

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	16 th JULY 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.
- 1.2 The Reading Integration Board (RIB) Programme Plan, signed off at the RIB meeting on 16th June 2021, is provided for information (Appendix 1).
- 1.3 The 4 national BCF targets are:
 - Reducing the number of non-elective admissions (NELs) to no more than 10,607 for the year (per 100,000 population).
 - No more than 571 people per 100,000 are placed into residential or nursing home placements.
 - That a minimum of 93% of people who received reablement support, remain at home, 91 days after being discharged from hospital.
 - A minimum of 18 admissions per year to the Discharge to Assess independent living flats at Charles Clore Court.

In terms of delivery against these three out of the four met the expected targets and further details are provided in Section 4 of this report.

- 1.4 The Reading Integration Board are also keen to progress with a number of Health Inequalities focused projects in addition to the existing schemes funded through the BCF. A working group has been formed to identify three to four projects that will be supported by the Integration Board and feed into the wider Health and Wellbeing Board, Integrated Care Partnership (ICP) and Integrated Care System (ICS) priorities.
- 1.5 A Voluntary Care Sector Forum has commenced, in collaboration with Reading Voluntary Action (RVA), to enable our voluntary sector to engage with the ongoing development of the Reading Integration Programme and the Health Inequalities focussed projects.

2. RECOMMENDED ACTION

- 2.1 The Health and Wellbeing Board note the progress made in respect of the Better Care Fund (BCF) schemes.

3. POLICY CONTEXT

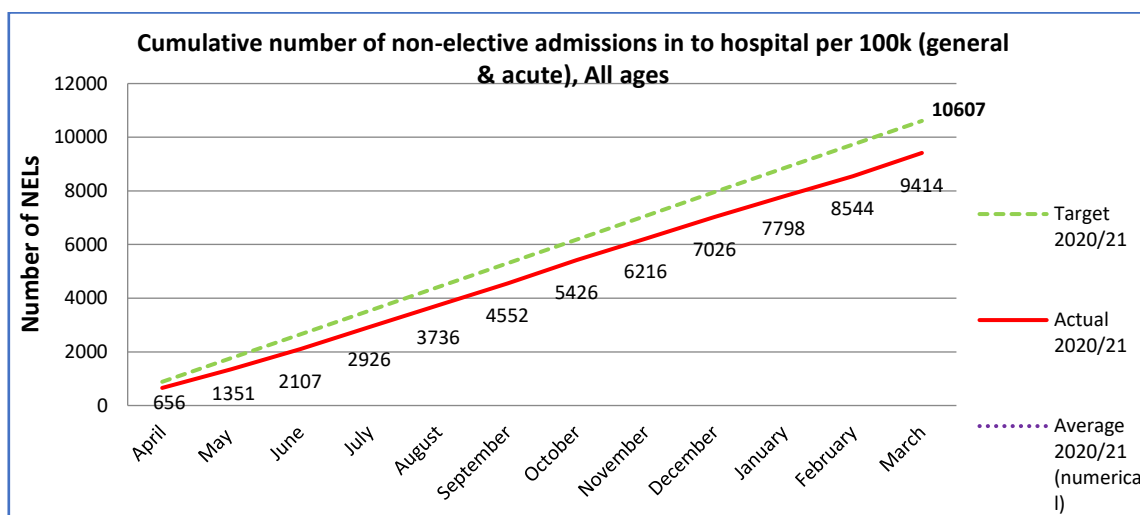
- 3.1 We are awaiting the 2021/22 national planning guidance for the Better Care Fund (BCF), which will identify the metrics for this financial year. The guidance has been significantly delayed and is expected to be available no later than the end of June 2021. Based on early discussions with the BCF team, we believe there will not be much change in the metrics, apart from including a metric in relation to admission avoidance, in place of the current Non-elective admissions (NELs) target. In line with the BCF National Conditions, once they are formally announced, the mandatory minimum funding streams into a pooled budget for 2021/22, which will be governed by an agreement under S75 of the NHS Act 2006.
- 3.2 In previous years, the BCF has had 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 number of individuals remaining at home 91 days after receiving reablement services).

