

READING HEALTH AND WELLBEING BOARD

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| DATE OF MEETING: | 21 st JANUARY 2022 | | |
| 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 as well as performance against the national Better Care Fund (BCF) targets as at the end of October 2021.
- 1.2 The BCF metrics were updated in the recent planning guidance for 2021/22 and will be adopted for Quarters 3 and 4 reporting (i.e. October 2021 to March 2022). Two of the measures were retained (Reablement - 91 days and Residential/Nursing home admissions). The new metrics to be measured for this financial year are as follows:
 - a) The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions).
 - b) Reduction in length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
 - c) An increase in the proportion of people discharged home using data on discharge to their usual place of residence.
 - d) The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population.
 - e) The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation).

Where new metrics have been added, the year to date progress is shown below, based on national data reported via the Better Care Exchange. For existing targets, the performance is based on data reported in the Reading Integration Board (RIB) Dashboard for November 2021. The November dashboard contains October data. There will always be a lag of up to 8 weeks with the data, which is aligned with national data reporting schedules. Further details are provided in Section 4 of this report.

- 1.3 The Health Inequalities focused projects, identified in the Reading Integration Board (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.
- 1.4 Voluntary Care Sector Forums have commenced, 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.

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.

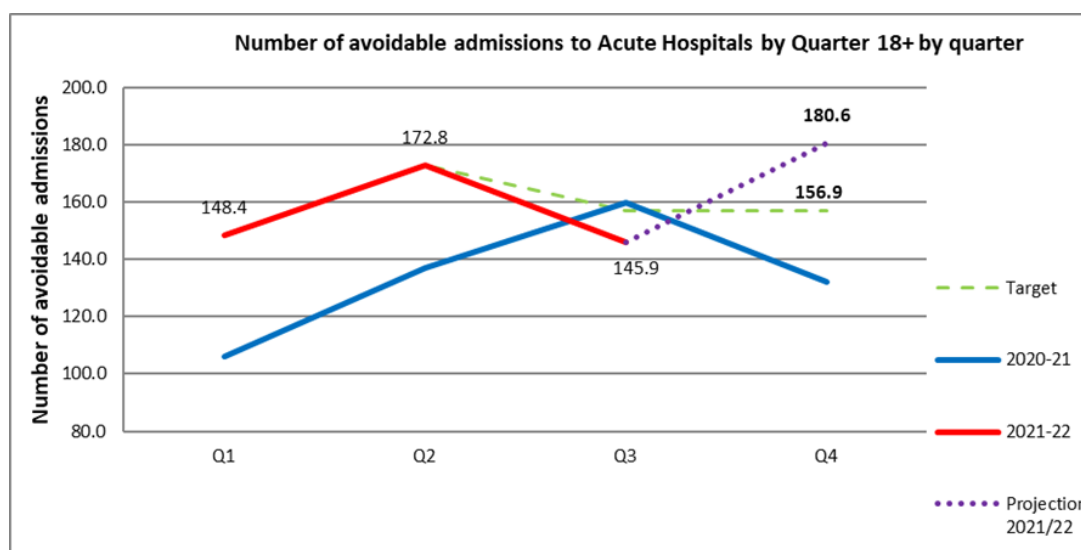
3. POLICY CONTEXT

3.1 The Integration Board is responsible for engaging in system working with Local Authority, Commissioning and Voluntary Sector partners across Reading and the Berkshire West area, enabling partners and other interested stakeholders to discuss progress towards integrating services and in meeting the Better Care Fund (BCF) performance targets, as set out in sections 1.2 and 4.0 of this paper. The mandatory minimum amounts from the Better Care Fund will go into a pooled budget for 2021/22, which will be governed by an agreement under Section 75 of the NHS Act 2006 as in previous years, for which there is a delegated authority for sign-off. The Better Care Fund Plan for 2021/22 was approved by NHS England on 11th January 2022.

4. PERFORMANCE UPDATE FOR BETTER CARE FUND AND INTEGRATION PROGRAMME (aligned with metrics set out in planning guidance 2021/22)

