Public Document Pack

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 25 November 2015 at 10.30 am

To be held at the Town Hall, Pinstone Street, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillor Cate McDonald (Chair), Sue Alston (Deputy Chair), Pauline Andrews, Jenny Armstrong, Katie Condliffe, Mike Drabble, George Lindars-Hammond, Shaffaq Mohammed, Anne Murphy, Peter Price, Jackie Satur, Geoff Smith, Garry Weatherall, Brian Webster and Joyce Wright

Healthwatch Sheffield
Helen Rowe and Alice Riddell (Observers)

Substitute Members
In accordance with the Constitution, Substitute Members may be provided for the above Committee Members as and when required.

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

The Healthier Communities and Adult Social Care Scrutiny Committee exercises an overview and scrutiny function in respect of the planning, policy development and monitoring of service performance and related issues together with other general issues relating to adult and community care services, within the Neighbourhoods area of Council activity and Adult Education services. It also scrutinises as appropriate the various local Health Services functions, with particular reference to those relating to the care of adults.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Members of the public have the right to ask questions or submit petitions to Scrutiny Committee meetings and recording is allowed under the direction of the Chair. Please see the website or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Scrutiny Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information about this Scrutiny Committee, please contact Emily Standbrook-Shaw, Policy and Improvement Officer on 0114 27 35065 or email emily standbrook-shaw@sheffield.gov.uk

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND POLICY DEVELOPMENT COMMITTEE AGENDA
25 NOVEMBER 2015

Order of Business

1. **Welcome and Housekeeping Arrangements**

2. **Apologies for Absence**

3. **Exclusion of Public and Press**
To identify items where resolutions may be moved to exclude the press and public

4. **Declarations of Interest** (Pages 1 - 4)
Members to declare any interests they have in the business to be considered at the meeting

5. **Minutes of Previous Meeting** (Pages 5 - 10)
To approve the minutes of the meeting of the Committee held on 23rd September, 2015

6. **Public Questions and Petitions**
To receive any questions or petitions from members of the public

7. **Better Care Fund - Active Support and Recovery** (Pages 11 - 24)
Joint report of the Director of Commissioning, Communities, Sheffield City Council and the Chief Operating Officer, NHS Sheffield Clinical Commissioning Group

8. **Work Programme 2015/16** (Pages 25 - 30)
Report of the Policy and Improvement Officer

9. **Date of Next Meeting**
The next meeting of the Committee will be held on Wednesday, 27th January, 2016, at 10.30 am, in the Town Hall

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

  *The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 23 September 2015

PRESENT: Councillors Cate McDonald (Chair), Pauline Andrews, Katie Condliffe, Mike Drabble, George Lindars-Hammond, Peter Price, Jackie Satur, Geoff Smith, Garry Weatherall, Brian Webster, Joyce Wright, Pat Midgley (Substitute Member) and Denise Reaney (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Helen Rowe

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Sue Alston with Councillor Denise Reaney attending as her substitute, Councillor Anne Murphy with Councillor Pat Midgley attending as her substitute, Councillor Jenny Armstrong and Alice Riddell, Healthwatch Sheffield.

2. EXCLUSION OF PUBLIC AND PRESS

2.1 No items were identified where resolutions may be moved to exclude the public and press.

3. DECLARATIONS OF INTEREST

3.1 In relation to Agenda Item 7 (Carers' Strategy), Councillor Jackie Satur and Denise Reaney each declared a personal interest as they were carers.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 22nd July 2015, were approved as a correct record and, further to their consideration, it was noted that:-

(a) the report on the issue of whistleblowing referred to at paragraph 5.1, would now be submitted to the Council's Standards Committee in December 2015;

(b) written responses to the public questions referred to at paragraph 6.1 had been provided to the questioner; and

(c) Councillor Katie Condliffe had been appointed to the Task and Finish Group to discuss the quality of Home Care, referred to at paragraph 9.2(b) and that a meeting of this Group had now been set up.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 In response to a question from Sylvia Sellers, regarding the difficulties experienced as a carer for her brother-in-law and particularly the lack of continuity of Social Workers, the Chair, Councillor Cate McDonald, asked her to send in written details of her experiences, so that these could contribute towards improving the service.

