1. **The narrative says that the first year of Shropshire's BCF plan '*does not sufficiently address prevention and necessary resource to embed and upscale prevention.*' What are the implications of this for the implementation of the overall BCF plan, and what is the approach to managing this issue?**

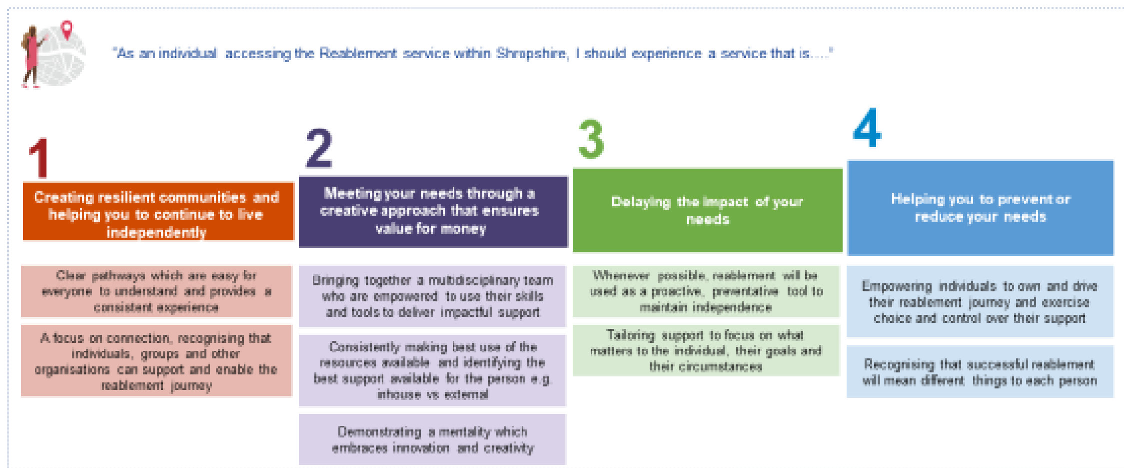
Please be assured that a lot of work in Prevention is happening across Shropshire which is detailed within the plan. We are currently developing our Prevention Strategy as stated; this will provide our framework and approach to ensuring people have the right support at the right time in the right place. The narrative in the above question reflects that as a system we want to do even more with Prevention and increase the support from the voluntary and community sector and embed it into the neighbourhood development work. The current prevention contracts are being reviewed to look at how these are aligned to the local care programme and wider information, advice and support services we have across the system to improve value for money and efficiencies of multiple services. We are working to improve our 'front door' offer enabling people to access support before reaching crisis point.

Shropshire has a good social prescribing offer as detailed in the narrative of the plan these roles link people into community support services to support their wider wellbeing. In addition to this our first point of call team (FPOC) do safe and well checks to those identified as vulnerable as part of our wider prevention work; preventing escalation and diverting people into local services.

Just to confirm there are no implications for the BCF; the Prevention work is continuing at pace, we have services in place being funded by the BCF, we are working on technology projects to support prevention and piloting a virtual care delivery offer which will launch in the Autumn, we are reviewing the falls pathway to inform best practice and identify any gaps.

2. **The narrative advises that work being done in 2023/24 will ensure that, in 2024/25, '*Shropshire has the investment needed to reduce demand*'. Please can you set out how this will be achieved so that we can be assured of the trajectory of this work?**

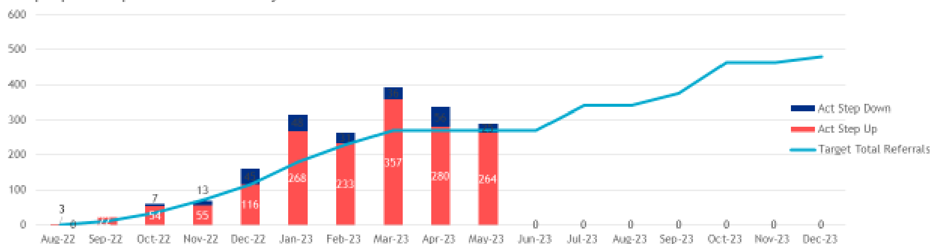
Shropshire council as well as partners are investing and supporting a redesign of the 'Reablement model' which is being supported externally with PWC consultants. This work will ensure the right pathways and support are in place to improve the throughput, manage length of stay and reduce the NCTR numbers as a system as well as improving outcomes for individuals.



