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Sheffield Health and Wellbeing Board

Sheffield City Council • Sheffield Clinical Commissioning Group

Thursday 27 June 2019 at 3.00 pm

A Committee Room at Sheffield Town Hall

The Press and Public are Welcome to Attend

Membership

Dr Tim Moorhead	Chair of the Clinical Commissioning Group
Dr Nikki Bates	Governing Body Member, Clinical Commissioning Group
Chief Superintendent Stuart Barton	South Yorkshire Police
Jayne Brown	Sheffield Health & Social Care Trust
Nicki Doherty	Director of Delivery Care out of Hospital, Clinical Commissioning Group
Councillor Paul Wood	
Councillor Jackie Drayton	Cabinet Member for Children and Young People
Councillor George Lindars-Hammond	Cabinet Member for Health and Social Care
Greg Fell	Director of Public Health, Sheffield City Council
Phil Holmes	Director of Adult Services, Sheffield City Council
David Hughes	Sheffield Teaching Hospitals NHS Foundation Trust
Alison Knowles	Locality Director, NHS England
Clare Mappin	The Burton Street Foundation

Sheffield City Council

Dr Zak McMurray	Clinical Director, Clinical Commissioning Group
Laraine Manley	Executive Director, Place
John Mothersole	Chief Executive, Sheffield City Council
Judy Robinson	Chair, Healthwatch Sheffield
Jane Ginniver	
Prof Chris Newman	University of Sheffield
Maddy Desforges	
Alison Metcalfe	
Lesley Smith	

Sheffield City Council

SHEFFIELD'S HEALTH AND WELLBEING BOARD

Sheffield City Council ● Sheffield Clinical Commissioning Group

Sheffield's Health and Wellbeing Board started to meet in shadow form in January 2012 and became a statutory group in April 2013. The Health and Social Care Act 2012 states that every local authority needs a Health and Wellbeing Board. It is a group of local GPs, local councillors, a representative of Sheffield citizens, and senior managers in the NHS and the local authority, all of whom seek to make local government and local health services better for local people. Its terms of reference sets out how it will operate.

Sheffield's Health and Wellbeing Board has a formal public meeting every three months as well as a range of public events held at least once a quarter.

Sheffield's Health and Wellbeing Board has a website which tells you more about what we do. http://www.sheffield.gov.uk/home/public-health/health-wellbeing-board

PUBLIC ACCESS TO THE MEETING

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.

Meetings are normally open to the public but sometimes the Board 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 please contact Jason Dietsch on 0114 273 4117 or email jason.dietsch@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.

SHEFFIELD HEALTH AND WELLBEING BOARD AGENDA
Sheffield City Council ● Sheffield Clinical Commissioning Group

27 JUNE 2019
Order of Business

1. Apologies for Absence

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

3. Public Questions
To receive any questions from members of the public.

4. Care Quality Commission System Review - Action Plan Update (Pages 5 - 20)
Report of the Accountable Care Partnership Programme Director.

5. Shaping Sheffield - Final Sign Off (Pages 21 - 82)
Report of the Joint Interim Accountable Care Partnership Director.

6. Better Care Fund (Pages 83 - 102)
Report of the Director of Delivery Care Out of Hospital, NHS Sheffield CCG.

7. Transitions and SEND Update (Pages 103 - 178)

Report of the Director of Commissioning, Inclusion and Learning, Sheffield City Council.

8. Accountable Care Partnership Programme Directors Report
Report of the Accountable Care Partnership Programme Directors – To Follow

9. Minutes of the Previous Meeting (Pages 179 - 184)

10. Date and Time of Next Meeting

NOTE: The next meeting of Sheffield Health and Wellbeing Board will be held on Thursday 26 September 2019 at 3.00 pm

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 Audit and 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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Progress Update on CQC Local System Review Report

Sheffield Accountable Care Partnership

For Health and Wellbeing Board

Date of Report: 18/6/2019

Author(s)	Steve Roney, ACP Project Support Officer Rebecca Joyce, ACP Programme Director
Sponsor	Sheffield CEOs/AOs

1. Purpose

This report aims to provide an update on progress against the CQC Local System Review submitted in July 2018.

This is the fourth quarterly update of progress, with the first considered at the September Executive Delivery Group on 5/9/2018. The report has been considered by ACP EDG (28/5/2019) and at various governance meetings in partner organisations.

Colleagues are requested to:

- **Consider progress and areas of focus as a system team**
- **Consider progress and areas for focus for individual organisations**

2. Introduction / Background

In 2018, Sheffield was one of twenty areas chosen by CQC for a Local System Review because performance was not as good as many other parts of the country on a number of measures, including delayed transfers of care.

The action plan focuses on improving and accelerating progress on the following themes:

A. A way of working that is built around acknowledging and improving older people's views and experiences and which drives a citywide vision (sections 1 and 2 of the action plan).

B. A shared citywide workforce strategy to support front-line staff in delivering this vision and in particular further develops multi-agency working (sections 3 and 4 of the action plan).

C. Developing clearer governance arrangements to ensure stronger joint-working between organisations and greater involvement for our Voluntary, Community and Faith sector (sections 5 and 6 of the action plan).

D. A meaningful shift to prevention at scale, supported by clear commissioning arrangements and digital interoperability (sections 7 and 8 of the action plan).

E. A strong system focus on enabling the right support from the right person in the right place at the right time, to give the best possible experience (section 9 of the plan, covering the Why Not Home Why Not Today Work)

The CQC have indicated their intention to return to care economies to review whether their recommendations have been implemented and care has improved.

Two appendices accompany this report:

Appendix 1 – Line by line progress report against CQC LSR Action Plan
Appendix 2 - Why Not Home Why Not Today Dashboard

Areas of the Plan Progressing Well

A. **Good work continues on DTOC** through close collaborative working and efforts of all parties comprising the Why Not Home Why Not Today group. The WNHWNT metrics shows DTOC performance in early April continues to show significant improvement with number of delayed patients being below the target of 45 for 4 weeks. Slight increases have continued to be effectively managed to ensure lower numbers than the same period last year overall.

B. We have now a draft **integrated workforce strategy for Older People which will be considered at ACP EDG on 27/5/2019**. This galvanises significant public and staff engagement and considerable work by a Steering Group comprising leads from across the system. This is a significant development. However, the mobilisation of this will be a major undertaking and needs full engagement of universities, schools and colleges, plus transformational workforce strategic leadership and capacity across the city. Hence the actions in the plan around this are marked amber to signal the significant implementation challenge.

C. Work continues to **take a more holistic view of the user** experience through our system. A number of inter-agency complaints have now been managed using a system wide approach across system partners. A draft protocol for handling NHS/Social Services inter-agency complaints produced by the patient experience group is awaiting comments from organisational Complainants Managers.

   This is supported by the wider work led by Healthwatch working 3 days into the ACP and now embedded into the ACP. Actions taken include: ACP patient panel established and actively contributing to development. The ACP is in the process of establishing a representative from this group for each workstream, a number of workshops have been held with service users and the public and “semi structured interviews” are ongoing to get whole system service user view informing plans and discussions. Interviews evaluating route 2 beds and end to end experiences for unplanned hospital stays conducted and findings have been shared with those involved in evaluating Route 2 beds, and at the WNHWNT Board in May.

D. **Joint Commissioning Committee** formally commenced in April ’19. This meets the obligations we set out in our action plan. Frailty is one of three key priorities. This, once fully aligned with the Shaping Sheffield priority of “Healthy Ageing” will provide a clear city wide strategic focus. There is further work to fully align these areas, as articulated below.

Areas of Concern

The key areas of concern are:

A. We committed to a **new relationship with the voluntary sector** in our action plan (see tasks 5.1-5.3) but we have not yet reached agreement on what this looks like. The importance of contracting differently and supporting sustainability in this sector has been discussed and a proposal developed for a role to develop this further was approved by

ACP's EDG on 27/5/2019 - pressure needs to be kept on this programme of work.

B. Although the Shaping Sheffield plan is under consultation and will provide **the strategic plan across providers and commissioners for "Ageing Well",** there is further work required to fully align the integrated commissioning focus on frailty with the Shaping Sheffield priority of "Healthy Ageing". All partners are committed to making this alignment and Chief Executives agreed a set of actions in their May 2019 meeting. The timescales in mobilising the shared narrative and approach to delivery have gone beyond the initial target of March '19 – however, agreed actions between Chief Executives outline a clear focus on the key next steps to ensure the required alignment. A system wide delivery plan will need to follow to mobilise this vision.

C. Reviewing **digital inter-operability** in the city remains behind schedule as set out in the action plan. However, we have strengthened leadership arrangements for this area, with the SCH Chief Information Officer taking leadership for the development of a business case for an integrated care record planned for the end of June '19. The workstream approach to achieve this has been fully refreshed and agreed by ACP EDG. There is now better CIO ownership and system support for the approach, but will require commitment from all partners and needs ongoing close EDG attention.

3. Is your report for Approval / Consideration / Noting

Consideration

4. Recommendations / Action Required

We need to be sure this action plan is a vehicle for change, rather than a process we move through. In particular this requires bold action to tackle the areas of concern outlined.

