

**READING BOROUGH COUNCIL
REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH**

TO:	HEALTH AND WELLBEING BOARD		
DATE:	14th June 2016	AGENDA ITEM:	4
TITLE:	BETTER CARE FUND - 16/17 FINAL SUBMISSION		
LEAD COUNCILLOR:	CLLR HOSKIN / CLLR EDEN	PORTFOLIO:	HEALTH / ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE & HEALTH	WARDS:	ALL
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The Better Care Fund (BCF) is the biggest ever financial incentive for the integration of health and social care. 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 Better Care Fund allocation.

This report sets out to inform Health and Wellbeing Board members of the 2016/17 BCF submission and the changes to the mandated National Conditions that will inform spending for 2016-17. It was agreed at the March 2016 Health and Wellbeing Board meeting that delegated authority to sign off the Better Care Fund on behalf of the Board would be given to the Director of Adult and Health Care Services in consultation with the Chair and the BCF would be brought to the next meeting for retrospective approval. The Better Care Fund Vision can be found in Appendix 1.

The report goes on to explain our final submission financial details. There is still a great deal of work to be done and with an increasing financial challenge within our economy coupled with an increasing demand for services, the drive towards integration and efficiencies are stronger than ever.

The move to more integrated Health and Care services is a key national and local driver for health and social care with the BCF being one of the key policy vehicles to enable delivery. It should be noted, however, that not all elements of integration are included in the BCF, and other initiatives such as the Frail Elderly Pathway are outside the scope of this report, which relates solely to the 16/17 BCF.

2 RECOMMENDED ACTION

2.1 Acknowledgement of final submission

3 POLICY CONTEXT

3.1 The Better Care Fund (BCF) is the biggest ever financial incentive for the integration of health and social care. 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. In 2016-17 the Government committed £3.8 billion nationally to the BCF with many local areas collectively contributing an additional £1.5 billion, taking the total spending power of the BCF to £5.3 billion nationally.

4 CURRENT POSITION

The Better Care Fund submission for Reading is awaiting full assurance to be given by NHSE, and this is expected in the next few weeks.

The seven key areas of challenge as outlined in our Better Care Fund submission in 2016/17 are the main drivers for change in our local economy:

1. An increasing population, particularly in those over the age of 65
2. Increasing growth in non-elective admissions
3. Increasing A& E attendances, and pressure on urgent and emergency capacity
4. Delayed transfers of care, and subsequent bed days lost
5. Increasing pressures on adult social care for community packages and care homes
6. Increasing demand for planned (elective) care
7. Improving but remaining inequality of access to services across the "whole system: the whole week"

Challenge 1: An Increasing Population (particularly in those over the age of 65)

A significant amount of successful work has taken place in relation to our frail elderly pathway during 2015/16. Life expectancy, at aged 65, for men in Reading is 18.2 years, for women it is 21.0 years (PHOF, 2012-14 data). We have mapped the spend in this population cohort, establishing that we spend £187m across health and social care in Berkshire West, which represents 28% of spend from our total resources on 2% of our population. Potential new models of care are now being considered but it is clear that our largest opportunity to ensure better value for money and reduce overall spend in this group of the population needs to include an increased focus on prevention and targeting frailty in the absence of any long term condition. By focusing on prevention and well-being, we will reduce the number of elderly people escalating to a higher level of need.

The frail elderly programme sits outside of the Reading BCF but is a major piece of work within our integration agenda. Our neighbourhood cluster schemes identified areas of success and have allowed us to review our models which will be adapted during 16/17 to maximise the benefit in supporting people to live well and remain in their own homes for as long as possible.

Challenge 2: Growing Non Elective Admissions

The latest published NHS England figures for non-elective admissions (March 2016), show N & W Reading CCG and S Reading CCG with respectively the 5th and 9th lowest level of admissions in England (source NHS England MARCOM). This makes further reduction to non-elective activity extremely challenging and growth in non-electives, with a growing and ageing population, is almost inevitable.

An in-depth analysis and our local metric is currently underway to identify the causes of the rise in non-electives but headline findings show that a higher than initially anticipated proportion of activity and spend is within the 19-39 and 40-64 years age brackets and also within a number of specific wards in Reading. This analysis will help us identify and focus on a local metric to further reduce NEAs. The reductions within the BCF to the NEAs are made up of the following: i) Care Homes scheme (Reading share of this across Berkshire West Service) and ii) NEL reductions from the local schemes (Discharge to Assess and the Full Intake Model). A risk share is in place to authorise spending of the NEA which governance lies with the Reading Integration Board.

