

Sheffield's Better Care Fund Annual Report 2018/19

Governing Body meeting

4 July 2019

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Purpose of Paper	
<p>The purpose of the paper is to provide the annual update to the Governing body on :</p> <ul style="list-style-type: none"> • Progress on the Better Care Fund programmes against the 2017/19 narrative plan. • Performance against the agreed Better Care Fund Key Performance Indicators (KPIs) • The financial performance of the Better Care Fund Pooled budget for 2018/19 • Better Care Fund programme budget and high level plans for 2019/20 	
Key Issues	
<p>The Better Care Fund (BCF) is a programme spanning both the NHS and local government that seeks to join up health and care services; empowering people to manage their own health and wellbeing and to live independently in their communities for as long as possible.</p> <p>Over the last four years the programme has brought together a substantial integrated care budget, providing the opportunity to establish and deliver a range of transformation initiatives. The Accountable Care Partnership board provides overall leadership, with representatives from Sheffield CCG, Sheffield City Council, Primary Care Sheffield, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Voluntary Action Sheffield sit on the board.</p> <p>The BCF supports delivery of four key performance indicators and the Sheffield Joint Health and Wellbeing Strategy, Shaping Sheffield and the Long Term Plan ambitions. Well established programmes have been aligned to the Accountable Care Partnership to ensure system wide ownership and deliver of transformation plans.</p> <p>As part of the CCG's statutory duty, this board has a duty to oversee the delivery of financial balance and key performance indicators as detailed in this annual update.</p>	
Is your report for Approval / Consideration / Noting	
<p>Consideration and noting</p>	

Recommendations / Action Required by Governing Body

The Governing Body is asked to:

- Consider the report and note the progress to date on delivery of the Integration and Better Care Fund Narrative Plan
- Note the outturn on the budget for 2018/19
- Note the establishment of the Joint Commissioning Committee and its alignment to the Accountable Care Partnership to add pace and scale to address the financial overspends
- Note the proposed budget and priorities for 2019/20

What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?

Which of the CCG’s Objectives does this paper support?

Objective 1: To improve Patient experience and access to care
Objective 2: To improve the quality and equality of healthcare in Sheffield
Objective 3: To work with Sheffield City Council and other organisations to reduce health inequalities in Sheffield
Objective 4: To ensure there is a sustainable, affordable healthcare system in Sheffield

Description of Assurances for Governing Body

Principle Risk 4.2: Joint Commissioning arrangements (to encompass existing BCF) do not progress sufficiently to allow the release of savings across the system, to support transfer of funding to ensure sustainable social and community care.

Assurances in place:

Minutes of Joint Committee and Executive Management meetings.
Updates monthly to Executive Management Group and Governing Body.

Are there any Resource Implications (including Financial, Staffing etc)?

Yes, there is a focus of clinical and managerial time on priority projects.

Have you carried out an Equality Impact Assessment and is it attached?

Not required. Individual programmes and projects will undertake assessment as part of their implementation process as appropriate.

Have you involved patients, carers and the public in the preparation of the report?

Increased clinical engagement and listening to our members has been agreed as a priority. Therefore, the Governing Body meetings should include not just communication and information on the Better Care Fund updates, but an opportunity for members to voice their ideas and experiences of where system improvements could bring about improved patient care by working more collaboratively across the system.

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1. Introduction / Background

1.1 SUMMARY

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

The Health and Wellbeing Board (HWB) approved a two year Better Care Fund Plan for 2017/19 at its meeting of June 2017.

The 2019/20 Better Care Fund Policy Framework was published in April 2019, which confirms that the minimum allocation from CCG budgets will increase nationally in line with NHS revenue growth. This also means that there will continue to be a requirement to maintain financial support from the NHS for social care, within a minimum about specified for each HWB. Expectations to reduce Delayed Transfers of Care will also be set out for each HWB area.

At the time of writing, the Better Care Fund Operating Guidance for 2019/20 has not been published, but is expected imminently. This delay means that we are not in a position to produce a final plan for the June Health and Wellbeing board or Governing Body meeting; the national deadline for submission was indicated to be late June 2019. We are advised that the guidance will remain largely the same as in previous years and the priorities set out in **Appendix A** are based on this; these will inform the plan that is submitted.

The Better Care Fund requires local authorities and Clinical Commissioning Groups to agree a joint plan for delivering integrated health and care services across each Health and Wellbeing Board (HWB), including scheme by scheme spending plans for specific elements of funding. These plans are signed off locally by HWBs and then assured jointly by health and social care partners at NHS Regional level, before being approved nationally. The Health and Wellbeing Board considered the current priorities and proposed budget for 19/20 on the 24th June 2019, delegating approval to the Chair for final submission, once the full guidance is published.

The funding that must be pooled consists of a ring fence from within each CCG's main allocation, and three different grants to local government – the Disabled Facilities Grant, the Improved Better Care Fund and the Winter Pressures Fund. My team is happy to provide or signpost further, more detailed information on the BCF for those who would find this helpful.

The Better Care Fund is a key enabler to bring about parts of the system transformation that the NHS, the Local Authority and local communities have set out in the Sheffield Place Based Plan. It is an ambitious plan to work at a large scale on an integrated agenda, which will impact significantly on the people of Sheffield and improve their care.

Health and Wellbeing Boards are expected to continue to oversee the strategic direction of the Better Care Fund and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners¹. Given they are a committee of the Local Authority, Health and Wellbeing Boards are accountable to elected members and ultimately to the electorate.

The Better Care Fund has now operated for four years out of a five year plan. Its ambitions and remit are reviewed every year to ensure it reflects the priorities in Sheffield.

