

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	19 th MARCH 2021		
REPORT TITLE:	INTEGRATION PROGRAMME UPDATE		
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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 Better Care Fund (BCF) targets for the financial year to date.

1.2 Of the 4 national BCF targets:

- We have exceeded performance in relation to reducing the number of non-elective admissions (NELs). The performance now includes some of the winter pressure period. Over the 10 recorded months (to January 2021), there have been 7,803 NELs against a target of no more than 10,607 for the year. Projections based on activity to date indicate an end of year cumulative figure of 9,363 12% below the target.
- Performance in relation to limiting the number of people placed into residential placements is strong, with 340 placements made in 10 months (to January 2021), and a projected 409 placements for the financial year (against a target of no more than 571 for the financial year).
- Progress against our target for increasing the effectiveness of reablement services had improved significantly for the cohort discharged in September to 91%. However, latest data for the cohort discharged from hospital in November (reported in January), at the start of the second national lockdown, shows that we are 10% below the target of 93% of people remaining at home 91 days after discharge from the service (see section 4.3 for further detail).
- Delayed Transfers of Care (DTC) was suspended on 19 March 2020 in response to a national directive to implement a Hospital Discharge Service in response to COVID-19, and instead have moved to monitoring Discharge to Assess pathways (see Section 4.4). Performance has been positive and remains on track with a projection of 19 against the minimum target of 18, to the end of the year within the independent living flats, at Charles Clore Court on Pathway 1.

2. RECOMMENDED ACTION

2.1 The Health and Wellbeing Board note the progress made to date for the 20/21 financial year.

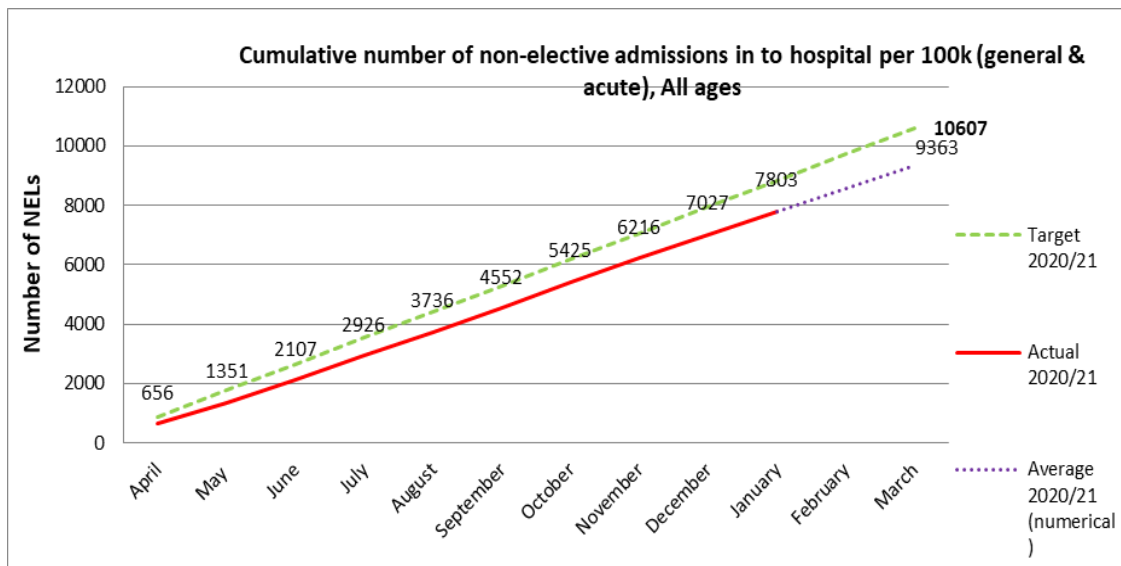
3. POLICY CONTEXT

- 3.1 In March 2020, local systems were informed that the publication of the Government’s approach to the BCF in 2020-21 would be delayed, to allow areas to better focus on responding to the COVID-19 pandemic, but that minimal changes would be made for 2020-21. As set out in a statement issued on 3 December 2020, it has now been confirmed that areas will not be required to submit BCF plans in 2020-21. Areas must agree the use of the mandatory minimum funding streams locally and place these into a pooling arrangement governed by an agreement under section 75 of the NHS Act 2006.
- 3.2 Local areas should keep records of spending against schemes funded through the BCF. Areas will be asked to report actual income and expenditure as normal in year-end reporting as well as details of spending on maintaining social care spending from the CCG minimum contribution and out of hospital services, in line with the national conditions.
- 3.3 As in previous years, the BCF has a particular focus on initiatives aimed at reducing the level of avoidable hospital stays, as well as 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

