

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	3 OCTOBER 2016	AGENDA ITEM:	18
TITLE:	INTEGRATION AND BETTER CARE FUND		
LEAD COUNCILLOR:	CLLR MCELLIGOTT	PORTFOLIO:	HEALTH / ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE & HEALTH	WARDS:	ALL
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Better Care Fund (BCF) is the biggest ever financial incentive for the integration of health and social care services. It requires Clinical Commissioning Groups (CCG) and Local Authorities to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation. Reading has an allocation of £10.4m within 2016/17.
- 1.2 This report sets out:
1. The BCF integration performance at the end of quarter one within Reading
 2. The BCF reporting and monitoring requirements
 3. The findings from the Joint Commissioning workshop held September 2016

2 RECOMMENDED ACTION

- 2.1 That the position of Integration and Reading Better Care Fund as of end of quarter 1 be noted.

3 POLICY CONTEXT

- 3.1 The Better Care Fund (BCF) is the biggest ever financial incentive for the integration of health and social care services. It requires Clinical Commissioning (CCG) and Local Authorities to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation.

4 CURRENT POSITION

- 4.1 The BCF Reading gained a fully approved assurance by NHS England on 8th July 2016. Letters confirming this approval were sent to Cllr. Greame Hoskin, Dr. Cathy Winfield and Ian Wardle. Copy attached appendix 1. To understand the 2016/17 submission a Better Care Fund on a Plan on a Page has been produced. Appendix 2.

4.2 The Reading BCF for 2016/17 totals £10.4m and funds a range of integration initiatives intended to promote more seamless care and support services, deliver improved outcomes to patients and service users and protect key front line services that deliver value to both the NHS and the Local Authority. As in previous years, the BCF has a particular focus on initiatives aimed at reducing the level of avoidable hospital stays and delayed transfers of care as well as a number of national conditions that partners must adhere to. If any of these conditions are not met the Care Act 2014 enables NHS England to withhold, recover or direct how the money is used. Summary of key BCF National Conditions:

- Maintaining the provision of social care services
- Contributing to the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
- Delivering better data sharing between health and social care;
- Delivering a joint approach to assessments and care planning and ensuring that, where funding is used for integrated packages of care, there will be an accountable professional;

4.3 The BCF Policy Framework establishes national metrics for measuring progress of integration through the BCF and partners must report progress against them each quarter to NHS England. Summary of Key BCF Metrics

- Improving People’s experiences of care
- Avoiding unnecessary non-elective admissions
- Reducing inappropriate admissions of older people (65+) in to residential care
- Increase in the effectiveness of reablement services
- Reducing delayed transfers of care (DToC) from hospital

4.4 The funding that comes directly to the Council for the Disabled Facilities Grant of £815k also included in the BCF is not subject to these conditions.

Performance to date

4.5 To date, Reading has seen some positive local BCF scheme performance, such as an increase in the number of patients / service users successfully reabled via the Discharge To Assess / CRT services, fewer admissions to residential care and reduced admissions to hospital from care homes supported by the rapid response and assessment team (RRaT). As at the end of Q1, however, this has not translated into clear system wide benefits or a positive impact on the key BCF metrics, namely NEA and DTOC.

Delayed transfers of care

4.6 As a key requirement of the 16/17 BCF, the Reading CCGs and the council have agreed a local action plan to reduce DTOCs and improve patient flow. The target is to have no more than 2960 bed days lost per 100,000 population in 16/17. This equates to no more than 3703 actual bed days lost.

		2016/17			
		Q1	Q2	Q3	Q4
Metric	Actual number of days	980	956	914	953
	Plan				

delayed	Actual	2038			
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- 4.7 As demonstrated above, quarter one shows a dramatic increase in delayed transfers of care from RBH. The top three reasons for these delays are access to further non acute NHS services, disputes and the commissioning of home care packages. There has been a 20% increase in patient admissions within the acute trust this is impacting on the capacity of health and social care within Reading. These delays have been escalated to Reading Integration Board with outcomes to be recommended. These will include; greater emphasis on the Choice Policy, further analysis on delays within community reablement team and reason of delays caused by assessment processes.

Non Elective Admissions

		2016/17			
		Q1	Q2	Q3	Q4
Total non-elective admissions in to hospital (general & acute), all-ages.	Plan	3514	3561	3915	3804
	Actual	3690			

- 4.8 The level of non-elective admissions is also above target and planned reductions are not being realised. It is anticipated, however, that performance may improve in subsequent quarters now that the Care Home project is fully implemented (see 4.11).

