

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF EDUCATION, ADULT AND CHILDREN'S SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	18 JULY 2014	AGENDA ITEM:	5
TITLE:	BETTER CARE FUND AND WIDER INTEGRATION AGENDA - UPDATE		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN / COUNCILLOR EDEN	PORTFOLIO:	HEALTH / ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this paper is to ensure that the Reading Health and Wellbeing Board is kept up to date with the work of the Berkshire West Integration Programme and in particular developments with the Reading - specific projects which are described in the Reading Better Care Fund Submission.
- 1.2 The report also notes the revised submission of the Better Care Fund based on the fact that Reading has been identified as a possible exemplar site.
- 1.3 Appendix A sets out the full schedule of Health and Social Care integration projects and work streams which Reading is part of.
- 1.4 This report is for the Reading Health and Wellbeing Board to agree to the transfer of funds from the NHS to Reading Borough Council. The report also set out how the fund will help enable further integration. See Appendix B.

2. RECOMMENDED ACTION

2.1 For the Health and Wellbeing Board to:

- (a) Note progress to date on the development of Reading's Integration Programme;

- (b) To note the content of the more recent submission as of 9 July 2014;
- (c) Support the further integration work proposed; and
- (d) For the Health and Wellbeing Board to agree to the transfer of funds from the local NHS to the local authority in order to deliver the integration projects described pursuant to Section 256 of the National Health Service Act 2006.

3. POLICY CONTEXT

- 3.1 The Better Care Fund (BCF) is intended to provide local funding for integrated Health and Social Care services and replace several funding streams previously directed into either the Health or Social Care system separately. The precise timing of how the BCF will proceed is currently under review nationally. However, Reading remains committed to the proposals approved in outline by its Health & Wellbeing Board in February 2014 and based on earlier work to integrate Health and Social Care locally.
- 3.2 While each locality in Berkshire West has submitted its own Better Care Fund plan, a number of the projects within the plans are shared across Berkshire West and are based on some earlier planning for integrated Health and Social Care coming out of the frail elderly pathway work. In addition, some of the enabling projects within the Berkshire West Programme include the Reading locality and will benefit the Reading specific projects.
- 3.3 In the summer of 2013 Reading Borough Council and the Reading Clinical Commissioning Groups (CCGs) responded to a Government call to become health and social care Integration Pioneers. The pioneer application was made as a bid across Berkshire West and included the other all four CCG which serve this area, Wokingham and West Berkshire Councils as well as the Royal Berkshire Hospital, the Berkshire Healthcare Foundation Trust and the South Central Ambulance Service.
- 3.4 Although Berkshire West was shortlisted, it was not chosen as one of the 14 pioneer sites nationally. However, preparing the pioneer bid generated a momentum around working together for better outcomes for individuals within a sustainable whole systems economy. The partners to the Berkshire West bid therefore agreed to establish the Berkshire West Integration Programme. This programme is intended to deliver integrated services for three distinct client groups: older people; children; and users of mental health services. The client group programmes are to be supported by a number of enabling projects such as workforce development and shared IT solutions.
- 3.5 The development of BCF bids for each of the localities covered by the Berkshire West Integration Programme has strengthened and focused the programme. The BCF drives joined up health and care services around the needs of vulnerable or elderly patients, so that people can stay at home more and be in hospital less. BCF proposals are required to meet certain national conditions and also to outline the specific projects intended to achieve agreed local objectives.

- 3.6 The Health and Wellbeing Board will also be aware of the enormous task the local authority has to meet its new statutory responsibilities within the Care Act. The synergies between the Integration Programme and preparation for Care Act implementation are being closely monitored and the opportunities to find added value and more effective solutions through integrated working are actioned.
- 3.7 In order to help other areas achieve deliverable and affordable plans and to demonstrate the importance Ministers, NHS England and Local Government attach to the Better Care Fund, agreed to fast track a number of plans for sign off and announcement in early July. NHS England and LGA have reviewed the plans received in April and identified 14 localities which are very close to meeting all the criteria for sign off. The Reading plan is among these. Following the success of this submission it is possible that Reading will be seen as one of the 7 exemplar sites.
- 3.8 Within the local integration agenda there is a commitment for close working across the whole of the West of Berkshire. For this reason, submissions for each locality across the West of Berkshire are to be submitted.
- 3.9 Given the level of work that has been undertaken across Health and Social Care since the initial submission officers across Health and Social Care have been able to provide NHS England with a greater level of detail, include a sense of delivery timeframes. We await to hear the outcome.

