Better Care Fund 2024-25 Q2 Reporting Template

2. Cover

Version 3.6

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 BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

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

template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Please see the Checklist on each sheet for further details on incomplete fields

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	No
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D H1 Actual Activity	Yes
6. Expenditure	Yes

For further guidance on requirements please refer back to guidance sheet - tab 1.

[<< Link to the Guidance sheet]

Note on Better Care Exchange: BCF 2024-25 Q2 Template - Better Care Exchange - Better Care Fund

A bug has been identified, after completing the metrics tab, the cover tab checklist for the metrics tab would continue to display "No." Please ignore the warning.

This does not affect the overall functionality or reliability of the template, hence we are not introducing a new version of template.

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3. National Conditions

Selected Health and Wellbeing Board: Reading

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	No	Yes
If it has not been signed off, please provide the date section 75 agreement expected to be signed off	30/11/2024	Yes
If a section 75 agreement has not been agreed please outline outstanding actions in agreeing this.	The delay has been due to multiple reasons i)the BCF approval timelines which led to approval late in August, and then impacted by annual leave for key personnel. ii) advice from Legal Services that a new full Section 75 Agreement document, rather than a Deed of Variation, would be required. iii) the governance structures and timelines within each of the Local Authority and ICB organisations, were not aligned to enable signing and sealing within the proposed timelines. iv)there were protracted discussions around how the Risk Share element of the Section 75 Agreement would be managed, as neighbouring Local Authorities thin BOB ICB operated these in a different way (i.e. not proportional as proposed in the original guidance for BCF planning, which is the way that Reading have been operating this and wanted to continue in this way, as this is what was also applied to 2023/24 - Y1 of the 2 year BCF Plans). Neither Oxfordshire nor Buckinghamshire,also both in the BOB ICB area, have a Risk Share at all, so there is already a precedence for a different approach within the ICB area. Support from the Regional BCF Team has been engaged to support both parties to resolve this issue.	Yes

Confirmation of Nation Conditions

National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter and mitigating actions underway to support compliance with the condition:	
1) Jointly agreed plan	No	We are working with the ICB to agree our Section 75 Agreement, and this is currently going through internal governance processes and due to go to the ICB Board on 19th November 2024. We are hopeful that we can arrange signing and sealing soon after that board meeting, pending agreement on the Risk Share.	Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	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 utilise data that may only be available system-wide and other local intelligence.

Metric	Definition	For information - Your planned performance as reported in 2024-25 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any 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* ***- ensure that if you have selected***	Achievements - including where BCF funding is supporting improvements. *Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics*	Variance from plan *Please ensure that this section is completed where you have indicated that this metric is not on track to meet target outlining the reason for variance from plan*	Mitigation for recovery *Please ensure that this section is completed where a) Data is not available to assess progress b) Not on track to meet target with actions to recovery position against plan*	Complete:
		Q1	Q2	Q3	Q4							
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	189.0	176.0	180.0	208.0	226.4	Not on track to meet target	Analysis of the conditions that people were admitted with shows that COPD was the largest contributor, and we had a heatwave in July which we have discussed with our Primary Care and Public Health colleagues and could have been a factor.The majority of admissions were in the age groups 70 to 79, and it is likely to worsen during the winter months unless these conditions are well managed during that period. We are developing a Multi-disciplinary Working Group to review the potential causes for example: Are annual reviews within Primary Care taking place for conditions such as COPD, Hypertension, Diabetes, Asthma etc., or are there other issues that can be identified? Once we have this deep dive data and outcomes, action plans will be drawn up to address these issues, where possible.	Not applicable	Our annual target is to have no more than 753 admissions per 100,000 population. As at the end of August (mid-way through Q2) actual performance was 352 (Cumulative data), and straight-line projections are 846 to the end of the year. We are continuing to see an increase in avoidable admissions, and current projections put us 12% above our maximum target. We have outlined, in Column J, the actions we are taking. Note: September data will not be available until mid-November, as there is a 6 week lag in data.		Yes
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%	92.17%	Not on track to meet target	Our Hospital Discharge Teams and the Discharge Hub look to achieve a "Home First" approach but there has been a significant and continued increase in the number of admissions to Long Term Nursing or Residential Care, which has impacted on this target.	Quarter 1 actual performance was 92.3%, and Q2 actual performance mid-way (August) is 91.9%.	The forecast for the year is 91.9% based on straight line projections, 0.3% away from our target.		Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,612.2	433.3	On track to meet target	None at the moment, we remain on track.	Quarter 1 actual performance was 452, cumulative, and as at the end of August (mid-way through Q2) cumulative performance is 643,with a year end projection of 1,544. We believe that a different population figure may be being used for SUS data compared to that which was on our submitted and agreed BCF Plan (22,081), which is the same population group as used for the Long Term Admissions to Residential Homes (65+ Population).	None at the moment, we remain on track.		Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				562	not applicable	Not on track to meet target	We are seeing continuing increases in need for long term residentialnursing care, particularly for dementia care beds.	Not applicable.	Against an annual target of no more than 562 per 100,000 population, cumulative data as at the end of August 2024, showed performance at 328, with a straight line projection of 788, which is 40% higher than the target. We have already reached more than 50% of the total admissions target at month 5. A Task and Finish group has been set up to look at the causes and any remedial actions that can be taken but this demand demonstrating the increasing trend of complexity and need.		Yes