Priorities for 19/20 remain focused on delivering the Joint Health and Wellbeing board ambitions, Shaping Sheffield strategy and are in line with the agreed principles of the Sheffield Joint Commissioning Committee whilst also ensuring delivery of the CCG objectives.

The intention is to add pace into areas where we know we need to make improvements and build on successful joint arrangements and develop proposals for an enhanced governance model for a more integrated health and care system in Sheffield including a strengthened joint commissioning function between Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC).

The purpose of this paper is to provide the Governing Body with an update on:

1. The progress of the Better Care Fund programmes during 2018/19
2. The financial performance of the Better Care Fund Pooled budget for 2018/19
3. The performance against the agreed Better Care Fund Key Performance Indicators (KPI's)
4. The Better Care Fund programme budget and programme plans for 2019/20
5. As well to confirm that HWB have received an annual report and agreed a process to approve the annual submission once 2019 guidance is published.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

2.1 Our shared aspiration is to improve health outcomes and inequalities for Sheffield people. The benefits for Sheffield people include:

- More seamless, integrated care and prevention services, improving patient experience and reducing handovers
- A more holistic approach to health and wellbeing
- More care and support provided for patients at home, enabling people to remain independent for longer
- A single approach to long term care that focusses on maintaining independence and providing cost effective care, not assessing to determine who pays.
- Better health of those most at risk of health crises requiring hospital admission, e.g. through care planning, better management of long term conditions and reduction of clinical and social risk factors such as loneliness and isolation
- Reduced admissions to hospital and care homes

¹ Section 195 of the Health and Social Care Act 2012

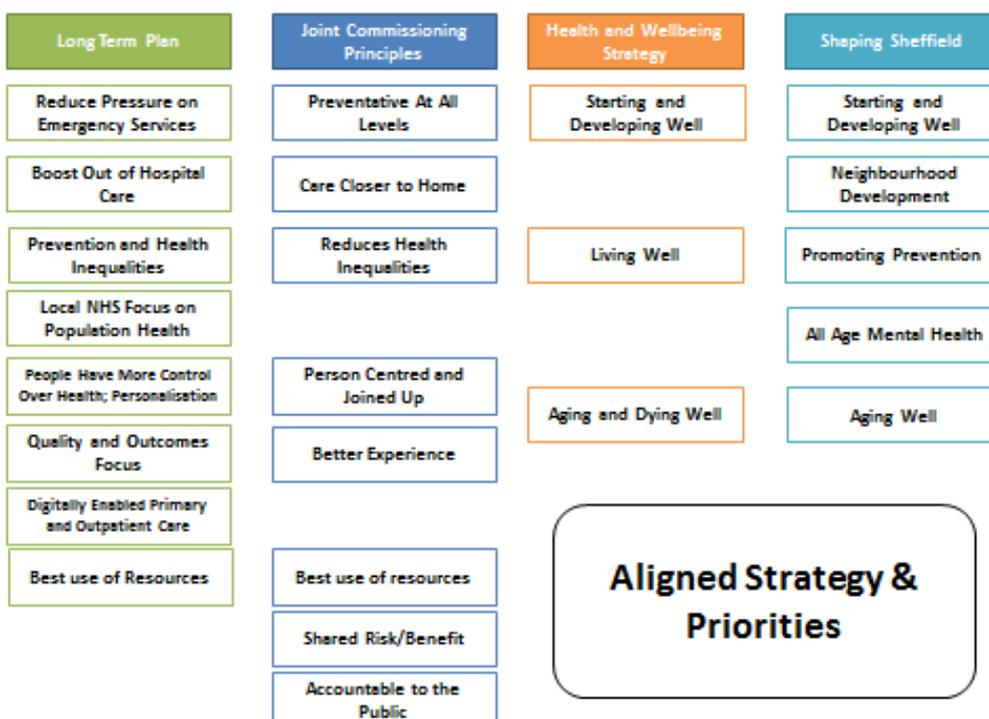
- An improvement in patient outcomes and an increase in positive patient experiences of care
- Better use of financial resources for the CCG and Council

3.0 OUR SYSTEM CHALLENGES:

- **Too much care ‘away from home’**
High and rising hospital admissions and too many people staying in hospital too long – a rebalancing of the system is needed to drive better use of resources
- **A fragmented experience for too many**
CQC Local Area Review 2018 report clear that this fragmentation has resulted in people not always feeling well cared for and having to tell their story multiple times and on occasion with a lack of privacy and dignity
- **Insufficient focus on prevention**
CQC Review stated that the understanding that a focus on preventing hospital admission was as crucial to the effectiveness of the health and care system as enabling safe and timely discharge had not yet been fully translated into joint strategic delivery plans and as such the approach to prevention was underdeveloped
- **Financial pressure across the system**
People are living longer and public sector funding is reducing creating long term financial sustainability issues across the health and care system

4.0 OUR SYSTEM PRIORITIES:

4.1 In order to deliver transformation and sustainability across the city, the system is required to align delivery of NHSE & locally agreed plans.



- 4.2 Accountability for delivery of the aims of the Better Care Fund is aligned across the city wide partnership boards; namely:

HWB – Joint Health and Wellbeing Strategy

Health and Social Care Act 2012. Role of Board Terms of Reference (revised February 2017)

“The Board will develop and maintain a vision for a city free from inequalities in health and wellbeing, taking a view of the whole population from pre-birth to end of life.

The Board will be the system leader for health & wellbeing, acting as a strong and effective partnership to improve the commissioning and delivery of services across the NHS and the Council, leading in turn to improved health and wellbeing outcomes and reduced health inequalities for the people of Sheffield.” In Sheffield the Health and Wellbeing board focus on delivery of the Joint Health and Wellbeing Strategy rather than NHS and Social Care integration.

