

Shropshire Council
Legal and Democratic Services
Shirehall
Abbey Foregate
Shrewsbury
SY2 6ND

Date: 11 September 2020

Committee:
Health & Adult Social Care Overview and Scrutiny Committee

Date: Monday, 21 September 2020
Time: 10.00 am
Venue: THIS IS A VIRTUAL MEETING

Members of the public will be able to listen to this meeting by clicking on this link :
[Health and Adult Social Care O&S 21 Sept 10 am](#)

- Please note that this meeting will be made available through Microsoft Teams Live Events - your device will need to meet the minimum specification as detailed on the Microsoft website at this link: [Device Specification](#)
- You will need to download MS Teams (free) and click on the link to listen to the meeting if you are using a PC
- If using a mobile device, you will need to download the MS Teams app (free) before clicking the link
- Use the link at 10.00 am on the day of the meeting and click on 'Join as Guest'
- You may receive an error message or a request for login details if you try to gain access before 10.00 am

You are requested to attend the above meeting.
The Agenda is attached

Claire Porter
Head of Legal and Democratic Services (Monitoring Officer)

Members of Health & Adult Social Care Overview and Scrutiny Committee

Karen Calder	Tracey Huffer
Madge Shineton	Simon Jones
Roy Aldcroft	Heather Kidd
Gerald Dakin	Paul Milner
Kate Halliday	Dean Carroll
Simon Harris	Rob Gittins

Your Committee Officer is: **Amanda Holyoak** Tel: 01743 257714
Email: amanda.holyoak@shropshire.gov.uk

AGENDA

1 Apologies for Absence

2 Disclosure of Pecuniary Interests

3 Minutes (Pages 1 - 6)

To confirm the minutes of the meeting held on 20 July 2020, attached

4 Public Question Time

To receive any questions or petitions from the public, notice of which has been given in accordance with Procedure rule 14. The deadline for this meeting is 10.00 am on Thursday 17 September 2020.

5 Member Question Time

To receive any questions of which members of the Council have given notice. Deadline for notification is 5.00 pm on Wednesday 16 September 2020.

6 Health and Wellbeing Board Subgroups (Pages 7 - 16)

To receive an update on the current work of the Health and Wellbeing Board and scrutinise the role, work undertaken and objectives of its Subgroups. A report is attached.

Contact: Val Cross, Health and Wellbeing Officer, val.cross@shropshire.gov.uk

7 Improved Better Care Fund (Pages 17 - 34)

To scrutinise the operation and performance of the Improved Better Care Fund and understand the contingency planning for arrangements when funding ends. A report and presentation are attached.

Contact: Tanya Miles, Assistant Director Adult Social Care and Housing
tanya.miles@shropshire.gov.uk

8 Work Programme (Pages 35 - 42)

To consider current proposals for the Committee's Work Programme (attached)

Contact Danial Webb, Overview and Scrutiny Officer,
danial.webb@shropshire.gov.uk

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SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the Virtual meeting held on 20 July 2020
10.00 am - 12.48 pm

Responsible Officer: Amanda Holyoak
Email: amanda.holyoak@shropshire.gov.uk Tel: 01743 257714

Present

Councillors Karen Calder (Chair), Madge Shineton (Vice Chair), Roy Aldcroft, Gerald Dakin, Kate Halliday, Simon Harris, Tracey Huffer, Simon Jones, Heather Kidd and Paul Milner

48 Apologies for Absence

49 Disclosure of Pecuniary Interests

Members were reminded to disclose any pecuniary interest in any matters to be discussed not included in the register of interests and leave the Meeting prior to the matter being discussed. Councillor Tracey Huffer reported that she was a nurse at a GP Practice in Ludlow and Councillor Simon Harris said he was the Director of a Care Home in Much Wenlock.

50 Minutes

The minutes of the meeting held on 20 January 2020 were confirmed as a correct record.

51 Public Question Time

Public Questions relating to Covid 19 had been submitted by Diane Peacock. The full questions and answers provided to them are attached to the webpage for the meeting.

52 Member Question Time

There were no questions from Members.

53 Shropshire Care Home Covid-19 Support and Resilience Plan

Deborah Webster, Service Manager Commissioning and Governance and Sue Lloyd, Public Health consultant presented a report which summarised the ongoing work of Shropshire Council with care homes in the County through the pandemic. The Care Home Support and Resilience Plan drew together the ongoing work and support to care homes across the STP. The partnership was strong and robust and work had been effective throughout the pandemic.

The Chair thanked officers for presenting the report and invited questions and comments from Members.

In response to questions and observations from Members, the Service Manager and Assistant Director Social Care and Housing explained that:

- Support had been provided to care homes from the beginning of March but the requirement to restrict visitors had been implemented throughout the month, with government guidance not being issued until later in March
- It was recognised that some organisations had struggled early on with keeping up to date with and interpretation of guidance which had changed 13 times.
- As well as the support offered to care homes, there was also a domiciliary care team providing regular information and communication for providers
- Testing for all being discharged from an acute setting had not been implemented by Government until 16 April but prior to that, the majority of Shropshire providers had been very responsible and said they were not prepared to accept admissions without a test prior to discharge. This meant that Shropshire had not seen the numbers of infections seen elsewhere in the country. Most patients had been discharged to their home or into a community hospital.
- The offer of the Committee to support representations made regarding seven day rolling testing in care homes was very welcome.
- It was acknowledged that providers had felt bombarded with information and struggled to keep up to date with ever changing guidance. Officers thanked all providers and care workers who had continued to work every day and supported people so well. The county had an excellent care sector which was dedicated and impressive throughout. A weekly round up of important messages was now circulated by the Council across the system.
- The care sector has always sourced own PPE but when it became clear the supply chain was struggling and the price was becoming excessive, the Council took a leadership role in the system.
- The next tranche of the grant to be made available for providers for staffing, PPE and infection prevention was expected shortly. In the case of care homes this could not be spent on PPE, and representations had been made to government about this.
- Where a provider had taken a decision to end business support was being actively provided to ensure safe transfer of residents into a new setting

The Chair commented that the Committee had been reassured by the exemplary level of co-operation across the system and the excellent working relationship with Shropshire Partners in Care. She thanked all officers for this excellent work and asked that the Committee's appreciation be passed on to care home staff.

The Portfolio Holder for Adult Social Care and Health added his thanks for the extraordinary efforts of officers in making the system as straight forward as possible for care providers, particularly in relation to accessing clear information, PPE and funding.

RESOLVED:

That the Committee add its support for rapid implementation of seven day rolling testing by means of a letter from the Chair.

54 Shropshire Covid-19 Outbreak Control Plan

The Director of Public Health introduced her report (copy attached to signed minutes) which included an update on COVID-19 within Shropshire, the Local Response to Test and Trace and the publication of the Local Outbreak Control 2020. She also provided a presentation (copy also attached to signed minutes) reflecting on the time since the Committee had last met.

To date in Shropshire there had been 1,410 cases, and 248 deaths in the community, care home and hospital sectors. Every life lost had been tragic and the pandemic had impacted on every single person.

The presentation showed how the pattern across Shropshire had differed to that of the national one being delayed, longer and flatter. The pandemic had progressed to an outbreak stage and a close eye needed to be kept on the situation - local outbreaks would happen and preparation was needed for a potential second peak. She referred to the phenomenal collaboration over the last months and the Outbreak Plan was built on this good practice. The Plan was a live one which would be updated and strengthened continually to taken into account new guidelines and improved understanding of the disease.

Members noted that in Shropshire, 57% of the population had some sort of clinical vulnerability including those in deprived areas, lower paid roles, BAME or in care home settings. The Plan had particular focus on these groups and acknowledged wider economic needs and social impacts during the outbreak situation.

The Director emphasised that it was a system wide plan with priorities within it owned by different parts of the system with the public and communities having a significant role to play. It focused on prevention of spread and set out operational procedures for all settings. When outbreaks occurred, they would need to be identified and managed quickly with an approach that reflected local need. The Plan was also designed to ensure the system would be ready for if and when there was a second wave.

In response to questions and comments from Members, the Director of Public Health reported that:

- Some Pillar 2 testing data was made available to the Council and this included postcode but more data would be very useful and the Committee's support in requesting this would be welcomed.