Health and Wellbeing Board is asked to debate the points outlined and:

- **Note the areas of good practice**
- **Agree specific next steps for the key areas of concern.**
- **Consider the specific involvement of each organisation in all themes of the action plan and in particular on the highlights and areas of concern noted in this report.**

Paper prepared by: Steve Roney, ACP Project Support Officer, Rebecca Joyce, ACP Programme Director

On behalf of: CEOs/ AOs

Date: 20/5/19

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CQC Local Services Review Action Plan
Produced by Becky Joyce
Dated: 20.5.2019

WBS	ID	Task Name	Description	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
1	**CQCLSR18.19-01**	**A Shared City Wide Vision**	**A Shared city wide vision for older peoples care, developed and shared between service users, carers and families, the wider population and frontline staff across the NHS, Council and voluntary sector**							
1.1	CQCLSR18.19-02	1.1 Vision for Older People Across the City	Articulate, share and develop the vision for older people across the city and hold a series of workshops to further develop this and a level delivery plan to support the work.	31/12/2018			Open	Amber	Rebecca Joyce ACP	20/5/2019 Shaping Sheffield: The Plan - draft developed, reflecting vision for older people. Currently being consulted on. 25/1/2019 5 public and staff workshops planned 28/1/2019 - 8/2/2019. Developing overall strategy, Older People one of 5 key priorities. Further staff and partner events being organised. Older People workforce workshops completed - links to changing care model/ overall strategy.
2	**CQCLSR18.19-03**	**Ensuring Older Peoples Views and Experiences become integral to our approach**	**Improvement in self-reported satisfaction from older people and family carers in receipt of health or social care support**							
2.1	CQCLSR18.19-04	2.1 Develop a Comprehensive Approach to becoming Person Centred City	Working with communities and system representatives to develop a comphrehensive appraoch to becoming a Person Centred city across our health and care system across Sheffield. This will focus on "What Matters to ME" and bring together linked work such as Health Conversations, For Petes Sake, and the Alzheimers society - This is Me tool to identify the personalised needs of older people	31/12/2018			Open	Amber	Nicki Doherty, CCG/ Jane Ginniver, ACP / Susan Hird SCC	20/5/2019 draft definition included within the Shaping Sheffield Plan for agreement across the ACP. The development of person-centred approaches is integral to the draft workforce strategy, with development for front-line staff prioritised for 2019-20 using funds secured from HEE. Activities planned across the ACP to mark 'What Matters to You' day on 6-6-19. Jan 19: Good strategic support for embedding Person Centred care throughout Older People's workforce strategy. Not yet developed into a system wide plan. Has been built into Liminal Leadership approach. Remains pockets of good practice, not yet systematic approach. No clear plan yet determined. As part of workforce strategy delivery plan, capacity to take this forward needs to be determined.
2.1.1.	CQCLSR18.19-05	2.1.1 Strategic Agreement	Strategic Agreement to scaling up work and a tangible plan at July 2018 EDG	31/12/2018			Open	Amber	Nicki Doherty, CCG/ Jane Ginniver, ACP / Susan Hird SCC	20/5/2019 update: plan has been developed, this pulls together and monitors activity from various groups across the ACP. Not yet been to EDG. Jan 19: Strategic commitment secured. Growing good practice - plan required.
2.1.2	CQCLSR18.19-06	2.1.2 Developing Joined Up Training Plans	Developing joined up training plans to scale up this work and techniques	31/12/2018			Open	Amber	Workforce Group	20/5/2019 workforce skills workstream will develop through the workforce strategy implementation work. Plan is to have this up and running by September '19 to progress at pace. 25.1.2019 Older People workforce strategy workshops completed. Joined up trained key theme. Strategy to be developed by April. Implementation plan will be critical - need clear vehicle to deliver plan.

WBS	ID	Task Name	Description	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
2.2	CQCLSR18.19-08	2.2 Individual Patient Case Studies & Review end to end studies	Take a set of individual patient case studies and review end to end experience of our health and care system. Consider what could be better and does our action plan sufficiently address these cases and agree any additional actions.	31/12/2018			Open	Green	Sue Butler, STH	20/5/2019 12 user interviews have been undertaken in a number of settings by Laura Cook from Health Watch as a pilot. Lessons learned and next steps discussed. LC drafting revise the interview schedule in light of findings and to agree next steps. Information sharing protocol agreed across partner organisations 25.1.2019 "Listen and learn" semi-structured conversations with patients planned to gather whole pathway experience, all partners supporting this approach.
2.4	CQCLSR18.19-10	2.4 Develop Regular Mechanisms	Develop regular mechanism to systematically share and learn continuously from older peoples end to end feedback as part of our evaluation and monitoring mechanism in relation to capturing and responding to system wide patient experience. This will be facilitated by vibrant quality improvement approaches across the system	31/12/2018			Open	Green	Rebecca Joyce ACP, Margaret Kilner, Healthwatch (Laura Cook)	20/5/2019 Interviews carried out about end to end experiences of older peopleand for Route 2 bed nursing homes. Interview findings have been shared with those involved in evaluating Route 2 beds, and will be presented at the WNHWNT Board on 13th May. 25.1.19 See above - advisory group and ongoing semi-structured interviews.
2.5	CQCLSR18.19-11	2.5 System Theme Feedback	Ensure system themes from older peoples feedback is shared with and built into training and development plans for our workforce to ensure a tailored and responsive approach	31/12/2018			Open	Amber	Workforce Group	205/2019 see above re workforce skills group emerging from the workforce strategy. 25.1.2019 All feedback to be brought into the workforce strategy process. Patients involved directly in this work.
3	**CQCLSR18.19-12**	**Develop a Joined Up City-Wide Strategy for the Workforce**	**A joined up approach to ensure that Sheffield is an attractive place to work in health and care. A Joined up approach to tackling some of the shared recruitment and retention challenges with the older peoples workforce. A Joint approach to improving quality so that staff working across health and care have the tools they need put "What Matters to You" into action. A Joined up vibrant training programme to support and**							
3.1	CQCLSR18.19-13	3.1 Establishment of a Workforce Oversight Group	Establishment of a workforce oversight group to steer the development of a strategy to be co-designed with frontline staff across the city.	31/12/2108			Open	Green	Workforce Group	20/5/2019 see above re workforce skills group emerging from the workforce strategy. There will also be a group addressing identified recruitment and retention issues. 5/1/2019 Group steering 12 week process. 2 co-design workshops completed, rich outputs for strategy. 31/10/2018 - Plan for approach agreed and now mobilising.
3.2	CQCLSR18.19-14	3.2 Analysis of Workforce Data and Planning of Engagement Workshops	Analysis of workforce data and planning of engagement workshops	31/12/2018			Closed	Green	Workforce Group	20/5/2019 data analysis and engagement workshops completed, draft workforce strategy now published. 25/1/2019 - data collected from partners. Workforce modelling with data commencing, focusing on Band 2 level staff across system (carers/ support workers etc). 31/10/2018 - Plan for approach agreed and now mobilising.
3.4	CQCLSR18.19-16	3.4 Publication of overall city wide strategy for workforce	Publication of overall city-wide strategy for workforce, with a focus on older people that is co-designed and connects the front line and the strategic vision. This needs to incorporate the private sector, voluntary and community sector as well as the statutory organisations. We will involve unions across Sheffield in the approach	31/03/2019			Open	Green	Workforce Group	20/5/2019 draft strategy now published with a view for final sign-off in September '19 25/1/2019 - see above. On track for April draft. 31/10/2018 - Plan for approach agreed and now mobilising.

WBS	ID	Task Name	Description	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
3.5	CQCLSR18.19-17	3.5 Key Work Force Initiatives identified in the Place Based Plan	Progress the key workforce initiatives identified in the Place Based Plan	31/03/2019			Open	Amber	Workforce Group	20/5/2019 draft workforce strategy now published with a view for sign-off in September '19 25/1/2019 No Further Update 31/10/2018 - Progress since July: Part of Wider Workforce Strategy Work - will be part of workforce strategy plan.
3.6	CQCLSR18.19-18	3.6 Embed a Training Module on Person Centred Care	Work with provider, voluntary and education partners to embed a training module on person centred care as part of the What Matters to You initiative	31/12/2018			Open	Amber	Nicki Doherty, CCG/ Jane Ginniver, ACP / Susan Hird SCC	20/5/2019 plan outlined in the draft workforce strategy to develop this as a priority in 2019-20 25/1/2019 - implementation plan still needs to be determined - needs to be worked into strategy implementation approach.
4	**CQCLSR18.19-19**	**A City Wide Organisational Development Approach**	**Improved multi-agency working for older people.** **Improved pathways and communication between different services and parts of the systems.** **More seamless care for older people** **High job satisfaction**							
4.1	CQCLSR18.19-20	4.1 Develop Organisation Development Interventions	Develop organisation development interventions to support and improve multi-agency working between frontline inter-agency teams	31/12/2018			Open	Green	Maddy Ruff, CCG	20/5/2019 'Leading Sheffield' cohort launched in March 2019. 38 participants from across the system with the aim of developing system leadership capability and capacity, and expedite integrated working. First cohort due to conculde 22nd May, 2nd cohort planned to launch in September '19. 25/1/2019: Neighbourhood based "liminal leadership" cohort 2 to commence March. Promote MDT working.
4.2	CQCLSR18.19-21	4.2 Develop Improved System Leadership Behaviours	Develop improved system leadership behaviours and attitudes at all levels to develop collective leadership approaches across the city. First stage will to be build q plan as agreed by Organisational Development ACP workstream . This will build on the Liminal Leadership pilot delivered in Q1 2018/19	31/12/2018			Open	Amber	Maddy Ruff, CCG	20/5/2019 Leading Sheffield launched (see above), Shadow ACP Board launching June '19, Transformational Change and Systems Leadership course in June '19 open to all workstreams, SOAR (VCSE) have launched a frontline systems working development programme following last year's Liminal Leadership programme. 25/1/2019 - "Leading Sheffield" work commencing. Other work for tiers of leadership need to be developed.
4.3	CQCLSR18.19-22	4.3 A Single Quality Improvement Approach	Working towards a single quality improvement approach across health and social care	31/12/2018			Open	Amber	Mark Bennett SCC, Jane Ginniver ACP, Maddy Desforges VAS	20/5/2019 4 SCC staff currently being trained as MCA coaches. Inital conversations held with voluntary sector - capacity an issue - conversations ongoing. 25/1/2019 SCC and VCSE have committed to this but not yet happening.
4.4	CQCLSR18.19-23	4.4 Build on System Wide Improvement Programmes	Build on and accelerate specific system wide improvement programmes for pathways within the ACP requiring improvement including: A Continuing healthcare processes B End of Life Care	30/09/2018			Open	Amber	Chief Nurses	20/5/2019 - CHC: Care at Night successfully implemented. Values and behaviours workshops delivered with frontline workers with impacts starting to be seen in reduced complaints . High level Delivery Plan now being implemented with leadership & workstreams mobilised. Short Breaks approval rescheduled to July. EOL: 25/1/2019 - Good progress on CHC - shared values and behaviours agreed and improvement programme.