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5. Capacity & Demand

Selected Health and Wellbeing Board: Reading

5.1 Assumptions

	Checklist Complete:
1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include any learnings from the last 6 months.	
We have noticed that on Pathway 1 discharges, referrals for short term domiciliary care have increased and they seem to have longer lengths of wait for discharge, and we are looking into the reasons for this to try and reduce waits for people referred for a domiciliary care package on this pathway. We are currently in the process of identifying alternative provision from the Voluntary Care Sector to support hospital discharge. A recent community bed audit was undertaken and actions are in train to maximise utilisation of community beds and reduce length of wait on Discharge Ready lists through the winter period.	Yes
2. How have system wide discussions around winter readiness influenced any changes in capacity and demand as part of proactive management of winter surge capacity?	
As a system, Berkshire West Place has invested in and prioritised several programmes of work for 2024-25 in order to maximise impact and system resilience all year round with a particular focus on establishing admission avoidance initiatives ahead of Winter. 1.Same Day Urgent Access – pilot GP streaming service co-located on acute hospital site began on 1st October 2024, triaging minor illness patients from Emergency Department (ED) front door. This aims to reduce Type 1 ED attendances, reduce overcrowding in ED and ensure more patients are being seen appropriately. Early data indicates around 30-40 patients are being diverted daily. This compliments the re-direction of patients from ED to the OOH service available evenings, weekends and bank holidays from the same location. 2.Single Point of Access (SPoA)– our acute hospital continue to expand their SPoA to additional specialities including surgical specialities from late Oct/early Nov. This is alongside a re-launch of 'Call before Convey' ahead of Winter to increase non-conveyance rates and divert patients onto alternative pathways as opposed to ED. 3.Discharge Guidance & Protocol of Choice – refreshed and streamlined guidance launched Sept-24 to facilitate timely and effective discharge and reduce long hospital stays. Associated patient comms and leaflets have also been reviewed to ensure clear consistent messaging to patients, families and carers and reduce number of patients remaining in a hospital bed who no longer reach the Criteria to Reside. 4.Virtual wards - exploring further opportunities for remote monitoring, strengthening the admission avoidance pathways, streamlining the frailty/SCAS/acute interface and looking at the potential for risk stratification approaches.	Yes
3. Do you have any capacity concerns or specific support needs to raise for the winter ahead?	
Winter planning reviews and discussions have taken place at the Berkshire West local integration boards and Urgent and Emergency Care Board. We have plans to reduce demand where possible and escalation procedures have been adjusted for the winter period. We are working closely with Public Health and Primary Care services to ensure consistent messaging out to the public to reduce pressure on emergency services, and avoid hospital admissions, especially those due to chronic conditions that are not well managed. Local analysis shows the majority of avoidable admissions were related to COPD, Asthma and Heart Failure, and we are reviewing the communications as a system, across health, social care and voluntary and community sectors, to ensure people are well informed about where to get the appropriate support and how to avoid developing complications.	Yes
4. Where actual demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?	
We are aware of the continuing gap in Urgent Community Response (UCR) capacity compared to demand. Whilst capacity has increased by 26% above the planned activity, there has been a 37% increase in demand than planned in Reading. This has been escalated to the Executive level of the BOB ICB and as an interim mitigation some of the UEC funding that had been allocated to providing medical provision over weekends at community hospitals has been instead reprioritised to cover the gap in UCR for the remainder of this financial year. An in depth demand and capacity review of UCR and the wider community crisis response workstream has been flagged as a key priority area for Berkshire West Place and next steps are being agreed for Q3. In the interim, all referrals are discussed with the referrer to determine if an urgent response is necessary. If not, a more suitable alternative community and/or acute pathway is recommended, and if appropriate will move some same day referrals to next day to free up urgent activity and maximise the use of other pathways in both community and acute settings. Berkshire Health Foundation Trust (BHFT) within their intermediate care services, are working towards improving workforce utilisation in line with the new community rehabilitation and reablement model* . Working with professional leads to explore how they can maximise the use of skill mix. Whilst demand for Urgent Care Response does still exceed capacity, effective triaging is in place to enable redirection where possible e.g. to Virtual Ward or Community Nursing, to ensure needs are met. *A new community rehabilitation and reablement model (england.nhs.uk)	Yes