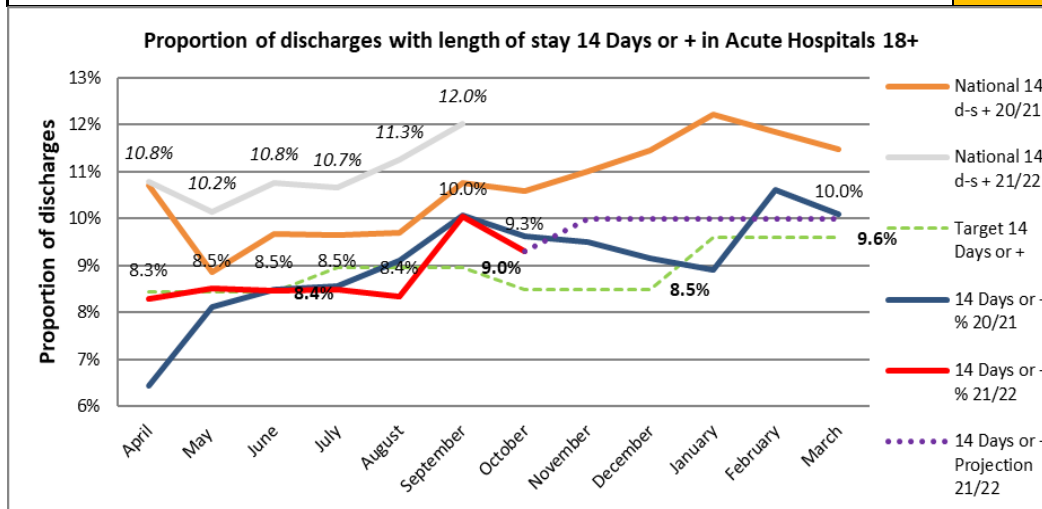
4.1 Reduction in avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions), no more than 635 per 100,000 for the year.

| Number of Unplanned hospitalisations for chronic ambulatory care sensitive conditions per 100,000 population - 18+, Acute hospitals, per quarter | |
|--|-------|
| Target performance for quarter 3 (no more than) | 157 |
| Actual performance for quarter 3 | 146 |
| Average performance to date | 172 |
| Status | Green |
| Status change since last quarter | ↑ |



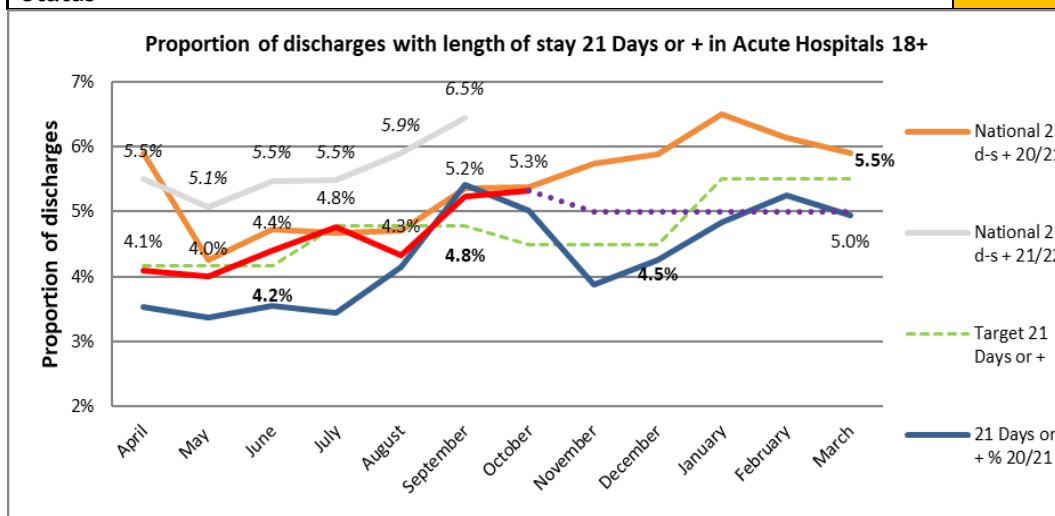
4.2 Reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days. The National ambition for reducing Length of Stay is to be no more than 12% of people over 14 days. Reading are performing well against this target at almost 3% below that national aim but is just under 1% higher than our Quarter 3 stretch target.

| Proportion of inpatients resident for 14 days or more, per month | |
|--|-------|
| Target performance per month (no more than) | 8.5% |
| Actual performance this month | 9.3% |
| Average performance for the current period | 10.0% |
| Status | Amber |