WBS	ID	Task Name	Description	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
4.5	CQCLSR18.19-24	4.5 Develop a Learning Culture	With the first step a process that shares and reviews incidents, risks complaints and patient, family and carer experience across the system and routinely undertakes joined up system wide analyses and investigations, including root cause analysis where appropriate	30/09/2018			Open	Green	Sue Butler, STH	20/5/2019 2. A draft protocol for handling NHS/Social Services inter-agency complaints produced and awaiting comments from organisational Complainants Managers. A number of inter-agency complaints have been managed using the joint approach and lessons learned gathered. Complaints Managers sub-group to be asked to provide figures and feedback on a quarterly basis to the LSR Group. 25/1/2019 - complaint reviewed on whole system basis and commitment to continuing this approach on trial basis - then intend to roll out. Learning shared with team.
5	**CQCLSR18.19-25**	**Strengthening our Strategic Partnership**	**strengthening our strategic partnership with the voluntary community and faith sectors to provide more seamless joint working for older people**	**31/12/2018**						
5.1	CQCLSR18.19-26	5.1 Define New Strategic Working Relationship with VCF	Define new strategic working relationship with voluntary, community and faith (VCF) sector and consider how we create a mind set shift to this relationship across the city	31/12/2018			Open	Amber	Cllr Chris Peace, Tim Moorhead, ACP Board Chairs	20/5/2019 CEOs have discussed and agreed importance of contracting differently and supporting sustainability of the sector. Proposal to EDG May 2019 and to ACP Board in June 2019. 25/1/2019 - Further consolidation of relationship throughout system required on ongoing basis.
5.3	CQCLSR18.19-28	5.3 How the ACP will enable the VCF to have the capacity to provide strategic leadership to the ACP	Develop a clear plan about how this will be different and how the ACP will enable the VCF to have capacity to provide strategic leadership to the ACP and be a full partner	31/12/2018			Open	Amber	Maddy Desforges, VAS, Rebecca Joyce, ACP	20/5/2019 CEOs have discussed and agreed importance of contracting differently and supporting sustainability of the sector. Proposal to EDG May 2019 and to ACP Board in June 2019. 25/1/2019 - Plan presented at December EDG but conclusions not drawn about next steps. Ongoing.
6	**CQCLSR18.19-29**	**Strengthening our Supporting Governance**	**Strengthening our Supporting Governance to turn vision into timely action:** **Review how housing links into services for older people at operational and strategic level.** **Clear definition of key respective roles for health and well-being board (understanding needs and driving priorities at city -wide level). ACP driving actions to help achieve those priorities.** **Overview and Scrutiny committee ensuring accountability to local people both to work in partnership with them and to achieve good quality outcomes.** **Timely decision making via clear governance**				**Open**			
6.4	CQCLSR18.19-33	6.4 Review and Strengthening of Relationships	Review and strengthening of relationship with housing in operational, governance and strategic inter-agency working for older people	30/09/2018			Open	Amber	Phil Holmes SCC	25/5/2019: Ongoing development of links between housing and care at SCC; capital requirements for housing being developed. Further work to do. 25/1/2019 - . Closer relationships housing/ ASC leading to better delivery of equipment adaptations - operational. Joint development of supported housing focusing on key schemes where health, housing and care can be better aligned. Adlington more sheltered independent living as new model of Homecare currently being developed. L 31/10/2018 - No changes since last update in July. Plan: Working in SCC to delivery a joined up approach to housing and social care to deliver a more targeted & effective approach to housing older people 25/09/2018 - SCC Directors meeting agreed commitment to housing/prevention closer working 03.09.18. Planned disc in Oct on short & long term actions to avoid admission & expediate discharge

WBS	ID	Task Name	Description	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
6.5	CQCLSR18.19-34	6.5 ACP Delivery Plan	A clear programme ACP delivery plan with milestones informed by the plans for each of the work streams. This will require the partnerships to identify and secure the resource to co-ordinate, communicate and drive each of the programmes	31/12/2018			Open	Amber	Rebecca Joyce ACP	20/5/2019 Resources largely in place for delivery. Stronger delivery plan in place underpinning refreshed Shaping Sheffield plan (to be formally signed off June/ July 2019). 25/1/2019 - Overall plan developing, will be drafted for April following public and staff consultation process currently taking place.
7	**CQCLSR18.19-35**	**Scaling up pilots, into sustanable, large scale change to ensure a meaningful shift to prevention**	**Focusing available resources on the support that has most impact for local people in helping them stay safe and well and preventing avoidable deterioration**							
7.2	CQCLSR18.19-37	7.2 Evaluate successful pilots and assess scale up	Evaluate successful pilots and assess scale up and implement on a city wide basis. This will include a review of Better Care Fund Schemes	31/12/2018			Open	Amber	Nicki Doherty, CCG	20/5/2019 Joint Commissioning Committee formally commencing April 2019. frailty one key priority. Provider/ commissioner conversations to be aligned with one shared narrative within refreshed Shaping Sheffield Plan. 25/1/2019 - Commissioning & providers discussion underway re longer term new care model. Needs bringing together to ensure shared conclusions & approach.
7.3	CQCLSR18.19-38	7.3 Longer Term System Reshaping	Make recommendations about longer term system reshaping of investment priorities to develop new models of care and support (ie facilitated through the Sheffield Outcomes Fund etc)	31/12/2018			Open	Amber	EDG	20/5/2019 See above. 25.1.2019 - See above. Commissioner and provider discussions taking place on specific proposals. Needs to be brought together joint system approach.
7.4	CQCLSR18.19-39	7.4 New Models of care for mobilisation	Mobilisation of new models of care and support through collaborative working which focus on multi -disciplinary multi-agency working and single inter-disciplinary care planning and records. These models must approach both the physical and mental health and well-being of older people building on approaches such as IAPT and other models across the city	31/03/2019			Open	Amber	Commissioning Directors SCC, SCCG	20/5/2019 remaining urgency to achieve system agreement and move into delivery 25/1/2019 - urgency to ensure decisions & actions to mobilise new model of care. This timescale is pressing challenging now.
8	**CQCLSR18.19-40**	**Review key supporting Strat & Funct Enablers to improve Effectiveness**	**Review key supporting Strat & Funct Enablers to improve Effectiveness focusing available resources on the support that has most impact for local people in helping them stay safe and well, and preventing avoidable deterioration.** **More seamless joint working for older people**							
8.1	CQCLSR18.19-41	8.1 Review of Digital Inter-Operability	Review of digital inter-operability and ability to share care information across boundaries	30/09/2018			Open	Amber	Sheffiedl CIOs	20/5/2019 Business case for end of June 2019. Behind plan on timescale but better CIO ownership and system support for approach. 25/1/2019 Business case being developed. Needs higher profile, shared digital leadership for city to accelerate city wide approach

WBS	ID	Task Name	Description	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
8.2	CQCLSR18.19-42	8.2 Work towards a Joint Commissioning Strategy	Work towards a joint commissioning strategy across health and social care that includes a commitment to creating stability in the parts of the market that we wish to develop and strengthen as part of our new models of care.	31/03/2019			Open	Amber	Maddy Ruff, CCG, John Mothersole, SCC	20/5/2019 Agreements now made, first Joint Commissioning Committee in April 2019. Frailty one of three priorities. 25/1/2019 Formal discussions on joint commissioning taking place between Cabinet and Governing Body. Discussions still ongoing.
9	**CQCLSR18.19-43**	**Ensure Flow & Best Use of System Capacity**	**Ensure Flow & Best Use of System Capacity so older people get timely support from the right person in the right place.**							
9.1	CQCLSR18.19-44	9.1 Ensure that the voice of the older person is heard	Ensure that the voice of the older person and those who care for them in their home is heard and listened to relation to getting them home. This will help to provide the right support and minimise the risk of the provision of non-value adding interventions which introduce waste and do not benefit the individual	30/09/2018			Open	Green	Sue Butler, STH	20/05/2019 see 2.2, 2.3, 2.4 25.1.2119 - see 2.2, 2.3, 2.4. Good progress. 31/12/2018 - Progress since July: see 2.2, 2.3, 2.4 co-ordination of patient experience across the system plus 2.3 wider work with strategic and operational partner to strengthen approach in ACP as a whole
9.2	CQCLSR18.19-45	9.2 Refresh of Independent Sector Homecare	Refresh of independent Sector Homecare "Primary Providers"	31/12/2018			Open	Green	Phil Holmes SCC	21.5.2019: Independent sector much improved & outcomes on flow demonstrated in system DTOC position. Two actions - remodelled contracting and commissioning service to provide clearer focus on brokerage and quality assurance in independent sector, plus restructured team to better support. New longer term homecare models to sustain people in Sheffield. 25.1.2019 - Reorganisd primary home care provision to ensure greater provision for the city. Incentive schemes introduced to increase capacity in periods of peak demand mobilised and helping pts leave hosp quickly. 26/09/2018 - 9.2-9.4 Series of actions taking place, co-ordinated by Phil Holmes Capacity: Phil Holmes and team Accountable: UEC
9.3	CQCLSR18.19-46	9.3 Development of Outcome based Independent Sector Homecare	Development of outcome-based independent sector home care	31/03/2018			Open	Amber	Phil Holmes SCC	21/5/2019: Draft propositions on outcome based homecare developed which will help develop a different longer term approach. 25/1/2019 - be clear about locality model in city by March for new home care model with implementation by Oct. 26/9/18 9.2-9.4 Series of actions taking place, co-ordinated by Phil Holmes Capacity: Phil Holmes and team Accountable: UEC
9.4	CQCLSR18.19-47	9.4 Joint Commissioning and Quality Assurance of Homecare and Care Homes between Council and CCG	Joint Commissioning and quality assurance of homecare and care homes between Council and CCG	31/03/2018			Open	Amber	Mandy Philbin, CCG, Phil Holmes, SCC	21/5/2019 - Improved infrastructure to support QA processes - further work to advance the proposal model with regards to Older People. 25/1/2019 - workstreams and project leads agreed. Aims to deliver consistent approach to quality to communication with providers to sustainable funding across NHS and SCC funded models.
9.5	CQCLSR18.19-48	9.5 Agreement and Joint Commissioning of Non-home None-acute Bed Capacity	Agreement and joint commissioning of non-home, non acute bed capacity	30/09/2018			Open	Green	STH/ SCCG	20/5/2019 Operational arrangements working well. Longer term plan and funding being discussed. 25.1.2019 Intermediate beds commissioned and working well, with good flow. Jointly managed across community team at STH/ Social Care
9.6	CQCLSR18.19-49	9.6 Gold Level Board Rounds on all wards with high DTOC levels	Gold Level Board Rounds on all wards with high DTOC levels	30/09/2018			Open	Amber	Jennifer Hill, STH	20/5/2019 On track 25.1.2019 Largely in place, some risks around maintaining during operational pressures linked to Hadfield.

