

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	29 JUNE 2015	AGENDA ITEM:	17
TITLE:	PROGRESS REPORT ON THE BETTER CARE FUND		
LEAD COUNCILLOR:	COUNCILLOR EDEN / COUNCILLOR HOSKIN	PORTFOLIO:	ADULT SOCIAL CARE / HEALTH
SERVICE:	ADULT CARE & HEALTH SERVICES	WARDS:	BOROUGHWIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to inform the Adult Social Care, Children's Services and Education Committee about the progress to date on the Better Care Fund. The Better Care Fund is a national initiative which incentivises the NHS and Social Care to find innovative ways of working in an integrated way. The objective is to improve the experience for people using services and making efficiencies for the health and social care economies.

1.2 Appendices supporting the report at attached and are:

- A table with details of the workstreams within the Better Care Fund
- A Governance chart for the Better Care Integration Programme
- Draft equality impact assessment

2. RECOMMENDED ACTION

2.1 This report is for information.

3. POLICY CONTEXT

3.1.1 The Corporate Strategy for Reading Borough Council 2015 - 2018 identifies key priorities for the Council which emphasises narrowing the gaps within Reading. This will include safeguarding and protecting those who are most vulnerable. To do this, there needs to be a joined up approach to working with vulnerable people by all partners providing services for this group of people.

- 3.2 The national context of integrated ways of working is the core of the Better care Fund (2014). the expectation is that Health and Social Care will break down the silo ways of working that have developed historically. To continue working in this way is no longer acceptable. We are facing demographic changes nationally that mean we will be supporting more Older People in frailer health with reduction in resources. If we continue to offer services as we have done in the last 20 years, the Health and Social Care economies will be at breaking point. Integration of services, sharing information and blurring of boundaries will mitigate the risk of this happening.

4. THE BETTER CARE FUND

- 4.1 **Overview:** this national initiative is a means of incentivising the NHS and Social Care to find ways of integrated working through pooled funds. There is no new money for this. The £5.3bn within the Better Care Fund is formed of money diverted from the NHS and local authorities on the basis that savings in the Health and Social Care economies can be made by transformational ways of working.
- 4.2 **Local context:** In 2014, Reading and 9 partner organisations (known as The Berkshire West 10 comprising Reading Borough Council, Wokingham Borough Council, West Berkshire Borough Council, South Reading Clinical Commissioning Group (CCG), North and West Reading CCG, Wokingham CCG, Newbury and District CCG, Berkshire Healthcare Foundation Trust, the Royal Berkshire Foundation Trust and South Central Ambulance Service) submitted their successful outline transformation plans for funding from the Better Care Fund in order to develop transformational integrated ways of working. This ambitious programme was divided into the workstreams set out in the table below. There are similar themes in other regions and Local authorities, although the priority need in Reading was seen to be to address the integration between primary care and acute care with particular emphasis on avoiding admissions to hospital and escalating speedy discharge from hospital.
- 4.3 **Funding:** Funding of £8.938m was allocated to the programme which is held by South Reading CCG on behalf of the federation of CCGs. Funding is allocated for the financial year 2015/2016.

There is a Section 75 agreement in place enabling funding from different sources to be pooled. The pooled funding is held on behalf of the BW10 by the federation of CCGs. South Reading CCG acts on behalf of the federation. Invoicing is in the middle of each quarter with payment on the 10th of the following month. This is currently being worked up and so not finalised and not yet in place.

- 4.4 **Governance:** there are robust officer level governance arrangements in place. All workstreams report to the BW10 Delivery Group. This, in turn reports to the Reading Integration Board which in turn reports to the BW10 Partnership Board. The Health and Well Being Boards of all three Local Authorities have strategic oversight and hold to account the overarching programme partnership board.

Additionally there is a Chief Officer level meeting on a monthly basis to drive strategic direction of the programme. This influences the West Berkshire Partnership Boards.

4.5 Outcomes:

- A coordinated approach amongst partners
- Better use of resources
- Services organised around people using them

- Services 7 days a week
- Bringing skills together around people using services
- Reduction in the need to go to hospital
- Better outcomes for people using services

4.6 **Metrics:** whilst the BCF programme stated that there will be a reduction in non-elective hospital admission, delayed transfers of care and admission into long term care as result of the workstreams, it only contained one metric which is that non elective admissions to hospital would be reduced by 2.8% for 2015/16.

4.7 **Challenges:** working with 10 partner organisations is no mean feat. The challenges of this are numerous but include the financial pressures of each organisation, accountability to members for the three Councils, different agendas and priorities for each partner and forward plans for partners including structural and service redesign.

