

Date: Thursday, 14 January 2021

Time: 9.30 am

Venue: THIS IS A VIRTUAL MEETING - PLEASE USE THE LINK ON THE AGENDA TO LISTEN TO THE MEETING

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HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

5 **System update (Pages 1 - 12)**

Regular update reports to the Health and Wellbeing Board are attached:

STP Update

Report to follow.

Contact: Jill Robinson, Shropshire, Telford & Wrekin Clinical Commissioning Group

Better Care Fund

Report to follow.

Contact: Penny Bason, STP Programme Manager/ COVID Community Response Lead

Tanya Miles, Director of Adult Services, Housing & Public Health, Shropshire Council

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Health and Wellbeing Board

Meeting Date: 14th January 2021

Paper title: Sustainability and Transformation Partnership (STP) update

Responsible Officer:

Email: nicky.oconnor@nhs.net

1. Summary

This paper provides a regular update from the Sustainability and Transformation Partnership. It covers ICS development; Winter Planning, including Covid 19, NHS 111 First and Flu and Workforce response to Covid 19.

2. Recommendations

The Health and Wellbeing Board is asked to receive the update which will be accompanied by a brief presentation at the HWBB meeting to provide up to date information on each of the five sections and provide an opportunity for questions and discussion.

REPORT

ICS Development

In 2016, NHS organisations and local councils joined forces in every part of England to form Sustainability and Transformations Partnerships (STPs) to adopt a system approach and produce a five-year plan to the planning and delivery of health and care. Subsequently, NHS England and Improvement (NHSEI) provided a timeline for all STPs to progress towards becoming Integrated Care Systems (ICS) in a phased approach. The aim is that people can live healthier lives and get the care and treatment they need, in the right place, at the right time.

To feed into the process, in 2020, NHSEI launched a consultation into the future form of Integrated Care Systems. The consultation closed on 8th January 2021 and we await the outcome of the conscientious consideration of the feedback provided with regard to the two options that have been under consideration:

Option 1: a statutory ICS board/joint committee with an Accountable Officer (AO).

This would establish a mandatory, rather than voluntary, statutory ICS board through the mechanism of a joint committee and enable NHS commissioners, providers and local authorities to take decisions collectively. An AO would not replace individual organisation AOs/chief executives but would be recognised in legislation and would have duties in relation to delivery of the board's functions. One aligned CCG per ICS footprint and new powers would allow that CCGs are able to delegate many of their population health functions to providers.

Option 2: a statutory ICS body.

ICSs established as NHS bodies partly by "re- purposing" CCGs, taking on the commissioning functions of CCGs. CCG governing body and GP membership model would be replaced by a board consisting of representatives from system partners. As a minimum, this would include representatives of NHS providers, primary care and local government alongside a chair, a chief

executive and a chief financial officer. The power of individual organisational veto would be removed, and the ICS chief executive would be a full- time AO role.

Shropshire, Telford & Wrekin STP is currently undergoing NHSEI assurance and is on track to become an ICS in shadow form in April 2021 as planned. The process requires a further submission to NHSEI 11th January 2021. This submission is a point in time and should be seen as a development plan for the next year. It will be subject to change over the next few months and while we have continued to engage throughout the process of developing the plan, we will seek to engage more fully throughout 2021/22.

In developing the submission, we have recognised how we remain a challenged system. Our focus has too often been on tackling crises which means we have missed opportunities and we now face a number of specific performance and finance issues that have proven difficult to manage. In order to achieve ICS approval, the submission will need to demonstrate our achievements to date and ability to further achieve against four key domains:

- System leadership, partnerships and change capability -
- System Architecture and Strong Financial Management & Planning
- Integrated Care Models
- Track Record of Delivery

In order to do this, our submission will commit to delivering a number of key pledges which have been co-produced by system partners. These are drawn from our Long-Term Plan 2019 – 2024 - Improving Health And Care Outcomes For The Population of Shropshire, Telford & Wrekin, CQC observations and seminal reports such as Emerging Findings and Recommendations from the Independent Review of maternity services at the Shrewsbury And Telford Hospital NHS Trust.

The key pledges to be focused on within the submission are divided into two sections:

Service transformation

- Improving safety and quality
- Integrating services at Place and Neighbourhood level to reduce hospital admissions
- Tackling the problems of ill health, health inequalities and access to health care
- Delivering the Hospital Transformation Programme
- Delivering improvements in Mental Health and Learning Disability/Autism provision

Change enablers

- Economic regeneration
- Climate change
- Creating system sustainability
- Governance
- Enhanced engagement and accountability

Being an ICS will allow us to draw together the strengths of all of our ICS partners across the NHS and local authorities into a combined force that will deliver our transformation ambitions, our pledges, and creates a financially balanced and clinically sustainable system. The integrated care model will drive a change in the way that care is delivered, making a change to more integrated and personalised care, which can deliver better outcomes for individual citizens.

