READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	**18th MARCH 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 and performance against the national Better Care Fund (BCF) targets as at the end of December 2021 (Quarter 3).

1.2 The BCF metrics were updated in the planning guidance for 2021/22 and adopted for Quarters 3 and 4 reporting (i.e. October 2021 to March 2022). We had achieved 3 of the 5 metrics as at the end of December 2021 (Q3), as outlined below:

a) The number of avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions). **(Achieved)**
b) Reduction in length of stay of inpatients who have been in hospital for longer than, 14 days and 21 days. **(Not Achieved)**
c) An increase in the proportion of people discharged home using data on discharge to their usual place of residence. **(Achieved)**
d) The number of older adults whose long-term care needs are met by admission to residential or nursing care per 100,000 population. **(Achieved)**
e) The effectiveness of reablement (proportion of older people still at home 91 days after discharge from hospital into reablement or rehabilitation). **(Not achieved)**

There is an 8 week delay with the data as it is published from national data sources. Further details are provided in Section 4 of this report.

1.3 Health Inequalities focused projects, identified in the Reading Integration Board (RIB) Programme Plan, are being reviewed to ensure alignment with the Health and Wellbeing Board Strategy Action Plans, as well as with our system partners Integrated Care Services (ICS) levels to support the wider priorities.

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 Reading Integration Board's Programme of Work.

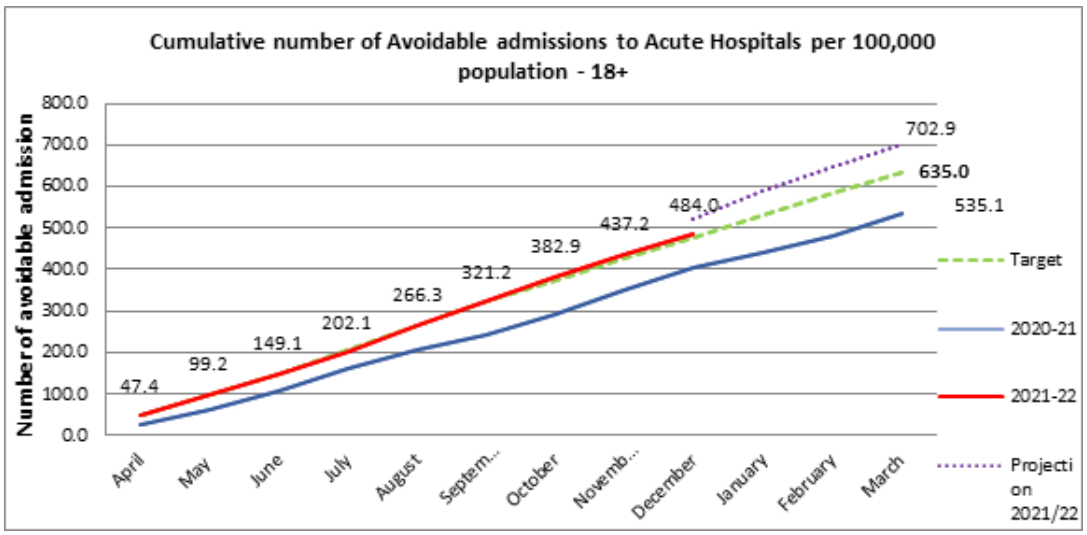
3. POLICY CONTEXT

3.1 The Reading Integration Board (RIB) is responsible for engaging in system working with Local Authority Adult Social Care and Housing, Acute and Community health providers, Primary Care, Commissioning, Voluntary Sector partners and Healthwatch, across Reading and the Berkshire West area. The aim of the board is to enable partners and other interested stakeholders to agree a programme of work that facilitates integrated working to achieve the national Better Care Fund (BCF) performance targets, as set out in sections 1.2 and 4.0 of this paper and local priorities.