There are a number of other initiatives being pursued by the CCGs and the local authority in order to reduce NELs. In addition data shows that there are significant numbers of NEL admissions in specific wards in Reading and Dr Lise Llewelyn, Director Public Health, is arranging for this data to be overlaid with deprivation and prevalence of smoking, physical activity data etc. to see what the correlation is and what actions are required to support prevention.

Residential and Nursing Admissions

		2016/17			
		Q1	Q2	Q3	Q4
Total admissions to residential and Nursing homes (over 65 years)	Plan	24	24	24	24
	Actual	17			

- 4.9 The table above demonstrates residential and nursing home admissions within quarter one are within target. Reading Borough Council had made significant progress against this target in 15/16 (31% reduction from 151 to 104). Continued focus is needed to ensure only those who need intensive support, live in residential care settings.

Local Project Performance Update

- 4.10 **Connected Care**

The Connected Care project will deliver a solution that will enable data sharing between the fourteen health and social care organisations in Berkshire. Provide a single point of access for patients wanting to view their care information. The project will support delivery of the 10 universal capabilities as defined in the Berkshire West LDR and enable service transformation as specified in the BCF and Digital Roadmap. The projects primary objectives are to:

Enable information exchange between health and social care professionals.

- Support self-care by providing a person held (health and social care) record (PHR) for the citizens of Berkshire.
- Enable population health management by providing a health and social care dataset suitable for risk stratification analysis.

Position as at end Q1

- System/portal supplier selected via competitive tender. Programme on track with first interfaces and data sharing (between Berkshire Health Trusts and GPs) scheduled for quarter 3 with the council scheduled for access to data sharing portal May 2017.
- The information governance subgroup continues to revise policy and data sharing agreements, as required, to ensure lawful handling and sharing of data.

4.11 Care Homes

The Enhanced Support to Care Homes project implements improvements to the quality of care and provision of service to and within care homes for residents, in collaboration with all Health and Social Care providers across Berkshire West, to improve people's experience of care and avoid unnecessary non-elective admissions.

The primary objective is to improve resident outcomes and support care homes in providing high quality health and social care, by:

- Establishing a consistent and co-ordinated health and social care MDT (the rapid response and treatment team) across Berkshire West
- Establishing a consistent and co-ordinated approach to monitoring performance
- Preventing avoidable admissions or attendance to hospital
- Reducing delay discharges of care back into care homes
- Reducing length of stay for care homes residents during an acute illness

Position as at end Q1

- Rapid response and treatment team (RRaT) - Q1 performance demonstrates management of non-elective admissions demand from care homes but minimal reduction, compared to 15/16 activity. Quarter 1 (Apr - Jun) is not a true reflection of the impact of RRaT on non-electives admission from care homes, however, as not all of the target care homes were fully signed up to and accessing the support. Quarter 2 (Jul - Sept) onwards expected to reflect the true impact of the investment made in the service to further reduce non-elective admission from care homes.
- Unified admissions and discharge process drafted and due for pilot in quarter 2
- Staff recruited and care home resident mediation reviews underway
- Continuing to scope national examples of effective GP support for care homes
- Supported 176 residents within quarter one

4.12 Community Reablement Team (CRT)

CRT provides a short term flexible service for up to 6 weeks, for customers who have been assessed as being able to benefit from a re-ablement program. The service is delivered in the clients own home. CRT is available 7 days a week, 24 hours a day. CRT milestone status within quarter 1 was reported as amber. The financial budget status was reported as green, online and within target

4.13 Key Achievements (CRT)

- Residential and nursing home admissions reduced by 48% on target
- Record number of hospital avoidances. 92% of annual target achieved
- Finance reported on line with targets
- 295 users 21% above target
- Average length of stay within the service 17 days
- CRT staffing structure proposals complete and consultation commenced. This will allocated a greater amount of care hours supplied by the service this is estimated to increase care capacity from 700 hours per week to 900 hours per week
- Integration Performance Analyst appointed
- Section 75 signed and sealed by CCG's and RBC

4.14 Key Challenges

- DTOC a national challenge and further local measure need to be identified
- Reading wide approach to performance needs to be individualised to programme performance measures e.g. CRT and DTA

4.15 Discharge to Assess (DTA)

4.16 The DTA service is part of the Willows residential care complex operated by the Council. The home consists of both residential units and self-contained assessment flats with 14 units appointed as Discharge to Assess units.