- The responsibility for mobile testing units was passing to Directors of Public Health – Telford and Wrekin and Shropshire both had one and additional ones could be called on if necessary. These were currently sited in Shrewsbury and Oswestry.
- There was currently a complex system of testing in place which it was hoped to simplify as much as possible. It was intended that very local testing sites could be set up in towns and villages if necessary. The national track, trace and test system was currently achieving a 75% follow up rate. Many people were not answering track and trace calls. More complex cases were passed to local teams which were able to achieve a 100% follow up rate. A pilot scheme for tracing lost follow ups was due to start at the end of July.
- It was recognised that some of the population had particular needs for example the need for translation or the need for a more hands on approach for track and trace and the Community Resilience Team was able to help with this.
- In response to member concerns about confusion for some, eg taxi drivers, and some pubs not implementing social distancing or taking details for track and trace, officers agreed to provide a simple guide that Members of the Council could circulate to business within their electoral divisions as necessary. Attention was drawn to the whole systems approach in place including the police, licensing colleagues, local councils and business improvement districts and local intelligence would be welcome in monitoring the situation. It was however, important to be aware that regulations were changing frequently. The Director of Public Health reiterated that members were crucial in two way communication with local communities.
- The issue of young people meeting in homes for parties had been recognised and a communications targeting young people would be released shortly.
- Access to testing for people without transport was under consideration and on line testing and arranging at people's homes could be arranged.
- Mental health had been a significant area of work and additional services, resources and online support had been made available, including social prescribing specifically for young people.
- In relation to cross border working, scenario testing and planning was underway with colleagues in different authorities.
- The needs of groups living in homes of multiple occupation had been identified and outbreaks relating to work places were often due to interaction outside of the work place itself. Specific targeting of support to some businesses and communities was underway.

The Chair thanked the Director of Public Health and Consultant in Public Health for the report and for the huge amount of work it represented.

RESOLVED

.....That the Chair write on behalf of the Committee to the Regional and National Conveners Team supporting the request for greater access to Pillar 2 testing data

55 Work Programme

The Committee considered the proposed work programme and suggested future areas for inclusion. These included: emergency out of hours dentistry; access to drugs during the pandemic; a regular agenda item on covid; impact of covid on other health services and access to them; issues in accessing transport for outpatient appointments; care home demands on GPs and PCNs, and links with domiciliary care; suicide rate, particularly in rural areas.

A member suggested that the work of the Joint Health Overview and Scrutiny Committee on access to and the funding of mental health support be reported to the Shropshire Committee so that it could feed into this work if necessary. The Overview and Scrutiny officer recommended that issues raised both in this committee and at the People Overview Committee in relation to CAMHS be fed into the work of the Joint HOSC and that these committees be kept up to date with the work.

The Overview and Scrutiny Officer and Chair agreed to meet to consider these suggestions and bring an updated suggested work programme report to the next meeting.

Signed (Chairman)

Date:

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Shropshire Clinical Commissioning Group



Report to the Health Overview Scrutiny Committee: Shropshire Health and Wellbeing Board (HWBB)

Date of meeting: 21st September 2020

Presenting Officers: Cllr. Lee Chapman Cabinet member for Transformation and Digital Infrastructure and HWBB Co-Chair. Rachel Robinson, Shropshire Director of Public Health.

Summary

This report provides an overview of the Shropshire HWBB, and includes: its purpose, membership, governance, describes the sub groups and operational work.

1.Purpose

The purpose of the Health and Wellbeing Board (HWBB) is to bring together key leaders from local health and care organisations to work together to improve the health and wellbeing of local people and to reduce inequalities that are the cause of ill health. HWBB members work together to understand their local community's needs, agree priorities, and make decisions to improve the health and wellbeing of local people in Shropshire.

Health and Wellbeing Board Aim and Vision

Our Aim:

*To improve the population's health and wellbeing;
to reduce health inequalities that can cause unfair and avoidable differences in
people's health; to help as many people as possible live long, happy and productive
lives by promoting health and wellbeing at all stages of life.*

Our Vision:

For Shropshire people to be the healthiest and most fulfilled in England

2.Membership

Membership consists of 11 voting members from Shropshire Council, Elected members, the VCSA, Shropshire CCG and Healthwatch. The 6 non-voting members are from: all the Shropshire Hospital Trusts, Shropshire Partners in Care and Housing Services in the Local Authority. (see appendix 1)

3.Governance

Figure 1 shows the current HWBB structure. The strategy for 2021-2026 is currently being written, this will take into account the impact of COVID on the responsibilities and roles of local systems. Changes to this structure will be reflected subsequently in revised structures.

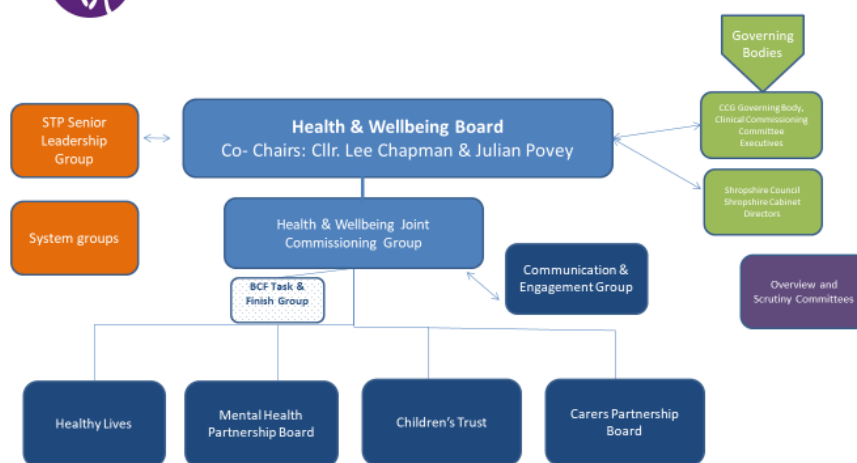


Figure 1 Shropshire Health and Wellbeing Board structure

The HWBB works closely with the STP to provide a system wide approach to health and wellbeing. STP updates are standing agenda item at Board meetings and both groups have similar or linked identified priorities. Some are indicated in the table below and reflected in the Governance Structures of the STP which recognises the responsibility between the STP and the HWBs. (See Figure 2)

HWBB	STP
Healthy weight and physical activity	Healthy weight
Alcohol	Alcohol abuse and alcoholism
Mental Health	Mental Health
Adverse Childhood Experiences	Mental Health - Trauma Informed Care. Developing a digital solution to support trauma informed care for people who have had adverse experiences in childhood

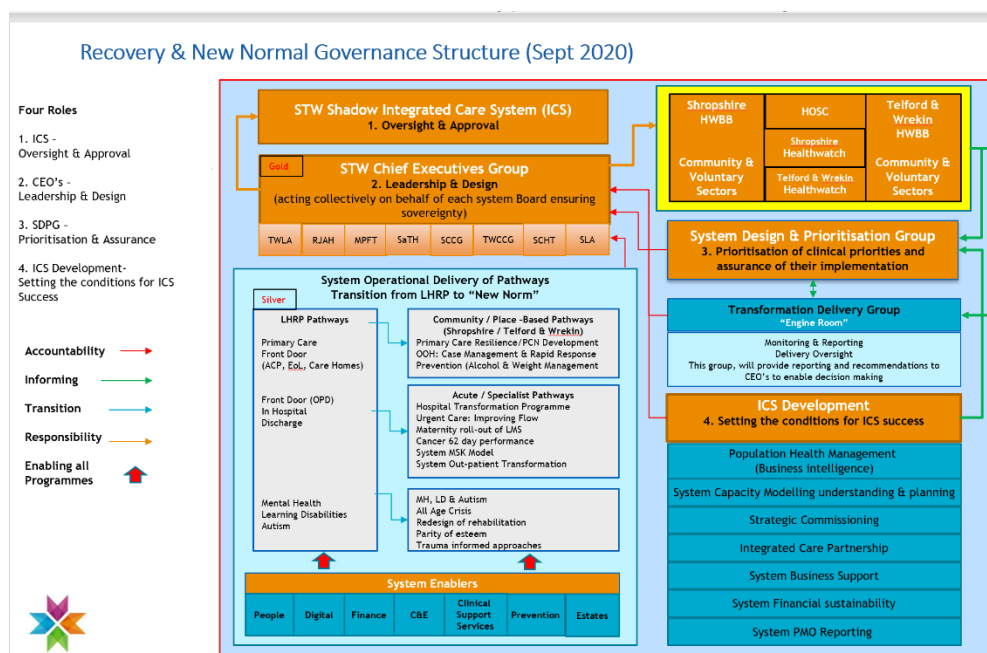


Figure 2: STP Recovery & New Normal Governance Structure (Sept 2020)

4. Statutory duties

It is the responsibility of the Health and Wellbeing Board to:

- Identify the priority health and wellbeing needs in our area through the **Joint Strategic Needs Assessment** undertaken by Public Health. The Joint Strategic Needs Assessment (JSNA) uses evidence to identify health needs within the Shropshire population. This information is then used in the planning and commissioning of services to ensure that we are prioritising the most important areas of health and wellbeing.
A sub group that reports into the HWBB will be developed to facilitate and operationalise this work.
- Develop a **Health and Wellbeing Strategy**. The Health and Wellbeing Board launched a five-year Health and Wellbeing Strategy in 2016, which sets out the long-term vision for Shropshire and includes identifying the immediate priority areas for action and how Shropshire intends to address these. The strategy for 2021-2026 is currently in development.
- To lead on the integration of commissioning, service delivery and pooled budget arrangements, which includes the **Better Care Fund** (BCF)
- To publish and keep up to date a statement of the needs for pharmaceutical services, referred to as the **Pharmaceutical Needs Assessment** (PNA).

