



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Alexis Chappell, Director of Adult Health and Adult Social Care
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Date: 28 March 2024

Subject: Sheffield’s Better Care Fund Q3 Update

Author of Report: Martin Smith – Deputy Director Planning and Joint Commissioning

Summary:

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The Q3 Better Care Fund reporting template was published on 8 January 2024. The deadline for submission was Friday 9th of February 2024. To meet the deadline a briefing and sign off session took place with the Health and Wellbeing Board Chairs on 7 February 2024. The template was approved (appendix 1) and sent to NHS England on 9 February 2024 (appendix 2).

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 23/24 Better Care Fund Q3 Performance.

Background Papers:

1. Chairs Sign
2. BCF Q3 Template
3. BCF Event Presentation

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 3 template was approved under delegated authority and sent to NHS England on 9 February 2023.

Q3 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	287	<p>Although the city is not hitting this target the numbers have been consistent with Q3 and Q4 in 2023/34. A deep dive into this metric was requested following the Chairs briefing and will be reported back as part of the Better Care Fund year end report at the next Board.</p> <p>Progress has been through the ageing well programme and highlights include:</p> <ul style="list-style-type: none"> - Creating a city-wide multi-agency approach that supports an individual's anticipatory care needs via holistic assessment of needs and care coordination, leading to creation of a jointly shared action plan with the patient wishes at the centre. - Identified individuals in Sheffield at higher risk; with an aim of reducing risk of escalation and involvement from statutory services, reduce duplication, improve outcomes, and advocate for right care at the right time - Embedded a urgent community response pathway to support people in crisis in the community - Expanded City-Wide Care Alarms offer to enable pick up of the

				<p>immediately fallen and referral to UCR available 24hrs a day</p> <ul style="list-style-type: none"> - Creation of a service offer for UCR support in care homes - Established a 'Push' model from 999 to Urgent Community Response Teams - Sustainably delivering against target supporting Sheffield to achieve the lowest percentages of See Treat and Convey in South Yorkshire and second lowest in NEY. We have the highest percentage of those going to elsewhere other than ED recognising the focus on integrated primary and community services offer in Sheffield.
Discharge to normal place of residence	% of people who return to their normal place following discharge from hospital	98%	98%	Sheffield continues to be focused upon a home first where appropriate model, with limited use of beds for assessment when an alternative cannot be found. A recent report on the new discharge model was shared with the Adult Social Care Committee in January 24 - link
Residential Admissions	Rate of permanent admission of older people per 100,000 population into care homes.	683	678	The target is annually assessed and as a snapshot comparison Sheffield is reporting 678 against a target of 683. 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. Q3 23/24 = 693 per 100,000 pop (or 678 actual admissions).
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%	Short Term Intervention Team (STIT) are the Sheffield Council in-house reablement provider, supporting people to return home after a period in hospital, to regain independence. The Service supports on average up to 270 people at any one time and accept referrals seven days a week. The team has been maximising its capacity by reducing duplication, streamlining existing processes and working to the Intermediate Care Framework.

				The team are performing well against this indicator with a Q3 performance of 85%. This is also against a backdrop of a reduced number of people occupying an acute bed once medically fit for over 7 days and a decreasing number of people readmitted.
Falls	Emergency Hospital Admissions due to falls in people aged 65 and over directly age standardised rate per 100,000	2023	Q2 cumulative 1020	<p>The partnership work on falls was shared the national BCF event in Leeds on 29 February 2024 and was well received. The presentation can be found as appendix 3.</p> <p>Other key areas of work include:</p> <ul style="list-style-type: none"> - Development of a Sheffield Falls screening tool embedded in “What Matters to Me” shared across services; voluntary, council and health. - Development of a self-assessment falls tool that can be used by clients and staff. - Training of staff in the voluntary sector on Falls risk awareness and self-assessment. - Training of staff across the pathway to enable delivery of falls strength and balance programmes. - Mapping of the current pathway for falls Rehabilitation in the city. - Engagement with staff and residents in council housing to describing the anticipatory care needs of over 60s to prevent falls - The Falls team have written a ‘Team Sheffield’ Falls plan - Interventions to reduce unnecessary hospital admissions – expansion of falls pick up – Joint initiative between SCC/ICB & YAS

2.0 BCF FINANCE AND PLANNING UPDATES

SECTION 75 REVIEW

As part of the national conditions for the Better Care Fund a plan for spending all funding elements in the BCF must be jointly agreed by the relevant local authority and ICB(s) and placed into a pooled fund, governed by an agreement under section 75 of the NHS Act 2006.

Following the approval of the Better Care Fund Plan the Section 75 Agreement was updated to reflect the new BCF plan. A review of the Section 75 is currently underway as part of the work programme agreed by the joint South Yorkshire Integrated Care Board(syicb)/ Sheffield City Council (scc) Executive Strategic Meeting to ensure that the governance, deliverables and outcomes are aligned to the new Adult Social Care Strategy and Health Care Partnership Priorities. An update on the Section 75 change proposals will be shared at the next Health and Wellbeing Board meeting.

ADULT SOCIAL CARE DISCHARGE FUND

The Adult Social Care Discharge Fund started in 22/23 following the Autumn Budget Statement on the 17 November 2022. Additional information and limited guidance were then released to confirm local allocations to Sheffield Place of £5.6m, split £3.3m of the SYICB allocation and £2.3m directly allocated to Sheffield City Council. The process was discussed at the Sheffield Partnership Board in December 2022 and a list of schemes were agreed. The funding was required to be included as part of the Better Care Fund arrangements and S75 agreement and reported back to NHS on a fortnightly and then monthly basis. It was confirmed nationally that funding was available in 23/24 and 24/25. Criteria for the fund was set out nationally and discussion via the Urgent and Emergency Care Board with sign off from the Sheffield Partnership Board. A number of schemes which were implemented in previous years are anticipated to continue with funding in 2024/25 and a process is currently underway to ratify these schemes being funded to ensure transparency and accuracy. An update on the impact of this fund will be shared as part of the end of year BCF report to the board.

BCF PLAN REFRESH

The BCF National Team have indicated that the Addendum to the BCF Policy Framework and Planning Requirements for 23/25 to be published shortly along with the NHS Planning Guidance. This will set out what will be required in the update of BCF plans for 24/25 which will involve setting ambitions for metrics, a capacity and demand plan for 24/25 and an opportunity to submit updates to 24-25 spending plans.

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 23/24 Better Care Fund Q3 update.

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