DTA is a 'step up step down' rehab and reablement service with the primary aims being:

- To reduce the number of patients on the fit to go list
- To reduce the length of stay for individuals who are fit to leave acute hospital care
- To reduce permanent admission to residential and nursing care

4.17 Key Achievements

- Record number of hospital avoidances. 66% of annual target achieved
- 90% of patients returned home
- Finance reported on line with targets
- Integration Performance Analyst recruited
- Newly appointed team members
- 90% bed utilisation
- Key objectives and KPI's set for health and therapy staff to increase customer contact
- Section 75 signed and given corporate seal by all parties

4.18 Key Challenges

- DTOC a national and local challenge that is being reviewed taking a system approach
- Reading system approach to performance needs to be aligned to programme performance measures

4.19 Performance Table

Performance Measure	Q1		Q2		Q3		Q4	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Non-elective admission avoidance (no less than) CRT and DTA figure	15	52						
*Delayed transfer of Care (no more than)	980	2038						
*Residential admissions (no more than)	24	17						
Customer satisfaction score	90%	88%						
Number of users	242	295						
Length of stay within CRT	21 days	17						

*Reading system figure not totally attributable to the scheme. Scheme figures to be presented in second quarter.

4.20 Engagement with Patients and Service Users

It is recognised that we need to improve our engagement and co-production approaches in relation to the BCF. In 2016/17 we will work with Reading Integration Board to ensure we gain a meaningful understanding of the personal impact of each scheme. We will also utilise a range of engagement techniques to ensure patients and users can shape our BCF programme, via dedicated task/finish user forums through to direct communications with key groups via existing private and voluntary sector partners.

Additionally, individual BCF schemes have established user feedback mechanisms to gather regular input from patients/service users in relation to their satisfaction with, and ultimate success of, the services. This feedback will be used on an on-going basis to develop individual services and the BCF programme throughout 2016/17.

5. REPORTING AND MONITORING REQUIREMENTS

- 5.1 There is a requirement set by NHS England to report on BCF metrics on a quarterly basis. The reports aim to fulfil both the quarterly reporting and annual reporting requirements to monitor the totality of the BCF at Health and Wellbeing Board level. The template return requires sign off by the Health and Wellbeing Board. The

Health and Wellbeing Board submit a written narrative with the quarterly report to explain any changes to plan and any material variances against plan.

6 CONTRIBUTION TO STRATEGIC AIMS

6.1 The decision contributes to the following Council's strategic aims:

- To promote equality, social inclusion and a safe and healthy environment for all
- To remain financially sustainable to deliver our priorities

6.2 Reading Borough Council is committed to:

- Ensuring that all vulnerable residents are protected and cared for;
- Enabling people to live independently, and also providing support when needed to families;
- Changing the Council's service offer to ensure core services are delivered within a reduced budget so that the council is financially sustainable and can continue to deliver services across the town;

6.3 The decision also contributes to the following:

- Equal Opportunities
- Health equality

7 RISKS

7.1 Both the CCGs and the Council are faced with significant funding issues going into 2016/17 and beyond. Section 12 sets out that there is current £3.611m of BCF funds supporting Council frontline services. Without this funding the Council could not support these services and these would have to cease, with the resulting impact on Council and NHS services.

8 LEGAL IMPLICATIONS

8.1 As per 2016/17, the requirement to formally pool budgets, established under section 75 of the NHS Act 2006, with South Reading CCG and North & West Reading CCG remains.

8.2 The Director of Adult Care and Health Services submitted a report on the Better Care Fund Section 75 to ACE Committee on 4th July 2016. It was agreed on section 17 that the Director of Adult Care and Health Services be granted delegated authority, in consultation with the Chair of the Adult Social Care, Children's Services and Education Committee and the Chair of the Health and Wellbeing Board, to agree joint commissioning arrangements under the new 2016/17 Better Care Fund Section 75 Agreement with the two Reading Clinical Commissioning Groups.

9 FINANCIAL IMPLICATIONS

9.1 Old Section S256 and Protection of Social Care

All the services funded under the old Section 256 funding and the new protection of social care is on plan to achieve a breakeven position.

Community reablement team and the Willows (DTA)

A review has been undertaken on both of these schemes as they are critical to the success of supporting individuals on discharge from hospital and also in some instances preventing admissions. Both schemes have been reviewed in terms of how these have actually operated during the first quarter. It has been identified that due to changes in delivery and efficiency measures that £94k of the original allocation is unlikely to be required. The intention, subject to RIB approval (through demonstration of the benefits and performance) is that this funding would be used for an additional bed at the Willows. (This will be in addition to those already identified in the PID and will be used to increase the performance with no additional overall, investment in the service).

