

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	MARCH 2019	AGENDA ITEM:	13
REPORT TITLE:	INTEGRATION PROGRAMME UPDATE		
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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 BCF targets within the financial year 2018/2019.

1.2 Of the 4 national BCF targets:

- Performance against one (limiting the number of new residential placements) is strong, with projected overall performance for the year (based on performance to date) in line with its target.
- We have not met our target for reducing the number of non-elective admissions (NELs), but work against this goal remains a focus for the Berkshire West wide BCF schemes.
- We are not on target to meet our target reduction in DTOC rates for the year (based on the average performance across quarters 1-3 of the current financial year), but initiatives are in place that it is believed will be reflected in the DTOC data for quarter four and, if successful, would bring our performance into line with the target.
- Progress against our target for increasing the effectiveness of reablement services remains in line with the decreased performance discussed at October's HWB, but this is due to revised guidance around the methods of measuring their impact and does not reflect a drop in actual performance (see section 4.9 - 4.11 for further detail).

2. RECOMMENDED ACTION

2.1 The Health and Wellbeing Board are asked to note the general progress to date.

3. POLICY CONTEXT

- 3.1 The Better Care Fund (BCF) is the biggest ever financial incentive for the integration of health and social care. It requires Clinical Commissioning Groups (CCG) and Local Authorities to pool budgets and to agree an integrated spending plan for how they will use their BCF allocation to promote / deliver on integration ambitions.
- 3.2 As in previous years, the BCF has a particular focus on initiatives aimed at reducing the level of avoidable hospital stays and delayed transfers of care (DTOCs) as well 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

DTOC

- 4.1 Under our revised target for 2018/2019, we aspire to have no more than 419.75 bed days lost per month broken down as follows:
- Health attributable - no more than 211 bed days lost
 - ASC attributable - no more than 175 bed days lost
 - Both attributable - no more than 33 bed days lost
- 4.2 Our results across the financial year to date are as follows:
- April = 421 (of which 315 Health, 106 ASC, 0 joint)
 - May = 322 (of which 250 Health, 62 ASC, 10 joint)
 - June = 272 (of which 236 Health, 2 ASC, 34 joint)
 - July = 348 (of which 210 Health, 63 ASC, 75 joint)
 - August = 480 (of which 254 Health, 132 ASC, 94 joint)
 - September = 403 (of which 183 Health, 127 ASC, 93 joint)
 - October = 471 (of which 305 Health, 97 ASC, 69 joint)
 - November = 544 (of which 260 Health, 229 ASC, 55 joint)
 - December = 657 (of which 282 Health, 306 ASC, 69 joint)
- 4.3 Within each month (except December), there has been a greater volume of Health delays (exceeding the health-attributable days delayed target set by NHSE in all months except July and September).
- The predominant reason for Health delays is “awaiting further non-acute NHS care”. We believe this trend is due to self-funders. Operational teams are proactively working with the CHS service for supporting self-funders in order to avoid these delays in the future, with the work’s impact likely being reflected in the February/March DTOC data.

- The number of jointly attributable delays has also exceeded the target in June onwards, with the predominant reason for delays being “awaiting completion of assessment”. This was identified as a learning point for improvement in the LGA Peer Review that was undertaken in Q4 2017/2018, and in the recent CQC Local System Review. In response to this, the CCG have devised a protocol to enable CHC assessments to be completed following discharge. This is due to be signed-off by the CCG in the near future and once implemented should help to avoid these delays in the future (with the impact of the work likely reflecting in April’s DTOC data).
- The overall reasons for delays within December’s DTOC numbers were “awaiting further non-acute NHS”, and “awaiting residential / nursing home placement or availability”. We believe the latter is due to Commissioning Teams’ experiencing difficulties in sourcing placements for clients with high needs relating to Mental Health. In response to this (and in response to the LGA Peer Review and the CQC Local System Review), the system-wide action plan (in response to the CQC Local System Review) will explore joint commissioning opportunities for this cohort.

4.4 In terms of our local schemes’ impact on the DTOC rates:

- *Community Reablement Team (CRT)* - the service appears to have prevented 1346 delayed days in hospital. Assuming a cost of £400 per NHS bed/day, this would equate to a cost avoidance of £538,142.
- *Discharge to Assess (D2A)* - the service appears to have prevented 585 delayed days in hospital. Assuming a cost of £400 per NHS bed/day, this would equate to a cost avoidance of £133,985.

4.5 We continue to proactively address DTOC performance by:

- Holding a weekly Directors’ meeting - during which the ASC Directors from the 3x Berkshire West Local Authorities, the Director of Berkshire West CCGS, and senior managers from Berkshire Healthcare Foundation Trust and Royal Berkshire Hospital review and sign-off the weekly delays. Trends in delays are discussed and remedial actions agreed.
- Working with the Berkshire West 10 Delivery Group to implement the High Impact Model across the Berkshire West system.