5.2 In response to a question from Alan Kewley, regarding the lack of public involvement in the Council's Scrutiny Committees, the Chair agreed to meet him outside the meeting so that a proper discussion could take place.

6. CARERS' STRATEGY

6.1 The Committee was asked to consider the development of the Carers' Strategy and had been provided with a series of documents to inform its discussion. These were a slide presentation on the Carers' Strategy, comments from carers compiled by Healthwatch Sheffield and a paper outlining issues that affected young carers from the Sheffield Young Carers' Project.

6.2 In attendance for this item were Councillor Mary Lea (Cabinet Member for Health, Care and Independent Living), Councillor Olivia Blake (Cabinet Adviser on Health, Care and Independent Living), Councillor Aodan Marken and Jules Jones (representing the Children, Young People and Family Support Scrutiny and Policy Development Committee), Tim Furness (Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group (CCG)), Phil Holmes (Director of Adult Services), Emma Dickinson (Commissioning Manager), Sara Gowen (Sheffield Young Carers' Project) and Angela Barney and Chris Sterry (representing carers).

6.3 Councillor Mary Lea introduced the item, stating that at some point in their lives most people would become a carer and that, presently, there were about 50,000 carers in the City, with about 4,000 of these being young carers. In addition, about 20,000 became carers each year. She added that the development of the new Carers' Strategy was a response to the introduction of the Care Act, the ending of existing contracts and the forthcoming national strategy. She also emphasised that carers should be seen as agencies' partners and that the effect on their lives should be recognised and the right support provided.

6.4 Phil Holmes outlined the need to strike the right balance with more emphasis being placed on putting the carer and customer first and a reduction in fighting over payment between the Council and NHS. He expressed his concern that carers in Sheffield felt less supported than in other local authorities in Yorkshire and the Humber and, in regard to recognising accountability, made reference to the work of the Carers' Service Improvement Forum which included carers. He went on to state that carers wanted dignity and respect and emphasised the importance of engagement with staff and decent customer care. In conclusion, he wanted to provide reassurance to carers that their difficulties and needs were being taken

account of.

6.5 Emma Dickinson then took the Committee through the circulated presentation on the Carers' Strategy, covering the definition of who was a carer, key facts, the changing carer population, the co-production approach, the Strategy's City-wide aspect, consultation, messages from carers, key actions and the timeline of the process. She also emphasised the importance of the 3 action plans relating to young carers, transitions and adults.

6.6 Tim Furness indicated that the CCG played a part in the development of the Strategy and that he would take the actions from the Strategy to his governing body to ensure that carers' rights and carers' own health needs were properly recognised. He added that training and awareness of staff was a large part of the process and emphasised the involvement of all parties in the development of the action plans.

6.7 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- Carers did not want to be pigeonholed, but it was important to know what worked for them. There was a need to be more open about the Integrated Commissioning Plan and this could be achieved by more working together.

- Carers' isolation was a big issue and voluntary sector partners were undertaking excellent work in this regard. It was recognised though that information on opportunities needed to reach a wider audience.

- As part of the Strategy development process, officers were now going back to carers to see how things could be improved for them.

- The issue of continuity of Social Workers was recognised. It was felt that managers had responded to resource restrictions by becoming more insular. There was a need to make a judgement where an allocated worker was needed and it was recognised that the current balance was wrong and needed to be addressed.

- It was accepted that there was a need for some quick delivery of actions.

- In relation to transitions, the totality of the journey of the carer and support needed to be considered and there was a need to look at carers' requirements holistically. The all age disability approach would contribute to this process.

- The Royal College of General Practitioners had issued guidance to GPs to recognise carers' needs and the action plans were expected to include this.

6.8 The following responses were provided to questions asked by the invited representatives of the Children, Young People and Family Support Scrutiny and Policy Development Committee:-

- The stakeholder group for the Carers' Strategy involved representatives from the Care Trust and Teaching Hospitals. Jules Jones could become involved with this group if she so wished.

