

Frimley Health and Care



Better Care Fund Review – Feb 2023 (v4)

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Introduction

This paper summarises the initial findings of a review of the Bracknell Forest Better Care fund schemes as of the end of 2022. The aim is to summarise the services where there is clarity and identify those around which further work may be required, or a decision needs to be made.

Every scheme has a reference number consistent with the historical numbering that is used in the budget reports.

There are some with new suffixes to allow more detail (e.g. 62 now has 62b, 62c, 62d etc). Some of the more recent services may have been allocated a new number – as the previous numbering jumped from 34 to 50, these new numbers have been allocated from 50 upwards.

Background

The Better Care Fund (BCF) was launched in 2015 to join up the NHS, social care and housing services to form a local, single pooled budget facilitating a more integrated approach to supporting people.¹ Through the agreement of an integrated health and care spending plan support for person-centred care, sustainability and better outcomes for people and carers is strived for²

Since 2015, the BCF has included a condition that a minimum amount of the NHS contribution is used to fund social care services that have a health benefit, often requiring 'pooled budgets'. As the pressures across the system have increased, a lot of the focus in many areas, has been around supporting flow in and out of acute hospitals.

The money from the NHS and money from the Local Authority are effectively put into one common pot which both parties then agree how to spend. This is enabled under Section 75 of the NHS Act 2006³ commonly known as the Section 75 (S75)

National BCF Metrics

There are four national BCF Metrics which, with explanatory detail, are:

- Avoidable admissions
 - Unplanned hospitalisation for chronic ambulatory care sensitive conditions Indicator Value using age-sex ISR
- Discharge to normal place of residence
 - 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)
- Residential Admissions

¹ [Better Care Fund | Local Government Association](#)

² [NHS England » About the Better Care Fund](#)

³ [NHS England » Better Care Fund support offer](#)

- Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population
- Reablement
 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services

Each year local Health and Wellbeing Boards are asked to identify targets set against the metrics whereby the BCF projects and initiatives aim to contribute towards achieving these targets. These are reported quarterly to the Place Committee and on an annual basis through the BCF End of Year report.

Local BCF Priorities

Whilst the national metrics are mandatory, each Health and Wellbeing Board can jointly develop and agree local priorities in the annual planning cycle. In Bracknell Forest, we have strived to work pro-actively and jointly to not only improve hospital discharges but also to prevent avoidable admissions and improve residents' well-being. The priorities identified in the BCF 2022/23 plan are:

- Build on Integrated Care Decision Making for early discharge planning and admission avoidance
- Improving the pathway from acute to the community
- Ageing well and frailty support
- Develop and enhance a technology first approach
- Improve quality assurance oversight of provider markets
- Integrated Community transformation
- Prevention and Early Intervention collaborative working

Of the 30 plus schemes located within the Bracknell Forest BCF 22/23, approximately six are jointly hosted. Considerable effort is made to jointly develop all schemes regardless of whether the scheme is hosted within the NHS or Local Authority.

Other Funding linked to the BCF

The Improved Better Care Fund (iBCF) (scheme 25b)

The improved Better Care Fund (iBCF) grant was announced in the 2015 Spending Review and was introduced from 2017/18 onwards. The grant provides local government with new funding for adult social care and must be pooled alongside the ICB and Disabled Facilities Grant

(DFG) funding in the BCF. In 2020/21, the £240 million winter pressures grant was combined with the iBCF. The value nationally of the iBCF in 2022/23 was £2.014 billion.

The fund is paid directly to local government, who must pool the grant funding into the local BCF and work with the ICB and providers to meet National condition 4 (managing transfers of care). The iBCF must be used to support social care activity, specifically:

- meeting adult social care needs
- reducing pressures on the NHS, including seasonal winter pressures
- supporting more people to be discharged from hospital when they are ready
- ensuring that the social care provider market is supported.

The Disabled Facilities Grant (scheme 50)

The disabled facilities grant (DFG) is a capital grant paid from the Ministry of Housing, Communities and Local Government (MHCLG) to local authorities in England, to adapt older and disabled people's homes to help them to live independently and safely. Adaptations can include ramps, stair lifts and suitable heating systems. The DFG, which has run for more than 30 years, became part of the Better Care Fund (BCF) in April 2015.

The DFG also enables carers to continue their role safely, prevents accidents and helps people to return from hospital. It crosses the boundaries between housing, health and social care, reflecting an increasing national focus on the integration of housing with health and social care.

The Adult Social Care Discharge Fund (ASCDF)

Delays to discharging people from hospital when they are fit to leave continue to be a significant issue nationally and to help address this, the government released additional funding via an initiative called the Adult Social Care Discharge Fund. This is arguably a variation on Winter Pressures funding. Given the BCF was already in place and the aims were aligned with those of the BCF, the BCF was the mechanism through which the government released the funding. Nationally, this amounted to £500m and in Bracknell the projected spend was £433,416, comprised £301,903 from the BFC allocation and £131,513 from the ICB allocation.