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

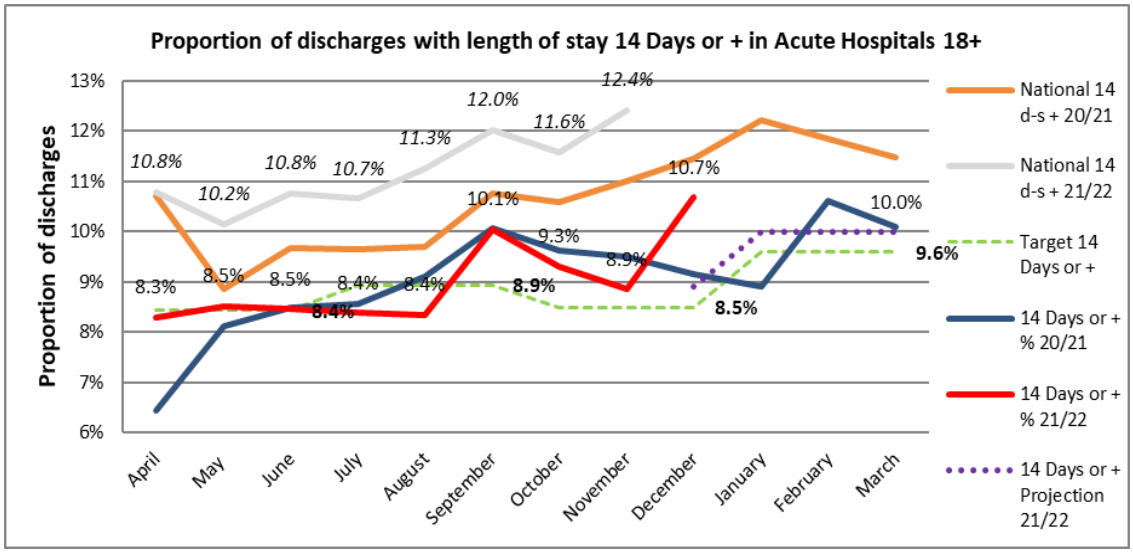
4.1 Reduction in avoidable admissions (unplanned hospitalisation for chronic ambulatory care sensitive conditions), no more than 635 per 100,000 for the year. Our current performance is positive, remaining below the maximum target but we recognise that the trajectory, based on performance to date, indicates that we could be up to 10% above the maximum number at the end of the financial year. We are looking at options to reduce the likelihood of admission, such as recruiting a Social Worker to provide support at the point of arrival at A&E to identify alternatives to hospital admission where appropriate however this is dependent on available funding.

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)	635
Actual performance for quarter 3	484
Average performance to date	703
Projected Status based on average performance to date	Amber
Status change since last quarter	↑



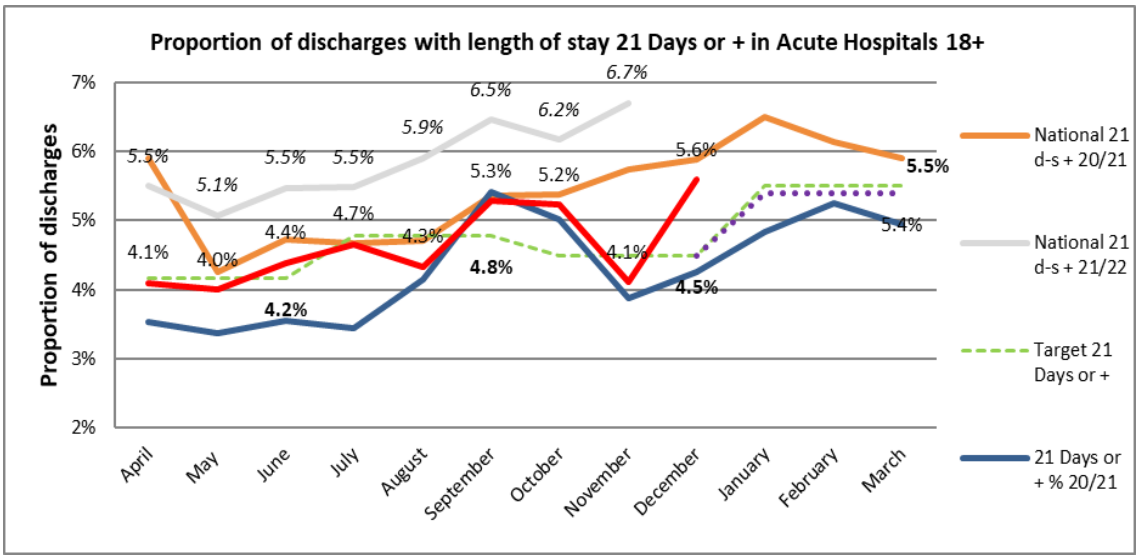
4.2 Reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days. The National Health England ambition for reducing Length of Stay is to have no more than 12% of people with a length of stay over 14 days. Reading are performing well compared to this National ambition, at 10.7%, however we are not achieving our local planned stretch target for Quarter 3 (Oct-Dec), with performance at 2.2% above the maximum of 8.5%.

