



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Jayne Ludlam, Executive Director People, Sheffield City Council
Nicki Doherty, Director of Delivery, NHS Sheffield CCG

Date: 27th Sept 2018

Subject: Sheffield’s Better Care Fund - Delivery and Transformation update

Author of Report: Jennie Milner, Better Care Fund Programme Manager

Summary:

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

The Better Care Fund is a key enabler to bring about parts of the system transformation that the NHS, the Local Authority and local communities have set out in the Sheffield Place Based Plan. It is an ambitious plan to work at a large scale on an integrated agenda, which will impact significantly on the people of Sheffield and improve their care.

Health and Wellbeing Boards are expected to continue to oversee the strategic direction of the Better Care Fund and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners¹. Given they are a committee of the Local Authority, Health and Wellbeing Boards are accountable to elected members and ultimately to the electorate.

¹ Section 195 of the Health and Social Care Act 2012

Whilst the Better Care Fund has now operated for three full years, its' ambitions and remit are reviewed every year to ensure it reflects the priorities in Sheffield.

In 2017 Sheffield developed a fully pooled budget (£101m) for mental health services within the overarching BCF arrangements. That brought the current overall total of the Better Care Fund budget to £352m for 2017/18 and £380M for 2018/19. Our main areas of focus continue to be on adult admissions to hospital, active support and recovery, people keeping well, ongoing care, independent living solutions and capital expenditure.

Additional national funding under the Improved Better Care Fund (iBCF) was added in July 2017, plans for expenditure were approved by the Health and Wellbeing board. An update in March 2018 confirmed our continued intentions to deliver the Place Based Plan, working on a large scale on an integrated agenda, to have a significant impact on the people of Sheffield, delivering a whole system shift to prevention.

Health & Wellbeing Board is asked to receive this update, consider progress against our ambitions and support the key next steps in relation to integrated commissioning.

Questions for the Health and Wellbeing Board:

- Is Health and Wellbeing Board satisfied that these plans will progress the Board's ambition to transform the health and care landscape, reduce health inequalities and deliver better outcomes for Sheffield people?
- How can the Health and Wellbeing board contribute to the development of priority areas and enablers to support transformation at pace and scale?

Recommendations for the Health and Wellbeing Board:

1. That the Health and Wellbeing Board formally approve continued delivery of the plans
2. That the Health and Wellbeing Board approves the proposed allocation of iBCF funding for 2018-19 as set out in this paper.
3. That the Health and Wellbeing Board delegates final approval of the Better Care Fund submission to Jayne Ludlam, Executive Director People (SCC) and Nicki Doherty, Director of Delivery (CCG).
4. That the Health and Wellbeing Board discusses in more detail how integration can support strategic priorities at a future meeting.

Background Papers:

- [Sheffield Integration and Better Care Fund Narrative Plan 2017-19](#)
- [Integration and Better Care Fund Planning Requirements for 2017-19](#)
- [Better Care Fund Operating Guidance for 2017-19](#)

What outcome(s) of the Joint Health and Wellbeing Strategy does this align with?

Sheffield is a health and successful city

Health and wellbeing is improving

Health inequalities are reducing

People get the help and support they need and feel is right for them

The health and wellbeing system is innovative, affordable and provides good value for money.

Who have you collaborated with in the writing of this paper?

Both the CCG and Local Authority have contributed to the production of this document via the Executive teams, Work-stream Leads and Executive Management Group – the joint committee with responsibility of the management of the Better Care Fund.

Sheffield's Better Care Fund

1.0 Introduction

- 1.1 Sheffield's Better Care Fund is intended to improve outcomes for local people by ensuring they get the right support from the right person in the right place at the right time.
- 1.2 The table below presents the Better Care Fund KPIs as at July 2018 (most recently published), the reportable delays have deteriorated since then.

	Sheffield	England
Rate of A&E attendances per 100,000 population for area (65+)	10,821	10,534
Rate of emergency admissions per 100,000 population (65+) (DH measure)	28,437	25,009
% of admissions that last longer than 7 days (65+)	37.2%	32.0%
90th percentile length of stay for emergency admissions (65+) (DH measure)	26.0	20.0*
Rate of delayed transfers of care attributable to NHS per 100,000 population (18+)	11.3	7.4
Proportion of discharges (following emergency admissions) which occur at the weekend (65+) (DH measure)	18.1%	19.7%*
% of emergency readmissions within 30 days of discharge (65+)	22.2%	18.6%
Proportion of older people who receive reablement services following hospital discharge (65+) (DH measure)	6.3%	2.7%
Proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (65+) (DH measure)	74.7%	82.5%