4.8 **Next steps:**

- Review progress to date for the whole programme
- Review governance arrangements for whole programme and for individual workstreams
- Review programme against corporate and departmental business case for RBC
- Agree priorities of the programme once reviews have taken place
- Undertake stakeholder evaluation event over the summer to determine what is working well, what lessons can be learnt and what integration opportunities there are going forward.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The proposals outlined in this report are consistent with the Council's 3-5 Year Plan for Adult Social Care approved by Policy Committee in September 2014. The proposals will also contribute to meeting the following priorities set out in the Council's Corporate Plan 2015-18:

- Ensuring that all vulnerable residents are protected and cared for;
- Providing the best life through education, early help and healthy living
- Providing homes for those most in need
- Keeping the town clean, safe, green and active
- Providing infrastructure to support the economy and
- Remaining financially sustainable to deliver these service priorities

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 The Berkshire West 10 comprises all major stakeholders across the health and social care economies. The voluntary sector is closely involved in many of the workstreams - indeed they are leading the way in the neighbourhood schemes in Reading (see table below).

6.2 Involvement of the Patient Participation Group is a valued and vital part of the work of the programme. This meets quarterly. Reports are submitted in advance to the group and scrutinised at the meetings.

7. EQUALITY IMPACT ASSESSMENT

7.1 An equality impact assessment has been commenced for the programme and is attached as Appendix 3.

8. BACKGROUND PAPERS

8.1 Better Care Fund Department of Communities and Local Government 2013

Appendices:

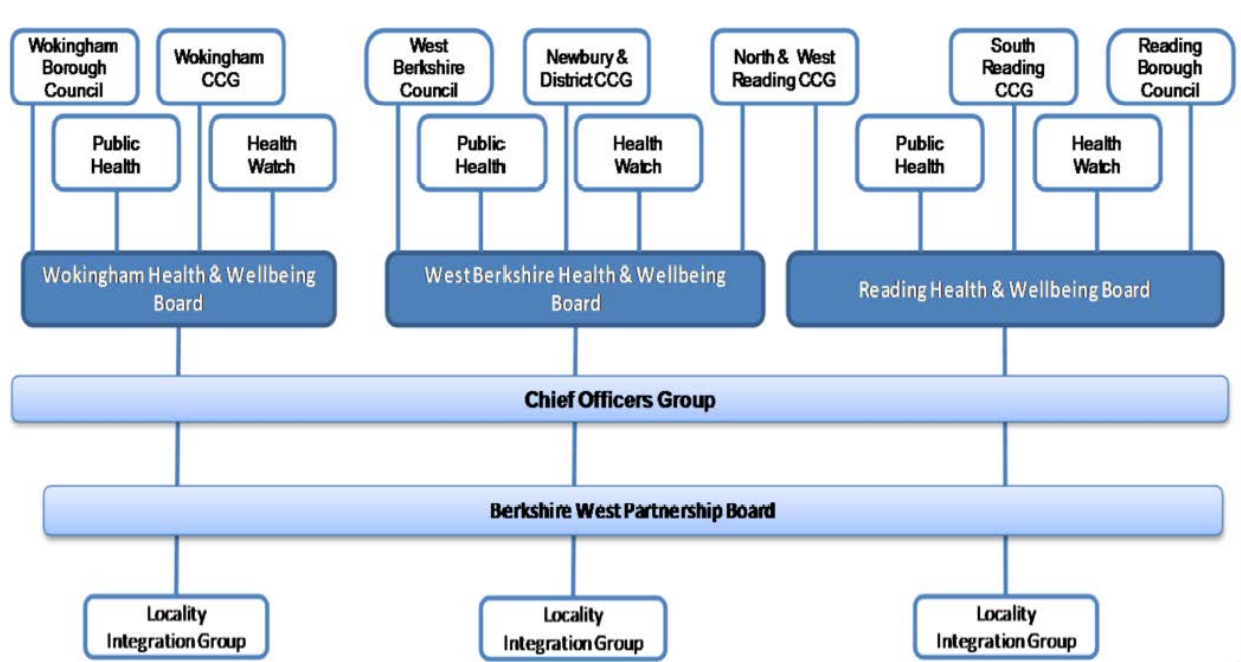
Appendix 1: table with detail of workstreams of the Better Care Fund