4. THE PROPOSAL

- 4.1 The Projects that sit under the Reading Better Care Fund proposal can be found in Appendix (A).
- 4.1.1 There are three Health and Social Care projects that are exclusive to Reading, all of which will have “Sam’s Story” at the heart of the planning. Sam’s Story is a tool developed by the Kings Fund to illustrate the potential and value of integrated care from the perspective of the patient/service user.
- 4.2 Increased Access to Intermediate Care (Full Intake Model).
- 4.2.1 Reading’s current Intermediate Care Service focuses on the needs of people new to care services within Reading. The Full Intake Model is designed to offer a more inclusive service. The Service will:
- 1) Support people already known to Social Services who have a long term condition, and who would benefit from Intermediate Care. This would extend the service to people who may have had an increase in their level of need due to deteriorating health. They would have access to professionals who can reassess their needs and evaluate the benefits of providing equipment or helping the person to cope with a change in their condition so that they are able to remain as independent as possible. The multi-disciplinary team would then also determine a bespoke package of care to meet ongoing need.

- 2) At present, it is not always possible for someone to go home from hospital on a Friday, Saturday or Sunday due to difficulties in being able to secure appropriate care packages. By ensuring that all people leaving hospital receive Intermediate Care they will be able to leave hospital 7 days per week. Once the care needs have been properly defined, care agencies will be approached if ongoing care is required.
- 4.2.2 By utilising the Intermediate Care Service in this way, Adult Services will be able to support discharges from hospital through the week. This has two benefits - firstly, the individual will be able to return home as soon as they are well enough; and, secondly, this will free up the Royal Berkshire Hospital beds. We have now undertaken a scoping exercise and built up the details of this project. We hope to be able to help those existing service users by September of this year, and to provide a 7 day service from April 2015.
- 4.3 Time To Decide Beds
- 4.3.1 Choosing the right residential or nursing home placement is a very stressful event both for the person themselves and their families/carers. People can remain in hospital for longer than they have a medical need to be there whilst care homes are viewed, assessments are carried out by visiting care home staff, and financial arrangements are being set up.
- 4.3.2 This project aims to support people to move out of the hospital to a care home as an interim arrangement *whilst* these things are **explored** long term choice for the individual. By using a care home rather than a ward the individual will have a more comfortable environment with their own bedroom and bathroom whilst arrangements are made.
- 4.3.3 The aspiration across Health and Social Care is for the continuation of support from Physiotherapists and Occupational Therapists during this period to enable the individual to achieve their optimum independence when they eventually move on.
- 4.4 Full Integration of Intermediate Care
- 4.4.1 Reading has an established Intermediate Care and Reablement Service. The team works closely across different disciplines and one of the major benefits of the team is that staff are co-located. However, there are two organisational structures that are in effect. Some staff are employed by Reading Borough Council, with the associated management structures, terms and conditions and computer recording systems. The remaining staff are employed by Berkshire Healthcare Foundation Trust, again with different management structures, terms and conditions and computer recording system. This can make the service not as efficient and streamlined for the person receiving support and at times not as coordinated as it could be.
- 4.4.2 By fully integrating the teams, this would reduce the duplication of management structures, terms and conditions and computer recording systems, all of which will mean more time for the person receiving care. By doing this TUPE would apply.

4.4.3 Our first stage of work is to undertake a series of scoping exercises to explore the feasibility of this project.

4.5 Funding transfer from NHS England to Social Care - 2014/15

4.5.1 The report has established that the Better Care Fund is a substantial change for both the Health Service and local councils. To support this change the Government has made available to Reading Borough Council £2.513m which is an increase of £475k compared to 2013/14.

4.5.2 This funding is to support the Council and the CCG in the delivery of the BCF objectives in 2015/16. The summary of how this will be spent is as follows:

- Intermediate Care Team - additional capacity to support the Full Intake Model
- Additional staffing for the Reablement Team
- Project support for the CCG and the Council to model the new time to decide beds and the full integration of the Intermediate Care Service.

Detail of which can be found in Appendix B.

4.6 These objectives link back to the Better Care Fund plan submitted by the Council and the CCGs in April.

4.7 The remainder of the funding is planned to be allocated on much the same basis as in 2013/14 and the summary of this expenditure can be found in Appendix B.

