



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Sandie Buchan, Director of Commissioning Development (CCG) and Alexis Chappell, Director of Adult Health & Social Care (SCC)

Date: 28 October 2021

Subject: Sheffield's Better Care Fund Plan 2021-22

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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.

Central Government have published a Policy Framework for the implementation of the Better Care Fund (BCF) in 2021-22.

Local areas were not required to submit BCF plans in 2020-21, given the exceptional pressures on systems due to the COVID-19 pandemic, but were required to agree use of the mandatory funding streams locally, to pool these into a joint agreement under section 75 of the NHS Act 2006 and to provide an end of year report, which was reported to the Health & Wellbeing Board (H&WB) on 24 June 2021.

The focus will be on continuity in 2021-22, while enabling areas to agree plans for integrated care that support recovery from the pandemic and build on the closer working many systems developed to respond to it.

For 2021-22, BCF plans will consist of:

- a narrative plan
- a completed BCF planning template, including:
 - planned expenditure from BCF sources;
 - confirmation that national conditions of the fund are met, as well as specific conditions attached to individual funding streams
 - ambitions and plans for performance against BCF national metrics – any additional contributions to BCF section 75 agreements.

The purpose of this paper is to inform the Health and Wellbeing Board of the requirements of the planning guidance and draft plan. Provide more detailed information on two new metrics in the 2021 planning guidance and request delegation of approval for the final submission to the Co-Chairs.

Questions for the Health and Wellbeing Board:

1. Is the Board comfortable they understand the planning guidance requirements and new metrics included within the better care fund, and for the Joint Commissioning Committee to continue to monitor progress on behalf of Health and Wellbeing Board?
2. Is the Board happy to delegate approval of the narrative plan and submission to the Co-Chairs due to the tight timescales of submission?

Recommendations for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. Delegate approval to the Co-Chairs for approval of the final submission.

Background Papers:

NHS England Better Care Fund Planning Requirements
[B0898-300921-Better-Care-Fund-Planning-Requirements.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2018/03/B0898-300921-Better-Care-Fund-Planning-Requirements.pdf)

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

- **Starting Well**
 - Every child achieves a level of development in their early years for the best start in life
 - Every child and young person has a successful transition to independence
- **Living Well**
 - Everyone has access to a home that supports their health
- **Ageing Well**
 - Everyone has equitable access to care and support shaped around them
 - Everyone has the level of meaningful social contact that they want
 - Everyone lives the end of their life with dignity in the place of their choice

Who has contributed to 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 (BCF) PLAN 2021-22

1.0 SUMMARY

- 1.1 The purpose of this paper is to inform the Health and Wellbeing Board of the requirements of the planning guidance and draft plan.
- 1.2 The paper provides information on two new metrics in the 2021 planning guidance and requests delegation of approval for the final submission to the Co-Chairs of the Board.
- 1.3 The paper confirms the minimum confirms the minimum BCF contribution and update on the potential additional funding, subject to final budget confirmations

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

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

- More seamless, integrated care and prevention services, improving patient experience and reducing handovers;
- A more holistic approach to health and wellbeing;
- Care and support provided for patients at home, enabling people to remain independent for as long as possible;
- 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, eg; 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 OUTLINE

- 3.1 Central Government have published a Policy Framework for the implementation of the Better Care Fund (BCF) in 2021-22.
- 3.2 Local areas were not required to submit BCF plans in 2020-21, given the exceptional pressures on systems due to the COVID-19 pandemic, but were required to agree use of the mandatory funding streams locally, to pool these into a joint agreement under section 75 of the NHS Act 2006 and to provide an end of year report, which was report to the Health & Wellbeing Board (H&WB) on 24 June 2021.
- 3.3 The focus will be on continuity in 2021-22, while enabling areas to agree plans for integrated care that support recovery from the pandemic and build on the closer working many systems developed to respond to it.
- 3.4 For 2021-22, BCF plans will consist of:
 - a narrative plan;
 - a completed BCF planning template, including:

- planned expenditure from BCF sources;
- confirmation that national conditions of the fund are met, as well as specific conditions attached to individual funding streams
- ambitions and plans for performance against BCF national metrics – any additional contributions to BCF section 75 agreements.