- 1.3 The table uses use of urgent and emergency care as a proxy measure for the success of the local system in enabling a shift to prevention and also helping Sheffield's older people maintain health, wellbeing and satisfaction for longer. This approach has been used by the Department of Health and Social Care alongside the Care Quality Commission in choosing challenged systems (including Sheffield) for Local Area Reviews.
- 1.4 Sheffield's performance can be seen as below the England average both in terms of people who find themselves needing to access acute hospital care (A&E attendances and emergency admissions), how long they have to stay in acute hospital care (length of stay, delayed transfers of care, weekend discharges) and how long they are at home after hospital care (readmissions, still at home after reablement).
- 1.5 Sheffield's performance supporting older people can also be seen as not entirely a matter of resources. For example, the table tells us older people in Sheffield are over

twice as likely to receive reablement or rehabilitation services to help them leave hospital than the England average. This suggests that at least some of the challenge is about getting existing resources to operate in the best possible way for local people.

- 1.6 The Better Care Fund is a way of bringing together the NHS and Local Authority with local communities to focus on transforming and improving the health and wellbeing of Sheffield People. It includes ambitious plans as articulated in the Sheffield Place Based Plan, to work on a large scale an integrated agenda which would impact significantly on the people of Sheffield and improve their care.
- 1.7 The Fund was agreed in 15/16 and is now in its third year of operation. Whilst its original key priorities are still relevant, each year the CCG and Local Authority evaluates its priorities to ensure they are still relevant for the people of Sheffield. In addition to the priorities identified originally around a focus on people at risk of admission to hospital and those for whom there is the greatest opportunity for health outcomes improvement, starting in 17/18 the pooled budget also includes mental health. A truly integrated commissioning approach will offer more effective commissioning which should lead to better patient outcomes and value for money.
- 1.8 The health and care priorities listed in the Sheffield Plan are being delivered in part through the Better Care Fund. Sheffield is a leader in integration. As well as a substantial integrated commissioning budget, we have set up an Accountable Care Partnership Board to provide overall leadership represented by commissioners and providers. We also have leading organisations across the city signed up to a memorandum of understanding, across commissioners AND providers to enable closer working to deliver our priorities.
- 1.9 Health and Wellbeing Boards are expected to continue to oversee the strategic direction of the Better Care Fund and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners². Given they are a committee of the Local Authority, Health and Wellbeing Boards are accountable to elected members and ultimately to the electorate.

2.0 What does this mean for Sheffield people?

2.1 Sheffield people have told us:

- If things go wrong it's difficult to receive the care I might need quickly enough
- I find it hard to find my way around all the variety of services – or even to know if what I need is actually provided by someone
- We have to constantly repeat information from one person to another
- I have little control over the care I do or don't receive
- My psychological needs are not met as part of care for my physical needs

² Section 195 of the Health and Social Care Act 2012

- Services often aren't available at night or weekends like they are during the week
- Why don't services plan in advance – surely they should know if I get unwell I'll struggle to cope but don't necessarily want or need to go into hospital
- Why can't I just have one care plan?

2.2 Integrated commissioning through the Better Care Fund gives us a real opportunity with all our partners in the city to work with citizens to answer what Sheffield people are saying. This includes improving outcomes:

- People will find it simpler to get round the care system and experience fewer delays
- We will build on and further develop, people's self care and health condition management skills, knowledge and abilities
- There will be improved quality of life for those in active care
- Services will be more equitable and accessible
- Services will be much more based in Sheffield's communities and closer to where people live, with staff working collaboratively to achieve the best outcomes for Sheffield People.

3.0 History and Recent Achievements

3.1 In 2013 NHS Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC) agreed to work towards a single budget for health and social care. This agreement was developed through the Sheffield Executive Board and the Health and Wellbeing Board and both organisations jointly set ambitious targets. The ambition through integrated commissioning was to :

- Ensure people have a seamless, integrated experience of care, recognising that separate commissioning can be a block to providers establishing integrated services
- Achieve greater efficiency in the delivery of care by removing duplication in current services
- Be able to redesign the health and social care system, reducing reliance on hospital and long term care so that we can continue to provide the support people need within a reduced total budget for health and social care.

3.2 In 2015, in line with national guidance and direction and as part of the Health and Wellbeing Board strategy, the CCG and SCC entered into a section 75 Agreement covering the operation of the Better Care Fund. This agreement established a pooled budget and supported by formal governance arrangements to create flexibility between health and social care budgets, with a view to making the best use of the available

resource within the city to address the needs of Sheffield People in a joined up approach.