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5. Capacity & Demand

Selected Health and Wellbeing Board: Reading

Actual activity - Hospital Discharge		Prepopulated demand from 2024-25 plan						Actual activity (not including spot purchased capacity)						Actual activity through only spot purchasing (doesn't apply to time to service)						
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	
Reablement & Rehabilitation at home (pathway 1)	Monthly activity. Number of new clients	123	126	93	107	96	93	73	70	80	79	67	49	0	0	0	0	0	0	Yes
Reablement & Rehabilitation at home (pathway 1)	Actual average time from referral to commencement of service (days). All packages (planned and spot purchased)	5.9	6.7	4.3	3	3.8	4.4	3	2	1	2	1	2							Yes
Short term domiciliary care (pathway 1)	Monthly activity. Number of new clients	10	17	11	17	12	25	25	29	23	24	18	14	0	0	0	0	0	0	Yes
Short term domiciliary care (pathway 1)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	2	2	2	2	2	2	7	8	8	11	11	7							Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly activity. Number of new clients	21	14	19	11	31	20	32	35	31	45	28	33	0	0	0	0	0	0	Yes
Reablement & Rehabilitation in a bedded setting (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	2.7	1.6	2	2.4	1.6	2.2	2	3	2	4	2	3							Yes
Other short term bedded care (pathway 2)	Monthly activity. Number of new clients.	5	3	6	3	4	3	5	5	2	1	3	2	0	0	0	0	0	0	Yes
Other short term bedded care (pathway 2)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	2.7	1.6	2	2.4	1.6	2.2	1.5	6.5	7	0	2.5	1							Yes
Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)	Monthly activity. Number of new clients	18	14	10	19	28	21	8	7	9	10	11	11	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)	Actual average time from referral to commencement of service (days) All packages (planned and spot purchased)	25.9	18.3	28.1	24.7	25.6	32.1	26	16	19	27	28	20							Yes

Actual activity - Community		Prepopulated demand from 2024-25 plan						Actual activity:						
Service Area	Metric	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	
Social support (including VCS)	Monthly activity. Number of new clients.	15	10	16	9	15	16	21	16	11	0	0	0	Yes
Urgent Community Response	Monthly activity. Number of new clients.	95	119	134	130	138	137	145	151	143	124	99	117	Yes
Reablement & Rehabilitation at home	Monthly activity. Number of new clients.	143	144	149	128	130	104	143	130	164	176	126	154	Yes
Reablement & Rehabilitation in a bedded setting	Monthly activity. Number of new clients.	35	31	43	22	34	32	28	28	32	39	34	31	Yes
Other short-term social care	Monthly activity. Number of new clients.	2	1	3	1	1	1	0	0	0	0	0	0	Yes

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To Add New Schemes

6. Expenditure

Selected Health and Wellbeing Board: Reading

<< Link to summary sheet

Running Balances	2024-25 Income	Expenditure to date	Percentage spent	Balance
DFG	£1,306,000	£653,000	50.00%	£653,000
Minimum NHS Contribution	£13,153,195	£6,146,815	46.73%	£7,006,380
iBCF	£2,692,624	£1,346,312	50.00%	£1,346,312
Additional LA Contribution	£1,468,920	£734,460	50.00%	£734,460
Additional NHS Contribution	£0	£0		£0
Local Authority Discharge Funding	£629,170	£384,724	61.15%	£244,446
ICB Discharge Funding	£1,473,618	£930,101	63.12%	£543,517
Total	**£20,723,527**	**£10,195,412**	**49.20%**	**£10,528,115**

Comments if income changed
Update to LA Contribution based on adjustments of c/fwd funding, as set out in S75 Schedule 1. £1,572,812, after final Year End adjustments, so total income adjusted to £21,132,421.

