READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**8th OCTOBER 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 Q1 progress update is provided for information (Appendix 1).

1.3 We are currently working against the following 4 national BCF targets, based on 2020/21, whilst awaiting the release of the BCF Planning Guidance for 2021/22:

- 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.

Performance against these targets has declined, with only one of the four, Residential Nursing, being met. This is based on data reported in the Reading Integration Board (RIB) Dashboard for August 2021. Further details are provided in Section 4 of this report.

1.4 The Health Inequalities focused projects, identified in the RIB Programme Plan, are being aligned with the Health and Wellbeing Board Strategy Action Plans, where appropriate, as well as working with system partners at Integrated Care Partnership (ICP) and Integrated Care Services (ICS) levels to support the wider priorities.

1.5 Voluntary Care Sector Forums have commenced, in collaboration with Reading Voluntary Action (RVA), to enable our voluntary care sector to engage with the ongoing development and delivery of the Reading Integration Programme and the Health Inequalities focussed projects. Future meetings are scheduled for, 24th November and 26th January.

2. RECOMMENDED ACTION

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

3. POLICY CONTEXT

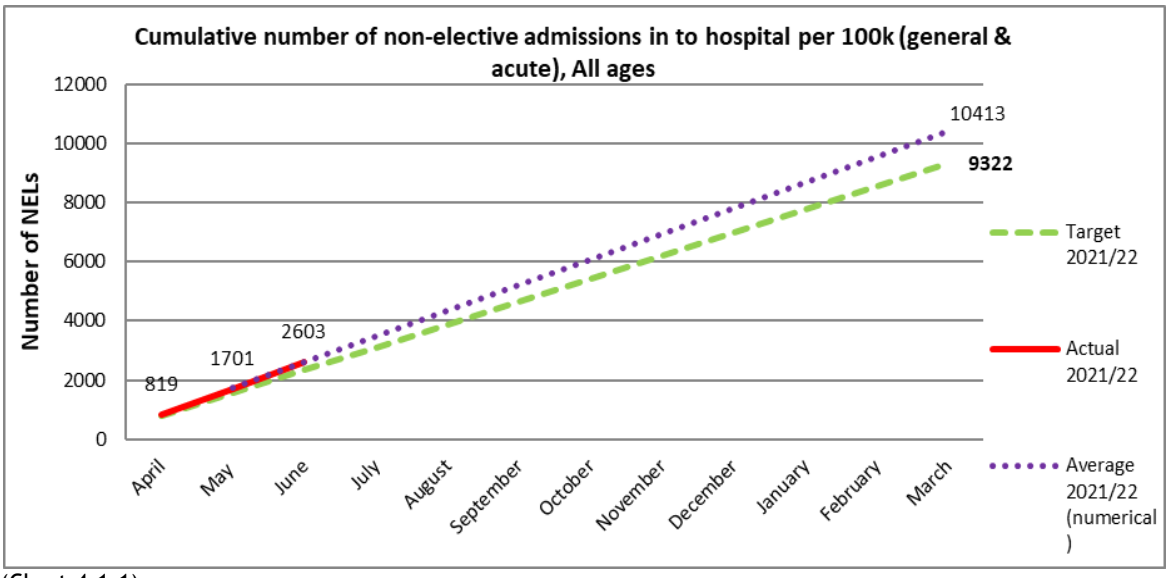
3.1 The Better Care Fund Policy for 2021/22 has been published but we are awaiting the release of the national planning guidance, which will provide the detail required, such as the agreed financial envelope and BCF metrics for this year. Based on early discussions with the BCF team, there is not expected change in the metrics, apart from including a measure in relation to admission avoidance, in place of the current Non-elective admissions (NELs) target, and a metric in relation to reducing Length of Wait (LoW) in hospital, once someone is declared medically optimised for discharge. In line with the BCF National Conditions, once these are formally announced, the mandatory minimum funding streams will go into a pooled budget for 2021/22, which will be governed by an agreement under S75 of the NHS Act 2006 as in previous years.