Residential Admissions

4.6 Our target is to have no more than 116 new residential admissions for older people.

4.7 We have had 72 new residential admissions in the financial year, and based on performance we estimate 86 admissions in total by the close of the year.

4.8 In terms of our local schemes’ impact on the rate of residential admissions:

- *CRT* - 235 clients were living at home prior to entering the service, and subsequently returned home rather than progressing to a residential or nursing placement upon leaving the service. The service could therefore be argued to have prevented 235 entrances into residential care. Taking the average cost of a residential / nursing placement, this could equate to full-year effect cost avoidances of around £2,595,898.

- D2A - 33 clients were living at home prior to entering the service, and subsequently returned home rather than progressing to a residential or nursing placement upon leaving the service. The service could therefore be argued to have prevented 30 entrances into residential care. Taking the average cost of a residential / nursing placement, this could equate to full-year effect cost avoidances of around £699,382.

Reablement

- 4.9 Our target is to maintain an average of 93% of people remaining at home 91 days after discharge reablement / rehabilitation services (having entered these services following a stay in hospital).
- 4.10 Based on our performance to date (within our CRT and D2A service), we have achieved an average of 86% of service users remaining at home 91 days after discharge from hospitals into our Community Reablement Service and Discharge to Assess service.
- 4.11 This is due to revised guidance being issued by NHS England. 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 reabled. However, NHS England have asked for these clients to be included in the count moving forward, which has decreased our performance accordingly. Please note that:
- Were the clients in question not included, performance would be on-target.
 - Had the clients in question not been referred to reablement services, it is potentially likely that they would've remained in hospital and become DToCs, and could potentially have passed away in hospital. Therefore whilst their inclusion in the count has decreased performance against the national target, the practice that has caused this is arguably in the clients' best interest, and has played a significant role in avoiding higher DToC rates.

Non-Elective Admissions (NELs)

- 4.12 Our BCF target is to achieve a 0.97% reduction (expressed as 142 fewer admissions) against the number of NEL admissions seen in 2017/2018. This equates to a target of no more than 15,190 NELs in 2018-2019 (or no more than 1266 per month).
- 4.13 Based on our most recent performance data, we are projecting a total of 16,401 NELs across 2018-2019. This equates to an increase of 7.88% compared to the target reduction of 0.97%.
- 4.14 However, in terms of the local versus national position on NELs, Berkshire West CCG are in the top 10 out of 211 CCGs for lowest numbers of NELs.
- 4.15 In terms of our local schemes' impact on the rate of NELs:
- CRT - by engaging with 154 "rapid referrals" (clients who are seen prior to hospital admission, hopefully negating the need for a non-elective admission), the service has potentially prevented up to 154 NELs¹.
 - D2A - by engaging with 14 "rapid referrals" (all of which did not progress onwards to hospital following discharge from the service), the service appears to have prevented 14 NELs.

¹ Please note that further analysis is required to determine how many of these clients were subsequently admitted to hospital, in order to calculate the exact impact the service has had on NELs.

4.16 Further actions to improve NEL performance are being progressed by the Berkshire West 10 Integration schemes that are designed to reduce NELs.

5. PROGRAMME UPDATE

5.1 Since January, the following items have been progressed:

- **Joint working between Adult Social Care (ASC) and North/West and South Reading GP Alliances** - The planned start date for piloting this work has been deferred due to the need to develop new information sharing / information governance arrangements (which have now been resolved). We aim to finalise these and begin the pilot in late March. The pilot will bring key professionals together to provide a forum for multi-disciplinary discussion, risk assessment and comprehensive care planning.
- Progressing the streamlining and relocation of the **Discharge to Assess**.
- Completing a **review of the Reading Borough Council's BCF-funded Community Reablement Team (CRT) service** and summarising the findings / recommendations in a report that will be presented to the Adult Care & Health Services Transformation Boards.
- **Analysing NELs performance** and exploring further opportunities for driving performance improvements.

6. NEXT STEPS

6.1 The planned next steps for April - June include:

- **Piloting the joint working arrangements** between Adult Social Care and the North/West and South GP Alliances.
- Progressing any approved recommendations relating to the **review of the Community Reablement Team**.
- Assisting with the delivery of any agreed actions arising from the **CQC Local System Review**.

7. CONTRIBUTION TO STRATEGIC AIMS

7.1 While the BCF does not in itself and in its entirety directly relate to the HWB'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.*

8. COMMUNITY & STAKEHOLDER ENGAGEMENT

8.1 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".

8.2 In accordance with this duty, we plan to use the February RIB meeting to discuss whether the system-wide action plan arising from the CQC Local System Review contains specific plans and ideas for gathering and responding to system-wide service user feedback.

9. EQUALITY IMPACT ASSESSMENT

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

10. LEGAL IMPLICATIONS

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

11. FINANCIAL IMPLICATIONS

11.1 At the end of January 2019 the combined forecast outturn across the RBC and CCG hosted schemes forecast for 2018/19 is an underspend of £56k.