- Officers were undertaking significant work on young carers in relation to the Children and Families Act, particularly in relation to assessments. Joint working was being undertaken with colleagues from Children and Families Services so that there were no gaps.

- It should be borne in mind that both the NHS and the Council had finite budgets, so a joint discussion of needs was required which used a national framework. There would still be eligibility tests to ensure that funding decisions were applied fairly.

6.9 At this point, the Chair invited the carers' representatives to address the Committee.

6.10 Sara Gowen circulated two further documents produced by Sheffield Young Carers. These were the Young Carers' Manifesto and a document which outlined the gaps in services for young carers. The latter document contained two recommendations for the Committee to consider, namely that young carers be recognised as carers by medical staff and given medical information in understandable language about the people they cared for, and that good quality support needed to be available to all pupils in schools and colleges with young carers' support being something that OFSTED inspected schools on.

6.11 Angela Barney felt that it was not possible to separate carers and the cared for person and that the co-production approach required resources and people to get involved. She also referred to carer identification and felt that this should be taken up by the CCG in Sheffield, with GPs being responsible for registration. In conclusion, she emphasised the importance of working together.

6.12 Chris Sterry indicated that he agreed with the circulated documents and comments made, but felt that the statistics under-estimated the number of carers as many did not recognise themselves as such. He also considered that the holistic approach was not suitable due to the large spectrum of needs and also recommended the introduction of a 24 hour contact facility. In addition, he emphasised that everyone needed to work together and include carers in the process. Furthermore, there were practicalities which needed addressing and he requested that the Council be open, honest and transparent, and, whilst he appreciated that budgets were restricted, felt that it was not appropriate for people to be told there was no more money, as the need for care nevertheless continued.

6.13 Members then asked further questions, to which responses were provided as follows:-

- In relation to consultation, there would always be limitations as to its coverage, but reassurance could be provided that this had been as

widespread as possible.

- In addition to known carers being mapped, engagement had been undertaken with organisations such as Healthwatch and the Over 50s Group to obtain information about others. Officers were open to suggestions as to how to widen their contact groups.

- Intense work was being undertaken in schools to identify young carers and it was hoped that the national kitemark award in supporting young carers could be promoted across the City.

6.14 The Chair then asked each of the carers' representatives to identify one issue that would make things better for carers. Angela Barney highlighted continuity of contact, Chris Sterry called for agencies to listen, understand and take appropriate action, and Sara Gowen referred to the wider issue of transitions, particularly coverage of carers aged between 16 and 18.

6.15 A brief discussion then took place, during which Members were asked to identify the messages which officers engaged in the development of the Carers' Strategy needed to be aware of.

6.16 RESOLVED: That the Committee:-

(a) thanks those attending for their contribution to the meeting;

(b) notes the contents of the presentation, circulated documents and the responses to questions;

(c) approves the general direction of travel in the development of the Carers' Strategy;

(d) in the light of Members' and Carers' representatives' comments, requests that the Carers' Strategy takes account of the following:-

(i) continuity of contact between carers and those providing support, so that carers are not experiencing the frustration of being shunted from pillar to post and constantly dealing with professionals who are unfamiliar with the specifics of their case;
(ii) ensuring the right balance is struck between the needs of the carer and the cared for person, which are related but not the same;
(iii) increasing the role of schools in identifying and supporting young carers, through mechanisms such as Learn Sheffield, and considering how current examples of good practice can be rolled out and embedded across the City;
(iv) recognising that transitions can be an extremely difficult time for carers, with the Strategy and Action Plan ensuring that there are no service "gaps" during transitions from Children's to Adult Services, or between a young carer becoming an adult carer;
(v) seeking to "normalise contingency", with carers being encouraged to

ask for help and assistance when they need it, not just in the event of an emergency or dramatic event; and

(vi) actions rather than fine words, with short term improvements needing to be seen as a result of the Strategy and Action Plans; and

(e) requests that the final version of the Carers' Strategy and Action Plans be presented to the Committee for comment.

