

Report to Adult Social Care Overview and Scrutiny Committee



Presentation overview - we will:



Summarise the Council's allocation of the IBCF and the projects implemented using the IBCF funds.

Evidence the progress to date (meeting the required IBCF metrics)

Further describe the impact of the different projects, which have been implemented using the IBCF.

We want to :

- Share positive progress achieved to date in relation to the IBCF
 - Support the making of representations to Central Government seeking the continuation of this funding.
 - Agree how this Committee wishes to receive future updating reports.
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What is the IBCF?



The IBCF or Improved Better Care Fund is a government funded grant.

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

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.

How IBCF has supported us



The IBCF grant provided the funds that enabled us to pilot a series of schemes to:

- Provide extra capacity within adult social care
- Reduce pressures on the NHS and reduce DTOC
- Ensure that the local social care provider market is supported

The IBCF grant funded schemes



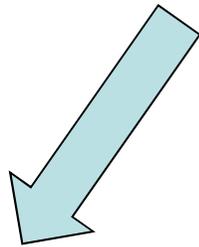
Using the IBCF grant funding, we piloted 33 schemes in total, starting with 26 in 2017/18.

In 2019/20 the Council funded 24 schemes and there are now 13 schemes remaining. Some finished, some stopped and some are now funded by base budget.



Summary of current IBCF schemes

We have aligned our IBCF schemes to

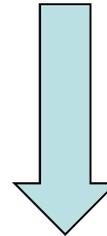


Provide Extra Capacity within Adult Social Care

Increased number of social workers in the community social work teams

Additional hours for Brokerage to work at weekends

Dedicated CHC social workers to support MH prevention work



Reduce Pressures on the NHS

Social Worker in A and E

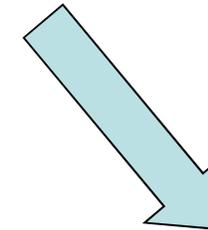
Hospital based Carers Lead

Additional SW capacity in ICS
Social Worker linked to frailty.

Enhance Rapid Response Team (START)

Additional bed based capacity
19 x nursing beds (D2A)

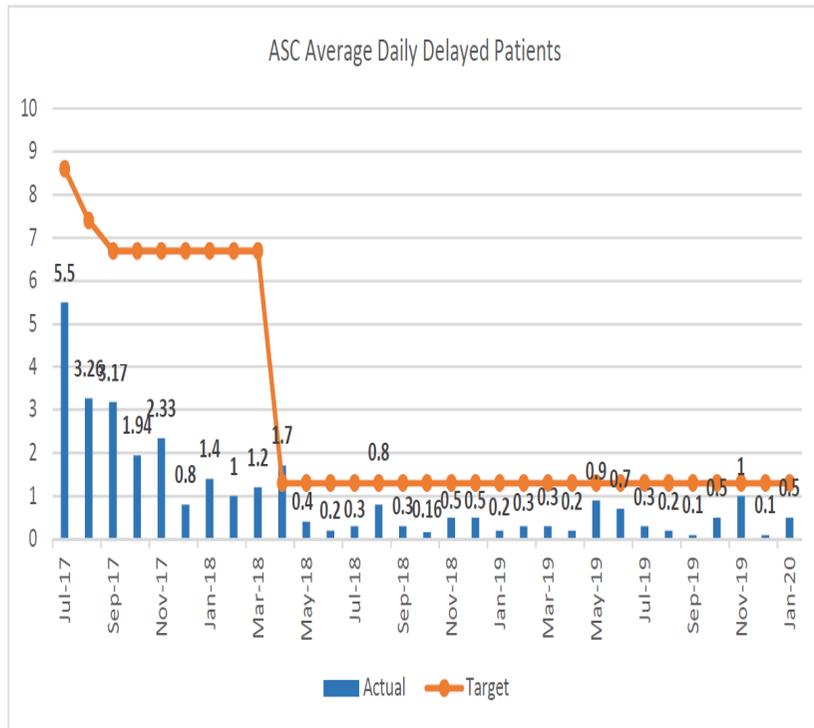
Discharge liaison worker at Redwoods S117



Ensure that the Local Social Care Provider Market is Supported

4 x Provider Independent Assessors

Impact of IBCF schemes on DToC's



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

Between 2017 and 2018, there was a **98% reduction** in DToC's

In January 2020, our National ranking in relation to DToC was **eighth** in the country.

