

Classification	Item No.
Open	

Meeting:	HR & Appeals
Meeting date:	
Title of report:	Establishment of Transformation Posts in Intermediate Care, Rapid Response and Integrated Neighbourhood Teams
Report by:	Adrian Crook – Assistant Director Adult Social Care Operations
Decision Type:	Non-Key Decision
Ward(s) to which report relates	All wards in Bury

1.

2. Recommendation

It is recommended the following posts are established permanently

1.1. Intermediate Care

Post Name	Full Time Equivalent	Grade
Intermediate Tier Lead	1.0	CO A
Experienced Social Worker	1.0	12
Social Care Officer	3.0	9
Wellbeing Practitioner Care Support Worker Level 2	6.0	7
Wellbeing Practitioner Care Support Worker Level 1	4.0	6

1.2. Rapid Response

Post Name	Full Time Equivalent	Grade
Experienced Social Worker	1.0	12
Social Care Officer	1.0	9
Wellbeing Practitioner Care Support Worker Level 2	5.68	7

1.3. Integrated Neighbourhood Teams

Post Name	Full Time Equivalent	Grade
Neighbourhood Lead	1.0	CO A
Experienced Social Worker	3.0	12
Newly Qualified Social Worker	1.0	11
Social Care Officer	3.0	9

- 1.4. It is recommended the following posts no longer required are be disestablished, both posts are vacant as the previous post holders now occupy the neighbourhood lead and intermediate tier lead posts above.

Post Name	Full Time Equivalent	Grade
Head of Service – Adult Social Care Operations	2.0	SM2

Executive Summary:

In December 2019 the Strategic Commissioning Board for Bury Council and NHS Bury CCG committed to the ongoing delivery of Bury's Transformation Programmes; Rapid Response, Intermediate Care and Integrated Neighbourhood Teams following demonstration of emerging evidence of success and demand reduction.

This paper seeks permission to permanently establish the Council posts that deliver these services.

2. Background

- 2.1. Under the Greater Manchester Devolution agenda, Bury Locality, along with all other GM localities, was allocated monies to spend on transformational change in line with the aims and ambitions of the locality plan, initially developed in 2016.
- 2.2. Bury locality was awarded £19.5m of NHS transformation funding in 2016 to help deliver the ambitions of the Bury Locality plan and this was prioritised to be spent on developing enhanced community services, reducing urgent care activity and costs and trialling small scale community and public health interventions.
- 2.3. In September 2019, due to delays in mobilisation, a system wide re-prioritisation process took place which made decisions to extend funding for Integrated Neighbourhood Teams, Rapid Response, and Intermediate Care, alongside the LCO management costs, falls and palliative care. This was done to give these services 24 months funding to deliver their anticipated outcomes. These services were chosen as despite the field of integrated care being relatively new in research terms they are the services show most to consistently reduce demand in the urgent care system.
- 2.4. Funding was allocated to a programme of transformational schemes, recognising the costs of:

- enabling and setting up schemes; and
- double running some services for a period to take account of the time lag for benefits to be realised

2.5. Transformation funding was given non-recurrently and was due to run out in Bury by September 2021. By which point the locality partners would need to evaluate schemes and decide on whether to:

- continue the schemes because they were shown to be self-financing (in terms of being cash releasing or cost avoidance).
- revise the schemes but continue, on the basis that the schemes could become self-financing with modifications, or
- end the schemes.

2.6. The COVID-19 pandemic has impacted transformation schemes in several ways. The work of some key transformation schemes has been significantly slowed during the initial phases of the COVID-19 response whilst for some the pace of integration and transformation has been radically increased.

2.7. During the period of the pandemic the NHS funding regime has been dramatically changed and transformation funding ceased. It is not yet clear whether Bury's remaining transformation funds will be made available in 2021/22, but the Clinical Commissioning Group (CCG) has secured equivalent funding for the remainder of 2020/21.

