CUMBRIA HEALTH AND WELLBEING BOARD
Meeting date: 17 June 2022
From: Executive Director – People, Cumbria County Council **Chief Operating Officer, NHS North Cumbria CCG** **Chief Officer, NHS Morecambe Bay CCG**

2021-22 BETTER CARE FUND QUARTER 4 REPORT

1.0 EXECUTIVE SUMMARY

1.1 ***This report provides an update on Cumbria's Better Care Fund (BCF) for Quarter 4 2021/22.***

1.2 ***The report also provides an update on the end of year 2021-22 BCF submission and BCF uplifts for 2022-23.***

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***

3.2 ***That if timing does not allow consideration of the required BCF submissions by the Board, then the Executive Director – People be given delegated power, in consultation with the Chair and Vice Chairs (if appointed) of the Board, to make the submission.***

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 initially focused on encouraging the establishment of integrated services to reduce non-elective admissions (NELs), delayed transfers of care (DTOCs – this metric has been superseded) and a number of other metrics through improving the interaction between various partners, specifically, the NHS and Adult Social Care. The new metrics recently are set out in 4.3.

4.2 Previous 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 Some changes have been made to the metrics in Section 5, as the revised Better Care Fund Policy Framework and subsequent planning guidance as identified some new areas that need to be reported against. However, the original metrics of admissions to residential care homes and effectiveness of reablement remain. The list of metrics now required is 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)
- Length of stay - Percentage of in patients, resident in the HWB area, who have been an in-patient in an acute hospital for: i, 14 days or more and ii, 21 days or more
- 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.

4.4 Cumbria submitted its BCF end of year template (Appendix 1) to NHS England on 27th May under delegated arrangements as timings did not align with the Board.

4.5 Full planning guidance/requirements for the 2022/23 BCF is still to be published, however it has been announced that a 5.66% uplift will be applied uniformly across all HWBB areas. Whether this will apply uniformly across the individual areas of the BCF grant is to be clarified.

4.6 There remains significant pressure within the health and social care system and quarter 4 for 2021-22 was particularly pressured. It can be seen in under 5.5 there was a notable rise across Cumbria in the percentage of patients that have been in an acute hospital for 14 days or more and 21 days or more compared to quarter 3 (12.6% to 14.9% and 7.4% to 9.4% respectively). A number of services across the system were operating at full capacity with there being significant challenges around flow out of hospital and intermediate/short term services, with significant numbers of people who were awaiting packages of care being held on a health caseload. The reasons are complex and multifactorial but include the pressures relating to the systemic challenge around recruitment and retention which were further exasperated in Q4 by the Omicron variant of COVID-19 which lead to increased staffing, capacity and operational issues in the system. It is also notable that based on data for the whole 2021/22 North Cumbria Integrated Foundation Trust is an outlier regionally and nationally in having a high percentage of patients who do not meet the criteria to reside not being discharged (78% for NCIC compared to a NE and NC ICB average of 46.9%).

4.7 Health and Social Care partners in South and North Cumbria have started a process during Q1 in 2022/23 to review as a system stocktake and reset to fully understand the causes of the pressures and challenges within the system, agree what future delivery should look like and agree key actions to improve outcomes going forward. This process is already underway with a number of key actions already identified. There are a number of themes under consideration which include:

- Managing demand
- Workforce
- Market sustainability
- Models and principles
- Review of provision and processes

4.8 The Health and Social Care Act 2022 will establish Integrated Care Systems (ICS) across England with effect from 1st July 2022. Cumbria is a member of two ICSs: Lancashire and South Cumbria (L&SC) and North East and North Cumbria (NE&NC). Each ICS will have an Integrated Care Board (ICB)which will be responsible for commissioning and funding healthcare services in the ICS area. ICBs will take on decision making powers of CCGs and some regional NHS England and Improvement and UK Health Security Agency functions.

5.0 2021-2022 BCF QUARTER 4 MONITORING

5.1 The BCF now has five key metrics that are required to be reported on, these are:

- Avoidable admissions - Unplanned hospitalisation for chronic ambulatory care sensitive conditions
- Length of stay - Percentage of in patients, resident in the HWB area, who have been an inpatient in an acute hospital for: i, 14 days or more and ii, 21 days or more
- 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 Qtr4 2021/22 the rate of permanent admissions of older people to residential and nursing care homes was 619.9 per 100,000 persons over 65 years old; This compares favourably to the reduced target of 646 set for 2021-22.