WBS	ID	Task Name	Description	Completion Date	Forecast Completion Date	Actual Completion Date	Status	RAG	Lead Person(s)	Task Updates
9.7	CQCLSR18.19-50	9.7 Roll out across STH of the SAFER patient flow bundle	Continued roll-out across STH of the 'SAFER' patient flow bundle (which incorporates daily senior medical review. All patients having a planned discharge date, flow of patients beginning early in the day and all patients with a long length or stay being frequently reviewed). All these actions are of vital importance in ensuring that patients receive timely and safe care in the most appropriate location	30/09/2018			Open	Green	Jennifer Hill, STH	09/5/2019 SAFER has achieved its transformational goals. Still work to do to re-sustaining (roll out, adapt, secure buy in and bed down into practice) existing change and improvement approaches should sustain the work going forward. Significant challenge maintaining SAFER on wards following Hadfield decant. STH Programme management office is continuing to provide support. 25.1.2019 Roll out continuing, additional support from STH Organisational Development team during winter period.
9.8	CQCLSR18.19-51	9.8 Initial Evaluation of 'Red to Green' work	Initial evaluation of RED to Green work to speed hospital decision making and discharge actions	30/09/2018			Open	Green	Jennifer Hill, STH	20/5/2019 Agreed that WNHWNT to receive quarterly reports or escalations for red to green going forward. No escalations to report for May. 25.1.2019 Roll out continuing, additional support from STH Organisational Development team during winter period.
9.9	CQCLSR18.19-52	9.9 Physio and OT Assessment in Acute Setting within 24 hrs	Physio and OT assessment in acute setting within 24 hours	30/09/2018			Open	Green	Jennifer Hill, STH	20/5/2019 Data from March 2019 – 98.03% of patients were assessed by PT and 95.99% by OT within KPI standard of 95% (part of hospital complete workstream) 25/1/2019 - HIghlight report outlines over 95% compliance with targets for therapy to support timely discharge.
9.10	CQCLSR18.19-53	9.10 Therapy Core Assessment and Triage Tool Roll Out	Therapy core assessment and triage tool rolled out to all wards	30/09/2018			Open	Green	Jennifer Hill, STH	20/5/2019 Progress remains on track for core assessment project with an aim to develop an electronic form on Lorenzo and only one profession needing to complete the initial assessment (part of hospital complete workstream) 25/1/2019 - see above - all therapy actions as part of Hospital Complete project on track.
9.11	CQCLSR18.19-54	9.11 Streamlined handover from hospital and community to single point of access	Streamlined handover from hospital and community to single point of access for community services	30/09/2018			Open		Sara Storey (SCC), Helen Kay (STH), Michelle Fearon (SHSC)	20/5/2019 Ambitious proposal to integrate SPAs in Sheffield being explored. 25/1/2019 no update available at time of writing. 31/10/2018 - no updates since last report 26/09/2018 - Single Point of Access - Programme of work ongoing Plan: Detailed next steps TBC Capacity: SR Accountable body: UEC
9.12	CQCLSR18.19-55	9.12 Integration of Active Recover Services	Integration of Active Recovery Services provided by council and STH: common assessment, trusted assessors, single rostering system	31/12/2018			Open		STH and SCC Leads. Sara Storey (SCC) and Helen Kay (STH)	21/5/2019: Work progressed - teams working jointly, joint systems, better alignment of teams. Tangible progress, opportuinity to consider potential further team integration. Opportunity to build on this further. 31/10/2018 - no further updates 26/09/2018 - Integration of active recovery services - programme of working ongoing. Plan: detailed next steps TBC. Capacity: STH Operations Director, CCA and Head of Access & Prevention SCC

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Appendix 2

CQC Report: Why Not Home Why Not Today Metrics

Core metrics

- DTOC performance in early April continues to show significant improvement in terms of delayed patient and delayed day volumes, maintaining improvement over the last 12 months. Slight increases have continued to be effectively managed to ensure lower numbers than the same period last year overall. The number of delayed patients has been below the target of 45 since 19/03/19 (Chart 2).

Chart 1

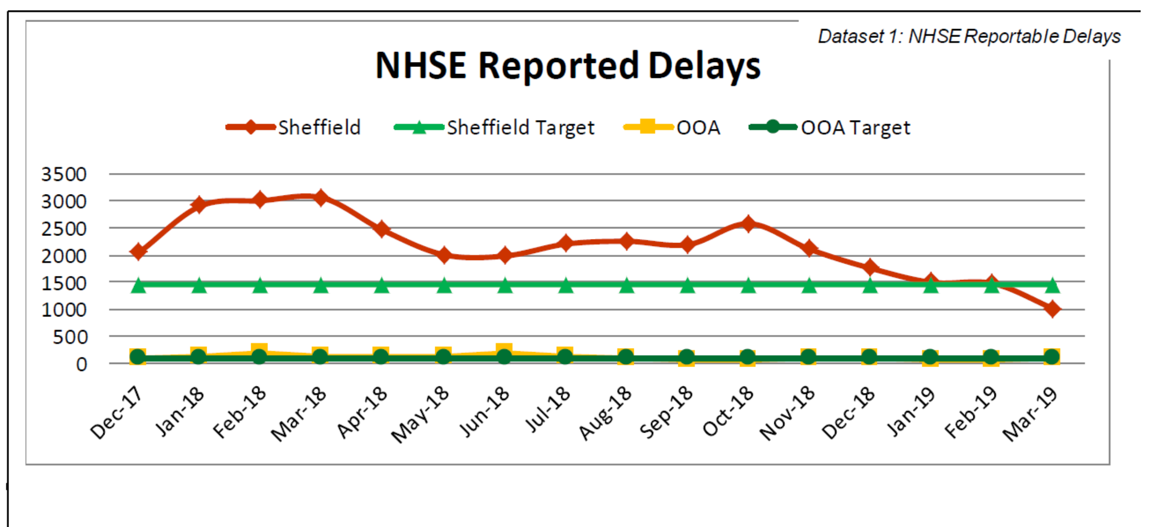

Chart 2

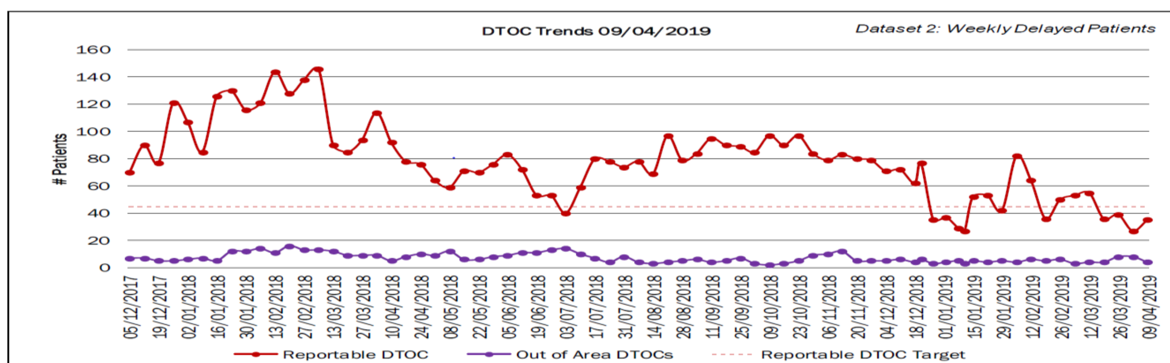

Chart 1 shows month-on-month improvement since October 2018 with numbers of reported delays now below the Sheffield target.

Weekly reports generated to inform system wide operational management of all delays and focus upon ‘delayed patients’. These reports allow a more immediate appreciation of performance and provide more granular data which in Chart 2 show continuing decreases in delay volumes, with a particularly sharp decrease during late December and early January. An increase in early February was quickly addressed with significant work undertaken to maintain this position through March into the start of April 2019.

Chart 3

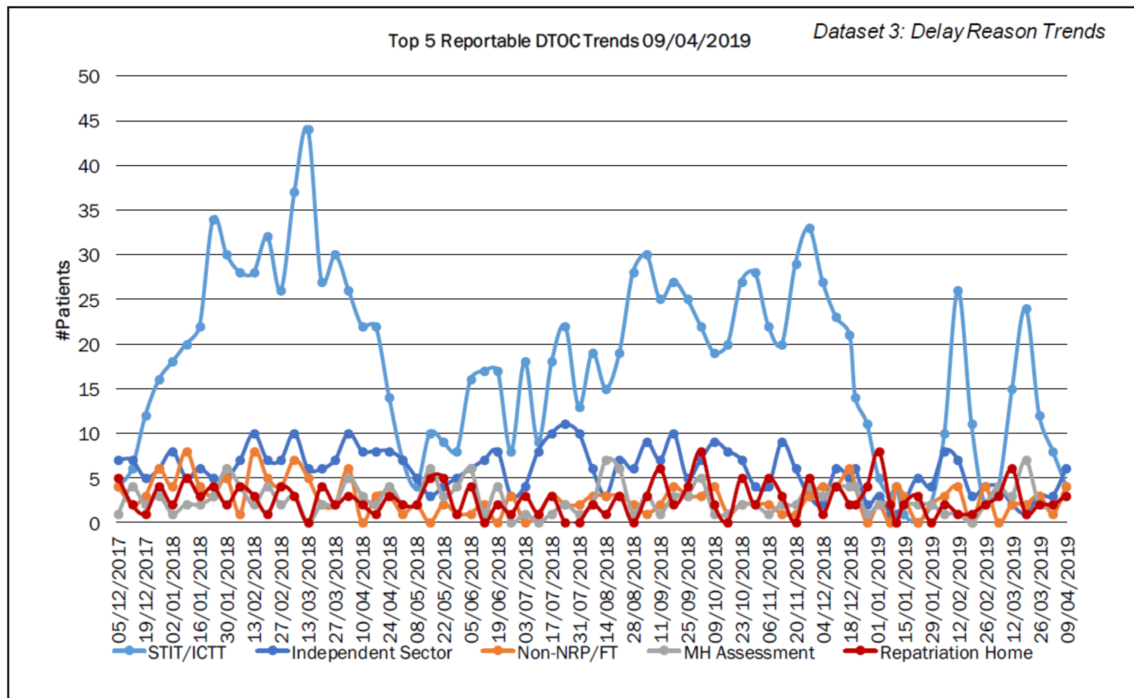

Chart 3 shows much reduced queues within the Route 2 (home to assess) delay categories. However, a significant peak in demand for STIT/ICTT resulted in an increase in patients waiting in early February and in March. Discussion with the operational teams has indicated that the rapid recovery in these peaks in demand have been achieved through flexibly switching between STIT and Offsite Community Beds (OCB) capacity.

Route 2 Capacity Flexibility

Flexibility now provided by the Offsite Community Beds (OCBs) with the increased demand for Route 2 catered for via dovetailing STIT and OCB capacity to ensure delays are quickly tackled. Moreover, the OCBs and Intermediate Care Beds (ICBs) are now managed in tandem, teeming and ladling bed capacity between the two in order to provide a rapid response to changing demand patterns.

This flexible approach is co-ordinated via the weekly system ‘Flow’ meeting and informed by the daily TASK meetings.

Patient Experience

It is the intent of this report to include regular information on patient experience across the system. This report includes information presented by Laura Cook, Healthwatch to the WNHWNT board.