5. COMMUNITY ENGAGEMENT AND INFORMATION

5.1 To develop services which keep the patient/service user experience at the heart of our planning, Health and Social Care need to work alongside people with direct experience of Health and Social Care services, their families, and other interested stakeholders. The recruitment to a new post of Community Engagement Officer to support Reading's integration proposals will be a huge benefit.

5.2 Reading's BCF submission has drawn on patient, service user and public feedback gathered recently across a range of Health and Social Care involvement channels, including the Home Carer User Interview Project (a joint RBC and Healthwatch initiative), the NHS Call to Action event and the 2013 Dementia and Elderly Care Conference. This feedback indicates a strong appetite for better integrated Health and Social Care, and also illustrates that maintaining independence and having choice and control over how they receive care is very important to the people of Reading.

5.3 There are several standing forums and mechanisms operating across Reading which bring together people using Health and Social Care services. Some of these focus on individual services, some on geography and some on particular health conditions or needs so that peer support is an integral part of the

group's function. The development of integrated care services will need to draw on all of these and facilitate sharing amongst them.

6. FINANCIAL IMPLICATIONS

6.1 Revenue Implications

6.1.1 The report sets out the key revenue issues for the Council and partners and also sets out the use of the Health Funding for 2014/15. As stated in paragraph 4.5.1 above, in 2014/15 Reading will receive a funding transfer of £2,513,343. The report sets out that the majority will continue to support the schemes identified in 2013/14, with the extra amount supporting the Council and the CCGs to develop plans and schemes to deliver the objectives and outcomes from, the Better Care Fund.

6.2 Capital implications

6.2.1 There are no capital implications for the 2014/15 funding allocation.

6.3 Value for money

6.3.1 In the review of any service, there needs to be a consideration of whether value for money is being delivered. The Council has undertaken over the last few years a number of transformational programmes which have improved outcomes for clients and the Council (e.g. Reablement Service).

6.3.2 With funding reductions for both Health and Social Care there will be a need to work jointly to determine effectively ways of services delivery which the closer integration of services should support.

6.4 Risk Assessment

6.4.1 For 2014/15 and beyond there are significant challenges in managing demand for services with an increasing elderly population against a backdrop of reducing resources. Integration of services will help to support this challenge but this comes with substantial challenges in two very different services coming together. This will require resources to deliver the change and some potential difficult issues to be tackled when funding is transferred in 2015/16.

7. LEGAL IMPLICATIONS

7.1 Under section 256 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) the Secretary of State has power (through NHS England) to make payments to a local authority towards expenditure in connection with any social services functions. Conditions can be attached to these payments. The two conditions applying in 2014-15 are that the payments be used to support adult social care services which also have a Health benefit; and that local authorities demonstrate how the transfers they receive will make a positive difference to services and outcomes. Beyond

these two conditions there is intended to be local flexibility in the way the funds are used.

- 7.2 These transfers are the first stage of introducing the Better Care Fund, which was announced in June 2013 and aims to promote integration between Health and Social Care, and will lead to a pooled Health and Social Care budget in 2015-16.

8. BACKGROUND PAPERS

8.1 NHS England Guidance

<http://www.england.nhs.uk/2014/05/21/social-care/>

Appendix A

Integration Projects	
Reading Specific Projects	
Time to Assess Service	Improved rate of discharge from acute care; improved experience of care; widening the options for older people when decisions need to be made; allows for appropriate plans to be made.
Full Access to Intermediate Care	An inclusive model of Reablement and Intermediate Care which will support those with long term conditions as well as those awaiting discharge from hospital. This will mean less unnecessary delays in hospital.
Full Integration of Intermediate Care and Reablement	This will be an enhancement on our current service and reduce duplication whilst at the same time creating a service that is more able to flex with the demands across Health and Social Care.
Berkshire Wide Projects	
Hospital at Home	Improved healthcare experience for Berkshire West patients; an integrated approach to care; reduction in unnecessary admissions; reduction in outpatient attendances; improved access to Intravenous Therapy; improved quality of life for patients; improved coordination of crisis management
Enhanced Service in Care Homes	<p>The expected outcomes of this intervention are to avoid unnecessary acute admissions from nursing and care homes; to increase knowledge and continuity of health care for nursing and care home residents; reduced unnecessary non-elective admissions; reduced number of prescriptions; improved co-ordination of crisis management and improved end of life experience for patients through advanced care planning.</p> <p>There will be a reduction in acute hospital activity and associated costs.</p> <p>Providing proactive care and avoiding unplanned admissions for vulnerable people in Primary Care. Improve practice availability for all patients at risk of unplanned hospital admission; other clinicians /professionals will be able to easily contact the practice to support decisions relating to hospital transfers or admissions; regular risk profiling of at least two per cent of patients will result in a more proactive care management; one-to-one discussions with patients and their carers will enable holistic care planning that reflects their individual needs and wishes; proactive care and support, ensuring that patients have a named accountable GP and care coordinator; timely follow up by an appropriate professional when a person is discharged from hospital, ensuring that they receive coordinated care upon discharge.</p>