Winter planning

The winter plan and winter communications and engagement plans are being enacted alongside the extensive Covid 19 programme of activity. Campaign sequencing for the planned activity has been influenced by the need to respond to the pandemic. Engagement with stakeholders, the Voluntary, Community and Social Enterprise Sector and the public continues. The main areas of activity are:

- Covid 19
- NHS 111
- Flu

Covid 19

The Shropshire, Telford & Wrekin system continues to meet under the critical incident management of workstreams feeding into Silver Command, which currently meets three times per week, which in turn feeds into Gold Command, which meets three times per week. Operational representatives from all STP system partners attend Silver, chaired by the Emergency Planning lead and CEOs attend Gold, which is chaired by the CCGs' Accountable Officer.

The vaccination programme across the country began rolling out in December 2020 with the availability of the first vaccine. With the support of the seven Primary Care Networks, groups of GP practices, vaccinations commenced in Shropshire, Telford & Wrekin on 8th December and as of the 12th January the following vaccination centres are in operation:

- Hospital Hub at the Royal Shrewsbury Hospital run in partnership with Shrewsbury Primary Care Network
- Local Vaccination Centre at Bridgnorth Medical Centre being delivered by GPs from the South East Shropshire Primary Care Network
- Local Vaccination Centre at Malinslee Healthcare Centre being delivered by GPs from the Teldoc Primary Care Network
- Hospital Hub at The Robert Jones and Agnes Hunt Orthopaedic Hospital run in partnership with North Shropshire Primary Care Network

The programme is staffed by current and retired healthcare professionals, but also for non-clinical staff in a range of administrative, reception and other front-of-house roles as well as for volunteers. An extensive recruitment programme continues with local people being urged to 'be a part of history' by applying for roles in order to ensure we have the full complement of staff to deliver a quality and safe programme of vaccination at pace and deliver vaccines closer to where people live.

With the commencement of a third lockdown in England, communications activity continues to be informed by the national NHSEI team. Key messages continue to reinforce the national guidance, provide information on the vaccination process and the available vaccines and reassure individuals.

Verbal updates on the latest position will be provided at the January HWWB meeting through several of the agenda items.

Covid workforce recruitment

A Covid vaccination service recruitment campaign has been implemented to support the response to ensure viable and safe vaccination centres can be rolled out across the county. There are two distinct strands to the campaign, both being promoted under the heading: **Be A Part Of History**. The two strands are:

- Paid roles – clinical and non-clinical
- Volunteer roles

Paid roles are being managed by The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJA), in its capacity as the lead employer for the vaccination service within Shropshire, Telford & Wrekin. Recruitment is via the NHS Jobs portal, with applicants being signposted to vacancies from a dedicated page on the RJA website at www.rjah.nhs.uk/vaccine.

A recruitment campaign to promote these vacancies went live just before Christmas. This encompassed a large social media campaign, as well as coverage in the local print media and on BBC Radio Shropshire. As of the end of last week, more than 700 people had submitted applications for the various clinical and non-clinical roles.

We are grateful to all STP partners for supporting the campaign via their own channels. This includes councillors from within both Local Authorities, who have offered to highlight the recruitment effort in their communities and signpost people to the webpage. Letters are also being provided to be issued where possible to all residents and video messaging and social media are supporting the campaign.

Internal communications within the STP partners has also been a vital element of the campaign in the early period, in order to identify staff willing to work extra hours or be redeployed. This has been essential to get the vaccination service up and running while a substantive workforce is recruited.

Work continues to refine the process based on feedback from potential ex-employees and a clearer, single route of contact approach is being adopted. Word of mouth is a powerful tool within the public sector and across the county and further internal communications is being prepared.

Recruitment of volunteers is being managed by the Shropshire Rural Communities Council (RCC). Shropshire RCC has worked with the STP to develop a campaign within the #BeAPartOfHistory heading. Volunteers are being sought to carry out two specific marshal roles within vaccination sites. People interested in offering their services are being asked to register at www.shropshire-rcc.org.uk/covid19volunteers.

Pressures - Think NHS 111 First

This is a national initiative which has been implemented across all STPs and ICSs in England. As has been the case for many years, it allows patients to call 111 to discuss their condition and be signposted to the correct services, such as self-care, pharmacy, GP or for hospital treatment. As part of the revised service, if a patient requires to self-attend an A&E department a time slot will be provided. This will provide a better patient experience as it reduces waiting times in the department and reduces the risk in this Covid 19 era.