4. BCF PERFORMANCE UPDATE

4.1 Non-Elective Admissions (NELS)

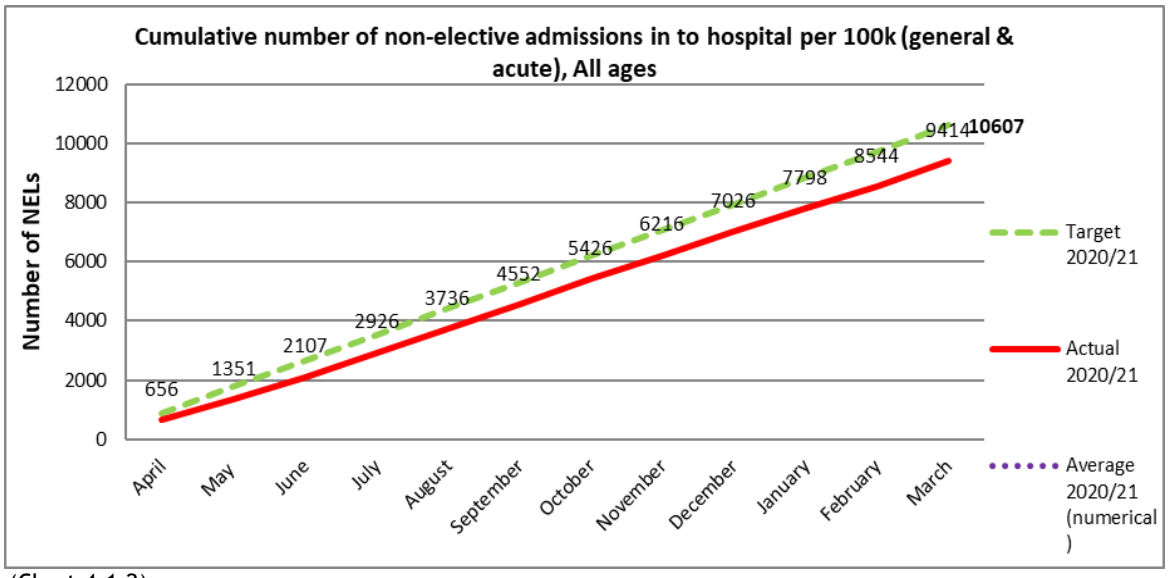
The annual target for the maximum number of Non-Elective admissions is 9,322 (per 100,000 population). Performance has deteriorated when compared to last year, when we were below target all year. However it should be noted that the target is reduced each year. For 2020/21 the target was a maximum of 10,607 and we achieved 9,414. The year end projections for 2021/22, based on performance for the first quarter to end of June, are 10,413. We continue to work with system partners to avoid hospital admissions where possible. The BCF Planning Guidance for 2021/22 is expected to introduce an admission avoidance measure in place of the NELs target. The fall in performance is potentially due to increasing confidence in the population in relation to attending hospital. The charts below show current performance (chart 4.1.1) for 2021/22, performance for 2020/21 – during Covid (chart 4.1.2) and performance in 2019/20 - pre-Covid (chart 4.1.3). It should be noted however, that based on the projections for this year, 2021/22, performance would demonstrate a 40% reduction in NELs, per 100,000 population, compared to 2019/20.

BCF Target 1: NELS	Total Non-elective spells per 100,000 population
Status - Performance is 11.7% away from meeting the target	Red



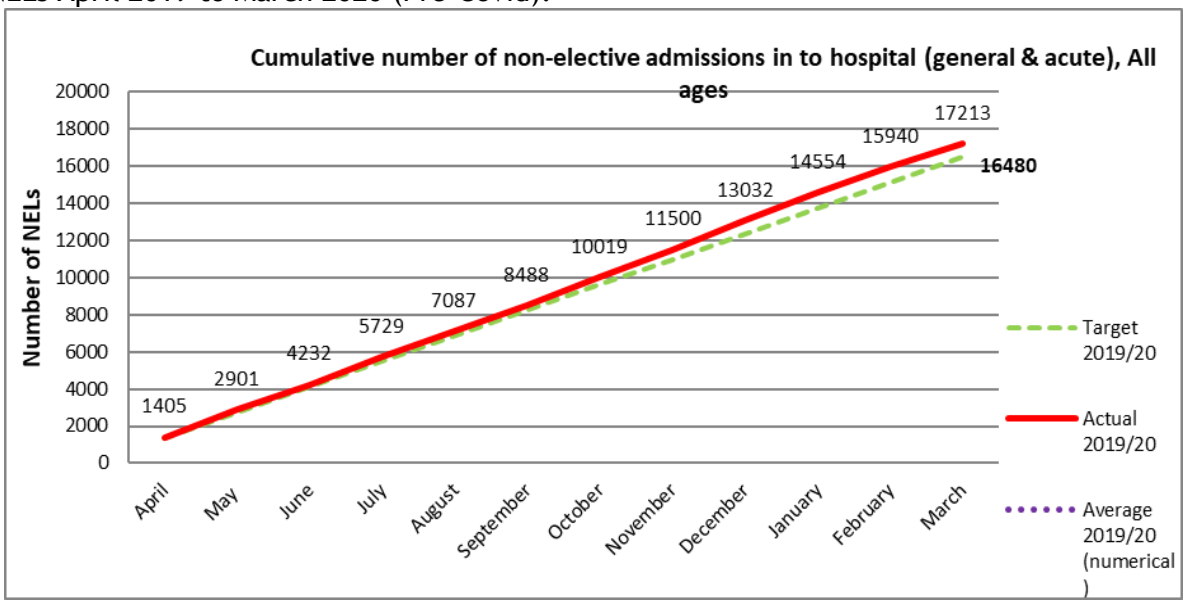
(Chart 4.1.1)