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 Minimum Required Spend	Expenditure to date	Balance
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£3,468,488	£2,299,056	£1,169,432
Adult Social Care services spend from the minimum ICB allocations	£6,624,884	£3,665,800	£2,959,084

Checklist Column complete: Yes Yes

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Commissioner	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
1	Short Term / Hospital Discharge Team	Local Authority Social Work and Occupational Therapy	Care Act Implementation Related Duties	Other	Hospital Discharge Support Team	1441	721		Social Care	LA	Local Authority	Minimum NHS Contribution	£2,030,421	£1,013,150	Updated planned expenditure £2,026,30
2	Reablement	Reablement & Rehabilitation Services	Home-based intermediate care services	Reablement at home (to support discharge)		800	400	Packages	Social Care	LA	Local Authority	Minimum NHS Contribution	£2,081,500	£1,040,750	
3	Step Down Beds - Discharge to Assess	Step Down Beds - Discharge to Assess	Bed based intermediate Care Services (Reablement, rehabilitation, wider short term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		24	6	Number of placements	Social Care	LA	Local Authority	Minimum NHS Contribution	£301,872	£170,400	Updated planned expenditure £341,000. Longer lengths of stay, average 50.8 weeks due to complex issues to move on accommodate long term needs.
4	Step Down Beds - Discharge to Assess (Physiotherapy)	Step Down Beds - Discharge to Assess	Bed based intermediate Care Services (Reablement, rehabilitation, wider short term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		8	4	Number of placements	Social Care	LA	Local Authority	Minimum NHS Contribution	£87,428	£43,750	Updated planned expenditure £87,300
5	Care Packages - Mental Health	Personalised Care at Home	Personalised Care at Home	Mental health /wellbeing		200	100		Social Care	LA	Private Sector	Minimum NHS Contribution	£139,800	£69,900	

Checklist		Column complete:					Yes								Yes	
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	**Planned Outputs for 2024-25**	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Commissioner	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
6	Care Packages - Physical Support	Personalised Care at Home	Personalised Care at Home	Physical health/wellbeing		589	294		Social Care	LA	Private Sector	Minimum NHS Contribution	£854,100	£427,050	
7	Care Packages - Memory and Cognition	Personalised Care at Home	Personalised Care at Home	Other	Memory and Cognition	222	111		Social Care	LA	Private Sector	Minimum NHS Contribution	£538,100	£269,050	
8	TEC Equipment	TEC equipment	Assistive Technologies and Equipment	Assistive technologies including telecare		1200	600	Number of beneficiaries	Community Health	LA	Private Sector	Minimum NHS Contribution	£214,500	£107,250	
9	Carers Funding - Grants, Voluntary	Carers Services	Carers Services	Respite services		60	30	Beneficiaries	Social Care	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£202,000	£101,000	
10	Carers Funding - Grants, Voluntary	Carers Services	Carers Services	Respite services		200	100	Beneficiaries	Social Care	LA	Charity / Voluntary Sector	Additional LA Contribution	£305,000	£152,500	
11	Care Act Funding	Care Act Implementation Related Duties	Care Act Implementation Related Duties	Other	Carer advice and support	0	0		Social Care	LA	Local Authority	Minimum NHS Contribution	£408,700	£204,350	
12	LA Discharge & Admission Avoidance projects	LA Discharge & Admission avoidance projects	Community Based Schemes	Low level support for simple hospital discharges (Discharge to Assess pathway 0)			0		Social Care	LA	Local Authority	Minimum NHS Contribution	£459,621	£219,900	Updated planned expenditure £439,800
13	IMHA	Prevention / Early Intervention	Care Act Implementation Related Duties	Independent Mental Health Advocacy		0	0		Social Care	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£35,000	£17,500	
14	BCF Local Project Management	BCF Local Project Management	Enablers for Integration	Programme management		3.5	3.5		Social Care	LA	Local Authority	Minimum NHS Contribution	£168,000	£84,000	
15	Hospital to Home - Extended Settling In Services (Red Cross)	Post Hospital Discharge - Home from Hospital	Prevention / Early Intervention	Social Prescribing		81	40		Social Care	LA	Charity / Voluntary Sector	Minimum NHS Contribution	£10,000	£5,000	
16	Care Home Selection (CHS) - Project in RBH	Care Home Selection (CHS) - Project in RBH	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes		1	1		Community Health	LA	NHS Community Provider	Minimum NHS Contribution	£62,000	£31,000	
17	Out Of Hospital Speech & Language Therapy	Eating & drinking referral service	Community Based Schemes	Low level support for simple hospital discharges			0		Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£63,673	£31,837	
18	Out of Hospital Care Home in-reach	HICM for Managing Transfer of Care	High Impact Change Model for Managing Transfer of Care	Improved discharge to Care Homes			0		Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£124,636	£62,318	
19	Out Of Hospital - Community Geriatrician	Provide Community Geriatrician Service - urgent referrals seen within 2 days.	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)		1300	6500	Number of placements	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£131,408	£65,704	

