



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Jayne Ludlum, Executive Director, People Services, Sheffield City Council
Maddy Ruff, Chief Officer Sheffield CCG

Date: 29 March 2018

Subject: Progress and Challenges of the Better Care Fund and its future Strategic Objectives

Author of Report: Nicki Doherty, Director of Delivery Care out of Hospital

Summary: The Better Care Fund is a term to describe the pooling of health and care commissioning budgets across Sheffield Clinical Commissioning Group and Sheffield City Council. It has operated in Sheffield for over three years.

It is a key enabler to bring about parts of the transformation the NHS, the Local Authority and local communities via Shaping and Sharing Sheffield have articulated in the Sheffield Place Based Plan. It is an ambitious plan to work at a large scale on an integrated agenda which would impact significantly on the people of Sheffield and improve their care in a whole system shift to prevention.

The Better Care Fund covers transformational programmes and business as usual, set out in the following workstreams:

- People Keeping Well
- Active Support and Recovery
- Ongoing Care
- Independent Living Solutions
- Mental Health
- Urgent Inpatient Admissions
- Disabilities Grant.

In 2017/18, the Better Care Fund was increased to include a second fully pooled budget (£102m) for mental health services and also included national investment called the Improved Better Care Fund (iBCF) which could be spent on all or a number of the following:

- Meeting adult social care needs
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local social care provider market is supported

In 2017/18 the size of the Better Care Fund is £364m. The Better Care Fund Narrative Plan for 2017-19 was signed off by Health and Wellbeing Board in September 2017. Although a requirement of NHS England and very much focussed on describing how we are meeting national requirements, the Plan describes Sheffield's aims, objectives and delivery plans for the next two years. We do not believe there will be a national requirement to submit a plan for next year and we are actively working to understand the process to "graduate".

This paper with the accompanying presentation, reminds the board of our strategic objectives, provides an assessment of how well we have done so far and describes our opportunities going into 2018/19.

Questions for the Health and Wellbeing Board:

How could the Better Care Fund better support delivering our health and wellbeing priorities?

Are there further opportunities that we could or should be looking at?

Recommendations for the Health and Wellbeing Board:

The recommendation is to:

Note progress and discuss opportunities for 2018/19

Receive a further report in November 2018

Background Papers:

- [Sheffield Integration and Better Care Fund Narrative Plan 2017-19](#)
- [Integration and Better Care Fund Planning Requirements for 2017-19](#)

What outcome(s) of the Joint Health and Wellbeing Strategy does this align with?

Sheffield is a health and successful city

Health and wellbeing is improving

Health inequalities are reducing

People get the help and support they need and feel is right for them

The health and wellbeing system is innovative, affordable and provides good value for money.

Who have you collaborated with in the writing of 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 – the joint committee with responsibility of the management of the Better Care Fund.

PROGRESS AND CHALLENGES OF THE BETTER CARE FUND AND ITS FUTURE ROLE AND STRATEGIC OBJECTIVES

1.0 SUMMARY

1.1 The Better Care Fund is a way of bringing together the NHS and Local Authority with local communities to focus on transforming and improving the health and wellbeing of Sheffield People. It includes ambitious plans as articulated in the Sheffield Place Based Plan, to work on a large scale an integrated agenda which would impact significantly on the people of Sheffield and improve their care.

1.2 The overall aims of the Better Care Fund are to:

- 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.

2.0 In addition to what our citizens expect from us listed below, we work within a very challenging financial situation and our population needs are increasing. Our aim therefore is together to utilise all our resources better and smarter and shift our focus on avoiding or reducing high cost care by doing much more, closer to or in people's communities/home.

2.1 Sheffield is a leader in integration. As well as a substantial integrated commissioning budget, we have set up an Accountable Care Partnership Board to provide overall leadership represented by commissioners and providers. It provides a stronger framework for delivering the Sheffield Place Based Plan and the Better Care Fund aims. We see the Better Care Fund and its governance arrangements as the emerging integrated commissioning function of the Accountable Care Partnership.