Patients will still be seen based on clinical need but by calling 111 their waiting times will be reduced. In future, those attending without calling ahead to 111 will be treated but provided with information on the new approach for future reference and to share with family and friends. A phased approach was implemented across England. Following the NHSEI assurance process, Shropshire, Telford and Wrekin went live on 16 November and the remaining schemes across England were up and running from 1 December 2020. The phased approach allowed the local system to learn from best practice elsewhere. Key stakeholder engagement took place and further engagement and planning is underway.

The implementation of the programme has been monitored at a weekly steering group and the system has been delighted to report that the process is working well here in Shropshire, Telford & Wrekin. From our performance monitoring, we are seeing lower rates of attendance of patients who do not require the services of an Emergency Department team, and higher rates of appropriate referral into our urgent care treatment centres (UTC) at the Royal Shrewsbury Hospital and Bridgnorth and into our extended slots in general practice. It's certainly been busy for all partners over the Christmas and New Year period, but our clinicians are pleased that patients are being directed to the right care first time.

We have been commended regionally and nationally for our data collection and case review, which allows us to monitor all the referral trends, and also highlights if there may have been opportunities for referral into alternative services. In order to constantly improve the service, these are discussed in detail by our clinical group, and if we have missed opportunities to refer into existing pathways, we have reviewed the instructions of our existing directory of services to ensure that this is clear. We have also looked at the development of new services and pathways as a direct consequence and are currently improving our respiratory and cardiac pathways.

The main communications and engagement elements of the plan commenced at the beginning of December in tandem with the national roll-out. A communication toolkit was developed and shared with all partners across the STP footprint to cascade key messaging and communication through their channels and through partners including the Healthwatch, VCSE organisations and patient groups.

Monitoring and evaluation methodologies are in development and include surveys of randomly selected attendees at A&E, additional questions to be asked in the telephone follow-up to patients completing the Friends and Family Test, additional surveys on the websites of system partners and Healthwatch and through the provider membership schemes and patient groups.

As the service develops, monitoring and specific communications and engagement activity will be undertaken with seldom heard groups within the nine protected characteristics and those living in more rural areas and with people with mental health conditions and learning disabilities wherever possible

Flu

This year, we are asking for a concerted effort to significantly increase flu vaccination coverage and achieve a minimum 75% uptake across all eligible groups. This update outlines the uptake rates across the main eligible groups and the approach that we are adopting across STW, including how system partners are contributing towards the achievement of the considerable flu targets.

The flu vaccine is given to people who:

- are 50 and over (including those who'll be 50 by 31 March 2021)
- have certain health conditions
- are pregnant
- are in long-stay residential care
- live with someone who's at high risk from coronavirus (on the nhs shielded patient list)
- children 6 months to Year 7 (11 years of age)
- frontline health or social care workers

Influenza is causing many deaths, hospital admissions and severe illness every year, especially among elderly and groups at higher risk, as outlined above. It therefore vital to protect those at highest risk through providing free flu jabs. This year the flu vaccination is particularly important because:

- if you are at higher risk from coronavirus, you are also more at risk of problems from flu
- if you get flu and coronavirus at the same time, research shows you are more likely to be seriously ill
- it will help to reduce pressure on the NHS and social care staff who may be dealing with coronavirus

Uptake of the flu vaccination

	England	STW	England	STW
Risk Group	2019/21	2019/2020	2020 to Jan	2020 to Jan
65+	70.5	71.0	80.4	81.5
50-64	-	-	28.1 (midlands)	29.0
6 months to under 65 at risk	40.6	44.3	51.6	56.2
Pregnant women	41.2	49.4	43.1	49.6
All 2 year olds	36.5	44.2	54.1	58.8

Generally, this year flu update has been good in STW with flu uptake being higher compared with last year and England's average across all cohorts.

In STW, roughly over 4/5th's or 80% of the 65+ population has had the flu vaccine. This is a 14% increase compared to last year by week 53 (January).

All GP practices have achieved the 75% target in Shropshire, Telford and Wrekin.

Community Pharmacists have seen an increase in flu vaccination by 66%.

