



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

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Sheffield City Council

Date: 27 June 2019

Subject: Sheffield's Better Care Fund 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 that seeks to join-up health and care services; empowering people to manage their own health and wellbeing and to live independently in their communities for as long as possible.

Over the last four years the programme has brought together a substantial integrated care budget, providing the opportunity to establish and deliver a range of transformation initiatives. The Accountable Care Partnership board provides overall leadership, with representatives from Sheffield CCG, Sheffield City Council, Primary Care Sheffield, Sheffield Teaching Hospital FT, Sheffield Care Trust FT, Sheffield Children's Trust and Voluntary Action Sheffield sit on the board.

The BCF supports delivery of the ambitions of the Sheffield Joint Health and Wellbeing Strategy, Shaping Sheffield and the Long Term Plan ambitions. Well established programmes have been aligned to the Accountable Care Partnership to ensure system wide ownership and deliver of transformation plans.

Building on the partnerships that have become well established, we will improve outcomes and personal experience. Its aim is to continue to support the delivery of the current Joint Health and Wellbeing strategy:

- To transform out our care system interacts with the wider determinants of health to help create a happier, healthier and economically active population

- To better recognise inter play between mental and physical health
- To develop an all age care system
- To deliver a great start in life
- To support people to age well, and to improve experience of those living with frailty and multi morbidity
- To create flourishing and thriving Sheffield by developing our workforce
- To transform how we work together
- To re-imagine relationships with our citizens

With integrated commissioning at the heart of our plans, our focus in 2019/20 will be to deliver the agreed programme of work aligned with the delivery of our joint commissioning priorities and refreshed Shaping Sheffield plan.

We aim to make better decisions about how we manage the increasing demand, distributing funding across health and social care to deliver care and intervention in ways that achieve the best health and wellbeing outcomes for the people of Sheffield. The recent establishment of the Joint Commissioning Committee between Sheffield City Council and Sheffield Clinical Commissioning Group, as part of the Accountable Care Partnership, will be a key enabler of our success. .

As part of the Health and Wellbeing Board's statutory duty to encourage integrated working between commissioners, this board has a role to oversee the strategic direction of the BCF and the delivery of stronger integrated models of care; this has a direct link to the CQC Local System Review and associated actions, which the Board will recall it has been appraised of separately.

The purpose of this paper is to provide the Health and Wellbeing Board with an update on:

- Progress on the Better Care Fund programmes against the 17/19 narrative plan.
- Performance against the agreed Better Care Fund Key Performance Indicators (KPI's)
- The financial performance of the Better Care Fund Pooled budget for 2018/19
- Better Care Fund programme budget and high level plans for 2019/20

Questions for the Health and Wellbeing Board:

1. Is the progress to date on the way we work together sufficient?
2. Considering the latest Joint Health and Wellbeing Strategy, feedback from the CQC Local System Review and the agreed action plan does the Health and Wellbeing Board require any additional information to the updates on the 2019/20 Priorities?

3. How would the Health and Wellbeing Board wish to influence and be kept informed of the development of our joint commissioning function as part of its role to encourage integrated working between commissioners?

Recommendations for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. note the update on the Programme
2. note the outturn budget for 2018/19
3. note the establishment of a Joint Commissioning Committee and its alignment to the Accountable Care Partnership to add pace and scale to address the financial overspends
4. note the delayed NHS England (NHSE) guidance and final template for the 19/20 plan
5. note the proposed budget and priorities for 2019/20 and delegate final responsibility for approval, which is subject to the published NHSE guidance and template

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. Partnership groups have been established and are now embedded within the Accountable Care Partnership.

SHEFFIELD'S BETTER CARE FUND UPDATE

1.0 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 Health and Wellbeing Board (HWB) approved a two year Better Care Fund Plan for 2017/19 at its meeting of June 2017.

The 2019/20 Better Care Fund Policy Framework was published in April 2019, which confirms that the minimum allocation from CCG budgets will increase nationally in line with NHS revenue growth. This also means that there will continue to be a requirement to maintain financial support from the NHS for social care, within a minimum amount specified for each HWB. Expectations to reduce Delayed Transfers of Care will also be set out for each HWB area.

At the time of writing, the Better Care Fund Operating Guidance for 2019/20 has not been published, but is expected imminently. This delay means that we are not in a position to produce a final plan for the June Health and Wellbeing Board meeting; the national deadline for submission was indicated to be late June 2019. We are advised that the guidance will remain largely the same as in previous years and the priorities set out in **Appendix A** are based on this; these will inform the plan that is submitted.

The Better Care Fund requires local authorities and Clinical Commissioning Groups to agree a joint plan for delivering integrated health and care services across each Health and Wellbeing Board (HWB), including scheme by scheme spending plans for specific elements of funding. These plans are signed off locally by HWBs and then assured jointly by health and social care partners at NHS Regional level, before being approved nationally.

The funding that must be pooled consists of a ring fence from within each CCG's main allocation, and three different grants to local government – the Disabled Facilities Grant, the Improved Better Care Fund and the Winter Pressures Fund. My team is happy to provide or signpost further, more detailed information on the BCF for those who would find this helpful.

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

The Better Care Fund has now operated for four years out of a five year plan. Its ambitions and remit are reviewed every year to ensure it reflects the priorities in Sheffield.