Interviews conducted during Route 2 bed stay:

- 10 patient interviews, 1 relative interview, 1 patient and relative interview, 12 'I statement' surveys from patients, and 2 'I statement' surveys from relatives
- When asked directly, most people said they would chose R2 bed stay over care in their own home
- Mainly satisfied with information given in hospital about what would happen next, but did not recall receiving information leaflet
- Longer than expected waits for transport
- Mainly happy with experience in hospital and nursing home
- Appreciation and praise of staff
- Satisfied getting enough of the right care and support to aid recovery
- Physio and improving mobility valued
- Not worried about going home and no concerns about having enough support, but some underlying anxiety about falls

Further Work

- Follow-up interviews to capture people's new experiences of care and support and the transition home
- Interviews with patients during hospital stays

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Sheffield Children's NHS Foundation Trust
Sheffield Clinical Commissioning Group
Sheffield Health and Social Care NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust

Sheffield Accountable Care Partnership

Shaping Sheffield Plan

18/06/2019

Author(s)	**Kathryn Robertshaw, Joint Interim ACP Director**
Sponsor	**All ACP CEX**

1. Purpose

The ACP Team have been working alongside partner organisations, workstream leads and Strategy Directors to draft the refreshed "Shaping Sheffield: The Plan". The plan is strategically rooted within the Health and Well-Being strategy and helps deliver the HWB strategy, as reflected in the document.

2. Introduction / Background

The plan has been updated to reflect:

- Feedback from the ACP EDG and Health and Wellbeing Board (May 2019)
- Feedback from all partner organisations at executive level/ senior management level
- Feedback from Healthwatch and the ACP Service User Advisory Group
- Contributions made from individuals and teams right across the system

The document very much represents a collective effort, with sections written from different teams/ individuals across the city. There are two documents presented here

- **Shaping Sheffield – The Plan**– aimed at the leadership community setting out the strategic goals
- **Delivery Plan** – incorporating the detail of delivery - 1 page programme plans, partner/ system objective alignment

At the end of this process a summary document for public consumption and staff will be produced.

It is important that the Board secures clear commitment that what is presented is agreed by all partners at the table, before it moves into the formal sign off process at the health and Wellbeing Board and Partner Organisation Boards.

Over the next few weeks it is imperative that we ensure Shaping Sheffield and Integrated Commissioning are fully aligned.

Two reflections are offered back to the Board through this process:

- There was significant feedback on the original plan regarding whether we were **ambitious** enough in the document. The document has been amended. We now need to ensure we are ambitious in our delivery and ways of working together and **challenge ourselves** on this.
- Some areas of the plan were easier to corral than others, reflecting **different levels of**

strategic and operational system working across the city. On some delivery priority areas identified it still feels that the ACP team are "holding the ring" to bring colleagues together, rather than colleagues across the system working easily together. In other areas, there is genuinely a system team working on priorities, and the ACP team has a rightly more peripheral role. This reflects the considerable cultural journey we are taking with this work.

3. Is your report for Approval / Consideration / Noting

Consideration and approval

4. Recommendations / Action Required

4.1 Confirm full partner support and ownership of the plan

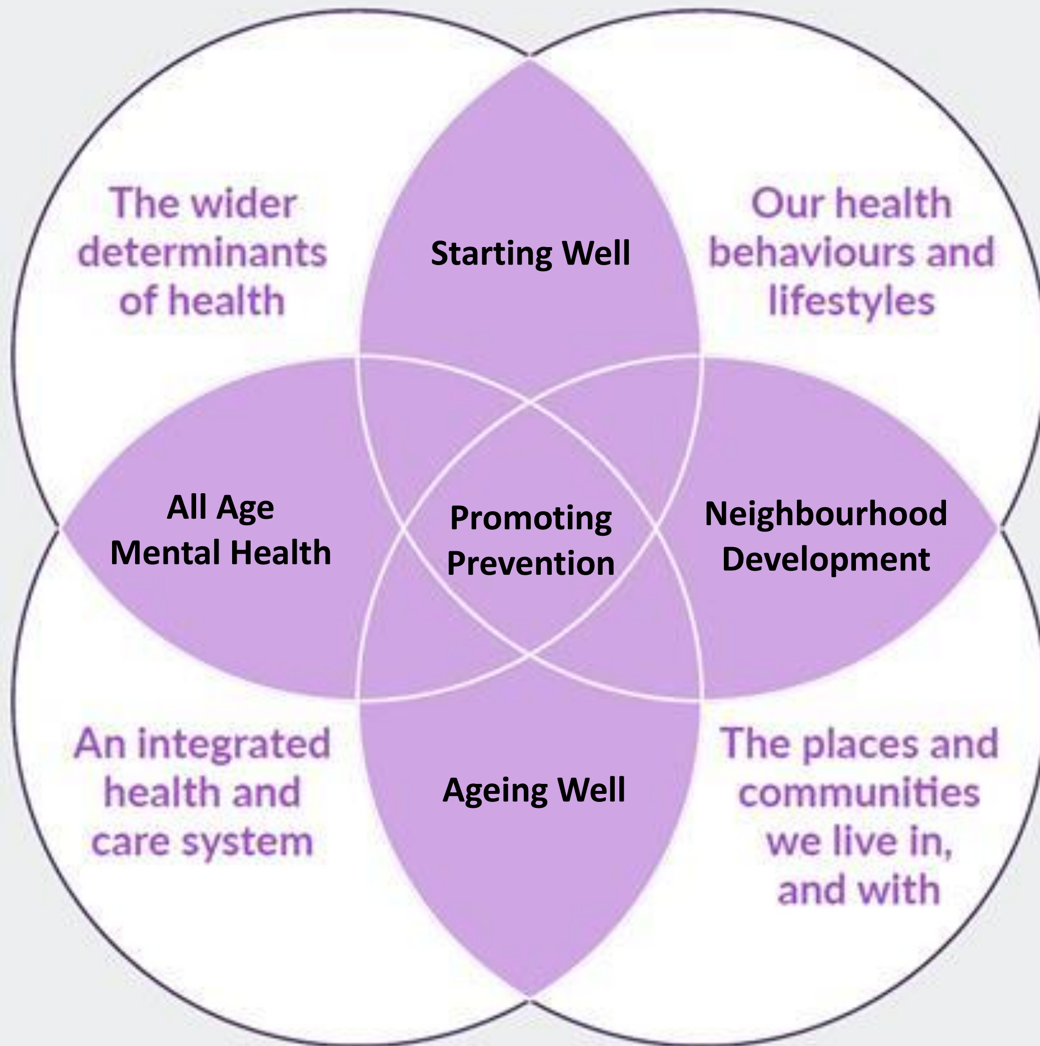
4.2 Note timetable for final sign off through system and partner boards. The following was agreed at EDG:

ACP Board	21st June
Health and Well-Being Board	27th June
Partner Boards	June/ July Boards
ICS – for information	Q2 review date

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

Not at this stage

Shaping Sheffield



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1 Introduction

We want to transform our population's health, care and well-being, improving outcomes for the people of all ages of Sheffield.

Too many people in Sheffield still struggle with poor health and wellbeing, and this is inequitably distributed across our city. We want to change this through adopting our shared purpose in all we do: "***Prevention, well-being and great care together***". Our plan and delivery priorities are informed by extensive and ongoing service user, public and staff engagement. What was striking through our 2019 engagement was the consensus from the public and our workforce about the outcomes they wanted, with a focus on integration, prevention and collaboration:

Word cloud developed from "outcomes" discussions at 2019 engagement events

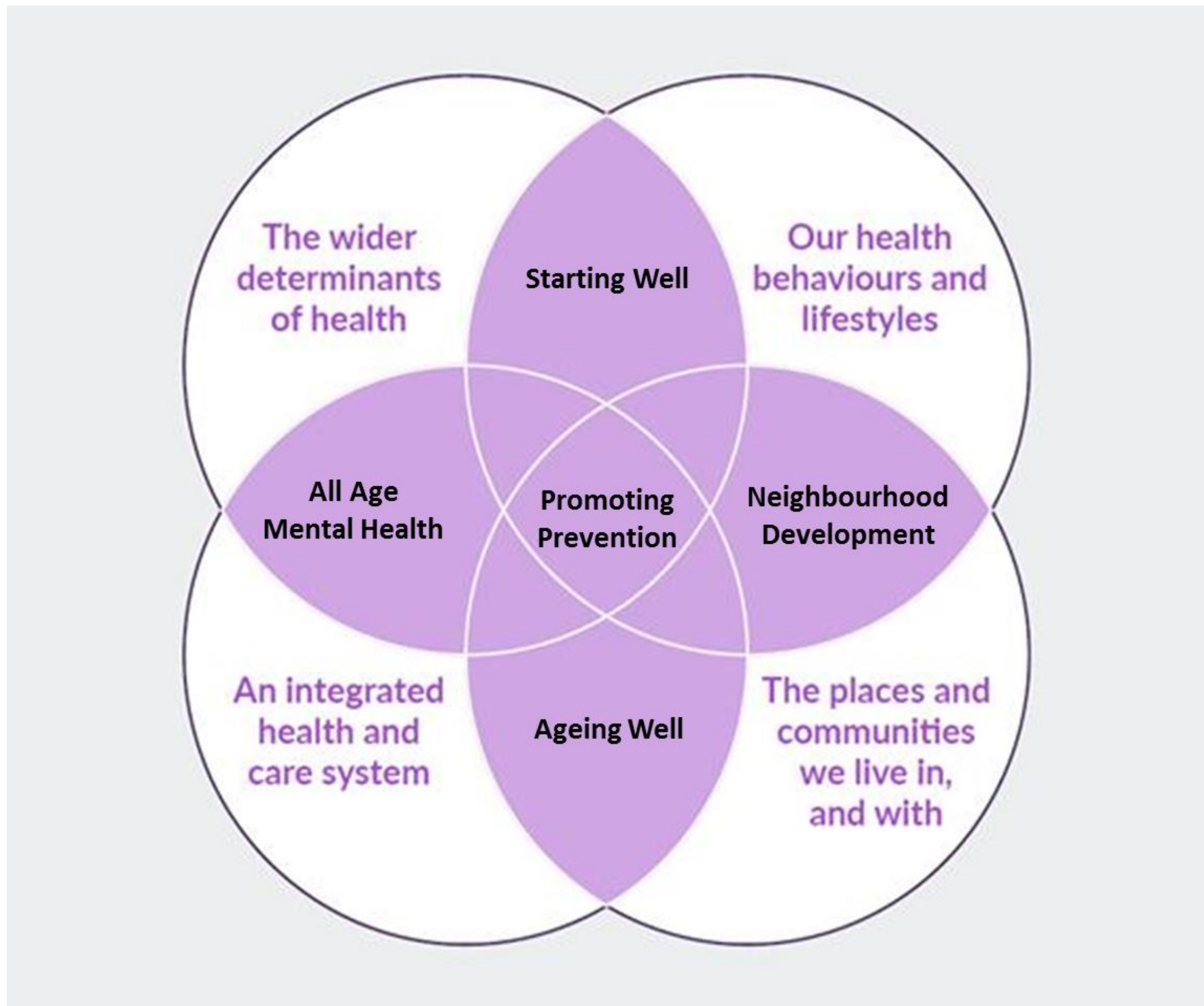
Having the right Strategy and Plan is only the first step; what matters more is how we deliver it. Our Plan therefore sets out our priorities for 1 and 5 years, building on good foundations and accelerating our progress. A full programme delivery document accompanies this strategic overview. We will need to significantly develop our culture and ways of working together to achieve our ambitions.