3.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

3.1 Sheffield people have told us:

- If things go wrong it's difficult to receive the care I might need quickly enough
- I find it hard to find my way around all the variety of services – or even to know if what I need is actually provided by someone
- We have to constantly repeat information from one person to another
- I have little control over the care I do or don't receive

- My psychological needs are not met as part of care for my physical needs
- Services often aren't available at night or weekends like they are during the week
- Why don't services plan in advance – surely they should know if I get unwell I'll struggle to cope but don't necessarily want or need to go into hospital
- Why can't I just have one care plan?

3.2 Integrated commissioning through the Better Care Fund gives us a real opportunity with all our partners in the city to work with citizens to answer what Sheffield people are saying. This includes improving outcomes:

- People will find it simpler to get round the care system and experience fewer delays
- We will build on and further develop, people's self-care and health condition management skills, knowledge and abilities
- There will be improved quality of life for those in active care
- Services will be more equitable and accessible
- Services will be much more based in Sheffield's communities and closer to where people live, with staff working collaboratively to achieve the best outcomes for Sheffield People.

4.0 THE BETTER CARE FUND

4.1 The Workstreams

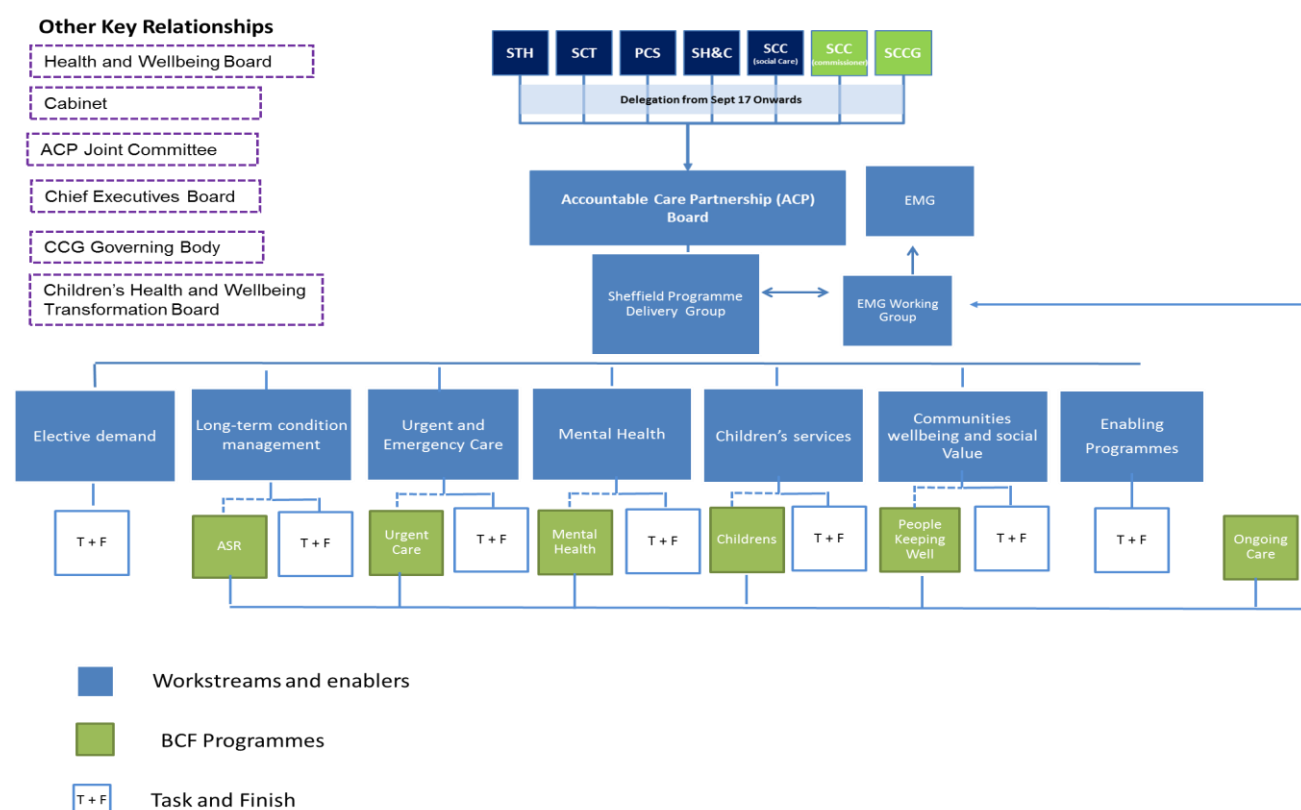
4.1.1 To address what the people of Sheffield have said that they want from our services, and in the context of our reduced financial purse, the Better Care Fund contains the following workstreams:

- People Keeping Well. This aims to increase wellbeing of people at greatest risk of declining health and loss of independence – reducing demand and dependency on more formal health and social care services.
- Active Support and Recovery – This covers mostly services based in the community which support our citizens especially those who may have multiple health and care needs. It aims to support people in their home and avoid being admitted to hospital unnecessarily, responds quickly in a crisis and supports those discharged from hospital, minimising their stay and maximising their recovery and level of independence.
- Independent living solutions – the provision of equipment to support our citizens remain independent at home and build their wellbeing.
- Ongoing Care – to integrate the assessment, the placement and contract management functions for continuing healthcare across CCG and SCC.
- Inpatient Emergency Admissions – a number of our workstreams aim to reduce our unnecessary admissions to hospital. Bringing the budget within the Better Care Fund allows monitoring of the impact of those projects and be able to utilise those savings across the other workstreams.

- Mental Health- to truly integrated our approach across organisations on a number of areas to improve outcomes and deliver better value for money.
- Still to be decided is the inclusion of childrens services within the Better Care Fund.

4.2 The Governance

- 4.2.1 The Better Care Fund is underpinned by a section 75 agreement. This describes the framework for working in a more joined up way. The Executive Management Group (EMG) is responsible for development of the commissioning strategies within the overall direction set by Health & Wellbeing Board, oversight of contracts and provides overall commissioning leadership and direction.
- 4.2.2 The Executive Management Group split into strategy and delivery in 2017, following a review of the Better Care Fund arrangements. EMG strategy group which has a strategic oversight and high level responsibilities of managing the fund and leadership in integrated commissioning; and EMG working group, the latter reports to the former. The working group fulfils the programme management function, assesses monthly highlight reports, tracks progress through highlight reports and manages risk on an exception basis, mitigates risks and manages the interdependences to ensure we deliver our successes.
- 4.2.3 The diagram below illustrates BCF governance in a way that compliments the developing Accountable Care Partnership Programme. Each BCF workstream sits within the ACP structure and is governed by a Board, supported by Delivery Groups. Representatives from Commissioners and Providers sit on those groups.
- 4.2.4 Both the Clinical Commissioning Group and City Council are required nationally to pool funding, report on finance, activity and progress of workstreams within the Better Care Fund. It is possible for areas to 'graduate' from this, however little progress has been made in the first wave. It is hoped that Sheffield will get the opportunity to graduate at some point in the near future.



4.3 The Finance

4.3.1 The Sheffield Better Care Fund Pooled Budget for 2017/2018 is £364m. The funding contributions to the BCF from Sheffield City Council and Sheffield NHS CCG are shown below.

	2017/18 Plan	2018/19 Plan
	£	£
BCF Funding Sources		
Sheffield Local Authority inc iBCF Grant	114,475,400	109,675,400
Sheffield Local Authority Disabled Facilities Grant	4,031,000	4,172,240
Sheffield Local Authority Other Capital (non recurrent)	1,506,000	0
Sub Total Local Authority	120,012,400	113,847,640
Sheffield NHS CCG minimum contribution	38,331,415	39,059,712
Sheffield NHS CCG additional contribution	206,089,895	209,760,061
Sub Total CCG	244,421,310	248,819,773
Grand Total	364,433,710	362,667,413

4.3.2 The Community Equipment Service (part of Independent Living Solutions) and the Mental Health budget are jointly managed schemes with a risk share arrangement for any over or underspends. These schemes represent nearly 305 of expenditure lines within the BCF, with the balance solely managed or jointly managed schemes that are funded solely by the partner responsible for that scheme.