<p>Locality based integrated working</p>	<p>Patients will benefit from an integrated approach to care, care coordination and closely aligned, expertly led teams of professionals providing care closer to home. Establishing the neighbourhood teams will facilitate the development of resource targeting based on the ACG risk stratification tool described above, and combining this with local intelligence. The integrated team will identify and target patients most likely to benefit from a coordinated approach to their care as determined by practice profile and needs analysis. This community-based and pro-active approach will identify individuals at high risk of hospital admission, assess their needs, produce a personal care plan, agree a lead professional and ensure co-ordination of that plan, whilst caring for the patient at home.</p>
<p>Integrated Short Term Teams</p>	<p>Reduction in care home placements; decrease need for further intervention beyond Reablement; prevent admissions to hospital; facilitate timely discharge.</p> <p>Direct commissioning of Social Care by Health staff (West Berkshire only).</p> <p>Health staff are able to deliver efficient health and social care where changes in individuals needs require a rapid response; likely to reduce numbers of admissions to hospital.</p>
<p>Enabling Projects</p> <p>In addition to the older peoples projects the programme is also running a number of enabling projects. These are seen to have a wider impact than just older people's services and will influence the shape of integrated arrangements.</p>	
<p>Health and Social Care Hub</p>	<p>Active management of cases preventing people being lost between services due to differing referral criteria or lack of capacity. One single point of access.</p>
<p>Interoperability IT solution (shared care record)</p>	<p>Reduction of clinical errors; reduction in Duplication of work; reduction in Marginal Admissions; improved concordance with preferred place of care and use of NHS number by Social Care.</p>
<p>7 day access to Primary and Social Care</p>	<p>Greater access to Primary Care; Primary Care at the centre for managing long term conditions and frail elderly; 7 day access to Social Care; better patient experience; timely discharges; admission avoidance by access to appropriate care.</p>
<p>Market Management</p>	<p>Efficient use of market potential through integrated management; integrated innovative approaches to commissioning residential, nursing and domiciliary care; decreases in spend on commissioning.</p>

Integrated Carers Commissioning	One approach to providers of carers support; making best use of integrated funding to meet agreed outcomes in each locality.
Engagement and Communication	Common engagement process; agreed internal and external communications; public and staff awareness leads to positive take up.
Whole Systems Organisational Development	An agreed understanding of the nature, structure and future direction of the integrated arrangements in Berkshire West; one target operating model one forward plan.
Finance & Personal Health and Social Care Budgets	Agreed joint protocols around whole system funding to include pooled budget arrangements; budget holder criteria; allocation of whole system savings; funding options; savings on whole systems work identified. One system of choice for patients and Social Care users.
Integrated Workforce Development	Shared understanding across all staff in all organisations of the benefits of working together and their role within the new arrangements; plan for appropriate recruitment and retention across the Health and Social Care sector; specific development of the generic care worker; the keyworker or case co-ordinator and whole system leadership; workforce capability to deliver new models of care.

Appendix B

Table 1 - Use of the remainder of the 2014/15 Health Transfer Allocation

	14/15 (£)	NHS Analysis Area
The Willows - Intermediate Care Services	347,812	Bed-based Intermediate Care services
Christchurch Court Assessment Flat	7,000	Bed-based Intermediate Care services
Charles Clore Court Assessment Flat	24,000	Bed-based Intermediate Care services
Intermediate Care Team	264,375	Integrated crisis and rapid response services
Community Reablement Team	923,975	Reablement services
Specialist Nursing Placements	109,494	Early supported hospital discharge schemes
Mental Health Reablement Team	150,000	Mental Health Services
Long Term Conditions	176,687	Other preventative services
Community equipment and adaptations	35,000	Community equipment and adaptations
Total to support Whole Systems Health Activity	2,038,343	

Remaining £475,000 to be allocated as per Section 4.5.2 of the main report