

READING HEALTH AND WELLBEING BOARD

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REPORT TITLE:	INTEGRATION PROGRAMME UPDATE		
REPORT AUTHOR:	MICHAEL BEAKHOUSE	TEL:	01189 373170
JOB TITLE:	INTEGRATION PROGRAMME MANAGER	E-MAIL:	MICHAEL.BEAKHOUSE@READING.GOV.UK
ORGANISATION:	READING BOROUGH COUNCIL / BERKSHIRE WEST CCGs		

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 three (limiting the number of new residential placements, increasing the effectiveness of reablement services, and reducing the number of delayed transfers of care) is strong, with key targets met.
- 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.

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

4.1 The BCF Operating Guidance for 2017/2019 was refreshed in late July to include information on the revised targets for 2018/2019. These are now in effect and are detailed below, alongside an overview of our performance against them.

DTOC

4.2 Under our revised target for 2018/2019, we have aspired to having 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

4.3 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)

4.4 Within each month, there has been a greater volume of Health delays (in each case exceeding the health-attributable days delayed target set by NHSE). The predominant reason for Health delays is "awaiting further non-acute NHS care".

4.5 In terms of our local schemes' impact on the DTOC rates:

- *Community Reablement Team (CRT)* - the service appears to have engaged with 24 clients referred by acute hospital settings across the financial year. Consequently it would appear that the service may have prevented and/or reduced the impact of 24 delayed transfers of care. When taking the average length of stay in the service into account, and working on the assumption that clients would've spent an equivalent amount of time in hospital had they not accessed CRT, it would appear that the service has prevented 468 delayed days in hospital. Assuming a cost of £400 per NHS bed/day, this would equate to a cost avoidance of £187,200.
- *Discharge to Assess (D2A)* - the service appears to have engaged with 15 clients referred by acute hospital settings across the financial year. Consequently it would appear that the service may have prevented and/or reduced the impact of 15 delayed transfers of care. When taking the average length of stay in the service into account, and working on the assumption that clients would've spent an equivalent amount of time in hospital had they not accessed D2A, it would appear that the service has prevented 282 delayed days in hospital. Assuming a cost of £400 per NHS bed/day, this would equate to a cost avoidance of £112,800.

4.6 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

- 4.7 Our target is to have no more than 116 new residential admissions for older people. Under the revised BCF Operating Guidance, we have been offered the chance to revise / relax our targets, but due to the strong performance in 2017/2018 we have opted not to do so.
- 4.8 We have had 36 new residential admissions in the financial year, and based on performance we estimate 106 admissions in total by the close of the year.
- 4.9 In terms of our local schemes' impact on the rate of residential admissions:
- *CRT* - 38 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 38 entrances into residential care. Taking the average cost of a residential / nursing placement, this could equate to full-year effect cost avoidances of around £1,420,744.
 - *D2A* - 20 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 20 entrances into residential care. Taking the average cost of a residential / nursing placement, this could equate to full-year effect cost avoidances of around £747,760.

Reablement

- 4.10 Our target is to maintain an average of 93% of people remaining at home 91 days after discharge from hospital into reablement / rehabilitation services. This is an increase from the 88% target set for 2017/2018.
- 4.11 Based on our performance to date, we have achieved an average of 97% of service users remaining at home 91 days after discharge from hospitals into our Community Reablement Service and Discharge to Assess service.

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 2016/2017. 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 16,048 NELs across 2018-2019. This equates to an increase of 5.59% compared to the target reduction of 0.97%.
- 4.14 However, in terms of the local versus national position on NELs the 4 Berkshire West CCGs 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 82 "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 82 NELs¹.
- D2A - by engaging with 9 "rapid referrals" (all of which did not progress onwards to hospital following discharge from the service), the service appears to have prevented 9 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.

Note on CRT performance against local targets

4.17 The RAG-rating system used to summarise a project or service's overall performance status will be coded "amber" if there are one or more "amber" areas of performance (where performance is up to 20% off the target performance level), or "red" if there are one or more "red" areas of performance (where performance is over 20% off the target performance level).