3.3 The key priorities agreed at the time were to :

- Increase wellbeing of people at risk or emerging risk of declining health and loss of independence
- Support people to remain at home and avoid unnecessary admission, responding quickly when necessary.
- Minimising hospital stay and discharging with the appropriate support and maximising their recovery and independence
- Integrate assessments, placement and contract management of services looking after people needing ongoing care
- Reduce demand for admission

3.4 Successes to date include:

- A Sheffield system Memorandum of Understanding has been signed by major organisations. It provides a framework and process for collaborative working in Sheffield. This has since been developed further as part of our Accountable Care Partnership Memorandum of Understanding.
- Sixteen neighbourhoods set up across the city made up of groups of GP practices, and forming stronger partnership working with community services the VCF and police partnerships to address specific local needs in their communities. The Health and Wellbeing Board will receive an update on this at its November 2018 meeting.
- The establishment of community partnerships across the city whereby larger and smaller VCF groups come together in partnership and identify any gaps in their services to meet the needs of their communities.
- The establishment of a clear way for services to refer people who need some additional low level support through a form of social prescribing.
- Further development of person-centred care planning, and developing an outcome measure to assess whether people feel more activated in the management of their own care.
- Our collective work on tackling social isolation in Sheffield through the Ageing Better programme has been highlighted as an example of 'inspirational practice' by the World Health Organisation in their [report on creating supportive environments and resilient communities](#).
- The introduction of technological schemes to improve the digital literacy of people and testing out new technology to help people manage their care in a more pro-active way.

- Trusted Assessor roles in Active Recovery, supporting the planned integration of the Community Integrated Care Service and the Short Term Intervention Team
- A truly pooled budget for Mental Health
- A Dance to Health programme, which is receiving national attention.
- A rebalanced intermediate care bed base to enable investment in other services

4.0 Our ongoing priorities for 18/19

4.1 The Better Care Fund works in alignment with our Sheffield Place Based Plan, and our programme of work continues to support the Accountable Care Partnership arrangements established to deliver the Place Based Plan. The Better Care Fund programme was set out as a five year programme of work and in year four they key priorities, as outlined above, remain valid. In addition, Mental Health has established a single integrated commissioning team that is delivering a transformation programme underpinned by the principles of joint delivery and joint accountability; a genuinely pooled budget offers significant opportunities

4.2 Progress the key actions and milestones as set out in section three of the BCF narrative which accompanies this paper.

4.3 Identify opportunities to continue to improve outcomes and deliver transformation at pace and scale through a single integrated voice, supported by integrated planning and contracting that fully realises the benefits of the transformational programmes.

4.4 Develop our approach to risk share with a view to Annex 1 if the Operating Guidance in relation to budget associated with Non-Elective Admissions, where we have an opportunity to shift our investment to support the prevention and early intervention agenda. The CQC System Review identified lots of good practice in the form of pilots to support our transformation programme; the challenge to us was to invest in these at scale, with the Better Care Fund providing us with the mechanism to do so.

5.0 Improving Outcomes and Integrate Commissioning Intentions

5.1 Recognising the current financial pressures across the system, commissioners are currently developing an integrated commissioning approach that will provide a firm foundation and single commissioning voice to maximise the potential from within existing budgets.

5.2 These strategic commissioning intentions will identify mechanisms to shift investment to improving the health outcomes of individuals; a prevention and early intervention approach that will both prevent and reduce the duration of acute episodes of care.

5.3 System leaders across health and social care are developing priorities and enablers, that will identify any opportunities to deliver the ambitions of the place based plan through stronger integration and collaborative working.

5.4 The strengthened approach to integrated commissioning will include prioritisation of areas in the BCF work programme that have the greatest potential impact and benefits for the system.

5.5 This focus will identify opportunities to ensure reduced demand on hospital services and increasing the capacity of the primary and community sector. Key workstreams will include, extending the range of services accessible to everyone in a primary care environment, to prevent hospital attendances through the intermediate care response and to support individuals to maximise their independence. Being clear on the range of alternatives to hospital admission and ensuring they are accessible in the community is important.

5.6 This will be supported by a range of enabler programmes to overcome the potential barriers that programme leads have identified to implementing transformation at pace and scale. This will include workforce development and integration, IT integration, new contractual models and branding that gives a single commissioning voice.

6.0 iBCF Summary of proposals and update 2018-19

6.1 Overview

The table below sets out:

- The carry forward amounts from 2017-18
- The 2018-19 allocation as confirmed at Council Cabinet in July 2017
- The existing commitments to 2018-19 allocations.
- The remaining allocation in schemes 1, 2, 7 and 11 which are subject to further explanation below.

