Wokingham Integrated Partnership

Year End BCF Submission

Lewis Willing

Context

National Condition	Confirmation
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 5 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes
2) Planned contribution to social care from the NHS minimum contribution is agreed in line with the BCF policy?	Yes
3) Agreement to invest in NHS commissioned out of hospital services?	Yes
4) Plan for improving outcomes for people being discharged from hospital	Yes

	Planned 22-23	Actual 22-23
Total BCF Pooled Fund	£12,335,975	£12,335,975

	Planned	
LA Plan Spend	£334,658	
ICB Plan Spend	£666,000	
ASC Discharge Fund Total		£1,000,658

	Planned 22-23	Actual 22-23
BCF + Discharge Fund	£13,336,633	£13,336,633

We have met our National Conditions for receiving the BCF, and we have spent to plan our BCF Pooled fund and ASC Discharge Funding, received for Winter.

Delivery of Better Care Fund

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	BCF continues to offer funding for the Wokingham Integrated Partnership to fund ongoing services to support our Health our social care system (like Reablement and discharge services) alongside new innovation and pilots. We have used BCF funding to support our 25 project programme, including new services to support discharge, admission avoidance and health inequalities. This year, it has supported the partnership to launch some PCN focused projects, further growing our relationship with Primary Care colleagues.
2. Our BCF schemes were implemented as planned in 2022-23	Agree	All of our ongoing schemes have been implemented as planned. Of our 25 projects this year, we have had to pause 2, but the rest have been either wholly or partially implemented. Given the high pressure nature of working in health and social care, this is an exceptional outcome.
3. The delivery of our BCF plan in 2022-23 had a positive impact on the integration of health and social care in our locality	Strongly Agree	BCF funding supports us to fund our schemes, pilots and staffing (including transformation Staffing), which would otherwise be out of scope for both Local Authorities and the Integrated Care Board.

Successes

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	5. Integrated workforce: joint approach to training and upskilling of workforce	Our Collaborative Reablement Project has upskilled home carers delivering reablement to people in our community. Practise is overseen by OT's (including outcome/goal planning, reablement planning and oversight of reablement) and the pilot has resulted in equivalent outcomes in terms of satisfaction and outcome for customers/patients.
Success 2	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	We have launched a pilot this year called 'Keeping In Touch' (KiT). We have worked with our voluntary sector to 'stick like glue' with people who are at risk of admission. Referrals are coming from our GP's and Urgent Care services. The voluntary sector support this cohort with any of their needs. This has been very successful. Over 200 people have been supported, with an average of 9 interactions, totalling 1945 interactions and joint working between 80 organisations. The Partnership have presented to NHSE regarding this project and it has also been shortlisted for an MJ award this year.

Challenges

5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2022-23	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	3. Integrated electronic records and sharing across the system with service users	We have improved our use of different organisations data to support a Population Health Management Approach. We are doing well with PHM, there continue to be ongoing issues with accessing data and sharing data. This includes access to 'live lists' for the purposes of discharge from hospitals. We have noted a need to start the process of creating a new suite of information sharing agreements and potentially, honorary contracts for staff to work in other organisations.
Challenge 2	8. Pooled or aligned resources	Due to workforce pressures in Primary Care and also in ASC staff recruitment we were not able to launch some of our projects until much later in the project year. As such, we were not able to get all of our projects fully implemented and/or realised maximum impact for these projects. Due to pressure on our community nursing provider, we have not been able to start one of our projects at all.

Better Care Fund Targets

Definition	For information - Your planned performance as reported in 2022-23 planning	Assessment of progress against the metric plan for the reporting period
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	536.0	On track to meet target
Percentage of people who are discharged from acute hospital to their normal place of residence	91.0%	On track to meet target
Rate of permanent admissions to residential care per 100,000 population (65+)	351	On track to meet target
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	84.9%	On track to meet target