

CUMBRIA HEALTH AND WELLBEING BOARD

Meeting date: Date 7 February 2020

**From: Interim Executive Director – People, Cumbria
County Council
Chief Finance Officer, NHS North Cumbria CCG
Chief Officer, NHS Morecambe Bay CCG**

2019-20 BETTER CARE FUND QUARTER 3 REPORT

1.0 EXECUTIVE SUMMARY

- 1.1 *This report provides an update on Cumbria's 2019-20 Better Care Fund (BCF) and improved Better Care Fund (iBCF), including updates on the current position relating to permanent residential admissions and Delayed Transfer of Care (DToC). The Board is asked to note the 2019-20 quarter 3 submission (Appendix A) that was made to NHSE under delegated arrangements.*
- 1.2 *The report also asks for delegations to be put in place in relation to the quarterly submissions for 2020-21 if timings do not match Health and Wellbeing Board meeting dates.*

2.0 LINKS TO THE HEALTH AND WELLBEING STRATEGY

- 2.1 The Cumbrian BCF Plan is consistent with the Cumbria Joint Health and Wellbeing Strategy and has been produced in alignment with the key needs assessment data in the Cumbria Joint Strategic Needs Assessment (JSNA).
- 2.2 The primary intentions of the BCF are as follows:
- To develop preventative services that enable people to live independently in their own communities for as long as possible.
 - To better support people with health and social care needs in their communities and their own homes.
 - To integrate commissioning and the delivery of care in Cumbria to ensure that services are 'joined up' and easy for people to navigate.
 - To reduce unnecessary reliance on high-level acute sector services wherever possible.
 - To make the system of health and social care services more efficient and financially viable.

3.0 RECOMMENDATION

- 3.1 *That the board note the contents of the report and the quarterly submission (see appendix A) made under delegated processes to NHSE.*
- 3.2 *That the Board agree that, if timings do not match the Cumbria Health and Wellbeing Board for the 2020-21 Better Care Fund quarterly submissions that the Cumbria County Council Executive Director – People can approve in consultation with the Chair and Vice-Chairs of the Board.*

4.0 BACKGROUND

- 4.1 The Better Care Fund (BCF) is a joint plan between North Cumbria and Morecambe Bay Clinical Commissioning Groups (the CCGs) and Cumbria County Council. The implementation of the BCF was initially rolled out from April 2015. It essentially focusses on encouraging the establishment of integrated services to reduce non-elective admissions (NELs), delayed transfers of care (DTOCs) and a number of other metrics through improving the interaction between various partners, specifically, the NHS and Adult Social Care.
- 4.2 The national BCF guidance states the following. 'It is suggested that these reports are discussed and signed-off by HWBs given their lead role in the BCF as part of discharging their duty under s.195 of the Health and Social Care Act (2012) to encourage commissioners to provide health and social care services in an integrated manner. Furthermore, NHS England recommends to CCGs that this approach is built into their local s.75 agreement. CCGs are required to include confirmation of this in their quarterly reporting to NHS England.
- 4.3 In order to meet the submission deadline for the 2019-20 BCF quarter 3 submission, it was submitted to NHS England under delegated powers on 24 January 2020 (See appendix A), following agreement with the relevant CCGs.
- 4.4 In relation to the main 2019-20 BCF submission the Board are asked to note that following the assurance process NHSE of issued a letter confirming approval of the Cumbria 2019-20 BCF plan.

5.0 2019-20 BCF QUARTER 3 MONITORING

- 5.1 The BCF has four high-level performance measures which are required to be reported on a quarterly basis to NHS England. These are:
- Permanent Residential Admissions
 - Non Elective Admissions
 - Delayed Transfers of Care (DTOCs)
 - Effectiveness of Reablement
- 5.2 In addition to the high level metrics, the submission template includes a section on reporting against the High Impact Change Model for Managing Transfers of Care (HICM).

- 5.3 National Condition 4 for the BCF requires:
“All areas to implement the High Impact Change Model for Managing Transfer of Care to support system-wide improvements in transfers of care.”
- 5.4 The high impact change model aims to focus support on helping local system partners minimise unnecessary hospital stays and to encourage them to consider new interventions for future winters.
- 5.5 It offers a practical approach to supporting local health and care systems to manage patient flow and discharge and can be used to self-assess how local care and health systems are working now, and to reflect on, and plan for, action they can take to reduce delays throughout the year.
- 5.6 The model identifies eight system changes which will have the greatest impact on reducing delayed discharge:
- early discharge planning
 - systems to monitor patient flow
 - multi-disciplinary/multi-agency discharge teams
 - home first/discharge to assess
 - seven-day services
 - trusted assessors
 - focus on choice
 - enhancing health in care homes.