In addition, the Board:

- Has oversight of the **Children and Adults Safeguarding Boards** through receiving annual reporting
- Receives annual assurance reports on health protection issues in Shropshire with a historical focus on immunization and screening programmes.

5. Sub groups

Sub groups of the HWBB are:

a) Healthy Lives

Healthy Lives is the name of the prevention programme of the Health and Wellbeing Board. Partners (see Figure 3) work together proactively rather than in isolation, to reach Shropshire's residents before their health or condition develops or gets worse. The programme has Governance structures in place which includes: Project Implementation Documents, action plans and a risk register. The group meets monthly and is innovative in its approach to move the priorities forward.

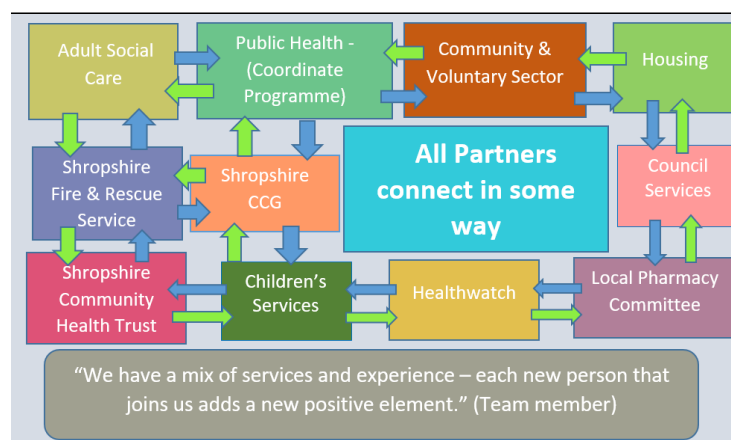


Figure 3 Healthy Lives Main partners

Key programmes of work focus around HWBB priorities, and the priorities and examples of work are provided below. Reporting comes to the HWBB meetings provided by the Healthy Lives Programme Coordinator.

Area	Partner and Example of work
Social Prescribing	A main programme area. Expansion of Social Prescribing to new areas/practices and uptake of the offer from clients has been a success.
Carers	Implementation of All-Age Carers Strategy for 2017-2021 (Through the Family Carers Partnership Board)
Physical activity (including Musculoskeletal - MSK and falls prevention)	Let's Talk about the F word – falls prevention campaign with resources 'Elevate' programme for over 65's who are a bit unsteady on their feet, and at risk of falling, rather than frail.
Mental Health	Suicide Prevention Strategy (Through the Mental Health Partnership Board)
Cardio-Vascular Disease (CVD)	Use of Alivecor Kardia Atrial Fibrillation (AF) testing devices in the community for early detection.
Shropshire Fire and Rescue Service (SFRS) - Safe and Well visits	Reaching vulnerable groups (Through SFRS)
NHS Health checks	Working with low performing practices to increase uptake of NHS Health checks
Housing	Broseley project (Through the Housing Team)
Food Poverty	Action Plan in place to reduce food poverty in Shropshire.)Led by the Shropshire Food Poverty Alliance.)

a) Communications and Engagement Group

Membership consists of Comms. leads across the system. The group does not now formally meet, but press releases, campaigns and relevant information are cascaded across partners with the aim that information is shared and will reach the right audience.

b) Mental Health Partnership Board

The Mental Health Partnership Board reports to the Health and Wellbeing Board and includes; the 0-25 Emotional Health and Wellbeing Service for Young People, Suicide Prevention and the Mental Health Needs Assessment.

c) Children's Trust

The Children's Trust has been replaced with an annual Children's Summit ([see report here](#)) and the Healthy Child Programme (HCP) Partnership Board now reports to the HWBB.

The purpose of the HCPPB is to have an overview/oversight of the HCP delivery and work in partnership with key stakeholders to ensure effective delivery across agencies to meet the outcomes for children, young people and their families and to identify work that is required to improve or monitor effectiveness.

key areas of work have included Adverse Childhood Experiences (ACE), school readiness and emotional health and well-being as well as the implementation of the new 0-19 (up to 25 where SEND identified) Public Health Nursing Service.

d) Family Carers Partnership Board

The Family Carers Partnership Board includes representatives from carers, statutory services, the voluntary and community sector and health. The implementation of the strategy is supported and

advised by the Shropshire Family Carers Partnership Board (FCPB), and regular progress reports are made to the Health and Wellbeing Board.

e) Shropshire Local Outbreak Engagement Board

This group is required as part of Local Outbreak Control Plans. The objectives of the Local Outbreak Engagement Board are to:

1. Act in the interests of the health of the public in Shropshire
2. Provide democratic oversight and assurance of:
 - i. Plans to prevent and manage outbreaks of COVID-19 within Shropshire
 - ii. Actions taken to prevent and manage outbreaks and their outcomes
3. Engage and communicate with residents and stakeholders
4. Represent public and stakeholder concerns regarding local outbreaks and outbreak plans
5. Lead the development and implementation of a framework and actions of public engagement and communications plans within Shropshire Council area for local Outbreak Control Plans and local outbreak response
6. Oversee delivery of any local actions as identified through public facing engagement and escalate any action as appropriate
7. Monitor levels of infection to be assured that the Outbreak Plan has been developed and is being delivered and communicated appropriately.
8. Provide assurance and recommendations to partners and relevant bodies about the public and community engagement and communications for the management of local outbreaks.

Members of the Board include cross party representation and nominated representatives from the Health and Wellbeing Board and system partners. The board is supported by the Shropshire Health Protection Cell. Please see Figure 4 for Governance structure.

The Board is accountable to the public through to the public facing Shropshire Health & Wellbeing Boards and link with the Governance of the Local Outbreak Management Plan

Appendix 2 contains the draft Terms of Reference and membership detail.

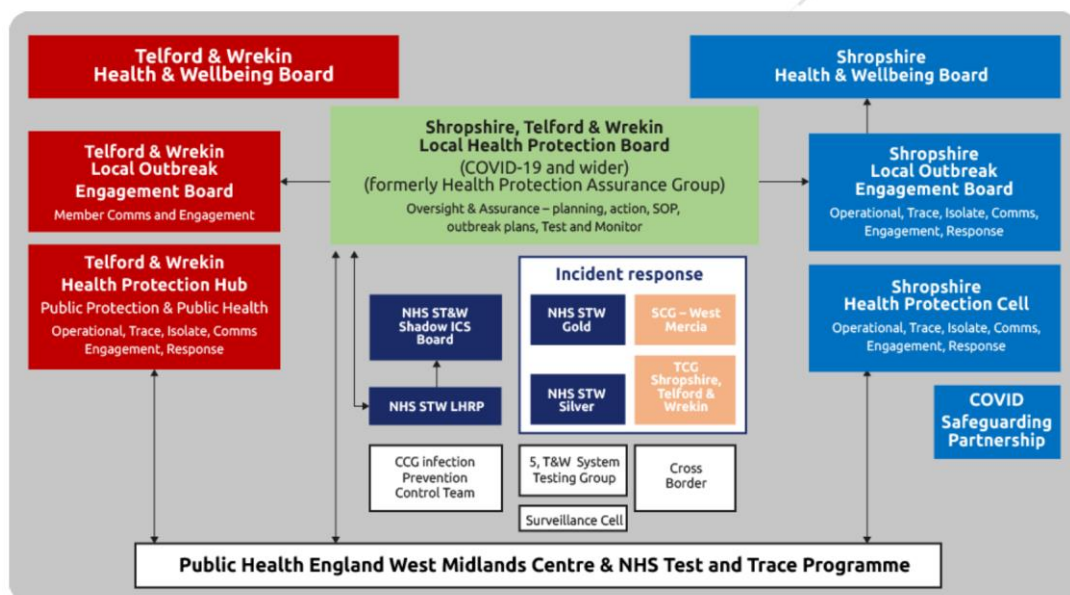


Figure 4: Governance Structure

f.) Joint Strategic Needs Assessment working group

This group was established prior to COVID to deliver the JSNA programme but was paused due to the pandemic. This remains a key area of work for the board moving forward,

5. Operational work

Health and Wellbeing Board work never ceases. Careful agenda planning ensures relevant papers are called for and the appropriate challenge comes from the Board. This includes: annual reporting from Safeguarding, sub-group reports and follow-up papers requested from the Board. E.g. the 0-25 Emotional Health and Wellbeing Service.