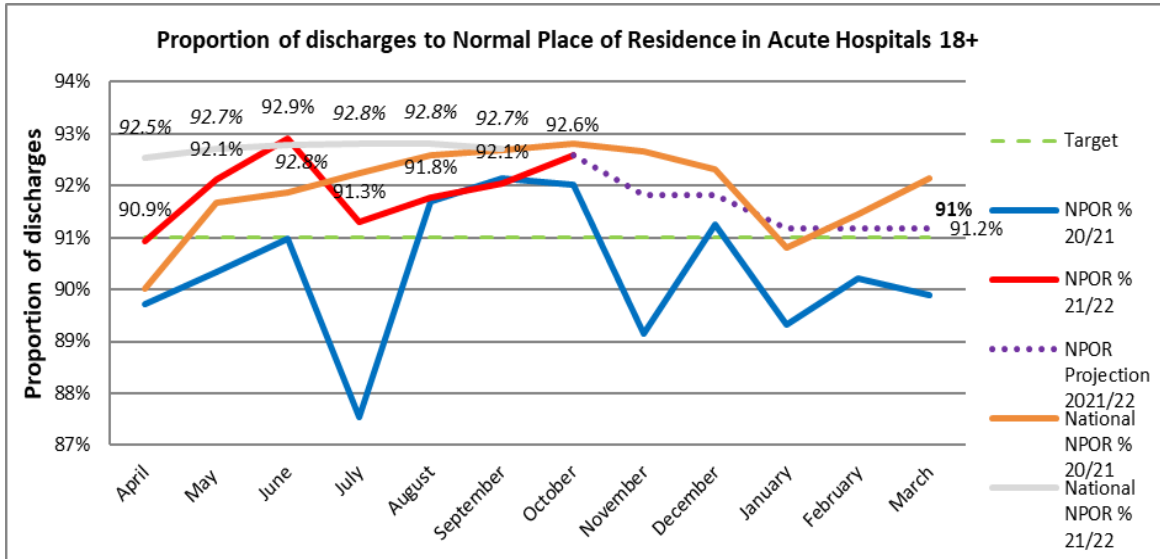
Whilst Reading performance is currently slightly above the locally set target, which has been agreed with acute hospital system partners, we are performing significantly better than the National average for both the 14 and 21 day Length of Stay (LoS) indicators.

| Proportion of inpatients resident for 21 days or more, per month | |
|--|-------|
| Target performance per month (no more than) | 4.5% |
| Actual performance this month | 5.3% |
| Average performance for the current period | 5.0% |
| Status | Amber |



- 4.3 An increase in the proportion of people discharged home, from acute hospitals, using data on discharge to their usual place of residence.

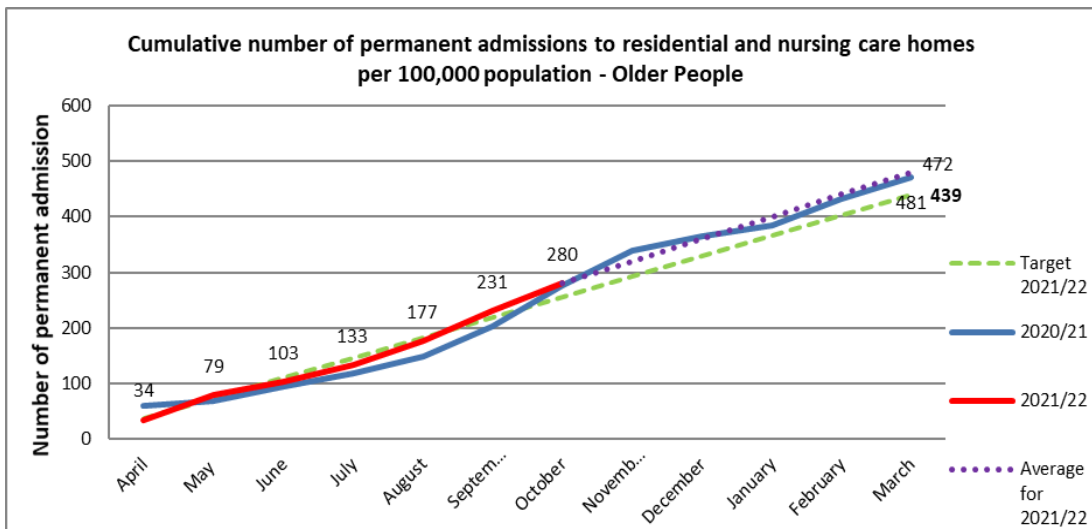
| Proportion of discharges to Normal Place of Residence in Acute Hospitals 18+, per month | |
|---|-------|
| Target performance per month (not less than) | 91.0% |
| Actual performance this month | 92.6% |
| Average performance for the current period | 91.2% |



Performance against this metric is showing an improvement compared to the previous year and is within range of the National position for 2021/22.

- 4.4 The number of older adults (65+) whose long-term care needs are met by admission to residential or nursing care per 100,000 population.