Flu – Communications and Engagement

The annual flu campaign remains pivotal to winter planning and encompasses:

- Comprehensive communications and engagement plan working with local authority partners and providers to deliver through shared channels supporting the Help Us Help You campaign
- Series of press releases issued by target audience promoting vaccine to target groups
- Social media campaign – sharing digital assets across organisations
- Council and education magazine articles issued
- Communications sent to faith forums to get messages out to their communities
- GP pack provided with campaign assets shared
- Promoting uptake with staff across all partner organisations

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

Health and Wellbeing Board 14th January 2021

HWBB Joint Commissioning Report - Better Care Fund (BCF) Performance Update

Responsible Officer

Email: Penny.bason@shropshire.gov.uk

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1. Summary

- 1.1 This report provides an update on the BCF spend and the 20/21 and 21/22 planning requirements for local areas.
- 1.2 As previously reported adjustments have been made to the pooled fund to support people through the Covid 19 pandemic. The schedule of how this would be managed locally was agreed at the September 2020 meeting, and the final variation agreement will come to the next HWBB.
- 1.3 The planning guidelines for 20/21 were released in December 2020, with the key element that plans will not be submitted for approval, however the national conditions must continue to be met. Additionally, planning guidelines for 21/22 are expected early in the new year. More detail on this is provided in the report below.

2. Recommendations

- 2.1 The HWBB note the contents of the report.

REPORT

3. Risk Assessment and Opportunities Appraisal

- 3.1. (NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)
- 3.2. The HWB Strategy requires that the health and care system work to reduce inequalities in Shropshire. All decisions and discussions by the Board must take into account reducing inequalities. Covid 19 has shone a light on inequalities and requires all of our services to further risk assess individual risk and to support the population who are at increased risk of ill health due to Covid 19.
- 3.3. The schemes of the BCF and other system planning have been done by engaging with stakeholders, service users, and patients. This has been done in a variety of ways including through patient groups, focus groups, ethnographic research.
- 3.4. Continued reliance on grant funding (iBCF and Winter Pressures), to support system flow, admissions avoidance and transfers of care schemes, holds significant financial risk should the grant funding stop.

4. Financial Implications

Better Care Fund Allocations

	2020/21	2019/20
Pooled Fund		
Shropshire CCG Minimum Contribution	7,475,229	7,098,207
Shropshire CCG Additional Contribution	304,073	681,095
Total	7,779,302	7,779,302
Non-Pooled Fund		
Shropshire CCG Minimum Contribution	14,607,995	13,839,000
Original iBCF Grant	8,153,519	8,153,519
Additional iBCF Grant	1,967,260	1,967,260
Winter Pressures Grant	1,393,823	1,393,823
Disabled Facilities Grant	3,209,291	3,209,291
Additional Shropshire Council Contribution	1,831,023	4,632,133
Total	31,162,911	33,195,026
Total Better Care Fund	38,942,213	40,974,328

Additional Expenditure – Covid-19

Additional expenditure in 2020/21 to provide an Enhanced Discharge Service is forecast to be approximately £6 million. This expenditure is incurred by Shropshire Council and is recharged to Shropshire CCG in accordance with the Variation to the Better Care Fund Section 75 Agreement.

5. Background

Planning requirement for 20/21

5.1 In December the government released a statement confirming what local areas need to do to agree and finalise Better Care Fund (BCF) plans for this year. The statement confirmed that:

- Systems will not be required to submit plans for assurance in 2020-21.
- Areas must ensure that the use of the money in their area meets the national conditions.
- The funding is placed in a section 75 agreement with appropriate governance.

5.2 National Conditions

- Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).
- The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation
- Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence
- CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards

- 5.3 The 2019 spending round confirmed that contributions to social care from CCGs via the BCF for 2020 to 2021 should increase by 5.3% to £4.048 billion in line with NHS revenue spend. The minimum expectation for each HWB area is derived by applying the percentage increase in the national CCG contribution to the BCF from 2019-20 to 2020-21 to the 2019-20 minimum social care maintenance figure for CCGs.
- 5.4 Spending plans will not be assured regionally or formally approved. Local authorities and CCGs should ensure that robust local governance is in place to oversee BCF funds. This includes placing the funding into a pooled fund governed by an agreement under section 75 of the NHS Act 2006 with an appropriate governance structure, that reports in to the HWB.
- 5.5 During 2020 to 2021, additional funding has been made available to support the Hospital Discharge Service Policy, providing fully funded care for people discharged from hospital with additional care and support needs from 19 March 2020 to 31 August 2020, and up to 6 weeks reablement or rehabilitation from 1 September 2020 to 31 March 2021.
- 5.6 HWBB areas were asked to place the additional funding into a pooled fund governed by a section 75 agreement, and a template section 75 variation document was published. Where an area has added this additional funding into its BCF pooled fund, the additional funding is not covered by BCF national conditions. Nor does it count towards the minimum contribution to social care or the minimum ringfence for out of hospital care. Areas can record activity funded through this additional funding source as an additional voluntary contribution.
- 5.7 Schedule 1 of Shropshire's Section 75 Partnership Variation Agreement was agreed at the September HWBB to respond to the above paragraph 5.6.