NELs April 2020 to March 2021 (During Pandemic), which shows significantly improved performance compared to 2019/20.



(Chart 4.1.2)

NELs April 2019 to March 2020 (Pre-Covid):

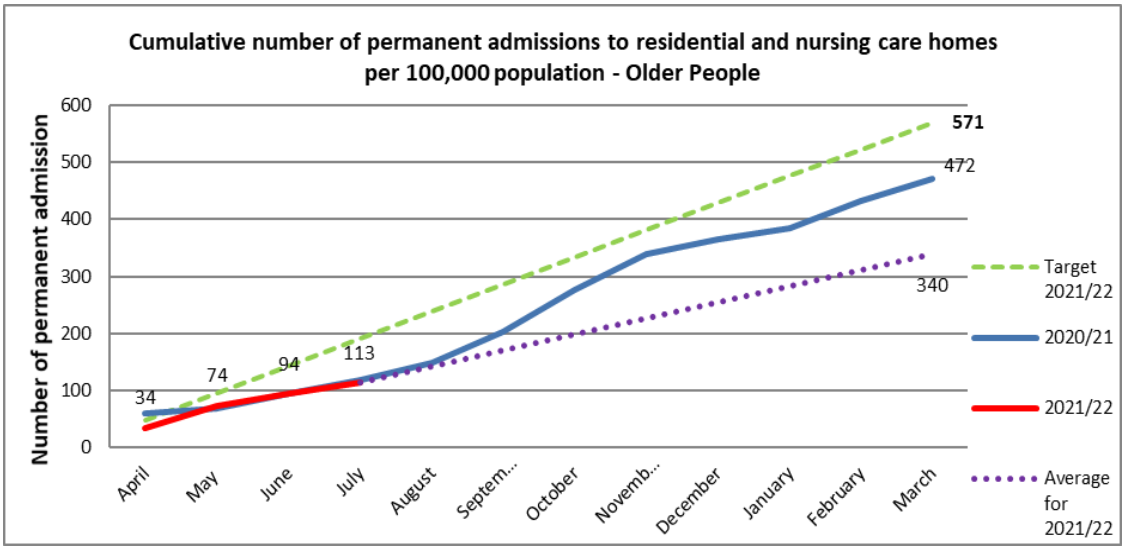


(Chart 4.1.3)

4.2 Admissions to Residential / Nursing Homes

This target measured the number of people, per 100,000 of the Reading population, being placed into residential or nursing homes and was 113 to July 2021, a positive position start to the year with a projected performance of 340 against a maximum target of 571.

BCF Target 2: Care Homes Admissions	BCF Target 2: Care Homes Admissions
Status - Performance exceeds the target	Green
Target performance per annum (no more than)	571