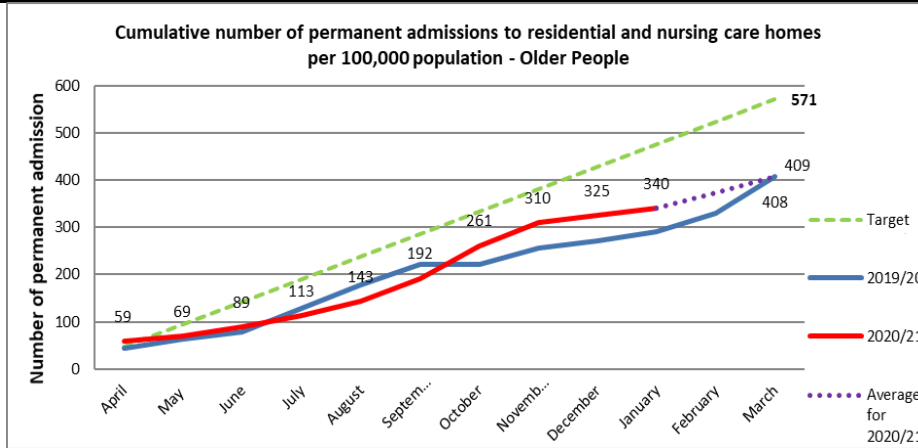
4.1 Non-Elective Admissions

BCF Target 1: NELS	Total Non-elective spells per 100,000 population
Status - Performance exceeds the target	Green
Status change since last month - No change in RAG rating	→



4.2 Admissions to Residential / Nursing Homes

BCF Target 2: Care Homes Admissions	Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population
Status - Admissions remain below the maximum target of no more than 571 admissions	Green
Status change since last month - Improvement of RAG rating	↑

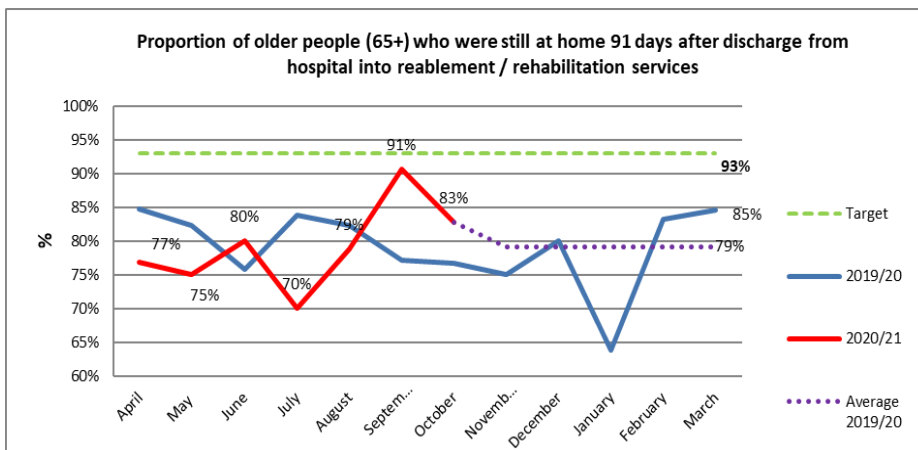


4.3 Reablement

Our target is to maintain an average of 93% of people remaining at home 91 days after discharge from hospital into reablement / rehabilitation services (having entered these services following a stay in hospital). Although the overall rating remains at Amber, performance significantly improved for the September cohort of service users to 91%, then worsened to 83% for the November cohort, which was at the point of the second Covid lockdown period (with 24 out of 29 service users remaining at home 91 days after discharge from reablement services).

BCF Target 3: 91 Days	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Status - Performance is 2.48% away from meeting the target	Amber
Status change since last month - No change in RAG rating	→

Note: performance figures are collected after 3 months have elapsed from initial discharge and referral to reablement/rehab services. (e.g. October data are collected at the end of January to enable assessment of the outcome following discharge from hospital).



