READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**13th MARCH 2020**		
REPORT TITLE:	**INTEGRATION PROGRAMME UPDATE**		
REPORT AUTHOR:	**LEWIS WILLING**	**TEL:**	**01189 372477**
JOB TITLE:	**INTEGRATION PROJECT MANAGER**	**E-MAIL:**	**LEWIS.WILLING@READING.GOV.UK**
ORGANISATION:	**READING BOROUGH COUNCIL / BERKSHIRE WEST CCG**		

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 performance against the national BCF targets for the financial year so far.

1.2 Of the 4 national BCF targets:

- Performance against one (limiting the number of new residential placements) is strong, with 51 placements made in 9 months and a projected 68 placements for the financial year (Against a target of 116 for the financial year).

- Whilst we have not met our target for reducing the number of non-elective admissions (NELs), the performance now includes some of the winter pressure period. Over the 8 recorded months, there have been 11495 NELs against a target of 10987. Work against this goal remains a focus for the Berkshire West-wide BCF schemes and the Reading Integration Board work plan.

- We have met our target DTOC for 63% of this financial year. There has been improvement in performance in 5 of the 8 months in this financial year for DTOC.

- Progress against our target for increasing the effectiveness of reablement services remains in line with previous reports, but this is due to revised guidance around the methods of measuring their impact (see section 4.9 – 4.11 for further detail) and further activities are planned to align our reablement offer with emerging national best practice.

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 (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

DTOC

4.1 Our target for 2019/2020, we aspire to have no more than 419 bed days lost per month broken down as follows (as average monthly targets):

- Health attributable – no more than 211 bed days lost
- ASC attributable – no more than 175 bed days lost
- Both attributable – no more than 33 bed days lost

4.2 Our results across the last year to date are as follows:

- April 2019 = 224 (of which 160 Health, 29 ASC, 35 both)
- May 2019 = 264 (of which 182 Health, 80 ASC, 2 both)
- June 2019 = 467 (of which 205 Health, 246 ASC, 16 both)
- July 2019 = 368 (of which 140 Health, 196 ASC, 32 both)
- August 2019 = 492 (of which 260 Health, 184 ASC, 48 both)
- September 2019 = 360 (of which 206 Health, 128 ASC, 26 both)
- October 2019 = 456 (of which 162 Health, 205 ASC, 89 both)
- November 2019 = 378 (of which 214 Health, 134 ASC, 30 both)

4.3 Health have met their target in 6 of the 8 months so far, with better performance than last year in 6 of the 8 months so far. Adult Social Care have met their target in 4 of the 8 months so far, with better performance in 2 of the 8 months so far. Those attributed as both the target has been met in 5 of 8 months, with better performance than last year in 6 of 8 months. Projections show that DTOC will be below the target (fewer DTOC) at the end of the year.

4.4 In terms of our local schemes' impact on the DTOC rates:

- *Community Reablement Team (CRT)* – For this financial year so far, the service appears to have prevented 6542 delayed days in hospital, assuming a cost of £400 per NHS bed/day, this would equate to a cost avoidance of £2,616, 809.

- *Discharge to Assess (D2A)* –. For this financial year so far, the service appears to have prevented 410 delayed days in hospital, assuming a cost of £400 per NHS bed/day, this would equate to a cost avoidance of £164, 007

4.5 We continue to proactively address DTOC performance by:

- Holding a weekly Directors' meeting – during which the ASC Directors from the 3x Berkshire West Local Authorities, the Director of Berkshire West CCGS, and senior managers from Berkshire Healthcare Foundation Trust and Royal Berkshire Hospital review and sign-off the weekly delays. Trends in delays are discussed and remedial actions agreed.

- Working with the Berkshire West Delivery Group to implement the High Impact Model across the Berkshire West system. This is due to be reported to NHS England this month and the High Impact Change action plan has been reviewed by senior management.

- A review of the Reading Integration Board dashboard is taking place, including a refresh of metrics and a deep dive into some performance elements (including DTOC)

Residential Admissions

4.6 Our target is to have no more than 116 new residential admissions for older people.

4.7 So far for 2019/2020, a total 51 (9 months) new residential admissions have been made in this financial year. This level of performance tracks to show 68 new admissions for the financial year, which would indicate that the locality would meet the target.

