

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	18 JANUARY 2019	AGENDA ITEM:	10
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 performance against the national BCF targets within the financial year 2018/2019.

1.2 Of the 4 national BCF targets:

- Performance against one (limiting the number of new residential placements) is strong, with key targets met.
- We have not met our target for reducing the number of non-elective admissions (NELs), but work against this goal remains a focus for the Berkshire West wide BCF schemes.
- Progress against our target for increasing the effectiveness of reablement services has decreased since October's HWB, but this is due to revised guidance around the methods of measuring their impact and does not reflect a drop in actual performance (see section 4.9 - 4.11 for further detail).
- Our DTOC performance is currently slightly above target, but this represents a slight deviation against our otherwise strong performance against target throughout the financial year.

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 Under our revised target for 2018/2019, we aspire to have no more than 419.75 bed days lost per month broken down as follows:

- 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 financial year to date are as follows:

- April = 421 (of which 315 Health, 106 ASC, 0 joint)
- May = 322 (of which 250 Health, 62 ASC, 10 joint)
- June = 272 (of which 236 Health, 2 ASC, 34 joint)
- July = 348 (of which 210 Health, 63 ASC, 75 joint)
- August = 480 (of which 254 Health, 132 ASC, 94 joint)
- September = 403 (of which 183 Health, 127 ASC, 93 joint)
- October = 471 (of which 305 Health, 97 ASC, 69 joint)

- 4.3 Within each month, there has been a greater volume of Health delays (exceeding the health-attributable days delayed target set by NHSE in April-June, August and September). The predominant reason for Health delays is "awaiting further non-acute NHS care". The number of jointly attributable delays has also exceeded the target in June onwards, with the predominant reason for delays being "awaiting completion of assessment".

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

- *Community Reablement Team (CRT)* - the service appears to have engaged with 58 clients referred by acute hospital settings across the financial year. Consequently it would appear that the service may have prevented and/or reduced the impact of 58 delayed transfers of care. When taking the average length of stay in the service into account, and working on the assumption that clients would've spent an equivalent amount of time in hospital had they not accessed CRT, it would appear that the

service has prevented 1162 delayed days in hospital. Assuming a cost of £400 per NHS bed/day, this would equate to a cost avoidance of £464,940.

- *Discharge to Assess (D2A)* - the service appears to have engaged with 23 clients referred by acute hospital settings across the financial year. Consequently it would appear that the service may have prevented and/or reduced the impact of 23 delayed transfers of care. When taking the average length of stay in the service into account, and working on the assumption that clients would've spent an equivalent amount of time in hospital had they not accessed D2A, it would appear that the service has prevented 479 delayed days in hospital. Assuming a cost of £400 per NHS bed/day, this would equate to a cost avoidance of £191,600.

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 10 Delivery Group to implement the High Impact Model across the Berkshire West system.

Residential Admissions

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

4.7 We have had 58 new residential admissions in the financial year, and based on performance we estimate 87 admissions in total by the close of the year.

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

- *CRT* - 203 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 203 entrances into residential care. Taking the average cost of a residential / nursing placement, this could equate to full-year effect cost avoidances of around £1,847,625.
- *D2A* - 29 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 27 entrances into residential care. Taking the average cost of a residential / nursing placement, this could equate to full-year effect cost avoidances of around £498,781.

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), we have achieved an average of 83% 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 on-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 142 fewer admissions) against the number of NEL admissions seen in 2017/2018. This equates to a target of no more than 15,190 NELs in 2018-2019 (or no more than 1266 per month).
- 4.13 Based on our most recent performance data, we are projecting a total of 16,185 NELs across 2018-2019. This equates to an increase of 6.48% compared to the target reduction of 0.97%.
- 4.14 However, in terms of the local versus national position on NELs, Berkshire West CCG are in the top 10 out of 211 CCGs for lowest numbers of NELs.
- 4.15 In terms of our local schemes' impact on the rate of NELs:
- CRT - by engaging with 145 "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 145 NELs¹.
 - D2A - by engaging with 10 "rapid referrals" (all of which did not progress onwards to hospital following discharge from the service), the service appears to have prevented 10 NELs.
- 4.16 Further actions to improve NEL performance are being progressed by the Berkshire West 10 Integration schemes that are designed to reduce NELs.

Note on CRT performance against local targets

- 4.17 The RAG-rating system used to summarise a project or service's overall performance status will be coded "amber" if there are one or more "amber" areas of performance (where performance is up to 20% off the target performance level), or "red" if there are one or more "red" areas of performance (where performance is over 20% off the target performance level).
- 4.18 Performance against CRT's local targets is "red" in the following areas:
- Average staff utilisation level per month - the projected annual performance (based on performance to date) stands at 50%, compared to the target of 90%. This will be addressed through the review of CRT that has been completed by the Commissioning

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.

and Social Care Manager and will shortly pass through RBC's Transformation Boards for consideration.