The Plan will be delivered by the Accountable Care Partnership which brings together seven partners in the city to focus on issues that can only be addressed as a collective endeavour. The partners are: Sheffield Children's NHS Foundation Trust, Sheffield City Council, NHS Sheffield Clinical Commissioning Group, Primary Care Sheffield Ltd, Sheffield Health and Social Care NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust, Voluntary Action Sheffield.

John Boyington, Chair, Primary Care Sheffield
Jayne Brown, Chair of Sheffield Health and Social Care NHS Foundation Trust
Andy Buck, Chair of Voluntary Action Sheffield
Sarah Jones, Chair of Sheffield Children's Hospital Foundation Trust
Dr Tim Moorhead, Chair of Sheffield Clinical Commissioning Group
Cllr George Lindars-Hammond, Cabinet Member for Health and Social Care
Tony Pedder, Chair of Sheffield Teaching Hospitals Foundation Trust

2. A Vision for Population Health in Sheffield: Towards A Healthier Future

We will adopt a population health approach to achieve our ambition to improve population health, care, and well-being outcomes. Population health extends beyond the care system to the wider determinants of health and the role of people, families and communities in improving health and wellbeing outcomes. The following infographic (adapted from the Kings Fund Population Health System Model (2018) summarises the wider determinants of health and the five Sheffield delivery priorities:



We will focus our efforts on our five priorities, acknowledging the wider connecting factors that shape our population's health. There is a wealth of evidence that the **wider determinants of health** are the most important driver of health. In addition to income and wealth, these determinants include education, housing, transport and leisure.

Our health behaviours and lifestyles are the second most important driver of health. They include smoking, alcohol consumption, diet and exercise. The ambition of the Sheffield ACP is to shift our care system to promote prevention throughout all our work - building on existing work in the city

established to tackle specific lifestyle and behaviour factors. Details of existing work can be found in the Sheffield Tobacco Control Strategy, the Sheffield Food Strategy and the Sheffield Move More Plan.

There is increasing recognition of the key role that **places and communities** play in our health. For example, our local environment is an important influence on our health behaviours, and there is strong evidence of the impact of social relationships and community networks, including on mental health. In Sheffield we have developed 'People Keeping Well' Partnerships, neighbourhood and locality working, our "Ryegate in the Community model" and most recently our Primary Care Networks. Our ambition is to bring these together and to scale up the impact for our population.

Recent years have seen a strong focus on developing an **integrated health and care system**. This reflects the growing number of patients with multiple long-term conditions and the need to integrate health and care services around their needs to deliver better outcomes. We have reviewed international and national evidence in developing our plans for Sheffield and want to scale up our integration work, building on existing pockets of good practice. In this context, **the long term ambitions** of the Shaping Sheffield Plan are:

i. To transform how our care system interacts with the **wider determinants** of health to help create a **happier, healthier and economically active population,** supported by **greater partnership** across ACP partners, police, fire, schools, universities and wider agencies.

ii. To better recognise the inter-play between **mental and physical health** and take **an asset based, holistic, person centred approach** with a shared ambition of **developing and supporting thriving communities, particularly in the most deprived parts of the city.**

iii. To develop an **all age care system**, involving **greater integration** between primary and specialist care; physical and mental health care; health and social care; and children's and adults' care. Services will be organised around the needs of individuals rather than professional boundaries. We will promote **prevention**, focused on transforming the **health and well-being** of the population.

iv. To deliver a **great start in life**, to enable all children in the city to have the best life chances and families to be empowered to provide a healthy, stable and nurturing environment.

v. To **support people to age well, and to improve the experience of those living with frailty and multi-morbidity**. We will support people to live well, keep people out of hospital and provide support and advice when needed in primary and community care environments.

vi. To create a **flourishing and thriving Sheffield** by **developing our workforce** in a joined up way to deliver holistic, person-centred and integrated care. We will be ambitious about our role and responsibilities as anchor organisations within Sheffield for the 38,000 people we employ and mobilise a system workforce strategy through the ACP.

vii. To **transform how we work together** and develop a more system focused culture and leadership, to address the cultural barriers within and between organisations, remove perceived hierarchies and build trust.

viii. To **support and enable strengthened communities,** learning from Wigan and other cities which have developed the relationship with the population to one that supports thriving communities and enables individuals to take responsibility for their health and well-being.

The *principles* and *values* that will guide our work are:

Our Principles:

- A population focused approach
- A preventive approach built into delivery at all levels of complexity
- Care closer to home or a home via neighbourhood, localities hubs
- A focus on reducing health inequalities in Sheffield
- Effective and efficient use of resources whilst assuring safety and effectiveness

How we will work – our values:

- A holistic, person centred approach
- Seamless, integrated working
- Co Design and co-production with our population and our workforce
- Collaboration to achieve transformed outcomes
- Delivery focused - we will be **bold** in holding ourselves to account for better outcomes

Our key **challenges** are as follows and have steered our delivery priorities and approach:

i. Our context of **social and health inequality is stark.** Sheffield is one of the 20% most deprived local authorities in England, with around 1 in 4 children living in poverty. At the same time we have some of the most affluent 1% of areas in the country. Our health outcomes match these extremes, as our infographic in Section 3 illustrates, with significant inequalities in health and the causes of ill-health experienced by both children and adults. We operate within a wider policy context that has implications for our people. Whilst we can influence this context, we do not control it, for example the concerning impact of Universal Credit that the Health and Well-Being Board has observed for our most vulnerable people.

ii. We know there are **challenges in how we deliver care** which we must address including:

   a. Child to adult mental health transitions highlighted in some recent tragic cases.
   b. The poor experience for people caused by our system fragmentation observed by the 2019 combined CQC/ OFSTED Review on Special Educational Needs and the 2018 CQC Local System Review for Older People.
   c. The need to ensure a thriving and sustainable voluntary sector & a stronger strategic voluntary sector voice throughout our partnership arrangements.
   d. The considerable frustration experienced in receiving and delivering care across organisational boundaries due to the fact our care record systems do not connect.

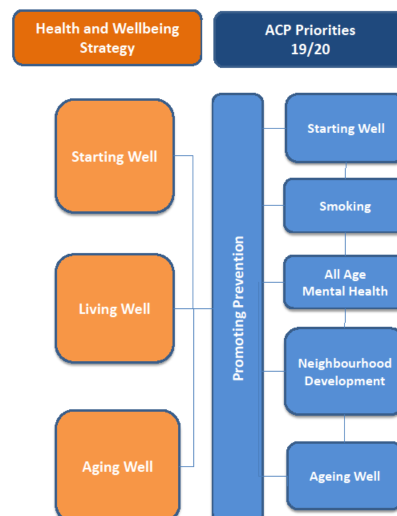
iii. We need to achieve a **changed investment model** across the system that directs more investment towards prevention and a differential investment model to communities experiencing the greatest health inequality. Our integrated commissioning should support this shift. However, we need to maintain system financial sustainability whilst we transform, enabling all system partners to adapt as the strategic and organisational landscape changes in line with our new care models and priorities.

iv. How we **engage, communicate and mobilise strategy** – The Sheffield provider landscape is rich and complex; in 2019 it includes 81 primary care practices, 104 social care contractors, 45 Nursing homes, 67 Residential homes and over 3000 voluntary sector organisations, alongside our statutory NHS and local government providers. We collectively employ over 38,000 staff across care and serve a population of 580,000. Transforming our culture to one focused on prevention and person centred provision will be a significant challenge.

3 The Strategic Context

3.1 The City Wide Context

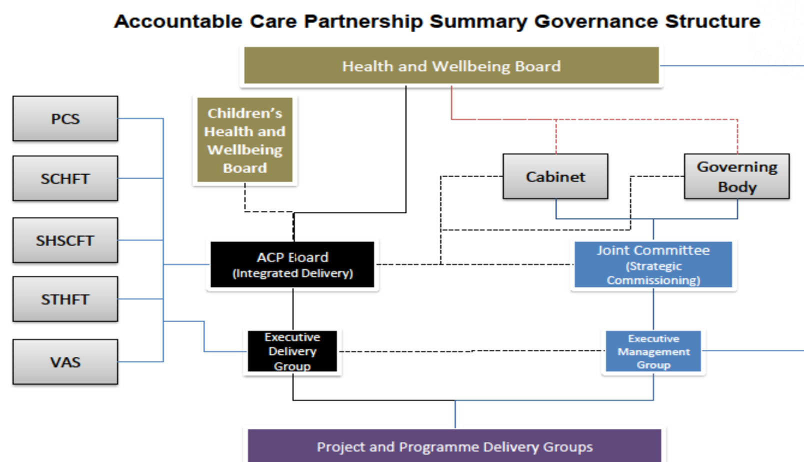
The Shaping Sheffield Plan is rooted within the 2019 Sheffield Health and Well-Being Strategy. The Health and Well-Being Strategy sets out a life course approach and develops a set of ambitions for a healthier city that will make a difference both in the short and long term. Its 3 'chapters' summarise the life course approach – "Starting Well", "Living Well" and "Ageing Well". All of the priorities and actions within the Shaping Sheffield Plan map directly against these 3 chapters



The Shaping Sheffield Plan also drives and is enabled by the move of Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC), towards establishing joint commissioning arrangements. This aims to develop a single commissioning voice and a single commissioning plan driven by the newly established Joint Commissioning Committee. Joint commissioning priorities, also embedded within our Shaping Sheffield delivery priorities for 2019/20 will be:

- To integrate services across health and care to ensure a seamless service for frail residents.
- To develop a partnership approach to Special Educational Needs and Disabilities (SEND), in the context of the Ofsted / CQC inspection and local required outcomes and resources.
- To consolidate and build on our integrated mental health work.