ACP partnership – Shaping Sheffield Plan

The ACP brings partners together across the city, to establish and deliver the aspirations of the Shaping Sheffield plan. The 7 ACP partners (Sheffield City Council, Voluntary Action Sheffield, Primary Care Sheffield, Sheffield CCG, Sheffield Teaching Hospitals, Sheffield Children’s and Sheffield Health and Social Care) work together to achieve the vision outlined in the Shaping Sheffield Plan of ‘prevention, wellbeing and great care together’. The ACP is accountable to the Health and Wellbeing Board, and the Joint Commissioning Committee is a critical enabler for achieving the stated programme objectives’.

Joint commissioning Committee (JCC) – Integration and Better Care Fund

The JCC brings commissioners together to ensure we have a single commissioner voice to be ambitious for the Sheffield population and staff employed in the city. The joint commissioning committee brings democratic accountability to the forefront of leading system wide change. Members are drawn from the CCG’s Governing body and SCC Cabinet, supported by executive officers will ensure we do the work once, avoiding duplication of systems, processes and work. It will direct staff to undertake shared analysis of the problems and issues as the basis to recommend actions. It will support delivery of the joint commissioning priorities outlined in the Shaping Sheffield plan and health and wellbeing outcomes, working closely with partners through the ACP to ensure financial sustainability, whilst doing the best for the residents of Sheffield. Commissioners are able to focus on population outcomes, bridging the gap between services and providers, providing an effective conduit to support service transformation.

- 4.3 The Better Care Fund aligns the Shaping Sheffield plan, supported by the Joint Commissioning Committee, to support delivery of the plans. In turn this will ensure the CCG is well placed to deliver the Long Term Plan, supported by our partners, delivering the aims of the Joint Health and Wellbeing Strategy.

- 4.4 Alignment to Sheffield CCG objectives:

To improve Patient experience and access to care

- New models of Care – ensuring easier access for patients to services in a community setting, ensuring services are accessed only in hospital setting when only hospital can provide the service.
- Primary Care Networks
- Neighbourhood profiles
- Multi-disciplinary teams and Community Integration – embedding health, social care and the voluntary sector offer into the heart of neighbourhoods.
- Workforce needs – clearer understanding of current capacity, capability and future requirements
- Whole family, person centred approach at the heart of all of our services

To improve the quality and equality of healthcare in Sheffield

- Shared data on patient experience and access
- Out of hospital framework aligned to primary care contract
- What does good quality look like from a patient prospective – embedding feedback from urgent care review
- Prevention throughout

To work with Sheffield City Council and other organisations to reduce health inequalities in Sheffield

- Partnership approach
- Prevention and increased access to care
- Social investment where appropriate
- Living with and beyond programme, to include, long term conditions and cancer
- Investment aligned to need

To ensure there is a sustainable, affordable healthcare system in Sheffield

- Stronger links with contract management
- Health needs assessment
- Better Care fund and Joint Commissioning Committee

4.5 Delivery of the CCG objectives will require strong partnership working across the city. The Better Care Fund provides a mechanism to align budgets and resources to deliver plans that support delivery of integration driven by the Long Term Plan, putting Sheffield in a strong place to take forward further integration.

5. **UPDATE ON PROGRAMME DELIVERY 2018/19 AND PRIORITIES FOR 2019/20**

5.1 The majority of Better Care Fund programmes have delivered against the key milestones set in the Sheffield Integration and Better Care Fund Narrative Plan 2017/19.

5.2 **Key Achievements are described in Appendix A and include:**

- Joint Commissioning arrangements for new community care services
- Additional investment to support neighbourhood development - to embed neighbourhoods working at pace.
- Collaborative working in a number of areas to address system pressures resulting in reduced delays in acute settings and improvement in flow and improved patient experience

- The development of a Dementia strategy, developed through a cross organisation approach
- Continued engagement into communities and general practices to listen to the problems and issues that patients experience in urgent care and stakeholders across the city.
- Establishment of Joint Commissioning Committee to provide single commissioner approach
- In April 2019 delayed days were 1,029 which is the lowest position been for at least the past two years.
- In 2018/19 (full year position) total delayed bed days 26,244 compared with 32,198 days in 2017/18.
- Delayed days have been reducing since October 2018.
- Delivery of £3.8m efficiency savings

5.3 Challenges are described in Appendix A and include:

- PKW – not yet fully established in all areas. Longer term aim is to establish an a sustainable model for the city.
- Urgent Care – further consideration is being given following the outcome of the consultation.
- Reduced length of stay – whilst we are now meeting national average there is an ambition to further reduce length of stay
- Integrated urgent care: progress with plans to enable direct booking of appointments and requests between 111 and GP practices
- Mental health five year forward view - the full level of cashable savings has not yet been realised.

5.4 The priorities for 19/20 are described in Appendix A and include:

- A sound financial plan that fully supports the delivery of the Better Care Fund ambitions that are aligned to the Joint Health and Wellbeing strategy, Shaping Sheffield ambitions and NHS Long Term Plan.
- Care focused around communities and focused on self-care and prevention
- Improved use of assets within communities – Voluntary care working alongside Primary Care and specialist teams
- Local people knowledgeable about how to access care in their local community
- A person centred whole family approach across all providers
- Hospital care only when care cannot be provided in the community
- A system that is supported by shared intelligence and information which allows an proactive offer of support
- Improved access to specialist support from acute hospital to community
- Investment in community based health and social care

5.5 Full details of progress to date and priorities for 19/20 are set out in Appendix A

6.0 Performance

The BCF plan set a number of targets that were monitored in year. Some of these targets were nationally set, others were locally determined. Performance against the specific targets is described in the sections below.