*October = 83%: 24 patients, out of 29 discharged patients, remained at home 91 days+ following discharge.

It should be noted that revised guidance on the recording against the 91-day target was issued by NHS England in May 2020. 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 re-abled. However, NHS England have requested that these service users be included in the count moving forward, and therefore they are included.

4.4 Discharge to Assess (D2A)

The measure in relation to Delayed Transfers of Care (DTOC) was suspended on 19 March 2020 in response to a national directive to implement a Hospital Discharge Service in response to COVID-19 and the need to free up bed capacity by discharging patients on the same day they are declared medically optimised on one of 4 Pathways:

Pathway 0 - straight home from hospital, no care package required, locally expected to be 75% of overall discharges, no follow up required other than those arranged by the hospital.

Pathway 1 - discharge to patient's own home, with intermediate care and reablement services support, whilst assessments are taking place to enable them to live safely at home. The assessment should be done promptly (within 2 hours), with rapid (on the day) access to care and support as required. The Community Reablement Team (CRT) provide the assessment and support.

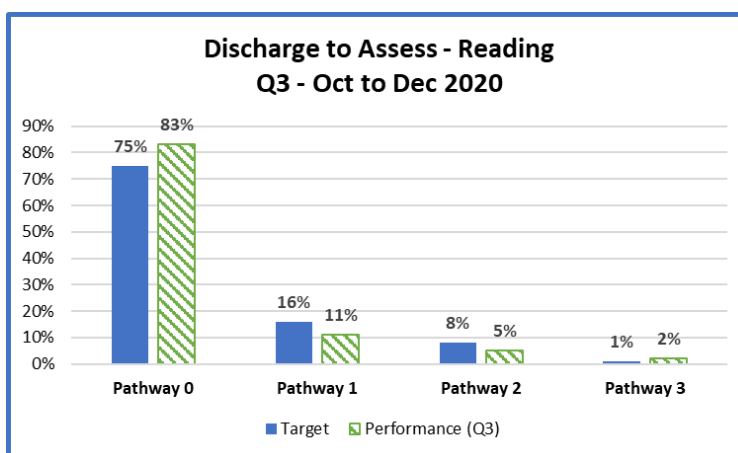
Pathway 2 - Discharge to a Community Hospital for people needing rehabilitation in a bedded setting.

Pathway 3 - People needing to be placed in a nursing or residential home - this should include patients who are either returning to a care home or are newly identified as requiring care home placement. People needing to be placed in a D2A bed for further assessment would also be referred for Pathway 3

A set of metrics were signed off by Berkshire West system partners at the Rapid Community Discharge Steering Group in order to monitor the impact of the service. This included 6 core metrics:

95% patients discharged same day declared Ready to Go (RTG)	16% patients discharged on Pathway 1
91% patients discharged back home (pathways 0+1)	8% patients discharged on Pathway 2
75% patients discharged on Pathway 0	1% patients discharged on Pathway 3

The performance reporting commenced in October 2020 against these metrics and the Q3 period from 1st October to 31st December 2020 shows that we are exceeding the target for Pathways 0 and 3, but slightly below target on Pathways 1 and 2. This is a positive start:-