Progress against implementing the High Impact Change Model is outlined in the quarterly return (Appendix A).

- 5.7 The BCF quarterly return template requires Health and Wellbeing Board Areas to self-assess against a maturity assessment for the system in implementing these changes.
- 5.8 However given that system wide co-ordination of the HICM takes place through the A&E Delivery Boards the maturity assessment was carried out on their footprints.

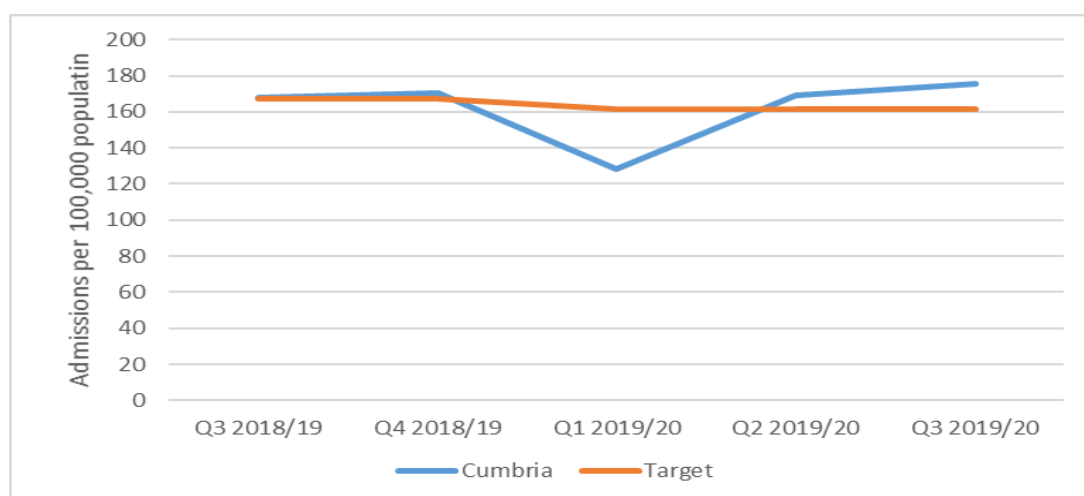
5.9 Permanent Residential Admissions

- 5.9.1 In Qtr3 2019/20 the rate of permanent admissions of older people to residential and nursing care homes was 175.5 per 100,000 persons over 65 years old; an increase from 169.0 in Qtr2 2019/20. The actual number of admissions in Qtr3 was 211 (138 in North Cumbria; 61 in South Cumbria and 12 out of area).

Table 1: Permanent admissions of older people (aged 65+) to residential and nursing care homes (Rate per 100,000)

	Q3	Q4	Q1	Q2	Q3
	2018	2018	2019	2019	2019
	19	19	20	20	20
	9	9	0	0	0
Cumbria	168.1	170.6	128.1	169.0	175.5
Target	167.2	167.2	161.5	161.5	161.5

Figure 1: Permanent admissions of older people (aged 65+) to residential and nursing care homes (Rate per 100,000)



5.9.2 North West benchmarking data for Qtr3 is not available as yet, however data for Qtr2 is presented in table below:

Table 2: North West Performance Leads Quarterly Benchmarking Dashboard

		Q1 2019/20		Q2 2019/20	
		Cumbria	North West	Cumbria	North West
2A2	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes]	129.91	144.48	297.1	368.1
		(YTD)	(YTD)	(YTD)	(YTD)