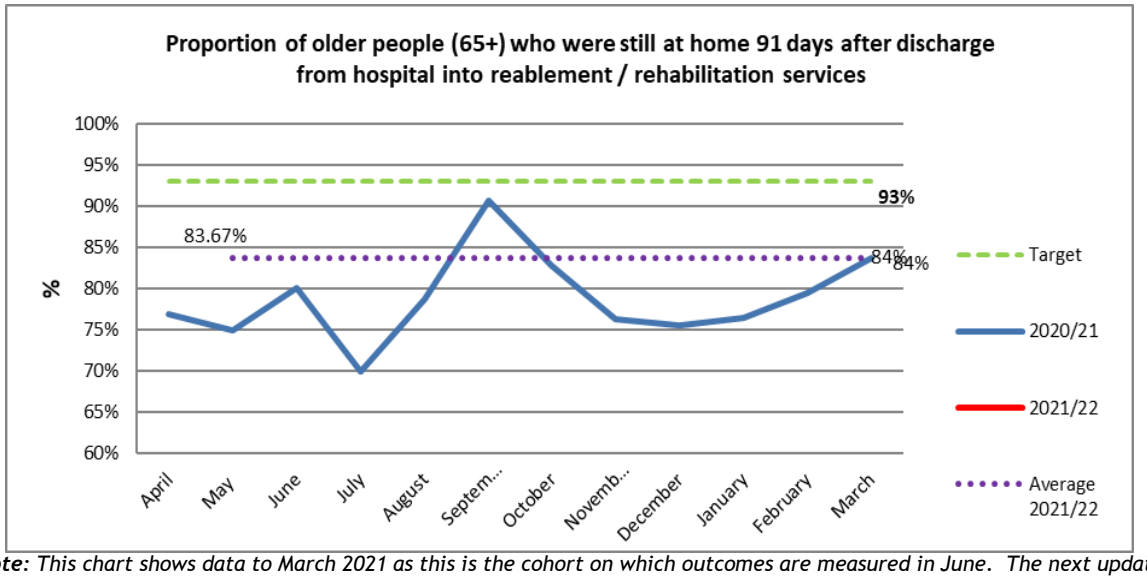
4.3 Reablement – 91 Days

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 at discharge from hospital. 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 93% of service users remained at home, 91 days after a hospital discharge into the reablement service.

Performance against this target, based on people discharged in March, still at home in June, improved to 84% from 76% in the previous period, but fell short of the target of 93%. There were 49 people discharged into community reablement care and of those 41 remained at home after 91 days. Sadly 5 of the 8 people, who did not remain at home, had passed away. Performance rates without those service users being included would have met the target.

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 9% away from meeting the target	Amber

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 March hospital discharges are reported in June)*



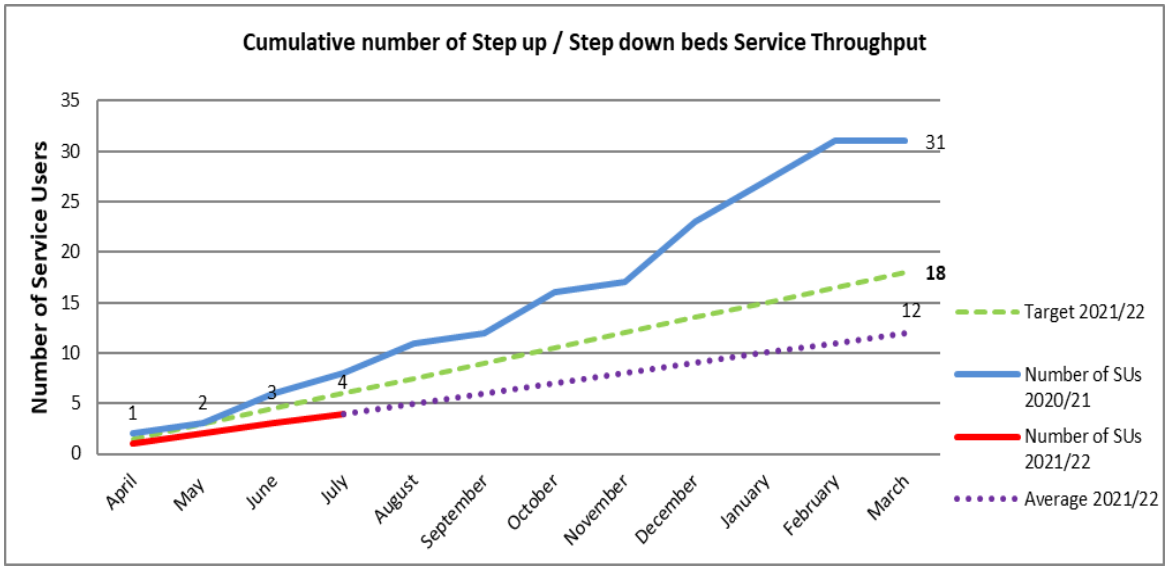
Note: *This chart shows data to March 2021 as this is the cohort on which outcomes are measured in June. The next update will show the statistic for patients discharged in April.*