Workstream	Descriptor	Key milestones	Date	Status	Comment on progress	Expected Outcome	Risks	RAG status
Frail Elderly Pathway	Mapping the journey for Older People when they use services. Goes beyond the parameters of the BCF to deliver wider scale integration	PID by SRO Procurement of provider Business Case		Partially complete	Comprehensive mapping undertaken. Ongoing analysis required	Making improvements to ensure a positive experience.	Continued fragmentation of services due to unwillingness of BW10 to integrate	AMBER
Hospital at home	Facilitating early discharge home from hospital and admission avoidance based on care that would have traditionally been delivered in hospital and in the person's home with full clinical input	Launch Evaluation	01/15 03/15	Incomplete Now due in summer 15 Yet to be done	Lack of staff in employment market resulting in delay for project launch/function Lack of clarity regarding the difference between Intermediate Care and Hospital at home resulting in confusion for Users and professionals	People will be discharged home from hospital in a timely and appropriate way and hospital avoidance	Confusion about the remit of service due to similarity with Intermediate care	AMBER
Care Home Support	Reduction of numbers of people admitted to hospital from care homes	Training and GP Support Evaluation	02/15 01/15	Complete	Training and GP not reducing numbers of non-elective admissions. The original remit of this project has been achieved. Further opportunities including how we can raise quality are being scoped.	People living in care homes will be cared there longer as staff will have the appropriate skills to do so	People will continue to be conveyed to hospital as registered managers will not want to compromise their registration. Extra training will not enable staff to feel they can meet all care needs of residents	GREEN
Connecting Care	Delivering IT information sharing between health and social care providers	Data protocol sign off Information with Acutes Information with Social Care Procurement of portal	08/14 10/14 04/15 08/15	Yet to be done Complete RBFT/OOH Yet to be done Yet to be done	System in place for information sharing between Royal Berkshire Foundation Trust and Out of Hours GPs. Ongoing scoping for procurement of portal to enable all partners to access each other's information systems	Instant access to information relating to people requiring services. Elimination of the need to tell 'your story' more than once resulting in reduction of stress for people using services.	Internal information governance review for BW10 may delay project Budget pressures for partners may delay remedial work necessary to satisfy governance standards for all BW10	RED

Health and Social Care Hub	Exploring different models of single point of access so that people using services 'tell their story once' and receive timely and appropriate services	Sign off Recruitment of staff Official Launch	09/14 08/14 01/15	Yet to be done Yet to be done Yet to be done	Agreement by BW10 on concept of hub but little consensus on what it would do for all partners	Improved communication and information sharing for BW10	No consensus amongst partners about agreed model Model needs to satisfy RBC focus on neighbourhood community capacity and 7 day accessibility	RED
Neighbourhood Clusters	Development of neighbourhood clusters focusing on a group of GP practices, supported by complementary clustering of social care teams, and services commissioned from the third sector.	Sign off initiative yet to be decided in bid document		No set targets. 2 vol sector pilots in place. Health model needs review	Two pilot projects in place	People will manage their conditions through a person centred and local plan which will prevent them from unnecessary deterioration	Funding has been identified in CCGs but further work is needed to scope how this will be used. Surgeries unable to work in cluster model	AMBER
GP 7 day working	Access to GP across 7 days	1st pilot approved Pilot commences	08/14 09/14	Pilot to start summer 15	Specification completed for extended hours pilot in N & W CCG	People will be able to access their GP when they want to	Some GP surgeries unwilling to participate Lack of agreement on method of funding for payment for GPs Lack of clarity about what patients want re GP access	AMBER
7 day access	National condition with local response primarily let by Reablement	Launch	01/04	Complete	7 day access in place	People able to access services when they need to	Lack of commitment to 7 day working from the workforce	GREEN
Discharge to Assess	Facilitation of timely and appropriate hospital discharge. Decision regarding admission to long term care not made in hospital. Wherever possible everybody has an opportunity for Reablement	Launch	04/15	Complete	Scheme launched on 1/04/15 with 12 beds	Everybody is given a chance for Reablement. No one is admitted to a residential or nursing home straight from hospital unless there are exceptional circumstances	Lack of staff in employment market resulting in delay for full project launch/function	GREEN

Market Management	Management of information regarding providers of residential and nursing care with consideration for development of information regarding provision of domiciliary care	Scoping Pilot	04/15 06/15	Complete	Pilot underway	Reduction of numbers delayed leaving hospital when they are medically fit Better information for BW10 resulting in standardised pricing system for partners and therefore reducing the cost of care	Not all BW10 able to procure system due to internal financial constraints.	GREEN
Whole system organisational development	Overview at CEO and Director level of all BW10 partners	Event	05/15	Complete	4 work programmes agreed; governance, staying well, implementation of 5 year forward view, finance	Strategic plan in place for whole systems integration	BW10 CEOs and Directors have conflicting priorities and internal pressures	GREEN
Integrated Carers Commissioning	Commissioning for Carers across the three unitary authorities	Work plan agreed Implementation of plan			Berkshire West Carers Forum in place Tendering under way for Berkshire West information and support service for Carers	Better information, advice and support for Carers	Not all Carers know their rights under The Care Act Poor take up of Carer's assessments	AMBER
Integrated workforce development	Development of generic support carer role across health and social care	Work plan agreed	03/15	Incomplete	Skills for Care contract in place for development of JD and specification for the generic support worker role	Vacant posts will be more easily filled. Improved career opportunities	Specification for generic support worker role not in place	AMBER

Appendix 2: Governance for the Programme





Equality Impact Assessment

Provide basic details

Name of proposal/activity/policy to be assessed

Reading Neighbourhood Cluster Scheme

Directorate: HCC - Housing and Community Care

Service: Better Care Fund

Name and job title of person doing the assessment

Name: Sally Palmer

Job Title: Neighbourhood Cluster project manager

Date of assessment: 30/03/15

Scope your proposal

What is the aim of your policy or new service?