The Board is open to working with local partners to showcase their good practice. This was demonstrated this year with a presentation from a Shropshire primary school, describing work they had implemented with their school community to gain their 'Wellbeing Award'.

The Board responded to questions within the Prevention green paper in October 2019 and raised that with less than 5% being spent on preventative health and care, it is essential that we look at spending across government. The balance of investment needs to shift from treatment to prevention.

Health and Wellbeing strategy 2021-2026

The HWBB will be refreshing its strategy for 2021-26. Two half day workshops took place last year and were well attended by Board members. Using evidence base, scoring and discussion key priorities were agreed as:

- **Adverse Childhood Experiences** - starting early and building ambition.
- **Workforce** - including elements such as: a healthy informed workforce, who have an awareness of prevention and looking at embedding behaviour change (a technique which help to put people back in control of their own lives, through making positive choices around their own health and wellbeing).
- **Healthy Weight and Physical Activity**

Smoking in Pregnancy, Social Prescribing, Domestic Abuse, Dementia, Alcohol, Mental Health - wellbeing support, suicide prevention, County Lines and Air Quality were also recognised as ongoing priorities.

Also recognised were:

- Wider determinants of health - use of green spaces, planning policy and housing etc.
- Role of the VCSE as a core element of our system
- Meeting the needs of seldom heard groups and those of the nine protected characteristics
- How Place Based Working and Priority Setting is part of developing our integrated working, trusting, developing and designing collectively.

This was agreed by the Board at the January 2020 meeting.

6. Conclusions

The HWBB takes its position seriously. Although it recommends rather than commissions or has the power to instruct services to change, it provides challenge and influence.

The new strategy creates an excellent opportunity to build on knowledge, experience and learning from partners. The Covid pandemic has demonstrated health inequalities and the impact of the wider determinants of health and this will continue to be an integral part of the strategy as will the work around health protection.

Appendix 1

HWBB Shropshire membership – May 2020

Voting members		
Name	Role	Organisation
Andy Begley	Executive Director Adult Services, Public Health & Housing & Interim Chief Executive	Shropshire Council
Lee Chapman (Chair)	Cabinet Portfolio Holder Organisational Transformation and Digital Infrastructure	Shropshire Council
Dean Carroll	Cabinet Portfolio Holder ASC, Housing & Climate Change	Shropshire Council
Edward Potter	Cabinet Portfolio Holder Children's Services	Shropshire Council
Rachel Robinson	Director of Public Health	Shropshire Council
Karen Bradshaw	Director of Children's Services & Interim Chief Executive	Shropshire Council
Jackie Jeffries		VCSA
David Evans	Accountable Officer	Shropshire CCG
Dr Julian Povey (Co-Chair)	Clinical Chair	Shropshire CCG
Dr Julie Davies	Director of Performance & Delivery	Shropshire CCG
Lynn Cawley	Chief Officer	Healthwatch
Non-voting		
Name	Role	Organisation
David Stout	Chief Executive	SCHT
Louise Barnett	Chief Executive	SaTH
Nicky Jaques	Chief Officer	SPIC
Mark Brandreth	CEO	RJAH
Megan Nurse	Non-Executive Director	MPFT
Laura Fisher	Housing Services Manager	Shropshire Council

Appendix 2:

Shropshire Local Outbreak Engagement Board

TERMS OF REFERENCE

1.0 Background

Health Protection Responsibilities

Directors of Public Health (DPH), and since 1 April 2013 Local Authorities (LA), have been responsible for improving the health of their population. DPHs have an assurance role in health protection issues including outbreaks however, depending on the scale and specific outbreak, provide local leadership, expertise and advice and possibility management. An outbreak is defined as two or more linked cases of the same illness in the same setting or situation.

The Secretary of State continues to have overall responsibility for improving health – with national public health functions delegated to Public Health England. Public Health England (PHE) is an executive agency of the Department of Health. One of the most important functions of PHE is to protect the public from infectious disease outbreaks. PHE provides the surveillance, epidemiology and expertise in outbreak management. The management responsibility for outbreaks will vary depending on the outbreak. An outbreak should be reported to the “Proper Officer” in this case PHE regional team.

COVID-19

COVID-19 is a novel coronavirus. New knowledge about the virus is developing every day, however the science of how the virus acts and human immunity is in the early stages of development. For this reason, the UK government is planning for the longer term and the importance of protecting health underpins the opening up the UK economy.

From June 2020 the government will be launching the national Test and Trace service, which will form a central part of the Covid-19 recovery strategy. The objectives are to:

- i. control the Covid-19 rate of reproduction I;
- ii. reduce the spread of infection and save lives; and
- iii. help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

The Test and Trace service includes four ‘tools’ to control the virus: test, trace, contain and enable.

Test and Trace service

The ‘contain tool’ includes a national Joint Biosecurity Centre that will work with Public Health England (PHE) and local authorities, including local Directors of Public Health, to identify and manage local outbreaks. Upper tier local authorities are required to develop and implement Local Outbreak Control Plans.

3.0 Objectives

Introduction

Local Directors of Public Health are responsible for producing Local Outbreak Control Plans, working through system wide Covid-19 Health Protection Boards, that provides multi-agency and multi-professional input into development of Local Outbreak Control Plans and elements of the plans including testing, treatment and PPE. They will be supported by system-wide partners and work in collaboration with Local Resilience Forum and a Board led by Council Members to communicate openly with the public via the HWB, the member led board is referred to as the Local Outbreak Engagement Board.

The objectives of the Local Outbreak Engagement Board will be to:

- a) Act in the interests of the health of the public in Shropshire
- b) Provide democratic oversight and assurance of:
 1. Plans to prevent and manage outbreaks of COVID-19 within Shropshire
 2. Actions taken to prevent and manage outbreaks and their outcomes
- c) Engage and communicate with residents and stakeholders
- d) Represent public and stakeholder concerns regarding local outbreaks and outbreak plans
- e) Lead the development and implementation of a framework and actions of public engagement and communications plans within Shropshire Council area for local Outbreak Control Plans and local outbreak response;

*Chair

Member	Title	Organisation
Dean Carroll*	Portfolio Holder for Adult Social Care, Public Health & Climate Change	Shropshire Council
Gwilym Butler	Portfolio Holder for Communities, Place Planning & Regulatory Services	Shropshire Council
Lezley Picton	Portfolio Holder for Culture, Leisure, Waste & Communications	Shropshire Council
Rob Gittins	Deputy Portfolio Holder, Public Health	Shropshire Council
Heather Kidd	Councillor (Liberal Democrats)	Shropshire Council
Kate Halliday	Councillor (Labour)	Shropshire Council
Lynn Cawley	Chief Officer	Healthwatch
Jackie Jeffrey	Chief Executive – CAB	Shropshire Voluntary & Community Sector Assembly
Ray Wickson	Chair	Shropshire Association of Local Councils (SALC)
Richard Sheehan	Chief Executive	Chamber of Commerce
Nicky Jacques	Tbc	SPIC
tbc	Tbc	Schools
Penny Bason	Communities COVID Lead	Shropshire Council
Andrea Harper	Head of Communications and Engagement	Shropshire, Telford & Wrekin CCG
Andy Begley	Interim Chief Exec	Shropshire Council
Mo Lansdale	Shropshire Local Policing Commander	West Mercia Police
Rachel Robinson	Director of Public Health	Shropshire Council
Maria Jones	Communication Lead	Shropshire Council
Sarah Dodds	Engagement Lead	Shropshire Council

- f) Oversee delivery of any local actions as identified through public facing engagement and escalate any action as appropriate
- g) Monitor levels of infection to be assured that the Outbreak Plan has been developed and is being delivered and communicated appropriately.
- h) Provide assurance and recommendations to partners and relevant bodies about the public and community engagement and communications for the management of local outbreaks

4.0 Membership

Members of the Board will be including cross party representation and nominated representatives from the Health and Wellbeing Board and system partners.

Other individuals may be invited to any meeting as and when appropriate. Members may nominate a relevant substitute if they are unavailable to attend a meeting. The composition and terms of reference of the Board will be reviewed by the Board no less frequently than once every 12 months and after three months.

The Board will be chaired by the Portfolio Holder for Adult Services, Health and Climate Change. In the event that neither the chair nor deputy are present to chair the meeting, a chairperson will be elected from the remaining members.