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Planned Outputs for 2024-25	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Commissioner	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
20	Out Of Hospital - Intermediate Care (including integrated discharge, discharge to assess service)	Rapid response services delivered for patients discharged from A&E or AMU, preventing a hospital admission.	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation accepting step up and step down users		800	400	Number of placements	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£1,060,748	£530,374	
21	Out Of Hospital Health Hub	Acute Single Point of Access to Community Health Services.	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£487,700	£243,850	
22	Out Of Hospital - Intermediate Care night sitting, rapid response, reablement and falls	Rapid response services delivered to patients in their own homes, avoiding hospital admission within 2hours.	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with reablement (to support discharge)		1680	840	Number of placements	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£349,518	£174,759	
23	Connected Care	Connected Care	Other				0		Other	NHS	Private Sector	Minimum NHS Contribution	£316,980	£158,490	
24	Carers Funding ICB	Support for Young People with Dementia (YPWD), Alzheimers	Carers Services	Other	Support Young People with Dementia / Alzheimers	80	40	Beneficiaries	Community Health	NHS	Charity / Voluntary Sector	Minimum NHS Contribution	£119,420	£59,710	
25	Street Triage	Street Triage service supporting Reading Rough sleepers	Integrated Care Planning and Navigation	Assessment teams/joint assessment			0		Mental Health	NHS	NHS Community Provider	Minimum NHS Contribution	£173,404	£86,702	
26	Falls Service & Frailty	Falls service to reduce Admissions due to falls	Community Based Schemes	Integrated neighbourhood services			0		Social Care	LA	Local Authority	Minimum NHS Contribution	£281,056	£0	Updated planned expenditure £266,000. Expected spend is pending the outcome of Diagnostic Review to inform Falls service development.
27	Care Homes / RRaT	Intermediate Care Services	Home-based intermediate care services	Rehabilitation at home (accepting step up and step down users)		1730	865	Packages	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£655,686	£327,843	
28	Discharge to Assess Beds	Hospital Discharge	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-term services supporting recovery)	Bed-based intermediate care with rehabilitation (to support discharge)		40	13	Number of placements	Social Care	LA	Local Authority	Local Authority Discharge Funding	£421,200	£210,600	Commissioned block of beds.
29	Hospital to Home Service (Extended)	Hospital to Home Service British Red Cross	Personalised Care at Home	Physical health/wellbeing		181	48		Social Care	LA	Charity / Voluntary Sector	Local Authority Discharge Funding	£40,000	£10,000	Alternative VCS provision being sought. No activity in Q2.
30	TEC Hospital Discharge	TEC Hospital Discharge Pilot	Assistive Technologies and Equipment	Assistive technologies including telecare		800	400	Number of beneficiaries	Social Care	LA	Local Authority	ICB Discharge Funding	£99,547	£50,000	
31	Home Care Hours to support Discharge	Home Care Hours to support Discharge	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge (Discharge to Assess pathway 1)		11132	5566	Hours of care (Unless short-term in which case it is packages)	Social Care	LA	Private Sector	ICB Discharge Funding	£242,000	£121,000	

