
 - c) An increase in the proportion of people discharged home using data on discharge to their usual place of residence **Met**
 - d) The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population **Not Met**

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

The report also covers the Better Care Fund (BCF) Quarter 1 return for 2024/25, attached at Appendix 1. The Quarter 1 return was signed off through the Delegated Authority process in advance of submission by the due date of 29th August. One of the National Conditions to be met is that Reading Borough Council and the Integrated Care Board, have agreed the Section 75 Framework Agreement with the Integrated Care Board, for pooled funding, covering the period 2024/25. The Agreement, at the time of submitting this report is still in the process of being reviewed, with a view to signing and sealing by 29th October, in order to remain compliant with the National BCF Conditions.

2. Policy Context

- 2.1. The Better Care Fund Policy Framework¹ and the Addendum to this policy for refreshed plans in 2024/25² set out the principles for the pooling of funds to support integrated working across health and social care, to ensure the right care is available to people at the right time. The Reading Integration Board (RIB) is responsible for leading and overseeing system working with Local Authority Adult Social Care and Housing, Acute and Community health providers, Primary Care, Integrated Care Board (ICB) Commissioners, Voluntary and Community Sector partners and Healthwatch, across Reading. The aim of the board is to facilitate partners and other interested stakeholders to agree and deliver a programme of work that promotes integrated working to achieve the national Better Care Fund (BCF) performance targets, as set out in sections 1.2 and 3.0 of this paper.

3. Performance Update for Better Care Fund and Integration Programme

3.1. Performance as at the end of Quarter 1, 2024/25

3.1.1 Admission Avoidance

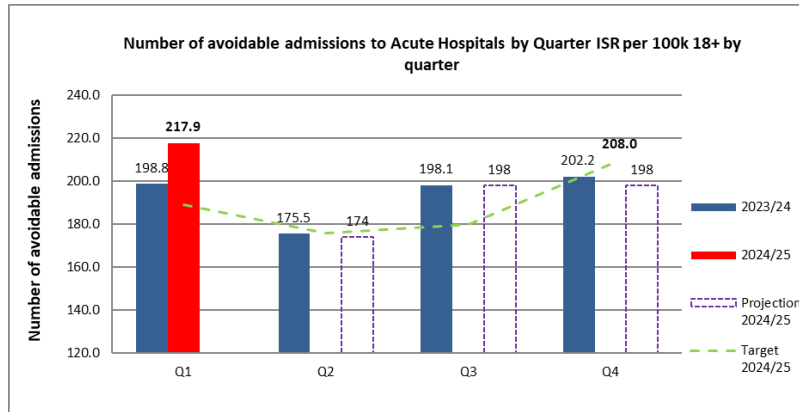
This aims to reduce avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions). This measures how many people with specific long-term conditions, which should not normally require hospitalisation if their conditions were well managed, were admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy and high blood pressure.

Our target for 2024/25 is to have no more than 753 admissions, per 100,000 population, for the year. This metric was adjusted based on actual performance in 2023/24, with the requirement that it be “stretching”. Accounting for population increases of people age 65+, a 1% reduction on the actual performance for 2023/24 was set for 2024/25. The Reading Integration Board acknowledged, at the Board meeting on 21st August 2024, the impact of being required to set “stretching” targets when there are year on year increases in demographic growth and complexity of need. We continue to work with our public health, system partners and operational teams to try and identify the causes of these significant increases, and agree actions to address these. The target for Q1 was no more than 189, per 100,000 population. The actual performance was 218, 15% higher than the planned performance in this period.

Number of Unplanned hospitalisations for chronic ambulatory care sensitive conditions per 100,000 population - 18+, Acute hospitals	
Annual Target for 2024/25 (no more than)	753
Target performance for Quarter 1 (2024/25) (no more than)	189
Actual performance in Quarter 1 (2024/25)	218
Status	Amber