4.18 Performance against CRT's local targets is "red" in the following areas:

- Average staff utilisation level per month - the projected annual performance (based on performance to date) stands at 49%, compared to the target of 90%. This will be addressed through the review of CRT that is currently being completed by the Commissioning and Social Care Manager.
- Proportion of returned service user feedback forms - the projected annual performance (based on performance to date) stands at 14%, compared to the target of 50%. The service has had initial conversations with Healthwatch to discuss methods of increasing the volume of returned service user feedback forms, and this will inform future strategies that are generated by the review of CRT that is currently being completed by the Commissioning and Social Care Manager.

Note on D2A performance against local targets

4.19 The RAG-rating system used to summarise a project or service's overall performance status will be coded "amber" if there are one or more "amber" areas of performance (where performance is up to 20% off the target performance level), or "red" if there are one or more "red" areas of performance (where performance is over 20% off the target performance level).

4.20 Performance against D2A's local targets is "red" in the following areas:

- Cumulative number of Step up / Step down beds throughput- the projected annual performance (based on performance to date) stands at 67, compared to the target of not less than 120.
- Average bed occupancy levels - the projected annual performance (based on performance to date) stands at 37%, compared to the target of 88%.

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.

- We believe that these performance levels reflect a decreasing demand for the service, as referrers are exploring “home first” discharge opportunities for clients who are discharged from hospital – rather than seeking bed-based reablement. We are currently exploring alternative methods of delivering Discharge to Assess and reablement (proposals for which are currently being consulted on), and we believe that these have the potential to match the D2A service offer with established demand for the service.

5. PROGRAMME UPDATE

5.2 Since March, 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. We aim to finalise these and begin the pilot in the Autumn.
- Conversations with stakeholders are ongoing regarding new methods of **delivering reablement** within Reading. A set of proposals have been reviewed with the CCG and will be presented to senior managers and Councillors within Reading Borough Council for review and decision.
- Developing, seeking/receiving sign-off for, and beginning to progress the delivery of Reading Borough Council’s plan to **deliver against NHS England’s expectations for integration**.
- Preparing a joint workshop for health partners, the voluntary sector and Reading Borough Council to agree how the Reading System would **deliver wider integration**. Please note that this has been indefinitely postponed following the BW10 Chief Officers’ steer that integration should be approached on a Berkshire West-wide basis.
- **Redesigning the Reading Integration Board** in light of the BW10 Chief Officers’ steer that Local Integration Boards should reconfigure (or replace) themselves with a forum which is most helpful for local needs

6. NEXT STEPS

6.1 The planned next steps for October - January include:

- Piloting the joint working arrangements between Adult Social Care and the North/West and South GP Alliances.
- Continuing to explore and pursue new ways of delivering reablement services.
- Supporting Berkshire West 10-wide discussions and plans regarding opportunities for wider integration across Berkshire West.

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, the Project Manager has met with Healthwatch to review and refine the existing service user engagement metrics set against the CRT, Discharge to Assess and High Impact Model schemes services, to ensure that they reflect best practice. Meetings are ongoing to identify potential ways of improving service user feedback mechanisms.
- 8.3 Additionally, the Programme Manager will be meeting with Healthwatch in early May to discuss potential ways of satisfying NHSE's and Jeremy Hunt's additional expectations regarding service user engagement in the future.

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 There was a slight underspend on BCF overall of £57,292 which represents less than 0.5% of the funding. This was made up of an overspend on the CCG components of BCF of £64k and an underspend on the LA components of BCF of £121k. The overspend on CCG components has been covered by the CCG and the underspend on LA items was, in agreement with the CCG, carried forward to 2018-19 and shared between the LA and CCG for use on Better Care Fund priorities.

12. BACKGROUND PAPERS

- 12.1 September's Performance Dashboard.