Priorities for 19/20 remain focused on delivering the Joint Health and Wellbeing board ambitions, Shaping Sheffield strategy and are in line with the agreed principles of the Sheffield Joint Commissioning Committee.

The intention is to add pace into areas where we know we need to make improvements and build on successful joint arrangements and develop proposals for an enhanced governance model for a more integrated health and care system in Sheffield including a strengthened joint commissioning function between Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC).

As part of the Health and Wellbeing Board's statutory duty to encourage integrated working between commissioners, the Board's role is to oversee the strategic direction of the BCF and the delivery of better integrated care, which has a direct link to the actions in response to the CQC Local System Review, which the Board has been appraised of separately.

The purpose of this paper is to provide the Health and Wellbeing Board with an update on:

- Progress of the Better Care Fund programmes during 2018/19
- The financial performance of the Better Care Fund Pooled budget for 2018/19
- Performance against the agreed Better Care Fund Key Performance Indicators (KPI's)
- Better Care Fund programme budget and programme plans for 2019/20

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

2.1 Our shared aspiration is to improve health outcomes and inequalities for Sheffield people. The benefits for Sheffield people include:

- More seamless, integrated care and prevention services, improving patient experience and reducing handovers
- A more holistic approach to health and wellbeing
- More care and support provided for patients at home, enabling people to remain independent for longer
- A single approach to long term care that focusses on maintaining independence and providing cost effective care, not assessing to determine who pays.
- Better health of those most at risk of health crises requiring hospital admission, e.g. through care planning, better management of long term conditions and reduction of clinical and social risk factors such as loneliness and isolation
- Reduced admissions to hospital and care homes

- An improvement in patient outcomes and an increase in positive patient experiences of care
- Better use of financial resources for the CCG and Council

3.0 OUR SYSTEM CHALLENGES:

- **Too much care ‘away from home’**
High and rising hospital admissions and too many people staying in hospital too long – a rebalancing of the system is needed to drive better use of resources
- **A fragmented experience for too many**
CQC Local Area Review 2018 report clear that this fragmentation has resulted in people not always feeling well cared for and having to tell their story multiple times and on occasion with a lack of privacy and dignity
- **Insufficient focus on prevention**
CQC Review stated that the understanding that a focus on preventing hospital admission was as crucial to the effectiveness of the health and care system as enabling safe and timely discharge had not yet been fully translated into joint strategic delivery plans and as such the approach to prevention was underdeveloped
- **Financial pressure across the system**
People are living longer and public sector funding is reducing creating long term financial sustainability issues across the health and care system

4.0 UPDATE ON PROGRAMME DELIVERY 2018/19 AND PRIORITIES FOR 2019/20

4.1 The majority of programmes have delivered against the key milestones set in the Sheffield Integration and Better Care Fund Narrative Plan 17/19.

4.2 Key Achievements are described in Appendix A and include:

- Joint Commissioning arrangements for new community care services
- Additional investment to support neighbourhood development - to embed neighbourhoods working at pace.
- Collaborative working in a number of areas to address system pressures resulting in reduced delays in acute settings and improvement in flow and improved patient experience
- The development of a Dementia strategy, developed through a cross organisation approach
- Continued engagement into communities and general practices to listen to the problems and issues that patients experience in urgent care and stakeholders across the city.

- Establishment of Joint Commissioning Committee to provide single commissioner approach
- Delivery of £3.8m efficiency savings

4.3 Challenges are described in Appendix A and include:

- PKW – not yet fully established in all areas. Longer term aim is to establish an a sustainable model for the city.
- Urgent Care – further consideration is being given following the outcome of the consultation.
- Reduced length of stay – whilst we are now meeting national average there is an ambition to further reduce length of stay
- Integrated urgent care: progress with plans to enable direct booking of appointments and requests between 111 and GP practices
- Mental health five year forward view - the full level of cashable savings has not yet been realised.

4.4 The priorities for 19/20 are described in Appendix A and include:

- A sound financial plan that fully supports the delivery of the Better Care Fund ambitions that are aligned to the Joint Health and Wellbeing strategy, Shaping Sheffield ambitions and NHS Long Term Plan.
- Care focused around communities and focused on self-care and prevention
- Improved use of assets within communities – Voluntary care working alongside Primary Care and specialist teams
- Local people knowledgeable about how to access care in their local community
- A person centred whole family approach across all providers
- Hospital care only when care cannot be provided in the community
- A system that is supported by shared intelligence and information which allows an proactive offer of support
- Improved access to specialist support from acute hospital to community
- Investment in community based health and social care

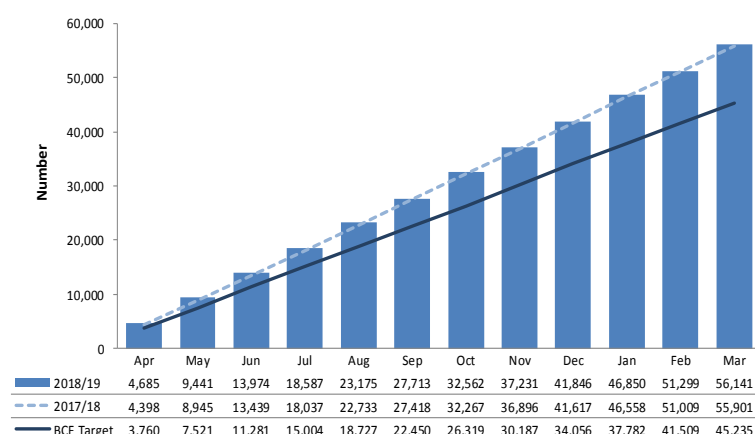
4.5 Full details of progress to date and priorities for 19/20 are set out in Appendix A

5.0 Performance

5.1 Reduction in Non Elective Admissions

Data for 2018/19 (full year position) shows 56,141 admissions, compared with 55,901 admissions in 2017/18 - a 0.4% increase. The 2018/19 BCF target for 2018/19 was 45,235 admissions. Activity was therefore 24.1% above the BCF target.

