READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH

TO:	**HEALTH AND WELLBEING BOARD**		
DATE:	**27 JANUARY 2017**	**AGENDA ITEM:**	**13**
TITLE:	**INTEGRATION AND BETTER CARE FUND**		
LEAD COUNCILLOR:	**CLLR HOSKIN / CLLR EDEN**	**PORTFOLIO:**	**HEALTH / ADULT SOCIAL CARE**
SERVICE:	**ADULT SOCIAL CARE & HEALTH**	**WARDS:**	**ALL**
LEAD OFFICER:	**GRAHAM WILKIN**	**TEL:**	
JOB TITLE:	**INTERIM DIRECTOR ADULT SOCIAL CARE & HEALTH**	**E-MAIL:**	**graham.wilkin@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to provide an update on the progress of the Integration programme, including Better Care Fund Performance (BCF).

1.2 The report also includes the information received to date in relation to 2017/18 & 2018/19 Better Care Fund requirements. As of writing, however, the final policy and technical guidance has yet to be published and is not expected to be until late January 2017. This means that the final funding, national conditions and planning requirements are still unclear.

1.3 Finally, as part of the BCF Policy Framework and Integration and BCF Planning for 2017-19 there is a proposed option for local areas to look towards 'graduation' from BCF. Areas that graduate would no longer be required to submit annual BCF Plans and quarterly returns. An expression of interest was put forward on behalf of the Berkshire West localities, but as with BCF policy guidance, the graduation criteria and process is yet to be finalised thus the application will require review upon publication of the final policy. Any final application will return to the board for formal approval.

2. RECOMMENDED ACTION

2.1 That the report 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. 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 to promote / deliver on integration ambitions.

3.2 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.

3.3 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 a number of national conditions that partners must adhered to. 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, based on the NHS number;
- 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;
- An investment in NHS commissioned out-of-hospital services

3.4 Section 75 of the National Health Service 2006 Act gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions. It is a requirement of the BCF that CCG and LA use this mechanism to establish a pooled fund to deliver their BCF / integration plans.

4. PERFORMANCE TO DATE – BCF Key performance indicators (KPI)

4.1 In line with BCF policy requirements each Health & Wellbeing Board (HWB) is required to report progress against four key performance metrics:

- **Reducing delayed transfers of care (DTOC) from hospital**
  - *Metric: Delayed transfer of care from hospital per 100,000 (average per month)*
- **Avoiding unnecessary non-elective admissions (NEA)**
  - Metric: No. of non-elective admission (General & Acute)
- **Reducing inappropriate admissions of older people (65+) in to residential care**
  - *Metric: Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population*
- **Increase in the effectiveness of reablement services**
  - *Metric: Proportion of older people (65 & over) who were still at home 91 days after discharge*

These four KPI were selected as good year on year performance, allowing for growth, is seen as an indication of an effective and integrated health and social care system.

Commentary and figures for the KPI can be found below.

4.2 Reducing delayed transfers of care (DTOC) from hospital

DTOC performance has been substantially above target for both Q1 and Q2 and this trend is currently continuing into Q3, based on NHS England DTOC performance figures.

As at the end of Q2, the three most prevalent reasons for people waiting for onward health or social care were as follows:

Patient awaiting (including self-funders) -

- Care package in own home
- Further non acute NHS care *(e.g. Intermediate care or a community hospital placement)*
- Nursing home

Delayed transfers of care performance – Actual days delayed, 18+:

		Q1	Q2	Q3	Q4
Reading HWBB	*Plan*	980	956	914	853
	Actual	2038	3133	*1105**	
	variance %	+108%	+228%	*+21%**	

**October performance only*

An improvement in DTOC performance is a key element of the A&E Delivery Board Improvement Plan and, in addition to the actions agreed via the board, Reading established a weekly multi-disciplinary forum in November to address all delayed patients / users individually and assign clear leads and actions to promote timely move on. This is already having a positive impact on weekly delayed discharge list / fit to go lists and is expected to have a significant impact on the local DTOC figures. However, this will not 'feed through' to official DTOC performance data until late January 17.

