

CUMBRIA HEALTH AND WELLBEING BOARD

Meeting date: 10 March 2023

**From: Executive Director – People, Cumbria County Council
Director of Place - North Cumbria, North East and North Cumbria ICB
Director of Health and Care Integration, South Cumbria**

2022-23 BETTER CARE FUND - QUARTER 3 REPORT

1.0 EXECUTIVE SUMMARY

- 1.1 *This report provides an update on Cumbria's Better Care Fund (BCF) for Quarter 3 2022/23.*
- 1.2 *The report also provides an update on activities regarding future funding arrangements for 2023/24.*

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 two key BCF objectives for 2022-23 are
 - Enable people to stay well, safe and independent at home for longer
 - Provide the right care in the right place at the right time.

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 Cumbria County Council, North East and North Cumbria ICB and Lancashire and South Cumbria ICB.

- 4.2 The report presented to the HWBB in October detailed the submission of the Cumbria BCF planning templates to the national BCF team as required on the 26th September 2022. These plans of now been formally approved by NHS England.
- 4.3 An update on the Adult Social Care Discharge Funding stream, which is an addendum to the BCF policy framework is provided for in a separate report to the HWBB.
- 4.4 Officers from Cumbria County Council, North East and North Cumbria ICB and Lancashire and South Cumbria ICB have continued their engagement with the national Better Care Fund Team and other relevant departments regarding BCF allocations for the new local authority areas of Cumberland and Westmorland and Furness. Which includes the allocations by local authority area of the Adult Social Care minimum spend, NHS out of hospital commissioned services, the Disabled Facilities Grant and the iBCF.
- 4.5 Allocations for some specific grant areas of the BCF have been confirmed for the new Local Authority areas, which include: The Adult Social Care Discharge Fund (Cumberland £2.049m and Westmorland and Furness £1.304m, although) and the improved Better Care Fund grant (Cumberland £14.616m and Westmorland and Furness £9.304m). However, at the time of writing the position on the main BCF pooled fund including the ICB disaggregation model was still to be finalised. This means full plans for 2023-24 remain under development.
- 4.6 Noting points raised in 4.5 the BCF plans going into 2023-24 will likely be an evolution of the current recurring schemes with continuous reviews, further detailed work around the ASC Discharge Funding will take place once the grant conditions are published and further work with regards to any “growth” within the BCF although this may be limited by inflationary pressures on existing schemes.
- 4.7 It is noted in the separate Adult Social Care Discharge Fund report that a number of additional schemes and/or expansion of existing services have supported in additional discharges form hospital. However, the situation remains challenging across both health systems in Cumbria. Officers across all organisations continue to work to develop models and new ways of doing things to provide longer term sustainable solutions. This includes exploring improved use of assistive and digital technologies, discharge to assess pathways and improving capacity and capability of the Transfer of Care Hubs.
- 4.8 The list of metrics (detailed in section 5) currently required for quarterly reporting for the BCF are listed below:
- Avoidable admissions - Unplanned hospitalisation for chronic ambulatory care sensitive conditions (an NHS indicator that measures how many people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency)

- Discharge to normal place of residence - Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence.
- Permanent residential admissions.
- Effectiveness of Reablement.

5.0 2022-2023 BCF QUARTER 3 MONITORING

5.1 The BCF now has four key metrics (with the removal of the length of stay reporting requirement) that are required to be reported on, these are:

- Avoidable admissions - Unplanned hospitalisation for chronic ambulatory care sensitive conditions
- Discharge to normal place of residence - Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence
- Permanent residential admissions
- Effectiveness of Reablement.

5.2 Permanent Residential Admissions

5.2.1. At the end of Qtr3 2022/23 the rate of permanent admissions of older people to residential and nursing care homes was 459.3 per 100,000 persons over 65 years old; This compares favourably to the 481.0 for the same period in 2021-22. The figure suggest the end year position will be better than target but may also reflect challenges for some complex residential admissions and increased demand for community services.

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

Quarterly data: As at quarter end	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23	Q3 2022/23
Cumbria	634.9	177.2	319.5	481.0	619.9	129.0	279.6	459.3
Whole Year Target	646	646	646	646	646	646	646	646

5.3 Effectiveness of Reablement

5.3.1 Qtr 3 data for 2022/23 has the rate at 73.75% of people who were at home on day 91 following a period of reablement, below the national target of 91% and the BCF submitted planning target of 83.9%. Noting that due to pressures in social care, Reablement teams are diverting a significant amount of capacity to delivering long term domiciliary care, due to the increased demand for community services which may impact on effectiveness. This is reflected in that a higher than usual number of people were recorded as being in a residential care home at the 91 day mark.