Proportion of inpatients resident for 14 days or more, per month	
Target performance per month (no more than)	8.5%
Actual performance this month	10.7%
Average performance for the current period	10.0%
Status	Red



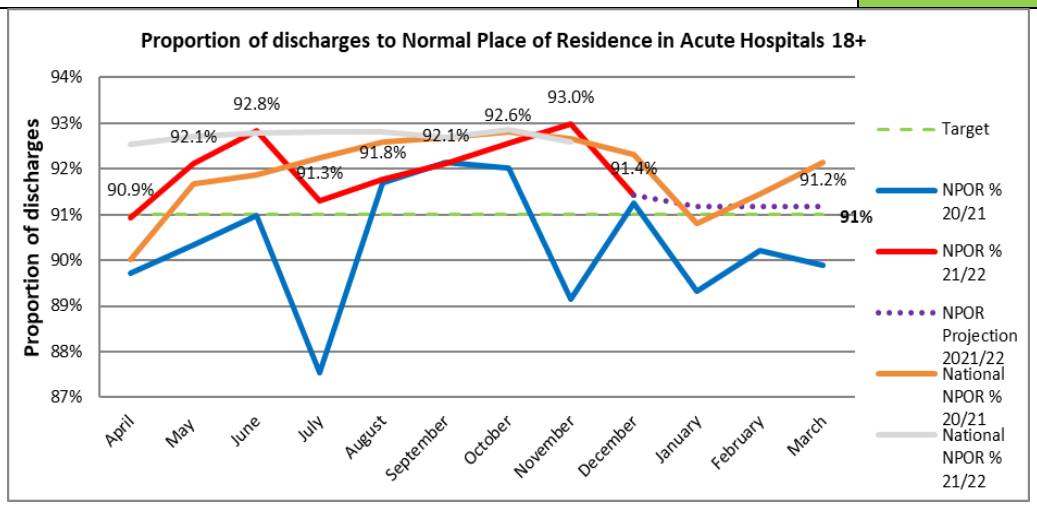
Performance declined against the 21 day Length of Stay (LoS) stretch targets at the end of Q3 (Oct to Dec), as a result of the complexity of cases, and limited appropriate care capacity within the provider market for Reading. We have opened an Extra Care, Discharge to Assess facility at Huntley Place in January 2022 to provide additional capacity over the winter period.

Proportion of inpatients resident for 21 days or more, per month	
Target performance per month (no more than)	4.5%
Actual performance this month	5.6%
Average performance for the current period	5.4%
Status	Red



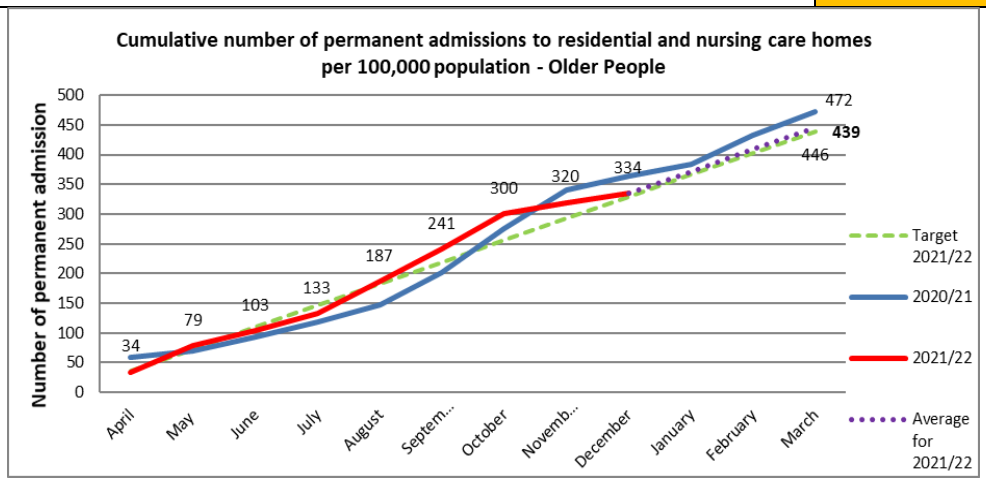
4.3 An increase in the proportion of people who are discharged directly home, from acute hospitals is the aim of this measure, with a target of not less than 91%. This is based on hospital data for people "discharged to their normal place of residence". This target has been achieved, with performance slightly above the minimum target per month, and an improvement compared to the previous year which is a positive trend, and remains on target for the year.