What can an IBCF scheme do?

IBCF Grant funding enables us to pilot new schemes to evidence that they can have a positive impact on the lives of people in Shropshire as well as meeting the criteria for the grant and giving us value for money.

- A really good example is Two Carers in a Car....

2 Carers in a car (2CIC) A great success story!



It started with a question....

What can we do to help people stay at home if they have night time care needs and reduce need for residential care?

The benefits?

- Support for people to stay at home,
- **Outcome focussed**
- Helps people be less dependent with just the right amount of night time support
- Less admissions into residential care and hospital
- **Improves hospital discharges**
- Supports the Emergency duty team and out of hours GP service
- Reduces pressure on ambulance services
- Value for money
- Great partnership working between the Council, health and providers

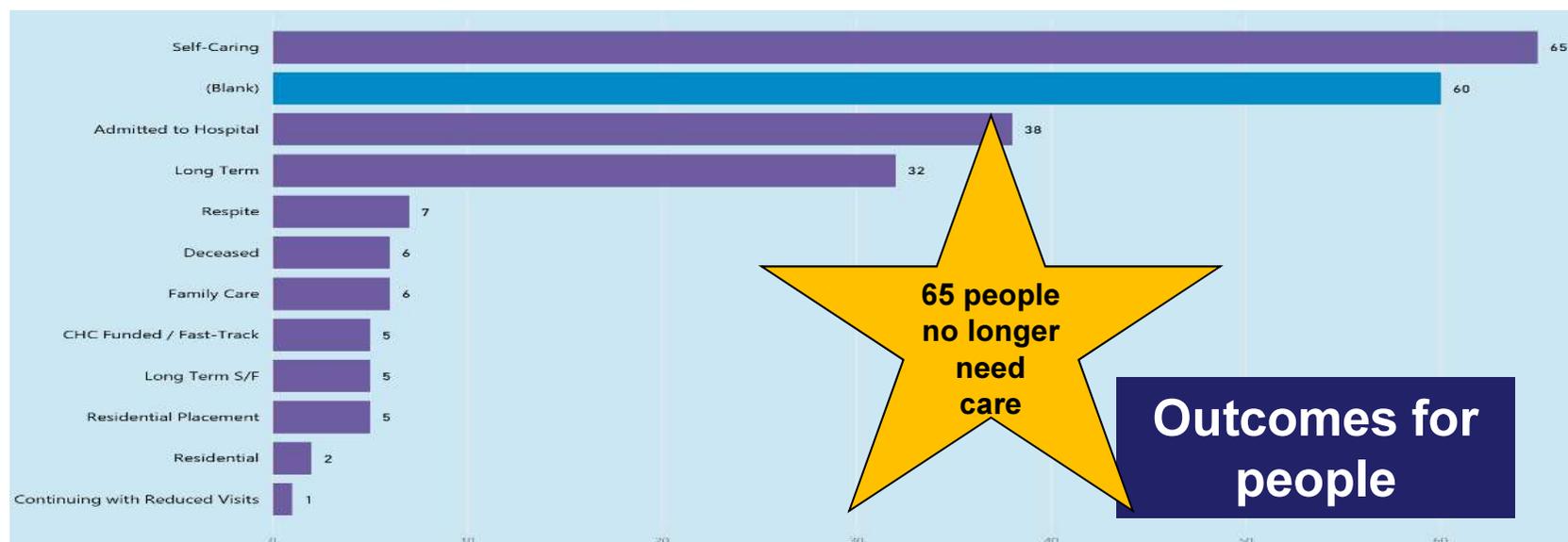


2 CIC Outcomes



- During the pilot period, the service has supported over 200 people, that's over 3500 visits
- 25% of people supported have been discharged from hospital or have avoided admission
- 40% of people have gone on to be self supporting
- QA surveys evidenced 100% satisfaction

Outcomes continued



| | |
|--|------------------|
| 65 have gone on to be self-supporting due to the re – ableing nature of the service. This has saved: | 1,409,460 |
| For the people who remained in the service savings compared to the cost of previous night care is: | 1,935,305 |
| Cost of the 2CIC contracts also to be netted off | - 823,417 |
| Total saving delivered by 2CIC contracts between since July 2018 | 2,521,348 |

