

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	ADULTS, CHILDREN'S AND EDUCATION COMMITTEE		
DATE:	5 NOVEMBER 2015	AGENDA ITEM:	17
TITLE:	READING INTEGRATION UPDATE/BETTER CARE FUND IMPLEMENTATION		
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SERVICE:	ADULTS SOCIAL CARE	WARDS:	ALL WARDS
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The Better Care Fund has now been in operational status for 6 months following a long period of planning during 2013/14. This report aims to take the form of a half year progress report and the opportunity to plan for the Better Care Fund 2016/17.

2 That the Committee:

- a) Note the current status of the Reading Integration agenda;
- b) Agree the imperatives for adult social care and health.
- c) Note the blockages and challenges that need to be remedied to enable a success health and social care system
- d) Consider the impact and influence the targets for the second year of the better care fund.

3. BACKGROUND

3.1 Integration between Health and Social Care remains an important area of work in Reading. Research shows that when Health and Social Care work together, individuals have a better experience and a greater chance of retaining their independence.

3.2 Sam's Story produced from the Kings Fund has been shared with the Reading Health and Wellbeing Board and remains relevant to how we provide responsive Health and Social Care. It identifies some key areas of success for the individual: not having to repeat the same message more than once, professionals involved in their care are well informed and do not duplicate care and support; that individuals are supported to remain as independent as possible by receiving, "the right care, at the right time, in the right place.

- 3.3 In 2013, the government launched a vehicle to support integration called the Better Care Fund. It meant that health and social care *had* to integrate and held the local area to account for the way that services are delivered.

Over the last 15 months the Health and Wellbeing Board has overseen the progress of the Better Care Fund. This report aims to provide the Adult's Children's and Education Committee with an update, and an opportunity to consider how we wish to proceed with integration in the future.

- 3.4 Reading came from a good starting position as there were a number of integrated services, whose aims were to increase independence prior to the start of the Better Care Fund.

These included:

- ✓ A nationally recognised re-ablement service
- ✓ Community health working proactively with GP's with individuals who have complex care needs commonly based upon long term conditions such as heart failure, diabetes and obesity
- ✓ Strong links with the hospital to both help people avoid being in hospital when they don't need to be there (rapid response), and to help people move out of hospital as soon as being well enough to do so (delayed discharges)

- 3.5 As part of the Better Care Fund process, key stakeholders developed a plan to describe how we would integration. In Reading we chose:

- ✓ Discharge to Assess (supporting people who need support following a stay in hospital)
- ✓ Neighbourhood clusters (providing care closer to where people live)
- ✓ 7 day access to services - to enable greater access to services

As Reading work closely with key stakeholders it was agreed that Reading would join up with the other two local authorities to deliver further services. These included:

- ✓ Hospital at Home - to enable people to proactively be care from at home
- ✓ Connected Care -to enable professionals to work more efficiently using technology
- ✓ Health and Social Care Hub - one number for people to ring
- ✓ Care Home Project - clinical input and advice in to care homes from the community health service
- ✓ Workforce project - to ensure we have the right skill mix, quality and quantity of staff
- ✓ Market Management - working across the West of Berkshire to ensure that the services we purchase are value for money
- ✓ Carers Services - working together to ensure that we have good carers services

4. PROGRESS TO DATE:

- 4.1 The Better Care Fund projects have now been in place since April 2015. The operational teams have worked closely together to implement the schemes. Most notably to date, the 'Discharge To Assess' (DTA) service, which was in a pilot phase for the 1st Quarter of 2015, and full implementation from Quarter 2.

This scheme has enabled people to be discharged from care sooner, with time to consider their long term care needs either in their own home or in the Willows Independent Living Service.

Part of the strong and compelling care for this scheme was to reduce the Delayed Transfers of Care. In July 2015, the recorded Delays amounted to 3 people. This number had previously averaged 8 people at any one time.

The scheme also planned to reduce the number of people who needed to move into a long term placement in residential care. Performance to date shows:

1 st April 2015	1 st May 2015	1 st June 2015	1 st July 2015
285	288	279	276

So this shows a reduction of 9 placements between April and the end of June 2015.

- 4.2 The Reading Integration Board met as a workshop on the afternoon of 19th August. The membership was extended to operational leads to ensure that we were able to reflect on both the strategic direction and the operational implementation.

The format of the session was:

- Clarity on our “in year position”
- Ensure that we have solutions for in year blockages
- Identify actions for Q3 and Q4
- Prepare for 2016- 17

The key findings were captured and brought together into an action plan to be monitored by the members of the Reading Integration Board.

- 4.3 This report provides an overview of some of the ‘in year’ challenges that impact upon the performance of the current BCF. Key themes and future areas of work for the Reading Integration Board were identified and are set out in this report:

4.3.1 Lack of robust data sets to measure impact

It was recognised that the quarterly reporting mechanism to NHS England, does not provide the level of detail to enable the Reading Integration Board to understand the individual impact of each intervention.

The workshop asked a number of key questions, relating to our key performance metric and identified the need for a more detailed local monitoring tool be developed.

4.2.3 Improved access to services 7 days a week.

Some improvement in the accessing of 7 day services has been achieved. Namely, a social worker is now available in the acute hospital Mondays to Saturdays, and the ‘Discharge to Assess’ services both takes on and discharges people from the scheme 7 days a week.

Many of the GP surgeries in Reading now offer extended weekday surgeries and planned Saturday appointments.

It was however recognised that there is more work to be done to ensure that all areas of the health and social care economy need to provide extended cover. It was recognised that this would probably not need to be all services available at the same level of services on weekdays, but further work was required.