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

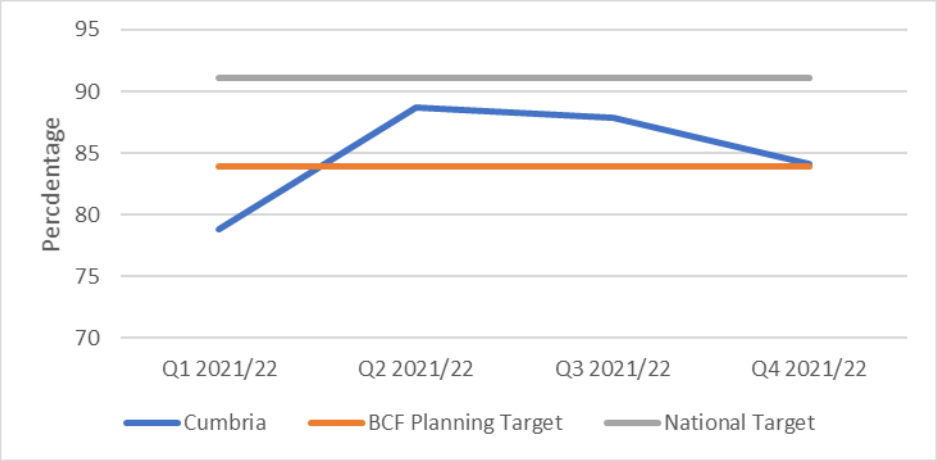
Quarterly data: As at quarter end	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Q4 2021/22
Cumbria	634.9	177.2	319.5	481.0	619.9
Target	646	646	646	646	646

5.3 Effectiveness of Reablement

5.3.1 In Qtr 4 there were 84.16% of people who were at home on day 91 following a period of reablement, below the target of 91% but above 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.

Table/Figure 3: 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	Q3 2021/2022
Cumbria	80.53	78.81	88.71	87.92	84.16
BCF planning Target		83.9	83.9	83.9	83.9
National Target	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

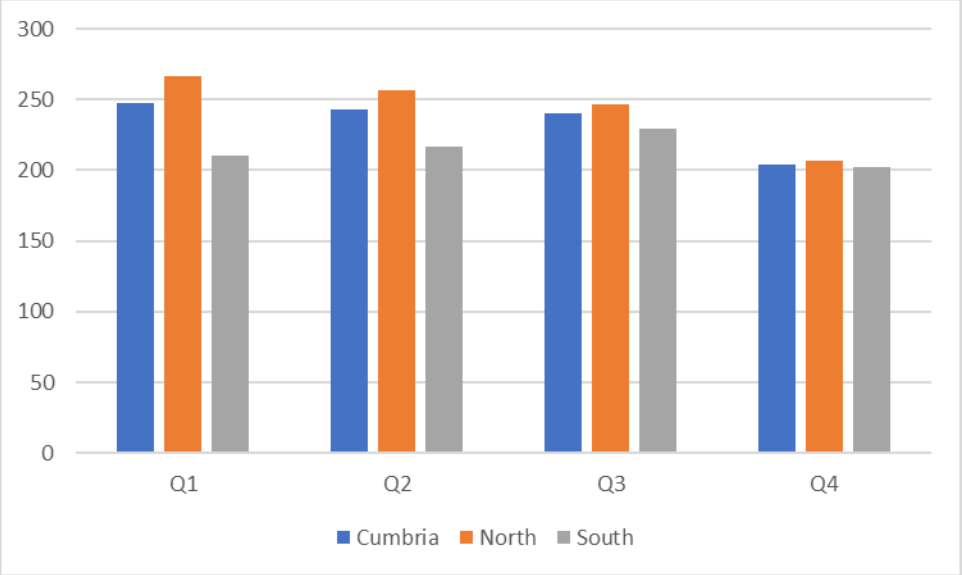
In Qtr4 for this year the rate for Cumbria was 204.0 which is significantly lower than Qtr3 2021/221 (258.2). This quarter is within the BCF planned target, however as a year total Cumbria is over its target of 875.0 with a rate of 965.3

In North Cumbria the ICCs and Primary Care Networks continue to work together to support patients with long-term conditions to self-care and to manage exacerbations of their condition at home, avoiding the need for hospital admission. Specialist support such as the community respiratory team provides additional support for key patient groups.