Non-Elective Admissions (Cumulative)



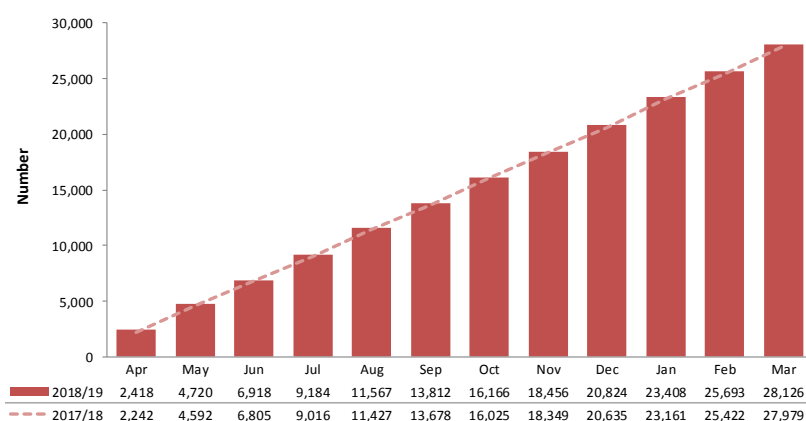
Cumulative Position

| Month | % Difference between 2017/18 & 2018/19 | % Difference between 2018/19 & BCF Target |
|-----------|--|---|
| April | -6.5% | -24.6% |
| May | -5.5% | -25.5% |
| June | -4.0% | -23.9% |
| July | -3.0% | -23.9% |
| August | -1.9% | -23.8% |
| September | -1.1% | -23.4% |
| October | -0.9% | -23.7% |
| November | -0.9% | -23.3% |
| December | -0.6% | -22.9% |
| January | -0.6% | -24.0% |
| February | -0.6% | -23.6% |
| March | -0.4% | -24.1% |

5.2 Non Elective admissions (over 65)

Data for 2018/19 (full year position) shows 28,126 admissions, compared with 27,979 admissions in 2017/18 - a 0.5% increase. There is currently no BCF target for this measure other than an overall reduction from the previous year.

Emergency Admissions - Over 65s (Cumulative)



Cumulative Position

| Month | % Difference between 2017/18 & 2018/19 |
|-----------|--|
| April | -7.9% |
| May | -2.8% |
| June | -1.7% |
| July | -1.9% |
| August | -1.2% |
| September | -1.0% |
| October | -0.9% |
| November | -0.6% |
| December | -0.9% |
| January | -1.1% |
| February | -1.1% |
| March | -0.5% |

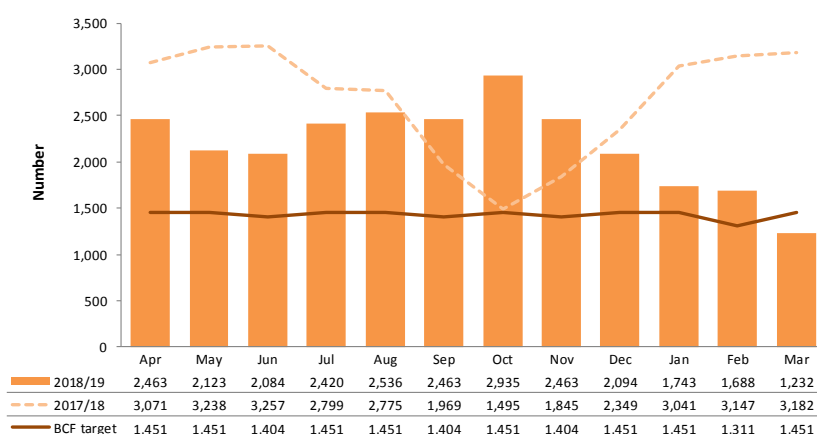
5.3 Delayed Transfers of Care

In 2018/19 (full year position) total delayed days were 26,244, compared with 32,168 days in 2017/18.

The 2018/19 BCF target was 17,130 days. Activity was therefore 53.2% above the ambitious BCF target that was set based on a very successful quarter 3 in 2017/18.

Even though the target was not achieved, it was an 18.4% improvement on 2017/18 overall; also, delayed days have been reducing since October 2018 and, for the first time in the year, in March 2019 the monthly position was below the monthly-apportioned target.

Delayed Transfers Of Care (Monthly)



5.4 Rate of permanent admissions to residential care

On a rolling 12 month basis to the end of March 2019, there were 684 admissions compared to an annual 2018/19 target of 725. This equates to 732 admissions per 100,000 of the population compared to the 2018/19 target of 768. The measure is therefore green and has achieved the target.

5.5 Reablement- Proportion of people still at home 91 days after discharge

Performance in Quarter 4 2018/19 was 84.0% compared to the 2018/19 target (for Q4) of 80%. The measure is therefore green and has exceeded the target.