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	91.4%
Average performance for the current period	91.2%
Status	Green



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 remains below the target currently for the year but it is noted that the projected performance is 7% above the target for this year.

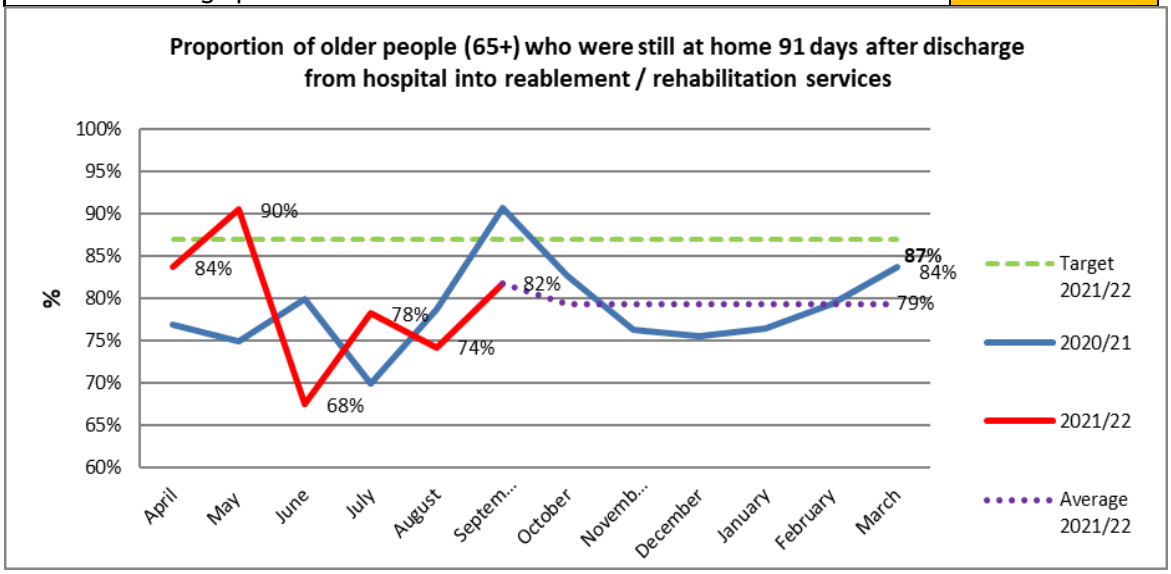
Cumulative number of permanent admissions to residential and nursing care homes per 100,000 population - Older People	
Target performance per annum (no more than)	439
Actual performance to date	334
Projected performance based on the average performance to date	446
Status	Amber



Current performance remains positive, below the overall cumulative target, which was significantly reduced from 571 to 439 and agreed as realistic stretch with system partners in line with BCF planning requirements. However, the projection to the end of the year is in excess of the stretch 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)	33
Of those at home 91 days later (numerical) at end of December 2021	27
Actual performance (%) for the month	82%
Average annual performance (based on performance to date)	79%
Status of Average performance	Amber



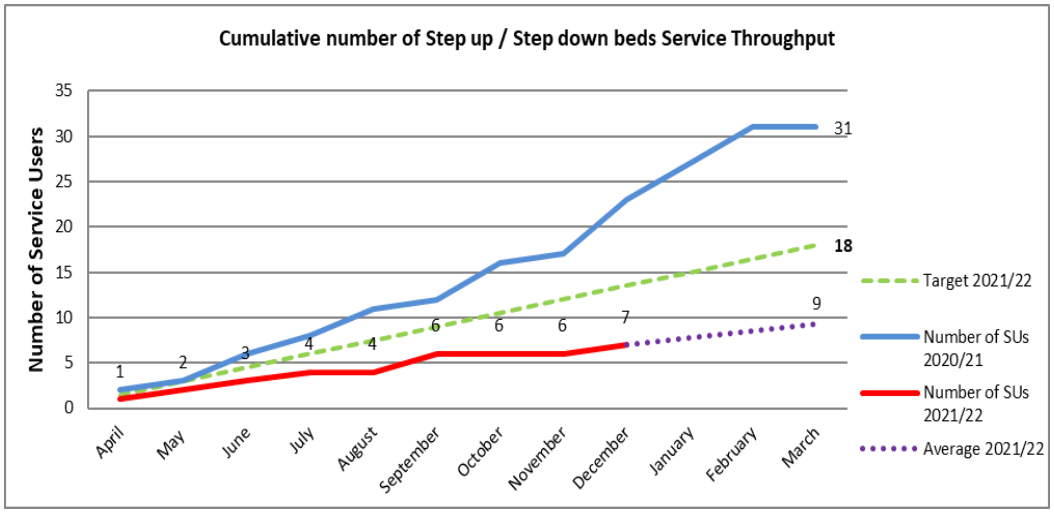
(based on people discharged in September, who were still at home in December 2021 - the September cohort)