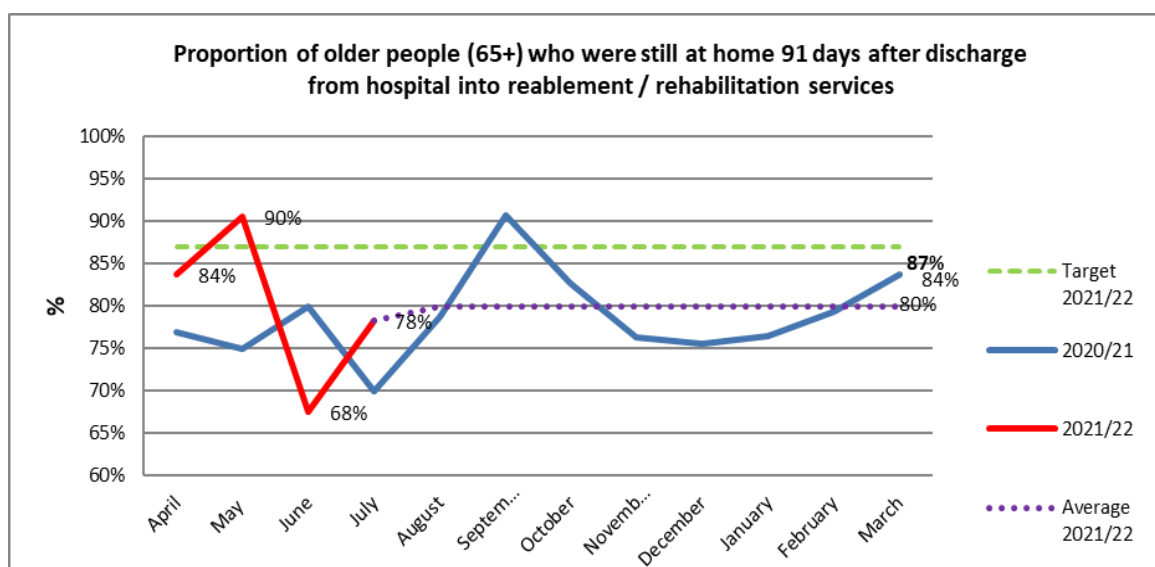
| Cumulative number of permanent admissions to residential and nursing care homes per 100,000 population - Older People | |
|---|-------|
| Target performance per annum (no more than) | 439 |
| Actual performance to date | 280 |
| Projected performance based on the average performance to date | 481 |
| Status | Amber |



Current performance remains below the overall cumulative target, which was significantly reduced from 571 to 439 which was agreed as realistic stretch, as required within the BCF Planning guidance, at the time of developing the metrics. However, the projection to the end of the year is in excess of the target currently.

- 4.5 The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation).

| Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services | |
|---|-------|
| Target performance (not less than) | 87% |
| Total number of people departing reablement 91 days ago (numerical) | 46 |
| Of those at home 91 days later (numerical) this month | 36 |
| Actual performance (%) this month | 78% |
| Status of Monthly performance | Amber |
| Average annual performance (based on performance to date) | 80% |
| Status of Average performance | Amber |



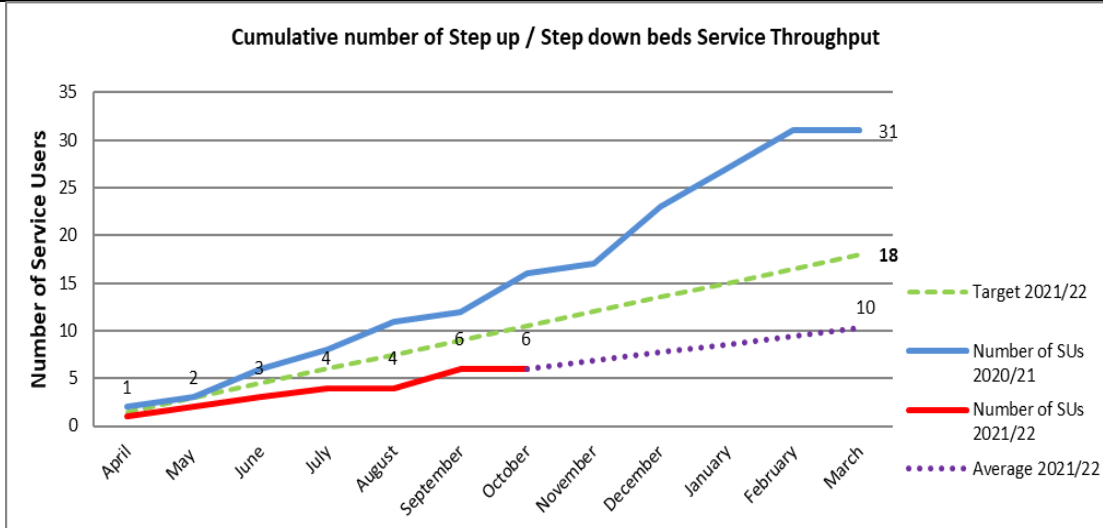
(based on people discharged in July, who were still at home in October 2021 - the July cohort)

Performance against this target has improved slightly but is 12% below the target of 87%. Sadly 7 of the 10 people, who did not remain at home, had passed away. Performance rates without those service users being included would have met the target. We are working with system partners to try and ensure those people who would be on an end of life pathway are not referred into Reablement but into appropriate end of life care.