Local Project Office

The performance analyst is currently out to advert and there will only be a part year impact of this post. There is currently a review of the support needed, but there maybe a small understand to report in coming months.

Local Contingency

At this stage no further pressures have been identified however it is assumed that this will be required and therefore this is not being shown as an underspend due to the current high demands on services across the system.

Disability Facility Grants

At the end of quarter 1 a full review has been undertaken on the Disability Facility Grant. The current position is:

- total spend on DFG's (major adaptations) as at the end of July was £141k
- The approved commitment at the end of July (this is where a grant has been approved and is either at pre-site or on site stage) was £219k

Based on the current forecast is unlikely that the full grant of £815k will be required in 16/17, however there are a number of areas where it has been identified where current DGF processes can slow down discharges. Therefore a business case is currently being developed (with input from the OTs at RBH) to use some of these funding to support:

- Obtaining (procurement exercise) a framework for providers or Stair lifts and ramps (currently each time a stair lift or ramp is required a mini tender for the work has to be run slowing the whole process down)
- How telecare/ telehealth care can be improved
- Review of equipment and minor adaptations

9.2 Performance Fund

As part of the BCF plan, there is a payment for performance target relating to the reduction in non-elective admissions specifically within the Care Home, Community Reablement and Discharge to Assess Programmes. In the Reading BCF plan, the CCG target is set at no more than 2.2% increase.

If the planned levels of activity are achieved and, as such, value is delivered to the NHS in that way, then this funding may be released to be spent as agreed by the HWB. Otherwise it is retained as a contingency fund to cover the cost of any additional activity which results from BCF schemes not having the expected impact in reducing demand.

Table 9.3

Scheme	Hospital Avoidances	Savings £
Care Homes	148	408,480
Discharge to Assess	12	26,700
Community Reablement	48	106,800

10 DECISIONS/ACTIONS REQUIRED FOR HEALTH AND WELLBEING BOARD

10.1 Acknowledge position of Integration and Reading Better Care Fund as of end of quarter one.

11 BACKGROUND PAPERS

11.1 Better Care Fund on a page, NHS England Assurance approval letter, Commissioning workshop outcomes

12 NEXT STEPS

12.1 Key next steps for Quarter 2

- Staff restructure in process for CRT
- Development of an integrated seven day hospital team
- Choice policy implementation
- Further investment into business analysis
- Development of assistive technology strategy with implementation plan to enhance prevention
- Increased efficiency of patient flow
- Implementation of key themes (see appendix 3) and synergies of commissioning workshop held in September and the promotion of the commissioning intentions across the three localities within Berkshire West

The BCF programme manager will update the Board on progress to date and performance measures at the next meeting.

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To: *(by email)*

Councillor Graeme Hoskin, Chair of Reading
Health & Wellbeing Board

Ian Wardle, Managing Director, Reading
Council

Dr Cathy Winfield, Chief Officer, Reading
Clinical Commissioning Group

8 July 2016

Dear colleagues

BETTER CARE FUND 2016-17

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance. We know that the BCF has again presented challenges in preparing plans at pace and we are grateful for your commitment in providing your agreed plan. As you will be aware the Spending Review in November 2015, reaffirmed the Government's commitment to the integration of health and social care and the continuation of the BCF itself.

I am delighted to let you know that, following the regional assurance process, your plan has been classified as '**Approved**'. Essentially, your plan meets all requirements and the focus should now be on delivery.

Your BCF funding can therefore now be released subject to the funding being used in accordance with your final approved plan, which has demonstrated compliance with the conditions set out in the BCF policy framework for 2016-17 and the BCF planning guidance for 2016-17, and which include the funding being transferred into pooled funds under a section 75 agreement.

These conditions have been imposed through NHS England's powers under sections 223G and 223GA of the NHS Act 2006 (as amended by the Care Act 2014). These sections allow NHS England to make payment of the BCF funding subject to conditions. If the conditions are not complied with, NHS England is able to withhold or recover funding, or direct the CCG in your Health and Wellbeing Board area as to the use of the funding.

You should now progress with your plans for implementation. Ongoing support

High quality care for all, now and for future generations

and oversight with your BCF plan will be led by your local Better Care Manager.

Once again, thank you for your work and best wishes with implementation and delivery.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'A Ridley', with a long, sweeping tail that extends downwards and to the right.