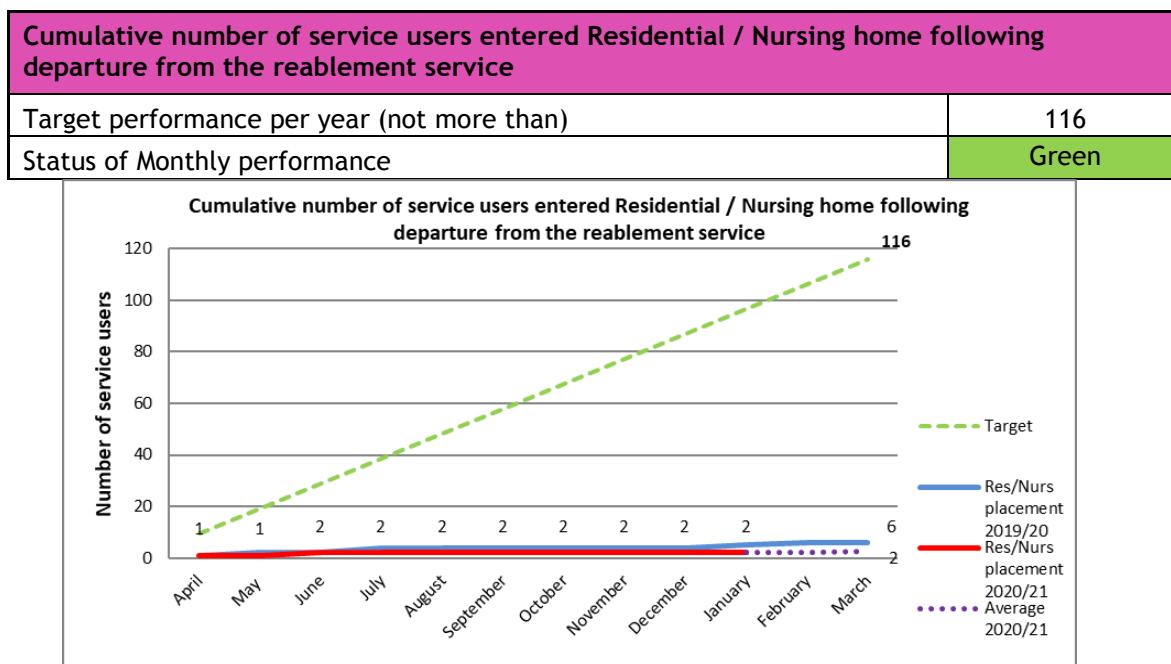


A dashboard of these metrics is currently being developed further, which will be reported to the Urgent and Emergency Care Programme Board, Reading Integration Board and to Reading H&WBB in respect of Reading services.

4.5 Impact of Local Community Reablement Schemes

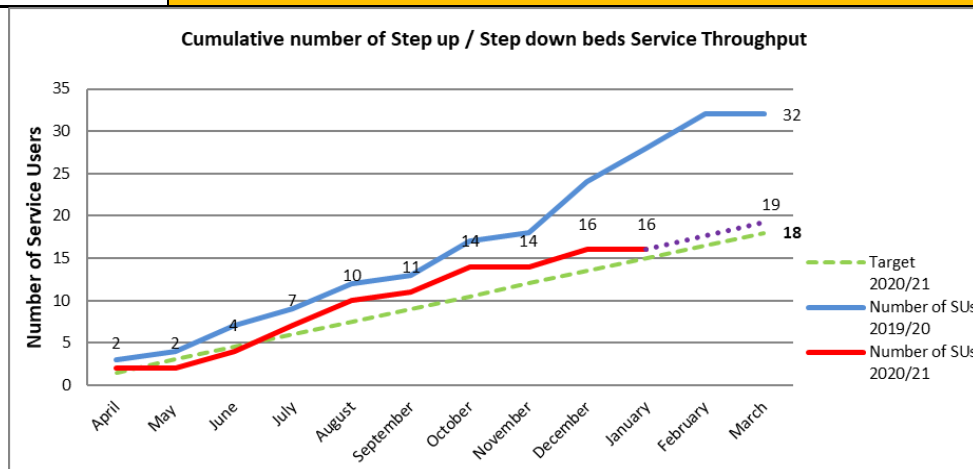
4.5.1 Residential Admissions after reablement

The reablement service has impacted positively on the avoidance of service users entering residential / nursing homes, following departure from their service and remains significantly below the maximum target of 116, with a cumulative number of 18.



4.5.2 Discharge to Assess

Local Targets:	Discharge to Assess Beds - Reablement service at CCC
Reporting Month:	Target performance per year (not less than) 18 Month 10 (January 2021)
Status:	Amber