It is targeted at interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care, including from mental health inpatient settings, via Discharge to Assess (D2A), the provision of homecare and where there are particular delays to discharge of patients with long hospital stays.

The ASCDF was not reviewed here as for 2022/23, it only began as this review was drawing to a close, In Bracknell Forest, some of the ASCDF schemes introduced had been implemented previously and successfully, ensuring maximum impact:

ASCDF Scheme Name	Descriptor
Facilitated Discharge from A&E	A&E / pre-admission ward social work presence at FPH to work alongside hospital clinical staff and discharge team to manage the pressures at A&E, (Senior Social Worker and support worker).
Physiotherapist and Multi-therapy support assistant posts	Keeping residents safe and reduce the number of potentially complex discharges as well as preventing delayed discharges of residents back to a care home.
Thames Hospice at Home	To continue to provide an enhanced at home hospice service beyond the 6 weeks provided under an existing ICB contract, meaning people do not need change provider at the end of their life.
The Ark	Mobilise and coordinate volunteers to support hospital discharge in a home from hospital approach
IT Grab bags and pendants	Provide assistive technology to facilitate discharge and ongoing monitoring of patient
Pathway 3 practitioners x 2	Additional resource for people ready to be discharged from hospital with complex medical needs
Homecare	additional resource to support complex discharge and support the D2A model
Homecare – 7 day working	ensuring resource and capacity over the weekend to start packages of care when required
Heathlands ICS trusted assessor / discharge coordinator	Manage discharge referrals into the community
Home preparation / Deep cleaning	Deep cleaning service responsive to demand to support swift discharge
Temporary accommodation, (via Silva Homes)	Hospital discharge units within assisted living accommodation to facilitate discharge whilst the home environment is readied.

The 2022/23 BCF Review - Summary

A review of the Bracknell Forest Better Care Fund was undertaken in order to determine ongoing relevance and up to date information is available for each scheme. Concurrent with this review, a review of the operating procedures around the Adult Social Care Community Teams and associated services, such as Intermediate Care, is underway therefore it was determined not to include these services in the review. They have been categorised as 'Part of ASC Review.'

The approach was an initial desk exercise of the available information, followed by discussions with those responsible for individual schemes, the leads for the ICB and council and finance teams involved.

Many of the schemes have been part of the Better Care Fund for many years (since 2016) and limited information is available, and whilst the services are still operating (and mostly still valued and delivering benefit), there is not always a clear trail of outcomes and metrics. Other services, whilst supporting the BCF outcomes (e.g. providing additional capacity to support hospital flow), are intrinsically linked to mainstream services and budgets so therefore any benefits are a contribution to the wider benefits those services deliver.

This meant that in many cases, the findings were based on qualitative feedback from the responsible manager as to the value of the scheme and whether or not it needed to continue.

The review has led to the development of a reporting system, being trialled in Q3 and Q4 22/23, that will enable robust monitoring and reporting of all schemes, through the governance structure, including progress, metrics, incidents, whether active, risks and issues.

It became apparent that the services effectively fell in to one of five categories, outlined below, which were then used to simplify the presentation of the findings.

Categorisation of BCF Schemes

For the purposes of this report, all the services have been categorised under one of the following headings and are listed under these below:

BAU, RECURRENT AND VALUED	The service has been explored and is now part of BAU, is highly valued, delivering and should be recurrent year on year
PART OF INTEGRATED, OPERATIONAL, COMMUNITY REVIEW	This service is inherently part of the current review of health and social care community processes and the operating model. These are valued and contribute to the BCF outcomes but may evolve. As they are moving to a new model, previous performance will be analysed where required, as part of that review.
REVIEW NOT NEEDED	For the reasons given a review of this service would add no value or is not needed. The item will typically be in use and needed, and/or be about to be recommissioned. If it is to be recommissioned, then a review will be an integral part of that process.
MORE INFO NEEDED	There is still some key information needed to comment further, that has not been possible to obtain during this review. If further detail is not forthcoming consideration should be given to removing these from the BCF.
REMOVE from BCF	For the reasons given, it is recommended that this be removed from the BCF for 2023/2024.