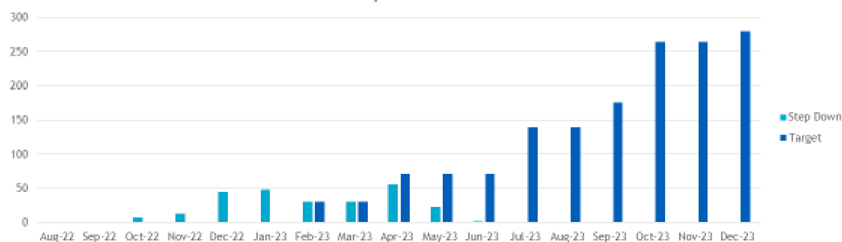
The system is working to align rapid response and virtual ward under the local care programme to support step up and step down with high targets set through to the end of this year and this will continue into end of the financial year taking us through the winter period effectively and responding to the challenges presented by last winter.

Referrals

Step Up vs Step Down Referrals by Month



Step Down Referrals



3. The plan cites a range of factors meaning funding for discharge is unlikely to meet demand – what are the implications for the implementation of the BCF plan, and

what mitigations do you have in place to manage this capacity issue (in addition to the BCF support offer)?

The system recognises the financial pressures for discharge across the STW. We have profiled that we are likely to have a financial gap heading into winter, therefore we have actioned several areas to ensure the funding covers the financial year and including the reablement work as detailed above. This will reduce the overall cost of discharge where the short term beds within the market accounts for the highest cost pressure to the system. In addition;

START

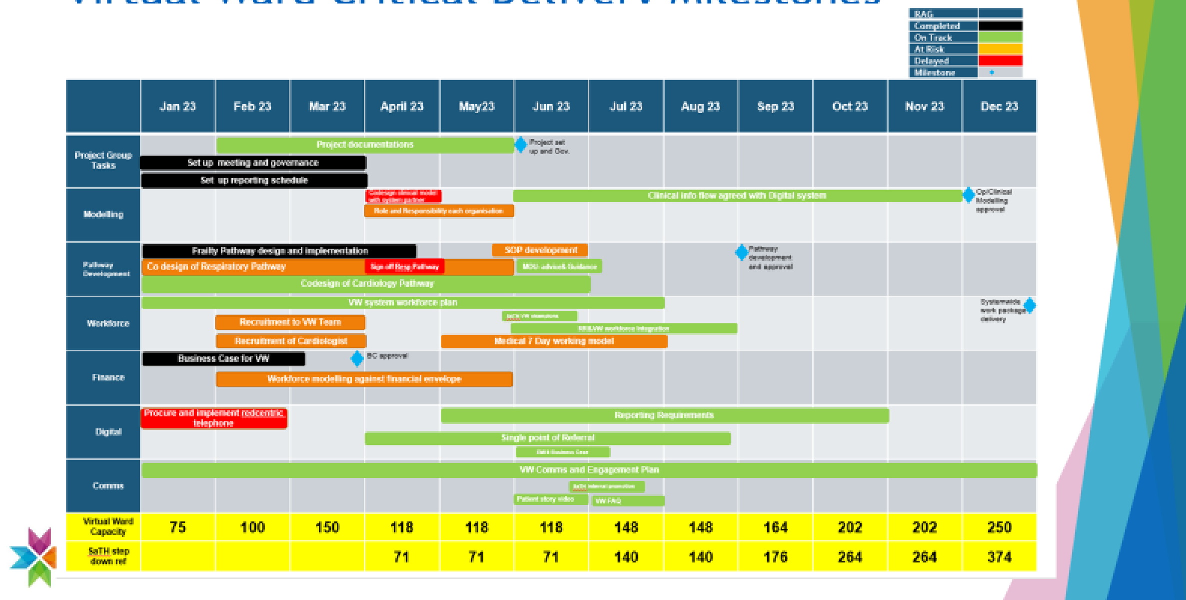
- Our inhouse provision service will be fully recruited to by September to move people through a period of reablement; throughput as I mentioned in the narrative has doubled compared to the same time last year and we streamlining process to enhance this even more to prepare for the winter. We are currently aiming for approx. 40% increase in the number of clients supported by November and December. This is subject to continued high performance on LOS remaining at 14 days. This will reduce the demand on external services whether home care providers or care homes and therefore reduce the pressure on the overall budget.