6.0 FINANCIAL PERFORMANCE

6.1 The purpose of this section is to provide the Health and Wellbeing Board with information on the financial performance of the Sheffield Better Care Fund pooled budget for the year ended 31st March 2019. The position shown is based on the draft unaudited accounts of both organisations.

The current agreed risk share arrangements state that each organisation is responsible for any financial variances on their individual budget areas. The final year end position shows a £13.7m overspend (CCG £5.9m, SCC £7.8m).

It should be noted that the BCF is a subset of budgets and as a result doesn't report the full financial position of each organisation. Sheffield City Council People portfolio shows a year end overspend of £15.3m. NHS Sheffield CCG balanced to its control total at year end. The CCG faced considerable financial pressures during 2018/19 with Acute Hospital Activity overspending by £13m. This was offset by an underspend within community services, deployment of reserves and through the receipt of unbudgeted additional income.

- 6.2 The table below shows an overview of the changes between the closing 2018/19 budget and initial budget for 2019/20. In total the draft budget shows an £14.471m increase in the total BCF budget from £384m to £399m. The bulk of the increase is due to the required investment into MH and Community services by the CCG, funding of anticipated cost pressures at SCC including use of £11m of reserves, and the carry forward capital budgets, offset in part by planned efficiency savings.

| Better Care Fund - Summary of Budgets by Theme | 18-19 (Budget as at Yearend) | 19-20 Initial Budget | Change |
|---|-------------------------------------|-----------------------------|-----------------|
| | £'000's | £'000's | £'000's |
| Theme 1 - People Keeping Well | 8,434 | 8,132 | 302 |
| Theme 2 - Active Support and Recovery | 52,595 | 57,700 | (5,105) |
| Theme 3 - Independent Living Solutions | 4,041 | 3,995 | 46 |
| Theme 4 - Ongoing Care | 143,096 | 142,134 | 962 |
| Theme 5 Adult inpatient Emergency Admissions | 63,698 | 68,622 | (4,924) |
| Theme 6 - Mental Health | 106,758 | 109,017 | (2,258) |
| Sub Total Revenue Expenditure | 378,623 | 389,600 | (10,977) |
| Theme 7 - Capital Grants | 5,828 | 9,322 | (3,494) |
| Grand Total 19/20 Budget | 384,451 | 398,922 | (14,471) |

- 6.3 The budget in 2019/20 has funded total pressures of £43m including inflation, pay award pressure funding and health efficiency. This is offset by a savings target of £24m alongside £5m reduction from 2018-19 for items which were not recurrently funded.

The initial allocation budgets for the BCF are based on the financial plans of the partners and have been approved by their respective organisations.

In terms of Sheffield City Council, a net revenue budget of £403m was approved at the council meeting on 6th March, which was based on a council tax increase of 2.99%, City Council Reserves of £13.3m and a savings plan of £29.7m.

In terms of Sheffield Clinical Commissioning Group, a net revenue budget of £863m was approved at the Governing Body meeting on 2nd May. This was based on additional funding announced in the budget for the NHS, which still leaves a financial gap to be managed through QIPP plans of £15.2m as agreed by Governing Body

Overview of the Year End Position

- 6.4 The overspend / (underspend) by Theme is shown in the table below.

The total overspend of £13.7m for the year was split £5.9m CCG and £7.8m SCC.

