



Health and Adult Social Care
Overview and Scrutiny
Committee

25 January 2021

Item

Public

Improved Better Care Fund (IBCF) and Projects

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1.0 Summary

- 1.1 The Health and Adult Social Care Overview and Scrutiny Committee requested an update report on the Improved Better Care Fund (IBCF) and plans for the future in light of future IBCF funding allocations.
- 1.2 This report will give a further update on the government's arrangement for funding IBCF and will summarise the council's current position. This is a follow up of the previous reports that were presented to HOSC on 21st September 2020 and 9th November 2020.
- 1.3 As requested by HASC there will be supplementary presentations giving
 - A further update on the government's arrangement for funding IBCF and will summarise the council's current position.
 - A summary of examples of work arising from START IBCF funding
- 1.4 As previously discussed, the IBCF grant provided the funds that enabled Shropshire Council to pilot a series of schemes that would:
 - provide extra capacity within adult social care
 - reduce pressures on the NHS and
 - ensure that the local social care provider market is supported

Summary of IBCF schemes

- 1.5 Meeting Adult Social Care Need
 - Increased number of FTE social workers in the community social work teams (generating savings through reviews)

- Additional hours for Brokerage to work on a Saturday and Sunday
- Dedicated CHC social workers
- To increase MH prevention work

1.6 Reducing Pressures on the NHS

- Additional bed based capacity - 19 x nursing beds for pathway 3
- Rapid Response Team
- Additional SW capacity in ICS
- To improve early discharge planning at Redwoods S117 discharge liaison worker
- Hospital based Carers Lead/Link Worker
- A and E/minor injuries pathway to include a social work perspective as people self refer
- Social Work Practitioner in MDT for frailty.

1.7 Ensuring that the Local Social Care Provider Market is Supported

4 x Provider Independent Assessors

2.0 Recommendations:

Committee members to:

- Note that the Council have sight of guidance which confirms the additional Improved Better Care Fund will be rolled forward into 2021/22.
- Note that this will leave a funding gap of £700,000. This presents a budget risk as the Council cannot commit funding to make up the shortfall from base budget.
- Note confirmation of termination of the following 2 contracts on 31st March 2021
 - Independent Care Home Assessor (ICHA) contract
 - 9x Discharge to Assess (D2A) beds contract.

3.0 Risk Assessment and Opportunities Appraisal

(NB this will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

- 3.1 The IBCF has enabled this Council to embark on many new initiatives, which have resulted in positive outcomes for people needing care and support on discharge from hospital.
- 3.2 The IBCF was originally a three year grant which tapered down over the three-year lifespan of the grant.
- 3.3 There was extensive consideration of the current schemes and their positive impact on Delayed Transfers of Care (DTC)

3.4 Of the 13 schemes currently funded by the IBCF the majority deliver staffing posts and additional hours which lead to significant reductions in DTOC and reduced pressures on the NHS, and in order to identify which schemes need to be retained and which would be at risk, consideration was given to the impacts of stopping schemes that deliver staffing resources in comparison to those that do not. The following issues were considered:

- Team Managers' report that reductions in staffing levels in Social Work Teams and the Brokerage Team would create a significant reduction in current levels of productivity; assessments and sourcing care would be slowed down which would in turn lead to increases in DTOC.
- Staff are currently under significant pressure due to the pandemic and even small cuts in staffing would have a significant impact on the wider teams' resilience and wellbeing.
- Reductions in staffing levels would require formal redundancy processes and consequent redundancy costs would need to be met which would actually increase costs.

3.5 The Council undertook a thorough governance process and impact assessment which determined the schemes for termination. The schemes identified for termination were the Independent Care Home Assessor (ICHA) and 9x Discharge to Assess (D2A) beds contract.

The decisions were based on reducing the two schemes which are not directly related to staff employment and which would have less impact on DTOC. – The Council undertook a thorough governance process and impact assessments (See Appendices A and B) which determined the schemes for termination. The schemes identified for termination were the Independent Care Home Assessor (ICHA) and 9x Discharge to Assess (D2A) beds contract.

The Independent Care Home Assessor (ICHA)

The Shropshire ICHA scheme was developed to enable a patient to be discharged safely from hospital, therefore reducing delays to transfers of care of people between hospital and home.

Historically, many patients have remained as a delay in hospital whilst waiting for the Care Home Provider to come in and assess them. In Shropshire, the ICHA provided an independent assessment in their Trusted Assessor role. This meant the Care Home Providers were no

longer required to undertake this assessment saving time and enabling patients to be discharged from hospital safely in a timely manner.

The Independent Care Home Assessor's role has been significantly different since the start of Covid in March 2020. The Government guidance around Covid directed that there should be no hospital-based assessments.