Items that are BAU, recurrent and valued

£8,736,738.00

49% of total budget

The service has been explored and is now part of BAU, is highly valued, delivering and should be recurrent year on year

- 3. Falls Tier 3, Rapid Access Community Clinic
- 4. a,b, Integrated Respiratory Service AIRS Clinic – BHFT & FHFT
- 6. a,b, Family Safeguarding (b is BHFT contract)
- 9: Care Home Quality (post)
- 12. Connected Care
- 13: Risk contingency pool
- 14. Programme Support - CSU Analytic Support
- 15. Farnham Rehab Beds
- 16. St Marks Rehab Beds
- 18: Programme Support - ICB programme support: Integration Programme Management Post
- 22: Community Network – MH Community Support
- 23: CDC Unit (Child Development Centre) - Early Years
- 24: Homestart - Early Help
- 25a: Adult Social Care - iBCF Grant + Protecting Social Care money
- 25b: Adult Social Care - iBCF Grant + Protecting Social Care money
- 28 b,c : Intermediate Care – Operational Integration Manager, Band 4 physio assistant
- 29: Increase capacity in domiciliary care market
- 30: Programme Support – Commissioning
- 50: Disabled Facilities Grants - Adaptations
- 51: D2A Staffing
- 54: Weekend Manager
- 56. BFBC BCF Reserve – Community Initiatives (non-recurrent)
- 57. BCF Inequalities
- 60: Programme Support - Commissioning
- 61: Integrated Programme Commissioning
- 63: Physio – Band 6 additional capacity

Items part of integrated, operational, community review

£4,774,225.00

27% of total budget

This service is inherently part of the current review of social care processes and operating model. It will be moving to a new model so previous performance will be analysed where required, as part of that review and the service very likely to change.

- 1: a,b,c,d: Extension of integrated multi-disciplinary care teams
- 19: Locality Access Points (extension of LAP)
- 19b: Locality Access Points (Senior OT and Admin)
- 20: Extension of integrated multi-disciplinary care teams
- 28: Intermediate Care - 6-week reablement at home service
- 62 g,h,i,n are involved in the Community Services review

Items where a review not needed –

£3,073,067.00

17% of total budget

*For the reasons given a review of this service would add no value or is not needed. The item will typically be in use and needed, and/or be about to be recommissioned. If it is to be recommissioned, then a review will be an integral part of that process. Schemes that are in procurement or where it is imminent *are in TEAL**

- 8: Community Equipment
- 10: Red Cross Home from Hospital service (just reviewed, now in procurement)
- 17 & 31: Stroke Support Contract
- 27: Community Equipment
- 5. Transformation Schemes
- 21: Carers' support (Imminent Carers Strategy will redefine metrics and approach)
- 26: Care Act Advocacy and DoLS (just recommissioned)
- 33: Assistive Technology Assessment Suite + Officer
- 52, Heathlands Therapies
- 53: Fuel Poverty
- 59: Thriving Communities (still to mobilise)
- 62. ALL (except 62g,h,i which are involved in the Community Services review)

Items where more information is needed

£321,700

2% of total budget

There is still some key information needed to comment further, that has not been possible to obtain during this review. If further detail is not forthcoming consideration should be given to removing these from the BCF.

7. Getting Help (CAMHS)

- *Not being spent. Can it be moved back to reserves or are there plans - This may sit better under generic MH funding rather than BCF*

11 a,b, Thames Hospice Care EoL. Night sitting and 24hr Advice line

- *Need to understand how much activity / utilisation is for Bracknell and are other councils contributing. Also not clear how BCF money working through as night sitting is subcontracted to Marie Curie and advice line integral to contract, not a discreet line.*

19 c, Programme Support – Senior Integration Manager

- *Post is Vacant, plans uncertain.*

Items to remove from the BCF

£830,746.00

5% of total budget

For the reasons given, it is recommended that these be removed from the BCF for 2023/2024.

2: Falls prevention advice service and footcare (inc. Toenail Cutting)

34: Telehealth Pilot

55: ICB HDP – Protecting Social Care (during Covid)

58: Integration of Health & Community Services in Binfield

These classifications are recorded against each item in the following list of BCF components.

Recommendations

The actions stemming from this review will depend on local strategic aims and objectives and the vision for the Better Care Fund.

Basic Information

This review did identify that there was no single source of information on the schemes and with many having been in place for some years, not all the documentation is available. Whilst the finance associated with each item is regularly tracked, schemes should be associated with robust, key information – suggested as:

- A common BCF reference number to identify the item (resolved during this review)
- The person responsible for that budget item
- Where the budget sits (i.e. ICB/BFC)
- The aims/outcomes of that line / scheme
- Any metrics/outputs or measurable indicators of achievement of aims/objectives
- Additional notes to provide context

Associated with this paper a Services List (spreadsheet) has been developed that looks to start to address this need but will require ongoing maintenance (by the BCF Programme Manager).

Reporting & accountability

The Better Care Fund is seen as one of the most important tools in achieving national strategic objectives and is being extended. As such, there is likely to be a higher level of scrutiny as to how it is used. One notable absence from many of the items reviewed was a clear set of outcomes and how achievement against these might be evaluated, and then reported appropriately through the governance process to ensure accountability. Accordingly, an improved reporting process has been developed using a simple quarterly highlight report (for each budget line). The key priorities for this process were that it should be minimally onerous for those completing it, but also able to be processed in a way that adds value throughout the governance/management line. Accordingly a process was developed using simple, quarterly highlight reports covering:

- Outline of activity for last quarter
- Planned activity for next quarter
- performance
- risks

- issues
- incidents
- current state of budget line (e.g. if a post, is it recruited to or in process)

This works on a RAG system allowing each level of governance and management to prioritise those items of which they need to be aware (with a tool to simplify this process). This is being trialled in a limited form for Q3 22/23, with a view to a more extensive trial in Q4, before going live for 23/24.