Challenge 3: Increasing A&E attendances

The Berkshire West system has a strong track record of effective partnership working with all organisations across health and social care understanding their contribution to the A&E standard and the Urgent Care Programme Board takes an oversight and scrutiny role in relation to achievement of the target. Admission avoidance services are robust with Rapid Response teams mobilising with a 2 hour response, additional investment in night sitting services in 15-16 and of note our Ambulance service (SCAS) having one of the highest non conveyance rates in the country. Whilst recognising that there is further work to do on improving delayed transfers of care performance, against a background of increasing non elective activity, the Berkshire Healthcare Foundation Trust (BHFT) Integrated Discharge Team has been successful in delivering the 'pull' model of discharge into community services (as per ECIST recommendations).

Challenge 4: Delayed Transfers of Care

Delayed Transfers of Care (DToCs) are effectively people stranded in the wrong place and behind each number is a personal story. By working in partnership to reduce DToCs we will help avoid the situation whereby people remain in an acute hospital setting when they no longer need acute care.

Across the 3 localities there has been significant improvement in 15/16 for Reading (19.4% improvement) and Wokingham (7.4% improvement) with West Berkshire remaining almost the same. These significant improvements in 2015-16 will mean that further improvement in 2016-17 will require even more effort and significant transformation. The DTOC action for this year plan has been jointly devised and agreed across Berkshire West and approved by the CCGs, the 3 LAs and local Acute and Community Trusts via the Berkshire West 10 Delivery Group and the Reading Integration Board. The plan has also been discussed and approved by the Berkshire West Urgent Care Programme Board which will take an oversight and scrutiny role in relation to delivery of the plan. The target sets a realistic but ambitious approach which will be stressed tested throughout the year with a 'ramped up' approach at each quarter.

Challenge 5: Increasing Demand for Adult Social Care Community & Care Home Packages

Adult social care costs during 2015/16 have increased, resulting in significant cost pressures within Reading Borough Council. Reading also has a high level of placements into residential care and has seen escalating demand for therapy services. Additional home care packages have also placed further unsustainable demand on the local authority. However, our Better Care Fund Scheme "Discharge to Assess" has played a part in helping address this demand, but has in turn consumed more local authority resources than originally planned, at a rate which is unsustainable. During 2016/17 we will invest further and identify efficiencies to this service building on the successes seen to date.

During 2015/16 we have seen a decrease of 31% in the number of permanent admissions. However, Reading Borough Council remains outliers with higher rates of residential placements.

Challenge 6: Increased Demand for Planned Care Services

Year-on-year we have seen only a small increase in demand for planned care services, 0.4% growth across Berkshire West providers. Although elective care is outside the scope of the BCF it is important to ensure the balance between elective and non-elective work is managed across the system. High levels of non-elective demand, combined with Delayed transfers of care have the potential to reduce capacity to carry out planned procedures. Clearly a balance is important and improvements in DTOC and reduction in NEL through the Better Care Fund schemes and other initiatives will help free important capacity to carry out planned work, which in turn can reduce /address the burden of long term morbidity.

Challenge 7: Inequity in Access to Service 7 Days a Week

Key health services in the community, such as rapid response and reablement and mental health crisis teams already operate on a 7 day a week basis but uptake of these services is lower at week-ends. Using the results of our stocktake during 15/16, of which community services operate at the week-ends and how workload is profiled across the week we will use the outcomes to develop our work further for 2016/17 with our community provider. The Integrated Discharge Team does operate 7 days a week 'pulling' patients out into the community. Reading Discharge to Assess services also operate on a 7 day basis but again uptake is lower at the week-ends and joint work is needed with the hospital to smooth this flow. Further work will be undertaken with Independent Care Providers so that care packages can be started over 7 days. A robust feedback loop to the RBFT will be required so that any issues with week-end discharges can be immediately addressed. Across the Berks West system the availability of carers is a challenge and this is being addressed as part of the Berks West 10 Workforce project.