In order for commissioning to work effectively, strong, mature relationships with providers will be critical to ensure that collectively we co-design provision to achieve high quality outcomes for our population. The governance of joint commissioning and interface with the ACP is summarised below:



3.2 ACP Partner Context

Our partners have committed to embedding the priorities of the Shaping Sheffield Plan into their organisational commitments. The Programme Delivery Document demonstrates the agreed alignment between the system plan and organisational priorities.

3.3 The Regional Context

The South Yorkshire and Bassetlaw Integrated Care System (ICS) was established in 2017 and was one of ten first-wave ICS's identified nationally to develop the blueprint for system working across health and care organisations. In the same year, Sheffield ACP was one of five "places" established across South Yorkshire and Bassetlaw. The different health and care organisations across the five SYB places form the ICS footprint. The ICS is currently developing its response to the NHS Long Term Plan which sets out the requirement for systems to work together with partner organisations to produce a five-year strategic plan by the autumn of 2019. The plan builds on the 2016 SYB Sustainability and Transformation Plan, and will focus on improving population health and wellbeing through prevention, integrating care and partnership working.

3.4 The National Context

In January 2019, the Long Term NHS Plan was published, with a focus on prevention, population health and integration. Underpinning the plan is an emphasis on the "triple integration of primary and specialist care, physical and mental health services, and health with social care." We anticipate the Social Care Green Paper and Prevention Green Paper will further consolidate this focus on a preventative, person-centred, holistic and integrated care approach. Within the Long Term Plan, we see a greater focus on children and mental health. The plan has committed £4.5 billion more for primary medical and community health by 2023/24 and £2.3 billion for mental health.

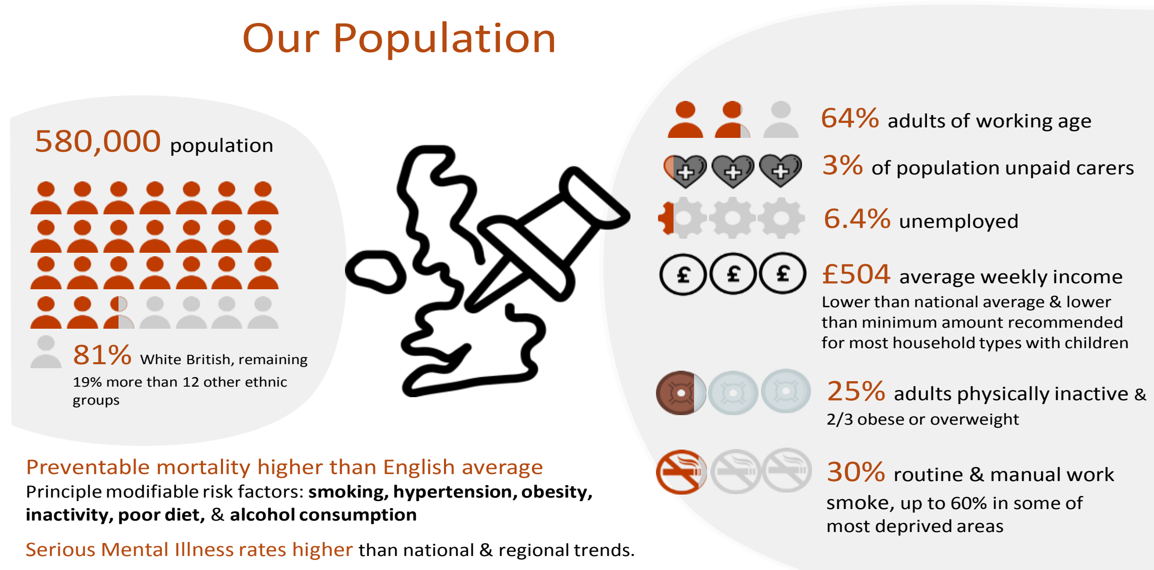
The new GP contract framework (2019) marks some of the biggest general practice contract changes in over a decade and will be essential to deliver the ambitions set out in the NHS Long Term Plan.

The contract will ensure general practice plays a leading role in every Primary Care Network (PCN), which will include bigger teams of health professionals working together in local communities to develop closer working between networks, Place arrangements and Integrated Care Systems. What will be crucial is aligning Clinical Director and PCN priorities to the broader Place and ICS context to ensure that this changing strategic context meaningfully comes together to deliver better outcomes for the individual, the family, the neighbourhood and the population.

4 About Sheffield

This section explores where we are now, considering demographic trends, health and care outcomes, views of our service users, our public and our staff.

Sheffield is one of the 20% most deprived local authorities in England (around 1 in 4 children live in poverty), whilst at the same time having some of the most affluent 1% of areas in the country. Not surprisingly, Sheffield has health outcomes to match these extremes.



Significant inequality in health & causes of ill health

Gap in healthy life expectancy- 25 years for woman between most & least deprived. Gap for men & women continues to worsen

Teenage conception rate higher than England average

15% of women smoke at time of birth of baby & higher than average proportion of **low birthweight babies**

54% of 16 year olds achieving A* - C

One in 3 children (10-11) **are overweight**, 1 in 5 obese.

Severe obesity above national & regional levels & rising 2/3 of 4-5 year olds "school ready"

10% of children have mental health disorder

Employment rate 4% for people with learning disability, 20% for people with mental health conditions overall, & 5% for those in contact with secondary mental health services & on a care pathway

Alcohol related mortality significantly higher than the national & regional average

Principal driver of **demand for healthcare is illness** not age

Much of burden of disease preventable

Smoking accounts for 12% of all morbidity & 20% of deaths.

Obesity 2nd most common modifiable risk factor.

Increasingly multi-morbid city

23% of people have 2 or more long term conditions

Prevalence of multi-morbidity increases with age

Onset of **multi-morbidity** 10-15 years earlier for people in most deprived areas

Socio-economic deprivation particularly associated with mental health related multi-morbidity

Main causes of illness: cardiovascular disease, cancer, mental ill health, musculoskeletal, neurological & respiratory conditions.

Main causes of death: cancer, cardiovascular, neurological & respiratory disease.

Within our care system, we have exemplars and many examples of good practice, as cited at our Shaping Sheffield events. We perform well as statutory organisations, in terms of quality, experience, access and financial performance, with some acknowledged areas for improvement. Sheffield also enjoys a thriving voluntary and community sector which makes a vital contribution to the life of the city and its people. It works in essential areas, including health and social care as well as education and training, recreation and environmental care. The sector delivers over 7 million interventions to people each year, is made up of over 3000 organisations, ranging in size but the majority are micro with an income of under £10000 per year. Importantly those organisations are wedded to and embedded in their communities and often have deep-rooted relationships built up over time. We need to ensure that these strengths of different organisations and parts of the system are embedded within our future care models.

We have pockets of innovation in both commissioning and provision. However, when working on a system level, we hear consistent themes from the CQC, OFSTED and our public regarding a fragmented system that is inconsistent and confusing to access. We hear that we sometimes lack a whole person focus. We need to provide high quality care, experience and outcomes across the Sheffield system to match the high quality we usually achieve as organisations.

Our Care System

Starting & Developing Well

Great practice in care services for children include Safe Sleep Initiatives, the Young Carers' Strategy, Sheffield Eating Disorders Strategy, Future in Mind & Children's Pilot IAPT

Holiday hunger initiatives from the voluntary & community sector bringing food as well as skills

Growing burden of mental health issues for children. Access to Child & Adolescent Mental Health service is 94% within 18 weeks target, but deteriorating performance through 2018

CQC & OFSTED Review of SEND found: lack of vision & strategy, inconsistent practice, a need for improved communication & a need for more effective multi-agency transitions

Transition from children to adult mental health services key city improvement theme

Living, Ageing, & Dying Well

Cancer suspects
>95% within 14 days of referral.
Treatment within 31 days declining performance
Treatment within 62 days consistently below target

Psychological Therapies
50% of those treated moved to recovery in Q3 18/19
>90% seen within 6 weeks of referral
99% within 18 weeks

69% of **alcohol treatment** patients re-presenting within 6 months, worse than regional & national rates. **Alcohol related mortality** also higher.

94 % receive treatment within 18 week from referral in children's & adults. Good access to diagnostic services city wide

Care Homes admitting higher than average, especially for respiratory conditions

Dementia diagnosis rates at 79.4%, amongst best. But opportunity to improve how people then access support

DTOC number much improved. More consistently 30-50

Over 3346 voluntary and community sector (VCFS) organisations in the city performing on average more than 1 intervention per month per citizen

Half of all VCFS organisations work in a specific local community or neighbourhood

A&E 4 hour standard at 88% overall, declining national trend. SCH performance at 96%.

Reablement rates improved to over 80% still at home after 91 days. Fewer patients treated on ambulatory basis

Non-elective admissions slightly higher than comparators.

Length of Stay: 37.2% staying over 7 days, compared to 32% nationally.

7% of deaths with three or more emergency admissions in last three months of life. Sheffield in worst quartile in England.

Good practice for Living, Ageing & Dying Well

VCFS work on improving health & wellbeing through healthy initiatives such as park runs, focussing on prevention through lunch clubs and taking a holistic view of people

Innovation in commissioning in mental health pooled budgets.

Musculoskeletal care – integrated & outcomes based model of care.

City wide dementia strategy

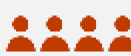
CQC rated Good 79/80 GP Practices, SCH, STH, SCCG. SHSC 'requires improvement'

CQC LSR review found our care system doesn't always support staff to help people stay as well as possible in usual place of residence and…

- Fragmented care system
- Lack of strategic commissioning
- Multiple & confusing points of access
- Patients tell their story multiple times
- Undervalued voluntary and community sector

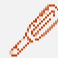
Our Care System

Workforce



38,000 staff across health & care system and 7,500 full time and , 9800 PT staff employed in the VCFS sector

15% of working population



NHS sickness level is better than Yorkshire & Humber.

2018 Staff Survey shows our Sheffield NHS organisations to be around "average" staff engagement against each comparator group.

Service User Feedback

Our **carer quality of life** in those aged > 65 is lower than the national average at 7.1 compared to 7.7 in 16/17 & has declined since 12/13. Our quality of life for those in receipt of social care is below national & regional position

83% patients rated their overall experience of their GP practice positively, in line with a national average of 84% (GP Survey, 2018).

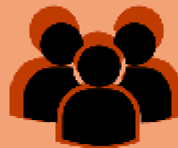
CQC Local System Review

Most people were positive about individual staff & their kindness & compassion

Family & carers don't feel empowered to be involved in their assessment of care, support and treatment

There were multiple & complex access points which caused confusion for people using services, carers & some frontline staff.