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

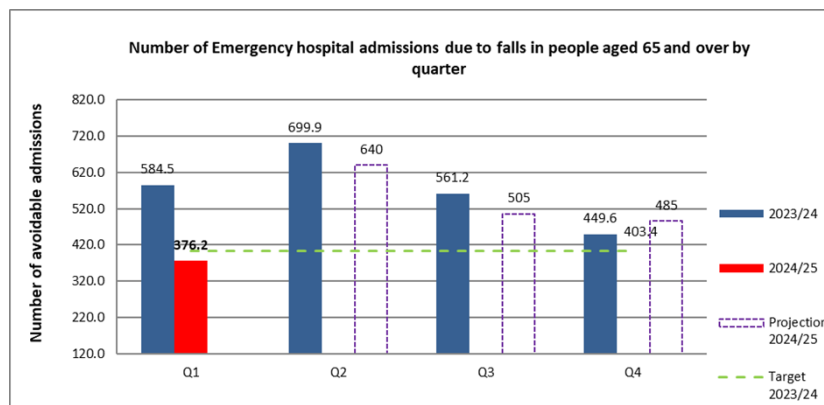
² [Addendum to the 2023 to 2025 Better Care Fund policy framework and planning requirements - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/addendum-to-the-2023-to-2025-better-care-fund-policy-framework-and-planning-requirements)



3.1.2 Falls

This metric is in relation to emergency hospital admissions due to falls in people aged 65 and over. The target for 2024/25 is to have no more than 1,613 per 100,000 (given the population of Reading for this age group this equates to no more than 356 people) and represents a 2% improvement on the actual performance in the previous year. We also continue to provide Technology Enabled Care equipment that could be installed/worn to build confidence and ensure early alerts for people who are frail or at risk of falls.

Number of Directly Standardised Rate (DSR) of Emergency hospital admissions due to falls in people aged 65+ per 100,000 population	
Annual Target for 2024/25 (no more than)	1,613
Target performance per quarter (no more than)	403
Actual performance in Quarter 1 (2024/25)	376
Status	Green



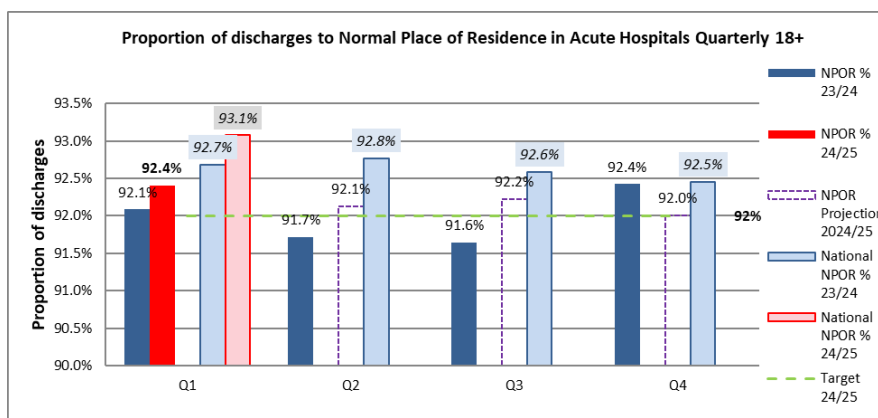
A Diagnostic review of Falls is underway across Berkshire West. The review will provide an evidence based understanding of the underlying causes of falls, and map existing services that are in place, comparing across our Local Authority neighbours in West Berkshire and Wokingham. The findings will be shared with our system partners. We expect this review to be completed by the end of October 2024. The outcome will inform the next steps in developing our falls and frailty service in Reading.

3.1.3 Discharge to Normal Place of Residence

This aims to increase the proportion of people who are discharged directly home, from acute hospitals with a target of not less than 92.2% per quarter. This is based on hospital data for people “discharged to their normal place of residence”. Performance in Quarter 1 has improved and we are in a positive position, although slightly below the National average for this metric.

There is an impact on this metric of the numbers of people being admitted to residential/nursing homes (see 3.1.4) for their long term care. We continue to work with the multi-disciplinary team and the hospital discharge hub, to follow the ethos of “Home First”, in line with the Hospital Discharge Policy, with support if needed through the use of TEC / equipment that can be installed to support independent living, and reablement.