5.0 Support

Public Health will provide administrative support to the Board.

6.0 Quorum

The Board shall be Quorate if any three persons are present including the Chair and/or Vice-Chair.

7.0 Frequency of Meetings

The Board shall meet with such frequency as are required but as a minimum fortnightly until September 2020 when the frequency of the meeting will be reviewed. Additional meetings and sub-meetings shall be scheduled when appropriate and as required to respond to local need/issues arising.

7.0 Accountability

The Board will be accountable to the public through to the public facing Shropshire Health & Wellbeing Boards and link with the Governance of the Local Outbreak Management Plan (appendix 1).

8.0 Confidentiality

All information presented to the board will be confidential. All persons sitting on the board will be expected to adhere to confidentiality protocols. Any actions or decisions that need to be made public, will be made public facing via the HWB.



Health and Adult Social Care
Overview and Scrutiny
Committee

21 September 2020

Item

Public

Improved Better Care Fund (IBCF) and Projects

Responsible Officer Tanya Miles

E-mail: Tanya.miles@shropshire.gov.uk

Tel: 01743 255811

1. Summary

- 1.1 The Health and Adult Social Care Overview and Scrutiny Committee requested a report on the Improved Better Care Fund (IBCF), detailing the outcomes achieved against the metrics and plans for the future.
- 1.2 This report will summarise this council's allocation of the IBCF and some of the projects implemented using the IBCF funds. This report will also revisit the progress to date in meeting the required IBCF metrics. There will be complimentary presentation which will further describe the impact of the different projects, which have been implemented using the IBCF.

Background to IBCF

- 1.3 The Care Act places a duty on the Local Authority to respond to people with social care needs in acute hospital settings within a defined timeline.

Delayed Transfer of Care (DToC)

- 1.4 A delayed transfer of care (DToC) is where a patient is ready and safe to leave hospital care, but is unable to do so, and remains occupying a hospital bed.
- 1.5 Keeping patients in hospital longer than required can have a number of detrimental effects, and long stays can affect patient morale, mobility, and increase the risk of hospital acquired infections.
- 1.6 DToC's are reported and monitored nationally, and Local Authorities risk performance and financial penalties where response times in relation to discharging people from hospital have not been met.

- 1.7 With the continuing demand for acute hospital beds, there is a recognition that many conditions can be managed safely within the patient's own home to avoid unnecessary hospital admission.
- 1.8 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

- 1.9 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
- 1.10 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
- 1.11 Social Work Practitioner in MDT for frailty.
- 1.12 Ensuring that the Local Social Care Provider Market is Supported
4 x Provider Independent Assessors

2. Recommendations:

Members are requested to:

- 2.1 Note the positive progress achieved to date in relation to the IBCF and to support the making of representations to Central Government seeking the continuation of this funding.
- 2.2 To agree how this Committee wishes to receive future updating reports.

3. 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.

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, meaning that the Council has now received the grant for the last four financial years.
- 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 four year period, to new schemes and preventative services. The profile of the use of the grant has been set by the Council in a way that has smoothed the funding over the four year 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. The table below sets out the use of the grant over the four financial years. As the 2020/21 funding available has been allocated in full, it is assumed that all funding will be utilised by the end of the financial year.

	2017/18	2018/19	2019/20	2020/21
Brought Forward	0	3,866,294	3,293,964	712,094
Grant	5,976,757	3,959,448	1,967,260	1,967,260
Expenditure	-2,110,463	-4,531,778	-4,549,130	-2,679,354
Carried Forward	3,866,294	3,293,964	712,094	0

- 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 Although 2020/21 is scheduled to be the final year of the grant scheme, due to the Government's focus on Covid-19 and therefore not on changes to Local Government funding, it is anticipated that the grant may be rolled forward for a further year, meaning that the Council may receive a further allocation of £1,967,260 in 2021/22.
- 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 remaining. Should the Council receive a further £1,967,260 in 2021/22, it is anticipated that 11 of the schemes will be able to continue for a further year. It is becoming clear which schemes and additional expenditure will be required to continue into 2021/22 in order to meet adult social care need. 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.
- 4.8 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 2021/22, 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 2021.
- 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 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 Two Carers in a Car (2CIC)

- 5.4.1 One example of this was two Carers in a Car, which was designed to meet the needs of service users at night. We found that often people need care because of falls, anxiety and need for assistance through the night. It appeared that many people being discharged from hospital who required support once or twice through the night were being discharged into residential placements, simply because there was no alternative.
- 5.4.2 The pilot scheme involved two carers who travelled to any household within the Shrewsbury area, providing support between 10pm and 7am, and was piloted utilising IBCF funding over a period of 2 years.
- 5.4.3 The initial pilot proved to be successful, and in July 2017 the scheme was expanded to different areas of the county.
- 5.4.4 Following further success, 2CIC was moved and is now funded within the ASC base budget. Without the IBCF grant, it would not have been possible to pilot this scheme.

5.5 2CIC Financial outcomes

- 5.5.1 Evidence of the savings delivered by the contract are shown when consideration is given to the alternative services that would need to be commissioned to replace the contract. The total savings, delivered by the 2CIC contracts since July 2018, presently stands at £2,521,348.
- 5.5.2 The success of the scheme and the delivery of such significant savings, resulting in the decision to transfer it to base budget. In 2020, we are planning to expand the service to create a rural offer.

5.5.3 The principles adopted in allocating the IBCF monies were ones of innovation, creativity and collaboration. The initiatives were deliberately based on the concept of trying radical new approaches which would enable the flow through the hospital system, and facilitating the discharge of patients from hospital much more quickly. The underlying principle is that a person's bed is better than a hospital bed.

5.5.4 These approaches link into Our Vision and Strategy for Adult Social Care 2018/19-2020/21 for:

- Creating resilient communities and helping you to continue living independently Helping to prevent or reduce needs
- Delaying the impact of people's needs
- Meeting needs through creative approaches to care that is value for money

5.5.5 A number of measures, (both Local system and National) have been adopted to monitor the impact of these initiatives:

1. Reduction in delayed transfers of care
2. Reduction in the admission of people into residential care
3. Increase in the number of people supported in their own homes
4. Increase number of discharges per week from the acute hospital
5. Reduction on length of stay on ICS caseload
6. Increase in the number of people at home 91 days after discharge from hospital
7. Increase in the number of people receiving no long term care after successful reablement.

5.5.6 The IBCF grant monies have been allocated for 2020/21 and the projects described in this report are fully funded via the IBCF. This next section of the report will go on to describe the current funded IBCF schemes which is split into and will explain to the committee the impact and the risks if the IBCF funding ceases.

5.6 **Increased numbers of FTE Social Workers in the Community Social Work Teams**

5.6.1 These posts were put in place using the IBCF grant in order to undertake reassessments in all areas of the County. The timely actions for reassessment of support plans benefits individuals, their carers and also supports the Council in managing its budget.

5.6.2 Timely reassessments enable assessed needs to be met in ways that provide greater choice and more control, enabling independence and community networks to develop.

5.6.3 Prior to the IBCF investment, the lack of resources within the community social work teams, and the increased demand meant that waiting lists for outstanding reassessments were increasing, and some people had not received their annual reassessment.

5.7 Outcome of IBCF investment

5.7.1 The additional resources within the community social work teams were ring fenced and enabled the teams to have a dedicated provision which focused on the completion of timely reassessments.

5.7.2 There have been cost benefits associated with this scheme both to the Local Authority and to individuals. This allowed the Local Authority to complete more timely reassessments. For individuals, it meant that they received the right care and support at the right time, in a person centred way which promoted their independence and resilience and resulted in less dependency on the Local Authority.

5.8 Additional hours for Brokerage to work on a Saturday and Sunday

This IBCF investment provided additional capacity in the Brokerage Team.

5.8.1 The Adult Social Care Brokerage Team work within the Business Commissioning Service of Adult Social Care.

5.8.2 The packages the Brokerage Team source are for community placements and for hospital discharges, but all have the aim of supporting people to be as independent as possible within their own homes. However, whilst the focus is primarily on hospital discharges it must be noted that every change to a care package whether that be an increase, decrease, closure etc. is work flowed via the Brokerage Team.

5.8.3 Over the last 3 years the demand for hospital discharges has tripled and there is an expectation on the Council from Government and NHS to obtain packages of care within 48 hours. Councils across the county have been under significant pressure to improve on hospital discharge both in numbers and in speed of response and targets are set on a regular basis that all councils and CCG's must adhere to.