Source: NWPL Quarterly Benchmarking Dashboard

5.10 Non-Elective Admissions

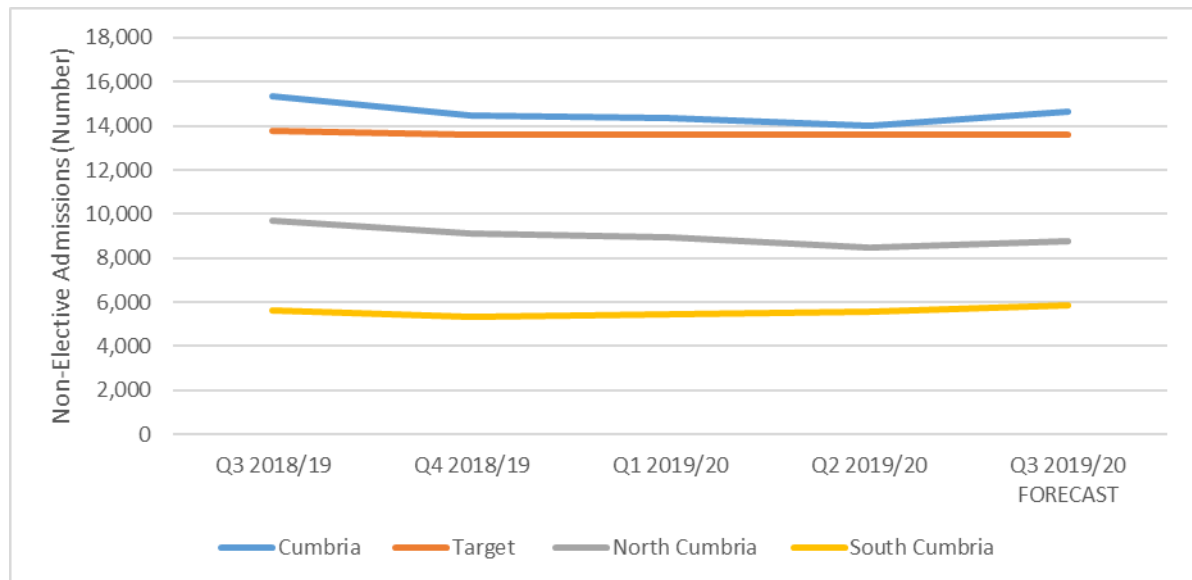
5.10.1 The full non-elective admission data for Qtr3 is not available yet (published early February), however non-elective admissions in October and November 2019 were as follow:

North Cumbria – 5,835
South Cumbria – 3,919

Table 3: Number of Non-Elective Admissions; North Cumbria and South Cumbria

	Q3 2018/19	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20 October, November only
Cumbria	15,349	14,455	14,385	14,032	9,754
Target	13,792	13,618	13,618	13,618	13,618
North Cumbria	9,699	9,105	8,959	8,458	5,835
North Cumbria Target	8,252	8,078	8,078	8,078	8,078
South Cumbria	5,650	5,350	5,426	5,574	3,919
South Cumbria Target	5,540	5,540	5,540	5,540	5,540

Figure 2: Number of Non-Elective Admissions; North Cumbria and South Cumbria – Forecast for Qtr3



5.10.2 Comparable benchmarking data for Non-Elective Admissions is not available for Cumbria.

5.11 Delayed Transfers of Care (DTC)

5.11.1 The data for quarter three is not available yet (will be published on 13th of February). The total number of delayed days for the system in October 2019 was 4,157 (134.1 delayed days per day against target of 83.2); in November 2019 the number was 3,754 (125.1 delayed days per day against target of 83.2).

- 5.11.2 A high level review of the business intelligence assurance processes has been undertaken to ensure that we are reporting DTOCs accurately. As part of this process Delayed Transfers of Care between the Acute Hospitals and Community Hospitals/Intermediate Beds is now being correctly reported. This has had the impact of increasing the reportable DTOCs. This will also result in an increase in jointly attributable delays in Morecambe Bay.
- 5.11.3 This review has included national support from the Local Government and NHS Improvement – resulting in on site visits to the West Cumberland Hospital and Furness General Hospital. These visits have given reassurance about verification and reporting processes in some areas but have also highlighted some areas for improvement. Separate plans are being produced for North Cumbria and Morecambe Bay to drive further improvement as a result of these visits.
- 5.11.4 Secondly, a system wide review of the use of STRATA (an electronic system that allows the effective transfer of information between Health, Social Care and other key partners) has been initiated and work is being undertaken to improve its ease of use for front-line staff.
- 5.11.5 Thirdly, in both North Cumbria and Morecambe Bay we are generating a more proactive response to the situation. In Morecambe Bay the proposed development of the ICAT model and the Adult Social Care Reshaping work which includes the establishment of the Short Term Intervention Service/Teams will help to manage the medium term pressures. In addition issues about social work capacity for the Discharge to Assess pathway have been resolved – which should result in an increase in social work assessments.
- 5.11.6 In North Cumbria, the reshaping work is expected to have similar benefits and there has also been improvements in flow and admission avoidance as a result of ICCs. In addition, a system wide discharge workstream has been initiated which will make recommendations for immediate action to address the issue.
- 5.11.7 In both systems it has been agreed the High Impact Change Model will be used as a framework for developing future system flow action plans. A multi-agency rebasing exercise has been undertaken in Morecambe Bay with an action plan being produced for the Intermediate Care Board. In North Cumbria we are in the process of setting up an Intermediate Care Group to take local actions forward.
- 5.11.8 In North Cumbria it has been agreed to take up the offer of support from the Better Care Support Team to carry out a similar process.
- 5.11.9 The development of further domiciliary provision provided by Cumbria Care continues. The SProc.net (adam) system is intended to create more efficient processes to on-board new suppliers and commission new packages of care. The number of care packages that can be sourced at any one time has increased and reduced the time spent on filling care packages. Development to maximise the potential in the use of adam continues.
- 5.11.10 The average delays per day in Cumbria in October and November is presented in table below:

Table 5: Number of DTOC; North Cumbria and South Cumbria

Number of days lost per calendar month	Oct-19	Nov-19
NHS average delayed days per day	67.5	69.4
Social Care average delayed days per day	48.0	42.1
Both average delayed days per day	18.5	13.6
Total average delayed days per day	134.1	125.1
Average delayed days per day target	83.2	83.2

In October the greatest reason for delayed days was completion of assessments, awaiting further NHS Non-Acute Care followed by Awaiting Residential Home Placement or availability.

In November the greatest reason for delayed days was completion of assessments, awaiting further NHS Non-Acute Care followed by Awaiting Care Packages in own home.

Figure 4: Number of delayed days in reporting period by attributed organisation

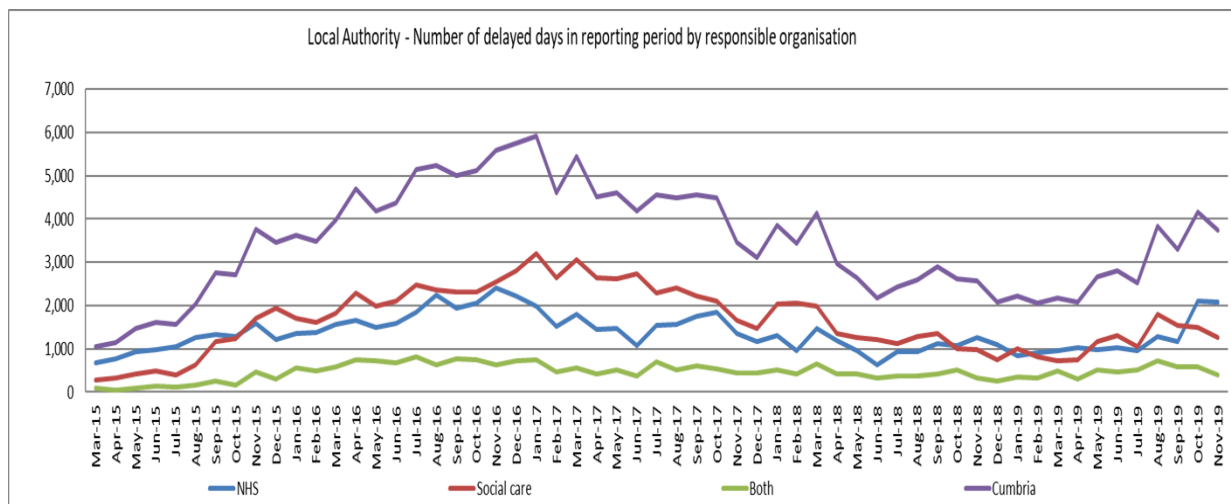


Figure 5: NHS attributed - Number of delayed days by Trust

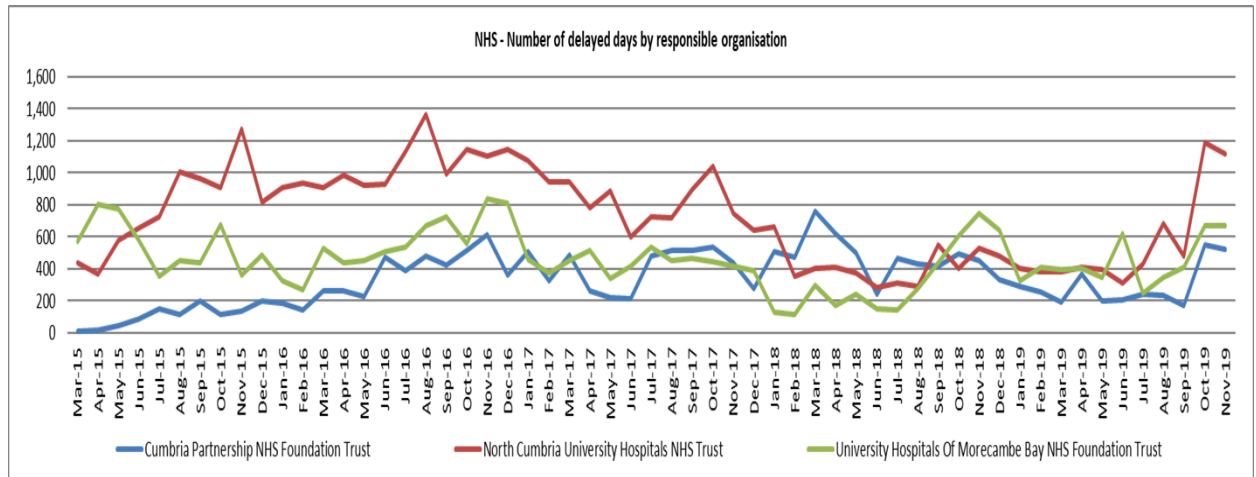


Figure 6: Social care attributed - Number of delayed days by Trust

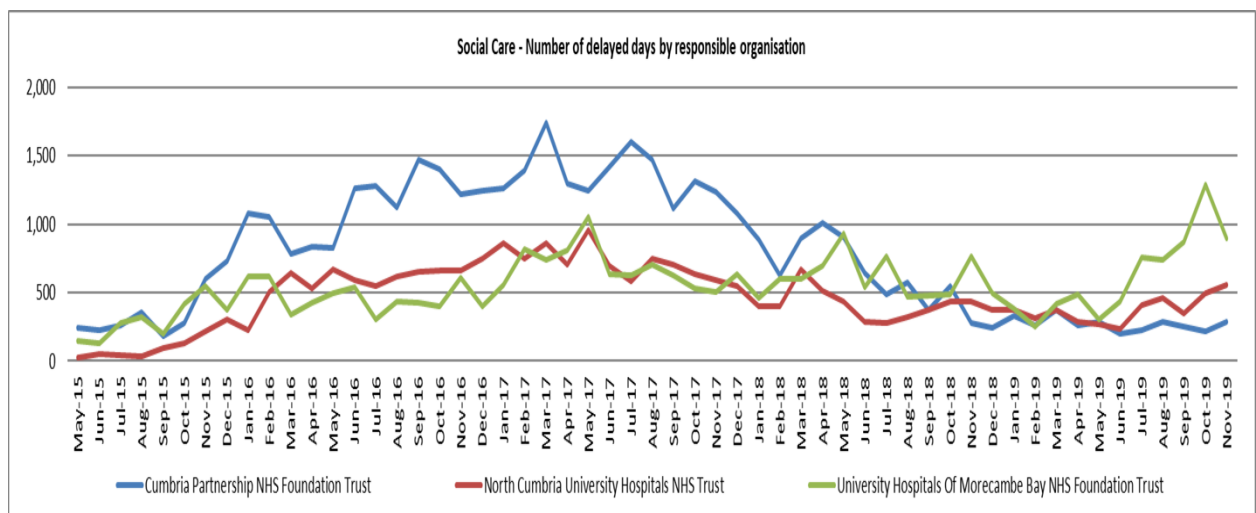
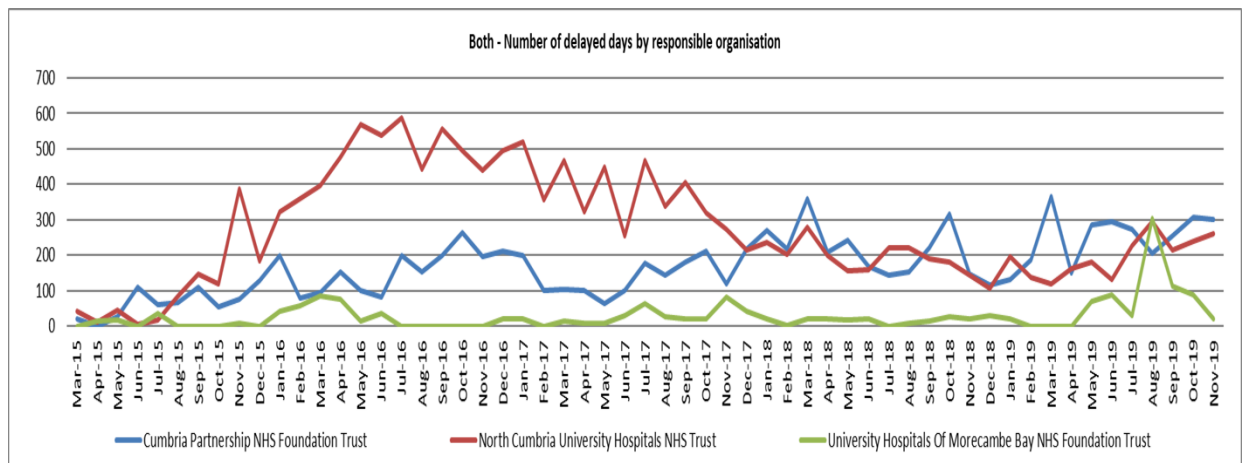
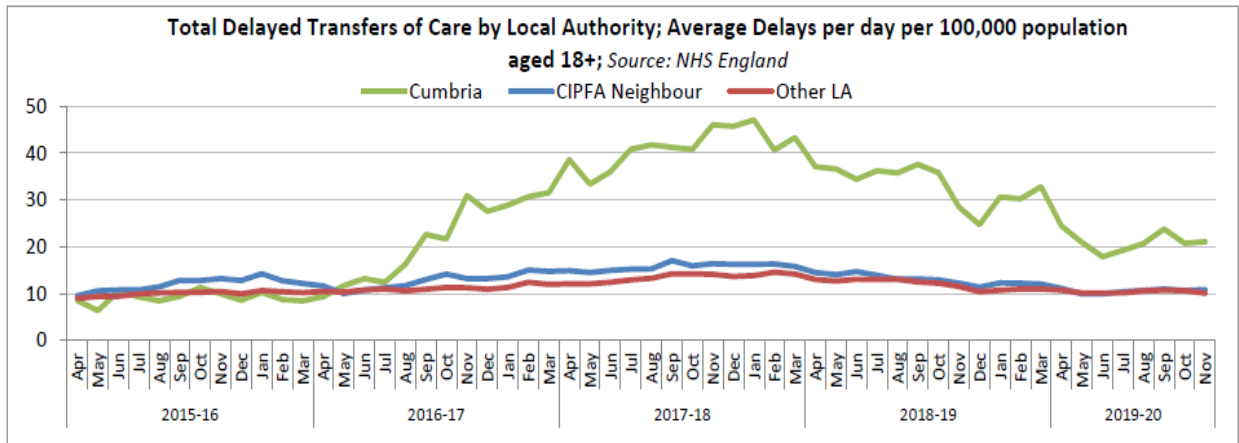


