



## HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

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**Report of:** John Macilwraith, Executive Director of People & Nicki Doherty,  
Director of Care out of Hospital, Delivery

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**Date:** 30/1/2020

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**Subject:** Better Care Fund Quarter 3 update and submission

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Fund Manager

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### 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.

This update builds upon the information shared with the board on the 26<sup>th</sup> September 2019, providing an update at the end of quarter 3, providing an update on actual spend to Month 8 and Better Care Fund key performance indicators where an update is available.

The current agreed pooled budget arrangements state that each organisation is responsible for any financial variances on their individual budget areas, with the exception of mental health and community equipment, where the figures reported reflect the agreed risk sharing arrangements. The forecast outturn at Month 8 is an overspend of £1.564m (CCG £0.184m overspent, SCC £1.380 overspent).

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### Questions for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. How does the Health and Wellbeing Board wish to influence and support the Joint Commissioning Plan for 2020/21?
2. What additional assurance would Health and Wellbeing Board like to receive to be reassured that the financial position for each of the Better Care Fund themes is understood and being managed by the Commissioning organisations?
3. Are there any particular Better Care Fund themes which the Board would like to be prioritised in future updates?

### **Recommendations for the Health and Wellbeing Board:**

- Approve the Quarter 3 submission to NHSE and LGA.
- Note the actual financial position to Month 8 of £0.959m overspent
- Note the forecast outturn position as calculated at Month 8 of £1.564m overspent
- Note the KPI information available at the time of writing this report
- Note the approval of the 2019/20 plan and actions to be taken to sign off section 75
- Consider actions required to seek assurance on financial balance at the end of the year

### **Background Papers:**

- *Health and Wellbeing Board Paper 26<sup>th</sup> September 2019, Sheffield Better Care Fund 2019/20*
- *Joint approach to winter planning Appendix A*

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**Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?**

**Who has contributed to this paper?**

## **Sheffield Better Care Fund 2019/20 Quarter 3 update**

### **1.0 SUMMARY**

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

2.0 In accordance with the Better Care Fund Operating Guidance published in June 2019, Sheffield Health and Wellbeing Board submitted their plan in September 2019. Approval was received on the 10<sup>TH</sup> January 2020. This allows the transfer of pooled funds and requires approval of the section 75 agreement by the end of January 2020.

3.0 The operating guidance requires regular submission to NHSE on the progress against the plan. Qtr2 provided an update on the financial position. Qtr 3 submission, requires an update on the key performance indicators, progress against the High Impact Changes and an integration success story. Details of the progress Sheffield has made at quarter 3 is summarised in this report, copies of the submission will be available on request.

### **4.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?**

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

4.1.1 More seamless, integrated care and preventions services, improving patient experience and reducing handovers

4.1.2 A more holistic approach to health and wellbeing

4.1.3 More care and support provided for patients at home, enabling people to remain independent for longer

4.1.4 A single approach to long term care that focusses on maintaining independence and providing cost effective care, not assessing to determine who pays

4.1.5 Better health of those most at risk of health crises requiring hospital admissions, eg, through care planning, better management of long term conditions and reduction of clinical and social risk factors such as loneliness and isolation.

4.1.6 Reduced admissions to hospital and care homes

4.1.7 An improvement in patient outcomes and an increase in positive patient experiences of care

4.1.8 Better use of financial resources for the CCG and council

## 5.0 Quarter 3 position

The table below shows an overview of the financial positions by theme and organisations as at Month 8.

Better Care Fund – 2019/20 Summary of Budgets by Theme as at Month 08									
	Annual CCG Budget	Annual SCC Budget	Annual BCF Budget	Year to Date Total Budget	Year to Date Total Budget	Year to Date Total Actuals	Year to Date Total Variance	Forecast Total Outturn Position	Forecast Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Theme 1 - People Keeping Well	1,517	6,494	8,011	5,551	5,562	5,562	11	7,820	(191)
Theme 2 - Active Support and Recovery	45,045	10,592	55,637	37,143	37,169	37,169	26	55,339	(299)
Theme 3 - Independent Living Solutions	1,805	2,182	3,987	2,693	2,774	2,774	82	4,180	194
Theme 4 - Ongoing Care	45,795	99,355	145,150	97,865	98,621	98,621	755	146,113	963
Theme 5 Adult inpatient Emergency Admissions	68,622	0	68,622	45,748	45,748	45,748	0	68,622	(0)
Theme 6 - Mental Health	103,053	6,483	109,536	73,024	73,812	73,812	788	110,563	1,027
<b>Sub Total Revenue Expenditure</b>	<b>265,837</b>	<b>125,106</b>	<b>390,943</b>	<b>262,025</b>	<b>263,686</b>	<b>263,686</b>	<b>1,661</b>	<b>392,637</b>	<b>1,694</b>
Theme 7 - Capital Grants	0	3,881	3,881	2,106	1,404	1,404	(702)	3,751	(130)
<b>Total as at Month 08</b>	<b>265,837</b>	<b>128,987</b>	<b>394,824</b>	<b>264,131</b>	<b>265,090</b>	<b>265,090</b>	<b>959</b>	<b>396,388</b>	<b>1,564</b>

The position within this report has been adjusted post ledger close to report the most accurate position calculated in month with regards to the year to date position within SCC for Public Health within People Keeping Well, the ICES contract within Independent Living Solutions and purchasing budgets.