The other complication is that many budget lines cover posts. Reporting on these should not cover aspects that relate to personal, appraisal-type performance, but reporting on whether the post is filled, in recruitment, merged with another, is a reasonable and eminently appropriate expectation, as is reporting on the 'project' progress where a post was for a specific 'project' – e.g. producing Liberty Protection Guidance or a Carers' Strategy.

Both of these are seen as key management tools for the Better Care Fund Manager (when appointed) and were developed with that in mind.

NOTE: It is acknowledged that within the Better Care Fund, it is extremely difficult to attribute the exact contribution of any particular scheme to some of the key objectives (e.g. improving hospital discharge). Approaches such as Benefit Realisation often require an estimate of the percentage contribution of any scheme and then an estimate as to the accuracy of that estimate (e.g. NHS BART tool). With so many schemes contributing to these strategic priorities, accurate attribution of the contribution of any scheme is impossible, with a real risk of double counting. The alternative is to use proxy-indicators and learning from serious reviews has highlighted the risks such approaches can have. However accountability for the public money and efficacy, should be an absolute requirement for any funding from the BCF and there may be proxy-indicators (typically activity) that provide reasonable enough evidence of achievement.

Suggested actions from review

Below are some observations/actions that are suggested following this review. Whilst some schemes are marked as BAU, Recurrent, Valued in a few cases there is very little detail other than impending plans – many are underspent, a few by very significant amounts. It may be a requirement for further detail to be provided on these schemes:

1. Remove the schemes suggested (schemes: 2; 34; 55 and 58) from the 2023/24 BCF Budget
2. All partners to prioritise resolving the outstanding questions where more information is needed
3. Where schemes are underspent, to clarify intentions for the funding, with a firm delivery plan, if those schemes rollover to 23/24.
4. To implement the new reporting process – which will also identify any posts not recruited to (in action)
5. Update the business case template to reflect new reporting requirements
6. Undertake to complete required information (Basic Information pg. 8)

BCF Schemes

1: Extension of integrated multi-disciplinary care teams *links to 20 (now 1 a,b,c,d)*

£217k

Integrated care team - expansion of clusters (ICB costs):

- 1a: Community Matron post £64k,
- 1b: MH Worker (0.8) £74k
- 1c: Case Co-ordinator post, £47k
- 1d: One-to-One Support £40k – *Possibly Age UK Berkshire but unclear if this is continuing*

Links closely with number 20

Position as of end 2022:

In place and operational but current large scale review of community model means review would not provide useful information until new model is operational.

PART OF INTEGRATED, OPERATIONAL, COMMUNITY REVIEW

2: Falls prevention advice service and footcare (inc. Toenail Cutting)

£10k

Toenail cutting (part year only)

Position as of end 2022:

Service has ended, recommend removing from BCF for 23/24.

ITEM TO REMOVE FROM BCF

3: Falls Tier 3

£167k

Rapid Access Community Clinic

Position as of end 2022:

ICB are recruiting a Falls Project Manager (under Catherine McDermott, hosted by BHFT). They will map all services across ICS - Joanna Blackburn has started some of the analysis - this should be reviewed as part of that work.

Rolls over annually - uplift for 22/23 - Should this be reviewed as to whether this is BCF or part of core BHFT funding.

MORE INFO NEEDED

4 (now 4a and 4b): Integrated respiratory service (now 4a, 4b)

£196k

AIRS clinic for provision of home oxygen and pulmonary rehabilitation

- 4a: £114,810k BHFT (part of block contract)
- 4b: £88,750k as part of Frimley contract

Position as of end 2022:

This is split between BHFT and Frimley Health - now split to 4a & 4b. Recurrent service rolled over every year with uplift

Rolls over annually - uplift for 22/23 – If already not in baseline for BHFT/FHT, would still remain in BCF

BAU, RECURRENT AND VALUED

5: Transformation Schemes

£819k

Plans not fully developed yet – for Primary Care Transformation

Position as of end 2022:

Needs to carry forward – money was partly used for Ageing Well cover. ICB indicate future plans to be developed

ITEM WHERE REVIEW NOT NEEDED

6: Family Safeguarding (now 6a, 6b)

£416k

- 6a: £199k Council
- 6b: £217k BHFT Contract

Position as of end 2022:

C&F - Business Case suggests funding needs review in Mar 23. Was originally for 21/22 only, but now ongoing 2022/23, although Business Case talks of a moving to a more sustainable funding model.

Part of BHFT Block Contract

BAU, RECURRENT AND VALUED

7: Getting Help CAMHS

£76k

Position as of end 2022:

Carries forward – appears it is not being spent?

