

READING HEALTH AND WELLBEING BOARD

DATE OF MEETING:	12 JULY 2019		
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 for the entirety of 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 the target for the financial year met & exceeded.
- 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 and a paper has been written exploring trends within the NELS data & making recommendations for driving reductions in NELS.
- We have met our target DTOC for almost 50% of the financial year, with incredibly strong reductions in the number of social care delays compared to performance in previous years. Initiatives are in place that it is believed will continue to drive further reductions in DTOC rates across the financial year 2019/2020.
- Progress against our target for increasing the effectiveness of reablement services remains in line with the decreased performance discussed at January'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) and further activities are planned to align our reablement offer with emerging national best practice.

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)
 - January = 332 (of which 203 Health , 55 ASC, 74 joint)
 - February = 560 (of which 456 Health, 95 ASC, 9 joint)
 - March = 462 (of which 374 Health, 48 ASC, 40 joint)
 - April 2019 = 224 (of which 160 Health, 29 ASC, 35 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 and January).
- 4.4 In terms of our local schemes' impact on the DTOC rates:
- *Community Reablement Team (CRT)* - In the financial year 2018/19, the service appears to have prevented 1787 delayed days in hospital. Assuming a cost of £400 per NHS bed/day, this would equate to a cost avoidance of £714,819. For this financial year (April & May 2019), the service appears to have prevented 205 delayed days in hospital, this would equate to a cost avoidance of £82,180.
 - *Discharge to Assess (D2A)* - In the financial year 2018/19, the service appears to have prevented 617 delayed days in hospital. Assuming a cost of £400 per NHS bed/day, this would equate to a cost avoidance of £246,685. For this financial year (April & May 2019), the service appears to have prevented 78 delayed days in hospital, this would equate to a cost avoidance of £31,200.

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. A paper summarising the key findings within identified delays (along with associated remedial actions) was brought to the May meeting of the Berkshire West 10 Delivery Group for discussion and approval.
- Working with the Berkshire West 10 Delivery Group to implement the High Impact Model across the Berkshire West system. As part of this work, the integration leads for Berkshire West will undertake visits to key health & social care sites to review further activities that might help to drive further reductions in delay.

Residential Admissions

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

4.7 The year-end position for 2018/2019 was a total of 88 new residential admissions in the financial year. So far for 2019/2020, a total of 13 new residential admissions in this financial year.

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

- *CRT* - 429 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 429 entrances into residential care. Taking the average cost of a residential / nursing placement, this could equate to full-year effect cost avoidances of around £7,945,053
- *D2A* - 34 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 34 entrances into residential care. Taking the average cost of a residential / nursing placement, this could equate to full-year effect cost avoidances of around £905,426.

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), within the financial year 2018/2019 we have achieved an average of 82% 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.
 - Further actions to better-align our reablement offer with emerging national best practice are outlined in sections 5.1 and 5.2 below.

Non-Elective Admissions (NELs)

- 4.12 Our BCF target is to achieve a 0.97% reduction (expressed as 149 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 final end of year performance data, we achieved a total of 16,642 NELs across 2018-2019. This equates to an increase of 9.45% 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 163 "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 163 NELs¹.
 - D2A - by engaging with 12 "rapid referrals" (all of which did not progress onwards to hospital following discharge from the service), the service appears to have prevented 14 NELs.
- 4.16 Further actions to improve NEL performance are detailed in section 5.1 below.

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.

5. PROGRAMME UPDATE

5.1 Since January, the following items have been progressed:

- **Launching the pilot of the Neighbourhood Care Planning Group**, a joint working initiative between Adult Social Care (ASC) and North/West and South Reading GP Alliances. The pilot brings together key professionals to provide a forum for multi-disciplinary discussion, risk assessment and comprehensive care planning. Three meetings have been held to date, with input from Adults Social Care, 6 voluntary sector organisations, 2 GP surgeries, community matrons, community nurses, and community mental health team workers.
- Designing a project to implement the findings of the **review of Reading Borough Council's BCF-funded Community Reablement Team (CRT) service**, which will seek to align the team with emerging best practice.
- **Analysing NELs performance** and exploring further opportunities for driving performance improvements. The CCG have led on writing a paper summarising the findings of this review, which will be brought to the July Reading Integration Board meeting for sign-off along with three proposed projects that aim to drive reductions in Reading's NELS performance.

6. NEXT STEPS

6.1 The planned next steps for July - September include:

- **Completing the Neighbourhood Care Planning Group pilot** between Adult Social Care and the North/West and South GP Alliances (the last of the 6 multi-disciplinary team meetings comprising the pilot will take place in September) - the outcomes of this pilot will be brought to the next Health Wellbeing Board.
- Continue progressing approved recommendations relating to **aligning the Community Reablement Team with emerging best practice**.
- **Revising the design and operation of the Reading Integration Board** to reflect emerging best practice in West Berkshire and Wokingham; and to reflect the actions as stated in the **CQC Local System Review**, namely to ensure greater linkages between the Board and the Health & Wellbeing Board.

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 integration leads for Berkshire West met with Healthwatch to develop a proposal that would have seen Healthwatch potentially receive additional funding to gather service user feedback. This feedback would have been gathered from service users who had utilised more than 1 service within the health and social care system, and would have focused on the quality of joined-up care that they received (in line with the approach, and questions, recommended by the Social Care Institute for Excellence in their “Logic Model” for integration, which is expected to underpin the forthcoming Health and Social Care Green Paper). However, whilst Reading and Wokingham Council were able to meet their share of the cost of this proposal under BCF funding, West Berkshire could not source the required amount. Accordingly, the integration leads have reviewed existing service user mechanisms in place across the Berkshire West system and have identified two (one delivered by the Royal Berkshire Hospital, the other by Berkshire Healthcare Foundation Trust) that could potentially replicate the proposed system that Healthwatch might otherwise have delivered. Further meetings are planned for Summer 2019 to develop this proposal further. Any qualitative and quantitative feedback gathered would be fed into the respective integration boards’ performance dashboard, to ensure that stakeholders were able to understand and plan responses to any themes identified within the data.

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 March 2019 the combined forecast outturn across the RBC and CCG hosted schemes forecast outturn for 2018/19 is an underspend of £298.3k.