HEALTH AND WELLBEING BOARD PAPER
FORMAL PUBLIC MEETING

Report of:	Alexis Chappell, Director of Adult Health and Adult Social Care
Date:	7 December 2023
Subject:	Sheffield's Better Care Fund Q2 Update
Author of Report:	Martin Smith – Deputy Director Planning and Joint Commissioning

Summary:

The Better Care Fund 2023/25 plan was formally approved by NHS England on 18 September (appendix 1). The letter confirmed that the relevant NHS funding could be formally released subject to it being used in accordance with the approved plan, and in accordance with the conditions set out in the BCF policy framework and the BCF planning requirements including the transfer of funds into a pooling arrangement governed by a Section 75 agreement. The Section 75 agreement was completed and agreed between Sheffield Council and Sheffield ICB on 30th October and signed 1st November (appendix 2).

Due to the delay in plan approval from NHS England they confirmed that the quarterly reporting would start from Quarter 2. The template was published on 26 September and completed and returned on 31 October to meet the national deadline following sign off from the Health and Wellbeing Board Chair, (appendix 3). A summary of the quarter 2 performance is within the report.

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 23/25 Better Care Fund Q2 Performance.

Background Papers:

1. Approval letter
2. Section 75 agreement
3. Quarter 2 performance template
4. Changes to reporting requirement.
5. Links to ASC committee reports

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 PROGRESS UPDATE

1.0 BETTER CARE FUND 23/25

Introduction

The Quarter 2 template was approved under delegated authority and sent to NHS England on 31 October 2023. The template required refreshed estimates of capacity and demand for intermediate care for the Winter period (Nov 2023-Mar 2024) including:

- Updates to estimates of demand and planned capacity for admission avoidance and discharge support services
- Short narratives on assumptions, changes since the development of main BCF plans, data issues and support needs
- Estimated amount of capacity we expect to spot purchase to support discharge over Winter

The capacity and demand elements are within appendix 3.

Q2 Performance

National Conditions

Sheffield is meeting all the Better Care Fund National Conditions.

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.	257	279	When setting this target there was an assumption that it would take 8 weeks to show full position from the previous year however it was double this time. Due to this delay we now believe our 23/24 plan is likely to be too ambitious and so we're unlikely to meet this target. There are a number of schemes which are now in place which should help to reduce the number of avoidable admissions. Virtual Ward provides a step-up pathway as an alternative to attending an acute provider. As detailed below the falls pick up service has been redesigned with partners to offer a 24 hour rounded service. There is some progress with UTI prevention alongside good hydration work, initially focused at care home settings, alongside MDT working with dietitians and MH support workers. Restore2 mini training for detection of residents at risk of admission has been rolled out. A proactive anticipatory care MDT and peer group is in place designed to work preventatively with the most at risk of

				admission cohort of the population around physical and mental health improvement. A TAP approach ensures a support network is in place which can be called upon by those who do not require hospital care and prevent an admission due to crisis.
Discharge to normal place of residence	% of people who return to their normal place following discharge from hospital	98%	98%	Sheffield is focused upon a home first where appropriate model, with limited use of beds for assessment when an alternative cannot be found. A review of the overall discharge model, alongside demand and capacity modelling, is underway with co-production for all partners, to ensure people are assessed and expedited to their correct onward destination with fewest interventions and the hand overs this involves. Use of integrated teams, MDT discussions and clear escalation and oversight is enabling the new ways of working.
Residential Admissions	Rate of permanent admission of older people per 100,000 population into care homes.	683	679	Historically the number of admissions to care homes has been low compared to other core cities, achieved through the principles of home first embedded within teams.
Reablement	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation.	82%	85%	We are achieving 85% in this area with work underway to redesign the pathway 1 model for reablement to reduce current delays and increase the number flowing through the service.
Falls	Emergency Hospital Admissions due to falls in people aged 65 and over directly age standardised rate per 100,000	2023	Q1 - 541	A new model has been trialled and implemented in year which is delivering positive outcomes for individuals, as well as saving 100's of hours of ambulance crew time.• The city-wide alarms, level 1 pickup service has been extended it is in place between 8 am and 8pm and a commissioned a 24-hour service, to respond to the immediately fallen, this level 1 team feed into the UCR for clinical support and are working closely with Yorkshire Ambulance Service to evaluate the pathway. • The UCR 2-hour response team Is in place, this will support level two fallers , those able to stay at home but

