

# **CUMBRIA HEALTH AND WELLBEING BOARD**

**Meeting date: 20 November 2020**

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

## **2020-21 BETTER CARE FUND QUARTER 2 REPORT**

### **1.0 EXECUTIVE SUMMARY**

1.1 *This report provides an update on Cumbria's Better Care Fund (BCF) for Quarter 2 2020/21.*

### **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 (DTCs) 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 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 ceased to release capacity to support the COVID pandemic. However Regular Long Length of Stay (LLOS) meetings are in place as is an escalation process for issues and individual cases into the system partner meetings to identify and unblock particular issues and identify any themes. 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 was seen in quarter 1 of 2020-21.
- 4.4 At the time of writing guidance regarding the formal submission of the 2020/21 BCF plan has not been received and an expected date has not yet been circulated. It is expected no formal submissions will be required on the BCF until Q4 for 2020-21 due to the COVID-19 pandemic response.
- 4.5 As detailed in the previous report there have been a number of response to the COVID-19 pandemic, the Cumbria Health and Social Care system continues to embrace new ways of working, including utilising new technologies, and collaborating closely to enable new programmes of work to be developed at pace. Examples of which may help inform development of future BCF plans.
- 4.6 It is recognised that there have been significant pressures on acute hospitals and there is a need to ensure that there is strong focus on patient flow and there are as few delays as possible for those who are medically optimised.

- 4.7 Whilst it is recognised challenges remain in the system to this regard and partners are working collaboratively to find solutions it is important note there has already been significant steps taken and those currently in progress in this area which include:
- The number of weekly homecare hours delivered has increased from 17,604 (September 2019) to 21,119 (September 2020). This represents an increase of 20% and an increase in the annual funding commitment of £4.2m for homecare.
  - A number of new Reablement and domiciliary teams have been deployed and/or are planned to be deployed in key geographical areas where it has been established there are currently genuine capacity challenges due to changes in demand for services in these areas.
  - The development of a Crisis Support service in South Cumbria continues.
  - There has been refocusing of some of our existing in-house provider teams to support D2A in the north
  - Development of emergency respite provision using our in-house extra care housing services.
  - Increased availability of interim beds across some Cumbria Care residential homes.
- 4.8 Westmorland General Hospital was designated as a 'green' elective site to support elective recovery. To reflect the reduced demands on the Langdale beds the Langdale ward was temporarily closed on the 17<sup>th</sup> July. Staff have been temporarily deployed - primarily into posts to consolidate and bolster our community teams with some staff also supporting teams within the medicine and surgery care groups of the Trust. Initial data suggest no adverse impact of the closure with the vast majority of patients being supported by community teams, but this is being kept under careful review.
- 4.9 The Integrated partnership work is ongoing between Cumbria County Council, University Hospitals of Morecambe Bay NHS Foundation Trust and Morecambe Bay CCG, to develop an Integrated Care Assessment Team (ICAT) for South Cumbria, which will support admission avoidance, expedite hospital discharge and provide person centred support, satisfying 2023 national integrated rapid response service requirements.
- 4.10 As part of initial ICAT development, work is currently ongoing to reduce, avoid and/or delay admission to formal care and hospital, with the development of new models of care and pathways such as, Crisis Care and Trusted Assessment principles.
- 4.11 Significant work has been undertaken by NCIC in partnership with Cumbria County Council and NCCCG to not only continue the development of D2A models and pathways but to significantly increase the pace and effect of change.
- 4.12 NCIC and partners entered a rapid phase of development cycles to establish how D2A could work to inform the wider work. A number of different strategies were used, with real time changes with measures to establish what was working well and what was less successful in achieving desired outcomes, which includes (not exhaustive):
- Hospital therapist going out to person's home to do the assessment
  - Discharge navigators involved in all discharges

- Rapid access to community hospital beds
- Ward teams began education on correct pathway identification
- Patient Vision list fully online being fully utilised by discharge navigators
- Stewardship and content of key meetings with partners reviewed and revised
- Reviewed and revised transport arrangements to support D2A pathways as appropriate.