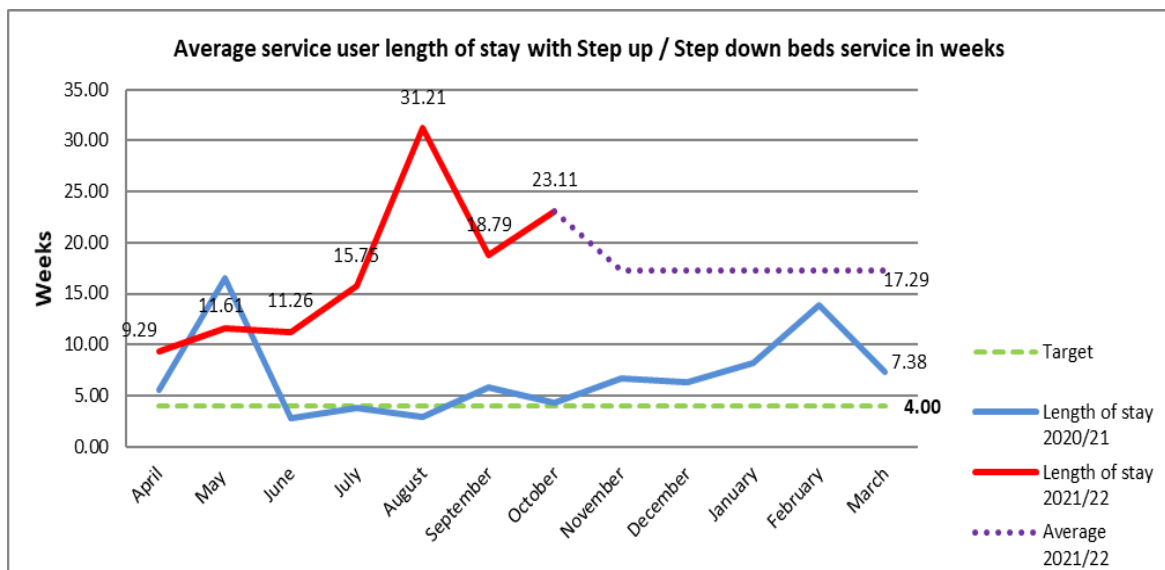
4.6 Local Schemes funded through BCF

- 4.6.1 Discharge to Assess (D2A) Step-down/step-up beds at Charles Clore Court. 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). 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, and the impact of a Covid outbreak, affecting both vulnerable service users and staff.

| Cumulative number of Step up / Step down beds Throughput | |
|---|-----|
| Target performance per year (not less than) | 18 |
| Actual performance this month | 0 |
| Status of Monthly performance | Red |
| Cumulative number of cases FY to date | 6 |
| Average annual performance (based on performance to date) | 10 |
| Status of Average performance | Red |