4. BCF PERFORMANCE UPDATE

4.1 Non-Elective Admissions (NELs)

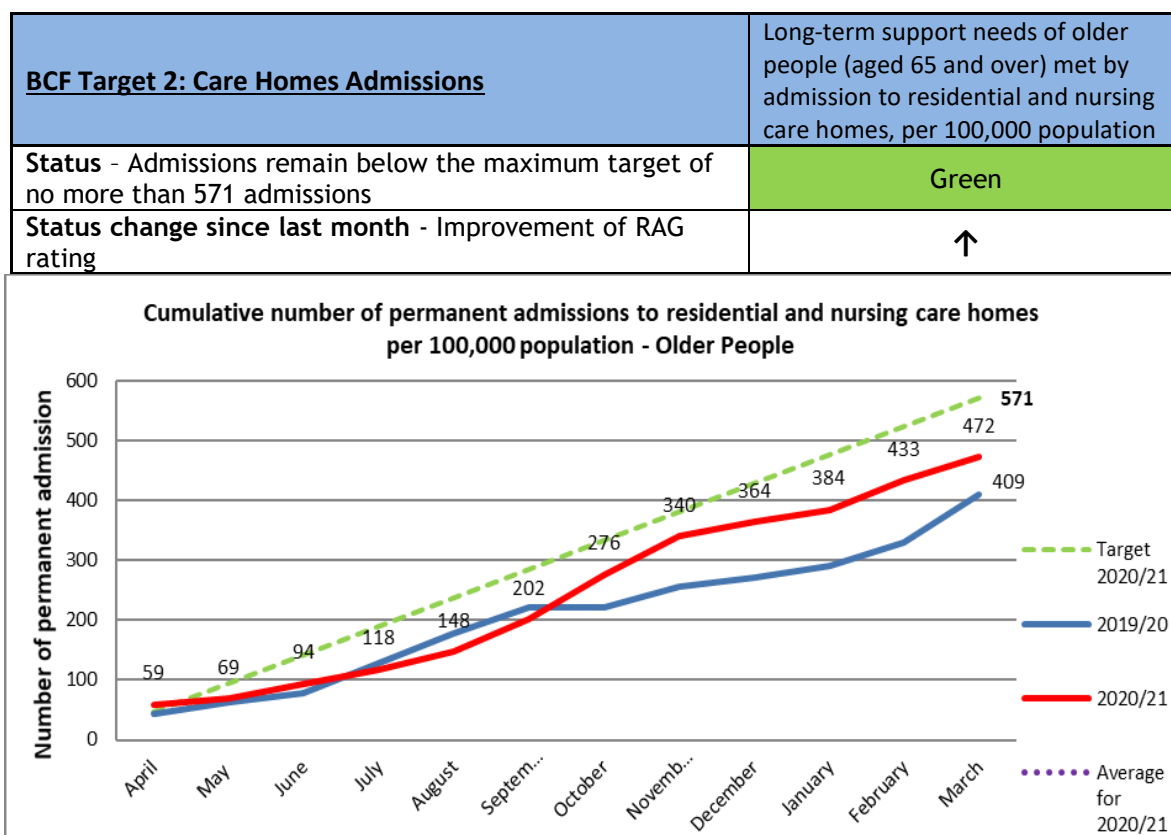
Reducing the number of Non-Elective admissions into hospital (NELs). The target for the maximum number of Non-Elective admissions was 10,607 (per 100,000 population). We continued to perform well throughout the pandemic and the winter pressures period, and at the end of the year (March 2021), there have been 9,414 NELs, 11% below the maximum target.

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

The number of people, per 100,000 of the Reading population, being placed into residential or nursing homes was 472, a positive position as at the end of the reporting year (March 2021), at 17% below the maximum target of 571.