4.13 Outcomes of activities have resulted in a 'peak' number of individuals discharged via D2A in single day on a number of occasions. However it is recognised that challenges remain and further work is ongoing with partners to improve integrated services, develop key roles and pathways.

## **5.0 2020-2021 BCF QUARTER 2 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 (DTCs)
- 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 usually outlined in the quarterly returns, however these have been paused due to the COVID-19 response.

- 5.7 The BCF quarterly return template normally requires Health and Wellbeing Board Areas to self-assess against a maturity assessment for the system in implementing these changes, this will not likely take place until Q4 for 2020-21.
- 5.8 However given that system wide co-ordination of the HICM takes place through the A&E Delivery Boards the maturity assessment is normally carried out on their footprints.

### 5.9 Permanent Residential Admissions

- 5.9.1 In Qtr2 2020/21 the rate of permanent admissions of older people to residential and nursing care homes was 169 per 100,000 persons over 65 years old; an increase from 133.1 in Qtr1 2020/21. The actual number of admissions in Qtr2 was 203 (120 in North Cumbria; 77 in South Cumbria and 6 out of area).

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

	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21
<b>Cumbria</b>	169.0	175.5	188.9	133.1	169.0
<b>Target</b>	161.5	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)

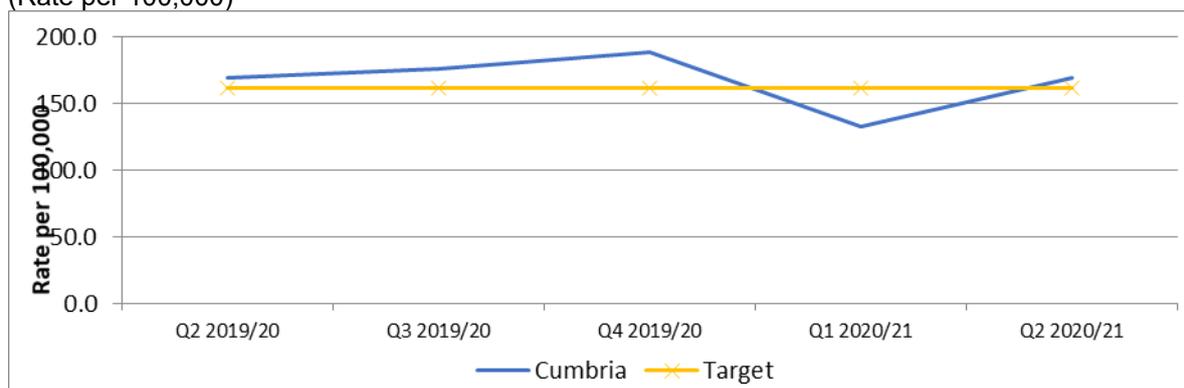
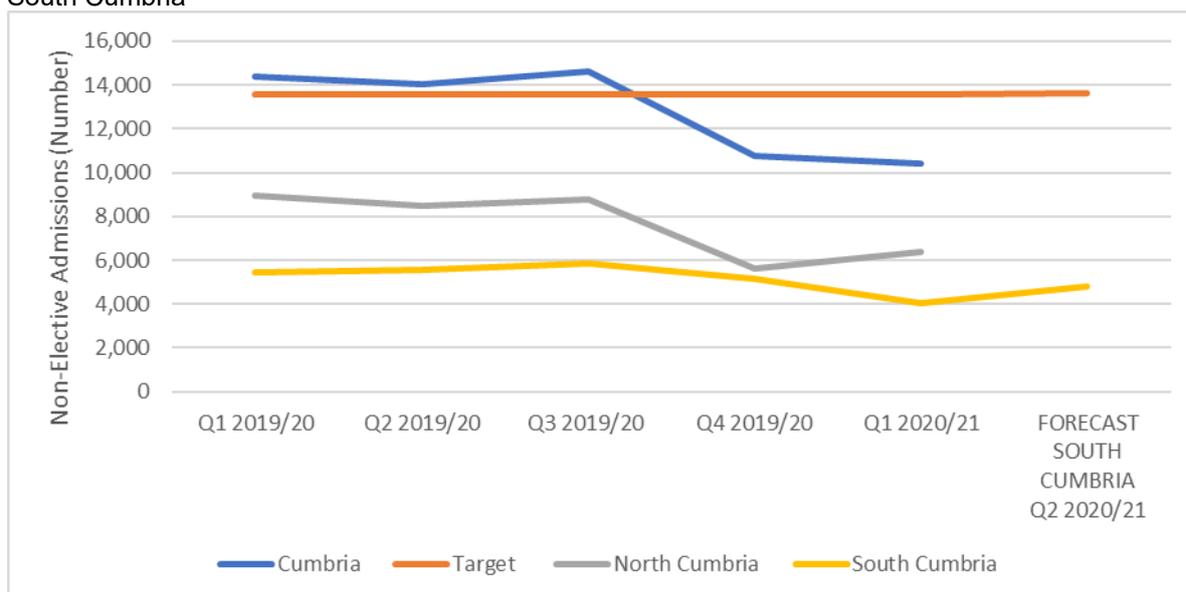