Performance against this target continues to be challenging, at 5% below the target of 87%. Sadly 5 of the 6 people, who did not remain at home, had passed away. Performance rates without those service users being included would have been 96% and exceeded the 87% target per month. We continue to work with system partners to try and ensure those people who are at end of life are referred into appropriate end of life care pathways.

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 continued impact of some long stayers, which are complex cases. The service manager is working with Adult Social Care colleagues to resolve complex issues.

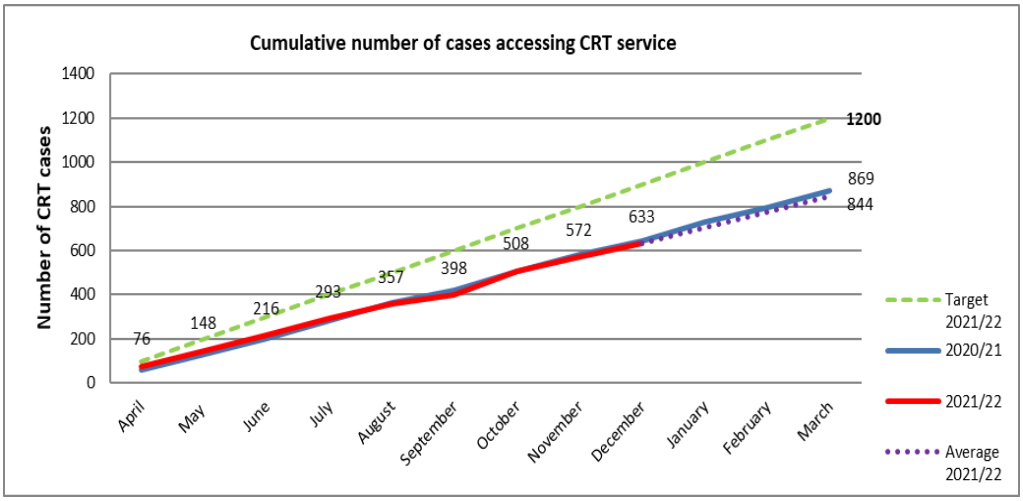
Cumulative number of Step up / Step down beds Throughput	
Target performance per year (not less than)	18
Actual performance this month	1
Status of Monthly performance	Red
Cumulative number of cases FY to date	7



4.6.2 Impact of Community Reablement Service

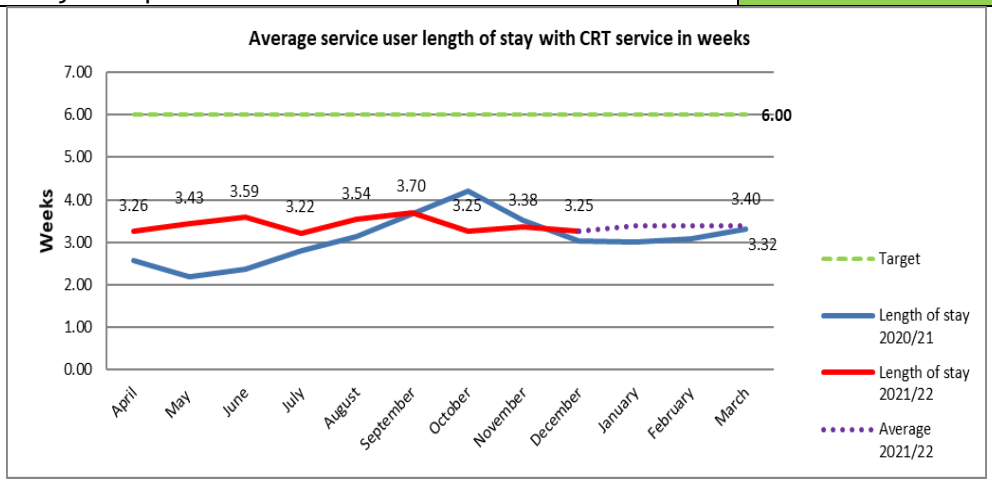
The number of people accessing support through the Community Reablement Team (CRT) service is currently significantly below the expected level of not less than 1,200 per year, with projections showing an intake of 858. The review of the CRT service capacity is underway, this will include an assessment as to whether the target should be adjusted to show service hours capacity and service hours delivered, which would give a clearer picture of how effectively the service is utilised