5.0 IMPROVING OUTCOMES FOR THE PEOPLE OF SHEFFIELD

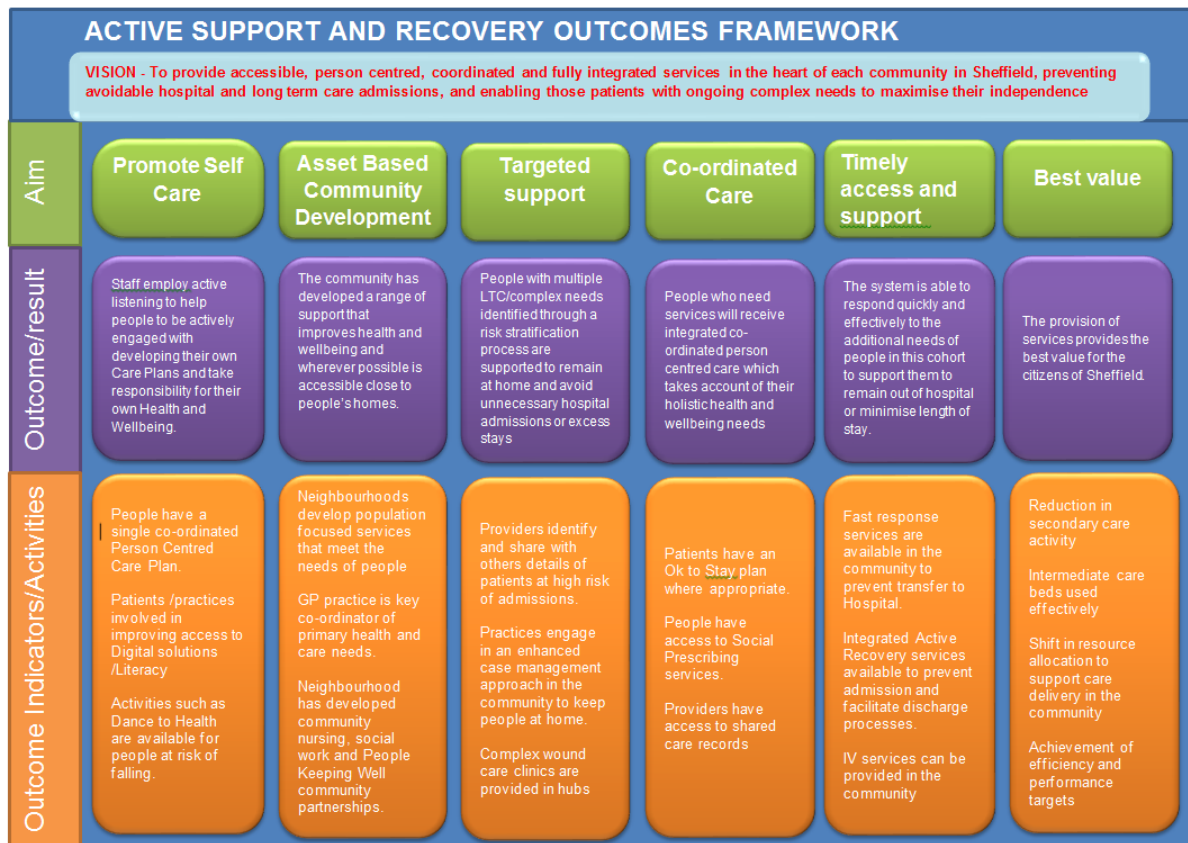
5.1

Two of the workstreams, People Keeping Well and Active Support & Recovery have developed outcomes for their workstreams. In People Keeping Well, these are now embedded in the contracts for the services they commission, changing from commissioning inputs and activity to commissioning tangible benefits and improved outcomes for citizens in contact with the service.