Table 2: 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 2020/2021	Q1 2021/2022	Q2 2021/2022	Q3 2021/2022	Q4 2021/2022	Q1 2022/2023	Q2 2022/2023	Q3 2022/2023
Cumbria	80.53	78.81	88.71	87.92	84.16	80.00	92.45	73.75
BCF planning Target		83.9	83.9	83.9	83.9	83.9	83.9	83.9
National Target	91.1	91.1	91.1	91.1	91.1	91.1	91.1	91.1

5.4 Avoidable admissions

Unplanned hospitalisation for chronic ambulatory care sensitive conditions

5.4.1 The previous Non elective Admissions measure has been replaced with a measure of avoidable admissions to hospital and it is calculated as a rate per 100,000 people. Precisely this is the measure of unplanned admissions for people with a primary diagnosis of one of a number of long-term health conditions.

In Qtr3 the rate for Cumbria is 260.6 which is an increase on the Qtr2 position of 226.2. The North Cumbria Qtr3 rate is 258.8 with the South Cumbria rate being 263.9.

North Cumbria has developed the Urgent Community Response service which is hosted in all 8 of the ICC hubs and provides a 2-hour response and, where possible, avoid admissions to hospital. Virtual Ward capacity has gone live for 2023 with Respiratory Pathways initially and will support patients to stay in the community with remote monitoring support to further reduce the need to admit these individuals to hospital.

South Cumbria figures are impacted by a rise in those conditions considered vaccine preventable resulting in system pressures as greater than anticipated number of people with these conditions having associated complications and presenting in an acute/emergency setting

Table 3: Unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population

8.1 Avoidable admissions	Q2 2021/2022	Q3 2021/2022	Q4 2021/2022	Q1 2022/2023	Q2 2022/2023	Q3 2022/2023
Cumbria	242.97	240.57	204.0	239.6	226.2	260.6
North	256.68	246.68	206.9	248.2	235.4	258.8
South	216.74	229.85	202.3	223.2	208.6	263.9

5.5 Discharge to normal place of residence

Percentage of people, resident in the HWB area, who are discharged from acute hospital to their normal place of residence

- 5.5.1 As a part of the BCF requirements this measure has been introduced which calculates the percentage of people who are discharged from acute hospital to their normal place of residence. This measure will help in planning and ensuring that as many people as possible are discharged safely to their normal place of residence.
- 5.5.2 The Cumbria Qtr3 2022/23 rate was 88.2% of people discharged to their normal place of residence, which is below the Cumbria target of 94.2%. The South Cumbria rate for Qtr2 is 90.2% with North Cumbria at 86.8%.
- 5.5.3 This target continues to present a challenge to the North Cumbria System which system acknowledges that too many people are going into bed based care due to challenges in supporting home based domiciliary services due to workforce constraints in both health and social care but work continues via the Transfer of Care hub to seek to reduce this number. Significant work also continues to be undertaken to “manage” demand by person centred care being strength focused, greater integrating of Reablement and enabling ethos in D2A pathway and appropriate care handling and management.
- 5.5.4 In South Cumbria reduced capacity of intermediate care services that support people on discharge, has resulted in fewer people being discharged to their normal place of residence. This remains a challenge against the backdrop of the pressured care market as evidenced in criteria to reside statistics, and work continues to provide stability as well as improve the throughput of intermediate care services to increase the number of people returning home. The pressures are well understood, and currently more interim residential support to facilitate timely discharge home is sought than the system has capacity for. In addition, we are finding it increasingly difficult to support the discharge of patients with increasingly complex needs. Work continues to improve this metric. There has been further pressure during this period due to high rates of influenza and other complicating factors such as strike action within the sector.

