



## Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee 8th February 2017

**Report of:** Transforming Sheffield Programme

**Subject:** Shaping Sheffield: The Plan

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**Summary:**

This paper is intended to provide an executive summary to the Sheffield Plan in order to support an open, rigorous and honest discussion about:

- its content, provenance and production
- why it is different
- its ambition for the people of Sheffield
- the challenges for delivery.

The committee should come away understanding:

- 1) What the Sheffield Plan aspires to achieve
- 2) The early opportunities that the Plan brings to Sheffield
- 3) What further work is needed to implement the Plan.
- 4) What the plan means for the different partners

**Type of item:** The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	
Other	<b>X</b>

## **The Scrutiny Committee is being asked to:**

1. Consider the ambition and purpose of the plan and advise on opportunities that would support or strengthen it
2. Discuss the proposed approach to delivering the plan and how this would be best supported
3. Discuss the challenges to delivery and advise on how best to approach them as well as system opportunities to create the environment in which we are best able to achieve success

### **Background Papers:**

Health and Wellbeing Strategy  
NHS Five Year Forward View  
Sheffield CCG Out of Hospital Strategy  
Sheffield City Strategy: Sheffield 2020

### **Category of Report: OPEN**

#### **1. Introduction/Context**

- 1.1 This plan responds to the challenges that health and care face over the next five years. The aspiration that the City Partnership (NHS/ Local Authority and Voluntary Sector) as about the plan is about vision and shared strategy rather than operational level detail. This is difficult to describe in a way that is meaningful and that has traction.

There is a strong history of close working between NHS Providers within Sheffield, and also between Commissioners in the CCG and Sheffield City Council, however, this has not gone far enough in its ability to fully address the whole system challenges, as described in the plan, that Sheffield faces.

The Integrated Commissioning Programme (Better Care Fund) did not achieve its well-articulated ambition, and the provider led Right First Time programme delivered pockets of clinical excellence but this was not effectively implemented at scale. The scope for the Sheffield Plan was developed in December 2015 well before the NHS Sustainability and Transformation Plan (STP) process was articulated in March 16, but this was a useful process to support the coordination of pulling together the Sheffield plan's ambition and intent. Because this work was already well progressed Sheffield has, as a city, managed to meet the requirements set through the NHS at the same time as maintaining the integrity of the Sheffield ambition and intent; this is particularly important and important to recognise.

The plan takes take the engagement and plans and strategies across health and care and brings it together into the Shaping Sheffield architecture with a focus on a city approach to addressing the systems risks and challenges that have previously created barriers to us fully realising our ambitions. It is the first time that we have had a single plan for the city and created by the city.

Equally, this plan has significant system level change within it, significant complexity in delivering that ambition for the city, and the recognition that the

plan is a direction of travel rather than a map to a destination the plan may be best viewed as a process, rather than a “point in time plan”.

The Sheffield plan sets its boundaries, not within the confines of the NHS, nor that of the Health and Social Care services but with the breadth of public services and policy that improve the health and wellbeing of the city’s population.

The plan as it stands is currently being presented to Boards and Governing Bodies. SCC has not yet “agreed” this plan. Obviously no plan can be “agreed” until the financial details are clear and the implications for SCC financially are clear.

1.2 The aspiration is as follows:

- a radical upgrade in prevention
- streamlining and aligning services that work independently of organisational boundaries
- tackling inequalities head on (the cost of inequalities is £30bn to the NHS)
- tackling the broader determinants of health and wellbeing
- applying an agreed financial strategy that supports investing in transformation
- targeting money at community based service provision and population need
- supporting the community, primary care and voluntary sector infrastructure to be resilient and to be able to deliver the new models of care
- supporting and understanding the change in behaviours for organisations, professionals and the public that is needed to design and implement models of wellbeing and of care that build sustainable services for Sheffielders now and in the future

It is accepted each of these issues requires further definition.