Via the Berkshire West 10 Delivery Group, the three Berkshire West localities continue to share best practice / process where it is deemed to have had a beneficial impact on reducing / managing DTOCS. This has included on-site reviews of key integration projects in other Berkshire areas, such as the Wokingham integrated hub and short term support teams, which could be duplicated in Reading.

4.3 Avoiding unnecessary non-elective admissions (NEA)

NEA performance against target improved throughout Quarter 2 and into Quarter 3. Based on year to date performance NEA activity is currently forecast to be ahead of target.

On a further positive note, now that the Rapid Response and Treatment (RRaT) element of the care home project is operating at full capacity a decrease in the level of NEA from care homes is expected which will in turn further improve overall NEA performance.

Non-elective admissions performance – all admissions, all ages:

		Q1	Q2	Q3	Q4
Reading HWBB	*Plan*	3514	3561	3915	3804
	Actual	3673	3585	*3704**	
	variance to plan %	+4.5%	+0.7%	*-5.4%**	

**Estimate based on October & November figures*

4.4 Increase in the effectiveness of reablement services

More residents are now benefiting from reablement, via the Willows 'step down' facilities and via increased numbers of people accessing the community reablement team (CRT). We are seeing a higher proportion of residents still being at home 91 days post discharge.

The metric target is for 85% of patients discharged to still be at home 91 days post discharge. As per the table below, with the exception of April, Reading has been above target every month and seeing improved performance against 15/16.

Proportion of older people (65 & over) who were still at home 91 days after discharge:

		Apr	May	Jun	Jul	Aug
Reading HWBB	*2015/16*	80%	86%	83%	84%	78%
	2016/17	82%	87%	88%	94%	91%

4.5 Reducing inappropriate admissions of older people (65+) in to residential care

Reading saw a substantial fall in residential care placements for older people in 15/16 (circa. 30% fewer than 14/15) thus a further significant reduction was deemed unrealistic, based on demographics and comparator areas. Therefore, a moderate reduction in placements was set for 16/17, equal to approximately one fewer placement per month. Achieving this level of placements will place Reading within the upper quartile of performance for all local authorities, based on population per 100,000.

To date Reading is seeing fewer placements than planned and is on track to achieve its full year target, thus helping to ensure only those who need intensive support live in residential care settings.

Permanent admission to residential care – 65+ year on year comparison, cumulative

		Q1	Q2	Q3	Q4
Reading HWBB	*2015 / 16*	28	62	89	104
	2016 / 17	22	50	*65**	

**as at end of November*

PERFORMANCE TO DATE – update on key integration / BCF schemes

4.6 Discharge to assess – Willows

The DTA (discharge to assess) 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 DTA units.

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

- 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

To date the service continues to perform well against key performance indicators and records a high level of user / family / carer satisfaction. Key performance figures as at the end of quarter 3 (end December):

- 96 admissions – *including 18 via rapid response (step up) / 61 via acute (step down)*
- 47 patients / service users returned to their own home

- 14 moved onto or returned to a residential care service
- just 10 required re-admission to hospital

However, while the service is supporting a high number of people to be discharge from an acute setting in a more timely manner Reading is seeing the increase in delayed discharges, system wide. Focus will remain on ensuring / improving efficient movement through the Willows DTA service and onto other community services, to help alleviate discharge pressures.

4.7 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 reablement program. The service is delivered in the clients own home and available 7 days a week, 24 hours a day.

CRT has continued to greatly contribute to a reduction in the number of permeant care home admissions and non-elective admissions. More Reading residents are benefiting from the CRT service (13% more users have accessed CRT, as at the end of quarter 2, compared to 15/16) and this is having a positive impact on the related BCF KPI (*Proportion of older people (65 & over) who were still at home 91 days after discharge*).