4.3 Reablement

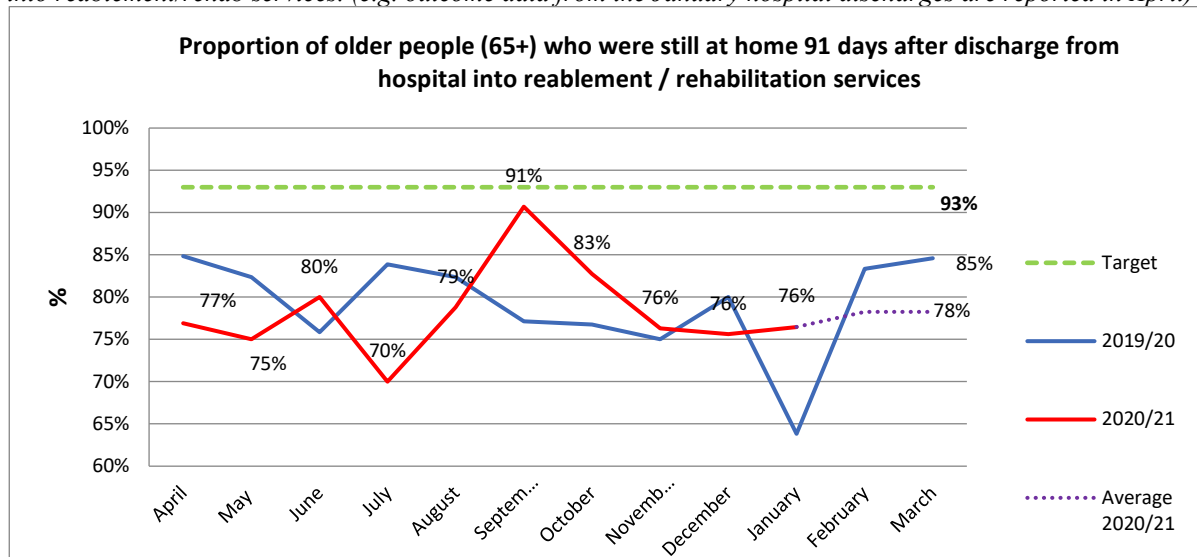
Reablement services help older people (65+) to retain or regain their skills and confidence so they can learn to manage again after a period of illness. The service is usually provided in the person's own home by a team of social care professionals. The target for this service is that 91% of service users remained at home, 91 days after a hospital discharge into the reablement service.

The performance reported in April, looking at the status of people that were discharged in January 2021, was 76%, which remains significantly below the target. There were 39 people, out of 51 being discharged into reablement from hospital in January, who were still at home after 91 days in April. Of the 12 people who were not still at home after 91 days, 5 had passed away.

It is noted that revised guidance on the recording against the 91-day target was issued by NHS England in May 2020. Previously, any service users who passed away following discharge from hospital into reablement services were not included in the count, as it was felt that service users with terminal conditions and/or severe ill health could not be re-abled. However, NHS England requested that these service users be included in the count moving forward. However, performance rates without those service users being included would still be 5% below target at 86%.

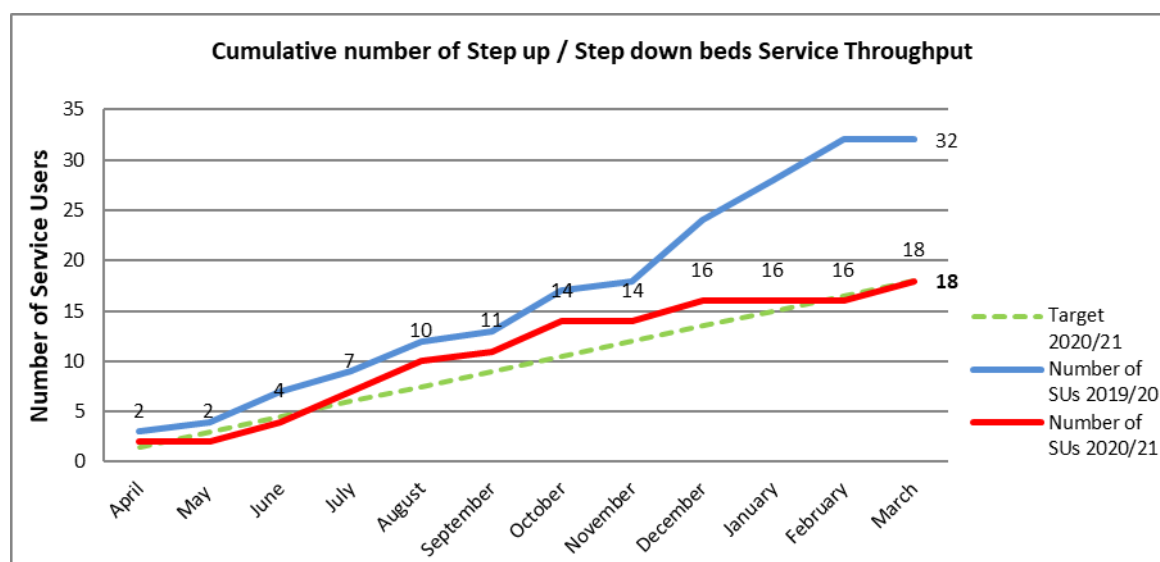
BCF Target 3: 91 Days	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
Status - Performance is 15.0% away from meeting the target	Amber
Status change since last month - No change in RAG rating	→

Note: performance figures are collected after 3 months (91 days) have elapsed from initial hospital discharge into reablement/rehab services. (e.g. outcome data from the January hospital discharges are reported in April)



4.4 Discharge to Assess (D2A)

The minimum number of people placed in the commissioned Discharge to Assess beds at Charles Clore Court was met. There are four independent living flats with carer support for people who are not able to return directly home after a period in hospital (Step down), or for people who require some additional support to avoid a hospital admission (Step up).