Table 4: Unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population

8.1 Avoidable admissions	Q1 2021/2022	Q2 2021/2022	Q3 2021/2022	Q4 2021/2022
Cumbria	247.37	242.97	240.57	204.0
North	266.12	256.68	246.68	206.9
South	210.33	216.74	229.85	202.3

Figure 4: Unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population



5.5 Length of Stay

Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for:

(i) 14 days or more
(ii) 21 days or more

as a percentage of all inpatients.

5.5.1 Collection of DToC data was suspended in March 2020, along with discharge assessment notification assessments and that data collection has been replaced with following measure:

Reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days

5.5.2 The length of stay for 14 days or more for Cumbria in Qtr4 was 14.9%. This performance is an improvement of 0.4 percentage points when compared with Qtr4 2020/21, but below the target of 14%.

5.5.3 In North Cumbria length of stay and discharge had been improving in the early part of the year but as Q3 progressed and into Q4 have been impacted by the following:

- Rise in COVID cases due to the omicron variant leading to an increase in patients admitted with covid, and in closure to admissions of a large proportion of care homes. This has severely reduced the capacity to discharge patients on pathway 3
- Increasing staff absences related to covid – either with covid or isolating, which impacted on all sectors of care and significantly reduced capacity. This has reduced capacity to discharge or transfer patients on pathways 1, 2 and 3
- Workforce pressures present in social care, particularly home care. This has not only reduced capacity to discharge patients on pathways 1 and 3 but has also led to hand back of packages of care to both social and health care.

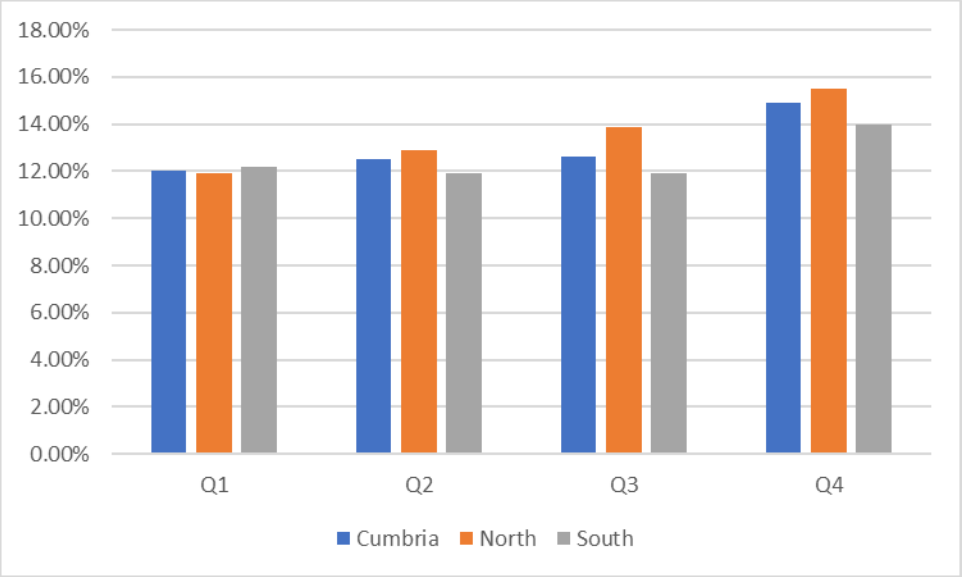
5.5.4 North Cumbria health and care system have explored all options to maximise discharges within this challenging situation and have for example:

- Worked closely with voluntary sector organisations such as Age UK and Carers organisations to assist and support appropriate patients for discharge
- Improved the Discharge to Assess process resulting in a reduction in assessed care needs for many patients as accuracy in assessment of need has strengthened
- Improved the coordination of discharges with ongoing work to make Transfer of Care hub fully functional.