2.8. In addition, the original aim of moving money around the system to fund new services from reductions elsewhere in the health system is not currently possible as to deliver stability during the pandemic all services are currently funded on block and to the levels of the previous year rather than being paid on activity.

2.9. However this does not prevent the need to commit in the longer term to the services being delivered via the transformation fund, especially when considering the amount of demand reduction, hospital deflections and hospital discharges these services have proved themselves able to deliver during the

pandemic. Plus the number of staff currently working in Bury who need clarity on their future positions and the need to mitigate any liabilities resulting from an additional extension of employment contracts which would see employees accrue permanent employment rights.

- 2.10. The risk around the future of transformation funding, alongside the unavoidable delays in progressing the schemes during the pandemic and the knock-on effect on evaluation timescales, means there is now an urgent need to make decisions on staff contracts if the locality is to maintain the teams listed in the following table:

Scheme	Staffing Model Est WTE	Total LCO Funding requirement £
Rapid Response	28.50	1,621,000
Integrated Neighbourhoods	20.20	1,170,000
Intermediate Care	39.00	1,589,000
Falls	5.50	213,992
Palliative Care	3.60	187,763
Business Support	8.50	435,675
Management	4.70	446,361
Total LCO and PMO Costs	13.20	882,036
Total	110.00	5,663,791

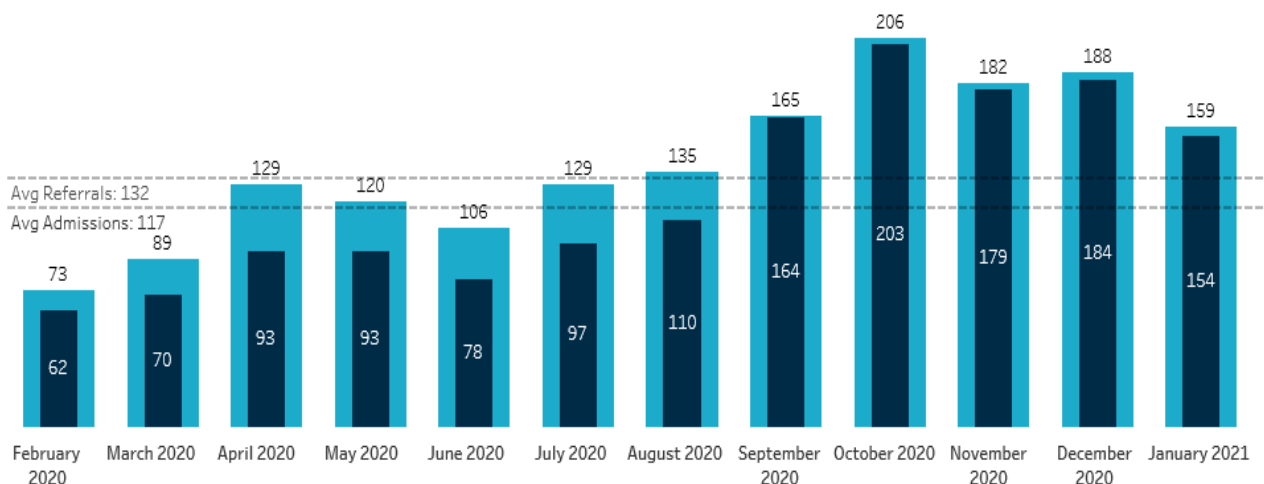
3. Emerging Evidence

- 3.1. Whilst in depth analysis has not been possible evidence is emerging of the success of these core services.

- 3.2. The methodology for Rapid Response is shown here where a possible 242 referrals a month would result in 194 deflections from urgent care per month and a resulting saving of £204,000 per month or **£2.451m** per year.



- 3.3. Whilst the function of the Rapid Response Team has had to flex repeatedly since October as it began to support more patients discharged in the community under rapid discharge pathways the previous years data shows a considerable increase in the number of referrals responded to that avoid transfer to A and E or admission to hospital



- 3.4. The chart shows clearly that the number of times the team has responded and avoided an unnecessary admission has tripled in the last year and is nearly 5 times higher than prior to transformation. The service is well on the way to achieving 250 episodes per month and once its additional duties resulting from the pandemic's end we expect to see continued improvement.