Can it be moved back to reserves or are there plans - This may sit better under generic MH funding rather than BCF

MORE INFO NEEDED

8: Community Equipment

£1,102K

ICB equipment - joint funded contract for community equipment (W. Berks contract)

Position as of end 2022:

Using Berks contract provides a more rapid response and improved quality of service access to the people of BF. Having West Berks commission it may deliver economies of scale on contract. Currently undergoing procurement so review will be covered by that process and would not add value here. Contract ends March 2024.

ITEM WHERE REVIEW NOT NEEDED

9: Care Home Quality (post)

£ 35k

Care Home Quality post (prevent admission / aid discharge and flow) & Swallowfield

Position as of end 2022:

Person is in post and active and valued. Not for review here.

BAU, RECURRENT AND VALUED

10: Red Cross Home from Hospital service

£ 76k

Provides up to 6 weeks of support at home after discharge. Key value is not only for individuals but also in time saved by social care, resourcing and funding 'non-personal care' issues.

Position as of end 2022:

High level review of history of contract undertaken. The historical contract position & performance expectations are very unclear so it is impossible to evaluate service performance against any expectations. Much of benefit will be efficiency savings in Adult Social Care Teams who would have to facilitate delivery of some of these tasks were this service not in place, which historically can be a very lengthy undertaking that sits uneasily with local authority or NHS processes.

Initial PIN illustrated significant market interest. To be moved to new contract through BFC via procurement, so not for further review here.

ITEM WHERE REVIEW NOT NEEDED

11: Integrated Care Decision Making – Thames Hospice Care (now 11a, 11b):

£155k

Thames Hospice Care - end of life 24 hour advice line (£155k 23/24) & night sitting service – domiciliary type contract (£16k 23/24)

- 11a: EoL Night Sitting - £148k
- 11b: EoL 24hr Advice line - £16k

Position as of end 2022:

Still ongoing - This is ICB contract covering BFC and RBWM (not Slough). Would be good to understand how much activity is Bracknell
Unclear how BCF money is working through to contract as Dom Care is provided on 'subcontract' by Marie Curie and advice line is included and not a separate line in contract.

MORE INFO NEEDED

12: Connected Care

£200k

Integrated IT project – linked to national Shared Care Records Programme

Position as of end 2022:

Not clear if funding this specifically related to been delivered - but potential ongoing ask nationally for extension of programme (at least 2024)
The ICB may have entered into a tri-borough project with Windsor and Slough.

There is funding in all E. Berks BCF's for Connecting Care as part of national programme.

BAU, RECURRENT AND VALUED

13: Risk contingency pool

£100k

Funding so clients can be moved from acute setting prior to funding being agreed. Part reimbursed.

Position as of end 2022:

Essential fund for covering funding (placements etc) pending decision as to source (e.g. ASC or CHC). In use and active (and needed).
Therefore review not needed.

BAU, RECURRENT AND VALUED

14: Programme support

£6k

CSU Analytical Support

Position as of end 2022:

Historic contribution to support and rolls over. Capability available if required for BCF work. Possible link to Connecting Care project.
Confirmed as needed and to continue by H. Single, Jan 23

BAU, RECURRENT AND VALUED

15: Farnham Rehab Beds

£ 96k

Rehab beds at Farnham Hospital (Virgin contract)

Position as of end 2022:

Supports BHFT and FHT contracts. Confirmed as needed and to continue by H. Single, Jan 23

BAU, RECURRENT AND VALUED

16: St Marks Rehab Beds

£ 42k

Inpatient rehabilitation at St Marks and Upton hospitals

Position as of end 2022:

Supports BHFT and FHT contracts. Confirmed as needed and to continue by H. Single, Jan 23

BAU, RECURRENT AND VALUED

17: Stroke Support Contract - [links to 31](#)

£ 13k

East Berkshire wide contract with Stroke Association

Position as of end 2022:

In line to be recommissioned and will be reviewed as part of that work. Slough are lead commissioner and there is an interim working on the project (Coleen Brown). To date this has been more engaged with Slough and RBWM than Bracknell (Lesley Buckland). Needs to go to procurement but will have to cover provision in meantime... possibly a 1year direct award but BFC procurement is clear that there must be market engagement. Needs business case from Slough that can be taken to DMT. Proposal being explored for Frimley led, ICB contract

ITEM WHERE REVIEW NOT NEEDED

18: Programme support - Integration Programme Management Post

£ 80k

ICB programme support: Integration Programme Management Post

Position as of end 2022:

Post currently vacant but will be recruited to.