| | | Risk Share Category | | Year to Date: Twelve Months to March 2019 | | | |
|---|--|---------------------|--|---|------------------|---------------------------------------|-------------|
| | | | | Budget £000 | Expenditure £000 | Variance £'000 / % Over (+)/ Under(-) | |
| | | | | £'000s | £'000s | £'000s | % |
| 1 | People Keeping Well in their Local Community | | | | | | |
| | <u>NHS Sheffield CCG</u> | | | | | | |
| | Grants to SCC Health Trainers and CSWs | B | | 696 | 654 | (42) | (6%) |
| | Other Grants | A | | 210 | 210 | 0 | 0% |
| | GP Locally Commissioned Services (Care Planning & Care Homes) | A | | 1,022 | 942 | (80) | (8%) |
| | sub total | | | 1,928 | 1,806 | (122) | (6%) |
| | <u>Sheffield City Council</u> | | | | | | |
| | Mental Health - Partnership Working and Grants | A | | 0 | 0 | 0 | 0% |
| | Community Grants and Support to VCF Sector (inc iBCF med mgt) | A | | 1,137 | 1,320 | 182 | 16% |
| | Public Health | A | | 1,245 | 1,245 | 0 | 0% |
| | Community Support Workers (inc iBCF funding) | B | | 536 | 457 | (79) | (15%) |
| | Carers Support | A | | 789 | 693 | (96) | (12%) |
| | Housing Related Support for Older People | A | | 1,805 | 1,798 | (8) | (0%) |
| | Community Access Reablement Service (CARS) | A | | 0 | 0 | 0 | 0% |
| | People Keeping Well | A | | 1,166 | 1,141 | (24) | (2%) |
| | Supporting People with Learning Disabilities | A | | 82 | 82 | 0 | 0% |
| | sub total | | | 6,761 | 6,736 | (25) | (0%) |
| Theme 1 Total - People Keeping Well in their Local Community | | | | 8,689 | 8,542 | (147) | (2%) |
| 2 | Active Support & Recovery | | | | | | |
| | <u>NHS Sheffield CCG</u> | | | | | | |
| | Integrated Care Teams (inc. Community Nursing and falls preventi | A | | 18,189 | 18,189 | 0 | 0% |
| | Intermediate Care - Home & Bed-Based Services | A | | 20,988 | 21,971 | 982 | 5% |
| | Dementia Response | A | | 0 | 0 | 0 | 0% |
| | Length of Stay, Discharge Teams | A | | 2,455 | 2,455 | 0 | 0% |
| | Grants to SCC for STIT, AICS, CAICS and Social Workers | B | | 1,817 | 1,817 | (0) | (0%) |
| | sub total | | | 43,449 | 44,432 | 982 | 2% |
| | <u>Sheffield City Council</u> | | | | | | |
| | Short Term Intervention Team (STIT) | B | | 5,680 | 5,540 | (140) | (2%) |
| | iBCF funded activity (predominantly DTOC support, winter pressur | B | | 425 | 425 | (0) | (0%) |
| | First Contact, Hospital & OOH, Intermediate Care and Assessment | B | | 2,853 | 2,623 | (229) | (8%) |
| | sub total | | | 8,958 | 8,588 | (370) | (4%) |
| Theme 2 Total - Active Support & Recovery | | | | 52,407 | 53,019 | 612 | 1% |
| 3 | Independent Living Solutions | | | | | | |
| | <u>NHS Sheffield CCG</u> | | | | | | |
| | Community Equipment | C | | 2,196 | 2,151 | (45) | (2%) |
| | sub total | | | 2,196 | 2,151 | (45) | (2%) |
| | <u>Sheffield City Council</u> | | | | | | |
| | Community Equipment | C | | 922 | 1,074 | 152 | 17% |
| | Equipment & Adaptation Teams | A | | 848 | 803 | (45) | (5%) |
| | Sensory Impairment Equipment | A | | 0 | 0 | 0 | 0% |
| | sub total | | | 1,770 | 1,878 | 108 | 6% |
| Theme 3 Total - Independent Living Solutions | | | | 3,966 | 4,028 | 62 | 2% |
| 4 | Ongoing Care | | | | | | |
| | <u>NHS Sheffield CCG</u> | | | | | | |
| | Ex NHS England funding for social care support | B | | 19,613 | 19,613 | 0 | 0% |
| | CHC, FNC and Palliative (exc MH) | A | | 29,556 | 29,029 | (527) | (2%) |
| | Grants to SCC re Learning Disabilities services | B | | 0 | 0 | 0 | 0% |
| | sub total | | | 49,169 | 48,642 | (527) | (1%) |
| | <u>Sheffield City Council</u> | | | | | | |
| | Gross Social Care Costs | | | | | | |
| | Adult Social Care Purchasing | B | | 35,107 | 38,905 | 3,798 | 11% |
| | Learning Disabilities Purchasing | B | | 42,928 | 47,187 | 4,259 | 10% |
| | Older Adult Mental Health | B | | (130) | (287) | (156) | 120% |
| | Carers Grants | A | | 0 | 0 | 0 | 0% |
| | Long Term Placements | A | | 0 | (0) | (0) | 0% |
| | Sharing Lives (APSL) | A | | 421 | 322 | (99) | (23%) |
| | Less: Client Income | B | | 0 | (1) | (1) | 0% |
| | Less CCG Income exc NHS England Income | | | 0 | 0 | 0 | 0% |
| | iBCF funded activity & Winter Pressures | B | | 8,153 | 9,950 | 1,797 | 22% |
| | Short Breaks - Respite | A | | 392 | 645 | 252 | 64% |
| | In House LD, Home Care and Other LD Services | A | | 4,342 | 4,433 | 91 | 2% |
| | CHC Team | A | | 0 | 0 | 0 | 0% |
| | sub total | | | 91,213 | 101,154 | 9,940 | 11% |
| Theme 4 Total - Ongoing Care | | | | 140,382 | 149,796 | 9,414 | 7% |