- Proportion of returned service user feedback forms - the projected annual performance (based on performance to date) stands at 14%, compared to the target of 50%. The service has had initial conversations with Healthwatch to discuss methods of increasing the volume of returned service user feedback forms, and this will inform future strategies that are generated by the aforementioned review of CRT.

Note on D2A performance against local targets

- 4.19 The RAG-rating system used to summarise a project or service's overall performance status will be coded "amber" if there are one or more "amber" areas of performance (where performance is up to 20% off the target performance level), or "red" if there are one or more "red" areas of performance (where performance is over 20% off the target performance level).
- 4.20 Performance against D2A's local targets is "red" in the following areas:
- Cumulative number of Step up / Step down beds throughput- the projected annual performance (based on performance to date) stands at 59, compared to the target of not less than 120.
 - Average bed occupancy levels - the projected annual performance (based on performance to date) stands at 34%, compared to the target of 88%.
 - Average service user length of stay - the projected annual performance (based on performance to date) stands at 3.4 weeks, compared to the target of 4 weeks.
 - We believe that these performance levels reflect a decreasing demand for the service, as referrers are exploring "home first" discharge opportunities for clients who are discharged from hospital - rather than seeking bed-based reablement. We are currently exploring alternative methods of delivering Discharge to Assess and reablement; proposals for matching the D2A service offer with projected demand for the service have been consulted on and are currently being considered within Reading Borough Council's decision-making boards.

5. PROGRAMME UPDATE

5.1 Since October, the following items have been progressed:

- **Joint working between Adult Social Care (ASC) and North/West and South Reading GP Alliances** - The planned start date for piloting this work has been deferred due to the need to develop new information sharing / information governance arrangements. We aim to finalise these and begin the pilot in the January. The pilot will bring key professionals together to provide a forum for multi-disciplinary discussion, risk assessment and comprehensive care planning. Monthly multi-disciplinary team (MDT) meetings will jointly review clients/patients who are referred to the team - with a focus on clients who are or have experienced:
 - A decline in functional Activities of Daily Living (ADL's)
 - Falls or who are at risk of falls
 - Social isolation or recent dependence on crisis social support/re-ablement or any long term social support in the last 6 months
 - Dementia or severe and enduring Mental Health illness where it is not their primary issue
 - Severe and enduring Long term conditions

- Patients on multiple medications
 - Two or more unplanned admissions to acute hospital or intermediate care facility in previous 6 month
 - Patients who make frequent appointments with GP that could be resolved through other professionals
 - Frequent call outs to SCAS which do not need action or conveyance
- Summarising the outcome of the **Discharge to Assess** consultation and progressing proposals for the service's future through Reading Borough Council's decision-making boards.
 - Completing a review of the Reading Borough Council's BCF-funded Community Reablement Team (CRT) service and summarising the findings / recommendations in a report that will be presented to the Adult Care & Health Services Transformation Boards.
 - **Redesigning the Reading Integration Board** in light of the BW10 Chief Officers' steer that Local Integration Boards should reconfigure (or replace) themselves with a forum which is most helpful for local needs.
 - Assisting with the coordination and organisation of the CQC Local System Review.
 - **Analysing NELs performance** and exploring further opportunities for driving performance improvements.

6. NEXT STEPS

6.1 The planned next steps for January - March include:

- **Piloting the joint working arrangements** between Adult Social Care and the North/West and South GP Alliances.
- Delivering any approved changes to the **Discharge to Assess** service.
- Progressing any approved recommendations relating to the review of the **Community Reablement Team**.
- Assisting with the delivery of any agreed actions arising from the CQC Local System Review.
- Assisting with the delivery of any **agreed priorities for wider integration** arising from the Berkshire West Chief Officers' Group.

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, at the November Reading Integration Board (RIB) meeting members agreed to devote a future RIB workshop to exploring methods of gathering service user feedback from across the health and social care system.
- 8.3 Additionally, the Programme Managers for Reading and Berkshire West have begun exploring patient experience metrics that could be used to measure the quality of the patient journey across the system. Examples of good practice are being sought from other areas across the South, and will be explored further in Q4 2018/2019.

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 At the end of October 2018 the combined forecast outturn across the RBC and CCG hosted schemes forecast for 2018/19 is a £13.5k underspend for the financial year, arising from an expected underspend on the Reading Borough Council schemes of £16.7k, and an overspend on £3.2k on the Berkshire West CCG schemes.

12. BACKGROUND PAPERS

- 12.1 December's RIB Performance Dashboard.