HEALTH AND WELLBEING BOARD PAPER
FORMAL PUBLIC MEETING

Report of:	Alexis Chappell, Director of Adult Health and Adult Social Care Ian Atkinson, Deputy Place Director (Sheffield)
Date:	26 September 2024
Subject:	Sheffield's Better Care Fund 24/25 Q1 Update
Author of Report:	Martin Smith – Assistant Director of Transformation and Delivery

Summary:

At the Health and Wellbeing Board meeting 27 June 2024, the Board were briefed on the delivery elements of the Better Care Fund plan which had been updated in-line with the nationally published planning guidance and submitted to NHS England on 23 May 2024 following approval from the Co-Chairs of the Health & Wellbeing Board on 22 May 2024.

On 21 August 2024 Sheffield Health and Wellbeing Board received confirmation from NHS England that the updated plan had been approved (appendix 1). The letter also acted as permission to spend the NHS minimum contribution and advised that Sheffield could proceed to finalise our section 75 agreements in line with these being signed off by 30 September 2024.

At the previous meeting, the Board agreed to delegate the in-year oversight of the 24/25 plan to the Joint Executive Meeting and sign off of in year reporting to the HWBB Co-Chairs. The Q1 report for 24/25 was submitted to NHS England on 14 August 2024 and signed off via the Health and Wellbeing Co-Chairs.

Following feedback from the Health & Wellbeing Board Steering Group in June 2024, the full Q1 submission would not be included but could be shared if required. The report will highlight by exception, areas that were not on track and the mitigations to mange these from the Q1 data. Work was in development for how information would be presented to the board in future and would involve case studies to inform future policy/working as part of each report. A case study and presentation on the collaborative work around falls was proposed for the next meeting.

Questions for the Health and Wellbeing Board:

1. N/A

Recommendations for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. Note the 2024/25 Better Care Fund Q1 update

Background Papers:

1. Approval Letter from NHS England

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

- **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 Sheffield ICB and the Local Authority have contributed to the production of this document.

BETTER CARE FUND 2024/25

1.0 BCF Q1

Introduction

The Q1 template was released on the 31 July 2024 and was restricted to capturing spend and activity linked to the discharge grant funding only. The return reflects the position reported via the locally agreed governance, with Joint Efficiency Group reviewing the operational delivery and the Executive Strategic Meeting reviewing the longer-term planning on behalf of the Health and Wellbeing Board and Urgent and Emergency Care Board. Many of the schemes using the discharge funding are designed to deliver later in the year, with a number specifically running over the winter period to reinforce the transformational changes underway. Progress on these schemes will be shared later in the year once they are embedded.

Performance against BCF Targets

National Conditions

Sheffield is meeting all the Better Care Fund National Conditions set nationally for the Better Care Fund.

Metrics

METRIC	DEFINITION	Target	Actual	Narrative
Avoidable admissions	This indicator measures how many people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, diabetes, epilepsy, and high blood pressure. This outcome is concerned with how successfully the NHS manages to reduce emergency admissions for all long-term conditions where optimum management can be achieved in the community.	300.9	274.7	We have a seen a reduction in ambulatory care admissions in Q1 with a 171 fewer admission that in Q4 and 56 fewer than the same period last year. Analysis of the admissions data does show that over 40% of these come from the top two most deprived deciles in Sheffield which is slightly higher than the population living in that area. The top condition continues to be Chronic obstructive pulmonary disease (COPD) with Congestive heart failure the next highest. There continues to be significant work ongoing in Sheffield to support people to manage their long terms conditions and get the same day urgent support they require. Focused work on these is planned as part of the Winter respiratory Initiative for high intensity patients (someone who visits the emergency department (A&E) more than five times a year). Work is also developing on Spirometry

				being mobilised to support accurate diagnosis and Pulmonary Rehabilitation uptake. The analysis of the days and times shows that there are less admissions on the weekends and majority of admissions are from department and not via GP referrals. The areas with high admission are also working as part of the North east Model Neighbourhood Programme. This is one of the key priorities of the Health and Care Partnership within the Sheffield was to empower communities, to the North East neighbourhood model. The model has a fundamental focus to invest in communities in the most deprived areas of Sheffield. The programme aims reduce health inequalities and to improve the lives and health of the communities. • The aim of the plan is for the four community areas to each have their own individual plans. • Working closely with adult organisations and community leaders, specific areas of need have been identified, including more support for people living in poverty, and people living with the following health conditions, Diabetes and Cancer. • Sheffield Place colleagues have been working closely with various organisations including Weston Park's cancer bus and the ICB. • Continuous work has taken place with various communities, to support the people living with these conditions. • A community engagement plan has been developed. A survey was designed, with questions that all community members would be able to answer, and the results of this survey will help to form a longer-term community plan.

