



Health and Adult Social Care
Overview and Scrutiny
Committee

21 September 2020

Item

Public

Improved Better Care Fund (IBCF) and Projects

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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

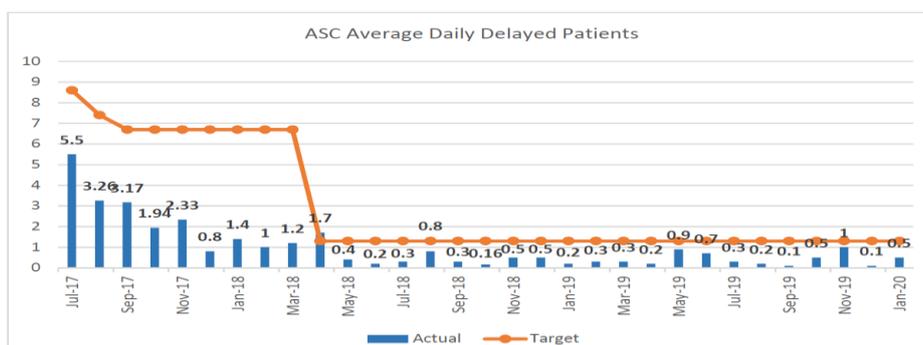
allowed them to continue their rehabilitation in an appropriate setting, without having to use a hospital bed.

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

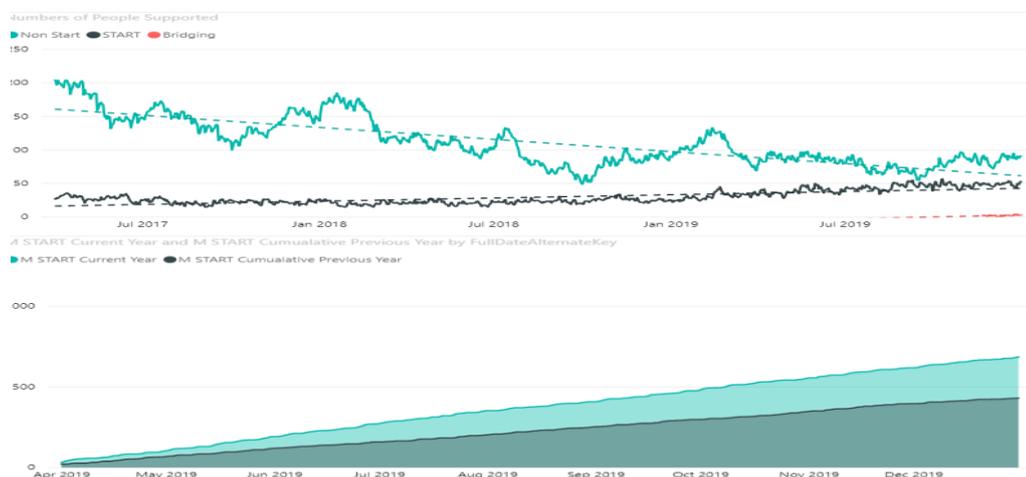
5.14.2 This IBCF investment enabled START to grow the service, in line with the increase in demand as outlined above.

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 explore 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.

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

None

Cabinet Member (Portfolio Holder) Cllr Dean Carroll

Local Member

Appendices None