7. WORK PROGRAMME 2015/16

7.1 The Policy and Improvement Officer submitted a report attaching the draft Work Programme 2015/16.

7.2 RESOLVED: That the Committee:-

(a) notes the draft Work Programme 2015/16;

(b) notes that meetings of the Task Group on Homecare and Subgroup on Quality Accounts have now been arranged; and

(c) notes that information would be circulated to Committee Members with regard to the Subgroup meeting on Public Health.

8. DATE OF NEXT MEETING

8.1 It was noted that the next meeting of the Committee would be held on Wednesday, 25th November 2015, at 10.30 am, in the Town Hall.

Sheffield Integrated Commissioning Programme

Overview for Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

1. Executive Summary

1.1. Sheffield City Council and Sheffield Clinical Commissioning Group have established an ambitious integrated commissioning programme to be delivered over a 3 year period. The Integrated Commissioning Programme is supported by a £270m pooled budget between Sheffield City Council and Sheffield Clinical Commissioning Group. The pooled budget is commonly described as Sheffield's 'Better Care Fund'.

1.2. The Council and Clinical Commissioning Group want the Integrated Commissioning Programme to deliver changes so that:

- People – including children, young people and adults – get the right care, at the right time and in the right place
- People and their communities in Sheffield support each other to improve and maintain their wellbeing and independence
- Organisations in Sheffield work together to help people and their communities to build and strengthen the support they provide to each other
- Expert help is available to help people to take control of their own care so that it is genuinely person-centred, and complements and builds on the assets they have
- Health and care services are focussed on a person's needs - organisational boundaries do not get in the way
- We get the best services and support we can for Sheffield from our combined resources

1.3. The Integrated Commissioning Programme includes the following key workstreams:

1.4. **People Keeping Well in their Community**: focuses on how we better enable people to stay independent, safe and well in their own homes. This workstream focuses on primary care, community wellbeing and development, and the neighbourhood level support available to support people at risk of declining health and wellbeing.

1.5. **Active Support and Recovery**: focuses on how we better support people to recover their health, wellbeing and independence, following a period of poor health. This workstream focuses on alternatives to hospital care, and short term interventions to help people maintain or regain their independence (e.g. intermediate care services, and community nursing)

1.6. **Independent Living Solutions**: focused on creating a single community equipment service for Sheffield based on a pooled budget. This workstream completed in Summer 2015 and the new services is now operational.

1.7. **Ongoing Support**: focuses on how we better enable people people with ongoing health and care needs to live their lives and achieve their goals. This workstream includes integration of assessment, contracting for long term care and support, and brings together funding for NHS Continuing Healthcare, Funded Nursing Care and the Council's adult social care budget.

1.8. **Non-elective (non-surgical) hospital admissions**: The budget for this area of work is included in the Better Care Fund as we are seeking to reduce expenditure in this area.

1.9. The changes being managed by the Integrated Commissioning Programme currently focus almost exclusively on Sheffield's adult population. However exploratory work is now being done to consider whether better joint working and pooled budgets for children and young people with a lifelong disability.

1.10. The £270m **pooled budget** underpinning the programme was formally established in March 2015 by a 'Section 75 Agreement' between Sheffield City Council and the Clinical Commissioning Group.

1.11. There has been strong progress in the first year of the Integrated Commissioning Programme with new services launched, some significant outcomes already achieved, and new health and care collaborations and partnerships formed to enable major transformational work during 2016.

2. Background

2.1. Sheffield's Health and Wellbeing Board developed its first strategy in autumn 2012 and started discussing the potential benefits of integrated services as part of that process. The Board recognised the work of the Right First Time programme and agreed that integrated commissioning and pooled budgets were necessary to enable development of fully integrated services.

2.2. In June 2013 the CCG Governing Body considered the potential benefits and risks of integrated commissioning and supported the development of proposals to integrate commissioning with SCC. In December 2013, the Health and Wellbeing Board supported plans for integrated commissioning.

2.3. The CCG and SCC established a Joint Commissioning Executive Team in early 2014 and then an Integrated Commissioning Programme to develop firm plans for integrated commissioning arrangements and pooled budgets.