Proportion of discharges to Normal Place of Residence in Acute Hospitals 18+, per month	
Annual Target for 2024/25 (no less than)	92.2%
Target performance per quarter (not less than)	92.2%
Actual performance in Quarter 1 (2024/25)	92.4%
Status	Green

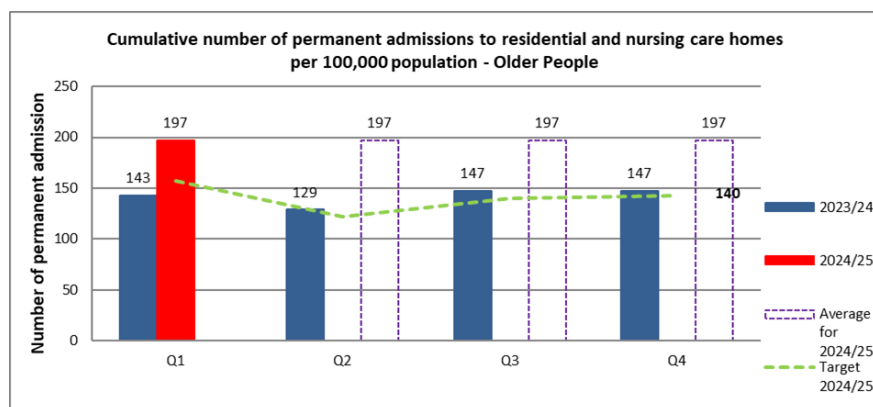


3.1.4 Permanent Admissions to Residential/Care Homes

This aims to reduce the number of older adults (65+) whose long-term care needs are met by admission to residential or nursing care per 100,000 population with a maximum target of 562 admissions for the year. The quarterly target is no more than 157 people per 100,000 and for Quarter 1 there were 197, 20% higher than the target for the quarter.

We know that 66% of admissions in 2023/24 were primarily for dementia beds, and we can see an increasing need for complex care. We continue to work with our system partners to identify appropriate care for people to meet their needs and are aware of the work being undertaken by Buckinghamshire, Oxfordshire, Berkshire West (BOB) to develop a Dementia Strategy, which will also inform our specialist discharge pathways.

Number of permanent admissions to residential and nursing care homes per 100,000 population - Older People	
Annual Target for 2024/25 (no more than)	562
Target performance per quarter (not more than)	157
Actual performance in Quarter 1 (2024/25)	197
Status	Red



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

4.1. Our contribution to the overall direction of the [Berkshire West Joint Health & Wellbeing Strategy 2021-30](#). Priority areas:

1. Reduce the differences in health between different groups of people
2. Support individuals at high risk of bad health outcomes to live healthy lives
3. Help children and families in early years
4. Promote good mental health and wellbeing for all children and young people
5. Promote good mental health and wellbeing for all adults

4.2. Reading Integration Board (RIB) are leading on delivery against priorities 1 and 2 for Reading. Action plans have been developed in collaboration with the members of RIB, which includes representation from system partners, including Acute Hospital, Primary Care and Voluntary and Community Sector. Delivery against the action plans involves a collaborative approach, supported by the membership of the Integration Board. The action plans were reviewed by the RIB membership in quarter 1 of 2024/25, against the 10-year strategy and have been updated, reflecting the positive progress to date in reducing difference in health and supporting people at risk of poor health outcomes.

4.3. In working to address priorities 1 and 2, grant funding is provided through the Better Care Fund to Voluntary and Community sector organisations for projects that support us in addressing these priorities. We are spotlighting the projects at each RIB meeting and have seen some great outcomes. One of the projects presented to RIB for Quarter 1 was Parents and Children Together (PaCT). They shared a case study that showed the difference made to address differences in health outcomes: *Zahra*, a Moroccan national and qualified nurse, was 22 weeks pregnant and assaulted by her fiancé. Her student visa was about to expire and since she was her fiancé's dependent, she faced homelessness. Zahra's pregnancy and cultural background made returning to Morocco unsafe. Her visa issues prevented her from working or claiming benefits in the UK. Alana House responded within 48 hours, providing emergency accommodation, food parcels, and negotiating with children's social services for support. Alana House facilitated Zahra's asylum application, provided financial support, and helped her access legal advice and healthcare. Zahra is now safely housed, financially stable, and has an active asylum claim. She has had no further contact with her ex-fiancé and continues to attend maternity and health appointments. *All names are changed to protect anonymity.*

4.4. We are also identifying people at risk of poor health outcomes through our Community Wellness Outreach project; which is reaching into communities where there are higher levels of deprivation, and where there are larger numbers of people from ethnically diverse backgrounds that are more at risk of developing conditions that can lead to cardiovascular disease, such as hypertension and diabetes. The project is funded from the Inequalities Fund, which has been pooled into our Section 75 Framework Agreement for the Better

Care Fund, and is funded to the end of June 2025. The service is being delivered by the Meet PEET Nurses from the Royal Berkshire hospital and supported by Reading Voluntary Action to co-ordinate venues, enable appointments to be booked and provide social prescribing services.