On 19 March 2020 the National Hospital Discharge Service Policy and Guidance¹ was published and was updated on 21st August 2020. The guidance indicates that when patients are assessed

¹ [Hospital discharge service: policy and operating model - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/hospital-discharge-service-policy-and-operating-model)

as being “Medically Optimised for Discharge” (MOFD) they no longer meet the criteria to reside in hospital. The guidance indicates that Acute Hospitals must discharge all persons who no longer meet these criteria as soon as they are clinically safe to do so. This would free up bed capacity by discharging patients on the same day they are declared medically optimised for discharge MOFD) on one of 4 Pathways (0 to 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**:

- i. **Pathway 0** - straight home from hospital, no care package required, no follow up required other than those arranged by the hospital. **Local target of >75%**
- ii. **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. **Local target of >16%**
- iii. **Pathway 2** - Discharge to a Community Hospital for people needing rehabilitation in a bedded setting. **Local target of <8%**
- iv. **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. **Local target of <1%**
- v. **Number of patients discharged same day as MOFD - Local target of 95%**
- vi. **Number of patients on pathways 0 and 1 discharged back home - Local target of 91%**

The performance reporting against local targets commenced in October 2020 against these metrics. The most important aspect of the hospital discharge process is to avoid bottlenecks in hospital and get people home as quickly and safely as possible, ensuring they are effectively supported, where necessary.

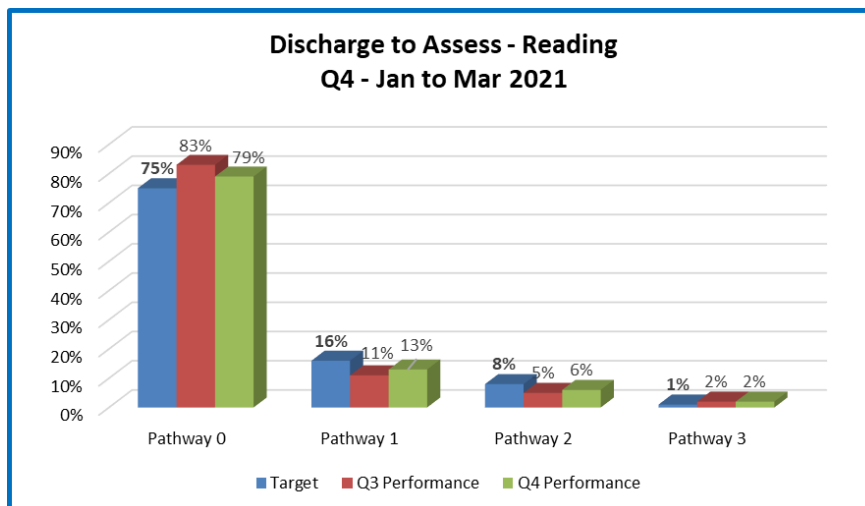
Data for the ‘length of wait’ has been captured from the first week of March 2021 and the average length of wait for Reading patients awaiting discharge for the month of March, against each of the Pathways 1 to 3, is shown in the table below:

Pathway	Average Length of Wait (days)
1 - home with package of care	3.4
2 - community bedded setting with rehabilitation	1.4
3 - nursing / residential 24hr care	10.6

The overall Berkshire West percentage of same day discharges for, pathways 1 to 3, was 50%, against a target of 95%. We are working towards the inclusion of pathway 0 same day discharge figures and length of wait, at Local Authority level.

As at the end of Quarter 4 (Jan to March 2021), 92% of patients were discharged home on pathways 0+1 for Reading, against a target of 91% as a minimum.

