

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT SOCIAL CARE & HEALTH

TO:	HEALTH AND WELLBEING BOARD		
DATE:	24 MARCH 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
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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. At the time of this report, the final policy framework and technical guidance has yet to be published and is not expected until mid-March 2017. This means that the final funding, national conditions and planning requirements are still unclear.
- 1.3 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 has been made on behalf of the Berkshire West localities, but as with BCF policy guidance, the graduation criteria and process is yet to be finalised. Any final application will return to the board for formal approval.

2. RECOMMENDED ACTION

- 2.1 The Health and Wellbeing board are asked to delegate final sign-off of the Reading BCF Submission to the Director Adult Social Care & Health, and the CCG Accountable Officer at the Reading Clinical Commissioning Groups, in consultation with the chair of the Health and Wellbeing board. (Please see para 4.14)
- 2.2 The Health and Wellbeing board are asked to note the general progress to date.

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 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 adhere 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

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 has continued into Q3, based on NHS England DTOC performance figures.

As at the end of Q3, the three most prevalent reasons for people waiting for onward health or social care were as follow:

Patient awaiting -

- Further non acute NHS care
- Nursing home
- Care package in own home

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

		Q1	Q2	Q3	Q4
Reading HWBB	Plan	980	956	914	853
	Actual	2038	3133	3240*	
	variance %	+108%	+228%	+254%	

* The actual figures are taken from NHS England published information. Q1 - Q3 are complete quarters covering April 2016 - December 2016.

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, to improve performance 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 for the year 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	3761*	
	variance to plan %	+4.5%	+0.7%	-3.9%*	

*Figures taken from the SUS data. Q1-Q3 are complete quarters covering April 2016 - December 2016.

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 discharge 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	Sep	Oct
Reading	2015/16	80%	86%	83%	84%	78%	82%	86%
HWBB	2016/17	82%	87%	88%	94%	91%	92%	93%

** Figures taken from Mosaic, RBC Adult Social Care IT System. Q1-Q3 are complete quarters covering the period April 2016 - December 2016.*

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% less 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 and national targets.

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	51	77	

** Figures taken from Mosaic, RBC Adult Social Care IT System. Q1-Q3 are complete quarters covering the period April 2016 – December 2016.*

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.

However, while the service is supporting a high number of people to be discharge from an acute setting in a 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 M8 (November 2016), 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 delayed 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 October 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 until mid-March 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, HWBB'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 Again, in line with previous submissions, the BCF monies must be held in a pooled CCG / Local Authority budget.

- 4.14 The final submission of the Reading Better Care Fund for 2017/19 requires approval by the chair of the Health and Wellbeing board. Whilst the deadlines for submission have not been confirmed by NHS England it is likely that the timing of the next Health and Wellbeing board will not match the national deadlines. The Health and Wellbeing board are therefore asked to delegate authority to the Director Adult Social Care & Health, and the CCG Accountable Officer at the Reading Clinical Commissioning Groups, in consultation with the chair of the Health and Wellbeing board.

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 Members are under a legal duty to comply with the public sector equality duties set out in Section 149 of the Equality Act 2010. The relevant provisions are as set out below.

Section 149 (1) - A public authority must, in the exercise of its functions, have due regard to the need to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Section 149 (7) - The relevant protected characteristics are:

- age;
- disability;
- gender reassignment;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

In order to comply with the Public Sector Equality Duty, Members must seek to prevent discrimination, and protect and promote the interests of vulnerable groups who may be adversely affected by the proposals. Members must be therefore give conscious and open minded consideration to the impact of the duty when reaching any decision in relation to the Better Care Fund and Integration programmes. The Public Sector Equality Duty (S.149) to pay 'due regard' to equalities duties is higher in cases where there is an obvious impact on protected groups. This duty, however, remains one of process and not outcome.

8. LEGAL IMPLICATIONS

- 8.1 N/A - no new proposals or decisions recommended / requested.

9. FINANCIAL IMPLICATIONS

- 9.1 The Reading Better Care Fund pooled fund is expected to see a small underspend of £115k. No new funding decisions are being requested through this report.
- 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 spends and update the HWBB, as required.

10. BACKGROUND PAPERS

- 10.1 None