4.2.4 Neighbourhood clusters

It was acknowledged that the neighbourhood clusters work stream has seen developments. In particular the development of the voluntary sector schemes to support people to promote and support independence and connect people with their communities.

In September Berkshire Healthcare Foundation Trust (BHFT) went live with a review of the care coordination service which supports people to maintain their health and wellbeing, by promoting good health, self-care and managing long term conditions in a crisis.

The development of the fourth model with a focus on the local authority has not achieved the same traction. However, a pilot to be called "Right For You" will commence from 16th November. This will be led via adult care management teams and will focus on a different approach to social care in the RG2 post code area.

4.2.5 Workforce

The workforce difficulties were a key area of risk for the integration work as well as general service delivery. This is the case at both a local and national level.

The issues facing Health and Social Care in Reading are:

1. Lack of interest for working in the social care industry
2. Difficulty in securing clinical staff due to a national shortage of nurses, occupational therapist and physiotherapists
3. Location of Reading means that staff are not eligible for outer London weighting and so localities in the East of Berkshire, or within London are more attractive to staff.
4. Lower than average unemployment rates in Reading also reflect the difficulty in recruiting.

Locally, Health and Social Care have been working on this issue for some time. This has included looking at different ways of delivering health and social care. This has included a workforce project to look at developing a "*Generic Care Worker*" who would be trained to take on a range of health and social care tasks, in doing so, this would reduce the number of visits that someone receives and mean that the right care is provided once, rather than by a trail of professionals visiting someone in their own home.

The Reading Integration Board and the Berkshire West Delivery Group are currently working this through.

5 KEY IMPERATIVES FOR HEALTH AND SOCIAL CARE

5.1 There are a number of key imperatives deliverables to enable successful integration locally.

- a) Ensure the efficient use of resources so that all schemes evidence value for money
- b) That we have a skilled available workforce
- c) That services are available 7 days a week
- d) Health and social care do not duplicate tasks
- e) Primary care and community services are central to care and explored fully before people need to use the acute hospital setting (Royal Berkshire Hospital)

Additional to the key imperatives are Performance Indicators for the Better Care Fund. These are:

- ✓ Reduction of delayed transfers of care (DTC)
- ✓ Reduction of people who are fit for discharge from hospital but remain there
- ✓ Reduction of time that people are in the hospital when they are fit to be discharged
- ✓ Customer satisfaction
- ✓ Reduction of the number of people who need to move in to residential care

- ✓ Reduction in the number of people who have unplanned admissions to hospital (Non Elective Admissions)

5.2 These factors are monitored closely by the Reading Integration Board. To date we have seen a reduction in both the number of people who are formally identified as being a delayed discharge of care, and the amount of time people spend in hospital when they no longer need to be there.

6. FINANCIAL IMPLICATIONS

6.1. Revenue Implications

The report sets out the importance work the Better Care Fund is helping to support in reducing the non-elective admissions (NEL) to hospital but also when a patient is in hospital to ensure they are able to be discharged in a timely fashion. For the Council the move to support greater numbers of residents in the community whilst being aligned with the Council strategy does potentially create further demand pressures and Council will need to work with Health Partners on the implications of this.

The report also sets out the other schemes that are being delivered, however the complex nature of these changes has meant that not all the schemes are spending to plan and a full review across the partnership is currently on going. A report will be brought back to H&WB Broad and ACE to update on the planned expenditure plan changes.

6.2 Capital Implications

There is a proposal's that the Social Care capital element of the BCF should fund the development of a new older person resources centre. The report also identifies the importance of the more effective use of technology to improve care in the coming years and this will have potential significant cost implications for linking the various data systems together. The Council is working with Health and other partners on the development of ICT strategies. The costs of these developments will need to be identified and reported separately as they emerge but it is suggested that the capital grant for 16/17 be earmarked to support this program.

6.3 Risk

This is a complex program and risk area identified in the section below, in section 10.1, the move to support greater number of residents in the community, whilst being the appropriate direction of travel may have the effect of placing additional demand pressures on the Council at a time of significant reductions in funding. The Council will need to work with Partners to understand the implications in changing care patterns and ensure appropriate funding is provided to support these changes.

The report also notes that the BCF will continue into 16/17, however there are currently no details of how the BCF in 16/17 will operate nor clarity of the funding that will be available. The Council has a number of key services currently funded by the BCF and would be unlikely to be able to continue to provide key services without this funding.

7. THE BETTER CARE FUND GOING FORWARD

7.1 2015 / 16 (in year)

The plans developed from the Reading Integration Board workshop will form the work plan for local integration for the rest of this financial year.

7.2 2016 /17 (next year)

To date, central government have not indicated the size and scale of the Better Care Fund for 2016/17. It is anticipated that guidance will be announced in the autumn statement. At which point the Health and Wellbeing Board will have to be informed of the local implications.

The Reading Integration Board were interested in how any future plans for integration can include older people's mental health to ensure that a greater cohort of people can benefit from integrated working.

8. RISK PROFILE

8.1 Integration of services is a central focus for health and social care. For both areas to be sustainable in the future it will be necessary to do things differently and to ensure that the greatest value for money is achieved.

8.2 The most significant areas of risk for 2016 / 17 are:

Risk	Rating	Mitigation	Variance rating
Timescale for guidance of BCF 2016/17 being published is not until December 2015, which will give a very short lead time.	RED	Utilise the impact of the Reading Integration Board. Benefit from the work on the frail elderly pathway as a source of information and activity.	AMBER
Financial pressures on all health and social care providers will have a direct impact on our ability to transform	Red	Risk sharing agreement to be put in place.	Red