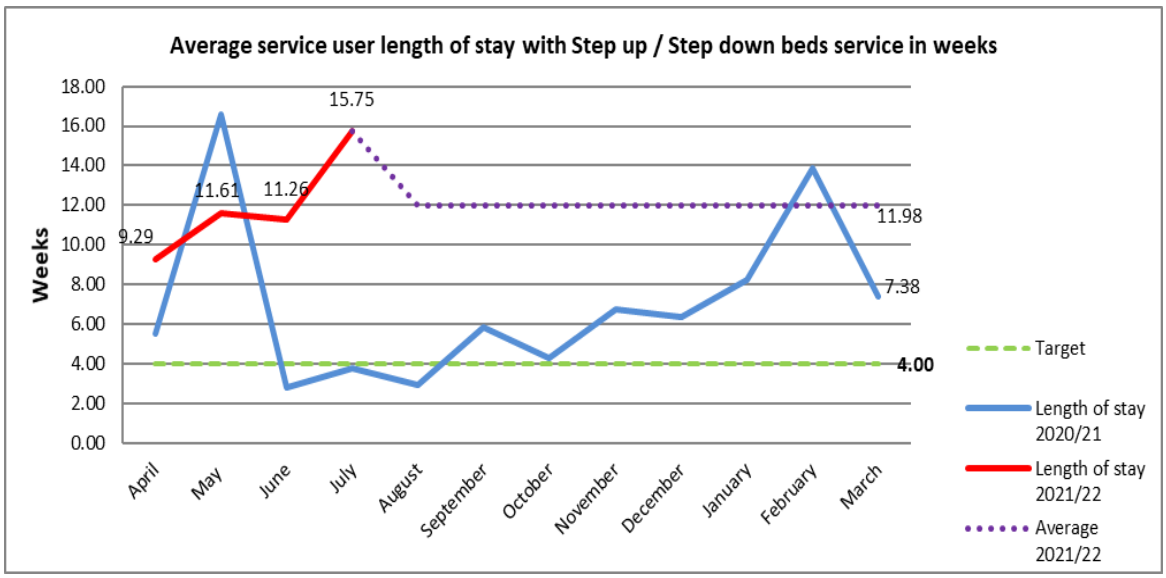
4.4 Discharge to Assess (D2A)

4.4.1 The minimum number of people placed in the commissioned Discharge to Assess beds at Charles Clore Court has not been met, due to the impact of some long stayers. 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). There was an increase in the average length of stay of service users to 15 weeks due to a number of factors such as a Covid outbreak, affecting both vulnerable service users and staff, and to some very complex cases for example a service user who has dementia and displaying challenging behaviours, or service users with no recourse to public funding, causing long delays in finding appropriate long-term care options, and therefore reducing the available capacity.

In the previous year 2020/21 the average length of stay was 7 days. A review of the discharge to assess offer is underway and learning from the experience with these flats is being used to inform the future model for Reading. The aim will be to continue down the route of extra care independent living flats but to potentially increase the number to provide more flexibility, as well as provide a wrap around multi-disciplinary team approach to support service users moving on appropriately, following a strengths-based approach.

Cumulative number of Step up / Step down beds Throughput	
Target performance per year (not less than)	18
Status of Monthly performance	Amber
Cumulative number of cases FY to date	4





4.4.2 The local discharge pathway metrics, signed off by Berkshire West system partners at the Rapid Community Discharge Steering Group, in order to monitor the impact of the service are as follows:-

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 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' for discharge has been captured since the first week of March 2021 and the average length of wait for Reading patients awaiting discharge, as at July 2021, against Pathways 1 to 3, is shown in the table below:

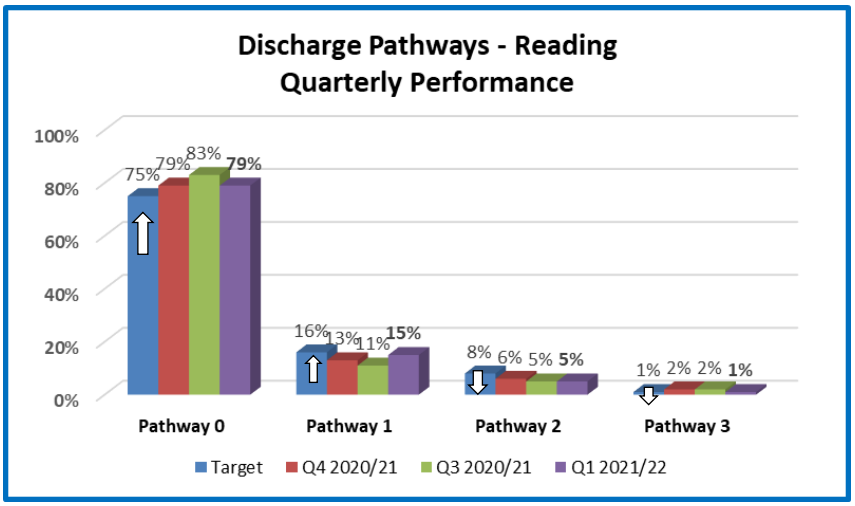
Pathway	Average Length of Wait (days)
1 – home with package of care	2.4 *(reduced by 1 day since last report)*
2 – community bedded setting with rehabilitation	1.5 *(slight increase from 1.4 in last report)*
3 – nursing / residential 24hr care	3.0 *(Significant reduction from 10.6 in last report)*

The improved performance in hospital discharge lengths of wait, particularly for Pathway 3, has been noted by neighbouring Local Authority system partners and a meeting arranged to share best practice.

The overall Berkshire West percentage of same day discharges for, pathways 1 to 3, was 19%. The local target is 95% on all pathways, including Pathway 0. A review of data is being undertaken, including methodology, to ensure alignment with the National metrics, pending detail within the planning guidance, which at the time of writing this report had not been released. The revised metrics will be shared in due course.

As at the end of Quarter 1 (April to June 2021), 94% of patients were discharged home on pathways 0+1 for Reading, against a target of 91% as a minimum, and this was an improvement of 2% on the last quarter.

Performance for Reading, as at the end of Quarter 1 (April to June 2021), in comparison to the previous 2 quarters (Sept to Dec 2020, Jan to Mar 2021), is shown in the chart below:



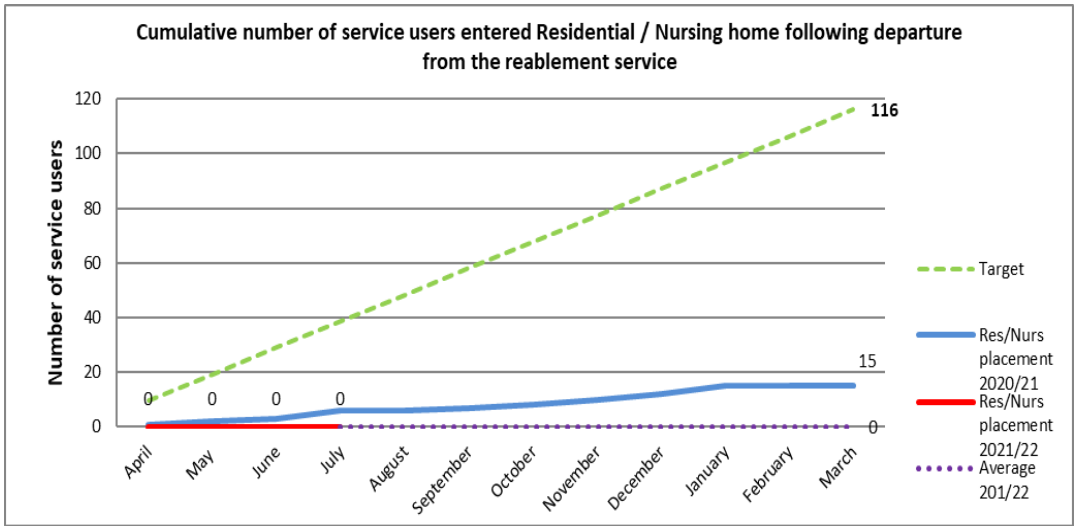
Reading continues to perform well, and above target, in respect of discharges on Pathway 0, with 79% being discharged home, against a minimum target of 75%. Pathway 1 performance is also improving, although sits 1% below the minimum target of 16% in Quarter 1. Pathway 2 performance remains strong, and below the maximum target of 8% and Pathway 3 continues to improve, at 1% where ideally it should be below 1%.