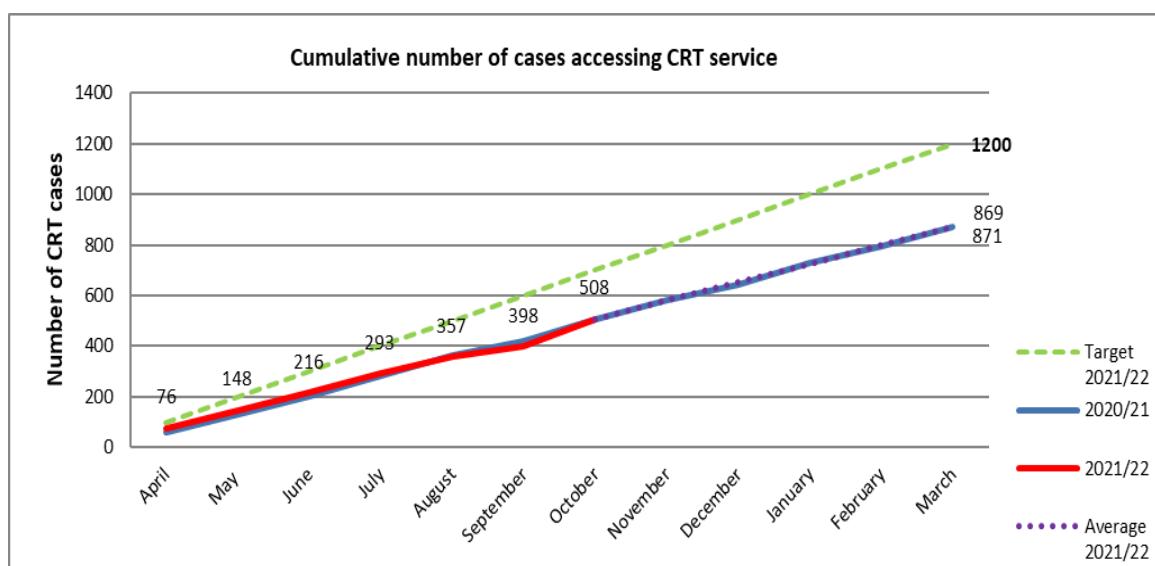
The average length of stay has increased further due to some continuing complex cases for self-funders that have yet to be resolved. We have commissioned additional discharge to assess beds at Parkside and have also negotiated with Berkshire West CCG for funding to commission a further 10 Extra Care Discharge to Assess flats in order to meet the demands on hospital discharge pathways and support acute services in meeting a challenging target of reducing the number of people still in hospital, after they are medically optimised for discharge by 50% by the end of January 2022.



4.6.2 Impact of Community Reablement Service

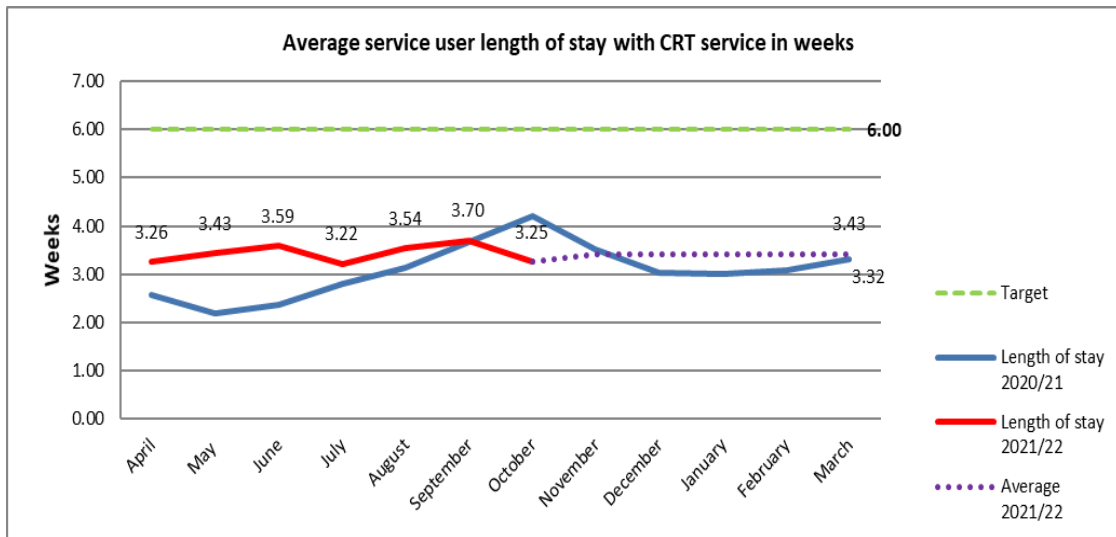
The number of people accessing support through the Community Reablement Team (CRT) service is currently significantly below the expected level of not less than 1,200 per year, with projections showing an intake of 871. A review of the CRT service is underway, which will look at capacity and service delivery and a review of the target as the service is delivered in hours, which may vary for each service user based on their care needs.

| Cumulative number of cases accessing CRT service | |
|--|-------|
| Target performance per year (not less than) | 1200 |
| Actual performance this month | 110 |
| Status of Monthly performance | Green |
| Cumulative number of cases FY to date | 508 |
| Average performance (based on performance to date) | 871 |
| Status of Average performance | Red |