Market management

- The council has significantly increased the domiciliary care rate to improve capacity, this has increased capacity and throughput for START who are able to transfer clients for long term care if needed compared to the previous year.
- Joint contracts for 2 carers in a car are in place to support people who may need night time support and do not need a residential placement and this service has been expanded to support more people.
- Joint brokerage function: The LA has moved the sourcing of care homes to one team and will include placement cost negotiation, this will also include health placements in place for winter to manage the price and capacity across the system. The LA already source provision for fast track packages for health.

Virtual ward

- See target setting in the above graph under question 2.
- Virtual wards are now embedded as business as usual compared to the same period last year; planning to support more people
- Nurse patient flow champions have been identified on all medical wards
- Daily and weekly reports are received with regard to the referral activity to Virtual ward



Therapy interventions

- The therapy team are working more proactively with patients and encouraging wards to refer patients as soon as a therapy need has been identified – previously therapy referrals were made once a person was deemed medically fit. This will reduce the need of formal care required and better outcomes for the patients to get them home quickly.

Transfer of Care documentation

- Social workers are on site in the hospitals supporting increased discharges through strength based practice and offering community support if required.
- Social workers are being assigned wards and are identifying patients who are likely to have care needs post discharge earlier in the journey
- A daily report of how many days there are between a person becoming medically fit and TOC completion – so that this can be monitored and escalation can happen as soon as possible

PCN development

- Primary Care Development will ensure delivery of national and local plans, with the key focus on GP Access and delivering the requirements of the PCN DES. Assurance will be via the Primary Care Commissioning Committee. In addition to this the community pharmacy development will also support in reducing pressure off the acute services and need for an ambulance.

4. Is there consistency between the different data sets used to calibrate capacity and demand – for example between the BCF collection, the CSDS, and UCR? If there are inconsistencies, please describe what challenges you face in reconciling them and confirm that these challenges will be tackled through the BCF support offer

We have sensed checked the monthly discharges against health discharge data to the LA to inform the demand modelling we submitted into the BCF. As a system we are in the process of developing integrated dashboards with our data and capacity so we can improve our understanding of the data and themes. The reablement work will be core to this too so we can understand the need coming through the system. Last years numbers via pathways were difficult to compare to this year due to the improvements across the system and the improved capacity across START and dom care within the market so we have seen an improvement in the pathway 1 numbers for discharge

We want to look at how the work on prevention, reablement, and system changes in the hospital impacts on the demand and modelling work which will be a continued live document and evolving practice. It is hoped that the BCF support will help in sense checking our approach on demand and capacity modelling and target setting ensuring we are making best within the available resources across the system. We have an initial discussion with the BCF support lead scheduled for the 25 July and then followed by a session to look at modelling scheduled for the 30 August.

5. Is there anything we have not asked here that you feel it would be helpful for us to know as part of our assurance of the BCF plan?

Nothing to add in addition only to reaffirm our commitment in working together as a system to make best use of the resources we have collectively to manage the demand and ensure the right capacity is in place to meet demand in the most cost effective way. We are already in a much better position compared to last winter. Workforce recruitment and retention is far better and with system changes across the Integrated Discharge Teams, improving data and improved capacity in START, virtual wards, dom care market and care homes it is anticipated that we will meet the demand, the challenge will still be doing this within budget but like most systems we are striving to do this as efficiently as we can whilst ensuring far better outcomes for the residents of Shropshire.