Therefore, since March 2020, patients have been stepped down from the hospital setting without the need for an assessment on the ward. All assessments now take place outside of the hospital setting, in a planned way, which mitigates against the urgency of conducting assessments within the acute setting.

Consequently, the ICHA have been working differently by supporting partners in the integrated hub to process activities around patients discharge.

Discharge to Assess Beds (D2A)

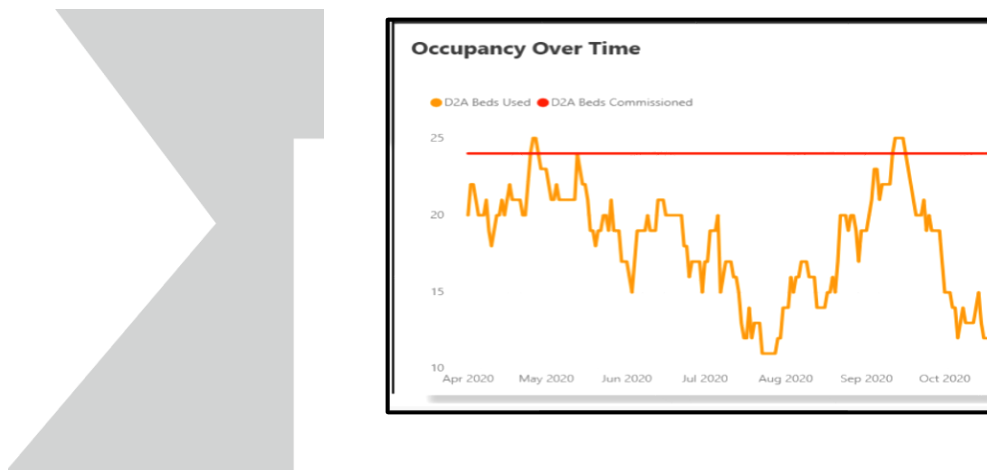
Shropshire Local Authority has a mature Discharge to Assess process which ensures that when a patient in a hospital bed is deemed as being medically fit for discharge, they are transferred from the acute hospital setting to the right destination, with the right support.

There are a total of 24 D2A beds of which 9 are funded through the IBCF investment. The D2A Beds enable patients to be discharged from hospital in a timely manner and allowed them to continue their rehabilitation in an appropriate bed based setting in the community, without having to use a hospital bed.

The Discharge to Assess (D2A) beds form a short term nursing service that focuses on rehabilitation and aims to:

- Reduce admissions and readmissions to hospital
- Support timely discharge from Hospital (SATH)
- Manage flow within the system
- Support the reduction of Delayed Transfers of Care (DToC'S).
- Provide an environment which helps people meet their rehabilitation and reablement potential and to become as functionally independent as possible,
- Provide a supportive care environment whereby some degree of recovery/recuperation can take place allowing a more accurate assessment of ongoing care needs

The charts below show there has been a significant underutilisation of the D2A beds. The IBCF funding allocation for 2021/22 will be insufficient to continue to fund all of the D2A beds. Given the underutilisation of these beds, the recommendation was presented to remove the 9 x IBCF funded D2A beds from the scheme on 31st March 2021. This would leave a total of 15 D2A beds.



3.6 The recommendations to cease the ICHA contract and to remove the 9 x IBCF funded D2A beds was presented to the Joint Commissioning Board on the 13th November 2020.

3.7 The recommendations were approved and subsequently confirmed by the Joint Commissioning Board on 2nd December 2020.

4.0 Financial Implications

4.1 Within the Spring Budget Statement 2017, it was announced that local authorities would receive additional Improved Better Care Funding (IBCF) over three financial years. Shropshire Council's allocation totalled £11,903,465. In the Autumn 2019 Budget Statement, it was announced that the 2019/20 allocations of the grant (Shropshire's allocation being £1,967,260) would be matched in 2020/21. In December 2020 it was announced that once again the grant would be matched for 2021/22 meaning that the Council has now received the grant for the last five financial years totalling £15,837,985.

4.2 The grant is short-term, time-limited, and is ring-fenced, and therefore does not change the Council's underlying funding gap.

4.3 The grant has been fully allocated over the five-year period, to new schemes and preventative services. The profile of the use of the grant over the first three years was set by the Council in a way that has smoothed the funding over this period.