BAU, RECURRENT AND VALUED

19: Locality Access Points

£140k

Funding following Business Case for extending LAP (BHFT Contract)

Position as of end 2022:

In place and operational but this likely to evolve as part of work and redesign by Richard/Suzanne - may need more or less funding. Therefore no benefit to reviewing further review at present

PART OF INTEGRATED, OPERATIONAL, COMMUNITY REVIEW

19b: Locality Access Points

£134k

Senior OT and Admin

Position as of end 2022:

In place and operational but this likely to evolve as part of work and redesign by Richard/Suzanne - may need more or less funding. Therefore no benefit to reviewing further review at present

PART OF INTEGRATED, OPERATIONAL, COMMUNITY REVIEW

19c: Locality Access Points

£77k

Operational Integration Manager

Position as of end 2022:

Post is Vacant – unclear if there are recruitment plans or if this is pending outcome of review (*Part of the integrated, community review*)

MORE INFO NEEDED

20: Extension of integrated multi-disciplinary care teams - *links to 1*

£217k

Integrated care team - (*Part of the integrated, community review*)

Position as of end 2022:

In place and operational but unclear specifically what this relates to. May be Senior OT and Senior SW in Cluster. Likely to evolve as part of work and redesign by Richard/Suzanne - may need more or less funding. Therefore no benefit to reviewing further review at present (*Part of the integrated, community review*)

21: Carers' support

£100k

Bracknell Forest carers support contract; Direct Payments to carers

Position as of end 2022:

Currently in contract. Review and recommendations will be dependent on recommendations in Carer's Strategy (due early 2023) which is currently being co-produced. It is therefore to identify any value in a further review here.

ITEM WHERE REVIEW NOT NEEDED

22: Community Network – MH Community Support

£ 30k

MH community support

Position as of end 2022:

Goes back around 12 years. ICB contribution to the Bracknell Forest Community Network (BFCN) Manage by Sheetal Tanna. BFC pay a lot more out of core budget. Still really critical service, that may need more funding, key role in enabling safer/quicker discharges (e.g. from Acute MH services) and improved transition to community, preventing readmission.

Supports people with MH as a step-down from more intensive support giving longer term support after interventions (Psychiatrist/Psychologist etc). Also take direct referrals from individuals. Service is typically up to 12 weeks (some flexibility).

Has 3 recovery facilitators each looking after 15 facilitators. They also provide well-being, understanding MH sessions etc. They also sub-commission Bucks MIND to run some sessions for them. There are other similar services but by creating and running the network "Happiness Hub" these are now working in a more complimentary fashion.

Full annual report submitted for this review – service is active and valued and needs maintaining.

BAU, RECURRENT AND VALUED

23: CDC Unit (Child Development Centre) - Early Years

£ 68k

Support for children 0-5 who have or may have Special Education Needs or other challenges such as an Autistic Spectrum Disorder

Position as of end 2022:

The BCF contribution is roughly 1/3 budget, there is additional council funding.

Historically this was run by Action for Children from Health Education and Social Care. In the 2015 restructure of Children's Services this was brought in house (so two thirds BFC, one health).

It is a rolling programme and some children are only involved for a short time, others longer. Increase is due to referrals not time on service (from health: e.g. Paediatrician, Health Visitor). They also take referrals from education (pre & reception)

It enables earlier identification and intervention for children with SEND, to ensure children go on correct education path and children and families are supported through this... better outcomes for families and children.

Paediatricians also do assessments and appointments from the CDC building (within this cost).

Extensive review information submitted showing activity constantly rising over last two years (rough monthly average of 110 to 220), positive SEND inspection, favourable qualitative feedback and clear case studies showing benefit. Appears value for money and valued service making positive impact.

BAU, RECURRENT AND VALUED

24: Homestart - Early Help

£ 13k

Support for families with young children

Position as of end 2022:

Queried with Helen Hunter 05/11/22. Reply: This is still being used/is active and we are about to submit an application for further funding for Home Start. This will intrinsically require value of service and BCF relevance to be considered through governance. Given that, review will be on basis of that funding application so no need for further review here.

BAU, RECURRENT AND VALUED

25a: Adult Social Care - iBCF Grant + Protecting Social Care money

£1,547k

Protecting social care services

Position as of end 2022:

Not for review, standard national scheme to support social care from Better Care fund

BAU, RECURRENT AND VALUED

25b: Adult Social Care - iBCF Grant + Protecting Social Care money

£1,525k

Improved Better Care Fund (25b) £1,525k

Position as of end 2022:

Not for review, standard national scheme to support social care from Better Care fund.

There is a fuller explanation in the introductory text.

BAU, RECURRENT AND VALUED

26: Care Act Advocacy and DoLS (within Post-Covid Community Transformation)

£105k

Advocacy and DoLS

Position as of end 2022:

This has just been recommissioned and as such has not been in contract long-enough to justify further review here.

ITEM WHERE REVIEW NOT NEEDED

27: Community Equipment

£519k

LA equipment - joint funded contract for community equipment; Sensory Needs equipment; OT / other adaptations

Position as of end 2022:

Currently in procurement so no value in reviewing here.