	2017/18 C/F £000	2018/19 Allocation £000	2018/19 Committed £000	2018/19 Remainder £000
Supporting whole system innovation				
1. Whole System Innovation - DTOC & Improved Outcomes	23	324	0	347
2. Workforce Development / OD	190	250	18	422
3. Increasing flow within STIT	0	69	69	0
4. Improving medication management for people at home	0	187	187	0
5. Rapid mental health support to custody suite	51	102	153	0
6. Improving life chances to young people reaching adulthood	94	188	282	0
Increasing resilience of care market				
7. Fee rates: Homecare, Supported Living, Care Homes	0	3,750	2,500	1,250
Supporting Existing Pressures				
8. Community Support Workers	0	0	0	0
9. Mental Health	0	0	0	0
10. Learning Disability including transitions	0	2,000	2,000	0
11. To maintain Social Worker Provision	0	170	401	-231

12. DoLs	170	0	170	0
Enabler Investment				
13. Improving systems & reducing bureaucracy	0	1,000	1,000	0
Total	528	8,040	6,780	1,788

6.2 Overall financial context

The iBCF funding is intended to help ensure the Council and NHS partners work together as a “whole system” to best serve Sheffield’s population. This incorporates achieving the strategic shift to prevention that all partners see as the key change required to improve health and wellbeing as well as making the best use of available resources.

At present, Sheffield’s whole system is not working in a very preventative way. As set out in 1.2 above, there are increasing amounts of resource being focused on expediting discharges from hospital, often after a long length of stay, and comparatively little resource focused on avoiding admission.

This means that significantly greater cost is being incurred than previously envisaged by the Council on community arrangements to support discharge from hospital. The in-year cost of additional Council activity to support NHS-related increases in demand for older people only in 2018-19 has been forecasted as £3.3m. This is significantly over and above the rate of demographic growth and illustrates a system in urgent need of fundamental reform.

To counterbalance this pressure within 2018-19, the Council has benefitted from a one-off allocation of £1.7m from the Ministry of Housing, Communities and Local Government. However this still leaves an unresolved pressure of £1.6m.

The Council has agreed a four year Improvement and Recovery Plan for adult social care of which 2018-19 is year two. The plan is designed to ensure a shift to prevention and a clear focus on quality via an appropriately supported workforce. This will deliver improvements in value for money. Even if the plan delivers everything expected from it in 2018-19, including the resolution of the £1.6m pressure referred to above, adult social care will still require c.£10m funding from Council reserves to balance. Not resolving the £1.6m pressure will create a significant sustainability issue for the Council’s overall finances.

6.3 Summary of proposals for 2018-19

- Therefore the headline proposal is to deploy £1.6m from iBCF in 2018-19 to enable continued availability of adult social care capacity to support older people safely leaving hospital. This allocation will be taken from the £1.788m amount within the 2018-19 iBCF allocation that has not already been committed as set out in the Cabinet Report.
- This will provide the Council and NHS partners with a small breathing space to enact the longer-term resource shifts required to ensure a sustainable system that is focused on prevention.

- The Council in partnership with the CCG proposes to allocate the remaining £188k on joint workforce development in relation to NHS Continuing Healthcare and joint assessment processes. This was a significant quality concern that arose from the Care Quality Commission review.

7.0 Summary

- 7.1 The Health and Wellbeing Board has a statutory duty to encourage integrated commissioning, and therefore oversight of the Better Care Fund is important
- 7.2 The key areas of priority remain valid and we are now in year four of a five year programme.
- 7.3 There are plenty of examples of excellent transformation, one of which (Age Better) is internationally being recognised as exemplar, and many being recognised nationally as excellent (e.g. person centred care planning).
- 7.4 We have yet to sustainably invest in our transformation and the prevention and early intervention new models of care, this is our priority for 2018/19; we will strengthen our integrated commissioning mechanisms, focus initially on the areas with greatest opportunity and develop our risk share approach with specific ambitions around the Non-elective Admissions spend.

8.0 Questions for the Board:

- 8.1 Is Health and Wellbeing Board satisfied that these plans will progress the Board's ambition to transform the health and care landscape, reduce health inequalities and deliver better outcomes for Sheffield people?
- 8.2 How can the Health and Wellbeing board contribute to the development of priority areas and enablers to support transformation at pace and scale?

9.0 Recommendations for the Health and Wellbeing Board:

- 9.1 That the Health and Wellbeing Board formally approve continued delivery of the plans
- 9.2 That the Health and Wellbeing Board delegates final approval of the Better Care Fund submission to Jayne Ludlam, Executive Director People (SCC) and Nicki Doherty, Director of Delivery (CCG).
- 9.3 That the Health and Wellbeing Board approves the proposed allocation of iBCF funding for 2018-19 as set out in this paper.
- 9.4 That the Health and Wellbeing Board discusses in more detail how integration can support strategic priorities at a future meeting.

This page is intentionally left blank