Cumulative number of cases accessing CRT service	
Target performance per year (not less than)	1200
Actual performance this month	61
Status of Monthly performance	Red
Cumulative number of cases FY to date	633



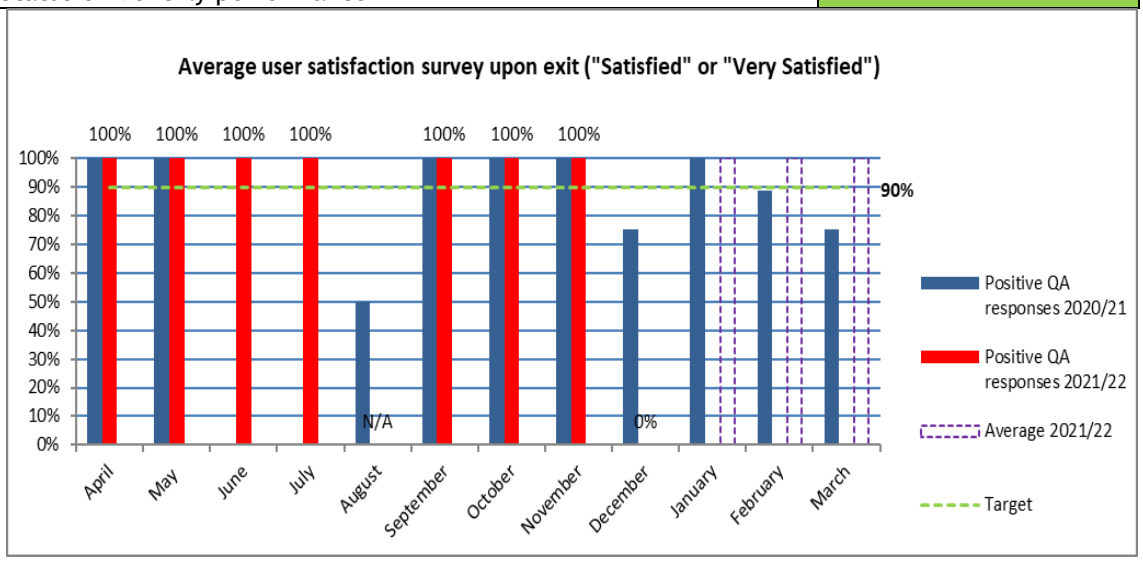
The average length of stay with the reablement service continues to be well below the 6 week maximum target, at 3.25 weeks, as at 31st December 2021. This indicates that people receiving reablement services are being effectively supported and enabled to quickly regain their independence.

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)	3.40
Status of Projected performance	Green



The satisfaction levels of service users with the reablement service has remained strong, with service users invited to complete a feedback form at the point of leaving the service. We have achieved response rates of 43% for feedback forms, and an overall satisfaction rate of 100%, against a target of 90%.

