

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	22 January 2016	AGENDA ITEM:	11
TITLE:	READING INTEGRATION UPDATE		
LEAD COUNCILLOR:	Cllr Graeme Hoskin / Cllr Rachel Eden	PORTFOLIO:	Health / Adult Social Care
SERVICE:	Adult Social Care & Health	WARDS:	All
LEAD OFFICER:	Melanie O'Rourke	TEL:	0118 9374053
JOB TITLE:	Head of Adult Social Care	E-MAIL:	Melanie.o'rourke@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report sets out to provide the Health and Wellbeing Board (HWB) with an update of integration in Reading to date. This will include a presentation from Mark Sellman regarding the status of one particular project that spans the West of Berkshire, namely Connected Care. The report will also highlight the requirements for the 2016-17 Better Care Fund (BCF), and ask the board to agree to a process for sign off.

2. RECOMMENDED ACTION

- 2.1 for board members to acknowledge Better Care Fund progress to date.
- 2.3 for the HWB to acknowledge the requirement for the 2016-17 BCF submission and the requirements for sign off. Including:
- delegated authority to the chair of the HWB to sign off the quarterly report,
 - delegated authority to the chair of the HWB to sanction the first 2 submissions of the 2016/17 Better Care Fund (see 6.2 for detail)
 - agree to an extra ordinary HWB (either virtually or in person) to sign off the final submission
- 2.4 for the HWB to be appraised of the purpose and status of the 'Connected Care' project, including its financial implications

3. POLICY CONTEXT

- 3.1 Integration between health and social care means the joining up of Health and Social Care services to create better outcomes for those who need support. This approach responds to the well documented difficulties individuals experience such as having to repeat their circumstances multiple times and a lack of coordination between professionals which can cause confusion and delays in care.

the BCF is also a response to the reality that with an increase in those who require support (demand) and a reduction in overall investment into health and social care means that we have to '*do things differently*'.

- 3.2 Integrated services are a key national and local driver for health and social care services, with the BCF being one of the key drivers to enable delivery. It should however be noted that not all elements of integration are included in the Better Care Fund E.G. developing the workforce through the Generic Care Worker role, and the work across the system to determine a local model through the Frail Elderly Pathway, which originated from the Kings Fund. It should be encouraged to *not* restrict opportunity to integrate to BCF elements only.

- 3.3 The Autumn statement reinforced the government's intention to continue to integrate with the Better Care Fund moving into a second year. This report later goes on to describe the timescales and requirements for the year 2 submission.

- 3.5 The schemes that have constituted the BCF in 2015/16 are:

Reading specific:

- Discharge to Assess
- Neighbourhood Clusters
- Whole system, whole week
- Improved GP access

Schemes which span the whole of the West of Berkshire are:

- Hospital at Home (now known as RRAT)
- Care Home project
- Connected Care
- Health and Social Care hubs

The key performance indicators for the BCF and their performance to date has been illustrated in table (1):

Table (1)

Target	Baseline 2014/15	Performance 2015/16
Achieve the target of no greater than a 3.3 % increase of Non Elective Admission (NEL)		14%
A reduction of those who are fit to go from hospital (no more than 5 people)	8.57 *	4.85 *
A reduction of the amount of time people who are fit to leave hospital are still in hospital (to no more than 5 days)	14.84	9.07
A reduction in those formally reported as a Delayed Discharges from hospital (DTC)	11,966	12,355 Reduction of 3.5%

*(based on average between April 15 - Oct 15)

Table (2) illustrates which schemes intended to support which performance indicator.

Table (2)

	Hospital at Home BCF01	Care Home BCF02	Connecting care BCF03	Time to decide BCF04	H&SC hubs BCF05a	Neighbourhood teams BCF05b	Improved GP access BCF05c
Growing population	●	●	●	●	●	●	●
Rise in non elective care	●	●					
Increasing A&E attendances		●				●	●
Delayed transfers of care				●		●	●
Increasing pressure on social care			●	●	●		
Inequity of access throughout the week	●	●			●	●	●

4. INTEGRATION UPDATE:

- 4.1 The BCF has now been in place for 10 months. The Reading Integration Board provides the local governance for the Better Care Fund. During this first year to the board has taken two opportunities to review the progress of Reading schemes. Both meetings had membership from key board members including; health (South Reading & North & West Reading CCGs), Finance

(CCG), Berkshire West 10 SRO, RBC Social Services representatives, Healthwatch Reading, Berkshire Healthcare Foundation trust, Royal Berkshire Hospital and Reading Voluntary Action.

The first workshop was held in August 2015, to look at operational blockages and in year improvements.

A further workshop was held in December 2015. The meeting also received an update on the Hospital At Home project which has now been revised into a new Rapid response and Treatment Service for care homes.

- 4.2 Utilising the national BCF self-assessment toolkit, the two local schemes were evaluated for 15/16 and recommendations made for 2016/17.

5 UPDATE ON LOCAL SCHEMES

- 5.1 By undertaking the self-assessment toolkit we were able to measure the success of schemes within their first year. It has enabled the key stakeholders to identify the key imperatives / schemes to take us into the second year.

5.1.1 Discharge To Assess

The Discharge To Assess (DTA) has shown to be a very successful scheme despite the early difficulties in recruiting staff to the scheme. The scheme has enabled individuals to make decisions about their long term care needs outside of the hospital setting, and has evidenced good examples of where people have been able to return to their own home or to extra care housing rather than residential care.

