

October 2019

Sheffield Better Care Fund Background Paper

Role of the Better Care Fund

Purpose, basic facts and figures – what do we do, how do we work, what is our relationship with the other parts of the system

Sheffield's Health and Wellbeing Board developed its first strategy in Autumn 2012 and started discussing the potential benefits of integrated services as part of that process. The Board recognised the work of the Right First Time programme and agreed that integrated commissioning and pooled budgets were necessary to enable development of fully integrated services.

In June 2013 the CCG Governing Body considered the potential benefits and risks of integrated commissioning and supported the development of proposals to integrate commissioning with SCC. In December 2013, the Health and Wellbeing Board supported plans for integrated commissioning.

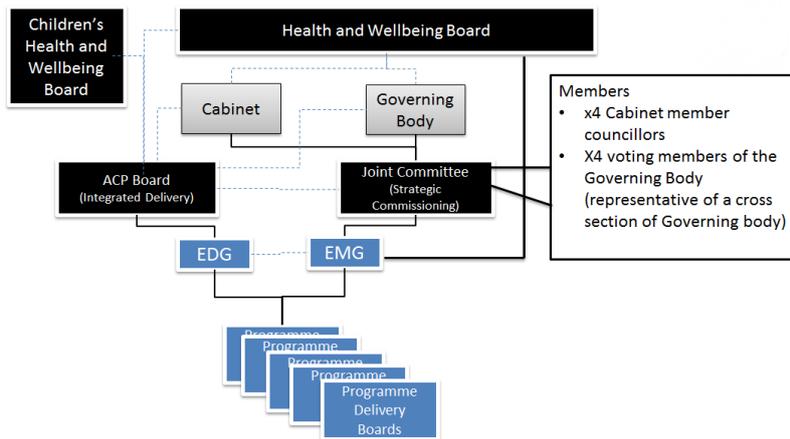
During 2014, the CCG Governing Body and Council Members supported the development of those plans, including ambitions and the scope of pooled budgets. The plans aligned with the Department of Health requirements for a Better Care Fund, but were greater in scale and ambition. The minimum Better Care Fund for Sheffield in 2014 was £37.7 million excluding capital grant income. The total of Sheffield Better Care Fund was £270 million. The plan was formally approved in January 2015.

In 2019 the minimum contribution for the Better Care Fund is £47 million; the total Better Care Fund is £398 million.

What is the Better Care Fund?

The Better Care Fund is a national programme that requires local authorities and CCG's to pool defined budgets through a section 75 arrangement, the pooled funds are used for interventions which reduce non elective admissions and untimely discharge from hospital, reduce the number of permanent residential placements and ensure the number of people readmitted to hospital following reablement is below 15%.

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 a pooled budget arrangement.



The diagram above illustrates the governance arrangements for the Joint Commissioning Committee and the ACP. BCF reports into the Executive Management Group (EMG)

Measures of Success

During 2014 it was confirmed the programme would only succeed if it achieved :

- Improved outcomes for the people of Sheffield
- Improved patient experience
- Increased efficiency and effectiveness of the health and care system
- Reduced demand on the health and care system.

Better Care Fund Metrics

- Reduction in the number of non-elective admissions.
 - Whilst growth is reducing, demand is continuing to grow.
- Reduction in the number of people delayed in the transfer of care.
 - Currently our Delayed Transfers of Care (DTOC) performance is the best it has been in two years, supported by a reduced Length of Stay (LOS) and reduction in the number of delayed bed days.
- Reduction in the number of people admitted to permanent residential care.
 - We have sustained a reduction in permanent residential care admissions over the past years.
- Over 80% of patients on a reablement pathway are not readmitted within 91days.
 - We currently consistently exceed this metric.

Appendix A provides further information on our performance in reducing LOS and DTOC.

Impact

How is our work making a difference to Sheffield people? Include examples/case studies to illustrate. Are there any barriers/ 'stuck issues' that are preventing us from achieving our objectives? Is there any learning from things that haven't worked?

People previously experiencing delay in a fragmented system, have benefited from the work to date on the Better Care Fund programmes.

Stories of difference are included, that highlight how a greater community focus is preventing admissions and ensuring patients are discharged promptly. This work is proactively supported by improvement programmes within individual organisations.