Outcomes Framework – People Keeping Well in their Community						
Function	Risk Stratification	Local Inform & Advise	Asset Based Community Development	Targeted Support	Self-Care – Wellness Planning	Life Navigation
Outcome	Targeting of people (including Carers, children and young people) at moderate to high risk of declining health and wellbeing is informed by comprehensive risk stratification.	People and communities get advice and support locally to make informed choices to improve their health and wellbeing for themselves and/or the person they may care for.	The community has developed a range of support that improves health and wellbeing.	People experiencing poor health, carers, people with a LTC or at risk of declining wellbeing are supported to engage in activities and access targeted support to improve their health and wellbeing.	People at risk or with long term conditions are actively engaged with effective goal setting to improve health and wellbeing.	People who don't have anyone to help them navigate the health and social care system and daily life issues, are enabled to maximise their choice and control in managing their day to day lives.
Outcome Indicators	Written justification for all targeted activity and resource allocation is supported by comprehensive risk stratification data.	Improved wellbeing (5 Ways to Wellbeing). Improved health literacy in target populations. Increased awareness of, and involvement in, community activities. Reduced inequalities in access to services.	Improved wellbeing (5 Ways to Wellbeing). Individuals report feeling engaged & in control of their health. Range of activities to improve health and wellbeing are established and sustained in partnership with other organisations. Local people actively engaged in planning and delivery of activities. Range and take up of volunteering opportunities by local people.	Improved wellbeing (5 Ways to Wellbeing). Maintenance and improvement in independence, health and wellbeing is reported by people identified as being moderate to high risk of hospital admission. Improved health literacy in targeted population. Use of community support, resources and activities within target populations.	Improved wellbeing (5 Ways to Wellbeing). Increase in uptake of vaccinations, annual health checks & screening Self-care based on best evidence (e.g. self-help groups, peer support, structured programmes). People set and achieve personal goals related to their health and wellbeing Access to & take up of training & motivational coaching	Improved wellbeing (5 Ways to Wellbeing). Reductions in missed appointments (DNAs). People report positively on quality of life and clarity about how to seek help to navigate the health and social care system, and daily life issues.

5.2

Active Support & Recovery have also developed a range of outcomes, based on the same themes as People Keeping Well as set out below. However, the current contractual system in which the NHS works, hinders moving away from an activity based contact to an outcomes contract.



6.0 QUESTIONS FOR THE BOARD

6.1 How could the Better Care Fund better support delivering our health and wellbeing priorities?

6.2 Are there further opportunities that we could or should be looking at?

7.0 RECOMMENDATIONS

7.1 Note progress and discuss opportunities for 2018/19

7.2 Receive a further report in November 2018

Appendix 1 The Better Care Fund

Sheffield has a strong history of partnership in health and care, in **providing** care together across organisations putting the patient first, and as **commissioners**. Sheffield Clinical Commissioning group and the Local Authority are both commissioners of health and care. This means they have responsibility for the 'buying' of health and care services for the population of Sheffield.

The following explains why we need a Better Care Fund.

It is known that people are living longer, and they also have more complicated and multiple long term conditions such as diabetes or asthma. People are also becoming more socially isolated and lonely.

The funding we receive in Sheffield to 'buy' services has flat lined and been cut, so that we are finding it difficult to buy all the services we need for the increase in demand.

When the two organisations also looked at what they spent their money on, they found that there was a lot of duplication across the services they commission, and if they did this jointly they could reduce that duplication.

There is also now emerging evidence that it would be better to shift some of the funding which is spent on unnecessary high cost care and better use it on preventing people or reducing the need for high cost care.

As well as the above, people of Sheffield have also said that they want more joined up care, that they want to be more in control of their care and they don't want to be in hospital unnecessarily

That is why, Sheffield Clinical Commissioning Group and Sheffield City Council have joined forces to pool some of that funding in order to get more and better for its' money. This is called the **Better Care Fund**.

It is now in its third year and is slowly making progress to join services together to form teams such as district nurses and social workers. These teams help people in crisis and patients can be seen and treated in their home, rather than unnecessarily go into hospital. The team can also support patients who need a bit of support, but are ready to come out of hospital when they are ready to be discharged.

It also funds services that can help signpost people who may be lonely or need some support; so that they can get the right support they need or perhaps join a community group or luncheon club.

The Better Care Fund is steered by the Health and Wellbeing Board, and this paper provides an update for the Board and also asks the Board whether it remains happy with progress and the objectives, or should these change.