4.8 Enhanced support to care homes

The Enhanced Support to Care Homes project will implement 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.

Delivery of project objectives is through four core streams of work:

- Implementation of the Rapid Response and Treatment Team (RRaT) and Care Home Support Team to provide; fast track support to care homes to avoid the need for residents to be admitted to hospital, and, bespoke training and leadership to care homes to enable them to better support residents and reduce the need for acute admission
- Review and revision of the key protocols and standards related to admissions and discharges between local care homes and hospitals to promote consistency and best practice
- Implementation of a unified system of care home performance monitoring across Berkshire West
- Review and revision of GP support and medication management to care homes to promote consistency and best practice

Position as at Month 8 (November), key achievements / developments:

- The RRaT service is now at full capacity, regards staffing and number of homes signed up to the scheme and this has resulted in improved performance and activity reductions from month 6 onwards (Month 6,7 & 8 saw an average reduction of 36% in care home NEA activity).
- However, due to delays in scheme recruitment and an overestimate of previous years NEA activity, the service will not achieve its full NEA reduction target in 16/17, however, savings are expected in 17/18

- A unified admission and discharge process has been agreed by commissioners and is currently being piloted by the RBH and a phased roll out to all care homes scheduled in 2017.

- A new model to support General Practice provision to care homes to be considered by Berkshire West 10 partners

4.9 Connected Care

The Connected Care project will deliver a solution that will enable data sharing between the health and social care organisations in Berkshire and 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 Local Digital Roadmap and enable service transformation as specified in the BCF.

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 the end of Q2, key achievements / developments:

- Due to 'first of type' development issues the programme is 4-8 weeks behind on some key milestones but RBFT, BHFT and General Practice are currently 'going live' and will be able to access and share relevant data via the portal by February 17. Other Berkshire West and East partners will join up throughout 17/18 with Reading social services due to have access by September 17.

- The information governance subgroup continues to revise policy and data sharing agreements, as required, to ensure lawful handling and sharing of data.

2017 –19 BCF Planning

4.10 NHS England has confirmed that the Better Care Fund will continue in the 2017/18 and 2018/19 financial years. As of writing, however, the final policy and technical guidance has yet to be published, and is not expected to be until late January 2017. This means that the final funding, national conditions and planning requirements are still unclear.

4.11 Initial planning sessions including CCG and LA representatives have begun, however, with the draft guidance received thus far indicating that the planning requirements and processes will be very much in line with previous years.

4.12 In summary, HWB's are required to submit a narrative plan, outlining the local vision for integration and case for change, and a detailed expenditure plan setting out the projects, schemes, initiatives that will be funded via the BCF pooled fund to deliver said vision / change.

4.13 Draft guidance indicates that the BCF plan should build on the approved 2016/17 plan and demonstrate that local partners have reviewed progress in the first two years of the BCF as the basis for developing plans for 2017-19.

4.14 One key change from previous submissions, however, is the requirement for the plan to cover a 2 year period from April 2017 through to March 2019.

4.15 Again, in line with previous submissions, the BCF monies must be held in a pooled CCG / Local Authority budget.

BCF Graduation

4.16 As part of the BCF Policy Framework and Integration and BCF Planning for 2017-19 there is a proposed option for local areas to look towards 'graduation' from BCF. This is the process for enabling areas that have integrated their health and social care commissioning or provision, to the extent that they exceed, and will continue to exceed, the requirements of BCF.

4.17 Areas that graduate will no longer be required to submit BCF Plans and quarterly returns. The initial potential graduated areas will work up the model for graduation from BCF and will receive a bespoke support offer. With regard to the graduation footprint – this can be wider than a single BCF Plan e.g. STP footprint, combined Authority, devolution deal area.

4.18 The national BCF programme team requested an early indication of the numbers of areas that might be interested in going for an early graduation proposal. An expression of interest was put forward on behalf of the Berkshire West localities so we are able to shape the graduation process, if the application was accepted.