2.4. During 2014, the CCG Governing Body and Council Members have supported development of those plans, including the ambitions and the scope of pooled budgets.

2.5. The plans are in line with the Department of Health (DH) requirements for a Better Care Fund, but are significantly greater in scale and ambition (the DH stated minimum Better Care Fund for Sheffield is £37.7m excluding capital grant income). Sheffield's Better Care Fund plans were formally approved by DH in January 2015.

3. The Section 75 Agreement – creating the pooled budget

3.1. The Section 75 Agreement with the Clinical Commissioning Group is a legally binding document that sets out the terms of our integrated commissioning. It came into force on 1st April 2015 and was ratified by Cabinet. The Cabinet report is available here: http://sheffielddemocracy.moderngov.co.uk/documents/s17641/Better%20Care%20Fund.pdf

3.2. The Section 75 Agreement details robust, fair, effective and legal mechanisms to enable us to make decisions about money and responsibilities in the pooled budget, including how much each organisation contributes and how we share any efficiency savings or financial pressures.

3.3. The Agreement recognises the ongoing statutory responsibilities of each organisation and respects the mandate each has. It is explicit about where authority for decision making has moved from a single organisational process to a joint process (with delegated authority).

3.4. Agreement includes:

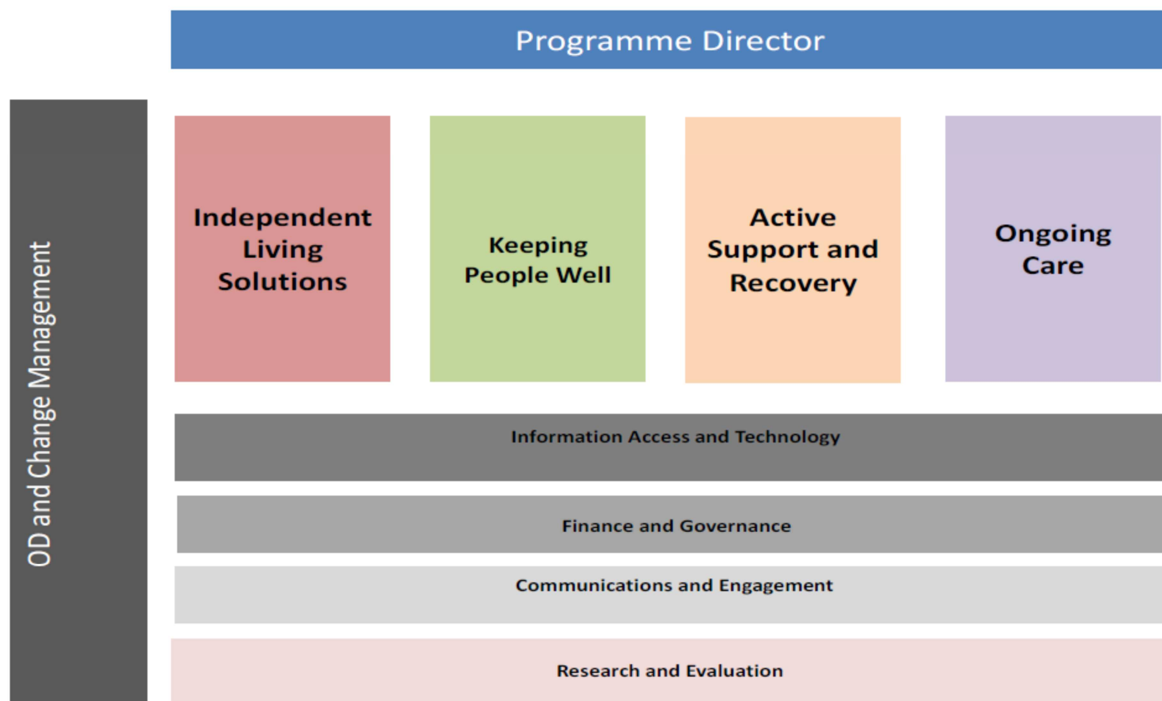
- Aims and Objectives
- Scope of the Pooled Budget (in terms of Commissioning Expenditure themes).
- Budgets (for 2015/16 initially)
- How strategic direction has been set and will be set in future
- How operational decisions will be made
- Operational Budget Management
- Benefit and risk share arrangements
- Approach to procurement and contracting
- How we will ensure Performance & Quality performance monitoring
- Information Governance
- How staff will be expected to work together

3.5. The Section 75 agreement is designed to evolve to allow further pooling of budgets where this is necessary to enable improved management and delivery of health and care services in Sheffield.