Andrew Ridley
Regional Director, South of England, and SRO for the Better Care Fund

NHS England

Copy (by email) to:

Anthony Kealy, Programme Director, Better Care Support Team

Reading Better Care Fund - Integrating health and social care

Unified prevention offer for Reading communities

- A clear, consistent menu of services that are on offer in each community for a range of social, emotional and practical help with third sector engagement.
- Connecting communities and supporting vulnerable people to access information, help and advice to avoid escalating health and care needs.
- Greater use of assistive technology to keep people independent for longer.
- A range of improved support to carers.
- A one-stop shop for housing support to help maintain people's independence in their own home including the use of the Disabled Facilities Grant.

Integrated, proactive care for those with long term conditions

- Improve the identification of people with long term conditions.
- Improved care planning from health and social care for those with complex conditions and/or the over 75s.
- Integration with the Frail and Elderly pathway
- Evidence based collaboration with Reading JSNA
- To enhance Readings digital pathway
- Integrated Commissioning
-

Integrated urgent response

- Work with the ambulance service to prevent unnecessary hospital admissions at home, a care home or in the community.
- A community based assessment service for frail older people.
- New seven day services across the system.
- Improved rapid response to prevent admissions.
- Greater focus on health and social care working within the emergency department
- To support people at the end of life

Hospital discharge and reablement

- Work across health and social care to maintain good performance in reducing the amount of time people have to wait in hospital whilst home care support is set up.
- Review service for those in receipt of care packages two weeks after discharge from hospital.
- Home first aims to work with people to make sure they feel confident, independent, and supported in their own home following a discharge from hospital

What improvements will we see?



Reduce the number of permanent admissions to residential and nursing homes supporting people to stay in their homes for longer.



Increase the number of service users still at home 91 days after reablement.



Reduce the number of bed days people have to wait in hospital once medically fit to go home.



To have no more than an increase of 2.2% in non-elective admissions.



Increase the percentage of patients with long term conditions who feel their care meets or exceeds their expectations.



Reduce the number of emergency admissions from care homes.

Better Care Fund - Our journey so far

An improved prevention offer for Reading's communities, featuring neighborhood support, care support and Local Area Co-ordination.



Emergency admissions avoidance schemes.

Major improvements in hospital discharges.



New data sharing tool which analyses patient journeys across the entire health and social care system.

Development of integrated health and social care teams working in partnership with GP practices and the acute trust.



Newly updated home care service.

Appendix 3 - Commissioning Intentions – Themes and synergies to explore – from September Workshop

- Further and faster exploration of options for combining back office and uniform functions across partners, where it can generate demonstrable process and or finance efficiencies
- Set up process to ensure new initiatives are not commissioned without first identifying where similar existing capacity could be re-configured/reduced to release/ensure best use of resources
- Further exploration of pooled funds with appraisal of current set ups and options for more/less in:
 - Residential & nursing care placements
 - CHC
 - Reablement
 - Discharge processes
 - Personal budgets/personal health budgets
- Improving the discharge processes and experience
 - Promote consistent practice and processes across partners
 - Implement trusted assessors
 - Earlier involvement of private/vol. sector providers to promote more timely transfer to long term care, where required
 - Better analysis and understating of current options for discharge (i.e. community hospital bed use, nursing care etc.) to be clear on capacity, suitability and identify any gaps in provision
- Review current community hospital bed use across BW10 – is it utilised effectively and consistently?
- Explore options to incentivise providers to safely promote timely move on and/or avoid higher intensity services, where appropriate (i.e. further exploration of capitated contracts, commissioning by outcome/need not service type)
- Better patient/service user segmentation to deliver more targeted services that have the greatest impact on key HWBB measures/outcomes
- Develop a better understanding of savings/efficiencies of current and future service models (e.g. quantifying the benefits of investing in step down/reablement which can delay need for residential/more intense dom care)
- Prevention and community/patient/user engagement
 - Promoting community ownership of their HWBB and building stronger links (multiple work streams in this area that need coordinating)
 - Review initiatives that can make our workforce champions of public health and lead by example
 - Invest in broader use of technology (AT, more on-line services, improved data sharing)
- Making better use of local/national enterprise and businesses –
 - Can we tap into local business to deliver joint initiatives (i.e. local tech business and research/academic institutions) for patient/user benefit?
 - To make bids attractive will need to be of scale and likely pan west Berkshire
 - Set up of dedicated role to explore and maximise funding opportunities via grants and challenge funds etc. to deliver change projects/pilots
- Firmer agreement on what 7-day services means and what should be provided / what do we want to achieve? Analysis of current provision against agreed parameters, identify any gaps. Promote 7 day access/service equity across partners
- Promote crossover and consistency between partner commissioning strategies to highlight joint working and communication. Localities to agree on common section/text, as appropriate.