Performance for Reading, as at the end of Quarter 4 (Jan to Mar 2021), in comparison to Quarter 3 (Sept to Dec 2020), is shown in the chart below:



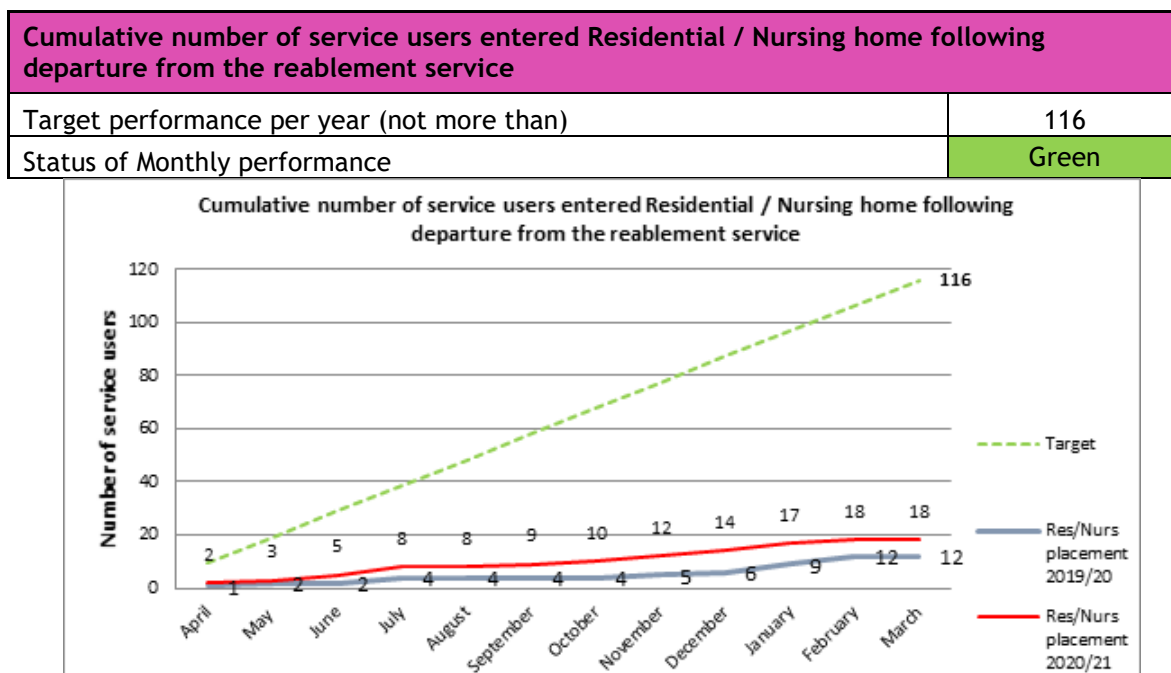
We continue to perform well for the quarter to 31st March, on Pathway 0, with 79% being discharged home, against a minimum target of 75%, but fell slightly below target against pathway 1, at 13% for the quarter, which requires a percentage rate of discharge greater than 16%. Emerging data for Quarter 1 (April to June) 2021/22 is indicating an improvement on this position.

The targets for pathways 2 and 3 are a maximum, and we have performed within target for Pathway 2 but slightly exceeded the maximum against pathway 3, which are often the most complex cases.

4.5 Impact of Local Community Reablement Schemes

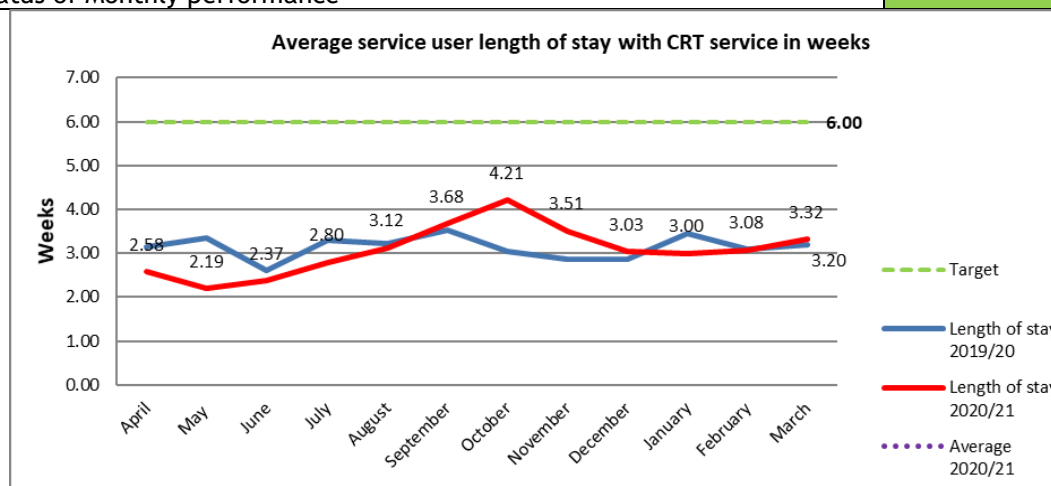
4.5.1 Residential Admissions after reablement

The reablement service has impacted positively on the avoidance of service users entering residential / nursing homes, following departure from their service. The cumulative number of people who have been admitted to a residential/nursing home, after leaving the reablement service was 18 at the end of March 2021 (*including 3 from Charles Clore Court*). This is significantly below the maximum target of 116 for Reading.