3.6. The (very detailed) Section 75 Agreement is available here: http://sheffielddemocracy.moderngov.co.uk/documents/s17642/Section%2075%20Agreement.pdf

4. Progress Update

4.1. The key workstreams are shown in the diagram below along with the supporting workstreams (e.g. information governance).



4.2. The workstreams are at different stages of design and delivery, which reflects the phasing of the programme and the scale of some of the workstreams. A short progress update is included below.

Independent Living Solutions

4.3. This workstreams focuses on creating a single community equipment service for Sheffield based on a pooled health and care budget. Progress so far has included:

- Completed tender process for community equipment service
    - Awarded contract to British Red Cross in April 2015
    - New warehouse in place June 2015
    - Service started successfully in July 2015
    - Early signs are that outcomes and service quality are improving
    - Service now producing quality management information to allow further service development and organisational development work

4.4. The new service gives us a robust quality-focused contractual arrangement for the delivery of this service. The next steps for this area of work will include looking at whether the right equipment is getting to the people that would benefit from it. The scope of the service will also be considered to see whether there are opportunities for further improvements.

People Keeping Well

4.5. This workstream focuses on how we better enable people to stay independent, safe and well in their own homes. It focuses on primary care, community wellbeing and development, and the neighbourhood level support available to support people at risk of declining health and wellbeing.

4.6. This workstream is supported in 2015/16 and 2016/17 by a successful £1m bid to the Government's Transformation Challenge Award. The workstream has so far:

- Recruited an additional 16 Community Support Workers to work alongside primary care and other community frontline staff
- Completed a tender for support to robustly evaluate the impact of the work (awarded to University of Sheffield)
- Worked with community organisations and primary care to prepare for the expansion of the work next year to include localised funding for community development activities, and pooled funding in some trial areas for community wellbeing support
- Completed targeted outreach visits with over 2,000 people who have been identified (mainly by GPs) as being at risk of declining health and wellbeing. Support provided has included supporting people to claim benefits they are eligible for (£1m per annum already claimed), and helping hundreds of people access support and activities in their communities

Active Support & Recovery

4.7. This workstream focuses on how we better support people to recover their health, wellbeing and independence, following a period of poor health. It focuses on alternatives to hospital care, and short term interventions to help people maintain or regain their independence (e.g. intermediate care services, and community nursing).

4.8. This workstream is ambitious and highly complex as it includes a range of services and support across many organisations. A more detailed update is included later in the Committee's agenda.

Ongoing Care

4.9. This workstream focuses on how we better enable people people with ongoing health and care needs to live their lives and achieve their goals. This workstream includes integration of assessment, contracting for long term care and support, and brings together funding for NHS Continuing Healthcare, Funded Nursing Care and the Council's adult social care budget.

4.10. Progress so far on this workstream has included:

- effectively pooling budgets for people requiring support after serious mental illness (Section 117 after care)
- preparation for the pooling of Continuing Health Care and Social Care funding in 2016 so that people are not passed from pillar to post to get funding for care and support
- joint approaches being agreed for changes to fees in residential, nursing and home care
- working together on a joint operational plan for 2016

4.11. A high level milestones chart is included below:

	June 2015	July 2015	August 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	March 2016
Programme		Medium term financial plan Governance development	Joint commissioning plan	Commissioning Gateway			Commissioning Gateway	Phase 3 Development		Joint Commissioning intentions 2016/17
AS&R	Design workshops	Specification development Model testing with PMCF	Specification published		Provider response					Joint Commissioning Intentions
Ongoing Care	Process redesign plan	Operational plan	Operational plan implementation			Pooled budget review				Joint Commissioning intentions
Keeping People Well	Rollout of model			Phase 2 scoping		Evaluation				Joint Commissioning intentions
Independent Living Solutions	Contract management starts	Rescoping					Budget setting			Joint Commissioning intentions