5.8.4 The result of the IBCF investment was:

The additional capacity in the team has enabled

- Weekend rota to support hospital discharges
- Offer essential continuity of service
- Reduce backlogs at the beginning of the week
- Develop the market to respond more readily across weekend

5.8.5 Consequently, the Brokerage Team needed to respond to the increase in demand and requirement for further availability and having the investment has enabled them to do this.

5.9 **3 Dedicated CHC social workers**

5.9.1 The provision of 3 dedicated Qualified Social Workers who are focussed on Continuing Health Care (CHC) has proved to be very positive with regard to both supporting the CHC process locally and further developing the current joint working arrangements that we have with Shropshire Clinical Commissioning Group (CCG) There was some delay in recruiting and establishing this small team of dedicated staff due to the level of experience and knowledge needed in this specific area.

5.9.2 Prior to the IBCF investment, the quality and practice within all Adult Social Care teams operating in Shropshire varied between individual Social Workers and in addition, different service areas. We did have a small number of CHC Champions within teams and a CHC lead; however, these roles were only partially successful due to conflicting demands and operational pressures. It was identified that a small team of dedicated staff would enable improved communication with CCG; improve consistency and quality of joint assessments; cascade learning and training to others and act as a central point of contact to support broader service areas. It was also anticipated that the outcomes of CHC assessments would be more positive for the individual being assessed and any eligibility more strongly evidenced.

5.9.3 During the last 12 months, the 3 CHC social worker have been co-located with the CCG's Complex Care Team. This was a very positive development and has enabled the relations between the health and Social Care staff to be improved for the benefit of both organisations and with the provision of cross learning opportunities resulting from working in a co-located setting. The investment which has been provided through the IBCF funding in respect of this particular scheme and has ensured that individuals have secured Continuing Healthcare funding for residents of Shropshire. In addition to those individuals who the Council are

responsible for, the 3 CHC staff have contributed towards the assessment processes for self-funding residents of Shropshire in respect of their eligibility for CHC funding.

5.10 Increase MH prevention work

5.10.1 This IBCF investment provided the community Mental Health Social Work Team the opportunity to invest and focus on preventative work in the community.

5.10.2 Let's Talk Mental Health Hubs provide face to face information, support and advice for people experiencing difficulties relating to their mental health. The hubs enable people to come and talk to a friendly, empathetic social care practitioner regarding the difficulties they are experiencing.

5.10.3 This early intervention approaches, focus on community strength and asset-based approaches, by supporting people to self-care building wellbeing and resilience before their condition worsen and they are having to attend A&E or be admitted to hospital.

5.10.4 Prior to the IBCF investment the community mental health social work practitioners were not able to provide this level of early intervention service. Due to the high demand on the service social workers were always responding to crisis, request for MHAA not been able to do the follow up check and maintain continuity of support with a named worker.

5.10.5 The result of the IBCF investment has allowed the team to be proactive and to move away from crisis work to community preventative work. The development of the community mental health hubs offers the client and the social workers opportunity to have more joint working with health and the third sectors. Improved partnership work and thus more seamless mental health support to the adults and young people in the community.

5.10.6 The aim is to enable individual to make changes and develop life skills, not to tell them what to do.

5.11 Additional bed based capacity - Shropshire 19 x nursing beds (pathway 3)

5.11.1 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.

5.11.2 This IBCF investment provided additional bed based provision which enabled patients to be discharged from hospital in a timely manner and

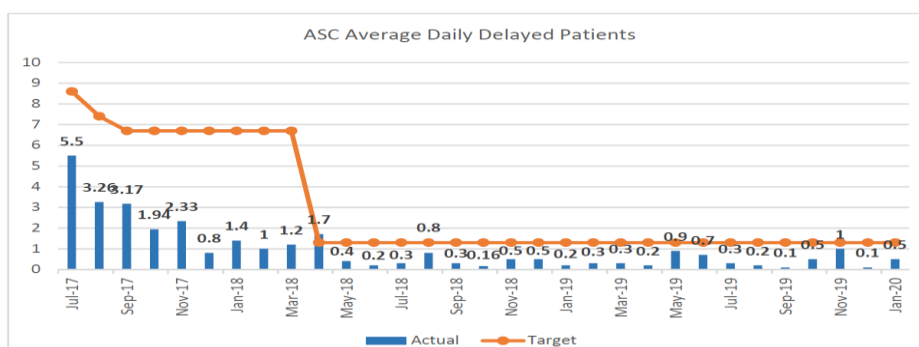
allowed them to continue their rehabilitation in an appropriate setting, without having to use a hospital bed.

5.11.3 The Discharge to Assess (D2A) beds or '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

5.12 Outcome of this IBCF investment

5.12.1 There has been extensive use of the D2A beds, with an average bed utilisation of over 80%. Between 2017 and 2018, the provision of the D2A beds supported us in the reduction of DToC's by 98%



NB: Figures for delayed patients are calculated by dividing the number of delayed days by the number of days in the reporting month.

5.12.2 Shropshire performance around Social Care DToC's continued to exceed our national performance targets. In January 2020, our National ranking improved to eighth in the country.

5.12.3 In March 2020, as a response to Covid, all DToC reporting was paused by Central Government and we were required to work with system partners to take immediate action to support effective hospital discharge and flow which must be compliant with the Government guidance around Covid 19.

5.12.4 Part of the work around Covid has been to model demand and capacity using actual data around bed utilisation. This data shows that the anticipated surge in demand for beds throughout the winter period

2020/21 combined with the potential second wave of Covid surge, will place an increased pressure on our bed stock.

5.13 **Impact if D2A contracts were allowed to lapse post March 2021**

5.13.1 The contracts for the D2A beds will expire at the end of March 2021. Given the forecasting set out in the demand and capacity modelling, If the D2A contracts are allowed to lapse in March 2021, this will result in a significant impact to System partners, to the Council and to individuals, and will undoubtedly result in:

- Increased DToC numbers
- Reduced health outcomes (decompensation) for patients who will remain in hospital for longer, when there is no requirement for them to be in an acute hospital bed.
- Increase in the risk of hospital acquired infection
- Increase the pressure on hospital beds due to the impact of Covid/flu/winter surge
- Reputational damage to the Council and the risk of increased scrutiny with potential financial penalties.

5.14 **Rapid Response Team (START)**

5.14.1 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. Shropshire has seen 5 years of continual growth in the numbers of older people being discharged from hospital to reablement services. This trend is **not** replicated in England or within our statistical neighbours.

- England saw: 1.2% increase
- West Midlands: minus10% (decrease)
- Shropshire: 41.3% increase
- Statistical neighbours: 21.8% reduction

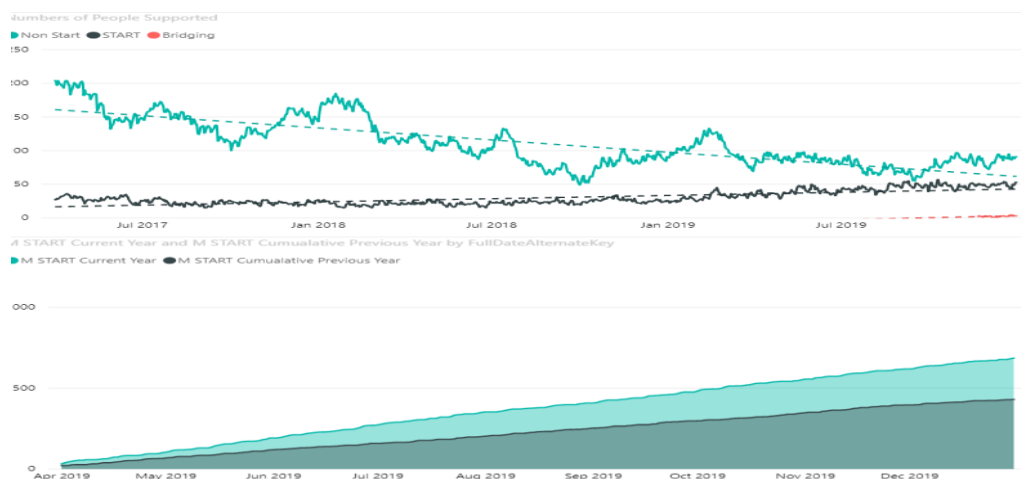
5.14.2 This IBCF investment enabled START to grow the service, in line with the increase in demand as outlined above.

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

5.15 **IBCF Investment outcome**

5.15.1 START has a proven track record in reablement and the service has produced some excellent outcomes.

5.15.2 The image below shows the actual increase in numbers of people who are supported by START, whilst there was a decrease in people being supported in the external provider market. This has meant that we are funding less packages of care on our reablement budget, resulting in savings to the Council.