5 COMMISSIONED PROGRAMMES WITHIN 2016/17

Connected Care

Currently across the whole of Berkshire there are 17 different organisations that hold data in one or more systems relating to an individual's health, social care and wellbeing. This high number of organisations, and the different culture, systems & technology, processes and legislation which drive them, makes it difficult to get a single view of a person at a point in time.

What our Connected Care solution is offering is the ability to have a single point of access to a person's health and social care records giving accurate and up to date information at the point in time of accessing the data. The target is to achieve a shared NHS number across 17 organisations by March 2017

This supports the different integrated services in the following ways:

- The NHS number is used as the consistent patient/user identifier
- No need for multiple laptops to access health and social care data separately
- Access to real time data reducing the need for phone calls to various organisations to collate pieces of information
- Reduce the amount of time required to contact the relevant organisations in relation to a person.
- More accurate data
- The ability to streamline the integrated services better by creating true single assessments
- The ability to streamline the transfer of a person from one service to another by developing health and social care pathways

Community Re-ablement Team ("CRT")

CRT provides a short term flexible service for up to 6 weeks, for patients 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.

Patient/User Focused CRT:

- More people with complex care needs are supported within the community
- People only spend the time they need in hospital
- No loss of confidence by spending too long in hospital
- More people benefit from intermediate care and re-ablement services
- People are able to recover and regain their independence

Performance and Process Focused:

- High levels of user satisfaction
- Reduced admissions into residential Care
- Reduced numbers on the 'Fit to Go' List
- Reduced delayed transfer of care (bed days lost)
- Increase in older people still at home 91 days after discharge from hospital

Discharge To Assess ("DTA")

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 re-ablement 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

Through the provision of timely discharge from hospital and re-ablement/rehabilitation the service will enhance, in so far as possible, a residents daily living skills to enhance/maintain their independence and support them to return to or remain in their chosen place of residence (usually their own home).

The service will contribute to the following key BCF metrics:

- Patient/User satisfaction with the discharge process (local metric)
- Reducing avoidable non-elective admissions
- Reducing inappropriate admission to residential care
- Reducing delayed transfer of care/acute bed days lost

Increasing the number of patients/service users benefiting from re-ablement services

NHS Commissioned Out of Hospital Services

New to the BCF in 16/17 will be a range of Out of Hospital Services commissioned by the CCG through our community provider. These schemes, alongside other initiatives outside of the BCF, supports the overall delivery of the NEL and DTOC BCF Objectives as well as managing demand for urgent care including A & E attendances as well helping our resident remain as healthy and well as possible in the community.

The new service lines within the BCFs are as follows:

- **Adult Speech & Language:** This service supports indirectly avoidance of NELs through timely swallowing assessment in at risk individuals, hence avoiding future episodes of aspiration pneumonia and chest infections.
- **Community Geriatricians:** The community geriatricians will support the primary care teams, intermediate care teams, care homes and community hospitals within their area and provide easily accessible and speedy advice with the intention of reducing admissions to secondary care.
- **Intermediate Care (including but not restricted to: rapid response, reablement, falls and night sitting):** The aim of the Intermediate Care Services is to provide individuals who are referred to the service, with a structured goal-based action plan. This is provided by a multidisciplinary team, which is responsive to an individual's physical, psychological and social needs. This includes those who have early onset dementia, or whose needs are of a palliative nature and who wish to remain at the end of their life in their own home. In the Reading Locality the Intermediate Care Service is an integrated service provided by Berkshire Healthcare NHS Foundation Trust (BHCNHSFT) and Reading Borough Council.

- **Health hub:** The Health Hub is the single point of access for referrals from healthcare professionals to scheduled and unscheduled community services. Clinical advisors are based within the Hub providing clinical screening of referrals supporting effective prioritisation of resources to meet clinical need. This service helps facilitate patient flow (thus avoiding DTOCs) from RBFT to the community Beds or alternative community services based upon clinical need. Out-of-hours referrals are also processed and administrated through the Health Hub. Referrals are prioritised and actioned appropriately in respect of risk and urgency and forwarded to the most appropriate service in a timely manner as indicated on referral, or after triage. Access is available 24/7, 365 days a year and the Hub works with other services and teams within the Trust to ensure a smooth and seamless transition or transfer between services.

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 Healthwatch 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 has 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.