| | | Risk Share Category | Year to Date: Twelve Months to March 2019 | | | |
|---|--|---------------------|---|------------------|---------------------------------------|--------------|
| | | | Budget £000 | Expenditure £000 | Variance £'000 / % Over (+)/ Under(-) | |
| 5 | Expenditure on Adult Inpatient Medical Emergency Admissions | | | | | |
| | <u>NHS Sheffield CCG</u> | | | | | |
| | In-Patients (PbR & non PbR) | A | 63,698 | 69,307 | 5,608 | 9% |
| | <u>Sheffield City Council</u> | | | | | |
| | No spend in BCF | | 0 | 0 | 0 | 0% |
| Theme 5 Total - Adult Inpatient Medical Emergency Admissions | | | 63,698 | 69,307 | 5,608 | 9% |
| 6 | Mental Health | | | | | |
| | <u>NHS Sheffield CCG</u> | | | | | |
| | Mental Health SHSC (excludes LD) | C | 74,343 | 74,392 | 48 | 0% |
| | Mental Health Contracts external to Sheffield | C | 623 | 645 | 22 | 4% |
| | Grant to SCC under risk share | C | 1,925 | 2,072 | 147 | 8% |
| | IFR - MH | C | 0 | 0 | 0 | 0% |
| | CHC and FNC for MH clients | C | 23,014 | 22,826 | (188) | (1%) |
| | sub total | | 99,906 | 99,936 | 29 | 10% |
| | <u>Sheffield City Council</u> | | | | | |
| | Mental Health - Partnership Working and Grants | C | 113 | 86 | (26) | (23%) |
| | Mental Health Purchasing | C | 6,532 | 6,773 | 242 | 4% |
| | iBCF Funded activity | B | 0 | 0 | 0 | 0% |
| | Mental Health - Contract Payment | B | 706 | 786 | 79 | 11% |
| | sub total | | 7,351 | 7,645 | 295 | (8%) |
| Theme 6 Total - Mental Health | | | 107,257 | 107,581 | 324 | 0% |
| 7 | Capital Grants | | | | | |
| | <u>NHS Sheffield CCG</u> | | | | | |
| | No spend in BCF | | 0 | 0 | 0 | 0% |
| | <u>Sheffield City Council</u> | | | | | |
| | Disabled Facilities Grant | A | 4,172 | 3,542 | (630) | (15%) |
| | Social Care Capital Grant | A | 1,506 | 0 | (1,506) | (100%) |
| Theme 7 Total - Capital Grants | | | 5,678 | 3,542 | (2,136) | (38%) |
| TOTAL | | | 382,078 | 395,815 | 13,737 | 4% |
| Risk Share Summary | | | | | | |
| A + B Solely Managed Schemes + Jointly Managed (Lead Commissioning) - CCG | | | 158,245 | 164,187 | 5,942 | 4% |
| A + B Solely Managed Schemes + Jointly Managed (Lead Commissioning) - SCC | | | 114,165 | 121,608 | 7,443 | 7% |
| C Jointly Managed (Integrated Commissioning) - CCG element | | | 102,102 | 102,086 | (16) | (0%) |
| C Jointly Managed (Integrated Commissioning) - SCC element | | | 7,566 | 7,934 | 367 | 5% |
| Summary - CCG | | | 260,347 | 266,273 | 5,926 | 2% |
| Summary - SCC | | | 121,731 | 129,542 | 7,811 | 6% |
| | | | 382,078 | 395,815 | 13,737 | 4% |
| Memo: Aligned Budgets | | | | | | |
| Inpatient Emergency Admissions - Other | | SCCG | 51,311 | 51,254 | (57) | (0%) |
| Memo: Grand Total Inpatient Emergency Admissions | | | 115,009 | 120,561 | 5,551 | 5% |

Recognising the financial overspends, in addition to continuing delivery of the current programmes, a Joint Commissioning Committee has been established to identify opportunities to establish financial balance in the future.

6.0 THE JOINT COMMISSIONING COMMITTEE

6.1 A Joint Commissioning Committee has been established between Sheffield City Council (SCC) and NHS Sheffield Clinical Commissioning Group (CCG).

Shared commissioning arrangements and positive joint working have been in place for some time via the Better Care Fund (BCF) programme and the more recent mental health risk share arrangements. The recent Care Quality Commission (CQC) Local System Review recognised that some good, preventative interventions are happening, but at neither scale nor pace and thus there is more to do to scale up our response in the community and primary care to keep people as well as possible and reduce the

need for more acute services. This in turn will drive a different system and balance of investment across the system.

We have not yet achieved our stated goal of greater emphasis on prevention at all levels of complexity. The main purpose of the joint commissioning committee is to ensure we maintain a focus on a preventative model that aims to keep people living independent, healthy, active lives; this is what is required to sustainably reduce demand for hospital care and ensure that Sheffield remains a healthy and successful city.

We are developing proposals for an enhanced governance model for a more integrated health and care system in Sheffield including a strengthened joint commissioning function between Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC).

It is anticipated that the new committee will work with and complement existing arrangements such as the Health and Wellbeing Board and ACP.

7.0 QUESTIONS FOR THE BOARD

1. Does the Health and Wellbeing Board recognise the progress to date on integrated working arrangements in line with our Better Care Fund Plan and with our Accountable Care Partnership?
2. Considering the feedback from the CQC Local System Review and the agreed action plan are there any additional areas of focused work that the Health and Wellbeing Board would wish to see in its updates on delivering the 2019/20 Priorities?
3. How would the Health and Wellbeing Board wish to influence and be kept informed of the development of our joint commissioning function as part of its role to encourage integrated working between commissioners?

8.0 RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. note the update on the Programme
2. note the outturn budget for 2018/19
3. note the establishment of a Joint Commissioning Committee and its alignment to the Accountable Care Partnership to add pace and scale to address the financial overspends
4. note the delayed NHS England (NHSE) guidance and final template for the 19/20 plan.
4. note the proposed budget and priorities for 2019/20 and delegate final responsibility for approval, which is subject to the published NHSE guidance and template