5.15.3 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 reabled through START are discharged between 1 and 14 days, compared with 43% in the external providers. This shows that START takes people through reablement much faster.
- START provides better outcomes and leads to less dependence when compared to the market. 60% of people who had the benefit of START reablement were discharged with **no ongoing** services, compared to 25% of the market providers. This meant that there is significantly less financial pressure on the Adult Social Care budget for those being reabled through START when compared to the market providers.

5.16 IBCF investment within ICS to support improvement in DToC

5.16.1 The IBCF grant provided the following schemes within ICS that supported with in the reduction of DToC's.

- Additional SW capacity
- Worker linked to A and E
- Worker dedicated to MDT for frailty

5.16.2 These schemes have allowed us to work with our system partners and the provider market to ensure that we have robust and flexible

arrangements in place that support discharges from hospitals and ensure that there is flow throughout the system, particularly during surge periods.

5.16.3 Our innovative use of these IBCF schemes enabled us work together with the system to coordinate activities which in turn, reduced pressures on the NHS, and reduced DToC's across the system.

5.16.4 The combined impact of these investments enabled ICS to:

- Increase assessment capacity
- Facilitate 7 day working
- Reduce Length of stay and Improve patient flow
- Produce better outcomes for patients and their carers
- Avoid unnecessary hospital admission by
 - Supporting and Preventing admission to hospital for people who had presented at A&E
 - Engaging in early identification, treatment risk assessment and Planning for frail patients (people over 75)

This has benefits for the person, their families and the system as a whole.

5.17 Hospital based Carers Lead/Link worker

5.17.1 The IBCF investment supported a Carers Hub which was set up within RSH and a dedicated carers lead. Carers staff have expertise, knowledge and skills around the carer's role and the impact of caring responsibilities. The Carers Hub is evidenced based and set up with the following aims:

- Make introductory links to carers support workers and services in the local area
- Provide information about resources and assistance available including the Carers Emergency Response Service
- Assist with contingency and future planning
- Give information about referring to Shropshire Council Adult Social Care Teams for further information or for an assessment for the carer or a family member. The post has developed and made links with health colleagues in both RSH and Community Services to explores innovative ways to work together.

5.17.2 The staff maintain a presence within the hospital setting, and are highly visible to offer information, advice and signposting to support services for family carers throughout Shropshire.

5.17.3 In addition to regular information sessions in the hospital, the carers lead will also meet with carers when their loved one is a patient in RSH either on the ward or in other venues in the hospital. The Carers Lead works closely with Frailty Team who makes contact if a carer comes into A&E with a family member so the carer can be seen.

5.17.4 The impact of this scheme is that informal carers receive an offer of support, advice and information before their loved one leaves hospital which is continued during the reablement period. Carers are consulted during the support planning process and where appropriate carers assessments, carers support plans, direct payments or other planned support is put in place to enable the carer to continue their caring role. This is in addition to a universal offer of informal support options utilising a range of community resources.

5.18 Covid update

5.18.1 Due to Covid 19, visiting is extremely limited in all the hospitals and the carers workers have been unable to access RSH. Plans to develop carer drop in and information sessions at PRH and the community hospitals are on hold. Carers support has continued in the ICS team during this time with all staff supported to identify informal carers and refer to the carer's workers and FPOC.

5.18.2 As a result of the Covid guidelines, our carers support offer has been re directed to supporting carers outside of the hospital setting. There is a strong emphasis on supporting the Reablement programmes within START and linking with the Admission Avoidance activity to maintain people in the community and support carers to maintain their caring responsibilities.

5.18.3 Carers are a fundamental part of the care system and the Government highlighted this in the Care Act. Whilst supporting carers should be everyone's responsibility, the increased speed at which ICS are working is likely to mean that carers will not be prioritised if we don't maintain a dedicated role to champion their cause.

5.19 To improve early discharge planning at Redwoods Discharge Liaison Worker

5.19.1 The IBCF funded additional social workers to support the facilitation of hospital discharge from the Redwood hospital. The evolution of the Redwoods Team found an improved approach to hospital discharge, a clear gain for the patient journey through hospital which has led to the reduction in the levels of DTOC from the Redwoods site.

5.19.2 Since the introduction of the teams they have taken on additional case work to include all admissions which the ward identifies as having social care needs. The team have developed a new pathway process this new improved referral pathway has helped to reduce inappropriate referrals and promote more joined up working across health and social care.

5.19.3 The IBCF funding has enabled the community Mental Health service to have dedicated team of workers base at the Redwood Centre the Local Authority has been able to fulfil its statutory duties and ensure that clients discharged on s117 have statutory review of their discharge plan.

5.20 4 x Provider Independent Assessors

5.20.1 Shropshire Independent Trusted Assessors scheme started in May 2018, is funded by IBCF and is delivered through staff employed by ShropCom. The service employs assessors, who deliver timely and quality assessments to Providers to enable patients to be discharged from hospital safely and quickly.

5.20.2 This scheme has resulted in multi system benefits to Provider, the Council, patients and our system partners.

5.20.3 There has been a reduction in DToC numbers and less delay in the waiting times of people awaiting discharge from hospital. The Trusted Assessors also has Provider benefits by fulfilling the CQC requirements for Providers to admit into their service.

5.21 Covid 19 Integrated Hub update

5.21.1 In March 2020, as a response to the national Covid-19 pandemic all health and social care systems were required to implement changes to support rapid discharge from hospital.

5.21.2 In July 2020, the government released further requirements stating that local systems now need to stabilise their around hospital discharges. This means that there should be no assessments within the hospital setting, and that processes should be in place to facilitate speedy and same day discharges, within 3 hours of the patients being deemed fit (medically optimised) for discharge.

5.21.3 Patients are now stepped down from the hospital setting without the need for an assessment on the ward. As a result of this, there has been a reduction in the ward based activity of the Trusted Assessors.

5.21.4 The Trusted Assessor role now works differently, and they are working alongside partners in the integrated hub to process activities around patient discharge

5.21.5 We are reviewing the role of the Trusted Assessor and are working alongside the Provider market to gauge the views, of the Trusted Assessor role going forward.

5.22 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)
- Our performance consistently makes us number one in the West Midlands region and within the top 10 in England.
- In addition to this, our response to system changes as a result of Covid have been remarkable. Through our work in supporting the integrated hub model we have seen a reduction in length of stay of 2.5 days, and a 7% increase in the number of patients being discharging to their home first.

5.23 Risks associated with terminating IBCF schemes

5.23.1 The Government is committed to the aim of person-centred integrated care, with health, social care, housing and other public services working seamlessly together to provide strong, sustainable local health and care systems which prevent ill-health and the need for care and avoid unnecessary hospital admissions.

5.23.2 Since June 2018, local health systems have been tasked with reducing the number of extended stays in hospital. This has required changes to the way that hospitals work but is also affected by what happens outside of acute hospital when patients are fit to go home.

5.23.3 The IBCF investment into the schemes described within the report has enabled us to work closely with our system partners to ensure that people

do not get stuck at any point within the system, and that people get the right care, in the right place, at the right time.

5.23.4 We have worked really hard and going forward, we aim to continue to improve. However, without ongoing IBCF investment, there is no provision to maintain existing 13 IBCF schemes all of which have been key to producing the outstanding results that have been cited throughout this report.

5.23.5 The cessation of these IBCF schemes, would negate the excellent work that has been undertaken to date and would result in a number of risks to the Council, to system partners and to vulnerable people who rely on our services. It is likely that we would;

- Exceed the performance targets that have been set by the government around DToC's. I have shown throughout this report, the challenges that we faced prior to the IBCF grant and the significant improvements that were and continue to be made as a result of the IBCF investments.
- Throughout this report, I have reflected and evidenced the impact of the IBCF investments in improved performance, outcomes to people and partnership models, and the significant savings that have been made possible through the IBCF schemes.
- There is a serious risk of reputational damage to the Council which would impact upon our relationships, the delivery of our services, in the innovative and creative ways that we have been and would like to continue to work.
- Furthermore, there is the potential for financial penalties and additional scrutiny to be imposed upon us, through non compliancy and poor outcomes.
- However, I am very pleased to report that the Council has exceeded its current target in ensuring that patients do not stay in hospital longer than they need to thanks to the additional capacity from the IBCF initiatives.
- The additional initiatives funded by IBCF have enabled ICS, along with Shropshire Council's START Team, to help alleviate the pressure in the hospitals, by quickly finding the right support for discharged patients.
- I have shown in this report the excellent outcomes in DToC's, prior to the pause and suspension of DToC targets by Central Government in March. I have also highlighted the way in which the

service has adapted in response to Covid 19 and continues to maintain excellent outcomes.

- The service is confident that we can maintain the low levels of Delayed Transfers of Care attributed to the Council and continue to work with health and social care partners to ensure patients do not stay in an acute hospital bed for any longer than they need to.