4.5 Impact of Local Community Reablement Schemes

4.5.1 Residential Admissions after reablement

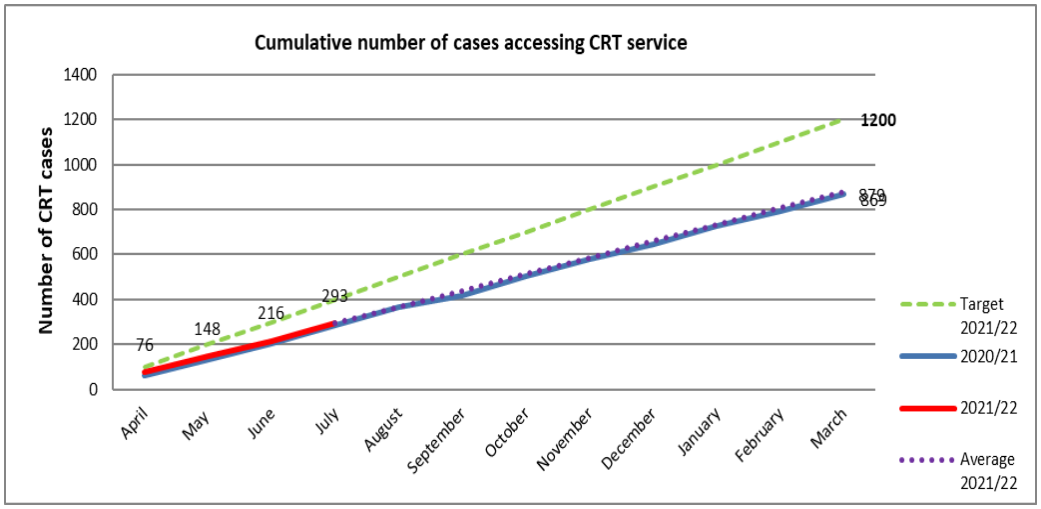
The reablement service has impacted positively on the avoidance of service users entering residential / nursing homes, following departure from their service, and there have been no admissions during the first quarter of 2021/22. This remains significantly below the maximum target of 116 for Reading.

Cumulative number of service users entered Residential / Nursing home following departure from the reablement service	
Target performance per year (not more than)	116
Status of Monthly performance	Green



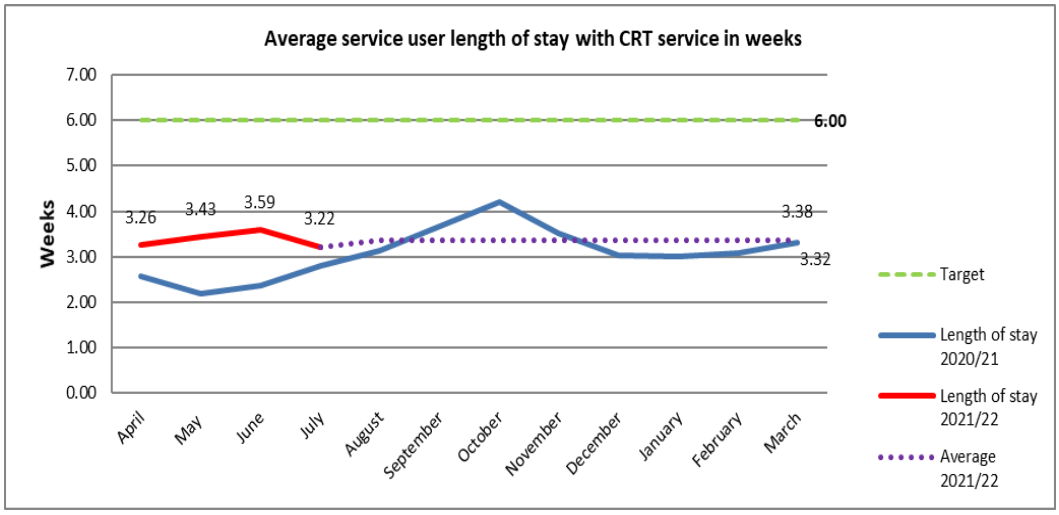
4.5.2 The number of people accessing support through the Community Reablement Team (CRT) service is currently significantly below the expected level of not less than 1,200 per year, with projections showing an intake of 879. A review of the CRT service is underway, which will look at capacity and service delivery.

Cumulative number of cases accessing CRT service	
Target performance per year (not less than)	1200
Cumulative number of cases FY to date	293
Average performance (based on performance to date)	879
Status of Average performance	Red



4.5.3 The average length of stay with the reablement services as at July 2021 continues to be positive at 3.32 weeks, against a maximum of 6 weeks, ensuring people are enabled to become as independent as possible through the support of the Community Reablement Team (CRT) service.

