

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	17 JULY 2015	AGENDA ITEM:	10
TITLE:	INTEGRATION UPDATE		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	ADULT CARE	WARDS:	ALL
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Better Care Fund (BCF) became operational from 1st April 2015. NHS England has now supplied guidance on the role of the Health and Wellbeing Board (HWB) and how the BCF should be monitored and reported on.
- 1.2 The timing of this report did not allow for a local interpretation in advance of the last HWB. At the HWB Board on 17 April 2015 it was agreed that this would be reported on at the Board meeting on 17 July 2015.
- 1.3 At the previous Board the issue of a variance in the local non elective target (NEL) was also discussed. As the submission of which sat outside of the HWB cycle, delegated authority was given to the Director of Adult Care and Health Services review and submit the local figure. This report informs the Board of the agree figure that was submitted to NHS England.
- 1.4 It would also appear timely for the HWB to be appraised of early indications as to the impact of the local BCF scheme, Discharge to Assess, which is described by the use of a case study later in the report.

2. RECOMMENDED ACTION

2.1 Actions requested from the Board:

- a) For the HWB to note its responsibility for monitoring and reporting on BCF performance, including the technicalities of reporting to NHS England;

- b) For the HWB to approve delegated authority for the Director of Adult Care and Health Services in consultation with the Chair of the HWB to approve BCF performance submissions outside of the HWB timetable;
- c) To confirm the revised non-elective target submitted to NHS England on 15th May; and
- d) For the Board to note early indicators of the impact of the Discharge to Assess Scheme as described in the case study.

3. BCF OPERATIONALIZATION

- 3.1 Each HWB locality is required to submit a quarterly performance return to NHS England.
- 3.2 The return focuses on our progress against BCF national conditions (with narrative if achieved / on track) and the agreed key performance indicators from our original submission (e.g. figures in relation to changes in non-elective admissions, permanent admissions into residential care, reduction of number of people on the “Fit to Go” list at any one time).
- 3.3 The table below describes the National and Local Performance indicators:-

National Indicator	
Indicator	Description
Protecting Social Care	Universal services Whole family approach, including domestic violence, mental health, substance misuse, transition from Children’s to Adults Services
Care Act	Care Act national eligibility Funding reforms Eligibility Information, advice and advocacy Safeguarding responsibilities Market failure
Carers	Joined up local offer Including access to support packages Carers assessments Information and advice for carers
7 day access	GP access Night wardens Access to rapid response service to reduce admission into the acute hospital setting
Data sharing	Universal use of NHS numbers IT connectivity
Engagement	Call to action events Care Act consultation Engagement with providers and voluntary sector organisations

Local Indicator	
Indicator	Description
Reduction of Non Elective admissions into hospital	Hospital at Home Service Robust Rapid response service Data sharing
Reduction of the number of people on the "fit to go list"	Discharge to assess, both within the Willow's and the community through the Community Reablement Service
Reduction of the number of days an individual is on the "fit to go list" to no more than 5 days	As above
Reduction of admissions into residential care homes	Discharge to assess
Service user satisfaction	7 day access, carer support, information and advice

3. 4 A local process and reporting suite have been developed through the Integration Finance Delivery Group (a table of which can be found in Appendix A).

i. The dates for the NHSE returns are:

Quarter	Period	Submission date	HWB date
Q1	April - June 2015	28 August 2015	9 October 2015
Q2	July - September 2015	27 November 2015	22 January 2016
Q3	October - December 2015	26 February 2016	18 March 2016
Q4	January - March 2016	27 May 2016	July 2016

4. THE PROPOSAL

4.1 It is necessary for the chair of the HWB to agree with the quarterly return prior to its submission. It is recommended that this authority is delegated outside of the formal meeting structure, in collaboration between the CCG, Director of Adult Care and Health Services and the Chair of the HWB. This will ensure timely submissions.

4.2 It is also recommended that the HWB receive regular progress reports regarding the performance of the Better Care Fund as requested from the Board.

5. NON ELECTIVE ADMISSION PERFORMANCE FIGURE

5.1 At the HWB on 17 April 2015, Board members discussed the proposal to submit a changed target for Non Elective admissions into hospital. This was in

response to the surge of activity that was experience over the last quarter of 2014 - 15.

- 5.2 The HWB on 17 April 2015 approved delegated authority to review the revised figure with the Clinical Commissioning Group and submit. The final figure submitted was an increase of non-elective activity of 3.3%.
- 5.2 It is accepted that for the Health and Social Care system to see an increase in activity into hospital rather than a decrease of activity could have an adverse impact on the demand for long term services such as care packages in people's own homes or people moving into care homes. The Council expressed the risks that this might create, and has asked that the activity into the hospital as well as the activity experience by the local authority can be closely monitored.