Checklist		Column complete:					Yes								Yes	
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	**Planned Outputs for 2024-25**	Outputs delivered to date (Number or NA if no plan)	Units	Area of Spend	Commissioner	Provider	Source of Funding	Previously entered Expenditure for 2024-25 (£)	Expenditure to date (£)	Comments
32	Bed & Breakfast (Rough Sleepers/No recourse to public funds)	Bed & Breakfast (Rough Sleepers/No recourse to public funds)	Housing Related Schemes			52	85		Social Care	LA	Local Authority	Local Authority Discharge Funding	£37,517	£61,657	Significant increase in demand. Overspend here will be offset against other discharge funding.
34	Social Worker/OT posts within Hospital Discharge	Social Worker/OT posts within Hospital Discharge	Integrated Care Planning and Navigation	Support for implementation of anticipatory care		4	4		Social Care	LA	Local Authority	ICB Discharge Funding	£360,000	£247,322	
35	Hospital / CRT Delivering extended hours / Bank holidays	Hospital / CRT Delivering extended hours / Bank holidays	Home-based intermediate care services	Rehabilitation at home (to support discharge)		21	21	Packages	Social Care	LA	Local Authority	Local Authority Discharge Funding	£30,000	£39,923	Additional hours hospital discharge team and CRT to support discharge. Original plan showed output as packages but should have been hours (although not all care hours).Awaiting details.
36	Complex cases - High Cost Placement (including MH)	Complex cases - High Cost Placement (including MH)	Residential Placements	Care home		100	67	Number of beds	Social Care	LA	Local Authority	ICB Discharge Funding	£732,071	£493,213	
37	Brokerage staff	Brokerage staff	Integrated Care Planning and Navigation	Support for implementation of anticipatory care		2	2		Social Care	LA	Local Authority	ICB Discharge Funding	£40,000	£18,566	
40	ICB PMO (BoB)	Share of Cross Berkshire West Programme	Enablers for Integration	Programme management			0		Other	LA	Local Authority	Minimum NHS Contribution	£87,418	£43,709	
41	iBCF	Community Reablement Services	Home-based intermediate care services	Reablement at home (to support discharge)		800	400	Packages	Social Care	LA	Private Sector	iBCF	£2,692,624	£1,346,312	
42	DFG	Supporting people with disability	DFG Related Schemes	Adaptations, including statutory DFG grants		80	40	Number of adaptations funded/people	Social Care	LA	Private Sector	DFG	£1,306,000	£653,000	
43	Risk Share-LA	Other	Integrated Care Planning and Navigation	Other	Risk Share		0		Other	NHS	NHS	Minimum NHS Contribution	£583,243	£0	
44	BHFT Re-ablement Contract	Reablement & Rehabilitation Services	Home-based intermediate care services	Joint reablement and rehabilitation service (to support discharge)		1809	904	Packages	Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£1,114,937	£557,469	
45	ICB Contingency	ICB Contingency	Other				0		Community Health	NHS	NHS Community Provider	Minimum NHS Contribution	£10,326	£0	
46	Other	LA Care Act Implementation	Care Act Implementation Related Duties	Other	Care Act	0	0		Social Care	LA	Local Authority	Additional LA Contribution	£1,163,920	£581,960	
33b	Minor Works required to support people to be discharged from Hospital	Minor Works required to support people to be discharged from Hospital	Housing Related Schemes	0	0	80	40		Social Care	LA	Local Authority	Local Authority Discharge Funding	£50,000	£25,000	
38b	Self-Neglect - Blitz Cleans	Self-Neglect - Blitz Cleans	Housing Related Schemes	0	0	20	18		Social Care	LA	Local Authority	Local Authority Discharge Funding	£30,453	£27,544	A significant increase in demand to ensure safe homes for people to be discharged home.
39b	Social Care Workforce Development	Social Care Workforce Development and Retention	Workforce recruitment and retention	0	0	0.5	7	WTE's gained	Social Care	LA	Local Authority	Local Authority Discharge Funding	£20,000	£10,000	Outputs are not WTEs but number of Domiciliary Care staff trained in Reablement to increase capacity.