Table 5: Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for 14 days or more

8.2 i Length of stay >14 days	Q4 2020/2021	Q1 2021/2022	Q2 2021/2022	Q3 2021/2022	Q4 2021/2022
Cumbria	14.5%	12.0%	12.5%	12.6%	14.9%
North	14.5%	11.9%	12.9%	13.9%	15.5%
South	14.6%	12.2%	11.9%	11.9%	14.0%

Figure 5: Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for 14 days or more

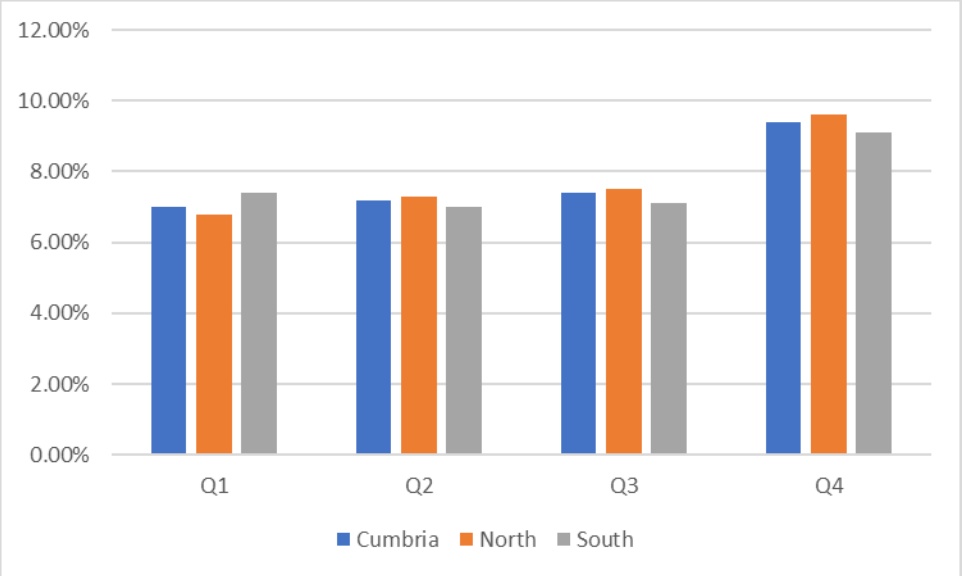


5.5.3 The length of stay for 21 days or more in Cumbria in Qtr4 was 9.4% and this is 2 percentage points higher than Q3 and above the Cumbria Target of 7%.

Table 6: Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for 21 days or more

8.2 ii Length of stay >21 days	Q4 2020/2021	Q1 2021/2022	Q2 2021/2022	Q3 2021/2022	Q4 2021/2022
Cumbria	9.0%	7.0%	7.2%	7.4%	9.4%
North	8.8%	6.8%	7.3%	7.5%	9.6%
South	9.2%	7.4%	7.0%	7.1%	9.1%

Figure 6: Percentage of in patients, resident in the HWB, who have been an inpatient in an acute hospital for 21 days or more



5.6 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

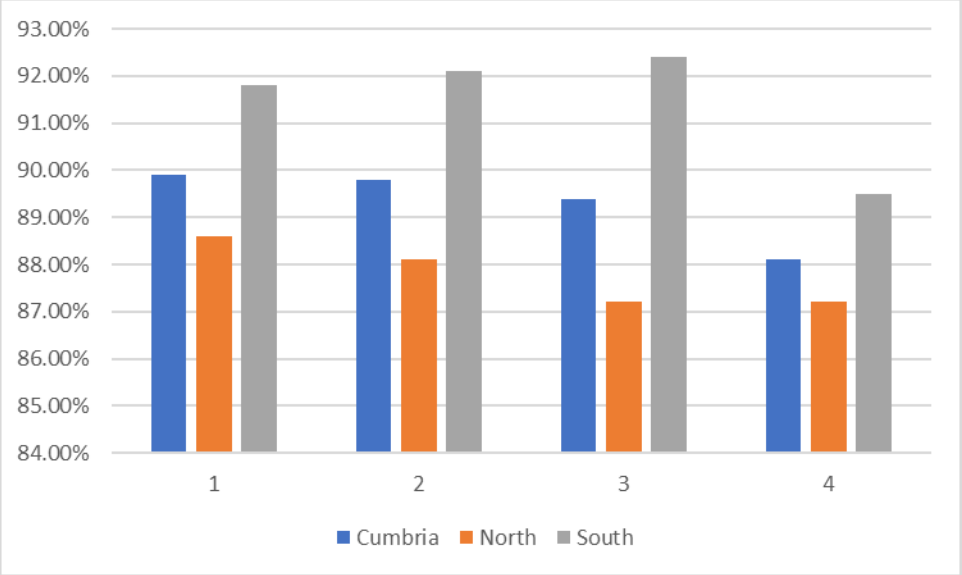
5.6.1 As a part of the BCF requirements a new measure has been introduced which calculates the percentage of people who are discharged from acute hospital to their normal place of residence. This measure will help in planning and ensuring that as many people as possible are discharged safely to their normal place of residence.