6.0 Conclusion - Continue to grow

- 6.1 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.
- 6.2 We remain reassured that Central Government understands our financial position and the potential impact to service delivery if sustainable plans are not put in place.
- 6.3 The IBCF grant has enabled us to take bold steps in the delivery of our services. It has provided us with a valuable evidence based learning platform and allowed us to test out opportunities to make real and sustainable differences across the health and social care economy.
- 6.4 Despite the increased demand in service, we have been able to use the IBCF schemes to align and embed the ethos set out by Central Government of empowering people to manage their healthcare and better integration across the health, social care, the voluntary and community sectors.
- 6.5 We are proud of what we have achieved so far and have ambitious plans for the future. Now is the opportunity to gain more traction on the work that we have started which has been supported by IBCF.

<p>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</p>
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None

<p>Cabinet Member (Portfolio Holder) Cllr Dean Carroll</p>

<p>Local Member</p>

<p>Appendices None</p>



Health and Adult Social Care Overview and Scrutiny Committee 21 September 2020	<u>Item</u> <u>Public</u>
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Health and Adult Social Care Overview and Scrutiny Committee Work Programme 2020-2021

Responsible officer

Danial Webb, overview and scrutiny officer

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1.0 Summary

- 1.1 This paper presents the Health and Adult Social Care Overview and Scrutiny Committee's proposed work programme until May 2021.

2.0 Recommendations

- 2.1 Committee members to:
- agree the proposed committee work programme attached as **appendix 1**
 - note the current task and finish groups attached as **appendix 2**
 - suggest changes to the committee work programme and
 - recommend other topics to consider.

3.0 Background

- 3.1 The ongoing Covid-19 pandemic caused Shropshire Council to suspend the operation of its overview and scrutiny committees in March 2020. Since then it has been gradually resuming the service, beginning with the Performance Management Scrutiny Committee in May 2020, the Health and Adult Social Care Committee in July 2020, and the Joint Health Overview and Scrutiny Committee (in partnership with Telford and Wrekin Council) in August 2020. The remaining overview and scrutiny committees will operate from September 2020.
- 3.2 As there will be an election of all elected members to Shropshire Council in May 2021, draft work programmes only considers items likely to be considered by committees before the elections take place.

- 3.3 A refreshed draft overview and scrutiny work programme for this committee is attached as **appendix 1**. A refreshed list of current task and finish groups is attached as **appendix 2**.

4.0 Next steps

- 4.1 Overview and scrutiny updates this work programme on an ongoing basis and presents it at each committee meeting. This will allow committee members the opportunity to contribute to its development at each committee meeting.

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)

All

Local Member

All

Appendices

Overview and scrutiny work programme

Overview and scrutiny task and finish groups

Appendix 1

Overview and Scrutiny work programme 2020-2021

Health and Adult Social Care Overview and Scrutiny Committee

Topic	Intended outcomes or objectives	What output is required?	Who needs to be heard from?	Expected impact or added value	Work date
Health and Wellbeing Board subgroups	<ul style="list-style-type: none">• Receive an update on the current work of the board.• Scrutinise the role, work undertaken and objectives of subgroups.	Committee overview report	Chair, Health and Wellbeing Board Director of Public Health	Health and Wellbeing Board is effective in co-ordinating joint working between the council and health partners.	21 Sep 2020
Improved Better Care Fund	<ul style="list-style-type: none">• Scrutinise the operation and performance Improved Better Care Fund.• Understanding contingency planning for arrangement when funding ends	Committee overview report	Assistant Director Adult Social Care	Work undertaken with IBCF funding remains sustainable.	21 Sep 2020
Domiciliary Care	<ul style="list-style-type: none">• Understand the impact of Covid-19 on the provision of domiciliary services.	Committee overview report	Assistant Director, Adult Social Care	Domiciliary services meet the needs of people in Shropshire.	9 Nov 2020

Health and Adult Social Care Overview and Scrutiny Committee

Topic	Intended outcomes or objectives	What output is required?	Who needs to be heard from?	Expected impact or added value	Work date
Arrangements in a single commissioning structure	<ul style="list-style-type: none"> Consider existing and future commissioning arrangements between Shropshire Council and Shropshire CCG. Understand the barriers to effective commissioning and scrutinise arrangements to improve joint working. 	Committee overview report	Chief Officer, Shropshire CCG	Ensure Shropshire has robust health and social care commissioning arrangements	9 Nov 2020
111 Review	<ul style="list-style-type: none"> Scrutinise progress in delivering the new arrangements for 111 services in Shropshire. Understand how cross-border arrangements are working. 	Committee overview report Presentation to committee	Shropshire Clinical Commissioning Group Shropshire Community Health Trust ShropDoc	Arrangements for 111 services are working well.	25 Jan 2021
Delivering Public Health Outcomes - Update	<ul style="list-style-type: none"> To review the memorandums of understanding for substituted services. 	Committee overview report	Director of Public Health	Substituted services deliver good public health outcomes.	25 Jan 2021

Health and Adult Social Care Overview and Scrutiny Committee

Topic	Intended outcomes or objectives	What output is required?	Who needs to be heard from?	Expected impact or added value	Work date
Future Fit and patient transport services	<ul style="list-style-type: none"> To scrutinise current contract arrangements for patient transport services. To receive an update on any proposed changes to commissioned patient transport services to meet Future Fit proposals. To understand how commissioned services co-ordinate with other public and community transport services in Shropshire. 	Committee overview report	Shropshire Clinical Commissioning Group		22 March 2021

Appendix 2

Current and proposed task and finish groups

Title	Objectives	Reporting to
Financial Strategy and Innovation and Income Generation	<ul style="list-style-type: none"> • To understand the process and activity stages for developing the Financial Strategy and how these translate into the Council's annual budgets • To consider and scrutinise the proposals and emerging plans for the whole Financial Strategy and 2021/2 budget, including how they align to the four pillars. This will be through their development and their implementation, in particular for innovation and raising income. • To consider the recommendations and areas for action identified in the Corporate Peer Challenge report relating to the Financial Strategy, and how they are being addressed. • To consider the direct and indirect impacts, including risks, of 2021 budget proposals on current services and customers. • To complete specific pieces of work to identify and work up alternatives to emerging plans, including the feasibility of any alternative proposals • Make evidence based recommendations in relation to plans and approaches for innovation and income generation, and alternative proposals for future budget setting. 	Performance Management Scrutiny Committee
Road casualty reduction	<ul style="list-style-type: none"> • Understand the nature of road traffic collisions in Shropshire. • Understand feelings of road safety, and the effect of feeling unsafe when travelling. • Understand the factors that contribute to safer travel • Scrutinise how Shropshire Council and its partners work together to make travel safer. • Explore how Shropshire Council responds to new models of Government transport funding. 	Place Overview Committee

Title	Objectives	Reporting to
Community Transport	<ul style="list-style-type: none"> • To understand how community transport operates in Shropshire, and the demand for community transport services. • Identify how the community transport groups, the council, and other partners can work together to provide community transport to people in Shropshire who do not have access to public or private transport. 	Communities Overview Committee
Brexit	<ul style="list-style-type: none"> • To consider the information brought together to develop a view for Shropshire of the possible implications of Brexit for the Shropshire economy and the achievement of the Economic Growth Strategy. • To identify, with the relevant officers, the key evidence and related requirements of what Shropshire would require from a future UK funding approach. • To make evidence based recommendations to Cabinet. 	Performance Management Scrutiny Committee
Section 106 and Community Infrastructure Levy	<ul style="list-style-type: none"> • To understand how Shropshire Council currently uses Section 106, CIL and NHB and the impact that this has had • To understand how Section 106, CIL and NHB could be used in Shropshire to enable or encourage projects or initiatives for economic growth and prosperity • To learn from other places how they have used Section 106, CIL and NHB to enable or encourage projects or initiatives for economic growth and prosperity • To make evidence based recommendations on how Section 106, CIL and NHB could be used in Shropshire to enable or encourage projects or initiatives for economic growth and prosperity 	Performance Management Scrutiny

Title	Objectives	Reporting to
Climate Change	<ul style="list-style-type: none"> • To review Shropshire Council's existing work to reduce its CO2e output. • To scrutinise existing council policy and practice and recommend policy changes that would support further carbon reduction. • To identify and evaluate opportunities to reduce spending and generate income by adopting low-carbon technology and practices. 	Place Overview Committee
Dog fouling and dangerous dogs	<ul style="list-style-type: none"> • To scrutinise how the local authority tackles <ul style="list-style-type: none"> ○ dog fouling ○ dog attacks ○ stray dogs • licenced dog breeding 	Performance Management Scrutiny Committee