Conversations Count
Innovation Site



SOD 5.3.19
JR.D(Discharge from hospi



MH Story Feb
19.docx



Story of diff
2001130.docx



story of difference -
EN.docx



Story of diff 111182
- hospital bed.docx

During 2019 the Better Care Fund team is reviewing the current budgets and programmes against the national requirements to ensure budgets are focused on the right priorities. Recognising the investment expected from reduction in non-elective admissions has not become available. Therefore requiring a radical shift in programme to achieve our aims of ensuring more people are supported to live independently in the community.

The governance structures have undergone review to ensure all programmes have an executive sponsor leading the work.

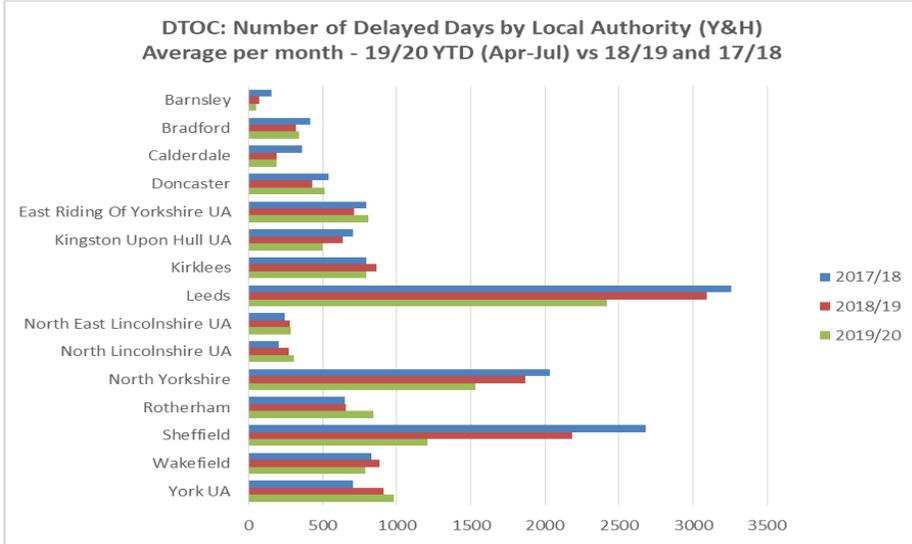
What's next

Future plans, what changes are in the pipeline? Do we need to work differently with other parts of the system

Integration, risk share and new contracting arrangements will drive through changes in the future.

Delivery of the NHS Long Term Plan brings a wide range of opportunities to further develop or neighbourhoods and fast track delivery of services at a place based level.