5. Conclusion

5.1. This Programme is being delivered in a time of immense financial pressure, particularly for the City Council. Both the Council and the CCG have affirmed their commitment to work as “one virtual organisation” to achieve the change required and to maximise the benefits for the people of Sheffield. The strength of our partnerships in Sheffield is recognised nationally and gives us a great foundation to build on.

5.2. However, the programme will only succeed if it achieves the following:

- Improved outcomes for the people of Sheffield
- Improved customer experience
- Increased efficiency and effectiveness of the health and care system
- Reduced demand on the health and care system

5.3. This is hugely ambitious in a time of reducing investment, and will require a transformational shift towards targeted early intervention and prevention, and genuine working across organisations, and most importantly, *with* Sheffield people.

Integrated Commissioning Programme

NHS
Sheffield
Clinical Commissioning Group

Active Support and Recovery

- Active Support and Recovery (ASR) is part of the Integrated Commissioning Programme (ICP).

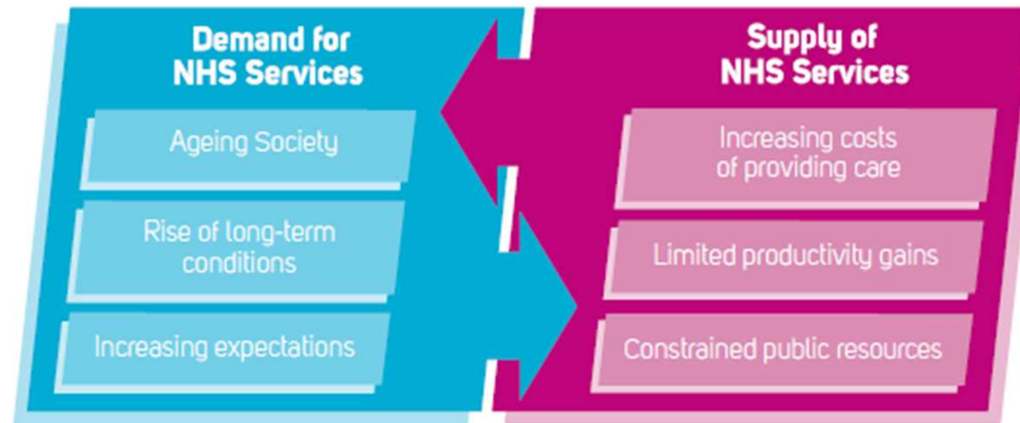
The main aim of ASR is to keep people well and out of hospital where appropriate.

The objectives of this work include:

- Coordinated care
- Services 'built' around the patient
- Personalised response
- 24/7 response
- Seamless care

Its about working with our partners, citizens and providers to create the right model of care.

Future pressures on the services



- More than 2 million unplanned admissions per year for people over 65, accounting for nearly 70% of hospital emergency bed days. (15)
- Health and care expenditure on people over 75 was 13-times greater than on the rest of the adult population.(18)
- By 2021, the number of Dementia sufferers is projected to exceed one million and dementia is estimated to cost the NHS, local authorities and families £23 billion a year
- Over 15 million people in England have an Long term condition. They use 50% of all GP appointments, 70% of all hospital bed days and 70% of the total health and care spend in England. (6)

People told us what would make it better – we've called these the Service Principles

- The right response to a persons needs at anytime of the day or night

- A service that listens and considers all aspects of a persons health and wellbeing

- People have control over the outcomes that are important to them.
- Services and organisations that talk to each other
- Support that helps people to stay independent and well

- A way of identifying those people who need support and help them to get it quickly

People told us ways to make it better – we've called these the "components"

- Be accessible, provide timely assessment and give key practitioners responsibility
- Use care planning, help people access the best support and stop them becoming unwell
- Use community resources and friends and family to support a healthy life
- Plan in advance so if a crisis happens everyone knows what to do
- There is one care plan in plain language which the person agrees and everyone uses
- Care and support is coordinated, with a shared plan and a single access point
- There is only one assessment with the person which is shared (with consent) with others involved in the care
- Practitioners are skilled and trained in providing single coordinated assessments and plans

How will we measure success ?