Discharge to normal place of residence	% of people who return to their normal place following discharge from hospital	98%	98%	We continue to review and define our discharge arrangements as a partnership with the home first ethos. We have seen progress in this area over this quarter and continue to deliver one of the highest levels of discharge back to normal place of residence in England.
Residential Admissions	Rate of permanent admission of older people per 100,000 population into care homes.	644	673	This is a 12-month rolling target and is expected to improve from the Q1 figure. The target represents an improvement on the 23/24 figure to bring Sheffield equal to the regional Yorkshire & Humber average (644), better than the Peer average (647) and significantly better than the Core City average (754). A range of improvements to our discharge processes our underway which will promote independence including - Additional capacity for timely assessment and review via discharge pathway 1 - Additional Occupational Therapy capacity to reduce need for formal care - A new care and wellbeing (domiciliary care) contract which has a greater focus on outcomes and quality A range of improvements to promote independence through our front door/ First Contact service including - Additional prevention/ community signposting capacity
Falls	Emergency Hospital Admissions due to falls in people aged 65 and over directly age standardised rate per 100,000	549.55	535.5	We continue to work collaboratively with Yorkshire Ambulance Service and Pharmacy colleagues to prevent falls and medication errors. We are utilising the city-wide alarms service around falls and will highlight some of the work around this at the next Board.

2.0 BCF FINANCE Q1

The Better Care Fund budgets are a subset of the total budgets within each commissioning organisation, which align to the principles and guidance of adult joint commissioning. As a result, the Better Care Fund reported position does not represent the full financial position of each organisation.

Across the seven Better Care Fund Themes there is low levels of variations against plan this is due to limited information within the first quarter. This will be clarified within future forecast positions.

A summary of the spend can be found in the table below:

NHS SYICB SPLC /Sheffield City Council
Finance Report 2024/25 Q1- Financial Position for Period Ending 30th June 2024

Memorandum: Section 75 - Better Care Fund

Theme	Year to Date: Q1				
	Annual Budget	Year to Date Budget	Expenditure	Variance	
				Over (+)/ Under(-)	
	£'000s	£'000s	£'000s	£'000s	%
Citywide Position					
People Keeping Well in their local community	7,334	2,348	2,706	358	15.3%
Active Support & Recovery	63,758	15,728	16,392	665	4.2%
Independent Living Solutions	7,335	1,834	1,820	(14)	(0.8%)
Ongoing Care	207,563	51,891	52,015	124	0.2%
Emergency Medical Admissions - STH	78,244	19,561	19,654	93	0.5%
Mental Health	151,239	37,767	39,210	1,442	3.8%
Capital Grants	6,187	1,547	1,108	(439)	(28.4%)
Discharge Grant	11,814	1,544	1,544	0	0.0%
TOTAL EXPENDITURE	**533,473**	**132,220**	**134,450**	**2,230**	**1.7%**
NHS SYICB SPLC					
People Keeping Well in their local community	1,379	345	345	0	0.0%
Active Support & Recovery	54,170	13,542	13,540	(3)	(0.0%)
Independent Living Solutions	3,091	773	773	0	0.0%
Ongoing Care	78,813	19,703	19,421	(282)	(1.4%)
Emergency Medical Admissions - STH	78,244	19,561	19,654	93	0.5%
Mental Health	141,508	35,377	36,528	1,151	3.3%
Capital Grants	0	0	0	0	0.0%
Discharge Grant	4,970	948	948	0	0.0%
NHS Total	**362,175**	**90,249**	**91,208**	**959**	**1.1%**
Sheffield City Council (SCC)					
People Keeping Well in their local community	5,955	2,003	2,362	358	17.9%
Active Support & Recovery	9,588	2,185	2,853	667	30.5%
Independent Living Solutions	4,244	1,061	1,047	(14)	(1.3%)
Ongoing Care	128,750	32,188	32,594	407	1.3%
Emergency Medical Admissions - STH	0	0	0	0	0.0%
Mental Health	9,730	2,390	2,682	291	12.2%
Capital Grants	6,187	1,547	1,108	(439)	(28.4%)
Discharge Grant	6,844	597	597	0	0.0%
SCC Total	**164,454**	**41,375**	**42,645**	**1,271**	**3.1%**

Notes:

Key elements of each theme are summarised below:

People Keeping Well in their local community	Includes Care Planning, Health trainers/ Community Support Workers, Community Grants and Support to VCF sector, Public Health, Housing related support to Older People and other support services
Active Support & Recovery	Includes community nursing, Intermediate Care Beds, CICs, Transfer of Care Teams, STIT, Intermediate Care Assessment teams
Independent Living Solutions	Includes community equipment and adaptations
Ongoing Care	Includes CHC& FNC, Learning Disabilities, Adult Social Care. From April 2017, this excludes spend on mental health which is now included in the mental health theme.
Emergency Medical Admissions - STH	Includes Adult Inpatient Medical Emergency Admissions (excluding gastroenterology)
Mental Health	Includes all adult mental health services as commissioned by the CCG, with those for under 65 years purchased by SCC in

3.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

Local intelligence tells us that those with protected characteristics, people who belong to health inclusion groups and those living in the most deprived communities are disproportionate users of unplanned services. Our plans and metrics will impact positively on this as we focus on the underlying causes of this inequity. In particular our emphasis on neighbourhood approaches will enable a greater understanding of the needs of communities to allow services and interventions be tailored and personalised around those who most need them.

All decisions around service redesign, investment and resource prioritisation are taken to ensure full compliance with the Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with CORE20PLUS5.

4.0 Questions for the Health and Wellbeing Board:

1. N/A

5.0 Recommendations for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. Note the 2024/25 Better Care Fund Q1 Update
2. Note the 2024/25 Better Care Fund Plan Approval Letter from NHS England

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