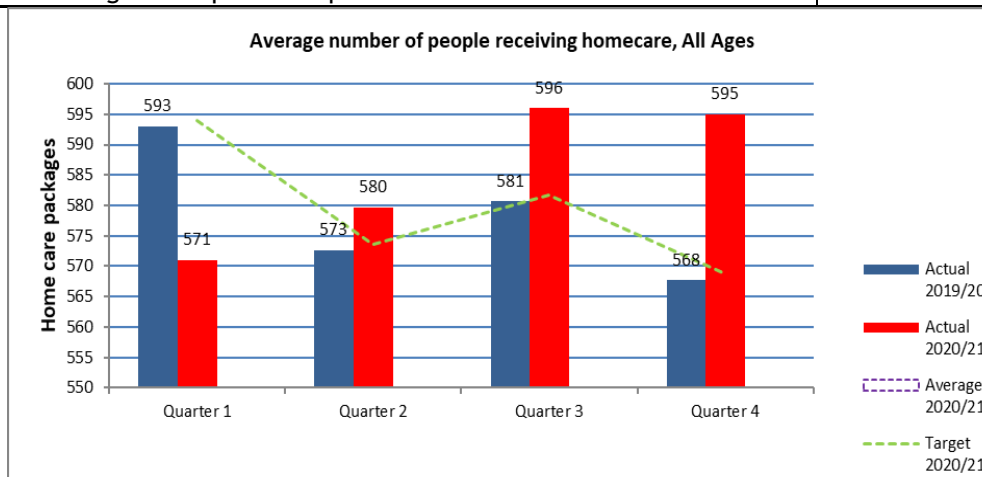


Due to the impact of Covid19, the service at CCC was limited in capacity during November and December, although projected performance remains on track.

4.6 Additional BCF Funding for accelerated Integration (iBCF)

The targets were designed to reflect the impact of the iBCF funding's investment in reablement services. We report on our progress against these targets in our quarterly iBCF returns. Quarter 4 (January to March 2021) has shown continued growth in the number of people receiving home care support, with significant improvement compared to the previous year.

Marginal increase in home care packages	
Average quarterly performance for the current period	595
Status of quarterly performance	Green
Average Annual Target performance	580
Status change since previous quarter	↑



4.7 PROGRAMME UPDATE

4.7.1 **The Neighbourhood Care Planning Group (NCPG) pilot** - We used the learning from the NCPG to set up a Central Reading Multi Disciplinary Team (MDT) in October 2020, managed by Berkshire Healthcare Foundation Trust to support Primary Care Networks (PCN's) which encompassed, Adults Social Care, 6 voluntary sector organisations, 3 GP surgeries, community matrons, community nurses, and community mental health team workers. The intention is to expand the Central Reading MDT approach to align with individual PCNs over time.

4.7.2 **The Reading Integration Board Work Plan** is now out of date and a new plan will be developed in partnership with stakeholders that is aligned with the strategic priorities for the Health & Wellbeing Board and the Integrated Care Partnership for 2021/22, ensuring links into projects such as Ageing Well and Health Inequalities. Proposals will be submitted to the Reading Integration Board for discussion and agreement and an update provided at the next Health and Wellbeing Board.

5. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

While the Better Care Fund (BCF) does not in itself and in its entirety directly relate to the Health & Wellbeing Board'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.*