- People get a more coordinated response from health and social care
- People get care based on what they need
- People receive care that supports the whole person including their health and wellbeing
- People have more control over their life and health
- People have more choice about their treatment
- A reduction in hospital admissions and in people being readmitted to hospital
- People will only be in hospital for as long as they need to be
- More people receiving care closer to their home
- A reduction in the numbers of people receiving long term care
- Fewer crisis situations. But when people are in crisis they will not have to wait for support

How do we intend to do this?

- Existing providers are working together including organisations in the voluntary and independent sector

- We are working in collaboration with providers, citizens to co-design services which:-
  - Include the principles and components and focuses on achieving outcomes
  - Makes sure people are at the centre of their care
  - Meets the savings targets (currently 24m over 5 years)

- We will ensure that patients, the public and staff are engaged in and able to influence the discussion.

- This is the start of an ambitious five year programme

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Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee

25th November 2015

Report of: Policy & Improvement Officer

Subject: Work Programme

Author of Report: Emily Standbrook-Shaw, Policy & Improvement Officer
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The Scrutiny Committee is being asked to:

Consider and comment on the attached draft work programme

Category of Report: OPEN

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Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee
Draft Work Programme 2015-16

Last updated: 11 11 2015
Please note: the draft work programme is a live document and so is subject to change.

Topic	Date	Notes
Single Item Agenda Issues		
Better Care Fund with a focus on active support and recovery	Nov 15	To gain a better understanding of what the Better Care Fund means for partners in the city, and how it will be delivered; and to look at proposals for active support and recovery under the Better Care Fund, and consider what Sheffield could be doing better
Learning Disabilities	January 2016	Sheffield City Council and Sheffield Health and Social Care Trust have been working to improve provided services for people living with a learning disability in response to both internal and external reviews. The Committee are asked to consider evidence of recent progress and review each organisation's action plan
Public Health Vision		The cabinet member is planning to review and refresh the vision for public health, adopted when the Council took on responsibility for the service. This would give the Scrutiny committee the opportunity to challenge and comment on the proposed vision.
Accessing Psychological Therapies		To consider how Sheffield can maximise the benefits of psychological therapies.
Children’s health and food		To look at the current picture in terms of obesity and under-nutrition in children in Sheffield, understand the influencing factors and consider how Sheffield could improve its approach.
Elective Care Review (CCG)		

Consideration of Task Group Report	By March 16	
Major Task and Finish work		
Homecare – assuring quality.	Reporting by March 2016.	Task group to finalise scope but will take a whole systems approach and is likely to focus on the quality of homecare, considering whether all parts of the system are joined up; training and skills of the social care workforce; how the way we commission and contract homecare can impact on quality and how well services meet individual needs, particularly cultural appropriateness.
Sub-Group		
Quality Accounts	Autumn 15 & Spring 16	Sub group of Committee Members to carry out work on Quality Accounts on behalf of the Committee. The group will meet with providers twice; early in the process to identify issues it wants to see addressed in their reports, based on previous Quality Accounts, issues raised through scrutiny work and case work of members, and then again to comment on the final draft of the report.
Issues for briefings/information/updates		
Learning Disabilities	January 2016	To include an update on progress of deregistration of learning disability care homes; update on progress on the 'Transforming Care' agenda; update on the development of a voluntary code of conduct for supported living.
Carers Strategy	Nov/Dec 2015	The Committee considered the development of the Carers' Strategy in September, and requested that the finale version of the strategy and action plan is presented to the Committee for comment.
Access to GP Services		
Dementia Strategy		
Care Act		
Annual Safeguarding Report		

Safeguarding Review		

Note: format for briefings may change depending on Member availability to attend sessions