ITEM WHERE REVIEW NOT NEEDED

28: Intermediate care

£4,153k

6 week reablement at home service

Position as of end 2022:

Work underway already looking at flows in/out and analysing performance (to establish baselines)

From BCF they have LAP, Reablement and some other services. They are redesigning and rationalising LAP and Reablement. Therefore no value in review at present.

PART OF INTEGRATED, OPERATIONAL, COMMUNITY REVIEW

28b: Intermediate Care – Operational Integration Manager

£46k

Position as of end 2022:

In post and key part of BAU (AG) - Not for further review.

BAU, RECURRENT AND VALUED

28c: Intermediate Care

£41k

EICS Physio Support – Band 4 posts.

Position as of end 2022:

EICS Band 4 posts - was originally Band 6 & Band 4 but problems recruiting. Now moved to 2 Band 4 assistants

29: Increase capacity in domiciliary care market

£255k

Goes towards generic domiciliary care budget to increase availability of home care packages

Position as of end 2022:

This appears to be BAU portion of BCF to increase domiciliary care budget. No value in reviewing, other than maybe a strategic consideration as to whether this best sits within the BCF.

BAU, RECURRENT AND VALUED

30: Programme Support - Commissioning

£ 61k

Commissioning (BFC)

Position as of end 2022:

Additional funding to support integrated commissioning in Bracknell Forest Council on recurrent basis. This is required, in use and should be maintained.

BAU, RECURRENT AND VALUED

31: Stroke Support Contract - links to 17

£42k

East Berkshire wide contract with Stroke Association

Position as of end 2022:

In line to be recommissioned in 2022/23 and will be reviewed as part of that work so no value in reviewing here.

ITEM WHERE REVIEW NOT NEEDED

33: Assessment Suite

£133k

Forest Care Assessment Suite build + recurrent funding for Assessment Officer post

Position as of end 2022:

Delays in build – target to be operational by Dec 22 (now late Feb/Mar 23 due to need to build accessible toilet). Some challenges in recruiting Assessment Officer with appropriate skills.

ITEM WHERE REVIEW NOT NEEDED

34: Telehealth Pilot

£21k

Slough led project – never mobilised

Position as of end 2022:

This was never started as a project (across several areas). Accordingly the recommendation is to remove it for the 23/24 BCF.

ITEM TO REMOVE FROM BCF

50: Disabled Facilities Grants - Adaptations

£1,794k

Adaptions

Position as of end 2022:

BAU Service supported by BCF. Needed and delivering.

BAU, RECURRENT AND VALUED

There is a fuller explanation in the introductory text.

51: Community Transformation – Social Care Capacity (D2A staffing)

£385k

Ongoing, recurrent, key BAU component.

- £384,250 (22/23)
- £359k (23 onwards)

Position as of end 2022:

Was originally winter pressure money that got changed to become BCF, so BFC didn't have to keep reapplying.

It covers posts around facilitating timely, safe discharge :

1 x Social Care Assessor/Support Coordinator (Hospital Discharge)

1 x Hospital Social Worker

1 x Support Coordinator

2 x Hospital Discharge Coordinator (Placements & PoC)

3 x Hospital Social Worker - Complex adult MH (1 x Senior)

Uses agency staff at present but is recurrent funding as can't recruit to posts. Needed and valued as integral part of BAU. *May be impacted by review of processes.*

BAU, RECURRENT AND VALUED

52: ICS therapies for Heathlands

£50k

Was one off funding for additional, specialist therapy resource and was then for review by ICB to see what was required.

Position as of end 2022:

CQC has impacted usage & driven support/review resource to Heathlands . This was for specialist therapies, not in normal Heathlands complement, a year and then look at usage/demand – as yet there has not been enough typical operation at Heathlands so difficult to know whether this will be needed. Needs to remain whilst that evaluation takes place.

ITEM WHERE REVIEW NOT NEEDED

53: Fuel Poverty

£ 30k

Non-recurrent

Position as of end 2022:

Was a one off piece of work for 2022. Little value in reviewing outside of that work's own evaluation.

ITEM WHERE REVIEW NOT NEEDED

54: Weekend Manager

£60k

To assist with providing 7 day cover.

Position as of end 2022:

Only recruited to in Nov/Dec 22. Post is to extend social care coverage rather than use 'on-call' inappropriately for what is now BAU. This likely to evolve as part of work and redesign of hospital discharge flows- may need more or less funding. Therefore not for further review at present

BAU, RECURRENT AND VALUED

55: ICB HDP – Protecting Social Care

£500k

This would have been around extending D2A funding

Position as of end 2022:

This was to support the hospital discharge money that came from ICB during COVID. It has been spent - not recurrent as of Nov 22.so consideration should be given to removing this line from the BCF.

ITEM TO REMOVE FROM BCF

56: BFBC BCF Reserve- Community Initiatives (D2A Beds, Grab Bags, Carers DP)

£420k

- 6 x D2A beds (3 Kings Lodge, 3 Sandown)
- Forest Care grab bags to support carers
- Carers Direct payments. Including transport and for family carers.