6.1 Reduction in Non Elective Admissions

Data for 2018/19 (full year position) shows 56,141 admissions, compared with 55,901 admissions in 2017/18 - a 0.4% increase. The 2018/19 BCF target for 2018/19 was 45,235 admissions. Activity was therefore 24.1% above the BCF target.

Non-Elective Admissions (Cumulative)



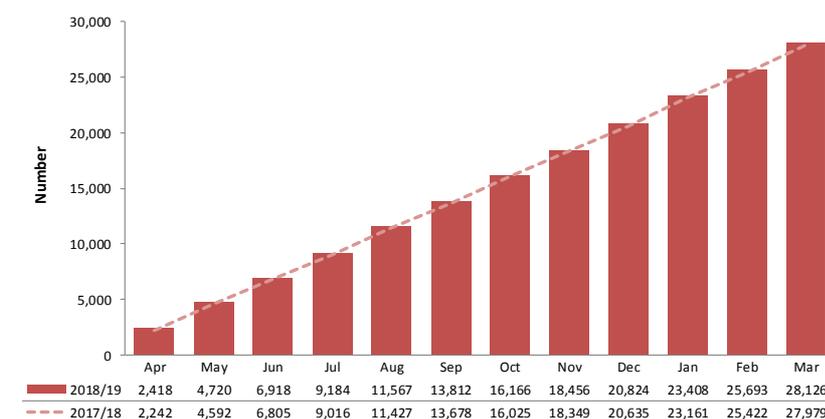
Cumulative Position

Month	% Difference between 2017/18 & 2018/19	% Difference between 2018/19 & BCF Target
April	-6.5%	-24.6%
May	-5.5%	-25.5%
June	-4.0%	-23.9%
July	-3.0%	-23.9%
August	-1.9%	-23.8%
September	-1.1%	-23.4%
October	-0.9%	-23.7%
November	-0.9%	-23.3%
December	-0.6%	-22.9%
January	-0.6%	-24.0%
February	-0.6%	-23.6%
March	-0.4%	-24.1%

6.2 Non Elective admissions (over 65)

Data for 2018/19 (full year position) shows 28,126 admissions, compared with 27,979 admissions in 2017/18 - a 0.5% increase. There is currently no BCF target for this measure other than an overall reduction from the previous year.

Emergency Admissions - Over 65s (Cumulative)



Cumulative Position

Month	% Difference between 2017/18 & 2018/19
April	-7.9%
May	-2.8%
June	-1.7%
July	-1.9%
August	-1.2%
September	-1.0%
October	-0.9%
November	-0.6%
December	-0.9%
January	-1.1%
February	-1.1%
March	-0.5%

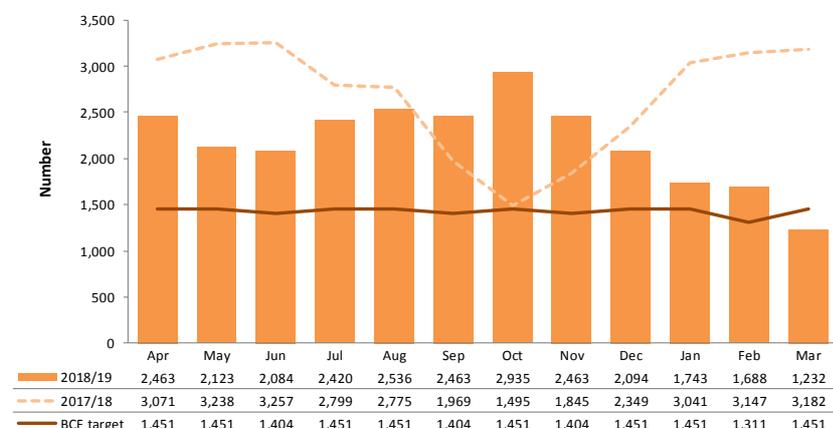
6.3 Delayed Transfers of Care

In 2018/19 (full year position) total delayed days were 26,244, compared with 32,168 days in 2017/18.

The 2018/19 BCF target was 17,130 days. Activity was therefore 53.2% above the ambitious BCF target that was set based on a very successful quarter 3 in 2017/18.

Even though the target was not achieved, it was an 18.4% improvement on 2017/18 overall; also, delayed days have been reducing since October 2018 and, for the first time in the year, in March 2019 the monthly position was below the monthly-apportioned target.

Delayed Transfers Of Care (Monthly)



6.4 Rate of permanent admissions to residential care

On a rolling 12 month basis to the end of March 2019, there were 684 admissions compared to an annual 2018/19 target of 725. This equates to 732 admissions per 100,000 of the population compared to the 2018/19 target of 768. The measure is therefore green and has achieved the target.

6.5 Reablement- Proportion of people still at home 91 days after discharge

Performance in Quarter 4 2018/19 was 84.0% compared to the 2018/19 target (for Q4) of 80%. The measure is therefore green and has exceeded the target.

7.0 FINANCIAL PERFORMANCE

7.1 The purpose of this section is to provide the Governing Body with information on the financial performance of the Sheffield Better Care Fund pooled budget for the year ended 31st March 2019.

The current agreed risk share arrangements state that each organisation is responsible for any financial variances on their individual budget areas. The final year end position shows a £13.7m overspend (CCG £5.9m, SCC £7.8m). The detail of the expenditure against different budget lines is shown in Appendix B.

It should be noted that the BCF is a subset of budgets and as a result doesn't report the full financial position of each organisation. Sheffield City Council People portfolio shows a year end overspend of £15.3m. NHS Sheffield CCG balanced to its control total at year end. The CCG faced considerable financial pressures during 2018/19 with Acute Hospital Activity overspending by £13m. This was offset by an underspend within community services, deployment of reserves and through the receipt of unbudgeted additional non recurrent income.