As at the end of June 2024, there had been 810 Health Checks. Of the cohorts seen 66% of people were found to have very high/high body mass index (BMI) scores, 23% had high or very high blood pressure and 24% with high blood glucose levels, a pre-indicator of diabetes. Data from the Race & Health Observatory (2021) indicated that South Asian and Black people are 2 to 4 times more likely to develop Type 2 Diabetes than White people and 40% of South Asians have a higher death rate from Coronary Heart Disease than the general population. 24% of all Deaths in England and Wales in 2019 were caused by Cardiovascular Disease in Black and minority ethnic groups. ONS Census data (2021) indicates that there is a larger proportion of people from an Indian, Pakistani, Asian or African ethnicity in Reading, compared to the ratios for England. It is of note, that 49% of people seen at these CWO sessions are from these ethnic groups, which will enable preventative support to be provided and reduce likelihood of developing more serious conditions. People are supported to register with a GP if they are not yet registered.

The usual age range for the NHS Health checks is from 40 years to 74 years. This project has delivered the checks to everyone over 18 years of age in Reading in order to enable an early detection and prevention approach. So far 10% of people seen have been over the age of 74 and 28% have been below age 40. Reading Voluntary Action, a key delivery partner, are signposting to specific organisations/services based on need and interest in addition to a range of information about support services that are provided in “Wellbeing bags” given to attendees at the CWO sessions.

4.5. The Reading Integration Board (RIB) Programme Plan objectives are mapped to both the Health and Wellbeing Board strategic priorities, as listed in 4.1 above, and the Integrated Care Board (ICB) priorities 2023-25, listed below, to ensure alignment and effective reporting:

ICB key priorities are as follows:

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

5. Environmental and Climate Implications

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

6. Community Engagement

- 6.1. Engagement in relation to specific services takes place, such as feedback on customer satisfaction for services such as Reablement. Stakeholder engagement continues to be a key factor in effective integrated models of care, and engagement with all system partners is important to the Reading Integration Board. Service User satisfaction rates for our Community Reablement Team were 100%. Service Users being discharged from hospital

have been given an opportunity to provide feedback on their experience to enable us to shape our services.

- 6.2. Reading Adult Social Care have recruited a co-production lead and setup a Working Together Group of service users, carers and self-funders. This will help ensure that services are co-designed with service users, carers and families as much as possible, and feedback on user experiences will be gathered. We have also had two Co-production sessions in relation to the Accelerating Reform Fund project to support Carer's by offering Carer's breaks and respite care. Carer's who expressed an interest in being part of the co-production group have been fully engaged and offered insights into what their needs are. There will be a final co-production session in September to scope the specification for a Carer's breaks service in Reading.

7. Equality Implications

- 7.1. Under the Equality Act 2010, Section 149, a public authority must, in the exercise of its functions, have due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 7.2. There are no new proposals or services recommended in this report that would impact negatively on anyone with protected characteristics.

8. Other Relevant Considerations

- 8.1 The Better Care Fund Planning and Performance reporting included in this report requires us to adhere to the Better Care Fund Framework 2023/25 four National Conditions and the Better Care Fund Objectives:
- National Condition 1: Plans to be jointly agreed.
 - National Condition 2: Enabling people to stay well, safe and independent at home for longer.
 - National condition 3: Provide the right care in the right place at the right time.
 - National Condition 4: Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.

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

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

9. Legal Implications

- 9.1. Compliance with the Better Care Fund (BCF) 2023/25 National Conditions: The report sets out the National Conditions in Section 8. A Section 75 Framework Partnership Agreement (2024/25) is in the process of being agreed between the Integrated Care Board (ICB) and Reading Borough Council (RBC) in relation to the pooled funds, in accordance with the Planning Requirements³, which is to be signed and sealed by 29th October 2024. This will

³ <https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf>

reflect the refreshed BCF plans for 2024/25 in line with the Addendum for 2024/25⁴. In order that we remain compliant with all four National Conditions.