Position as of end 2022:

The D2A beds at Kings Down were never used as they never had any capacity.

The beds at Sandown were used, between 28/06/22 and 01/12/22, being closed for 30 days in that time due to Covid on 07/11 the block was reduced to two beds, on 14/11 to one, with a view to closing them down (the last bed remained occupied until 30/11). 10 residents used the beds with an average LoS of around 26 days - the longest 42 days and shortest 14 days. Utilisation was high, with levels of voids in line with that one would expect for a service like this.

Outcomes were: 2 Home with PoC, 3 self-funding placement, 3 BFC Placement, 2 RIP

BAU, RECURRENT AND VALUED

57: BCF Inequalities

£900k

Health Inequalities money.

Position as of end 2022:

Put with BFC at end of year and ICB want it to stay in budget for now, pending wider discussion.

BAU, RECURRENT AND VALUED

58: Integration of Health & Community Services in Binfield

£300k

Non-recurrent, ended

Position as of end 2022:

Was a one off for the Blue Mountain Centre. Now complete and not for review. Consideration should be given to removing it in the 23/24 BCF.

ITEM TO REMOVE FROM BCF

59: Thriving Communities

£104k

Not commenced

Position as of end 2022:

This is joint work between BFC and the ICB but had not started by the time of this paper.

ITEM WHERE REVIEW NOT NEEDED

60: Programme Support – Commissioning

£60k

Additional funding for BFC Commissioning

Position as of end 2022:

Only recently implemented & active and in use as BAU resource. Covers funding for BCF Programme Manager/Senior Commissioner. Not currently for review.

BAU, RECURRENT AND VALUED

61: Integrated Programme Support - Commissioning

£126k

Additional funding for BFC Integrated Commissioning

Position as of end 2022:

Only recently implemented & active and in use as BAU resource. Covers funding for BCF core activities within ASC Integration & Adults Team. Not currently for review.

BAU, RECURRENT AND VALUED

62: Integrated Community Transformation – Post Covid

£680k

Various roles supporting social care recovery and 'BAU debt'

Position as of end 2022:

Roles and resource still critical but some roles now combined, some seconded and backfill, others not yet in post (e.g. Liberty Protection) or have been unable to recruit to. Not for review beyond current position e.g. whether post has been merged with another, in recruitment, or in post (and some may relate to individual-personal performance which is not for this review).

Unless marked otherwise, all are *ITEM WHERE REVIEW NOT NEEDED*

(62b) Project Manager – Policy Officer (12mths), Adults Assurance Process (CQC)

Not yet started - Unable to identify someone to take this on.

(62c) Project Manager – FTE BIA post (12mths), DOLS

Not yet started

(62d) Project Manager – FTE Ass./Review officer (6mths), MH/OP MH Assessments & Reviews

Have been unable to recruit to role – will be going out again. So not yet started.

(62e) Project Manager – Planning for Liberty Protection Safeguards

Liberty Protection Standards not yet released so this role not yet started.

(62f) Project Manager –Review of commissioning quality resource / response

Not yet started at Dec 2022. May have potential person to take this on from Jan 2023 - (GS in discussions)

(62g) Project Manager – Development of integrated, Co-Production policy and procedures

Has been merged with Information Advice & Guidance post (62h) - typically skills are similar and will enable more customer focus on Information advice guidance.

JD & Spec Dec 22, Recruitment early 23 (*Part of the integrated, community review*)

(62h) Project Manager – Information Advice & Guidance

Has been merged with coproduction post (62g) - skills are similar and will enable more customer focus on Information advice guidance.

JD & Spec Dec 22, Recruitment early 23 (*Part of the integrated, community review*)

(62i) Project Manager – Review of partnership approach to use of Care Home Capacity

Has been merged with 62j & timeline extended to 16 months. Appointed & in Post (*Part of the integrated, community review*)

(62j) Project Manager – Development of integrated quality and performance management

Has been merged with 62i & timeline extended to 16 months. Appointed & in Post (*Part of the integrated, community review*)

(62k) Project Manager – Review of transport provision

Merging with 62l, then to recruitment as 18 month post

(62l) Project Manager – Integrated review of day activities and employment opportunities

Merging with 62k, then to recruitment as 18 month post

(62m) Quality Assurance Officer - Adult Social Care – Support to develop adult social care and health teams' quality assurance

The advert for the post is currently out with a closing date of 19/12.

(62n) Training Officer - Support for training and development in relation to LAS system for integrated teams.

Post is linked to the Community Services review, to improve quality of recording and accommodate any changes required by review.

(62o) Project Manager – Development of an All Age integrated Carers strategy

Seconded to and backfilled

63: Integrated Care

EICS Physio Support – Band 4 posts.

Position as of end 2022:

Additional Band 6 post (with funding from underspend in Int. Care). Following difficulties in recruitment around '28' and identified need for more support.

BAU, RECURRENT AND VALUED