**Saved
over £2.5
Million**

**Outcomes for
the budget**



Rhiannon and her Dad's Story

Current Schemes

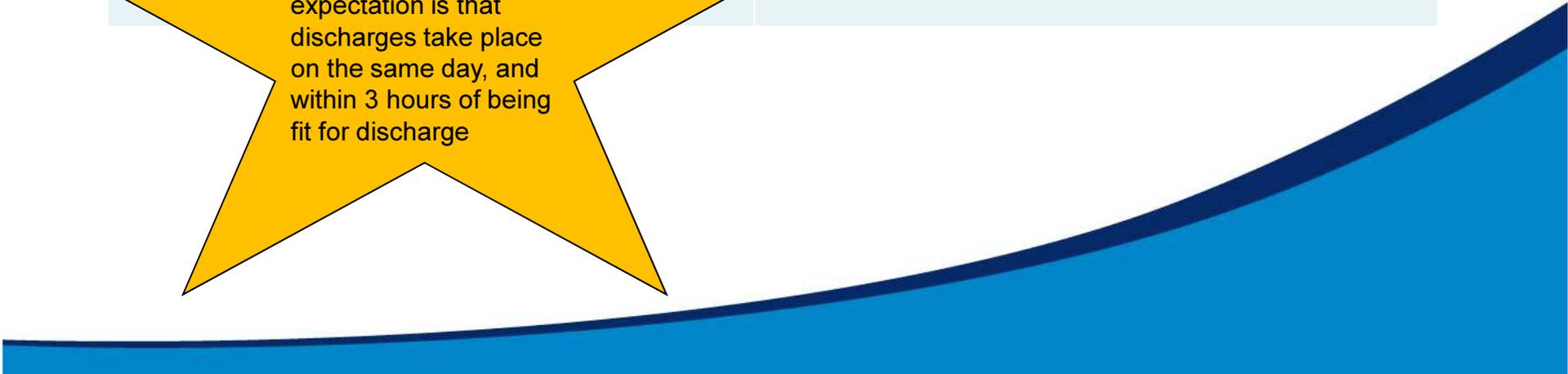
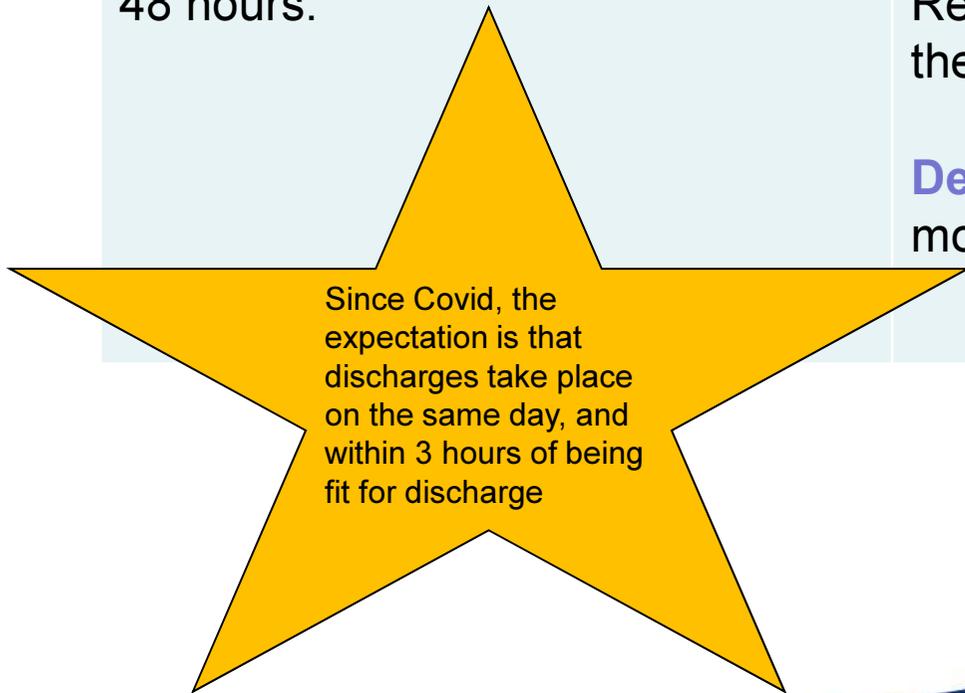