Table 4: Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence

8.3 Discharge to normal place of residence	Q1 2021/2022	Q2 2021/2022	Q3 2021/2022	Q4 2021/2022	Q1 2022/2023	Q2 2022/2023	Q3 2022/2023
Cumbria	89.9%	89.8%	89.4%	88.1%	88.9%	89.4%	88.2%
North	88.6%	88.1%	87.2%	87.2%	87.3%	87.9%	86.8%
South	91.8%	92.1%	92.4%	89.5%	91.0%	91.5%	90.2%

6.0 BCF FORECAST

6.1 At Q3 there are no variances against BCF schemes. Forecast performance in 2022/23 is as follows:

£m	Budget	Forecast	Variance
<u>CCC Schemes</u>			
Prevention			
Carers	1.900	1.900	0.000
Equipment	3.720	3.720	0.000
Disabled Facilities Grants	7.131	7.131	0.000
Integrated care communities			
Care management	7.351	7.351	0.000
Help to stay at home			
Reablement	6.075	6.075	0.000
GDC Night Service	1.304	1.304	0.000
Support for Social Care	7.991	7.991	0.000
Hospital Discharge	1.000	1.000	0.000
Transfer of Care Hub	0.604	0.604	0.000
<u>NHS Schemes</u>			
NENC ICB	8.922	8.922	0.000
L&SC ICB	5.489	5.489	0.000
	51.487	51.487	0.000

In the Carers scheme, £1.900m, £1.463m funds the All-Age Carers contract and the Stroke Support Service. £0.303m funds an estimated 500 carers direct payments. £0.134m funds respite provision to support carers breaks.

Within the equipment scheme £3.393m funds the Community Equipment Service including some of the costs of equipment prescribed by NHS colleagues (with associated stores costs) funded from the CCG minimum contribution, estimated at £1.432m. A further £0.327m funds the purchase and maintenance of assistive technology.

Disabled Facility Grant funding totalling £7.131m has been passported to the District Councils in line with the grant determination.

The Care Management scheme, £7.351m, funds c.145 frontline practitioners at a cost of £6.536m and £0.815m for Advocacy contracts.

Both the reablement service, £6.075m, and the GDC night service, £1.304m (including meeting some NHS demand and funded from the ICB minimum contribution to social care), are provided by Cumbria Care.

The Support for Social Care scheme totalling £7.991m funds c.7,700 support at home hours per week across all community settings including via direct payments.

£1.000m funds packages that further support discharge from hospital and £0.604 contributes to Transfer of Care Hub costs.

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

For both ICBs, funding has been committed to the development of Primary Care and Community Services totalling £6.539m. In addition, NENC ICB has also focused on schemes to support the development of Integrated Care Communities (ICCs) - including the development of MDTs (£0.141m) – and supporting vulnerable individuals through the provision of a psychiatric liaison service in A&E (£0.535m). It is worth noting that L&SC ICB have also invested in this service but outside of the BCF.

Each ICB has funded 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 totalled £0.319m from NENC ICB and £0.196m from L&SC ICB.

To integrate our health and care services, and to connect our health networks, a common IT platform has been funded to the value of £0.871m, with funding split across each ICB. This platform enables GPs to monitor demand for services, in order to make adjustments for service provision.

In addition, the NHS schemes funded several additional programmes of work focussing on community support including Help to Stay at Home of £3.726m, intermediate care of £0.639m, palliative care support of £0.692m, and care home support of £0.208m.

7.0 iBCF

7.1 No variances are forecast against iBCF schemes as follows:

£m	Budget	Forecast	Variance
<u>CCC Schemes</u>			
Additional reablement capacity	1.000	1.000	0.000
Reablement assessment and co-ordination	0.900	0.900	0.000
Rehab capacity for community health	0.425	0.425	0.000
Stabilise social care staff	2.600	2.600	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	2.928	2.928	0.000
System Discharge Co-ordination (N)	0.110	0.110	0.000
Funding packages of care	3.408	3.408	0.000
Social Work support to ICAT (S)	0.122	0.122	0.000
Category development system	0.025	0.025	0.000
<u>NHS Schemes</u>			
NHS schemes	3.168	3.168	0.000
	21.412	21.412	0.000

£1.000m funds 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.

£0.900m 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 were ready.

£0.300m is invested in Cumbria Care to support the delivery of Community Health beds in North Cumbria and £0.125m funded NHS Therapeutic In-reach to support the delivery of these beds.

£2.600m is 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 also allows for additional capacity within the communities, improving outcomes for people and supporting the partnership approach with Integrated Care Communities.

£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 also has 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) 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.

£3.408m is invested in funding c.3,300 support at home hours per week across all community settings including via direct payments.

8.0 WINTER PRESSURE FORECAST

8.1 At Quarter 3 there are no variances 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.2,400 support at home hours per week across all community settings including via direct payments.

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BACKGROUND PAPERS

No background papers.

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