





Better Care Fund 2019-20 Plan Year-End Submission

Health and Wellbeing Board Meeting 24 September 2020







Better Care Fund

What is the Better Care Fund?

- The better care fund is a national programme that requires Local Authorities and CCGs to pool defined budgets through a section 75 arrangement to support the integration of care.
- In Sheffield our Better Care Fund goes beyond the minimum contributions and our programmes extend to include many other areas of work that benefit from joint decision making and are commissioned through pooling budgets.







Priorities for 2019/20

- Urgent Care Blended contract arrangements, supporting the improvements required to reduce avoidable hospital attendances and admissions.
- **People Keeping Well** Expanding the service offer to prevent onset of ill health and maximise independence
- Active Support and Recovery Further development of a city wide intermediate care offer to sustain the reduced DTOC position
- Ongoing Care Market develop and service integration.
- Mental Health Improving early access to support
- Independent living (Equipment) maintain an effective service whilst delivering service efficiencies.
- Capital Maximising opportunities through effective utilisation of DFG.







Better Care Fund Plan

The Better Care Fund Narrative Plan, describes how Sheffield commissioners will work towards a single budget for health and social care.

Ambitions of Better Care Fund

- Ensure service users 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.

Next steps

 Building on the 2017-2019 narrative plan, the Joint Commissioning Committee will drive forward the development and delivery of the Joint Commissioning plan.







2019 Better Care Fund Plan

- The minimum contribution for the Better Care Fund is £74 million of the total Better Care Fund is £399 million.
- Draft plan and budget brought to HWB in June 2019
- Final Plan Submitted in September 2019 following publication of guidance and approval of Chairs
- Plans were delivered as expected subject to amendments required during March 2020 due to the Covid-19 Pandemic.







2019/2020 Budget

Funding Sources	Budget	
DFG	£4,502,097	
Minimum CCG Contribution	£40,755,897	
iBCF	£25,723,334	
Winter Pressures Grant	£2,705,263	
Additional LA Contribution	£97,420,082	
Additional CCG Contribution	£227,652,801	
Total	£398,759,474	







Performance Measures

Year	Readmissions of 90 days	Non elective admissions	Delayed Transfers of Care	Residential Admissions
2018/ 19 Plan	774	27,749	17,130	774
2018/19` Actual	732	28,206	26,244	732
2019/20 Plan	768	45,235*	7,237	774

*2019/20 increase relates to growth and HWB footprint, the mapped footprint has made the target a bit more achievable in theory, increasing by around 11k. So, by the end of Q2 19/20 - activity was 3% better than plan; 28,206 vs 28,289. If only looking at individual quarters however, activity was 2.5% better than plan; 13,923 vs 14,223.







Making a difference

Non-Elective Admissions

As at the end of March 2020, the final outcome was 0.3% under target and an improvement of over 5% on the previous year. The Enhanced Care Home Programme and Joint Commissioning of Community Support has enhanced the step up step down offer to the system, which was enabled by maturing PCN's and close working with VCS partners.

As we've now got the 'HWB footprint' target, which is quarterly, Q1 was 1.6% higher than target and Q2 was 2.0% lower (both slightly revised since last month, given data updates) and Q4......

DTOC

As at the end of March 2020, there were 7,237 delayed days recorded, 48.6% fewer than at this point last year. Whilst the target in 2019/20 was challenging it was consistently met, although the challenge will be to maintain the current low levels of DTOC when the target is reintroduced in quarter 2 of 2020/21. The impact of Covid-19 and the unknown deterioration of long term conditions during lockdown, alongside expected winter illness, will present a challenge to the Sheffield system.

Residential Admissions

On a rolling 12 month basis to the end of March 2020, there were 774 admissions compared to the target of 729. This equates to 815 admissions per 100,000 of the population compared to the target of 768. The measure is, therefore, was not met. Each placement was reviewed to ensure it was appropriate and support package in place to meet the individual need and an alternative non-residential placement could not have effectively have been provided.

Reablement Measure

Performance as at the end of March 2020 was 81.2% compared to the target of 80%, therefore, achieved its target, with people remaining in their usual residence after 91 days.







Successes and Challenges

Successes in 2019/20:

- **Joint Commissioning of Health and Social Care** the Joint Commissioning Committee have provide Councillor and Governing body leadership, to support the implementation of the better care fund plan and progress further ongoing transformation plans;
- Integrated Workforce (approach to training/upskilling) Team around the person, based within a residential care setting, enabled stronger relationships with providers, health and social care. Facilitating transfer of skills and more proactive assessments to determine longer term needs.

Challenges for 2020/21:

- Good quality and sustainable provider market that can meet demand the fragility of the care home market became apparent in March 2020 when the Covid-19 pandemic commenced. Further work is required during 2020/21 to establish clear plans to ensure longer term sustainability and quality in care home settings;
- Integrated electronic records and sharing across the system with service users digital transformation programmes have taken longer to implement than planned. Sharing care records across organisations and the third sector is ongoing development.

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