4.8 In terms of our local schemes' impact on the rate of residential admissions:

- *CRT* – 196 clients were living at home prior to entering the service, and subsequently returned home rather than progressing to a residential or nursing placement upon leaving the service. The service could therefore be argued to have prevented 196 entrances into residential care. Taking the average cost of a residential / nursing placement, this could equate to full-year effect cost avoidances of around £2,271,629. (if the average numbers of SUs staying home will stay at the current level)

- *D2A* – 24 clients were living at home prior to entering the service, and subsequently 12 returned home rather than progressing to a residential or nursing placement upon leaving the service. The service could therefore be argued to have prevented 12 entrances into residential care. Taking the average cost of a residential / nursing placement, this could equate to full-year effect cost avoidances of around £141,438 (if the average numbers of SUs staying home will stay at the current level)

Reablement

4.9 Our target is to maintain an average of 93% of people remaining at home 91 days after discharge reablement / rehabilitation services (having entered these services following a stay in hospital).

4.10 Based on our performance to date (within our CRT and D2A service), within the financial year 2019/2020 we have achieved an average of 81% of service users remaining at home 91 days after discharge from hospitals into our Community Reablement Service and Discharge to Assess service.

4.11 This is due to revised guidance being issued by NHS England. Previously, any clients who passed away following discharge from reablement services were not included in the count, as it was felt that clients with terminal conditions and/or severe ill health could not be reabled. However, NHS England have asked for these clients to be included in the count moving forward, which has decreased our performance accordingly. Please note that:

- Were the clients in question not included, performance would be much closer to target.

- Had the clients in question not been referred to reablement services, it is potentially likely that they would've remained in hospital and become DToCs and could potentially have passed away in hospital. Therefore, whilst their inclusion in the count has decreased performance against the national target, the practice that has caused this is arguably in the clients' best interest and has played a significant role in avoiding higher DToC rates.

Non-Elective Admissions (NELs)

4.12 Our BCF target is to achieve a 0.97% reduction (expressed as 161 fewer admissions) against the number of NEL admissions seen in 2018/2019. This equates to a target of no more than 16480 NELs in 2019-2020 (or no more than 1373 per month).

4.13 Based on this financial year's performance data, so far, we have achieved a total of 11495 NELs. This equates to an increase of 4.62% compared to the target.

4.14 NELs reduction features as a key part of the Reading Integration Board Programme Plan, and there is currently a review of NELs related data being conducted by the CCG Locality Manager.

4.15 In terms of our local schemes' impact on the rate of NELs:

- *CRT* - by engaging with 52 "rapid referrals" (clients who are seen prior to hospital admission, hopefully negating the need for a non-elective admission), the service has potentially prevented up to 52 NELs[1].

- *D2A* – Have not received any appropriate rapid referrals so far this financial year.

4.16 Further actions to improve NEL performance are detailed in section 5.1 below.

5. PROGRAMME UPDATE

5.1 Since January, the following items have been progressed:

- **Pilot of the Neighbourhood Care Planning Group,** a joint working initiative between Adult Social Care (ASC) and North/West and South Reading GP Alliances. The pilot

[1] Please note that further analysis is required to determine how many of these clients were subsequently admitted to hospital, in order to calculate the exact impact the service has had on NELs.

brings together key professionals to provide a forum for multi-disciplinary discussion, risk assessment and comprehensive care planning. 10 meetings have been held to date, with input from Adults Social Care, 6 voluntary sector organisations, 3 GP surgeries, community matrons, community nurses, and community mental health team workers. Reading Integration Board have agreed to roll the pilot out to all of the Primary Care Networks in the locality.

- **Reading Integration Board Work Plan.** This was agreed in the January Reading Integration Board and the detailed programme plan will be discussed in the March meeting**.**

- **Ageing Well,** The Berkshire West, Oxfordshire, Buckinghamshire Sustainability and Transformation Partnership have been selected to be an accelerator site. The focus of this work in the borough will be linked to access to 2-hour Rapid Health Response and 2 Day Reablement support.

6. NEXT STEPS

6.1 The planned next steps for March to May include:

- **Finish and evaluate the Neighbourhood Care Planning Group pilot**
- **Finalise the Reading Integration Board Programme Plan**
- **Carry out a review of the Reading Integration Board Dashboard**
- **Review NELs**
- **Engage with the Ageing Well programme**
- **Continue to develop joint working with Primary Care Networks**

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 workshop (see 5.1) took place to ensure that stakeholders are included in guiding integration in the locality.

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 The BCF planning template has been recommended by the local NHS England (NHSE) representative and the Association of Directors of Adult Social Services (ADASS) representative. A report covering the completed template is on the agenda to be discussed today.