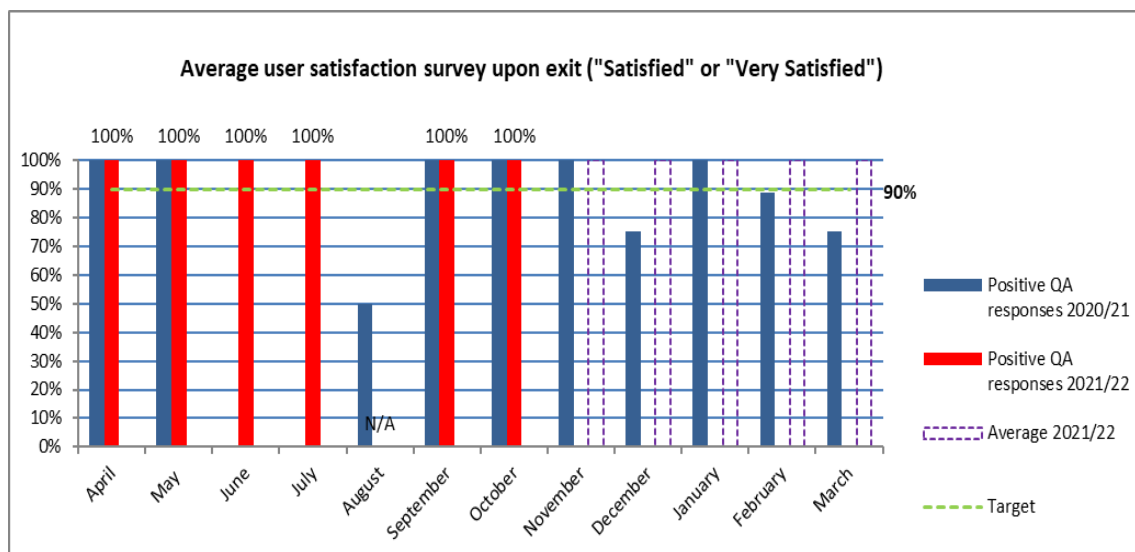
The average length of stay with the reablement services as at October 2021 continues to be positive at 3.25 weeks, against a maximum of 6 weeks, ensuring people are enabled to become as independent as possible through the support of the Community Reablement Team (CRT) service.

| Average service user length of stay with CRT service in weeks | |
|---|-------|
| Target performance per month (no more than) | 6.00 |
| Actual performance this month | 3.25 |
| Status of Monthly performance | Green |
| Projected average performance (based on performance to date) | 3.43 |
| Status of Projected performance | Green |



The satisfaction levels of service users with the reablement service has remained strong, with response rates of 50% and overall satisfaction rates of 100%, against a target of 90%.

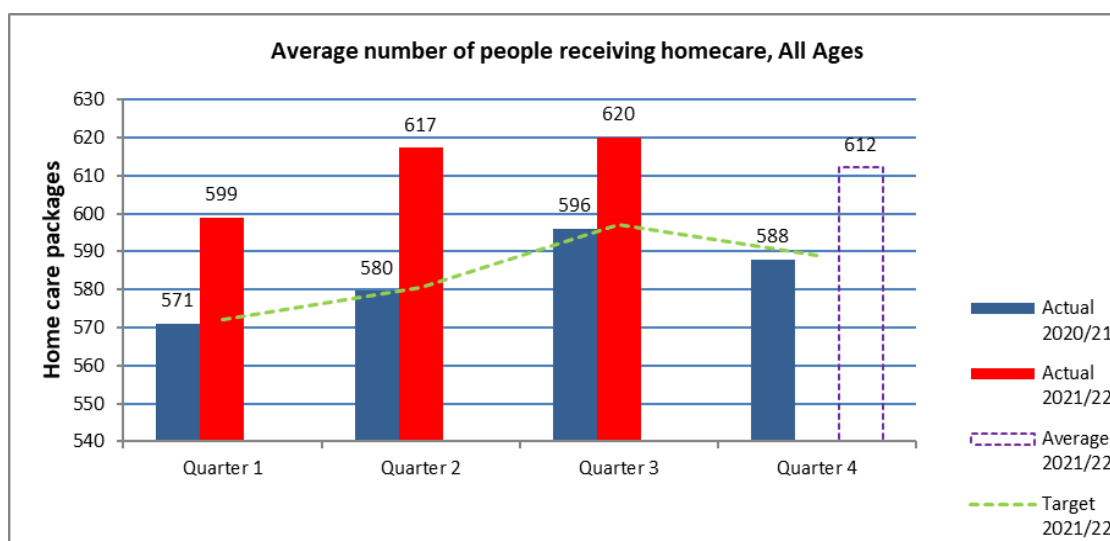
| Average user satisfaction survey upon exit ("Satisfied" or "Very Satisfied") | |
|--|-------|
| Target performance (not less than) | 90% |
| Actual performance this month | 100% |
| Status of Monthly performance | Green |



4.7 Additional BCF Funding for accelerated Integration (iBCF)

The targets were designed to reflect the impact of the iBCF funding's investment in reablement services. The position at the end of Q3 (October to September) has shown continued growth in the number of people receiving home care support, 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 | 620 |
| Status of Monthly performance | Green |



4.8 Reading Integration Board (RIB) - Programme Update

The Reading Integration Board Programme Plan was developed in collaboration with system partners from Health, Social Care and Voluntary Care Sectors. The programme encompasses three key priorities:

4.8.1 Multi-Disciplinary Teams (MDT)

Meetings were held with Primary Care Network (PCNs) representatives in November and December to agree the clusters and themes for the MDT meetings in January 2022.