5.6.2 In Cumbria in Qtr4 2021/22 88.1% of people were discharged to their normal place of residence, which is slightly below the Cumbria target of 90%

Table 7: 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	Q4 2020/2021	Q1 2021/2022	Q2 2021/2022	Q3 2021/2022	Q4 2021/2022
Cumbria	86.1%	89.9%	89.8%	89.4%	88.1%
North	83.0%	88.6%	88.1%	87.2%	87.2%
South	90.4%	91.8%	92.1%	92.4%	89.5%

Figure 7: Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence



6.0 BCF FORECAST

6.1 At Q4 there are no variances against BCF schemes. Performance in 2021/22 is as follows:

£m	Budget	Forecast	Variance
CCC Schemes			
Prevention			
Carers	1.900	1.900	0.000
Equipment	3.720	3.720	0.000
Disabled Facilities Grants	7.130	7.130	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	6.690	6.690	0.000
Market Support	1.300	1.300	0.000
NHS Schemes			
North Cumbria CCG	8.445	8.445	0.000
Morecambe Bay CCG	5.195	5.195	0.000
	49.111	49.111	0.000

The Carers scheme, £1.900m, has funded fixed price contracts including the All-Age Carers contract and a number of small contracts. £0.385m has funded 537 carers direct payments. £0.053m has funded respite provision to support carers breaks.

Within the equipment scheme £3.151m has funded 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 £0.569m has funded the purchase and maintenance of assistive technology.

Disabled Facility Grant funding totalling £7.130m has been passported to the District Councils in line with the grant determination.

The Care Management scheme, £5.844m, has funded c.142 frontline practitioners at a cost of £5.035 and £0.809m 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 CCG minimum contribution), have been provided by Cumbria Care.

The Support for Social Care scheme totalling £6.839m has funded c.7,300 support at home hours per week across all community settings including via direct payments.

£1.300m, equivalent to the inflation on the minimum contribution to social care, has funded grants to providers to further support the market and maintain capacity.

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 CCGs, the funding has been committed to the development of Primary Care and Community Services totalling £5.597m. In addition, North Cumbria CCG has also focused on schemes to support the development of Integrated Care Communities (ICCs) - including the development of MDTs (£0.131m) – and supporting vulnerable individuals through the provision of a psychiatric liaison service in A&E (£0.496m). It is worth noting that Morecambe Bay CCG have also invested in this service but outside of the BCF.

Each CCG 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 £0.303m from North Cumbria CCG and £0.186 from Morecambe Bay CCG.

To integrate our health and care services, and to connect our health networks, a common IT platform has been funded to the value of £0.853m, 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 funded several additional programmes of work focussing on community support including Help to Stay at Home of £3.964m, intermediate care of £0.629m, palliative care support of £0.637m, and care home support of £0.218m.

7.0 iBCF

7.1 At Quarter 4 there are no variances against iBCF schemes. Spend has been in line with the approved plan as follows:

£m	Budget	Forecast	Variance
CCC Schemes			
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	2.810	2.810	0.000
Social Work support to ICAT (S)	0.122	0.122	0.000
Category development system	0.025	0.025	0.000
NHS Schemes			
NHS schemes	3.064	3.064	0.000
	20.710	20.710	0.000

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

£0.900m funded 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 contributed 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 was 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 was 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.

£5.408m was 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 was invested in new contract arrangements for home care aimed at creating additional capacity and responsiveness within the home care market. It funded 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 was 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 was 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 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 was invested in funding c.2,600 support at home hours per week across all community settings including via direct payments.

John Readman
Executive Director – People, Cumbria County Council

Peter Rooney
Chief Operating Officer, NHS North Cumbria CCG

Hilary Fordham
Chief Operating Officer, NHS Morecambe Bay CCG

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BACKGROUND PAPERS

No background papers.

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