REPORT TO:	Health & Wellbeing Board
DATE:	7th July 2021
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Adult Social Care
SUBJECT:	Building Back Better
WARD(S):	Borough-wide

1.0 PURPOSE OF THE REPORT

To present the HWBB the new models of support, care, rehabilitation and treatment through the Better Care Fund following the Intermediate Care Reviews

2.0 RECOMMENDATION: That the Board note the contents of the report and associated appendix

3.0 BACKGROUND INFORMATION

3.1 Prior to and during the Pandemic there has been a plethora of national and regional guidance supported by best practice models seeking to ensure that people receive the right kinds of interventions, in the right place and at the right time. This demonstrably improves the outcomes for vulnerable adults, significantly older people, whilst reducing the need for long-term services and hospital utilization. New guidance and requirements continue to be brought forward in 2021/22 (e.g. Community Rapid Response, within 2 hours)

3.2 Locally in Halton, the Intermediate Care review implementation has progressed, incorporating the work and learning from the pandemic and work undertaken from the frailty service. Detailed planning work has focused on both the available evidence of utilization, incorporating current and future requirements of community services and staffing capacity and skill mix. Several departments within Bridgewater Community NHS Foundation Trust, Halton Borough Council, NHS Halton Clinical Commissioning Group and Warrington and Halton Hospitals NHS

3.3 Foundation Trust have undertaken this work.

During 2020/21, significantly more people have received interventions in their own homes with reductions in length of stay in short-term bed based and community Reablement services. This has been achieved through the focused work of all staff, temporary changes in capacity in long term

services (notably the block purchase of 500 hours of domiciliary care since February 2020), simplified processes for hospital discharge, focused multi-disciplinary / multi-agency work to improve pathways through short term services utilizing nationally endorsed models (ECIST et al) concentrated on day to day caseload management.

3.4

This clearly demonstrates that investment in the right community resources can improve outcomes for individuals, reduce reliance on short-term community bed based services (and therefore reduce the number required), reduce the utilization of acute hospitals (with potential to reduce admissions, readmissions and length of stay) and enable further investment in the community infrastructure.

3.5

During the pandemic the number of Intermediate Care (IC) and transitional beds required reduced, with the contract for the beds at Ward B1 Halton Hospital ceasing in October 2020, the pilot 'enhanced community reablement' ceasing in March 2021 and the utilization of Ward B3 at Halton Hospital ceasing in June 2020.

3.6

Length of stay at Oakmeadow IC bed unit reduced to an average of 3 weeks from July 2020 whilst the number of admissions increased by 60%. The net result was the achievement of almost as many admissions during 2020/21 in this single unit than had been seen across Ward B1 and Oakmeadow combined in 2019/20. Whist the 10 bedded 'transitional unit' at Oakmeadow has been available throughout, this has only been required to manage people COVID + requiring a pathway 2 discharge during the winter COVID wave.

3.7

3.8

The Reablement service increased the number of people in receipt of a service by 143% during 2020/21. Again, this was achieved through a significant reduction on length of stay significantly impacted by the increase in domiciliary care provision.

3.9

The impact of the capacity at Lilycross has played a role in reducing the need for both B3 and the transitional unit at Oakmeadow though admission numbers are lower than the combined units in the 2019/20 period and lengths of stay shorter. Further work is required during the year to understand future demand and pathways associated with transitional care provision as this previously was provided in the wider care home sector where occupancy has remained an issue since the first wave of the pandemic.

3.10

The frailty service commenced in 2019. As part of the reconfiguration for management of the pandemic, this service operated as a rapid response function to support those with higher levels of clinical need in the community and for hospital discharge drawing on community matron capacity. An interim evaluation report was produced in February 2021 and utilized data from December 2019 – December 2021. A final evaluation was due to report in April 2021, but is yet to be published.

4.0

4.1

There were 552 people referred to the service during this period with the vast majority coming from the community. A&E attends and length of hospital stays were reported as reduced by 15.7% and 20% respectively with 171 people deemed as avoiding a hospital admission (31%). The provision of clinical pharmacy review was calculated to make savings on both hospital admission avoidance and reduction in medications.

4.2

PROPOSED RECONFIGURATION 2021/22 AND BEYOND

4.3 Substantial work has been completed across partners to develop a new model of care. ***Appendix 1*** shows the agreed pathway and background information. There are associated Standard Operating Procedures (SOP's)

4.4 in an advanced state of development and should be completed by June 2021, along with an overarching specification.

The main body of the Reablement Service (Care Coordination and Care and Support Workers) remains unchanged.

Oakmeadow remains at 19 Intermediate Care Beds in the new model and further work is required on transitional capacity in 2021/22 and beyond as at 3.6 and 3.8 above

The block purchase of 500 hours per week of domiciliary care to continue to assist system flow will remain for 2021/22, with a review in the autumn to determine 2022/23 and beyond.

5.0 POLICY IMPLICATIONS

5.1 These new model is in line with national and regional guidance for hospital discharge and crisis response in the community. It builds the infrastructure required to meet developing expectations during 2021/22 and beyond to deliver person centred, strengths based approaches to meet the health, care and wellbeing outcomes of the local population in, and as close to, their own home. Further work is required in 21/22 to ensure nationally mandated requirements of community services and rapid response targets are delivered.

6.0 RESOURCE IMPLICATIONS

6.1 Funding streams across all former service areas in 2020/21 came from a range of sources including: BCF; iBCF; HBC Winter; HBC Base; Scheme 1 and Scheme 2 COVID funding; Base allocation for COVID (Frailty Service).

COVID funding in 2021/22 is not available in the same way as 2020/21 and is highly unlikely to be available for the full year.

The reduction in expenditure on short-term bed base services (planned and unplanned) release previously committed resources to invest in home based provision.

It should be noted that there is significant recruitment required and therefore expenditure in 2021/22 will be below the established budget profile for the new model.

7.0 OTHER IMPLICATIONS

7.1 Contractual

Previous contracts were subject to 6 months' notice and expired on 31st March 2021. A Memorandum of Understanding (MoU) has been developed across the respective organisations to provide cover until 31st September 2021.

New contractual mechanisms need to be determined at a later date.

The four organisations involved in the model are also keen to develop an agreement that articulates their relationship, roles, responsibilities and mechanisms of reporting.

7.2 Implementation

An implementation has been developed and is being progressed.

8.0 RISK ANALYSIS

8.1 There is sufficient budget available to fund this proposal therefore no financial risk

There are a number of vacancies across existing services working into this proposal. Recruitment is a key priority for all the organisations involved

Monthly progress updates and papers on further developments and plans will be presented to the Better Care Development Group

9.0 EQUALITY AND DIVERSITY ISSUES

9.1 None identified at this time. An Equality Impact Assessment (EIA) is not required for this report.