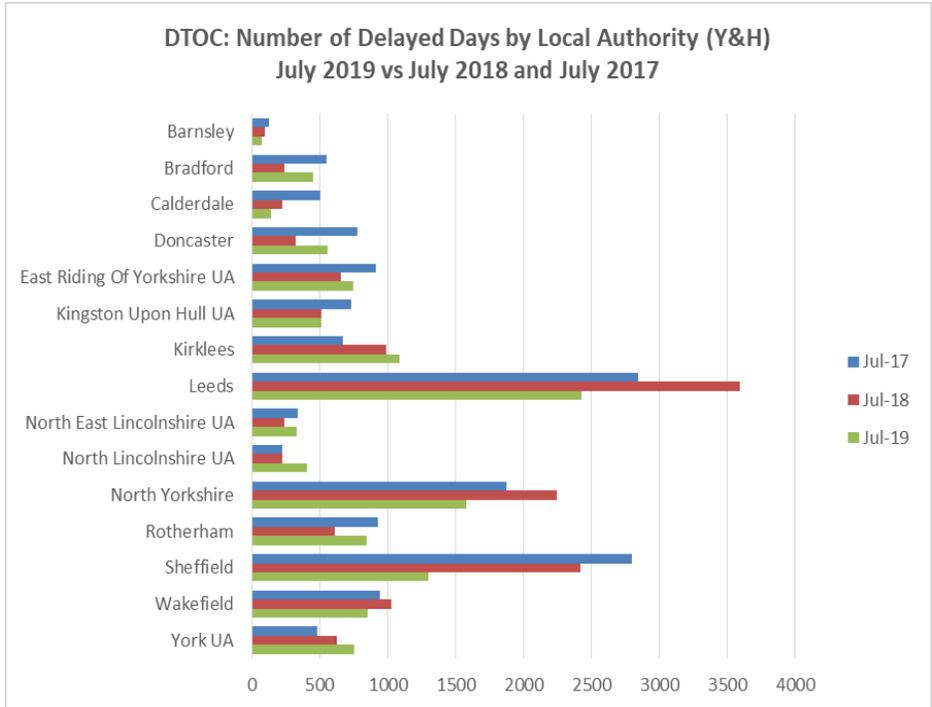
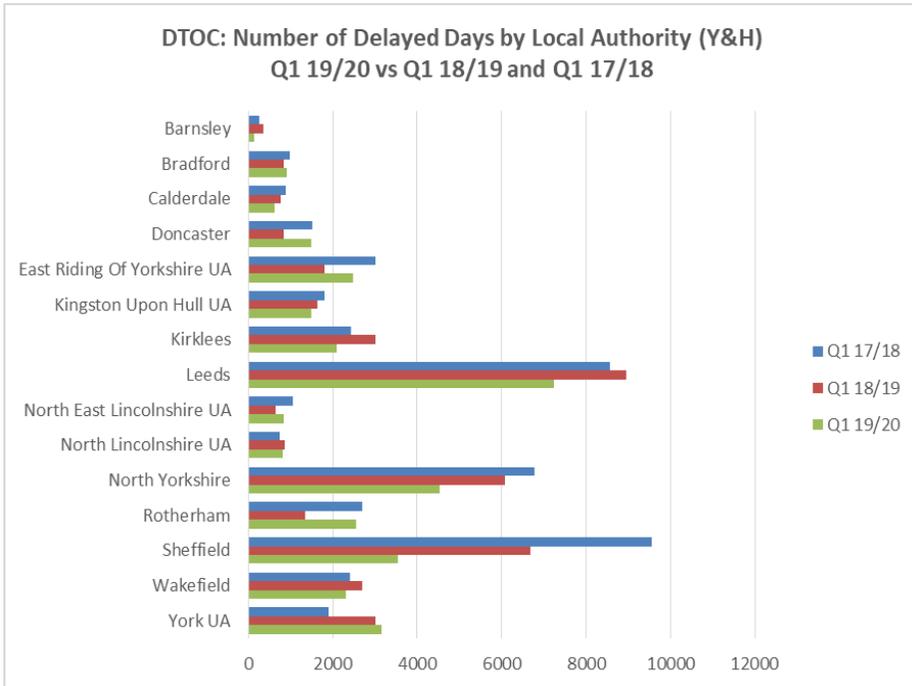
Appendix A



COMPARED TO OUR REGION

Sheffield's improved DTOC position between 2017/18, 2018/19 and to date for 2019/20 compared to other regional Local Authorities.

Comparisons made over a year, a quarter and a month.



IMPROVEMENTS MADE IN SHEFFIELD

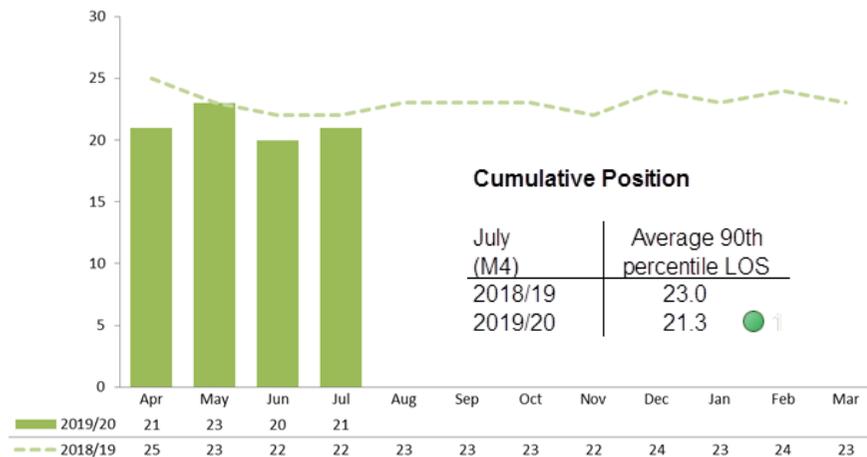
Length of Stay (LOS) for Emergency Admissions (Over 65s)

In 2019/20 (April to July 2019) the average length of stay was 21 days, compared with an average of 23 days for the same period in 2018/19.

Delayed transfers of Care

In 2019/20 to date (April to July 2019) total delayed days were 4,838, compared with 9,090 days for the same period in 2018/19. This represents a 46% improvement over the same period in 2018/19.

90th Percentile Length of Stay for Emergency Admissions (Monthly)



Delayed Transfers Of Care (Monthly)

Note: BCF Target currently remains as per 2018/19