7.2 Recognising the financial overspends, in addition to continuing delivery of the current programmes, a Joint Commissioning Committee has been established to identify

opportunities to support delivery of financial balance in the future. Delivery of the refreshed Shaping Sheffield Plan and Better Care Fund Programmes will support financial sustainability.

7.3 The table below shows an overview of the changes between the closing 2018/19 budget and initial budget for 2019/20. In total the draft budget shows an £14.471m increase in the total BCF budget from £384m to £399m. The bulk of the increase is due to the required investment into MH and Community services by the CCG, funding of anticipated cost pressures at SCC including use of £11m of reserves, and the carry forward capital budgets, offset in part by planned efficiency savings.

Better Care Fund - Summary of Budgets by Theme	18-19 (Budget as at Yearend)	19-20 Initial Budget	Change
	£'000's	£'000's	£'000's
Theme 1 - People Keeping Well	8,434	8,132	302
Theme 2 - Active Support and Recovery	52,595	57,700	(5,105)
Theme 3 - Independent Living Solutions	4,041	3,995	46
Theme 4 - Ongoing Care	143,096	142,134	962
Theme 5 Adult inpatient Emergency Admissions	63,698	68,622	(4,924)
Theme 6 - Mental Health	106,758	109,017	(2,258)
Sub Total Revenue Expenditure	378,623	389,600	(10,977)
Theme 7 - Capital Grants	5,828	9,322	(3,494)
Grand Total 19/20 Budget	384,451	398,922	(14,471)

7.4 The budget in 2019/20 has funded total pressures of £43m including inflation, pay award pressure funding and health efficiency. This is offset by a savings target of £24m alongside £5m reduction from 2018-19 for items which were not recurrently funded. The initial budgets for the BCF are based on the financial plans of the partners and have been approved by their respective organisations.

7.5 In terms of Sheffield City Council, a net revenue budget of £403m was approved at the council meeting on 6th March, which was based on a council tax increase of 2.99%, City Council Reserves of £13.3m and a savings plan of £29.7m.

7.6 In terms of Sheffield Clinical Commissioning Group, a net revenue budget of £863m was approved at the Governing Body meeting on 2nd May. This was based on additional funding announced in the budget for the NHS, which still leaves a financial gap to be managed through QIPP plans of £15.2m as agreed by Governing Body

8.0 THE JOINT COMMISSIONING COMMITTEE

8.1 A Joint Commissioning Committee has been established between Sheffield City Council (SCC) and NHS Sheffield Clinical Commissioning Group (CCG). Shared commissioning arrangements and positive joint working have been in place for some time via the Better Care Fund (BCF) programme and the more recent mental health risk share arrangements. The recent Care Quality Commission (CQC) Local System Review recognised that some good, preventative interventions are happening, but at neither scale nor pace and thus there is more to do to scale up our response in the community and primary care to keep people as well as possible and reduce the need

for more acute services. This in turn will drive a different system and balance of investment across the system.

- 8.2 We have not yet achieved our stated goal of greater emphasis on prevention at all levels of complexity. The main purpose of the joint commissioning committee is to ensure we maintain a focus on a preventative model that aims to keep people living independent, healthy, active lives; this is what is required to sustainably reduce demand for hospital care and ensure that Sheffield remains a healthy and successful city.
- 8.3 We are developing proposals for an enhanced governance model for a more integrated health and care system in Sheffield including a strengthened joint commissioning function between Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC). It is anticipated that the new committee will work with and complement existing arrangements such as the Health and Wellbeing Board and ACP.

9. Action / Recommendations for Governing Body

The Governing Body is asked to:

- Consider and note the progress to date on delivery of the Integration and Better Care Fund Narrative Plan
- Note the outturn on the budget for 2018/19
- Note the establishment of the Joint Commissioning Committee and its alignment to the Accountable Care Partnership to add pace and scale to address the financial overspends
- Note the proposed budget and priorities for 2019/20
- Note that the HWB have received an annual report and agreed a process to sign off the annual submission once 2019 guidance is published.

Paper prepared by: Jennie Milner, Integration and Better Care Fund Delivery Lead

On behalf of: Nicki Doherty, Executive Director of Care out of Hospital & Jackie Mills
Director of Finance

26 June 2019

Appendix A

People Keeping Well	
Aims	<p>In Sheffield we believe People keeping well is so much more than a connecting or referring process.</p> <p>The Key Benefit of PKW is for the:</p> <p>INDIVIDUAL</p> <ul style="list-style-type: none"> • Friends, connections, a purpose • Know how to self-care and deal with 'life crises' – have coping mechanisms • A 'safety net' – somewhere to get timely help and support <p>Based on national studies and local anecdotal evidence the assumptions for the SYSTEM and COMMUNITY are:</p> <p>SYSTEM</p> <ul style="list-style-type: none"> • Reduction in inappropriate use of services • Better self-care and self-management leads to healthier people (i.e. reduction in services) <p>COMMUNITY</p> <ul style="list-style-type: none"> • Building social capital and resilient communities • Friendly communities
Progress	<ul style="list-style-type: none"> • Well established social prescribing process • City wide coverage • For anyone • Established partnership working across the VCF • The VCF as a key partner in health and social care
Challenges	<ul style="list-style-type: none"> • An agreed and implementable' approach to measure 'impact' of PKW on the system • Sustainable model for PKW including funding
Priorities	<ul style="list-style-type: none"> • Mature the People Keeping Well model along with the development of the 'Early Help' model through the locality approach to further support resilient communities • Expand to city wide coverage within a model of proportionate universalism which will enable flexibility to deliver proportionate to the degree of need in each area • Ensure integration of this model with the social prescribing intentions outlined in the NHS long term plan