To provide some context to this service:

126 people were admitted to the Discharge to Assess scheme from Royal Berkshire Hospital. Table (3) illustrates the outcome for each of the people using the scheme.

Table (3)

Outcome of Discharge to Assess intervention	Number of people
Returned to their home	78
Self-discharged	2
Moved to extra care sheltered accommodation	3
Moved to residential care	6
Returned to hospital after a further period of illness	19
Admitted to Prospect Park Hospital	1
Moved into nursing care	2
Still within the service	13
Passed away	2

The average age of the individuals was 78 years, with the average length of stay on the schemes being 21 days.

5.1.2 Whole System, Whole Week

Access to health and social care services 7 day per week has improved during the first year of the BCF. Now 9 surgeries in North and West Reading, and 15 surgeries in South Reading, are open with extended hours or during the weekend. Social work presence in the hospital has also been in place to ensure that assessments and discharges are not restricted to Monday - Friday.

5.1.3 Neighbourhoods Clusters

The four Neighbourhood schemes in Reading have been in place for varying lengths of time dependent upon their point of commencement.

These are:

- Social prescribing
- Living Well
- Case Coordination
- Right For You

Two of the four, (Social Prescribing and Living Well), were initiatives commissioned by the CCG prior to the BCF 2015/16 submission already in progress at the time of the initial Better Care Fund and it was agreed to follow the success of these alongside the two specific to BCF.

The evaluation session evidenced some good initial findings through these schemes but a need to greater coordination between health and social care for each scheme.

Although not part of the BCF, we have seen an increase in our rapid response work in the community. This is where the re-ablement team respond, within 2 hours to people who at home and at risk of a hospital admission. The health and social care services work intensively with the individual to ensure that their care needs in this acute phase are well managed.

5.2 Update on West of Berkshire schemes.

5.2.1 The Rapid response and Treatment Service for care homes, has been born out of the evaluation of the Hospital at Home service which was in our initial submission. The conversion of the scheme to concentrate on people who live in care homes, aims to reduce the number of admissions into hospital and help people return quicker where they have needed a stay in hospital.

5.2.2 You will hear later in this item progress for the Connected Care project, which is working on issues of information governance and IT solutions to enable more coordinated and speedier care.

5.2.3 The final imperative relates to customer / patient satisfaction. We would like to develop this further in consultation with Healthwatch to ensure that we gain a meaningful understanding of the personal impact of each scheme.

5.2.4 The review also highlighted a number of areas of development and learning which we wish to build on in to the second year. This includes our ability to

measure the impact and outcomes of the schemes, including user satisfaction; and having adequate project support to be able to oversee all projects and mobilise development of the schemes and their reporting.

6 BETTER CARE FUND 2016/17 (including governance requirements).

6.1 As part of the Autumn Statement published in 2015, the government made the decision to continue with a BCF into 2016/17.

At the time of writing this report the technical guidance to enable the completion of our plans had not been published. This includes the key areas that the local system will be measure against. The recently published NHS planning guidance makes it clear that the BCF should focus on reductions of unplanned admissions and improved performance of Delayed Transfers of Care.

6.2 However, the Better Care Fund taskforce has issued timescales:

08 February 2016	high level objectives submitted
Mid-March*	First draft submission
Mid-April *	Final version submitted

**date not confirmed at the time of this report being completed.*

For the 8th February 2016 submission, officers are requesting the authority of the HWB Chair to provide sign off for this submission to ensure that we can achieve the deadline set down by NHE England.

These are challenging timescales and will require concentrated efforts across Health and Social Care officers and stakeholders.

The final submission to NHS England will require sign of by the Health and Wellbeing Board. We do not know the date for this, but the HWB need to be mindful that the next HWB is scheduled for Friday 18 March 2016, which might be outside of the submission deadline.

7. CONTRIBUTION TO STRATEGIC AIMS

7.1 Safeguarding and protecting those that are most vulnerable

Providing the best life through education, early help and healthy living

Remaining financially sustainable to deliver these service priorities

8. LEGAL IMPLICATIONS

8.1 As part of the arrangements to provide integrated services, it is necessary to have a S75 agreement (NHS Act 2006). This was carried out for the present year's activities, and will require a review, amendment and sign off to reflect the new plans.

9. FINANCIAL IMPLICATIONS

9.1 Revenue Implications

The report sets out an over view of the state of the BCF for 15/16 and initial planning for 16/17. The quarterly returns for 15/16 have shown progress but currently there is expected to be a small overall underspend on the programme.

The key issue for 16/17 is the financial pressures faced by both the CCGs and the Council. Whilst the system is awaiting the formal technical guidance for 16/17 the major issue is that whilst the overall BCF funding for 16/17 will be at the same level as it was for 15/16, the fund will need to cover £5m of existing CCG spend and therefore “new schemes” that were funded in 15/16 will need to be reviewed to determine how services will need to be designed to fit the new funding envelopes.

9.2 Capital

Within the BCF there is capital funding for Social care capital and DCGs. This is expected to continue to be funded as per 15/16

9.3 Value for Money

The services being delivered as part of the 15/16 program are being evaluated and as part of this a determination will be made around the effectiveness of the schemes and their VFM.

9.4 Risks

Both the CCGs and the Council are faced with significant funding issues going into 16/17 and beyond. The need to move £5m of existing CCG expenditure into the BCF for 16/17 will cause potential significant issues to deliver and unless sensible solutions can be found to service deliver with these BHCFT services included this could results in partners with the BCF not being able to agree a programme for 16/17.