Better Care Fund 2021-22

- 5.8 As part of the Government statement, the spending review confirmed the different funding elements for the Better Care Fund in 2021-22. The improved Better Care Fund grant will continue in 2021-22, maintained at its current level (£2.077 billion). The Disabled Facilities Grant will be worth £573 million. The CCG contribution will again increase by 5.3% in line with the NHS Long Term Plan settlement. The Policy Framework and Planning Requirements for 2021-22 will be published in early 2021.
- 5.9 The BCF in 20/21 continues to provide a mechanism for personalised, integrated approaches to health and care to support people to remain independent at home or return to independence after an episode in hospital. The Better Care Fund performance reporting includes the monitoring of additional grant funding known as IBCF (Improved Better Care Fund) and Winter Pressures funding. The performance reporting requirement has been reduced due to Covid 19, however the return prepared is similar to previous performance reports.
- 5.10 As a reminder, the priorities of the BCF (including improved Better Care Fund monies and Winter Pressures funding) continue to be:
- 5.10.1 **Prevention** – keeping people well and self-sufficient in the first place; Healthy Lives, including community referral (Let's Talk Local and Social Prescribing), Dementia Companions, Voluntary and Community Sector, Population Health Management, carers, mental health)
 - 5.10.2 **Admission Avoidance** – when people are not so well, how can we support people in the community; out of hospital focus (Care Closer to Home, Integrated Community Services, new admission avoidance scheme), carers and mental health
 - 5.10.3 **Delayed Transfers and system flow** - using the 8 High Impact Model; Equipment contract, Assistive technology, Integrated Community Service, Red Bag

- 5.11 The BCF delivery for 20/21 has taken account of the new requirements and Covid 19 guidance; BCF planning and delivery continue to work through our key priority areas, as set out above, and are delivered through the funding detailed in the financial section 4 above.
- 5.12 To respond to COVID – 19 the system rapidly put in place key working and governance groups to adapt to what was needed. For hospital discharge and admission avoidance this took the following form:

Covid 19 Discharge Process Operational Group



Care Pathways: Hospital discharge



Local Health Resilience Partnership (LHRP)

- 5.13 The Covid 19 Discharge Process Operational Group managed the regular Care Act processes and the 4 discharge pathways, to deliver the discharge to assess pathways as set out in the COVID 19 guidance. Pooled funding associated with the discharge and admission avoidance during the Covid Pandemic is set in Schedule 1, Section 75
- 5.14 Additional adjustments for BCF funded programmes were made as a result of the Covid 19 pandemic. A high level summary includes:
- 5.14.1 Let's Talk Local and Social Prescribing – phone and electronic based assessments and one to one support; Social Prescribing expanded to the whole of the county during lockdown, through a range of referral mechanisms including Shropshire Council Customer Services and the Community Reassurance Teams
 - 5.14.2 Voluntary and community sector – commissioned services moved to phone based and online services; the sector provided home shopping schemes, befriending, medicine collection, and online mental health support. Work continues to ensure that the VCSE are supported operate through the pandemic.
 - 5.14.3 WIPS – in October 2020 the Wellbeing and Independence Contract was enhanced to provide support for the Clinically Extremely Vulnerable, and other vulnerable to support winter pressures.
 - 5.14.4 Mental Health – services were adjusted to ensure Covid 19 guidance compliancy; and staffing was adjusted to respond to the pandemic.
 - 5.14.5 Care Closer to Home – the programme paused to allow a review of the data and development of next phases; this has been delayed due to Covid 19, however is moving forward as part of transformation, the STP Community and Place Based work and winter planning.
 - 5.14.6 Integrated Community Services – This service remained in place but responded to Covid 19 Discharge to Assess processes. Key aspects in response to Covid 19 was to move people out of hospital very quickly and to stop people from coming into to hospital, whilst ensuring all processes were Covid secure (including all work with other hospital and social care providers).
- 5.15 The system continues to work collaboratively to deliver the iBCF and Winter Pressures funding; both supporting winter planning and delivery.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
For the final BCF plan please see HWBB paper [here](#)

Cabinet Member (Portfolio Holder)

Cllr. Dean Carroll

Portfolio Holder for Adult Services, Climate Change, Health and Housing

Local Member

n/a

Appendices

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