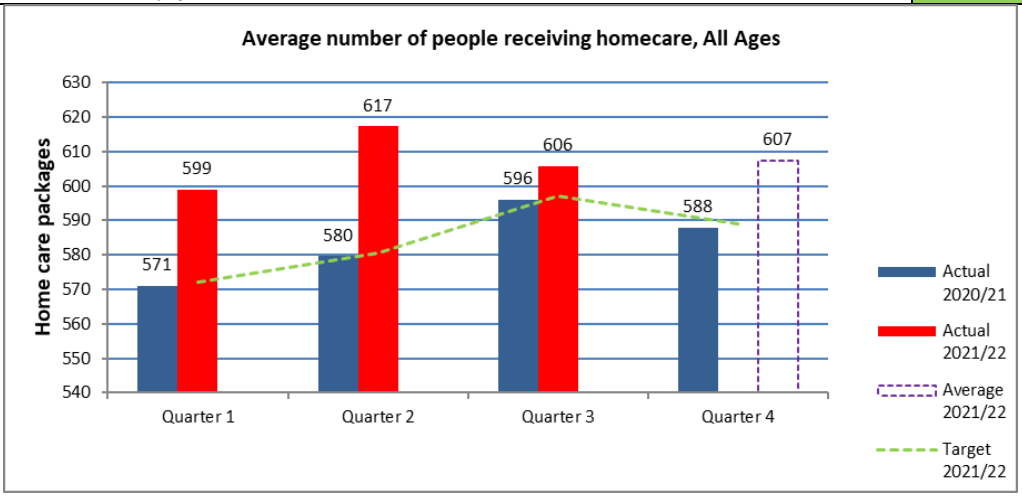
Average user satisfaction survey upon exit ("Satisfied" or "Very Satisfied")	
Target performance (not less than)	90%
Actual performance for the quarter (based on surveys submitted)	100%
Status of Monthly performance	Green



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 December*) has shown continued growth in the number of people receiving home care support, and shows improvement compared to the previous year.

Marginal increase in home care packages	
Target performance per month for this quarter (not less than)	597
Actual performance this month	599
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)

An MDT is a meeting that is held within the Primary Care Networks (PCNs) -a group of GP surgeries comprise a PCN. There are several members of the care services in attendance at a Multi-Disciplinary Team meeting that can review cases from all aspects of the care required to support that person to stay well.

Meetings were held with Primary Care Network (PCN) representatives in November and December to agree the clusters and themes for the MDT meetings that were scheduled for 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		

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

4.8.2 Discharge to Assess future model for Reading

Detailed process maps and Standard Operating Procedures are being developed that will link into the Royal Berkshire Foundation Trust (Acute Hospital) processes. to ensure a smooth flow between the acute hospital and the community to support people on discharge from hospital who require additional care. Additional funding was secured which has enabled 10 Extra Care Flats to be commissioned from Huntley Place, in Reading, from 24th January 2022, with a focus on admission avoidance and supported discharge (see fig1). These flats are supported by a dedicated team, providing a 'strengths-based' approach. Occupation levels have been positive as well as turnaround times. This will enable us to trial the preferred model for Reading. Within the first two weeks of the service being in operation, 10 people were referred into the service and the average length of stay was 10 days, with the quickest turnaround being 3 days. The service will also work with the urgent and emergency rapid response services to support the aims of admission avoidance.

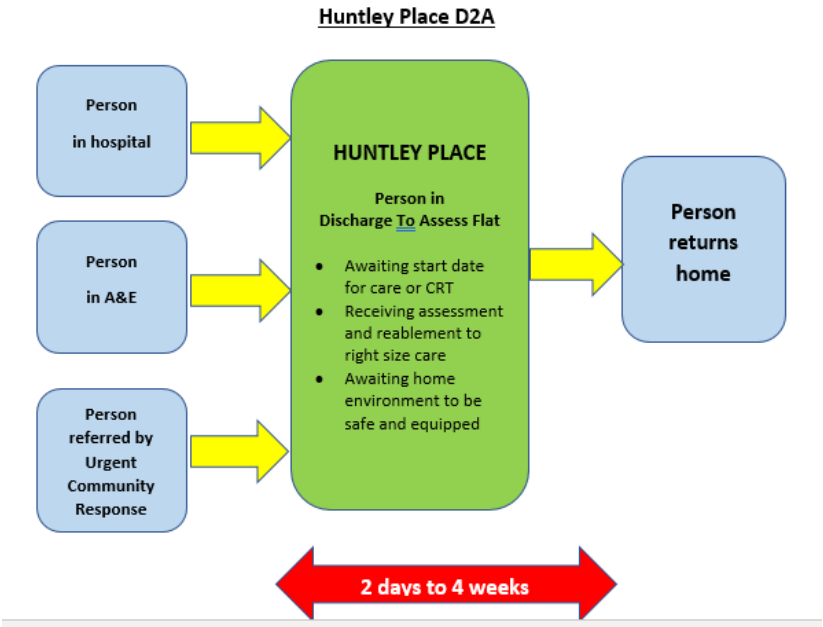


Fig.1

We continue to maintain links with the voluntary care sector to provide settling in services from hospital which enable people, 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 where appropriate.