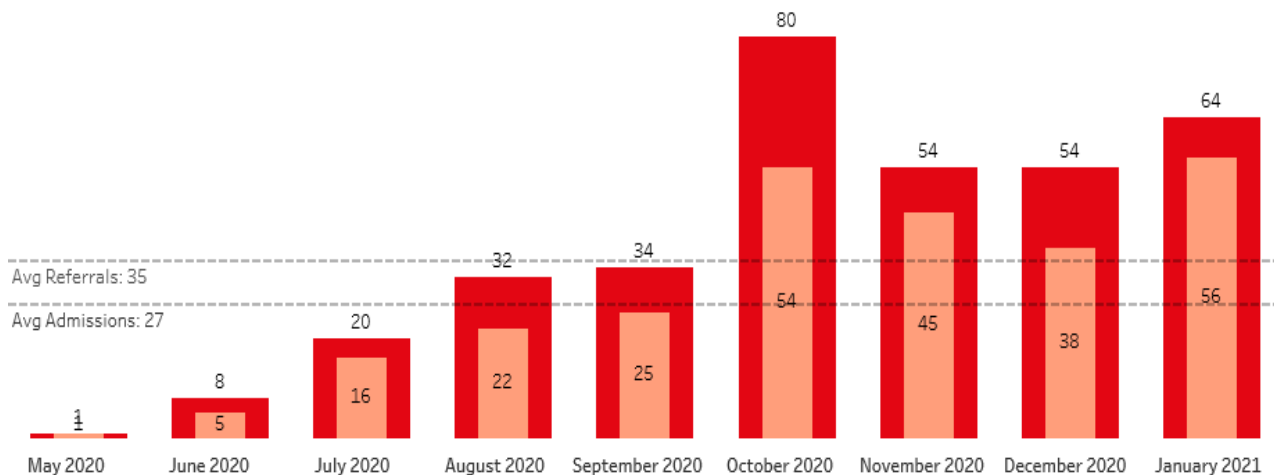
- 3.5. The transformation fund was also used to create an intermediate care at home service, this is a therapy led service that supports people at home and prevents, delays and reduces their ongoing need for health and care services

by increasing a person's independence and ability to self-care. A service like this is commonplace in most areas of the UK but was not present in Bury.

- 3.6. The methodology for Intermediate Care at home deflections is summarised below and shows how admissions of 65 per month to the scheme will deliver savings in the system of £98,000 per month or **£1.170m** per year.



- 3.7. Despite all the challenges faced by our health and care system it can be seen from the activity chart below that the intermediate care service has grown rapidly and is now supporting 56 people per month. We are confident that this will continue to grow once the challenges of the response to the pandemic subside.



- 3.8. The final large portion of transformation funding was allocated to develop and enhance our neighbourhood teams of nurses and social workers. Increasing the disciplines involved and increasing the staffing capacity to deliver an intensive and proactive approach to managing health and wellbeing rather than our current crisis driven responsive service.

- 3.9. This active case management approach identifies people at risk of using health care services and intervenes earlier to improve health and wellbeing and avoid the future unnecessary and avoidable use of health services. In areas where the approach has been used for a longer period it is shown to reduce health care use for up to 3 years following the intervention.
- 3.10. The methodology used for our Integrated Neighbourhood teams is based on a review of A and E and non-elective admission activity for Bury people who had received an active case management intervention from our Integrated Teams. This review shows a saving of **£781,204** in the first year for every 1000 people who receive this support. Data for subsequent years savings in Bury is not available yet due to the new nature of this intervention

	A&E	NEL	Savings £
Reduction in activity per month	28	8	£17,838
Reduction in activity per year	340	101	£214,050
Pro Rata to 1,000 patients	1,241	369	£781,204

4. Bury's Commitment to Integrated Health and Care

- 4.1. Despite the challenges being posed by the pandemic to service delivery and financial environments Bury's Strategic Commissioning Board committed to the ongoing and recurrent delivery of these schemes and chose to make the temporary contracts of the staff permanent in January 2021. This commitment will see an additional **29.68** Council posts created. The papers presented to the Strategic Commissioning Board containing options explored are appended to this report.