## **2. Main body of report, matters for consideration**

### **2.1 The aspiration of the plan and Early priorities**

Some of the early priorities in terms of specific have been set out below:

- *“We will empower parents, families and carers to provide healthy, stable and nurturing family environments*
- *We will have midwife led care in every community*
- *We will implement a new services that helps grow and nurture life chances*
- *We will increase the proportion of children and young people who are school and life ready*
- *We will recognise the link between employment and physical and mental health and help more people into work*

- *We will design our services to support improved emotional wellbeing and mental health for children, young people and adults*
- *We will agree a single risk stratification process for our population and agree how we use this so that we can then target our resources so we can help those most at risk*
- *We will invest heavily into the development of neighbourhood working*
- *We will work with our staff and teams to promote flexibility, to promote patient centred services and to promote a culture in Sheffield where staff across organisations are enabled to resolve difficult issues which impact on patients and communities*
- *We will tackle inequalities head on by making disproportionate investments in effort and resources into those communities with most need*
- *We will collectively support implementing the Sheffield Tackling Poverty Strategy”*

## **2.2 Further work in implementation of the plan**

It is recognised in the plan there is significant further work to undertake in a number of key areas:

- Public consultation
- Resources to deliver – mindful of the resource that’s in the system#
- Contractual pay payment mechanisms
- Regulation and policy
- Transformation funding
- Organisational behaviour

## **3. What does this mean for the people of Sheffield?**

### **3.1 Moving Sheffield towards Accountable Care to deliver Service Change**

Many things need to be tackled on a very granular basis. Some macro changes are needed. There are on-going discussions in the Chief Executive group on how best to move this forward and those macro changes. The Transforming Sheffield Programme Board has made significant progress since its inception April 2016 following the close down of both the Integrated Commissioning Programme and the Right First Time Board. There has been agreement for the first time between the city’s leaders to have a single shared plan that each organisation will sign up to, an agreement to working with a single financial Investment and Expenditure (I&E) account, an agreed set of behaviours in which we expect the system to behave and a shared recognition that there are a number of issues both operational, strategic and structural that are not able to be resolved at an organisational level but instead require multi-agency cooperation.

We believe that a delivery mechanism akin to a multi-agency board will be needed to support the Chief Executive group moving these actions forward.

The Chief Executive group has agreed the principle of a single financial strategy for the city and a single Investment and Expenditure plan for

Sheffield. The focus for this year is to try to develop a joint SCH / SCC / SCCG transformation team and SHSC / SCC / SCCG transformation team delivering QIPP / CIP together. This is a new way of working closely with provider and commissioner, with local authority and health and importantly with clinician / professional and patient / customer. Specific examples here include detailed work about moving patients with ongoing mental health conditions from high cost, highly clinical interventions into much more community based services which enable more of the people of Sheffield to live lives they want to live within their communities. This has huge qualitative benefits for the individual and their families but equally huge contribution towards the long term sustainability of these services, but also in releasing funds to provider broader more preventative services. The reason this hasn't happened in the past is that the money has been too difficult to extract from complex provider cost bases, and this shared approach makes this a whole system problem to resolve and releases previous defensiveness and anxiety from providers potentially left with a problem to solve.

The chief executive group recognises the challenges to be addressed in terms of:

- Building the demand management function – primary care and social care
- Restoring financial balance through developing a financial strategy that will support the whole system.
- Developing truly joint commissioning and an accountable care system that acts as that, not a set of organisations.

#### **4. Recommendation**

4.1 The committee is asked to review the Sheffield Plan, to acknowledge its scope, scale and ambition for Sheffield and to draw upon the committees' resources and expertise to consider areas where the plan may require further support or focus as it moves to delivery, specifically to:

- consider the ambition and purpose of the plan and advise on opportunities that would support or strengthen it
- discuss the proposed approach to delivering the plan and how this would be best supported
- discuss the challenges to delivery and advise on how best to approach them as well as system opportunities to create the environment in which we are best able to achieve success

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