Urgent Care	
Aims	<ul style="list-style-type: none"> • Ensuring Patients needs are met within primary care • Improving assessment and step up facility when needs can no longer be met in primary care • Providing optimum care and planning discharge on admission • Enabling prompt handover back to home and primary care
Progress	<ul style="list-style-type: none"> • Continued outreach engagement into communities and general practices to listen to the problems and issues that patients experience in urgent care and stakeholders across the city. • Development of the Winter Planning and Operational Pressures Escalation (OPEL) actioncards to support the Sheffield system. • Sheffield CCG has funded additional appointments in the GP extended access hubs to enhance patient access, and the development of the 111 direct booking system for the Sheffield Walk In Centre. • Achieved significant reduction in Excess Bed Days • Well established partnership approach to programme development and delivery through Why Not Home Why Not Today Board, bringing a sustainable reduction in DToC
Challenges	<ul style="list-style-type: none"> • Did not progress with urgent care consultation proposals • Not significantly reduced length of stay within STH • Not implemented direct booking between 111 and GP practices
Priorities	<ul style="list-style-type: none"> • Increase effective usage of community urgent care resources • Prevent avoidable attendances and admissions at A and E • Ensure fast assessment directs to appropriate response • Improve flow through and out of hospital • Improve System Resilience <p>Key milestones include:</p> <ul style="list-style-type: none"> • Development of Single Point of Access & routine and consistent use of non-acute community pathways by YAS crews- July 2019. • Undertake gap analysis and further development of the Sheffield Delivery of Service- June 2019. • Conclude work on identification of problems with urgent care – by Q2

Independent Living Solutions	
Aims	<p>Prevention The Service will play a significant contribution in terms of preventing:</p> <ul style="list-style-type: none"> • Admissions to hospital or care homes • Delayed transfers of care • Deterioration in health <p>Promoting Independence The right equipment at the right time will help people to:</p> <ul style="list-style-type: none"> • Maintain their independence by enabling them or their carers to carry out everyday tasks such as toileting, bathing, • Feeding and drinking. • Maintain or promote mobility. • Continue to make their own decisions about their health and social care needs <p>Caring Equipment can enable the person's health and social care needs to be attended to in a community setting by:</p> <ul style="list-style-type: none"> • Providing equipment to meet the person's needs • Preventing injury to the carer through the use of adaptations and aids • Reducing the need for home care packages • Ensuring carers feel supported and in control
Progress	<p>Demand on the service continues to increase. The indicative delivery volume of equipment per annum at the start of the contract was 24,555 items. The actual volume of items being delivered out into the community has more than doubled since the start of the contract. Furthermore, more items are being requested for urgent same day delivery.</p> <p>Prevention Some additional funding was secured to provide an additional two vans and drivers to ease winter pressures on the service last winter. The British Red Cross reported that the additional resource provided enough capacity to manage extra demand on the service and facilitate more urgent requests for equipment.</p> <p>Promoting Independence Additional funding (Hancock/Winter Pressures Funding) was obtained to purchase additional equipment for care homes to support the 5Q pathway.</p> <ul style="list-style-type: none"> • A number of guidance documents have been developed to support prescribers in the appropriate issue of either high value items (e.g. specialist seating) or equipment which is prescribed at high volume (e.g. profiling beds) to support people to remain independent in the community. <p>Caring The service has appointed a Lead Clinician to focus on the recycling and re-use of high value and highly specialist equipment. Reusing recycled items enables them to be issued quicker as they do not need to be procured and therefore, the benefit to the person is immediate. Furthermore, they will be working with other prescribers to ensure a more consistent approach to issuing of equipment across the city, helping to reduce health inequality</p>

<p>Challenges</p>	<ul style="list-style-type: none"> ● Contract Extension The current contract with the British Red Cross is due to end in June 2019. There is an option to extend the contract by one year which would provide additional time to evaluate and procure the service for post June 2020. Further negotiations with the BRC are underway to see what options are available to get an agreement in place. ● Additional Capacity A Business Plan was approved to appoint a Lead Clinician and Therapy Assistant to the ICES Commissioning Team. We now have a Lead Clinician within the team and the service is already evidencing the savings being achieved through the post. In order to build on this work we now need to start recruitment processes to appoint a Therapy Assistant(s). This work has been delayed due to a staffing restructure within the commissioning team. ● Catalogue Review A robust review of the equipment catalogue is overdue to identify if the range of standard stock is still fit for purpose. This work has been delayed while waiting to appoint to the Lead Clinician role.
<p>Priorities</p>	<ul style="list-style-type: none"> ● Recruitment of additional Therapy Assistant to Commissioning Team ● Re-launch the Care Home Guidance and ensure more consistency in the provision of equipment into care homes, whilst arranging for unused items to be returned ● Review Delivery Options and Delivery Criteria to help manage demand ● Explore retail options to promote self-purchasing of independent living aids ● Improve capacity & resilience within the service ● Review and improve financial models ● Focus on the procurement of the new contract for June 2020