10. Financial Implications

10.1. BCF 202425 Expenditure to date against the Plan

Budgets are aligned to the refreshed Better Care Fund plan for 2024/25, including an increase in the Discharge Funding and reallocation of funds to complex care, following significant pressure in this area in 2023/24. Funds are currently committed to projects and schemes as outlined in the refreshed BCF Plan for 2024/25, and we received approval of our plans from NHS England on 21st August 2024. We are currently showing all spend as committed as a plan is in place, however we intend to review this on a monthly basis at the Reading Integration Board, to ensure we report any slippage in schemes.

RIB Summary Report at P-3	Original Budget £k	YTD Budget as at 31/05 £k	YTD as at 31/05 (Actuals) £k	Forecast to 31/03/25 £k
Summary				
Reading Borough Council Hosted Schemes	12,177,724	3,044,431	3,044,431	12,177,724
BOB Integrated Care Board	1,795,924	448,981	448,981	1,795,924
Cross BOB ICB Hosted Schemes	3,483,173	870,793	870,793	3,483,173
Discharge Funding	2,102,788	525,697	350,465	2,102,788
c/fwd Funding for projects	1,572,812	0	1,572,812	1,572,812
Total	21,132,421	4,889,902	6,287,482	21,132,421

10.2. Hospital Discharge Fund

We have maintained the same areas of spend for this fund in 2024/25, but increased the allocation in areas of greatest need and reduced in other areas based on actual spend in the previous year. The Quarter 1 BCF return (Appendix 1) focused on spend against the Discharge Fund. Of the £2,102,788 budget for the Discharge Fund in 2024/25 we have spent 24%, £500,422.

The only adjustment made against the original plan was in relation to item 39b, Social Care Workforce Development, where the output had been listed as 1 whole time equivalent (wte). The reason for the change in output is that this funding is being used to train domiciliary care staff in reablement, to increase reablement capacity to support hospital discharge, and also prevent admission where possible. We have trained 7 staff in reablement within Quarter 1, and this has been noted on the return.

11. Timetable for BCF Reporting

11.1. Confirmation was received from the National Better Care Fund Team on 21st August 2024, that our refreshed BCF Plan for 2024/25 has been accepted.

11.2. The Quarter 1 BCF return, covering the period from 1st April 2024 to 30th June 2024, was submitted on 23rd August, ahead of the deadline of 29th August, following the Delegated Authority procedure. Future returns are scheduled in line with the BCF reporting schedule:

⁴ [https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/addendum-to-the-2023-to-2025-better-care-fund-policy-framework-and-planning-requirements#:~:text=The%20Better%20Care%20Fund%20\(%20BCF,place%20at%20the%20right%20time](https://www.gov.uk/government/publications/better-care-fund-policy-framework-2023-to-2025/addendum-to-the-2023-to-2025-better-care-fund-policy-framework-and-planning-requirements#:~:text=The%20Better%20Care%20Fund%20(%20BCF,place%20at%20the%20right%20time)

Task/Activity/Milestone description	Start Date	End Date	Submission Dates
Q1 Report Template completion period	29/07/24	29/08/24	
Q1 Report Submission			29/08/24
Q1 National and Regional Assurance Period	01/09/24	30/09/24	
Q2 Reporting Template Completion Period	16/09/24	31/10/24	
Q2 Report Submission			31/10/24
Q2 National and Regional Assurance Period	01/11/24	30/11/24	
Q3 Reporting Template Completion Period	16/12/24	31/01/25	
Q3 Report Submission			31/01/25
Q3 National and Regional Assurance Period	01/02/25	28/02/25	
Q4 EOY Return Completion Period	13/03/25	30/05/25	
Q4 EOY Submission			31/05/25
Q4 National and Regional EOY Assurance Period	02/06/25	30/06/25	

12. Background Papers

The BCF performance data included in this report is drawn from the Reading Integration Board Dashboard – July 2024 (Reporting up to 30th June 2024).

Appendices

1. Reading BCF Quarter 1 Return (2024/25)