5. Proposal

- 5.1. Following the decision taken by Bury's Strategic Commissioning Board, which has delegated authority to make Council decisions regarding the funding of Adult Social Care Services this paper seeks permission to permanently establish the Council employed posts currently supporting the delivery of
- Rapid Response
 - Intermediate Care
 - Integrated Neighbourhood Teams

6. Posts to be established/disestablished by Service Area

6.1. Intermediate Care

Post Name	Full Time Equivalent	Grade
Intermediate Tier Lead	1.0	CO A
Experienced Social Worker	1.0	12
Social Care Officer	3.0	9
Wellbeing Practitioner Care Support Worker Level 2	6.0	7
Wellbeing Practitioner Care Support Worker Level 1	4.0	6

6.2. Rapid Response

Post Name	Full Time Equivalent	Grade
Experienced Social Worker	1.0	12
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6.3. Integrated Neighbourhood Teams

Post Name	Full Time Equivalent	Grade
Neighbourhood Lead	1.0	CO A
Experienced Social Worker	3.0	12
Newly Qualified Social Worker	1.0	11
Social Care Officer	3.0	9

6.4. Job descriptions for these roles already exist within the Council and are available on request if required.

6.5. The following posts no longer required will be disestablished, both posts are vacant as the previous post holders now occupy the neighbourhood lead and intermediate tier lead posts above.

Post Name	Full Time Equivalent	Grade
Head of Service – Adult Social Care Operations	2.0	SM2

7. Financial Requirements

7.1. Including oncosts, the following additional budget is required for these posts and will be funded from Bury's One Commissioning Organisation's pooled budget.

Service	Additional Revenue Budget for Staffing
Intermediate Care	£436,763.30
Rapid Response	£255,297.59
Integrated Neighbourhood Team	£376,872.60
Total	£1,068,933.49

7.2. The costs of the individual posts are contained in the table below.

Scheme	Post	FTE	Grade	Salary (assumed top of grade)	On costs 30% assumed	Total
IMC	Experienced Social Worker	1	12	£36,922	£47,998.60	£47,998.60
	Social Care Officer	3	9	£27,741	£36,063.30	£108,189.90
	Wellbeing Pract Level 2	4	7	£21,748	£28,272.40	£113,089.60
	Wellbeing Pract Level 1	6	6	£19,698	£25,607.40	£153,644.40
	Matrix Payments					£13,840.80
	Total					£436,763.30
Rapid response	Post	FTE	Grade	Salary (assumed top of grade)	On costs 30% assumed	Total
	Experienced Social Worker	1	12	£36,922	£47,998.60	£47,998.60
	Social Care Officer	1	9	£27,741	£36,063.30	£36,063.30
	Wellbeing Pract Level 2	5.68	7	£21,748	£28,272.40	£160,464.97
	Matrix Payments					£10,770.72
	Total					£255,297.59
INT	Post	FTE	Grade	Salary (assumed top of grade)	On costs 30% assumed	Total
	Neighbourhood Lead	1	CO Band A	£62,131	£80,770.30	£80,770.30
	Experienced Social Workers	3	12	£36,922	£47,998.60	£143,995.80
	ASYE	1	11	£33,782	£43,916.60	£43,916.60
	Social Care Officers	3	9	£27,741	£36,063.30	£108,189.90
	Total					£376,872.60
Grand Total						£1,068,933.49

7.3. The costs of the following post is not included in the financial tables as they are already funded recurrently from the council budget and do not represent additional expenditure.

