

## Better Care Fund 2024-25 Update Template

### 7. Narrative updates

Selected Health and Wellbeing Board:

West Berkshire

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

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

We have been advised by UEC to expect growth of 2.3% which is line with expected growth in admissions. We have taken our actual figures for 2023/24 and applied this percentage growth for 2024/25. It is also important to note here that our demand figures submitted for C&D community were a best guess in 2023/24, with capacity & demand split 3 ways, rather than by actual usage and our partners in health have now revised these for 2024/25. It was also important to note that our health partners are predicting a 25% growth in demand UCR. All figures in tab 4.2 include all hospitals we work with.

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?

We remodelled our Joint Care Pathway (this pathway reviews all Hospital Discharges within West Berkshire) in mid January 2024, now only those discharged from Hospital with clear reablement goals will go into a reablement/rehab pathway; and those without goals will be commissioned a package of care to support their discharge. The clinicians in the hospital will determine if someone has reablement goals. Before this change everyone in West Berkshire was discharged into a reablement pathway. We have made this change to ensure we are using our resources as efficiently and effectively as possible.

What impacts do you anticipate as a result of these changes for:

i. Preventing admissions to hospital or long term residential care?

We have not made any changes to our admission avoidance schemes. In terms of preventing admissions to long term residential care we are working hard with our Acute trust to ensure the home first approach is always adopted. We have Social Workers on site every day to ensure staff on the wards are talking to us about any potential Pathway 3 discharges - these are not agreed unless the ward has spoken to a Social Worker.

As a system we are also working on a shared vision: Leaving Hospital in Berkshire West: A combined Goal.

Berkshire West Local Authorities and Health Services working together to promote your independence and wellbeing – to get you home, safe and sound.

Together we will support you to access the care\* you need in your community.

\* The responsibilities of the Local Authorities in the assessment and support of your social needs and eligibility for funding is outlined in the Care Act 2014.

\* The responsibilities of health services in the support of ongoing health needs and eligibility of funding is outlined in the Continuing Health Care (CHC) Framework.

ii. Improving hospital discharges (preventing delays and ensuring people get the most appropriate support)?

To ensure people get the most appropriate support we remodelled how we support people of discharge. Those with clear reablement goals will be put onto a reablement/rehab pathway, those without goals will be commissioned a package of care to support their discharge. We have good working relationships with our provider market and continue to have a vibrant domiciliary Care Market despite a challenging year with the high rate of inflation.

**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.**

The three Local Authorities in Berkshire West (West Berkshire, Reading and Wokingham) and partners from the Acute Trust (RBHT), Community Health including Mental Health (BHFT) held a series of meetings to agree the data, and our health partners have provided us with their assumptions, which are in-line with the predicted NEL growth for Berkshire West. However, health partners are predicting a 20% increase in demand for UCR. Data granularity has improved during 2023/24 with figures now reported at a Local Authority level. We intend to work collaboratively with partners in-year to further improve the flow of data around capacity and demand and develop a monthly dashboard. In terms of meeting the increase in demand we need to review demand to understand if response is appropriate to need – potential to move some same day cases to next day to free up urgent activity, maximise the use of other pathways in both community and acute settings and review the technological / virtual monitoring opportunities, including Local Authority services to join up care and make best use of resource. These are all being managed through the Discharge and Flow workstream within the UEC workplan.

**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?**

Yes

**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.**

We have involved colleagues from UEC in reviewing our plan for 2024/25 and have agreed that we will mirror expected growth applied across UEC Demand, capacity and flow plans of 2.3%. Our Market Sustainability and Improvement Plan has also been taken into account in our plan. We expect demand to remain stable for long term residential and nursing but challenging for complex care. We are attempting to develop a region-wide plan for nursing home supply for complex needs with neighbouring Local Authorities and Health.

### **Approach to using Additional Discharge Funding to improve**

**Briefly describe how you are using Additional Discharge Funding to reduce discharge delays and improve outcomes for people.**

We will continue to spot purchase domiciliary care when needed as we have a vibrant care market. We will continue with a number of block bed contracts we have with care homes in our area including a mix of high and low level needs and monitor flow to ensure we do not have any voids. As a system we have just completed a review of the HICM and will be developing an action plan to take forward at a system level.

**Please describe any changes to your Additional discharge fund plans, as a result from**

- o Local learning from 23-24
- o the national evaluation of the 2022-23 Additional Discharge Funding (Rapid evaluation of the 2022 to 2023 discharge funds - GOV.UK ([www.gov.uk](http://www.gov.uk)))

Yes, we have consistently reported a substantial overspend in supporting Hospital Discharge. In 2023/24 the Local Authority spent an additional £1.075m to support Hospital Discharge. We have remodelled our pathways so only those with clear reablement goals will go onto a reablement pathway, others will be commissioned a package of care to support discharge. We will continue to use our intermediate care services within BHFT and our in-house reablement team funded through the BCF to support discharges as well as spot purchasing domiciliary care where needed. We do also spot purchase residential/nursing homes when needed with the exception of 37 block contracts - these increased slightly from November 2023 with the introduction of 6 high needs beds to support those being discharged with complex needs.

### Ensuring that BCF funding achieves impact

**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?**

We monitor the BCF metrics monthly and these are shared through a BCF highlight report at the Locality Integration Board. The Local Authority reviews all of the Local Authority hosted Schemes that sit within the BCF annually to ensure that resources are being maximised. This year a combined review with the ICB will be taking place for the Local Authority and ICB hosted schemes - this will support ongoing decisions about future funding. Once complete we will then need to engage our partners within BHFT (Community Health) to review the schemes that they host in readiness for 2026.