- 4.4 As at 31st March 2020, the Council had spent £11,191,371 of the grant received in the first three years, leaving £712,094 to be added to the 2020/21 grant value to be spent within this financial year. As at quarter three we are projecting that we will utilise all of the grant, plus carry forward, by the end of the financial year.
- 4.5 The IBCF grant has enabled the Council to pilot innovative ways of working, which the Council would not have had the resources to pilot otherwise.
- 4.6 Anticipating that the grant would get rolled forward for 2021/22 as per the 2020/21 value Shropshire Council has worked hard to reduce budgeted expenditure for 2021/22 down to the grant level, assuming no carry forward and have set an expenditure budget of £1,967,260 as per the grant value.
- 4.7 Using the grant funding, Shropshire Council has piloted 33 schemes in total, starting with 26 in 2017/18. In 2019/20 the Council funded 24 schemes and there are now 13 schemes being funded in 2020/21. There will be 10 schemes that we have allocated funding for in 2021/22 which are required to continue in order to meet adult social care need.
- 4.8 In the medium term, the Council will be reliant on the outcomes of the Local Government Fair Funding Review to ensure that funding for adult social care is set on a more secure, sustainable, long-term basis in the future. It is hoped that the short-term funding for adult social care, which the Council is currently receiving, will be replaced by a long-term and ongoing grant, that is set at a level that addresses the increasing demand and cost of adult social care that the Council is facing. To date, there has been no assurance to the Council that this will be the case.
- 4.9 Should there be no further funding in 2022/23, and the Fair Funding Review is still outstanding, the Council will face the choice of ending all of the schemes or committing its own resources to the schemes, where it can be demonstrated that there is a need to keep the schemes operating. This would mean that alternative savings would need to be found elsewhere within the Council to be able to fund the schemes beyond March 2022.
- 4.10 The IBCF is monitored monthly by the Assistant Director of Adult Social Care and Finance Business Partner, who meet with each project lead to monitor the impact and performance of the schemes. The Local Government Association (LGA) and ADASS (Association of Directors for Adult Social Care) have made representation to central Government to stress the importance of long-term, sustainable funding for adult social care, and in particular have requested that the Government commits to

make the IBCF grant permanent so that the Council is able to make long-term plans.

5.0 Background

5.1 Since 2017 the council has implemented a series of new schemes funded by the IBCF grant to provide extra capacity within adult social care, reduce pressures on the NHS and ensure that the local social care provider market is supported.

5.2 Shropshire Council has piloted 33 schemes in total, starting with 26 in 2017/18. In 2019/20 we funded 24 schemes. There are now only 13 schemes remaining, and we face the prospect of ending a further two of these schemes if the grant gets rolled forward as per 2020/21 in order to balance expenditure to the anticipated £1,967,260 grant.

5.3 In a previous report to the committee, we evidenced that there have been some excellent outcomes from the IBCF pilot schemes; which have generated savings to the purchasing budget and enabled us to move some of the schemes into base budget funding.

5.4 As requested by the committee, this next section will spotlight the START service.

5.5 Rapid Response Team (START)

5.5.1 Reablement is a free time limited service which is used to support people who have either been discharged from hospital, or who are at risk of admission to hospital. The aim of reablement is to support people to regain lost skills, learn new ones, and increase ability and independence.

5.5.2 This IBCF investment enabled START to grow the service, in line with the increase in demand.

5.5.3 The investment provided additional staff within START which enabled the service to support more people to be discharged home from hospital

5.6 IBCF Investment outcome

5.6.1 People who have benefited from the START reablement programme, funded through the IBCF, have better outcomes and remain independent in the community for longer:

- Over 60% of people re-abled through START are discharged between 1 and 14 days. This shows that START takes people through reablement much faster.

- START provides better outcomes and leads to less dependence when compared to the market. 62% of people who had the benefit of START reablement were discharged with **no ongoing** services.
- This meant that there is significantly less financial pressure on the Adult Social Care budget for those being re-abled through START when compared to the market providers.

5.7 Outcome of the combined IBCF investments schemes

- By collectively implementing these innovative measures we have shown that we were able to support the reduction of DToC's and transform the service to get great outcomes for vulnerable people who needed to use our services.
- Between 2017 and 2018 we reduced delayed discharges from hospital by a staggering 98%
- In 2018 ICS won top prize and were **named the Team of the year** at the prestigious Social Worker of the Year Awards
- In 2019 we continued to exceed our targets in delayed transfers of care (DTOC)

6.0 Conclusion

- 6.1 Following presentation to the Joint Commissioning Board (JCB) on 13th November 2020, which outlined the IBCF funding shortfall of £700, 000, which equates to 2 IBCF schemes. The Council received final confirmation of approval to terminate 2 IBCF Schemes from Joint Commissioning Board Partners on 2nd December 2020.
- 6.2 Whilst we are awaiting confirmation of whether the IBCF grant will be rolled over into base budget, we are continuing to lobby Central Government via the LGA and ADASS to commit to make the IBCF grant permanent so that we make long term plans. We will also explore other means of addressing the shortfall through our continuing review of income and expenditure.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)

None

Cabinet Member (Portfolio Holder) Cllr Dean Carroll

Local Member

Appendices



Appendix A -
Impact assessment (E



Appendix B -
Impact assessment (E



START Paper to
HASC Jan 2021.pptx



IBCF Update
January 2021.pptx