6. UPDATE ON DISCHARGE TO ASSESS SCHEME

- 6.1 The Discharge to Assess service went live with a soft launch from 1 April 2015.
- 6.2 As previously described the focus of the scheme is to facilitate timely discharge from hospital to either a community setting, or a bed based setting at The Willows (Wil's).
- 6.3 It is anticipated that through comprehensive Multi-Disciplinary Team assessments, individuals will receive the most appropriate services to meet long term needs. The anticipated benefits of this service is a reduction in long terms admissions into care homes, and an increase in the number of people that are able to return to their own home of into extra care housing schemes.

Below describes a case study of someone who is experienced the Discharge to Assess Service:

Mrs A is 91 years old. She has sensory needs (hearing and sight). Prior to admission into hospital with a fractured leg, Mrs A was living with her son independently.

Mrs A moved from the hospital setting to the Willows Discharge to Assess Service. This gave her the opportunity to promote independence relating to her mobility and her ability to transfer. The team worked with Mrs A to determine how she would cope if she were to return home.

Once the plaster and leg brace were removed Mrs A was able to weight bear and she worked with the team to become independent. It was also identified that Mrs A would benefit from an assessment from the Sensory Needs Team to see if there was any equipment that could assist her independence. Mrs A was able to return home with no ongoing care needs.

If Mrs A had returned home with a package of care, she may have continued to have long term care needs through restricted mobility.

To return home with no ongoing care needs illustrated the effectiveness of the new service.

7. FINANCIAL IMPLICATIONS

- 7.1 The report set out that the implementation of the better care fund is in the initial stages and that there will be a requirement for the Council and partners to report on financial and activity information to the Department of Health on a quarterly basis.
- 7.2 The report also highlights that there has been a change to the expected target for Non Elective admissions into hospital. This has been increased and is therefore at variance to the original BCF plans. The issues for the partners are that whilst the change has been driven due to an increase in patient numbers this does have an impact on:
- The level of performance that has to be achieved for the performance fund to be awarded; and
 - That additional cost may fall on partners.
- 7.3 The report identifies that these factors will need to be monitored and included in future quarterly performance reports to the Health and Wellbeing Board.

8. BACKGROUND PAPERS

Appendix A - performance and reporting arrangements

Partners recognise the need for a robust performance and reporting framework for delivery of the Better Care Fund schemes (BCF) and the wider Integration programme. The performance and reporting framework will ensure that parties have visibility and assurance relating to local progress in delivering BCF priorities and the impact on national metrics and local Key Performance Indicators (KPIs). The framework will also provide assurance to any regional or national scrutiny.

Key Control documents, reporting levels and production responsibility

Locality/Programme Level Reporting				
Item	Document(s)	Description	Production	Audience
1	Monthly Status Report	<p>An overall Status report which includes the progress against milestones made and issues effecting delivery/running of local BCF Schemes utilising a Red, Amber, Green (RAG) Status.</p> <p>The report to include the following sections:</p> <p>Part 1 - reporting on the progress or delivery of each of the BCF schemes using the agreed RAG formula. Part 2 - Financial Statement - actual and forecast spend against scheme and programme allocation Part 3 - Key scheme milestones and critical dates Part 4 - Scheme Risk and Issues</p>	Locality Programme Manager & Pooled Fund Manager/s	
2	Risk Register	Strategic level risk register	Locality Programme Manager & Pooled Fund Manager/s	
3	Financial Report	<p>Monthly financial reports on the actual spend and forecast for each of the Schemes/ Programmes against the financial allocation in the Better Care Fund Plan.</p> <p>Reporting will make reference to overspending and underspending schemes and any financial implications linked to 'pay for performance' metrics to support parties in the decision making process and inform any remedial actions needed.</p>	Locality Programme Manager & Pooled Fund Manager/s	Reading Integration Board & BCF Scheme Steering Groups HWB Board
4	BCF Performance Dashboard	<p>Performance will include progress against nationally and locally prescribed metrics.</p> <p>The performance dashboard will include commentary with headline information on a scheme by scheme basis highlighting the impact on metrics, namely:</p> <ul style="list-style-type: none"> • Reduction in permanent residential admissions. • Increased effectiveness of re-ablement. • Reduction in delayed transfers of care. • Reduction non-elective admission to hospital. • Patient / Service User experience. • Any other metrics arising through changing national conditions, or locally agreed by all parties. • Exception commentary where 'red' risks have been highlighted. 	Locality Programme Managers with support from BW10 PMO and CSCU Informatics	