

CUMBRIA HEALTH AND WELLBEING BOARD

Meeting date: 10 July 2020

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

2019-20 BETTER CARE FUND QUARTER 4 REPORT

1.0 EXECUTIVE SUMMARY

1.1 *This report provides an update on Cumbria's Better Care Fund (BCF) and also financial and activity reporting.*

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 BCF plan directly coheres with the North Cumbria Integrated Health and Care System and Better Care Together Health and Social Care Transformation Plans for North and South Cumbria.

2.3 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*

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 Although delegations are in place regarding the submission of the quarter 4 return to NHS England, due to extended timescales related to the COVID-19 outbreak, it has allowed for the submission to be considered without the need for the use of those delegations

4.4 Under Section 5 there are some sections where some data is not available for this quarter, this includes some benchmarking data and also information regarding Delayed Transfer of Care (DToC). The collection and publication of DToC data has been paused to release capacity to support the COVID pandemic. There is also some data that has clearly been impacted by the COVID outbreak such as Non-Elective Admissions, however it is expected that the greater impact across all reporting metrics will be seen in quarter 1 of 2020-21.

4.5 Due to timings the Quarter 4 submissions to NHSE will be done via the delegations that are in place. Currently full details of submission requirements for 2020-21 have not been released but it has been indicated these will be a "light touch" approach, given the pressures related to the COVID-19 pandemic.

5.0 2019-2020 BCF QUARTER 4 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 new template includes a section on reporting against the High Impact Change Model for Managing Transfers of Care (HICM).
- 5.3 National Condition 4 of 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, including the voluntary and community sector
 - 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.

- 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.

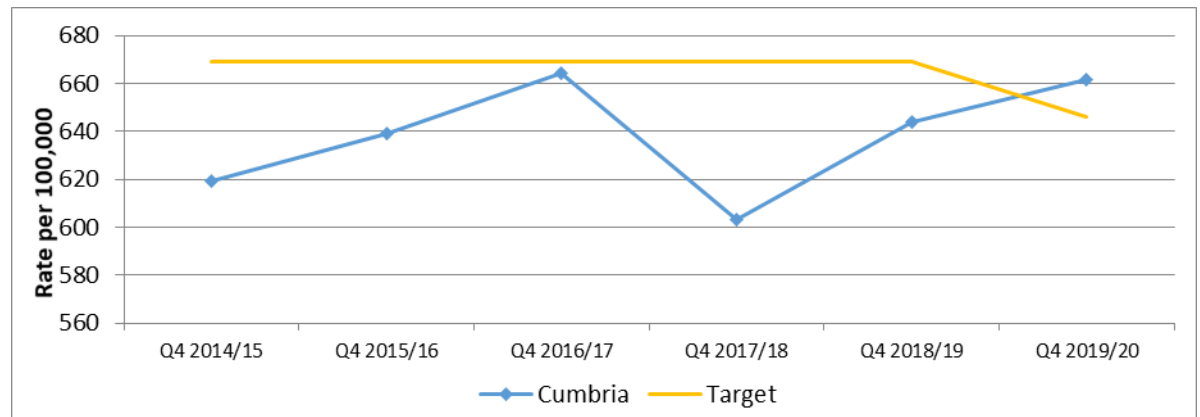
5.9 Permanent Residential Admissions

- 5.9.1 In Qtr4 2019/20 the rate of permanent admissions of older people to residential and nursing care homes was 188.9 per 100,000 persons over 65 years old; an increase from 175.5 in Qtr3 2019/20. The actual number of admissions in Qtr4 was 227 (134 in North Cumbria; 84 in South Cumbria and 9 out of area).