4.19 As with BCF policy guidance, however, the graduation criteria and process is yet to be finalised thus the application will require review upon publication of the policy at the end of January.

4.20 Any final application will return to the HWB for formal approval, anticipated to be at the March 17 meeting.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 The Better Care Fund and integration agenda contributes to the following strategic aims:

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

5.2 The Better Care Fund and integration agenda supports the following council commitments:

- 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. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 N/A – no new proposals or decisions recommended / requested.

7. EQUALITY IMPACT ASSESSMENT

7.1 N/A – no new proposals or decisions recommended and / or requested. This report provides a summary of progress to date, thus original EIA assessment stands.

8. LEGAL IMPLICATIONS

8.1 Section 75 of the National Health Service 2006 Act gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions. It is a requirement of the BCF that CCG and LA use this mechanism to establish a pooled fund to deliver their BCF / integration plans.

9. FINANCIAL IMPLICATIONS

9.1 There are no new funding decisions being requested / recommended, but a forecast full year out turn, with comments, follows for the key Integration / BCF expenditure lines.

9.2 In line with the governance arrangements set out in the s75 pooled budget agreement, use of any underspends is subject to unanimous agreement of the contracting partners (CCG and LA). In line with these arrangements the Reading Integration Board will formulate and approve the use of any underspend and update the HWB, as required.

9.3 **Summary**

The Reading BCF is expected to see an underspend of £96k, which will see a £103k underspend on the RBC hosted schemes, slightly offset by an overspend of £7k on the CCG hosted schemes

Previous s256 and Protection of Social Care Funding

All the services previously funded under Section 256 funding and the protection of social care will achieve a breakeven position.

Community Reablement Team (Full Intake Model) and the Willows (Discharge to Assess)

Both of these schemes are critical to the success of supporting individuals on discharge from hospital and also in some instances preventing admissions/NELs. Both schemes have been reviewed towards the end of Q3 as to how these have operated financially in the year to date.

The £98k unallocated/contingency funding across both schemes will be utilised to cover additional work on hospital discharges, additional social work capacity and to cover the costs of keeping packages open whilst clients are in hospital, which should aid in quicker discharges.

The Discharge to Assess scheme at the Willows is expected to underspend by £40k within the BCF by year-end.

The Full Intake Model is on target to achieve a breakeven position.

Carers

The numbers of Carers grants is reasonably in line with the 15/16 figures and this will result in an underspend of £40k at year on the budget of £174k for this (which will be split between RBC and CCG funded streams).

There will also be an underspend of £23k on grants commissioned by the CCGs.

Local Project Office

The Performance Analyst is now in the post but the Programme/Integration Manager post became vacant early December. This latter post is now covered by an Interim appointment, so this area is expected to achieve a breakeven position.

A review of the support needed for the BCF going forward will need to be undertaken in time for the 17/18 budget to be set.

Local Contingency

The local contingency funding will cover the costs of Independent Mental Health Advocacy (IMHA) £40k.

The remainder of the contingency will be utilised for Winter Pressures and the expectation is that there will be no underspend.

Disability Facility Grants

The cost of DFG's in 16/17 is expected to be around £550k, which is less than the £815k grant received.
The part of the grant that is not committed will be used to cover:

- Additional OT capacity to try and speed up the process of getting DFG's agreed.
- Cross-Berkshire work to build a strategy for the use of Telecare/Telehealth
- Setting up a framework for the procurement of stair lifts/ramps
- Expenditure incurred in 16/17 by RBC on equipment, minor adaptations and telecare

CCG Hosted Schemes

The £7k overspend includes an overspend of £10k on the Connected Care project, with an underspend of £3k on the PMO costs. All other schemes are expected to break even at year end.

The Performance of the Reading schemes for NELS in Q1 and Q2 shows that £66750 is available to RBC through the risk share funding, and any areas where this funding can be applied will be identified in the coming months.

10. BACKGROUND PAPERS

10.1 None