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 has an underlying pressure of £13m which is being non-recurrently mitigated by central reserves.

### Activity and KPI data:

At the time of reporting the only core national metric which has an available update is:

#### Admissions to care homes:

On a rolling 12 month basis to the end of October 2019, there were 718 admissions compared to the target of 729. This equates to 756 admissions per 100,000 of the population compared to the target of 768. The measure is therefore green and on track to achieve the target.

The following targets are unchanged since the last report but are included for information.

#### Non- Elective Admissions

The Non- Elective Admissions targets have been confirmed by NHSE as

Non Elective Admissions Quarterly Targets			
Q1	Q2	Q3	Q4
14,066	14,223	13,871	13,905

The actuals compared to the indicative quarterly target show an overachievement due to the increased weighting to the target in Quarter 2.

NEL Admissions	Q1	Q2
2019/20 Target	14,066	14,223
2019/20 Actual	14,288	13,945
Cumulative Target	14,066	28,289
Cumulative Actual	14,288	28,233
% Cumulative Difference	1.58%	(0.20%)

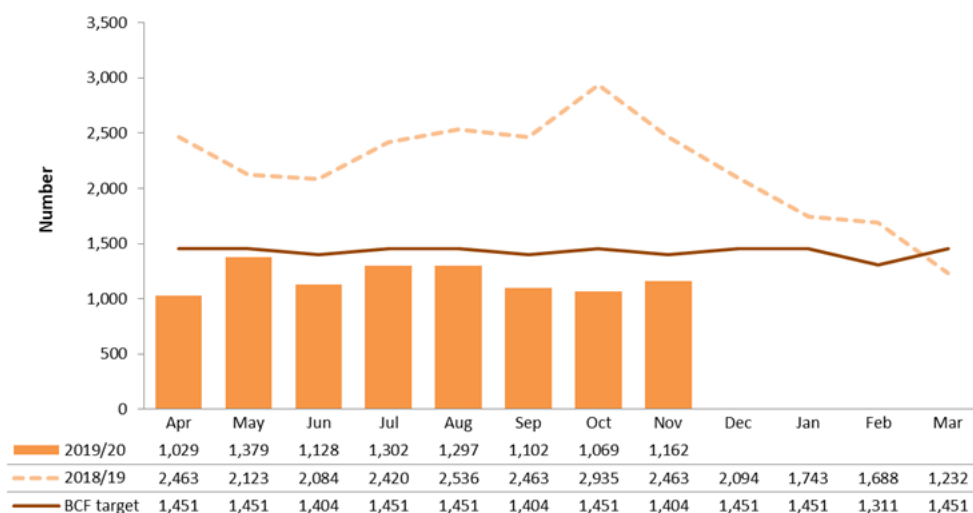
### Delayed Transfers of Care:

As at the end of September, there were 7,237 delayed days recorded, 48.6% fewer than at this point last year.

The Better Care Fund Submission File shows delayed discharges per day as the target. The assumption has been made that this is averaged across the year giving a target 46.7 delayed discharges per day. On this basis the Sheffield position to September would be:

DTOC	April	May	June	July	August	September
2019/20 Actuals	34.30	44.50	37.60	42.00	41.80	36.70
BCF Target	46.70	46.70	46.70	46.70	46.70	46.70
Movement from Target	(12.40)	(2.20)	(9.10)	(4.70)	(4.90)	(10.00)
% Movement from Target	(26.55%)	(4.71%)	(19.49%)	(10.06%)	(10.49%)	(21.41%)

### **Delayed Transfers Of Care (Monthly)**



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

Reablement is a quarterly target. For information the performance in Q2 2019/20 was 82.2% compared to the target of 80%. The measure is therefore green and on track to achieve the target.

## **6.0 WHAT NEEDS TO HAPPEN TO MAKE A DIFFERENCE IN THIS AREA?**

- 6.1 System wide planning is essential to supporting the integration of health and social care, improving peoples experience and providing high quality care at a sustainable cost.
- 6.2 Winter Planning in 2019/20 provided a great example of the success that can be achieved when partners work together. We have provided details of the approach in the quarter 3 submission, summary included in Appendix A.
- 6.3 Joint Commissioning Committee will further build on this approach to establish a Joint Commissioning Plan for 2020/21, that further supports integration, removing duplication, improving care pathways and ensuring sustainability of services.

## **7.0 QUESTIONS FOR THE BOARD**

- 7.1 How does the Health and Wellbeing Board wish to influence and support the Joint Commissioning Plan for 2020/21
- 7.2 What additional assurance would Health and Wellbeing Board like to receive to be reassured that the financial position for each of the Better Care Fund themes is understood and being managed by the Commissioning organisations?
- 7.3 Are there any particular Better Care Fund themes which the Board would like to be prioritised in future updates?