3.5 A narrative plan is required which will include details around finance outlining minimum and additional contributions, key performance indicators (KPI's) including baseline, targets and narrative around the delivery of the KPI's.

3.6 A number of deadlines are required to be met as follows:

- Approval by regional Better Care Fund Team by 19 October for feedback by 2 November 2021;
- Approval by Health & Wellbeing Board or delegated to Chairs;
- Approval by Chief Executive of Sheffield City Council and the CCG Accountable Officer;
- Submitted by 17 November 2021;
- Approval letters issued in January 2022;
- Section 75 signed and in place by 31 January 2022.

3.5 The narrative plan includes involvement of stakeholders in the BCF plans, an executive summary which outlines the priorities for 2021-22 and any key changes since the previous BCF plan, governance around how the plan is implemented via Executive Management Group (EMG), EMG Working Party with oversight from the Joint Commissioning Committee (JCC).

3.7 The narrative plan will also detail:

- the overall approach to integration with regard to integrated person-centred health, how social care and housing services is embedded, joint priorities, approaches to joint collaborative commissioning, overarching approach to supporting people to remain independent at home, including strengths-based approaches and person-centred care;
- How BCF funded services are supporting our approach to integration – changes to services we are commissioning through the BCF;
- Supporting discharge - our approach to improving outcomes for people being discharged from hospital?
- How BCF funded activity supporting safe, timely and effective discharge;
- Disabled facilities grant and wider services –our approach to bringing together health, care and housing services to support people to remain at home through adaptations and other activity to meet the housing needs of older and disabled people.

3.8 The BCF includes 5 measures as detailed below:

- **Avoidable admissions** – unplanned hospitalisation for chronic ambulatory care sensitive conditions;
- **Length of Stay** – percentage of patients, residents in the HWB who have been an inpatient in an acute hospital for 14 or 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.

- **Residential admissions** – Long term support needs of older people (Age 65 and over) met by admission to residential and nursing care homes per 100,000 population;
- **Reablement** – Proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement/rehabilitation services.

3.9 The NHS Covid-19 block funding regime has remained in place into 2021/22. The financial year has been split into H1 (April-September) and H2 (October-March) with allocations given for H1 but with the budgets still not clear for the H2 period. H2 guidance has only lately been received and planning work is still being completed to understand the increased efficiency requirement within NHS budgets in the second half of 2021/22. Until the details are known the reporting position is assuming nil impact of this change. It should also be noted that NHS budgets are usually phased to allow for seasonal variances (e.g. winter pressures) which is not possible under the current working arrangements meaning the forecast pressure will not be felt equally throughout the year.

3.10 The Council budgets in 2020/21 were set at the end of 2020 when the full year outturn was not yet available. The increase in the underlying recurrent costs of care packages caused by the changes in practice during the Covid-19 pandemic and the increasing complexity of care required was not fully evident. The funding requirement and subsequent required savings targets were not available to build into the position. At the time of the budgets being set the availability and amounts of on-going central funding were not known and therefore could not be taken into account.

3.11 The 2021/22 budgets include £79m of funding which must be included within the better care fund and £341m of funding which has been included by local decision.

Running Balances	Budget
DFG	£5,652,504
Minimum CCG Contribution	£44,998,236
iBCF	£28,428,597
Additional LA Contribution	£108,920,366
Additional CCG Contribution	£231,777,008
Total	£419,776,711

4.0 **The Joint Commissioning Intentions can be seen in Appendix A and include the following priorities for 2021/22:**

- We will continue to respond to the COVID-19 pandemic;
- We will reduce health and social care inequalities across Sheffield;
- We will focus on improving access to and availability of health and care services;
- We will ensure all children across Sheffield have the best possible start in life;
- We will improve the support and treatment for your mental health and wellbeing;
- We will make sure if you need health and social care support then this is personalised to your needs.