Appendix A

| People Keeping Well | |
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| Aims | <p>In Sheffield we believe People keeping well is so much more than a connecting or referring process.</p> <p>The Key Benefit of PKW is for the:</p> <p>INDIVIDUAL</p> <ul style="list-style-type: none"> • Friends, connections, a purpose • Know how to self-care and deal with 'life crises' – have coping mechanisms • A 'safety net' – somewhere to get timely help and support <p>Based on national studies and local anecdotal evidence the assumptions for the SYSTEM and COMMUNITY are:</p> <p>SYSTEM</p> <ul style="list-style-type: none"> • Reduction in inappropriate use of services • Better self-care and self-management leads to healthier people (i.e. reduction in services) <p>COMMUNITY</p> <ul style="list-style-type: none"> • Building social capital and resilient communities • Friendly communities |
| Progress | <ul style="list-style-type: none"> • Well established social prescribing process • City wide coverage • For anyone • Established partnership working across the VCF • The VCF as a key partner in health and social care |
| Challenges | <ul style="list-style-type: none"> • An agreed and implementable' approach to measure 'impact' of PKW on the system • Sustainable model for PKW including funding |
| Priorities | <ul style="list-style-type: none"> • Mature the People Keeping Well model along with the development of the 'Early Help' model through the locality approach to further support resilient communities • Expand to city wide coverage within a model of proportionate universalism which will enable flexibility to deliver proportionate to the degree of need in each area • Ensure integration of this model with the social prescribing intentions outlined in the NHS long term plan |

| Urgent Care | |
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| Aims | <ul style="list-style-type: none"> • Ensuring Patients needs are met within primary care • Improving assessment and step up facility when needs can no longer be met in primary care • Providing optimum care and planning discharge on admission • Enabling prompt handover back to home and primary care |
| Progress | <ul style="list-style-type: none"> • Continued outreach engagement into communities and general practices to listen to the problems and issues that patients experience in urgent care and stakeholders across the city. • Development of the Winter Planning and Operational Pressures Escalation (OPEL) actioncards to support the Sheffield system. • Sheffield CCG has funded additional appointments in the GP extended access hubs to enhance patient access, and the development of the 111 direct booking system for the Sheffield Walk In Centre. • Achieved significant reduction in Excess Bed Days • Well established partnership approach to programme development and delivery through Why Not Home Why Not Today Board, bringing a sustainable reduction in DToC |
| Challenges | <ul style="list-style-type: none"> • Did not progress with urgent care consultation proposals • Not significantly reduced length of stay within STH • Not implemented direct booking between 111 and GP practices |
| Priorities | <ul style="list-style-type: none"> • Increase effective usage of community urgent care resources • Prevent avoidable attendances and admissions at A and E • Ensure fast assessment directs to appropriate response • Improve flow through and out of hospital • Improve System Resilience <p>Key milestones include:</p> <ul style="list-style-type: none"> • Development of Single Point of Access & routine and consistent use of non-acute community pathways by YAS crews- July 2019. • Undertake gap analysis and further development of the Sheffield Delivery of Service- June 2019. • Conclude work on identification of problems with urgent care – by Q2 |

| Independent Living Solutions | |
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| Aims | <p>Prevention The Service will play a significant contribution in terms of preventing:</p> <ul style="list-style-type: none"> • Admissions to hospital or care homes • Delayed transfers of care • Deterioration in health <p>Promoting Independence The right equipment at the right time will help people to:</p> <ul style="list-style-type: none"> • Maintain their independence by enabling them or their carers to carry out everyday tasks such as toileting, bathing, • Feeding and drinking. • Maintain or promote mobility. • Continue to make their own decisions about their health and social care needs <p>Caring Equipment can enable the person's health and social care needs to be attended to in a community setting by:</p> <ul style="list-style-type: none"> • Providing equipment to meet the person's needs • Preventing injury to the carer through the use of adaptations and aids • Reducing the need for home care packages • Ensuring carers feel supported and in control |
| Progress | <p>Demand on the service continues to increase. The indicative delivery volume of equipment per annum at the start of the contract was 24,555 items. The actual volume of items being delivered out into the community has more than doubled since the start of the contract. Furthermore, more items are being requested for urgent same day delivery.</p> <p>Prevention Some additional funding was secured to provide an additional two vans and drivers to ease winter pressures on the service last winter. The British Red Cross reported that the additional resource provided enough capacity to manage extra demand on the service and facilitate more urgent requests for equipment.</p> <p>Promoting Independence Additional funding (Hancock/Winter Pressures Funding) was obtained to purchase additional equipment for care homes to support the 5Q pathway.</p> <ul style="list-style-type: none"> • A number of guidance documents have been developed to support prescribers in the appropriate issue of either high value items (e.g. specialist seating) or equipment which is prescribed at high volume (e.g. profiling beds) to support people to remain independent in the community. <p>Caring The service has appointed a Lead Clinician to focus on the recycling and re-use of high value and highly specialist equipment. Reusing recycled items enables them to be issued quicker as they do not need to be procured and therefore, the benefit to the person is immediate. Furthermore, they will be working with other prescribers to ensure a more consistent approach to issuing of equipment across the city, helping to reduce health inequality</p> |
| Challenges | <ul style="list-style-type: none"> • Contract Extension |