4.8.3 Nepalese Diabetes project

The South East Asian population is well known to have a higher prevalence of diabetes. This was a major cause of hospital admission as well as requirement of medical services across primary and secondary care due to the systemic effects and potential complications of diabetes. The subsequent effects on Social Care provision was also a challenge. Interventions through this project gave the community better insight into personal management of their condition resulting in better health outcomes. The project focused on the Nepalese community and started in July 2021. There have been three group consultations with Nepalese patients - two virtual and one face to face, supporting. The programme has now been extended to two further GP practices, in line with the aims of

the initial trial, following confirmation of further funding from the Oxford Academic Health Science Network (AHSN).

Connected Care, the shared care records system, is being used to identify appropriate cohorts of patients to be referred into the programme. Feedback from the patients who have participated in the project so far has been positive, indicating improved awareness and knowledge of managing their condition. We have not been able to provide the update against the metrics due to resources being diverted to manage the Covid vaccination and booster programmes as a priority. However, the follow-ups will now be prioritised, and outcomes reported to the Integration Board at the earliest opportunity.

4.8.4 Health Inequalities

The Board will maintain a focus on reducing health inequalities, particularly within areas of deprivation, using a Population Heath Management approach, which provides insights on the health of Reading residents from a variety of data sources. These insights will enable effective planning and commissioning of appropriate services. Representatives from RIB are also engaged with the Integrated Care Service Health Inequalities Board, covering Berkshire, Oxfordshire and Buckinghamshire (BOB) region, which ensures alignment with the wider health and inequalities priorities and programmes of work

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

5.1 The purpose of this section is to ensure that proposals contained in reports are in line with the overall direction of the Berkshire West Health and Wellbeing Strategy by contributing to at least one of the Strategy's five priorities, listed below.

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

The Reading Integration Board (RIB) are leading on delivery against priorities 1 and 2 for Reading and draft action plans have been developed in collaboration with the members of RIB, which involves representation from system partners, including Acute hospital, Community care providers, Primary Care and Voluntary Care Sector. RIB will be supported by a number of groups, such as the Long-Term Conditions Board and Voluntary Care Sector groups, in order to achieve the expected outcomes of the delivery plans.

5.2 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 Health and Wellbeing Board strategic priorities, as listed in 5.1 above, and the Berkshire West Integrated Care Partnership (ICP) priorities, listed below, to ensure alignment and effective reporting:

Berkshire West Integrated Care Partnership (ICP) 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

Planning for 2022/23 has commenced and system partners have been invited to submit their respective priorities, in order to discuss and agree the top 3 or 4 priorities for the Programme Plan.

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 Not applicable as 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 climate implications are being considered in relation to the Health and Wellbeing Board Strategic Priority Action Plans.

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 the Reading Integration Board intends 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. Bids for small projects have been requested from System partners to support this wider engagement initiative, alongside hospital admission avoidance and discharge to assess support.

7.3 Healthwatch are undertaking a review focussed on people being discharged from hospital on pathways 0 to 3. This review was due to start in June 2021 but was delayed due to the requirement for additional data sharing agreements to be processed. A report will be submitted to the Integration 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 that is being developed.

8. EQUALITY IMPACT ASSESSMENT

8.1 Not applicable as there are no new proposals or services recommended or requested.

9. LEGAL IMPLICATIONS

9.1 A Section 75 document will be signed off by Reading Borough Council and Berkshire West Clinical Commissioning Group, which sets out an agreement for the management of the Better Care Fund pooled and non-pooled funds.

10. FINANCIAL IMPLICATIONS

10.1 The Better Care Fund (BCF) plan for 2021/22 was approved by NHS England on 11th January 2022. This was late due to the delayed release of the BCF policy and guidance. A review of BCF schemes is underway in preparation for the End of Year report and to inform future planning. Any changes to the current contracts and schemes funded through BCF will be considered in the planning process for 2022/23 and onwards, and service leads engaged in the review.

11. BACKGROUND PAPERS

11.1 The BCF performance data included in this report is drawn from the *Reading Integration Board Dashboard –January 2021(Reporting up to 31 December 2021)*

11.2 Reading Integration Board (RIB) Programme Plan (Feb) 2021-22 (Q4)