Figure 2: Number of Non-Elective Admissions; North Cumbria and South Cumbria – Forecast Q2 South Cumbria



5.10.3 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, the collection and publication of these and some of our official statistics have been currently ceased.

## 5.12 Effectiveness of Reablement

5.12.1 In Qtr2 there were 89.58% of people who were at home on day 91 following a period of reablement, marginally 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	Q2 2019/2020	Q3 2019/2020	Q4 2019/2020	Q1 2020/2021	Q2 2020/2021
<b>Cumbria</b>	89.58	89.58	86.36	84.67	89.58
<b>Numerator</b>	129.00	129.00	95.00	127.00	129.00
<b>Denominator</b>	144.00	144.00	110.00	150.00	144.00
<b>Target</b>	<b>91.17</b>	<b>91.17</b>	<b>91.17</b>	<b>91.17</b>	<b>91.17</b>

## 6.0 BCF FORECAST

6.1 At Quarter 2 there are minor variances forecast against BCF schemes. The current forecast position is as follows:

£m	Budget	Forecast	Variance
<b><u>CCC Schemes</u></b>			
<b>Prevention</b>			
Carers	1.900	1.769	-0.131
Equipment	3.641	3.661	0.020
Disabled Facilities Grants	6.284	6.284	0.000
<b>Integrated care communities</b>			
Care management	5.844	5.844	0.000
Care Act	1.507	1.507	0.000
<b>Help to stay at home</b>			
Reablement	6.075	6.075	0.000
GDC Night Service	1.483	1.286	-0.197
Support for Social Care	6.590	6.898	0.308
<b><u>NHS Schemes</u></b>			
North Cumbria CCG	8.057	8.057	0.000
Morecambe Bay CCG	4.957	4.957	0.000
	<b>46.338</b>	<b>46.338</b>	<b>0.000</b>

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 £0.131m 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. There is a small demand pressure of £0.020m. The overspend excludes that additional cost impact of COVID19 which has been charged to the hospital discharge fund.

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.110 frontline practitioners.

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 £0.197m for investment in other support for social care.

The Support for Social Care scheme totalling £6.898m funds c.7,100 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 £3.020m 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 (£0.600m), palliative care support (£0.608m), and care home support (£0.208m).

## 7.0 iBCF

7.1 At Quarter 2 there are no variances forecast against iBCF schemes. Forecast spend is in line with the approved plan as follows:

£m	Budget	Forecast	Variance
<b><u>CCC Schemes</u></b>			
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
<b><u>NHS Schemes</u></b>			
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.

£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 homecare to fund demographic pressures thereby improving flow and contributing to admission avoidance and expedient hospital discharges.

£2.800m is invested in funding c.2.900 support at home hours per week across all community settings including via direct payments.

## 8.0 WINTER PRESSURE FORECAST

8.1 At Quarter 2 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**

None

### **BACKGROUND PAPERS**

No background papers.

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