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. The BCF 16/17 Plan is for a total expenditure of £10,417k, of which £9,298k (89%) will be funded by the CCG's and £1,119k (11%) by the council. Of the total BCF budget in 16/17, £4,978k (48%) has been allocated for the Protection of Adult Social Care. 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.
- 7.2 For Berkshire West as a whole (including Reading, West Berkshire and Wokingham HWBs), the combined BCF 16/17 Plans include an additional investment of £5.1m in out-of-hospital Community Health services commissioned by the CCG from Berkshire Healthcare FT. This figure exceeds the minimum required by the national guidance. At the same time the £2.5m included in the 15/16 BCF Plan for the provision of Enhanced Access to GP services, has been removed from the BCF and will now be funded directly by the CCG from within its own budget for 16/17.
- 7.3 In line with national guidance, the BCF 16/17 Plan includes an amount of £542k for a risk sharing agreement related to the achievement of planned reductions in non-elective admissions. If targets are met the funds are released back into the BCF to enhance projects that are making significant improvements, this money is ring-fenced for BCF programmes.
- 7.4 In addition to the above, the BCF includes a contingency budget of £167k which is available to off-set unplanned additional costs incurred by the Local Authority for Adult Social Care related to BCF schemes in 16/17.

8 LEGAL IMPLICATIONS

- 8.1 As per 2015/16, 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 Section 75 pooled budget Agreements have been drafted (based on the 15/16 Agreements) and will be approved and formally executed by the appropriate council and CCG officers. The national deadline for completion and signature of the Agreements is 30 June 2016.

9 FINANCIAL IMPLICATIONS

- 9.1 A summary of the funding for 2016/17 is detailed below with the comparative 2015/16 figures and accompanying narrative highlighting key changes.

The planning template provides a full overview of the funding contributions for 2016/17 and has been jointly agreed by the CCG and Local Authority via the Reading integration Board and Reading Health & Wellbeing Board.

Scheme Name/Expenditure Line	16-17 Expenditure (£)	15-16 Expenditure (£)
<i>s256/Protection of Social Care</i>		
1. Bed based intermediate care Willows	523,000	569,000
2. Bed based intermediate care Assessment Flats	46,000	0
3. Social care intermediate care team	863,000	863,000
4. Community reablement team	1,529,000	1,529,000
5. Mental Health reablement and recovery team	200,000	200,000
6. Specialised nursing placements (to support hospital discharges)	400,000	400,000
7. Community equipment & minor adaptations	50,000	50,000
8. Care Act Monies	361,000	361,000
9. Carers Support Funding	641,000	641,000
10. Time to Decide/Discharge to Assess	556,000	456,000
11. Full Intake	398,000	398,000
12. Reablement	779,000	779,000
<i>NHS Out Of Hospital Commissioned Services</i>		
13. Speech and Language Therapy	44,000	0
14. Community Geriatrician	87,000	0
15. Intermediate Care	92,000	0
16. Health Hub	742,000	0
17. Intermediate Care night sitting, rapid response, reablement and falls	341,000	0
18. Care Homes in reach	244,000	0
19. Support to residential and nursing care homes (Enhanced Care in Care Homes)	158,000	
20. Rapid Response and Treatment to Care Homes - RRAT	280,000	175,000
21. Hospital at Home	0	827,000
22. Health & Social Care Hub	0	72,000
23. Health and Social Care ICT (Interoperability)	300,000	256,000
24. GP 7 Day Access	0	902,000
25. Programme Management	209,000	0
26. Disabled Facilities Grant	815,000	500,000
27. Social Care Capital Grant (16/17 combined with DFG)	0	317,000
28. Contingency (inc £167k in 16/17 for Adult Social Care)	217,000	182,000
29. Risk Share Agreement	542,000	0
30. Performance Fund	0	719,000
	10,417,000	10,196,000

10 DECISIONS/ACTIONS REQUIRED

- 10.1 Delegated authority was given to the Director of Adult and Health Services in consultation with the Chair and members of the Board to submit our proposal. Due to timings of submission set by NHS England and Board meetings the Health and Wellbeing Board need to acknowledge the final submission of the Better Care Fund 2016/17.

11 BACKGROUND PAPERS

- 11.1 Final Better Care Fund submission 2016/17 - this will be available after full assurance is given by NHS England.

12 NEXT STEPS

- 12.1 The BCF is a standing item on the HWB agenda. The BCF programme manager will update the Board on progress to date and performance measures at the next meeting.