Post Name	Full Time	Grade
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	Equivalent	
Intermediate Tier Lead	1.0	CO A

8. Recruitment

- 8.1. All these temporary posts underwent competitive interview at the beginning of Bury's Transformation programme therefore a further recruitment process is not required to change employees' contracts from fixed term to permanent.
- 8.2. Any fixed term posts that are currently vacant will be established as permanent posts and recruited into as normal.

9. Consultation

- 9.1. The proposal has been discussed informally with staff and trade unions. Subject to approval by the Human Resource & Appeals committee, and in accordance with Council policy, as there are no changes to roles or structure consultation is not formally require, however, to ensure transparency the workforce will be consulted with to ensure they are fully aware of their posts being permanent. Following this it is proposed to action the required changes as soon as is practically possible.

10. Recommendation

It is recommended the following posts are established permanently

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Intermediate Tier Lead	1.0	CO A
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10.2. Rapid Response

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10.3. Integrated Neighbourhood Teams

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11. Community impact/links with Community Strategy

Equality Impact and considerations:

Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;*
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;*
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.*

The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

Equality Analysis	<i>Please provide a written explanation of the outcome(s) of either conducting an initial or full EA.</i>
	<p>An Equality Impact assessment has been conducted and the ongoing delivery of these three integrated care models will impact positively on eliminating the potential for discrimination or inequality by ensuring that adults with care and support needs are able to access appropriate support to promote their health and wellbeing and prevent, reduce and delay the need for future health and or social care.</p>

**Please note: Approval of a cabinet report is paused when the 'Equality/Diversity implications' section is left blank and approval will only be considered when this section is completed.*

Legal Implications:

There is no legal requirement to consult with staff on these changes however staff engagement will take place on these proposals, all changes will be made in accordance with HR policies and its equality duties.

Financial Implications: to be completed by S151 officer

Including oncosts the following additional budget is required for these posts and will be funded from Bury's One Commissioning Organisation's pooled budget.

Service	Additional Revenue Budget for Staffing
Intermediate Care	£436,763.30
Rapid Response	£255,297.59
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Total	£1,068,933.49

The costs of the posts are currently met from transformation funding which is time limited. The services however are required on an ongoing basis. Whilst transformation funding has not been fully confirmed for 2021/22 there is an expectation that it will be available. Work is currently underway to determine long term staffing requirements, funding available and what options there are to manage any funding shortfalls in the context of the wider financial strategy.

Report Author and Contact Details:

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Background papers:

Strategic Commissioning Board:

LCO Service and Infrastructure Costs, M Woodhead, W Blandamer and Cllr O'Brien– December 2019

Finance, Contracting and Procurement Committee of NHS Bury CCG:

Transformation Fund & LCO Management Costs 2021/22 onwards, Simon O'Hare, Interim Deputy CFO, Mui Wan, Associate Director of Finance, Bury LCO' Caroline Beirne, Associate Director of Workforce, Bury LCO – November 2019

Please include a glossary of terms, abbreviations and acronyms used in this report.

Term	Meaning
Integrated Neighbourhood team	<p>A typical team (INT) will consist of staff from several different teams/ professions: social care for adults, mental health, district nursing, along with the voluntary sector. The staff from these different teams will work together to deliver several key objectives:</p> <ul style="list-style-type: none"> • Reductions in permanent admissions to residential/nursing care • Reductions in non-elective emergency hospital admissions • Better health outcomes • Improved emotional wellbeing • Reduced rates of re-referral i.e. treating people multiple times
Rapid Response	<p>Services providing short-term care (up to 48 hours only) that respond within 2 hours to avoid unnecessary admission to hospital or a care home</p>
Intermediate Care	<p>Services are provided to people, usually older people, after leaving hospital or when they are at risk of being sent to hospital.</p> <p>Intermediate Care</p> <ul style="list-style-type: none"> • helps people to avoid going into hospital or residential care unnecessarily • helps people to be as independent as possible after a stay in hospital • can be provided in different places (e.g. community hospital, residential home or in people's own homes).
Clinical Commissioning Group	<p>A clinically-led statutory NHS body responsible for the planning and commissioning of health care services for their local area</p>