Improved communication between vulnerable adults in Reading and their families, carers, health and social care officers and the extended community such as pharmacies and the voluntary sector.

Who will benefit from this proposal and how?

Vulnerable adults and those involved in supporting them

What outcomes will the change to achieve and for whom?

For the vulnerable adult: better information and timely support to help them live independently in the community. Only needing to 'tell their story once'. Support 7 days a week

For Secondary Care: prevention of non elective hospital admission and early facilitated hospital discharge

For primary and social care: shared information, reduction in bureaucracy, efficiencies in service delivery, reduction in need for delivery of high cost services, reduction in numbers of people admitted to residential or nursing care, improved and effective communication between professionals

For the extended community: effective use of services, better information driving service delivery

Who are the main stakeholders and what do they want?

Vulnerable people: to remain living independently in the community as long as possible

Secondary care: free up use of hospital beds, reduction in unnecessary hospital admissions, reduction in attendance in A & E

Primary and Social Care: More effective and efficient use of resources, more proactive and timely services, reduction in high cost individual packages of care for vulnerable people

Extended community: appropriate and targeted use of resources, improved medicines management

Assess whether an EIA is Relevant

How does your proposal relate to eliminating discrimination; promoting equality of opportunity; promoting good community relations?

Do you have evidence or reason to believe that some (racial, disability, gender, sexuality, age and religious belief) groups may be affected differently than others? (Think about your monitoring information, research, national data/reports etc)

Yes No

Is there already public concern about potentially discriminatory practices/impact or could there be? Think about your complaints, consultation, feedback.

Yes No

If the answer is **Yes** to any of the above you need to do an Equality Impact Assessment.
If No you **MUST** complete this statement

An Equality Impact Assessment is not relevant because:

Signed (completing officer)

Date

Signed (Lead Officer)

Date

Assess the Impact of the Proposal

Your assessment must include:

- **Consultation**
- **Collection and Assessment of Data**
- **Judgement about whether the impact is negative or positive**

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

Example: A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

Consultation

How have you consulted with or do you plan to consult with relevant groups and experts. If you haven't already completed a Consultation proforma do it now. The checklist helps you make sure you follow good consultation practice. ([hyperlink to Consultation proforma](#))

Relevant groups/experts	How were/will the views of these groups be obtained	Date when contacted
Voluntary sector, Health CCG Acute trust Local authority GP surgeries Community hospitals Hospice and day hospital Macmillan nursing? Faith groups local businesses leisure services transport services housing Will you be consulting the vulnerable people and their families and how will this be done.	1:1 Group meetings presentations IT links apps media engagement leaflets info in public libraries Attending meetings in other organisations key meetings in CCGs, BHFT etc health watch meetings patient groups	TBC

Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group.

Describe how this proposal could impact on Racial groups

this may impact on people from different ethnic groups as it is not clear yet what the neighbourhood resources are in terms of community and the people living in it

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Gender/transgender (cover pregnancy and maternity, marriage)

there should be no impact in regard to gender

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Disability

there should be no impact in regard to disability

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Sexual orientation (cover civil partnership)

there should be no impact in regard to sexual orientation

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Age

A potential negative impact as the project will initially start with neighbourhood cluster development in regard to adults. Not sure I understand what this means

Is there a negative impact? Yes No Not sure

Describe how this proposal could impact on Religious belief?

Not sure as we are as yet not clear about the resources available in terms of religious belief

Is there a negative impact? Yes No Not sure

Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you **MUST** assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

Tick which applies

- | | | |
|--|--|-------------------------------------|
| 1. No negative impact identified | Go to sign off | <input type="checkbox"/> |
| 2. Negative impact identified but there is a justifiable reason | You must give due regard or weight but this does not necessarily mean that the equality duty overrides other clearly conflicting statutory duties that you must comply with.
Reason
You have checked this option but don't you mean the one below because you have identified that there could be a negative impact for race and religion so you will need to get more information. | <input checked="" type="checkbox"/> |
| 3. Negative impact identified or uncertain | What action will you take to eliminate or reduce the impact? Set out your actions and timescale? | <input type="checkbox"/> |

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How will you monitor for adverse impact in the future?
The project has not yet been started and will be subject to continuous review. The equality impact will be continually assessed as the project develops. A priority for success implementation will be ensuring access for all people regardless of any equality issues.

Signed (completing officer)	Date
Signed (Lead Officer)	Date