

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	19 JANUARY 2018	AGENDA ITEM:	14
REPORT TITLE:	INTEGRATION PROGRAMME UPDATE		
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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 Integration Programme - notably, progress made within the Programme itself, as well as progress made against the delivery of the national Better Care Fund (BCF) targets.
- 1.2 Progress against the BCF Programme is on-track.
- 1.3 Of the 4 national BCF targets, performance against two (limiting the number of new residential placements & increasing the effectiveness of reablement services) are currently on track or very nearly on track to be met.
- 1.4 We are not currently reducing the number of delayed transfers of care (DTOCs) in line with our targets, but based on recent trends shown in our weekly analysis of recent DTOC data across November onwards, we are optimistic that our performance across the remainder of Q3 will see further improvement; while our performance is markedly improved over performance shown 12 months ago. Additionally, a number of workstreams within the Programme have commenced with an aim to further improving performance.
- 1.5 We are not currently reducing the number of non-elective admissions (NELs) in line with our targets and this remains a focus particularly for the Berkshire West wide BCF schemes. In addition the A&E Delivery Board will have a focused discussion on this at its December meeting to consider what further action is required. In terms of the local versus national position on NELs the 4 Berkshire West CCGs are in the top 10 out of 211 CCGs for lowest numbers of NELs.
- 1.6 A copy of the most recent BCF Performance Dashboard at the time of writing (issued in December 2017) is appended.

2. RECOMMENDED ACTION

- 2.1 Please note that this paper is presented for information - 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 (DTOCs) as well a number of national conditions that partners must adhere to (including reducing the number of non-elective admissions to hospital, reducing admissions to residential accommodation, and increasing the volume of individuals remaining at home 91 days after receiving reablement services).

4. BCF PERFORMANCE UPDATE

- 4.1 A dashboard report summarising performance against key targets for the Better Care Fund (such as delayed transfer of care rates) is attached. Please note that at the time of writing, data relating to DTOCs is only available to the end of October 2017.
- 4.2 Please note the following in relation to performance against our national BCF targets:
- 4.3 **DTOC** = Our target for Q2 (July-September) was to have no more than 1036 bed days lost. Our performance equates to 1931 bed days lost. However, while this represents an increase in delayed transfers compared to the downward trajectory shown in Q1, it should be noted that the number of bed days lost has decreased from 747 in August to 647 in September, which represents positive progress. Additionally, our performance in Q2 represents a substantial decrease against the figures for Q2 in 16/17 (where 3133 bed days were lost).

In regards to Q3 (October-December): while the DTOCs reported for October represent a slight increase from those reported in September (710, an increase of 63 bed days lost), they remain lower than the high demonstrated in August, and continue to represent positive progress against our performance for October in 16/17 (where 1105 bed days were lost). Based on recent trends shown in our weekly analysis of recent DTOC data across November onwards, we are also optimistic that our performance across the remainder of Q3 will see further improvement as a result of actions taken under our "Systems to Monitor Patient Flow" workstream of the High Impact Model.

Please note that:

- An analysis of the DTOC codings in the year to date suggests that there are a variety of reasons for delays which include - Care packages in home; Further non-acute NHS; Residential home; Nursing home; and completion of assessment.
 - RBC's commissioning teams are working hard to bring more Home Care providers into the marketplace, following the withdrawal of several providers from the market.
 - Under the "Early Discharge Planning" workstream of our High Impact Model, work will soon commence to create a reference document for discharge staff that has the scope to increase awareness and encourage greater use of alternatives to residential and nursing care.
 - Recruitment for more RBC discharge workers has taken place, and there are now 5x workers supporting discharge planning.
- 4.4 **Residential admissions** = Our target is to have no more than 116 new residential admissions. Based on our performance in the year to date of having 74 new residential admissions, we estimate that we will have 111 new placements across the financial year.

However the drive is to consider alternatives and to also utilise the Extra Care facilities we have in Reading.

4.5 **Reablement rates** = Our target is to maintain an average of 88% of people remaining at home 91 days after discharge from hospital into reablement / rehabilitation services.

- Based on the data from November (representing the current accommodation arrangements for the 39 clients who departed reablement services at the close of July), 87% (34 clients) were residing at home 91 days after discharge.
- Based on the data from December (representing the current accommodation arrangements for the 46 clients who departed the service at the close of August), 78% (36 clients) were residing at home 91 days after discharge. We believe that the figure has decreased re to the fact that of the 10 clients who are no longer at home, two have passed away and a third has moved; though this does not necessarily reflect on the successfulness of the reablement provided. We believe that other 7 clients are likely to have been inappropriate referrals, will also have contributed to the figure.
- A fuller analysis of data from additional months will enable us to ascertain whether we are achieving an 88% average.

4.6 **NEL admissions** = Our target is to achieve a 0.97% reduction (expressed as 93 fewer admissions) against the number of NEL admissions seen in 2016/2017. Based on the most recent data, we have seen a 3.32% increase across April-September. Performance improvement remains a focus particularly for the Berkshire West wide BCF schemes. In addition the A&E Delivery Board will have a focused discussion on this at its December meeting to consider what further action is required. In terms of the local versus national position on NELs the 4 Berkshire West CCGs are in the top 10 out of 211 CCGs for lowest numbers of NELs.