The average length of stay with the reablement services in March was 3.32 weeks, against a maximum of 6 weeks.

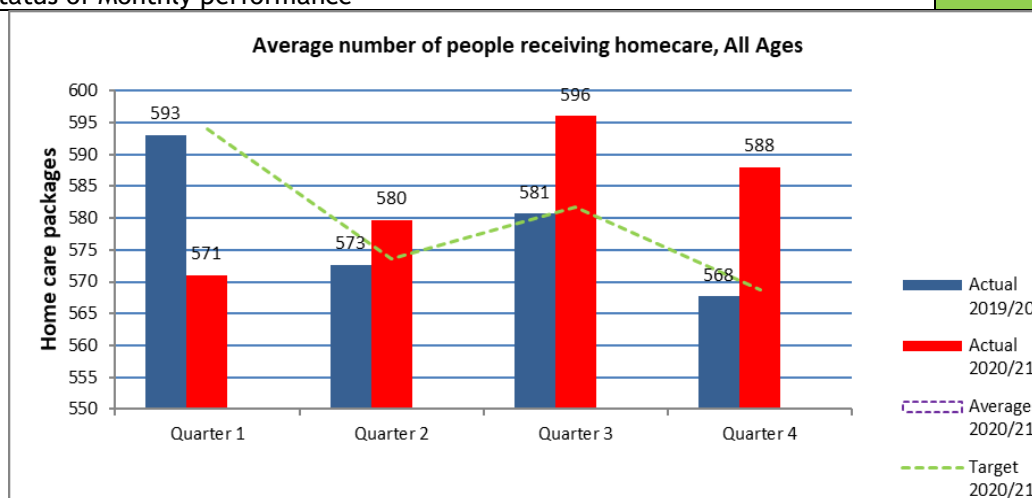
Average service user length of stay with CRT service in weeks	
Target performance per month (no more than)	6.00
Actual performance this month	3.32
Status of Monthly performance	Green



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	
Target performance per month for this quarter (not less than)	574
Actual performance this month	580
Status of Monthly performance	Green



4.7 PROGRAMME UPDATE

The Reading Integration Board Programme Plan has been developed in partnership with stakeholders and is expected to be signed off at the Integration Board meeting in June 2021 (Appendix 1). The programme encompasses three key priorities, along with a focus on health inequalities.

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.*

The Reading Integration Board Programme Plan objectives are mapped to both the Berkshire West Integrated Care Partnership (ICP) priorities and the Health and Wellbeing Board proposed strategic priorities for 2021/22 to ensure alignment and effective reporting:

Integrated Care Partnership Strategic Objectives

- Promote and improve health and wellbeing for Berkshire West residents
- Create a financially sustainable health & social care system
- Create partnerships and integrate services that deliver high quality and accessible H&S Care
- Create a sustainable workforce that supports new ways of working

Top emerging priorities from the Joint Health and Wellbeing Strategy

- Reduce the differences in health between different groups of people
- Support individuals at high risk of negative outcomes to live healthy lives
- Help families and young children in early years
- Good mental health and wellbeing for all children and young people
- Good mental health and wellbeing for all adults

Progress updates will be provided on a regular basis through the agreed governance structures from Reading Integration Board to the Integrated Care Partnership and to Reading Health and Wellbeing Board.

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 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 is important to the Reading Integration Board. The annual Adult and Social Care Service survey was sent out in January 2021. Responses are due to be shared with the Health and Wellbeing Board. The Integration Board will review the responses and incorporate the feedback, where appropriate, in the integration work plan.

- 7.3 Healthwatch are undertaking a review focussed on people being discharged from hospital on pathways 1 to 3. This review started in June and a report will be submitted to the Integration Board once complete. It is expected that this will be in October 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 year-end Finance template for 2020/21 has been completed and submitted by the deadline of 24th May 2021, and a separate report provided to the Reading Health and Wellbeing Board. The planning template for 2021/22 has not yet been released (at the time of writing this report).

11. BACKGROUND PAPERS

- 11.1 The BCF performance data included in this report is drawn from the *Reading Integration Board Dashboard - May 2021(Reporting data to February and March 2021)*
- 11.2 Appendix 1: Reading Integration Board Programme Plan 2021/22