## **8.0 RECOMMENDATIONS**

- Approve the Quarter 3 submission to NHSE and LGA.
- Note the actual financial position to Month 8 of £0.959m overspent
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## Joint approach to winter planning

Providers and Commissioners across the Sheffield health and social care system develop individual winter plans on an annual basis. Sheffield's Clinical Commissioning Group coordinates the development of an overarching plan for the city. The overarching plan is formally signed off on behalf of the health and social care system by the Urgent and Emergency Care Transformation Delivery Board (see below).

The overarching plan builds on individual partner's plans and lessons learned from previous winters (with actions to address). It ensures timely additional focus and support from city wide partners at times of increased demand and system pressure by additional ongoing improvements and developments over the year to support system resilience, system wide communication over the period, capacity planning, risk management, and escalation processes (along with system leads).

## Governance

Governance is provided through the Urgent and Emergency Care Transformation Delivery Board (UECTDB). The board is chaired by the Chief Executive of Sheffield Teaching Hospitals with senior representation from health and social care partners from across the Sheffield system.

The board is supported by two formal sub-groups providing additional operational focus and opportunity for joint working. These provide scrutiny of, and support to, partners across the local system especially at times of high demand and pressure.

The first of the sub-groups Sheffield Transfer of care Improvement Programme, supported by system executive directors focusses on ensuring timely discharge of patients. This group enables timely and formal discussions between partners in order to ensure continuation of patient flow, especially at times of high demand and by doing so avoiding high local levels of Delayed Transfers of Care seen in previous years. The executive sponsors, have oversight of programmes that ensure the transfer of care for all patients is effectively managed. Currently this is effectively managed through a daily Multi disciplinary TASK meeting, weekly Delay Transfers of Care weekly report, that is discussed in a weekly Flow meeting attended by all partners, and weekly director level call, with escalation to CEO's if needed.

The second sub-group the Operational Resilience Group (ORG) focusses throughout the year on supporting performance with regard to the timely flow of patients potentially requiring acute care both through traditional care pathways accessed via Accident and Emergency departments and by ambulance. In addition, the group focusses on the development and consistent use of appropriate alternative care pathways and direct admission into hospital specialties to ensure patients receive the right care at the right time, reducing pressure on key elements of local urgent care pathways and services such as the emergency department at the Northern General Hospital.

During the winter period the ORG's primary focus is to provide a forum for operational discussions of emerging pressures across the whole patient pathway (including patient flow and discharge) between system wide partners and the agreement of mitigating operational actions with escalation to the UECTDB as appropriate.

In addition to the formal structures outlined above the developing relationships and trust between peers across the health and social care system ensure timely additional support at times of system pressure.

#### Delayed Transfers of Care

Delayed Transfers of Care have been historically been a challenge for the Sheffield System particularly during the winter period. However, there have been notable improvements which have built on successful partnership working and development of relationships over a number of years. Key developments and actions to support resilience over the winter are detailed below.

Throughout the winter period governance and scrutiny will continue to be provided by the Executive Directors, STOCIP board, ORG and UECTDB (detailed above). The additional winter pressure funding provided to Sheffield City Council is allowing for resilience and sustainability to be built into services and ensure that seasonal capacity added during 2018/19 can be maintained and effectively utilised flexibly as required.

The system has identified that additional secondary care capacity is not a solution and that investment needs to be embedded within the prevention services before urgent care services are required. Allocations have included increasing capacity within the Community Equipment and Adaptation Team to ensure people are safe and independent within their own homes and assessed in a timely manner to avoid transfer. Additional social workers, allied health professionals and prevention workers have been recruited to ensure active admission avoidance is in place. Last year Sheffield CCG



invested additional funding in the Voluntary and community sector to strengthen the range of alternative provision available to people upon discharge and to prevent admission. During this year these schemes have been evaluated along with existing schemes with recommendations going forward for continuing these services in future years. The voluntary sector have embraced the opportunity and established strong relationships with the Acute provider and SCC Homefirst provision to provide a range of support to ensure individuals are supported.

Where admissions are unavoidable the Community Equipment and Adaptation Team's additional capacity will be used to enable pace of discharge and ensure that facilities meet the needs of the patients on return to home. The Hospital to Home team has been enhanced and integrated with the Trusted Assessor Scheme to ensure people can return to their usual place of residence as quickly as possible if admitted from a care home.

During winter of 2018 the system supported the commissioning of step down beds to support flow for patients not requiring long term residential care but unable to return home immediately. This resource has been integrated for 2019 with the At Risk of Admission Front Door Response Team and GP Collaboration to prevent readmissions wherever possible. During 2019, this will continue with funding for the beds agreed outside of the Better Care Fund, however the social care support to assess individuals in the beds will be funded through funding provided by the Secretary of State for Health.

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