6. ENVIRONMENTAL AND CLIMATE IMPLICATIONS

6.1 The Council declared a Climate Emergency at its meeting on 26 February 2019 (Minute 48 refers).

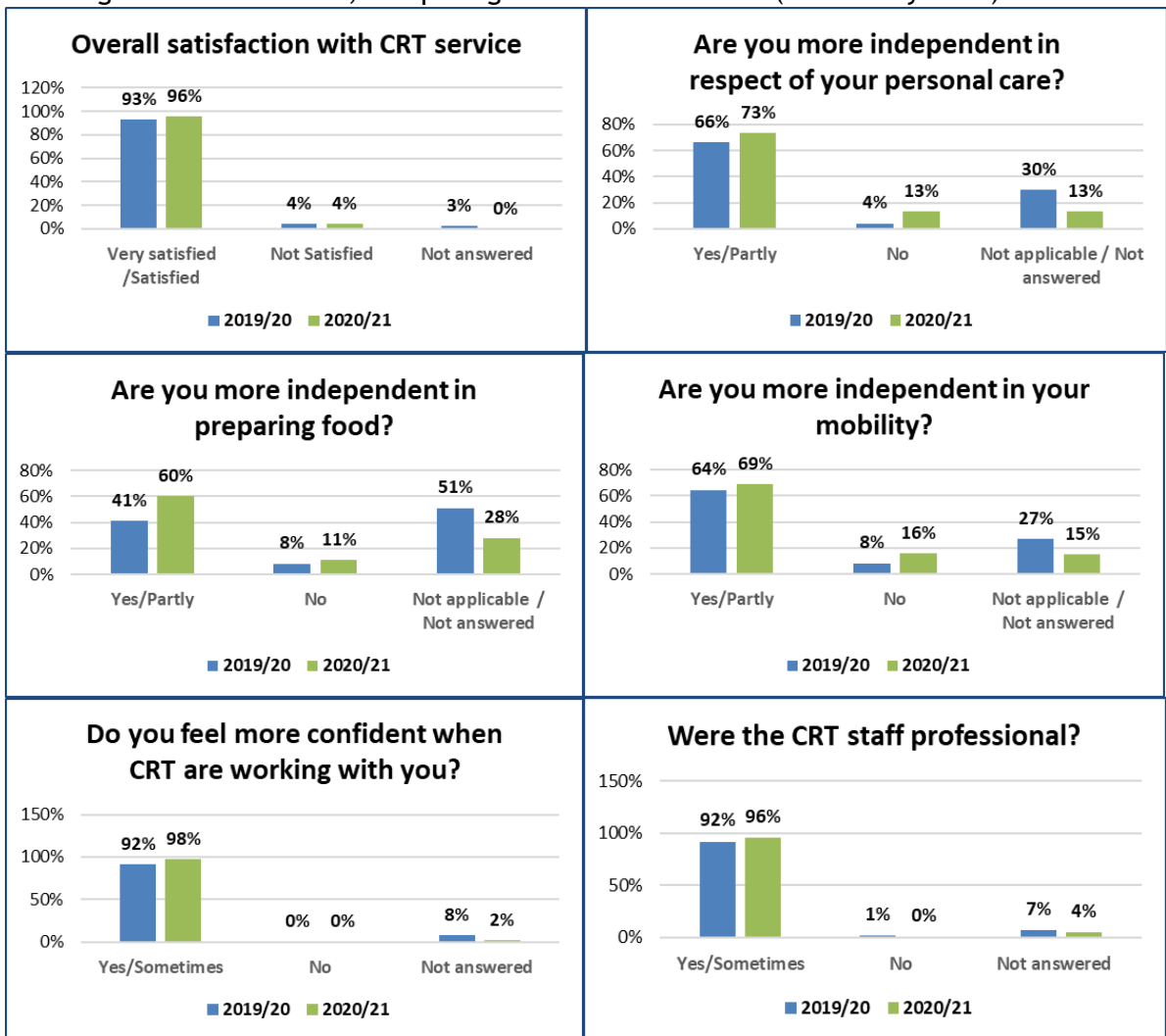
6.2 This report summarises the performance of the Better Care Fund and Integration Programme. No new services are being proposed or implemented that would impact on the climate or environment.

7. COMMUNITY & STAKEHOLDER ENGAGEMENT

7.1 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".

7.2 In accordance with this duty it is the intention of Reading Integration Board to engage with stakeholders to ensure they are included in guiding integration in the locality, through Citizen Panels, Feedback Surveys and through the local and National voluntary sector organisations with which we work. Stakeholder engagement is a key factor to effective integrated models of care, and engagement with all system partners will be a key focus for the Reading Integration Board. The annual Adult and Social Care Service survey was sent out in January 2021. Responses are currently being processed and a summary report will be shared at the next H&WBB in July 2021.

7.3 The Community Reablement Team undertake regular feedback surveys with their services users and the following charts show a summary of the survey outcomes, following discharge from the service, comparing 2019/20 to 2020/21 (to January 2021).



8. EQUALITY IMPACT ASSESSMENT

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

9. LEGAL IMPLICATIONS

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

10. FINANCIAL IMPLICATIONS

10.1 The BCF planning template has been provided by the local NHS England (NHSE) representative and the Association of Directors of Adult Social Services (ADASS). The template has been populated and shared with the CCG in draft form. This is not due for completion and submission until the end of the Financial year. A report covering the final completed template will be provided to the Health and Wellbeing Board.

11. BACKGROUND PAPERS

11.1 The BCF performance data included in this report is drawn from the *Reading Integration Board Dashboard - January 2021(Reporting data to December 2020)*

11.2 The Community Reablement Team, Service User feedback data was provided by the CRT Manager, collated from the feedback forms completed by Services Users each month.