Figure 7: Both (NHS and Social Care) - Number of delayed days by Trust



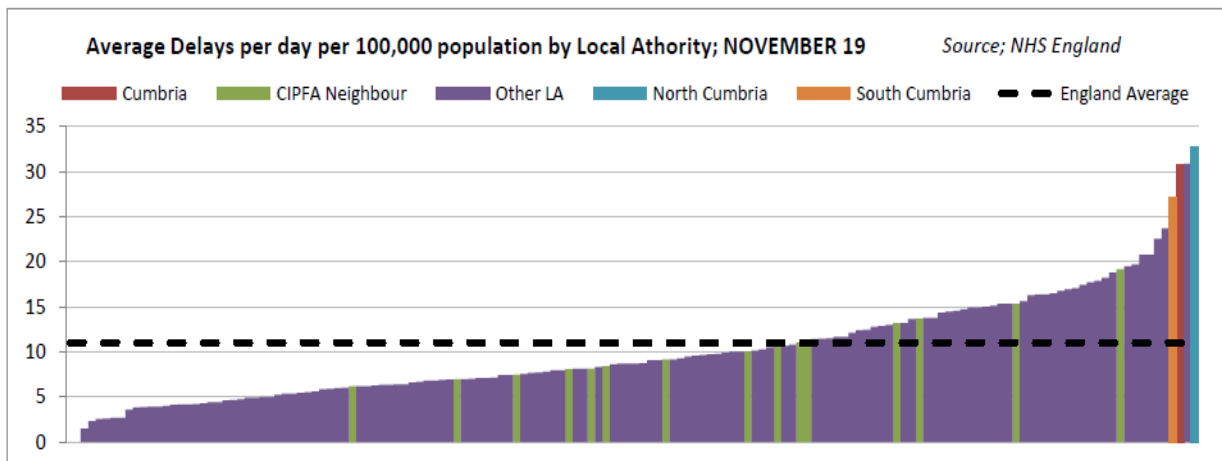
5.11.11 Benchmarking data against England and CIPFA statistical neighbours for is presented below:

Figure 8: Average delays per day (per 100,000) by Local Authority and CIPFA neighbour



Source: Monthly SITREPS Delayed Transfers of Care Report; North Cumbria CCG

Figure 9: Average delays per day (per 100,000) by Local Authority; North/South Cumbria; and CIPFA neighbour



Source: Monthly SITREPS Delayed Transfers of Care Report; North Cumbria CCG

5.12 Effectiveness of Reablement

5.12.1 In Qtr3 there were 89.58% of people who were at home on day 91 following a period of reablement, slightly below the target of 91%.

5.12.2 This overall measure has been maintained throughout the last quarter, with performance of 90% across the north and 88.89% across the south. It is also noted that the Cumbria performance of this measure compares favourably to the 2018/19 England average of 82.4.

Table 6: Proportion of older people (65+ years) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

Quarterly data: As at quarter end	Q3	Q4	Q1	Q2	Q3
	2018/019	2018/019	2019/020	2019/020	2019/020
Cumbria	85.71	83.61	81.05	89.58	89.58
Numerator	192.00	153.00	124.00	129.00	129.00
Denominator	224.00	183.00	153.00	144.00	144.00
Target	91.17	91.17	91.17	91.17	91.17

6.0 BCF FORECAST

6.1 At Quarter 3 there are minor variances forecast against BCF schemes. The current forecast position is as follows:

£m	Budget	Forecast	Variance
<u>CCC Schemes</u>			
Prevention			
Carers	1.900	1.762	-0.138
Equipment	3.641	4.119	0.438
Disabled Facilities Grants	6.284	6.284	0.000
Integrated care communities			
Care management	5.844	5.844	0.000
Care Act	1.507	1.507	0.000
Help to stay at home			
Reablement	6.075	6.075	0.000
GDC Night Service	1.483	1.189	-0.294
Support for Social Care	5.361	5.315	-0.046
<u>NHS Schemes</u>			
NHS Schemes	7.691	7.691	0.000
Morecambe Bay CCG	4.731	4.731	0.000
	44.517	44.517	0.000

The Carers scheme, £1.900m, is largely committed to fixed price contracts including the All Age Carers contract and a number of small contracts. £0.292m funds an estimated 450 carers direct payments. The underspend of £0.138m relates to marginally lower demand for Direct Payments and the end of the QWELL contract.

Within the equipment scheme £3.072m funds the Community Equipment Service. £0.569m funds the purchase and maintenance of assistive technology. The overspend of £0.438m relates largely to increased numbers of requests for profiling beds, bariatric equipment and gantry hoist provision.

Disabled facility grant funding has been passported to the District Councils in line with the grant determination.

The Care Management scheme, £5.844m, funds c.45% of CCC's frontline practitioner costs.

Both the reablement service, £6.075m, and the GDC night service, £1.483m, are provided by Cumbria Care. Since being brought in house efficiencies have been achieved in night service shift patterns releasing £0.294m for investment in other support for social care.

The Support for Social Care scheme totalling £5.315m funds c.5,700 support at home hours per week across all community settings including via direct payments.

Within the NHS schemes, funding is largely committed to block contracts and therefore there is no expectation for a variance in spending.

For both CCGs, the funding has been committed to the development of Primary Care and Community Services, with a spend of £2.324m committed from North Cumbria CCG and £3.02m committed from Morecambe Bay CCG. In addition, North Cumbria CCG has also focused on schemes to support the development of Integrated Care Communities (ICCs) - including the development of MDTs (£0.125m) – and supporting vulnerable individuals through the provision of a psychiatric liaison service in A&E (£0.473m). It is worth noting that Morecambe Bay CCG have also invested in this service but outside of the BCF.

Each CCG funds a Care Home Education & Support Service (CHESS) that is part of community mental health services for people with dementia and/or mental health needs later in life; the schemes total values are £0.289m from North Cumbria CCG and £0.178 from Morecambe Bay CCG.

To integrate our health and care services, and to connect our health networks, a common IT platform is funded to the value of £0.814m, with funding split across each CCG. This platform enables GPs to monitor demand for services, in order to make adjustments for service provision.