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

	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Cumbria	170.6	128.1	169.0	175.5	188.9
Target	167.2	161.5	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 or Qtr4 is not available, 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

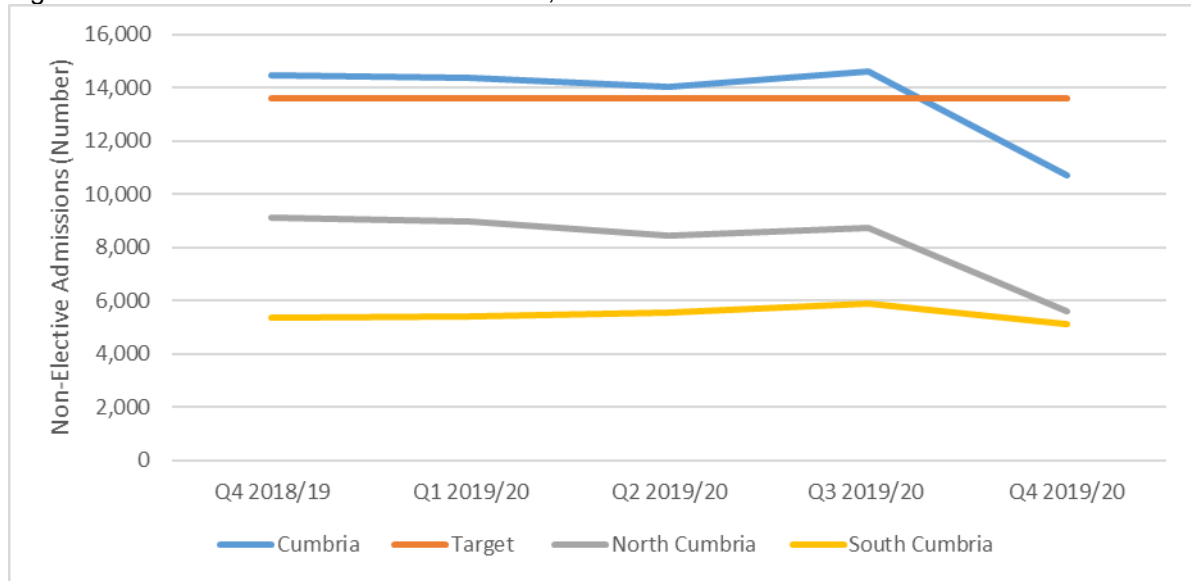
5.10.1 In Qtr4, the number of non-elective admissions in North Cumbria was 5,601; a decrease of 3,152 from 8,753 in Qtr3. This was primarily in relation to the impact of the COVID-19 pandemic and the associated lockdown. The pandemic has had a significant impact on reduced admissions and explains the “green” performance for Q4 2019/20 in table 3 below and the downturn in figure 2.

In Qtr4, the number in South Cumbria was 5,134; a decrease of 745 from 5,879 in Qtr3.

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

	Q4 2018/19	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Cumbria	14,455	14,385	14,032	14,631	10,735
Target	13,618	13,618	13,618	13,618	13,619
North Cumbria	9,105	8,959	8,458	8,753	5,601
North Cumbria Target	8,078	8,078	8,078	8,078	8,079
South Cumbria	5,350	5,426	5,574	5,879	5,134
South Cumbria Target	5,540	5,540	5,540	5,540	5,541

Figure 2: Number of Non-Elective Admissions; North Cumbria and South Cumbria



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 Due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response, we are pausing the collection and publication of these and some of our official statistics.

5.12 Effectiveness of Reablement

5.12.1 In Qtr4 there were 86.36% of people who were at home on day 91 following a period of reablement, below the target of 91%.

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	Q4 2018/2019	Q1 2019/2020	Q2 2019/2020	Q3 2019/2020	Q4 2019/2020
Cumbria	83.61	81.05	89.58	89.58	86.36
Numerator	153.00	124.00	129.00	129.00	95.00
Denominator	183.00	153.00	144.00	144.00	110.00
Target	91.17	91.17	91.17	91.17	91.17

6.0 BCF FORECAST

6.1 At Quarter 4 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	4.073	0.432
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	5.361	0.000
<u>NHS Schemes</u>			
North Cumbria CCG	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 £0.432m 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 £5.361m 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

7.1 At Quarter 4 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 expanding capacity in the Cumbria Care Shift Based commissioning approach to the delivery of home care 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 PRESSURE FORECAST

8.1 At Quarter 4 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.

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APPENDICES

No Appendices

BACKGROUND PAPERS

No background papers.

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