Increased Social Workers numbers in the Community Social Work Teams



| Pre IBCF | Post IBCF |
|---|--|
| <p>Increased demand put pressure on the community social work teams, and this meant that waiting lists for outstanding reassessments were increasing.</p> | <p>Individuals, received the right care and support at the right time, which promoted their independence and resilience and resulted in less dependency on the Local Authority.</p> |
| <p>Some people had not received their annual reassessment. These posts were put in place to undertake reassessments in all areas of the County.</p> | |

| Pre IBCF | Post IBCF |
|--|--|
| <p>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.</p> | <p>The additional capacity in the team has enabled Weekend rota to support hospital discharges</p> <p>Offer essential continuity of service Reduce backlogs at the beginning of the week</p> <p>Develop the market to respond more readily across weekend</p> |



Dedicated CHC social work posts



| Pre IBCF | Post IBCF |
|---|---|
| <p>The quality and practice within all Adult Social Care teams operating in Shropshire varied between individual Social Workers and in addition, different service areas.</p> | <p>The investment through the IBCF funding ensured that individuals have secured Continuing Healthcare funding.</p> <p>The 3 CHC staff have contributed towards the assessment processes for self-funding residents of Shropshire in respect of their eligibility for CHC funding.</p> |

Increase MH prevention work



| Pre IBCF | Post IBCF |
|--|---|
| <p>Prior to the IBCF investment the community mental health social work practitioners were not able to provide this level of early intervention service.</p> | <p>The grant provided the community Mental Health Social Work Team the opportunity to invest and focus on preventative work in the community, providing face to face information, support and advice for people experiencing difficulties relating to their mental health.</p> <p>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 individual 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.</p> |

19 x nursing beds (D2A beds)

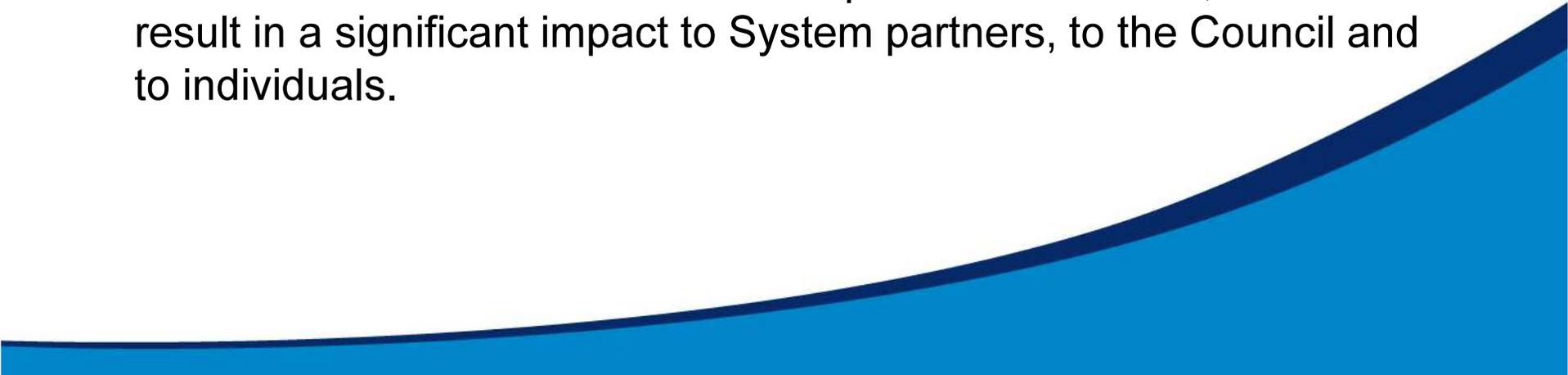


This IBCF investment provided **additional bed based provision** which enabled patients to be **discharged from hospital in a timely manner** and allowed them to continue their rehabilitation in an appropriate setting, without having to use a hospital bed.

The Discharge to Assess (D2A) beds or 'D2A' beds form a short term nursing service that focuses on rehabilitation

Part of the current 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**.