Active Support and Recovery	
Aims	<ul style="list-style-type: none"> • To develop effective sustainable integrated out of hospital care • To facilitate discharge and minimise stays in hospital • To offer a wider range of services and support in the community to prevent hospital admission and ensure services are accessible to facilitate timely discharge. • To maximise peoples recovery, independence and self-management via person centred care
Progress	<p>Active Recovery, New Integrated Service (integrated workforce model)</p> <ul style="list-style-type: none"> • Screening & allocation team established providing an early point of contact and assessment to reduce waiting times and improve discharges. • Significant progress with shared assessment paperwork and processes ensuring a single assessment is undertaken leading to more effective use of resources and improved patient experience. • Agreed a model for aligned workforce for delivery in June 2019, this will ensure staff are used more efficiently to deliver support to people in the community. <p>Neighbourhood Development</p> <ul style="list-style-type: none"> • Funding allocated for successful Further Faster Neighbourhood Bids – implementation plans started. This will deliver a range of new services in some neighbourhoods, to embed neighbourhood working at pace. <p>Somewhere else to Assess (S2A) - Assessment Beds</p> <ul style="list-style-type: none"> • Development of new specification for jointly commissioned service, to ensure patients can be promptly discharged out of hospital to a temporary residential or nursing placement to ensure any assessment for longer term care is undertaken in an appropriate setting
Challenges	<p>Delivery in some areas and work streams has proved challenging due to the multi-organisational systems - a complex set of problems (cultural change, behaviours, and systems entrenched ways of working relates not only to the organisations in the system but to people (patients) as well.</p>
Priorities	<p>Continued development of mature Neighbourhoods incorporating risk stratification, multi-disciplinary working (including enhanced case management) and person centred care planning.</p> <p>Co-produced models of commissioning based on outcomes and ensuring inclusion of voluntary sector and community assets</p> <p>Development of local points of access/hub model for locality /neighbourhood to enable swift access and responses to need</p>

Ongoing Care	
Aims	<ul style="list-style-type: none"> • To develop a seamless ongoing care service experience for the cared for person and their families which maximises independence, through an equitable single support planning process supported by the smart use of technologies • To develop integrated teams that are skilled, competent and confident working consistently to shared values and behaviours • To develop an integrated commissioning function with the move to single contracting arrangements, to ensure streamlined services for the public. • To reduce inequalities in care at the same time as improving the quality and sustainability of care provision • To provide services that are financially viable and represent value for money
Progress	<ul style="list-style-type: none"> • A single contracted Care at Night service with improved outcomes for people in receipt of care and their families, which will deliver value for money and a better experience for the public offering a more consistent care offer across health and social care. • People benefit from continuity without the need to transfer services when their eligibility changes • People spend less time in hospital and are assessed closer to home • People receive information that is of value to them in an open manner • People have a strong voice able to share their service experiences • People receive services that are person centred delivered with empathy in a collaborative manner • Services benefit from greater effectiveness and efficiency • People receive a better more consistent service experience • People are able to continue to live safely and independently in their own homes for as long as possible
Challenges	<ul style="list-style-type: none"> • The introduction of digital transformation in ongoing care is taking longer than initial planned.
Priorities	<ul style="list-style-type: none"> • Shared care records across health and social care, will enable to staff to work more collaboratively on supporting patients. • Pool budgets arrangements, that improve patient experience of accessing care • Integrated teams, providing improved assessments and patient experience • Somewhere else to assess service which minimises the time people spend in hospital delivering the right care at the right time in the right place ensuring that long term care is least restrictive

Mental Health	
Aims	<ul style="list-style-type: none"> To design and implement a transformational programme of work that will improve the quality of mental health, learning disability and dementia services and the experience of those who use them; whilst simultaneously delivering better value for money.
Progress	<ul style="list-style-type: none"> The development of a Dementia strategy that has been developed through a cross organisation approach The production of a proposed new Eating Disorders Pathway which has been developed with service users, carers, experts by experience and other interested parties Psychological Therapists now working alongside physical healthcare clinicians in 10 pathways at Sheffield Teaching Hospitals NHS Foundation Trust National funding secured to develop perinatal mental health services (£.05m) The Working Win Employment Support Service commenced in May 2018 Delivery of £3.8m efficiency savings
Challenges	<ul style="list-style-type: none"> Neighbour health and wellbeing service – underestimation of the complexity has resulted in limited progress Psychiatric Decision Unit – Building work not completed in line with the original implementation plan Mental health five year forward view – the full level of cashable savings has not yet been quantified.
Priorities	<ul style="list-style-type: none"> Embed integrated commissioning plans, to include revising the memorandum agreement. Review and revise transition arrangements to ensure patient experience is improved across the services