5. PROGRAMME UPDATE

5.1 At the time of the last Health & Wellbeing Board, Reading's BCF Submission had been assembled and submitted to Reading's NHS England Senior Relationship Manager, Kevin Johnson, and a decision as to whether it had been approved was pending. We have subsequently been informed that our submission has been approved without support.

5.2 Since October, the following items have been progressed:

- The **Section 75 agreement** underpinning the BCF Pooled Fund has been written and agreed by both Reading Borough Council (RBC) and the CCGs, in time for the national deadline of 30th November.
- A **governance structure** has been designed and implemented for the three BCF-funded schemes¹ that were established to drive performance against targets within Reading:
 - Nominated representatives from each scheme now meet with the Programme Manager on a monthly basis to complete a newly designed highlight report which tracks and analyses performance against their targets, together with any planned actions to address underperformance.
 - A new monthly Project Board is being trialled, at which each scheme's nominated representatives have the opportunity to discuss performance, actions and support needs with each other and with stakeholders from RBC's

¹ The Community Reablement Team (CRT); the Discharge to Assess service based within The Willows; and the High Impact Model (a collection of 8 workstreams designed to reduce delayed transfers of care).

Commissioning Team, the voluntary sector and RBC's wellbeing team. The Board is chaired by the Head of Adult Social Care.

- An Integration **Programme Plan** has been drafted and has been presented to key stakeholders for comments/changes/approval, which have been incorporated. The Programme Plan is currently pending approval at the next Reading Integration Board meeting on the 24th January. As agreed with stakeholders at the September and October meetings of the Reading Integration Board (RIB), the Programme for 2017/2018 is focused on delivering milestones that support the delivery of the BCF targets referenced in 3.2:
 - The Programme is split into 3 projects, each focusing on supporting the development and/or embedding of one of the aforementioned BCF-funded schemes to enable greater levels of performance against targets.
 - A fourth area of work relates to back-office Programme functions (such as recruitment of Programme resources, research into national best practice, and ensuring that local and national reporting is completed on time).
 - All three projects have been supported by the Programme Manager. Following the Project Manager's induction in January 2018, support duties will be split between the two posts, allowing for more intensive support to be provided to the High Impact Model project.
 - Further activity will take place in Quarter 1 of the financial year 2018/2019 to explore additional opportunities for achieving fuller integration by 2020. Once scoped and agreed with stakeholders, these will be incorporated into the Programme Plan moving forwards.
- A **Project Manager** has successfully been recruited to assist with the delivery of the programme and started in post in January 2018. To support their induction, they have been shadowing stakeholders during key meetings in order to ensure a smooth and successful induction.
- Some of the Pooled Fund has been allocated to the recruitment of 1x FTE **Performance & Data Analyst** and we aim to have them in place during Quarter 4. Part of their remit will be to produce a **revised BCF Dashboard** that will provide additional clarity on the impact made by the BCF-funded schemes. The role will also support our local and national reporting duties.
- **Value for Money reports** have been requested in relation to several additional BCF-funded schemes and will be presented to future RIB meetings. These will outline the extent to which the funded services have delivered against their remits.

6. NEXT STEPS

6.1 At the time of writing, the planned next steps for January are to:

- Present the draft Programme Plan to stakeholders for comment / amendment / approval.
- Plan and complete the Project Manager's induction.
- Oversee the return of the Value for Money reports and their discussion/analysis at RIB meetings.
- Complete the Quarter 3 DCLG return.

- Complete research into national best practice in integration (the outcomes of which will inform later discussions regarding further opportunities for integration).

7. CONTRIBUTION TO STRATEGIC AIMS

- 7.1 While the BCF does not in itself and in its entirety directly relate to the HWB's strategic aims, Operating Guidance for the BCF published by NHS England states that: *The expectation is that HWBs will continue to oversee the strategic direction of the BCF and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners [...] HWBs also have their own statutory duty to help commissioners provide integrated care that must be complied with.*

8. COMMUNITY & STAKEHOLDER ENGAGEMENT

- 8.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 places a duty on local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".
- 8.2 In accordance with this duty, the Programme Manager has met with Healthwatch to review and refine the existing service user engagement metrics set against the CRT, Discharge to Assess and High Impact Model schemes services, to ensure that they reflect best practice. Meetings have taken place with the services to review the reporting requirements associated with the new/refined targets, and these will be reported against moving forwards.
- 8.3 At the time of writing, a meeting between the Locality Manager and Healthwatch is provisionally scheduled for late January 2018 to review the mechanisms used by the services to gather service user feedback, and to ensure that they mirror Healthwatch's understanding of best practice.

9. EQUALITY IMPACT ASSESSMENT

- 9.1 N/A - no new proposals or decisions recommended / requested

10. LEGAL IMPLICATIONS

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

11. FINANCIAL IMPLICATIONS

- 11.1 Based on the most recent BCF budget report submitted to the Reading Integration Board, there are some minor variations on actual to date spend compared to budget, though for the year end forecast position the majority of spend is on track against the budget and no underspends or overspends are anticipated.

12. BACKGROUND PAPERS

- 12.1 BCF Dashboard (issued December 2017).