There are three MDT Clusters established and there will be a theme for each meeting that will address high areas of need based on population health management data through the shared care records system, Connected Care. Cases are submitted for MDT review where there is a high risk of poor health outcomes.

| Cluster | PCN | Date of MDT | Theme |
|---------|-----------------|-------------|------------------------|
| 1 | Tilehurst | WB 24/1/22 | High Users/Complex pts |
| | Reading West | | |
| 2 | Caversham | 18/1/22 | Diabetes |
| | Whitley | | |
| 3 | Reading Central | 13/1/22 | Diabetes |
| | University | | |

Outcome reports will be submitted to the Reading Locality Manager monthly, with updates to the Integration Board.

4.8.2 Discharge to Assess future model for Reading

The processes are being mapped to ensure a smooth flow between the acute hospital and the community to support people on discharge from hospital who require additional care. There are also links with the voluntary care sector to provide settling in services to enable people, particularly those who live alone, to return home safely and have any immediate needs met such as some basic shopping and checking that utilities are functioning, with referral onto other services that the person may need to remain well at home. The aim of this service would also be to support people in the community to avoid hospital admission, where possible.

4.8.3 Nepalese Diabetes project

This project started in June 2021. Supported by funding from the Academic Health Science Network (AHSN). There have been three group consultations with Nepalese patients from Melrose surgery- two virtual and one face to face with Lateral Flow Tests being done before hand. The aim is to expand this project to other surgeries in the PCN in the next few months, once funding is finalised.

The first cohort of Nepalese patients has now finished following a third group consultation which was face to face. The eligible list of patients for other practices in the PCN will be drawn from Connected Care (the shared care records system) so that those practices can refer onto the programme. Feedback from the patients who have participated in the project so far has been positive, and outcomes against the agreed metrics will be measured at the 6 month point in December/January.

There is also a focus on reducing health inequalities, particularly within areas of deprivation, using a Population Health Management approach to sharing data to provide insights for planning and commissioning, working closely with colleagues in Public Health and the wider Integrated Care Services across Berkshire, Oxfordshire and Buckinghamshire (BOB).

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 and social care system
- Create partnerships and integrate services that deliver high quality and accessible Health and Social Care
- Create a sustainable workforce that supports new ways of working

Joint Health and Wellbeing Strategic Priorities

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

The Reading Integration Board has responsibility for developing and monitoring the strategic action plans for Reading to support the Joint Health and Wellbeing 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.
- 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, due to the delays with agreeing data sharing with the acute hospital, that this will be at the end of the financial year, March 2022, and a full report will be submitted to the Health and Wellbeing Board in due course. The Integration Board will incorporate the service user feedback in the design of the future discharge to assess and admission avoidance service model.

8. EQUALITY IMPACT ASSESSMENT

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

9. LEGAL IMPLICATIONS

- 9.1 A draft Section 75 document has been drawn up to agree the pooled funds for the Better Care Fund between the Berkshire West Clinical Commissioning Group (CCG) and Reading Borough Council. This document will require sign-off, following NHS England approval of the BCF Plan and the draft has been submitted for legal scrutiny and shared with Berkshire West CCG for comment prior to final sign-off and sealing.

10. FINANCIAL IMPLICATIONS

- 10.1 The Better Care Fund (BCF) plan for 2021/22 has been approved at regional level, and we are awaiting approval at National level at the time of writing this report. There were no significant changes in funding, although there were some changes in relation to the BCF metrics, against which we will be monitored. We are working with the commissioners for the schemes funded through the BCF and with our finance colleagues to continue to deliver appropriate schemes within budget and arranging early review and preparation meetings in readiness for the 2022-23 planning process.

11. BACKGROUND PAPERS

- 11.1 The BCF performance data included in this report is drawn from the *Reading Integration Board Dashboard - November 2021(Reporting up to October 2021)*
- 11.2 Reading Integration Board (RIB) Programme Plan (Dec) 2021-22 (Q3)