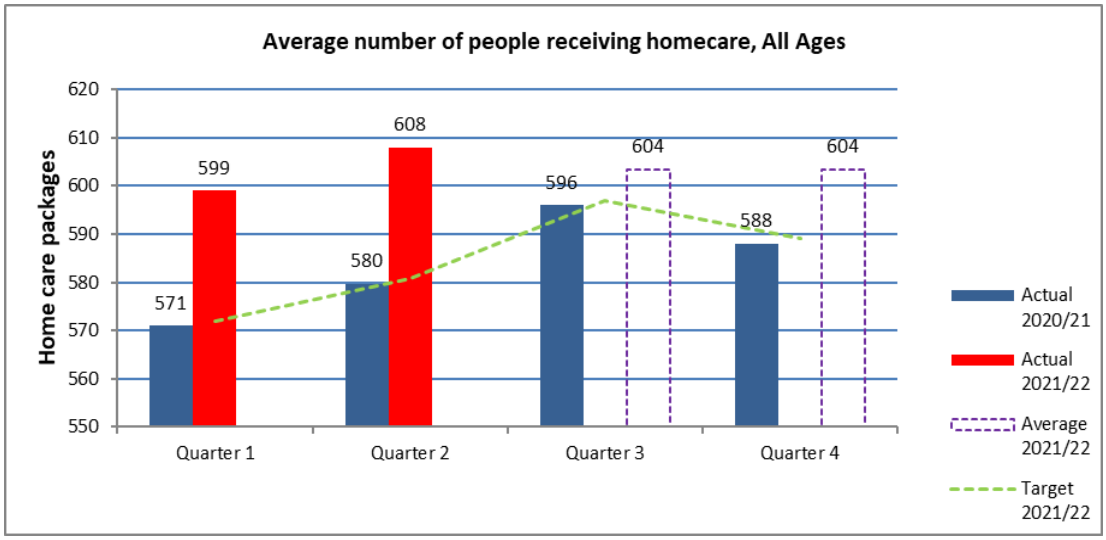
Average service user length of stay with CRT service in weeks	
Target performance per month (no more than)	6.00
Actual performance this month	3.32
Status of Monthly performance	Green



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. The position in July (*Quarter 2 - July to September*) 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)	581
Actual performance this month	608
Status of Monthly performance	Green



4.7 PROGRAMME UPDATE

The Reading Integration Board Programme Plan was developed in partnership with stakeholders and was signed off at the Integration Board meeting in June 2021. The Quarter 1 update against the projects is shown in Appendix 1. The programme encompasses three key priorities; Multi-Disciplinary Teams wrapped around PCNs, Discharge to Assess future model for Reading and the Nepalese Diabetes project, 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 (RIB) 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

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

Progress updates on the RIB programme plan will continue to 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.

In addition, RIB is the key governance group who will develop and monitor the Reading Action Plans for the Health and Wellbeing Strategy Priorities 1 and 2. The Action Plans are in development, engaging key stakeholders and identifying appropriate metrics. It is expected that the final plans will be submitted to the Health and Wellbeing Board in March 2022.

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, however input is being sought in relation to the development of the Health and Wellbeing Strategic Priority Action Plans for priorities 1 and 2, as well as cross referencing with the other workstreams for priorities 3 to 5.

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 continues to be 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 was due to start in June 2021, however it was delayed due to the requirement for additional data sharing agreements to be processed. We are advised that a report will be submitted to the Integration Board once complete. It is expected that this will be during Quarter 3 (Oct to Dec 2021). A full report will be submitted to the Health and Wellbeing Board in due course.

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 Better Care Fund (BCF) planning guidance for 2021/22 is still awaited. Early indications are that there will be no significant changes in funding, although there will be some changes in relation to the BCF metrics. We are working with the leads for the schemes funded through the BCF and with our finance colleagues to continue to deliver appropriate

schemes within budget. We are advised that the Planning Guidance will be released shortly, with an expected return date of the final Plans by 11th November 2021.

11. BACKGROUND PAPERS

11.1 The BCF performance data included in this report is drawn from the *Reading Integration Board Dashboard – August 2021(Reporting data between April and July 2021)*

11.2 Appendix 1: Reading Integration Board Programme Plan – Q1 update 2021/22