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| | <p>The current contract with the British Red Cross is due to end in June 2019. There is an option to extend the contract by one year which would provide additional time to evaluate and procure the service for post June 2020. Further negotiations with the BRC are underway to see what options are available to get an agreement in place.</p> <ul style="list-style-type: none"> • Additional Capacity A Business Plan was approved to appoint a Lead Clinician and Therapy Assistant to the ICES Commissioning Team. We now have a Lead Clinician within the team and the service is already evidencing the savings being achieved through the post. In order to build on this work we now need to start recruitment processes to appoint a Therapy Assistant(s). This work has been delayed due to a staffing restructure within the commissioning team. • Catalogue Review A robust review of the equipment catalogue is overdue to identify if the range of standard stock is still fit for purpose. This work has been delayed while waiting to appoint to the Lead Clinician role. |
| Priorities | <ul style="list-style-type: none"> • Recruitment of additional Therapy Assistant to Commissioning Team • Re-launch the Care Home Guidance and ensure more consistency in the provision of equipment into care homes, whilst arranging for unused items to be returned • Review Delivery Options and Delivery Criteria to help manage demand • Explore retail options to promote self-purchasing of independent living aids • Improve capacity & resilience within the service • Review and improve financial models • Focus on the procurement of the new contract for June 2020 |

| Active Support and Recovery | |
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| Aims | <ul style="list-style-type: none"> • To develop effective sustainable integrated out of hospital care • To facilitate discharge and minimise stays in hospital • To offer a wider range of services and support in the community to prevent hospital admission and ensure services are accessible to facilitate timely discharge. • To maximise peoples recovery, independence and self-management via person centred care |
| Progress | <p>Active Recovery, New Integrated Service (integrated workforce model)</p> <ul style="list-style-type: none"> • Screening & allocation team established providing an early point of contact and assessment to reduce waiting times and improve discharges. • Significant progress with shared assessment paperwork and processes ensuring a single assessment is undertaken leading to more effective use of resources and improved patient experience. • Agreed a model for aligned workforce for delivery in June 2019, this will ensure staff are used more efficiently to deliver support to people in the community. <p>Neighbourhood Development</p> <ul style="list-style-type: none"> • Funding allocated for successful Further Faster Neighbourhood Bids – implementation plans started. This will deliver a range of new services in some neighbourhoods, to embed neighbourhood working at pace. <p>Somewhere else to Assess (S2A) - Assessment Beds</p> <ul style="list-style-type: none"> • Development of new specification for jointly commissioned service, to ensure patients can be promptly discharged out of hospital to a temporary residential or nursing placement to ensure any assessment for longer term care is undertaken in an appropriate setting |
| Challenges | Delivery in some areas and work streams has proved challenging due to the multi-organisational systems - a complex set of problems (cultural change, behaviours, and systems entrenched ways of working relates not only to the organisations in the system but to people (patients) as well. |
| Priorities | <p>Continued development of mature Neighbourhoods incorporating risk stratification, multi-disciplinary working (including enhanced case management) and person centred care planning.</p> <p>Co-produced models of commissioning based on outcomes and ensuring inclusion of voluntary sector and community assets</p> <p>Development of local points of access/hub model for locality /neighbourhood to enable swift access and responses to need</p> |

| Ongoing Care | |
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| Aims | <ul style="list-style-type: none"> • To develop a seamless ongoing care service experience for the cared for person and their families which maximises independence, through an equitable single support planning process supported by the smart use of technologies • To develop integrated teams that are skilled, competent and confident working consistently to shared values and behaviours • To develop an integrated commissioning function with the move to single contracting arrangements, to ensure streamlined services for the public. • To reduce inequalities in care at the same time as improving the quality and sustainability of care provision • To provide services that are financially viable and represent value for money |
| Progress | <ul style="list-style-type: none"> • A single contracted Care at Night service with improved outcomes for people in receipt of care and their families, which will deliver value for money and a better experience for the public offering a more consistent care offer across health and social care. • People benefit from continuity without the need to transfer services when their eligibility changes • People spend less time in hospital and are assessed closer to home • People receive information that is of value to them in an open manner • People have a strong voice able to share their service experiences • People receive services that are person centred delivered with empathy in a collaborative manner • Services benefit from greater effectiveness and efficiency • People receive a better more consistent service experience • People are able to continue to live safely and independently in their own homes for as long as possible |
| Challenges | <ul style="list-style-type: none"> • The introduction of digital transformation in ongoing care is taking longer than initial planned. |
| Priorities | <ul style="list-style-type: none"> • Shared care records across health and social care, will enable to staff to work more collaboratively on supporting patients. • Pool budgets arrangements, that improve patient experience of accessing care • Integrated teams, providing improved assessments and patient experience • Somewhere else to assess service which minimises the time people spend in hospital delivering the right care at the right time in the right place ensuring that long term care is least restrictive |

| Mental Health | |
|----------------------|--|
| Aims | <ul style="list-style-type: none"> To design and implement a transformational programme of work that will improve the quality of mental health, learning disability and dementia services and the experience of those who use them; whilst simultaneously delivering better value for money. |
| Progress | <ul style="list-style-type: none"> The development of a Dementia strategy that has been developed through a cross organisation approach The production of a proposed new Eating Disorders Pathway which has been developed with service users, carers, experts by experience and other interested parties Psychological Therapists now working alongside physical healthcare clinicians in 10 pathways at Sheffield Teaching Hospitals NHS Foundation Trust National funding secured to develop perinatal mental health services (£.05m) The Working Win Employment Support Service commenced in May 2018 Delivery of £3.8m efficiency savings |
| Challenges | <ul style="list-style-type: none"> Neighbour health and wellbeing service – underestimation of the complexity has resulted in limited progress Psychiatric Decision Unit – Building work not completed in line with the original implementation plan Mental health five year forward view – the full level of cashable savings has not yet been quantified. |
| Priorities | <ul style="list-style-type: none"> Embed integrated commissioning plans, to include revising the memorandum agreement. Review and revise transition arrangements to ensure patient experience is improved across the services |