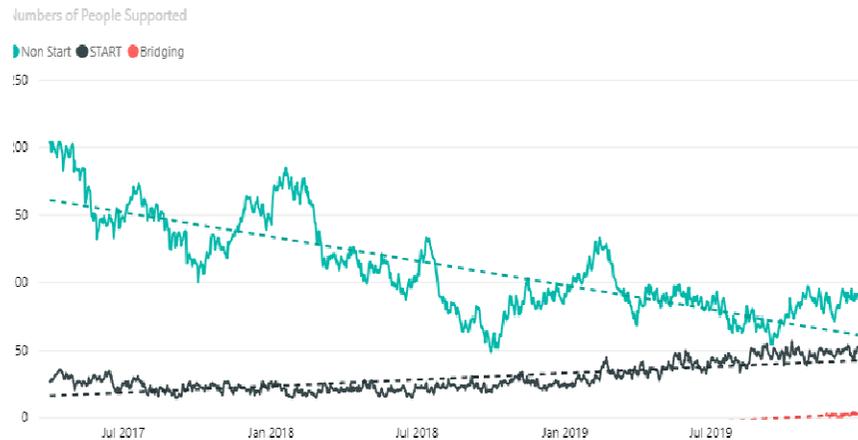
The contracts for the D2A beds will expire at the end of March 2021. Given the forecasting set out in the demand and capacity modelling, If the D2A contracts are allowed to lapse in March 2021, this will result in a significant impact to System partners, to the Council and to individuals.



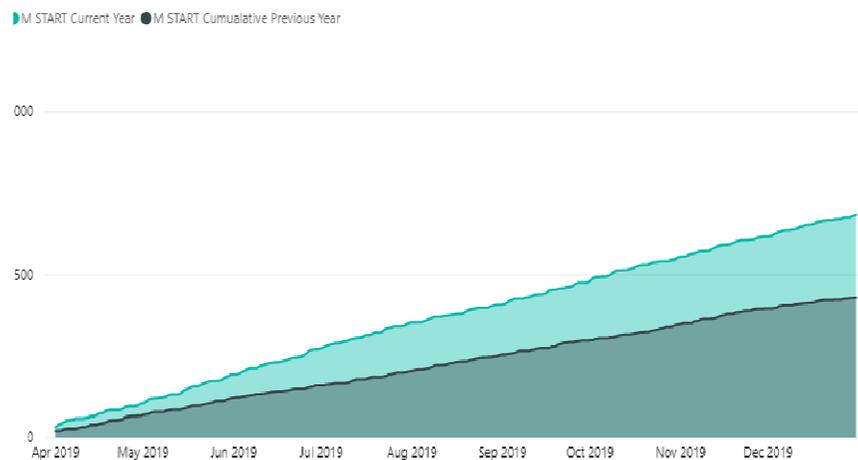
This IBCF investment enabled START to grow the service, in line with the increase in demand



START cont'd



M START Current Year and M START Cumulative Previous Year by FullDateAlternateKey



This image shows the actual increase in numbers of people who are supported by START

Conversely, there is 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**

Outcomes for people

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.

60% of people who had the benefit of START reablement were discharged with **no ongoing services**, compared to 25% of the market providers.

There is significantly **less financial pressure** on the Adult Social Care budget for those being reabled through START when compared to the market providers.

- This meant that

The IBCF grant provided the additional social work capacity within the following areas

- ❖ Redwoods
 - ❖ A and E
 - ❖ Frailty
 - ❖ Hospital based Carers Lead
- 

The combined impact of the investments enabled resulted in:

- 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.

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.

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

Covid 19 Integrated Hub update



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.

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.

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

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.

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 **98%**
- In 2018 ICS were named the **Team of the year** at the 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**
 - ❖ **within the top 10 in England.**
- Our response around Covid has 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.

Risks associated with terminating IBCF schemes



- Exceed the **performance targets** that have been **set by the government** around DToC's. (increased delayed transfers of care)
- 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 and also Increase in the risk of **hospital acquired infection**
- 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.
- Increase the **pressure on hospital beds** due to the impact of Covid/flu/winter surge
- **Financial penalties**
- **Additional scrutiny** imposed upon us, through **non compliancy and poor outcomes.**

Conclusion - Continue to grow



- Whilst we are awaiting confirmation of whether the IBCF grant will be rolled over into base budget, we are continuing to lobby Central Government via the LGA and ADASS to commit to make the IBCF grant permanent so that we make long term plans.
- We remain reassured that Central Government understands our financial position and the **potential impact to service delivery if sustainable plans are not put in place.**
- 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.
- 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.
- 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.