

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	14 JULY 2017	AGENDA ITEM:	18
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 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 has been released and the technical guidance has yet to be published and is not expected until after June 8th 2017. This means that the planning requirements are still unclear.

2. RECOMMENDED ACTION

- 2.1 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. These National conditions have been revised and streamlined for the 2017-19 period and are now as follows:
 - Plans to be jointly agreed (Local areas must ensure that their Better Care Fund (BCF) Plan covers the minimum of the pooled fund specified, and the Plan should be signed off by the Health and Wellbeing Board or by delegated authority, and by the constituent councils and Clinical Commissioning Groups.

- NHS contribution to adult social care is maintained in line with inflation (The NHS contribution to adult social care at a local level must be increased by 1.79% and 1.9% (in line with the increases applied to the money CCGs must pool) in 2017-18 and in 2018-19 respectively).
- Agreement to invest in NHS commissioned out of hospital services, which may include 7 day services and adult social care
- Managing Transfers of Care through the adoption of the National best practice “High Impact Change Model for Managing Transfer of Care”

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 a challenging area with more people experiencing delayed transfers of care than were planned. Performance has however improved in Q4 as a number of planned initiatives have begun to take effect such as implementation of a weekly multi-disciplinary team forum (MDT) to address issues affecting all people who are experiencing delays by assigning clear leads and actions to promote timely move on. The MDT has already had a positive impact on weekly delayed discharge list / fit to go lists.

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 has 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.

When analysing Q4, the three most prevalent reasons for people waiting for onward health or social care were as follow:

Patient awaiting -

- Further non acute NHS care (27% of all delays)
- Care package in own home (25% of all delays)
- Residential placements (15% of all delays)

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

	Q1	Q2	Q3	Q4
<i>Plan</i>	980	956	914	853
<i>Actual</i>	2038	3133	3240	2001*
<i>variance %</i>	+108%	+228%	+254%	+135%

* The actual figures are taken from NHS England published information April 2016 - March 2017.

4.3 Avoiding unnecessary non-elective admissions (NEA)

NEA performance against target improved steadily throughout the year, reflecting the contribution from the Rapid Response and Treatment (RRaT) element of the care home project which is focussed on the reduction of NEA from care homes. Therefore across the year fewer Reading residents were admitted to hospital than had been planned.

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

	Q1	Q2	Q3	Q4
<i>Plan</i>	3514	3561	3915	3804
<i>Actual</i>	3674	3576	3747	3619*
<i>variance to plan %</i>	+4.5%	+0.4%	-4.3%	-4.9%*

*Figures taken from the SUS data. April 2016 - March 2017.

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 continuing to see a higher proportion of residents still being at home 91 days post discharge against the metric target (85% of people discharged to still be at home 91 days post discharge).

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

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2015/16	80%	86%	83%	84%	78%	82%	86%	90%	84%
2016/17	82%	87%	88%	94%	91%	92%	93%	92%	78%

* Figures taken from Mosaic, RBC Adult Social Care IT System.

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 2015/16 (circa. 30% less than 2014/15) thus a further significant reduction was deemed unrealistic, based on demographics and comparator areas. Therefore, a moderate reduction in placements was set for 2016/17, equal to approximately one

fewer placements per month, and whilst we have not been able to achieve this target we have been able to maintain similar performance levels to 2015/16.

This has been achieved by ensuring that only people who need intensive support live in residential care settings, and this has enabled us to hold on to “Year on year” good performance despite demographic pressure.

Permanent admission to residential care (Reading residents) - 65+ year on year comparison, cumulative

	Q1	Q2	Q3	Q4
2015 / 16	28	62	89	107
2016 / 17	22	52	78	109

* Figures taken from Mosaic, RBC Adult Social Care IT System.

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 with bed utilisation in excess of 80% in the final quarter of the year. Satisfaction levels amongst people who have used the services and their family and carers remains high.

Whilst the service is supporting a high number of people to be discharged from an acute setting in a timely manner Reading is seeing an 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 continues to provide a short term flexible service for up to 6 weeks for customers who have been assessed as being able to benefit from a reablement programme. 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 permanent care home admissions and non-elective admissions. More Reading residents are benefiting from the CRT service, with 1200 people using the service compared to the plan of 919 in 2016/17.

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

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:

- RBFT, BHFT and General Practice are now live across Berkshire and are now able to access and share relevant data via the portal. Other Berkshire West and East partners will join up throughout 2017/18 with Reading social services

due to have access by October 2017. Work to finalise the Reading IG Toolkit by 31.07.17 is ongoing.

- 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 the time of this report, the final policy framework was released in March 2017, however the technical guidance has still not been formally been released by NHS England, instead we have a draft copy of the technical guidance from the Local Government Association. This means that the final funding and planning requirements are still not confirmed. There is therefore a risk of abortive work should the final planning guidance differ from the draft version which has been made available.
- 4.11 Planning sessions including CCG and LA representatives are in progress to ensure a collective agreement of the BCF plans for 2017/19.
- 4.12 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. Work on the narrative document is advanced by at the time of this report there has been no formal communication from NHS England in relation to the timescales for the delivery of the technical guidance or any indication of when the final submission date will be.
- 4.13 Again, in line with previous submissions, the BCF monies must be held in a pooled CCG / Local Authority budget.
- 4.13.1 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 were 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 and this plan is being followed.

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