				at risk of admission due to medical deterioration , often an acute infection , that caused the fall . • The UCR service offer is open to all care homes, to ensure that residents have access to 2-hour response, to avoid conveyance where appropriate. • A push model from 999 into UCR is being tested , this will include level 1 and 2 falls as clinically appropriate . • The ECP service , is the main responder to level two falls in the city , the team have access to the 2-hour UCR response team to support management of the deteriorating patient , preventing admission . • The ageing well programe added 17 raizer chairs into care homes and is delivering a training plan to enable care homes to manage level 1 falls within the care home using the I stumble tool and the raizer chair. The ambition is to decrease long lies in care homes and conveyances to hospital. This is supported by the respect training and a what matter to me approach. Data has been provided by YAS on the number of conveyances and this will be assessed 3 months post training.

2.0 BETTER CARE FUND SCHEME UPDATES

There are a number of examples of great joint work being carried out as part of the agreed 23/24 Better Care Fund plan. Significant work has taken place including the Winter Planning and use of Adult Social Care Discharge to support the Better Care Fund deliverables. The Adult Social Care Directorate plan and performance demonstrate the improvement in data and deliverables. Some of the examples below highlight this work.

Disabled Facilities Grant

Adult Care administers and delivers the Disabled Facilities Grant (DFG). The Grant is provided from Central Government and is ringfenced as part of the Better Care Fund to fund equipment and adaptations identified by Occupational Therapists for people and children living in their owner occupied, private rented or registered provider homes.

On 7 September the Department for Levelling Up, Housing & Communities (DLUHC) has addressed Local Authority Chief Executives with its 2023/24 DFG grant determination letter. £50 million additional funding for the Disabled Facilities Grant (DFG), confirmed by the Department of Health and Social Care (DHSC), has been distributed and allocated imminently. Sheffield have received £445,752. The funds are being used to support the existing Disabled Facilities Grant activity delivered by the council alongside the initial annual allocation and a detailed report was provided to Adult Health and Social Care Committee on

8th November covering occupational Therapy, Adapted Housing and City and Wide Care Alarms (appendix 4).

Hospital Discharge

The grant conditions for the Discharge Fund stated a requirement for local areas to provide fortnightly reports on spend and capacity commissioned from this funding. As this funding is pooled into our local Better Care Fund plan, completion and submission of this return is a requirement of the BCF programme. Sheffield was also providing voluntary monthly reports on the total capacity commissioned for step-down services to support discharge as requested by The Department of Health and Social Care. On 3 November the Department of Health and Social Care confirmed in its letter (appendix 5) that fortnightly reporting on spend, and capacity commissioned from the Discharge Fund will now move to monthly following sector feedback.

The Urgent Emergency Care (UEC) Delivery Group has seen the following achievements:

- Early Pregnancy Pathway Unit pathway direct conveyance now live.
- The Winter Plan and Governance Structure has been taken to Urgent Emergency Care (UEC) Board and signed off on the 7th September.
- A three-month pilot beginning for direct conveyance for a specific cohort into Urology Assessment Unit.
- 111 clinicians can now refer into medical Same Day Emergency Care via Single Point of Access
- Discharge Programme Board started meeting in August 2023 with work underway in all of these workstreams to achieve the 'Home First' model for discharge by December 2023: Internal Sheffield Teaching Hospitals discharge workstream, Mental Health, Pathway 1, System Discharge Data and Information Visibility.
- Discharge "Let's Get This Right" event held 5th to the 7th of September where operational teams Active Recovery, Intensive Care, SPARC, Short Term Intervention Team, Social Care, Transfer of Care were supported to unblock any delays and understand the root causes of delayed discharges and escalate these early and appropriately. Key themes from the day's are being communicated to the Executive Team.

Mental Health

The Sheffield All Age Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People was approved on 20 September and aims to improve individuals' physical health through enabling people to have equitable and easy access to the activities and care they need. Key to the strategy is a partnership approach across the City, (appendix 6).

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.

5.0 Questions for the Health and Wellbeing Board:

1. N/A

6.0 Recommendations for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. Note the 23/25 Better Care Fund Q2 update.

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