5.0 How will we measure success?

- 5.1 Supporting people to manage their long-term conditions effectively to prevent hospital admissions. Primary care, social care and community services working together to support people with long term conditions can reduce the need for hospital admission. Position during 20/21 and 21/22 has significantly deteriorated due to the need to focus capacity and workforce upon Covid management, provision of rehabilitation and same day care, rather than on prevention and ongoing management. Currently 648 had an unplanned hospitalisation for chronic ambulatory sensitive conditions in 20-21 it is expected this will return to 1,052 in 2122.
- 5.2 Reducing the number of people in hospital over 14 and 21 days. Ensuring people are able to be discharged from hospital within 14 and before 21 days is an indicator of better overall health outcomes. Currently 25% are in hospital after 14 and 20% are in hospital after 21 days. Recognising the pressure to ensure people are discharged back to place of residence and avoid readmissions results in delays in discharge, we are working together to improve the length of time in hospital and still maintain our success in the other areas.
- 5.3 Discharge to ordinary place of residence. Currently 83% are discharged back to their ordinary place of residence.
- 5.4 Admission to permanent residential care. Sheffield currently supports more people than expected in the community. It was expected 816 people would be admitted to permanent residential care last year, only 588 were admitted to permanent residential care.
- 5.5 Reablement – preventing admission within 90 days of discharge. Currently 81% of people remain at home 90 days after discharge.

6.0 QUESTIONS FOR THE BOARD

- 6.1 Is the Board comfortable they understand the planning guidance requirements and new metrics included within the better care fund, and for the Joint Commissioning Committee to continue to monitor progress on behalf of HWB;
- 6.2 Is the Board happy to delegate approval of the narrative plan and submission to the Co-Chairs due to the tight timescales of submission?

7.0 RECOMMENDATIONS

- 7.1 The Health and Wellbeing Board is recommended to:

Delegate approval to the Co-Chairs for approval of the final submission.

Joint Commissioning Intentions for 2021/22

➤ **Communities/Voluntary Sector**

Tackling health inequalities within primary care and your community;
 Improve access to healthcare and health outcomes for people experiencing homelessness, vulnerable migrants, sex workers, traveller groups and ex-offenders;
 Establish a Sheffield Alcohol Liaison Service for individuals who repeatedly present at the Northern General Hospital with alcohol related conditions and support needs.

➤ **Ongoing Care**

Work with partners to adopt and develop a personalised approach to re-establish long term condition monitoring and reviews to recover control and management of conditions to pre-COVID levels;
 Recommission the Individual Placement Support employment service and Working Win.

➤ **Children & Families**

Design a new model of local children and young peoples' health and care services.
 Review and improve existing services that help children who have experienced adverse events (ACEs);
 Put in place enhanced SEND (Special Educational Needs and Disabilities) support provision in line with the Sheffield Inclusion Strategy;
 Improve the linkage between children's and adults' services.

➤ **Mental Health & Learning Disability**

Establish an all age eating disorder service;
 Improve access to 24/7 crisis services for children, young people and adults; and extend the mental health liaison service;
 Improve access to mental health support for children and young people focusing on early intervention, prevention, support into schools and access into CAMHS (Child and Adolescent Mental Health Services);
 To improve and enhance the out of hours crisis care for people with learning disability as part of the national "Building the Right Support model" and aligning to the Crisis Transformation Programme;
 Improve the physical health of people with mental health, learning disability, autism and dementia;
 To deliver the 13 recommendations outlined within the Dementia Strategy aimed at improving a range of pathways to support for this population and their families;
 Implement city wide roll out of Mental Health Primary and Community Care new model of neighbourhood support.

➤ **Frailty**

Further development of a city wide intermediate care offer to sustain the reduced delayed transfers of care position;
 Development of discharge home to assess service to enable assessment at home of any ongoing support needs.