Appendix B

		Risk Share Category	Year to Date: Twelve Months to March 2019			
			Budget £000	Expenditure £000	Variance £'000 / % Over (+) / Under(-)	
				£'000s	%	
1	People Keeping Well in their Local Community					
	<u>NHS Sheffield CCG</u>					
	Grants to SCC Health Trainers and CSWs	B	696	654	(42) (6%)	
	Other Grants	A	210	210	0 0%	
	GP Locally Commissioned Services (Care Planning & Care Homes)	A	1,022	942	(80) (8%)	
	sub total		1,928	1,806	(122) (6%)	
	<u>Sheffield City Council</u>					
	Mental Health - Partnership Working and Grants	A	0	0	0 0%	
	Community Grants and Support to VCF Sector (inc iBCF med mgt)	A	1,137	1,320	182 16%	
	Public Health	A	1,245	1,245	0 0%	
	Community Support Workers (inc iBCF funding)	B	536	457	(79) (15%)	
	Carers Support	A	789	693	(96) (12%)	
	Housing Related Support for Older People	A	1,805	1,798	(8) (0%)	
	Community Access Reablement Service (CARS)	A	0	0	0 0%	
	People Keeping Well	A	1,166	1,141	(24) (2%)	
	Supporting People with Learning Disabilities	A	82	82	0 0%	
	sub total		6,761	6,736	(25) (0%)	
	Theme 1 Total - People Keeping Well in their Local Community		8,689	8,542	(147) (2%)	
2	Active Support & Recovery					
	<u>NHS Sheffield CCG</u>					
	Integrated Care Teams (inc. Community Nursing and falls preventi	A	18,189	18,189	0 0%	
	Intermediate Care - Home & Bed-Based Services	A	20,988	21,971	982 5%	
	Dementia Response	A	0	0	0 0%	
	Length of Stay, Discharge Teams	A	2,455	2,455	0 0%	
	Grants to SCC for STIT, AICS, CAICS and Social Workers	B	1,817	1,817	(0) (0%)	
	sub total		43,449	44,432	982 2%	
	<u>Sheffield City Council</u>					
	Short Term Intervention Team (STIT)	B	5,680	5,540	(140) (2%)	
	iBCF funded activity (predominantly DTOC support, winter pressur	B	425	425	(0) (0%)	
	First Contact, Hospital & OOH, Intermediate Care and Assessment	B	2,853	2,623	(229) (8%)	
	sub total		8,958	8,588	(370) (4%)	
	Theme 2 Total - Active Support & Recovery		52,407	53,019	612 1%	
3	Independent Living Solutions					
	<u>NHS Sheffield CCG</u>					
	Community Equipment	C	2,196	2,151	(45) (2%)	
	sub total		2,196	2,151	(45) (2%)	
	<u>Sheffield City Council</u>					
	Community Equipment	C	922	1,074	152 17%	
	Equipment & Adaptation Teams	A	848	803	(45) (5%)	
	Sensory Impairment Equipment	A	0	0	0 0%	
	sub total		1,770	1,878	108 6%	
	Theme 3 Total - Independent Living Solutions		3,966	4,028	62 2%	
4	Ongoing Care					
	<u>NHS Sheffield CCG</u>					
	Ex NHS England funding for social care support	B	19,613	19,613	0 0%	
	CHC, FNC and Palliative (exc MH)	A	29,556	29,029	(527) (2%)	
	Grants to SCC re Learning Disabilities services	B	0	0	0 0%	
	sub total		49,169	48,642	(527) (1%)	
	<u>Sheffield City Council</u>					
	Gross Social Care Costs					
	Adult Social Care Purchasing	B	35,107	38,905	3,798 11%	
	Learning Disabilities Purchasing	B	42,928	47,187	4,259 10%	
	Older Adult Mental Health	B	(130)	(287)	(156) 120%	
	Carers Grants	A	0	0	0 0%	
	Long Term Placements	A	0	(0)	(0) 0%	
	Sharing Lives (APSL)	A	421	322	(99) (23%)	
	Less: Client Income	B	0	(1)	(1) 0%	
	Less CCG Income exc NHS England Income		0	0	0 0%	
	iBCF funded activity & Winter Pressures	B	8,153	9,950	1,797 22%	
	Short Breaks - Respite	A	392	645	252 64%	
	In House LD, Home Care and Other LD Services	A	4,342	4,433	91 2%	
	CHC Team	A	0	0	0 0%	
	sub total		91,213	101,154	9,940 11%	
	Theme 4 Total - Ongoing Care		140,382	149,796	9,414 7%	

		Risk Share Category	Year to Date: Twelve Months to March 2019			
			Budget £000	Expenditure £000	Variance £'000 / % Over (+) / Under(-)	
5	Expenditure on Adult Inpatient Medical Emergency Admissions					
	NHS Sheffield CCG					
	In-Patients (PbR & non PbR)	A	63,698	69,307	5,608	9%
	Sheffield City Council					
	No spend in BCF		0	0	0	0%
Theme 5 Total - Adult Inpatient Medical Emergency Admissions			63,698	69,307	5,608	9%
6	Mental Health					
	NHS Sheffield CCG					
	Mental Health SHSC (excludes LD)	C	74,343	74,392	48	0%
	Mental Health Contracts external to Sheffield	C	623	645	22	4%
	Grant to SCC under risk share	C	1,925	2,072	147	8%
	IFR - MH	C	0	0	0	0%
	CHC and FNC for MH clients	C	23,014	22,826	(188)	(1%)
	sub total		99,906	99,936	29	10%
	Sheffield City Council					
	Mental Health - Partnership Working and Grants	C	113	86	(26)	(23%)
	Mental Health Purchasing	C	6,532	6,773	242	4%
	iBCF Funded activity	B	0	0	0	0%
	Mental Health - Contract Payment	B	706	786	79	11%
	sub total		7,351	7,645	295	(8%)
Theme 6 Total - Mental Health			107,257	107,581	324	0%
7	Capital Grants					
	NHS Sheffield CCG					
	No spend in BCF		0	0	0	0%
	Sheffield City Council					
	Disabled Facilities Grant	A	4,172	3,542	(630)	(15%)
	Social Care Capital Grant	A	1,506	0	(1,506)	(100%)
Theme 7 Total - Capital Grants			5,678	3,542	(2,136)	(38%)
TOTAL			382,078	395,815	13,737	4%
Risk Share Summary						
	A + B Solely Managed Schemes + Jointly Managed (Lead Commissioning) - CCG		158,245	164,187	5,942	4%
	A + B Solely Managed Schemes + Jointly Managed (Lead Commissioning) - SCC		114,165	121,608	7,443	7%
	C Jointly Managed (Integrated Commissioning) - CCG element		102,102	102,086	(16)	(0%)
	C Jointly Managed (Integrated Commissioning) - SCC element		7,566	7,934	367	5%
	Summary - CCG		260,347	266,273	5,926	2%
	Summary - SCC		121,731	129,542	7,811	6%
			382,078	395,815	13,737	4%
Memo: Aligned Budgets						
	Inpatient Emergency Admissions - Other	SCCG	51,311	51,254	(57)	(0%)
Memo: Grand Total Inpatient Emergency Admissions			115,009	120,561	5,551	5%