In addition, the NHS schemes fund several additional programmes of work that focus on community support (e.g. Help to Stay at Home) (£3.783m), intermediate care (£0.6m), palliative care support (£0.608m), and care home support (£0.208m).

7.0 IBCF FORECAST

7.1 At Quarter 3 there are no variances forecast against iBCF schemes. Forecast spend is in line with the approved plan as follows:

£m	Budget	Forecast	Variance
<u>CCC Schemes</u>			
Additional reablement capacity	1.000	1.000	0.000
Additional RROs	0.810	0.810	0.000
Reablement co-ordination	0.090	0.090	0.000
Rehab capacity for community health	0.300	0.300	0.000
Community health bed	0.125	0.125	0.000
Stabilise social care staff	2.000	2.000	0.000
Additional OT staff	0.600	0.600	0.000
New contract arrangements for residential care	5.408	5.408	0.000
New contract arrangements for home care	1.318	1.318	0.000
Shift Based Commissioning			
- Cumbria Care	2.678	2.678	0.000
- Independent Sector	0.250	0.250	0.000
Recruitment campaign	0.065	0.065	0.000
Funding packages of care	2.810	2.810	0.000
Category development system	0.120	0.120	0.000
<u>NHS Schemes</u>			
NHS schemes	3.136	3.136	0.000
	20.710	20.710	0.000

£1.000m was agreed to fund additional Reablement capacity. This additional capacity is used to support hospital discharge and admission avoidance and the development of ICCs in North and South Cumbria.

£0.810m funds additional Reablement Review Officers to improve the onward flow of service users from the Council's Reablement Service, and therefore increase the availability and responsiveness of the service. This scheme contributes to reducing pressures on the NHS by supporting more people to be discharged from hospital into the Reablement service when they are ready.

£0.090m reablement support funding is being used for project management to aid with the integration of rehabilitation and reablement. The work is ongoing with the ICC's and the acute settings to identify a single referral pathway for both services. It is also being utilised to support with the increased number of referrals and ensure that service delivery is able to support flow, reducing delays and DTOC's across the system.

£0.300m is invested in Cumbria Care to support the delivery of Community Health beds in North Cumbria and £0.125m funds NHS Therapeutic In-reach to support the delivery of these beds. There are currently Community Health beds operating in Carlisle, Whitehaven, Workington, Aspatria, Maryport and Wigton.

£2.000m is being invested in stabilising Social Care staffing. Increasing capacity and output across the system. This has enabled additional social care support directly in hospital settings, improving the flow of people out of hospitals and reducing delayed transfers of care. It has also allowed for additional capacity within the communities, improving outcomes for people and supporting the partnership approach with Integrated Care Communities. A further £0.600m invested in Occupational Therapists.

£5.408m is invested in new contracting arrangements for residential and nursing care aimed at stabilising the market and incentivising providers to develop additional services for people with complex needs. It has also had a positive impact on standardising rates within the market.

£1.318m is invested in new contract arrangements for home care aimed at creating additional capacity and responsiveness within the home care market. It funds both the uplift to home care providers (and for support at home funded through direct payments and individual service funds and the cost of recommissioning the home care contract based on UKHCA principles and enabling the payment of Living Wage Foundation rates.

£2.928m is invested in Shift Based commissioning approach to the delivery of homecare to fund demographic pressures thereby improving flow and contributing to admission avoidance and expedient hospital discharges.

£2.800m is invested in funding c.3,100 support at home hours per week across all community settings including via direct payments.

8.0 WINTER PRESSURES FORECAST

8.1 At Quarter 3 there are no variances forecast against Winter Pressures schemes.

£m	Budget	Forecast	Variance
Community Based Services	2.507	2.507	0.000
NHS Schemes	0.000	0.000	0.000
	2.507	2.507	0.000

£2.507m is invested in funding c.2,500 support at home hours per week across all community settings including via direct payments.

Nick Jarman
Interim Executive Director – People, Cumbria County Council

Charles Welbourn
Chief Operating Officer, NHS North Cumbria CCG

Jerry Hawker
Chief Officer, NHS Morecambe Bay CCG

February 2020

APPENDICES

Appendix A – Quarterly BCF Submission

BACKGROUND PAPERS

No background papers.

Contact: Colin Phipps, Commissioning Manager
colin.phipps@cumbria.gov.uk / 07968 545955