People didn't feel listened to or supported in the way they the needed.



CQC special educational needs and disability review

Children & young people with SEND & their families have widely different experiences

Constantly asked to provide the same information: 'I feel like a broken record'.

Some have been involved fully in developing plans & provision for their children, but for others it is a fight to be heard

Weaknesses in multi-agency transition arrangements lead to children & young people not being supported well enough

Financial Sustainability

£1.1 billion spent on health & care system in Sheffield. Historically break even or better position.

97% of money is spent treating illness, **3% on prevention**

The voluntary sector leverages significant resources.

In a context of **increasing multi-morbidity**, the challenge is to balance the gap between anticipated costs and the funding available.

By 2024 an **additional 21% of ££ will be required** to keep pace with demand. There is a significant financial challenge to the provision of Social Care services . Table X shows a breakdown for 2019-20.

Split of total spending: 36% in acute, 21% on going care & social care, 9% primary care, 9% GP issued prescriptions, 8% mental health, 8% community, 3% other services, 3% prevention, 2% ambulance & patient travel, 1% commissioning

5 Developing this Plan

In January 2019 we started the process of developing this Shaping Sheffield Plan. This built on and refreshed the original Shaping Sheffield Strategy developed through city wide events held in 2015 and 2016. The 2015/16 vision was based on key principles of prevention, early help and working together differently and is summarised by the following diagram:

Our refresh process in January 2019 needed to:

- Confirm that the original stated priorities were still valid, and would likely remain valid, for the next 5 years
- Engage with front-line staff and members of the public to ensure that their key concerns and priorities were taken into account, and
- Develop a robust action plan to enable all interested parties to monitor the success of ACP activities and investment.

We harnessed staff and public feedback through a number of ways:

- An online questionnaire asking for people's views on the key barriers to working and providing services and support across organisational boundaries, as well as ideas for addressing these barriers
- 5 large (primarily staff focused) workshops. Staff from across health and social care attended these workshops, including representatives from education, the police and sports retail
- Healthwatch ran 3 workshops for members of the public to contribute and conducted individual interviews to collect rich perspectives to feed into the process.

Staff and members of the public shared many examples of progress and good practice through these Shaping Sheffield events, which can be found HERE (Hyperlink to be inserted).

This feedback has been incorporated throughout this plan. Some of the very direct ways that this feedback has been reflected are:

- The emphasis on developing consistency in awareness and application of person-centred approaches across the ACP. This will be embedded within recruitment practices, cross-system workforce development and, through conversations with Higher Education providers, within the accredited professional qualifications.
- The move towards integrated commissioning should enable more whole system thinking and reformed funding approaches.
- Developing an all-age approach to all our services as critical to really embedding prevention as a foundation to all our services.
- A stated ambition of a 'One Central Point of Access (OCPA)' which will bring together all current systems and provide just one number for all queries related to health and social care
- A comprehensive system leadership and organisational development programme, which will develop consistency of practice, leadership and culture across the system.
- A more consistent approach to supporting staff working as carers in care homes and home care environments, developing career pathways and raising the profile of this important and valuable work.
- The alterations to the 5 original ACP priorities that were directly consulted on through the process. Alongside changes in wording and emphasis, the events resulted in "All Age Mental Health" promoted to a top five priority for the ACP.

Our refreshed Plan is about setting out our priorities and planned outcomes for 1 and 5 years, in line with staff and public feedback and taking account of national drivers, while building on good foundations. The themes from our staff and public engagement are shown on the next page. It is our ambition that as the plan develops over the coming months and years, wider relationships will be further embedded into the ACP (e.g. Police, Ambulance Services, Education and Housing).

Feedback from the 'Shaping Sheffield: the Plan' Consultations Events

Person-Centred:

- Using a holistic / whole family approach, support concerns, treat the whole person and not just the presenting issue.
- Focus on the needs of service users, carers and communities rather than organisations
- Develop communities to be more independent and involve them in identifying needs & solutions – don't just listen to the loudest voice
- Use patient activation measures to assess readiness to change
- Asset-based approach: focus on what else motivates the individual as a focus

Funding:

- Need integrated budgets and the freedom to be more flexible, allocate money to local priorities and be more creative
- Long term investment is needed to remove the short term contract culture
- There is a need to invest in prevention activities, including home care and raising the value and profile of this work.
- Infrastructure in communities needs investment

Digital:

- Shared care records, where the patient has access, is critical, with access extending to the voluntary sector, community pharmacies and hospices etc.
- An online 'red book' to help the public understand services and improve access to support.
- Ensure that data is accurate, comparable and shared appropriately

Other:

- *All-age approaches:* promote active ageing across the lifecourse, starting with children and schools teaching lifestyle skills.
- *Policies and processes* need harmonising and simplifying

Integrated Working:

- Have one single point of contact in a holistic approach, integrating physical and mental health care needs, as well as social care needs.
- The health and social care system should be ONE system.
- Recognise the strategic role of the voluntary sector and ensure they are involved in planning and delivery.
- Commissioners and providers need to work together to deliver what is best for the child, not the system
- Need to build networking opportunities to develop relationships, trust and an appreciation of the roles of other professionals – commissioners can facilitate this.
- Work with small businesses, supermarkets, schools and care homes as well as the ACP partners

Workforce & Culture:

- Change the culture to remove the perceived hierarchy of services
- Need to build trust and relationships within and between organisations
- Need to behave differently to get different results
- Develop consistency in career pathways and required competencies across the private and public sector
- System-wide leadership development is needed, focusing on core skills to develop confidence and capabilities required to future proof demands.
- Ensure carers and voluntary sector staff have access to the same development opportunities to develop skills and capabilities as the statutory workforce.
- The top-down culture is stifling innovation – grass roots staff have lots of ideas and solutions
- Staff need to be empowered to think outside the box and spend their time where it will have greatest impact
- The health and social care workforce needs to role model , and be helped to role model, healthy behaviours

6 Our delivery priorities

A commitment to promoting prevention will run as a golden thread throughout all our work to our long term goal to improve population health. We will work with an approach of "triple integration" of primary and specialist care, physical and mental health services, and health, social care and the voluntary sector. In this context, our delivery priorities for 2019/20 are:

- Starting well
- All age mental health
- Promoting prevention
- Thriving communities
- Ageing well

For each of these priorities some initial outcomes and targets have been set. These are under continual review to ensure they develop to reflect the ambitions of the partnership as they grow.

6.1 Starting Well – *Developing more strengthened families and communities*

We want all children in the City to have the best life chances, and families to be empowered to provide healthy, stable and nurturing environments. We want to connect people to the right levels of support at the right time through universal and targeted prevention, early identification and early support. We want:

- Every child to achieve a level of development in their early years for the best start in life
- Every child included in their education and accessing their local school
- Every young person equipped to be successful in the next stage of their life.

We will…..

- Enable Sheffield to be an inclusive city where all children and young people with additional needs get the education, health, and care support they need to achieve their potential and go on to make a positive contribution to society and lead a happy and fulfilled life.
- Work with partners and stakeholders to develop an all age approach to mental health provision ensuring a focus on prevention and early intervention is maintained and developing a joined up response to support families in crisis
- Develop and enhance a locality based model that delivers child centred, young person centred and family centred care that is holistic, high quality, safe, timely and sustainable, in an equitable way across Sheffield
- Refresh the City's 'Great Start in Life Strategy'; recognising what has been achieved to date and setting new joint priorities.

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- Develop an Adverse Childhood Experiences (ACE) aware Sheffield; ensuring the Sheffield workforce understands how ACE can impact on families.
- Undertake wide stakeholder engagement during 2019 in order to create a Children and Young People's Strategy for 2020-2023 that reflects national guidance and strategic direction

How will we achieve our vision?

The Children & Young People Health & Well Being Board is a well-established partnership board with wide and active stakeholder engagement. We are committed to:

- Ensuring there is good quality and active engagement with children, young people, families/carers and professionals across this entire area of work to support, signpost, and shape services and the workforce.
- Championing programmes of work that enable children in Sheffield to reach their potential irrespective of their vulnerabilities
- Ensuring all transition points for children are seamless and agencies provide joined up care, developing shared data and information where possible and appropriate
- Having robust governance arrangements in place to oversee delivery and link with other workstreams to ensure children and young people are actively involved and considered

Priorities for 2019/20

- Implement the written statement of action following the CQC and OFSTED SEND inspection
- Support the delivery of a new all age eating disorders pathway and use the learning to develop and inform future models of care for mental health
- Implement a community nursing model to support the development of a locality based working approach, focussing on complex needs and palliative care as a priority
- Finalise the community paediatric pathway with focus on autism and ADHD as a priority and use this learning to develop further pathways to support the development locality working
- Create a 'Great Start in Life Strategy', a refresh of the Best Start Strategy
- Undertake wide stakeholder engagement during 2019 in order to create a Children and Young People's Strategy for 2020 - 2023 which reflects ambition of NHS Long Term Plan for children and wider relevant strategies
- Link with all other ACP work streams and organisational priorities to ensure prevention agenda and C&YP are priority

Outcomes: Currently being developed in the overall context of the ACP dashboard.

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6.2 Development of a Lifespan (all-age) Mental Health Approach

In 2018, the ACP committed to assuming ownership of the transitions issues between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) in Sheffield, to create a sense of collective responsibility across the system, and to consider and explore alternative approaches and options. It has already been agreed that longer-term sustainability should underpin the eventual approach.

This theme has emerged consistently as requiring improvement for Sheffield, and was a strong theme throughout the 2019 Shaping Sheffield engagement events. An emphasis on improving the support and experiences of children and families living with SEND has also emerged through public consultation as a core priority.

In December 2018, a joint children's and adults workshop to discuss these issues concluded that there is:

- Overarching support for embracing **a lifespan (all-age) approach** to the delivery of mental health services. This would promote seamless care, allow us to focus on prevention and early intervention and remove 'commissioner and provider created' transition points;
- Concern about **accessibility and waiting times**. It was noted that the concept of a lifespan approach will only work if there is consistency in delivery and the respective service offer; and if considerable capacity gaps are addressed across the current care pathways;
- A need to increasingly think about the **'whole person'**; we therefore need to stop describing service transitions, and instead create seamless progression through CAMHS and into AMHS (where appropriate). This seamless progression also needs to occur between physical and mental health, primary and secondary care and health and social care; and
- A need to improve **seamless progression** in terms of other populations and care pathways, for example for those with a learning disability and/or a neurodevelopmental disorder and those transitioning from one care setting to another (e.g. from hospital to home).

To provide improved governance to support a lifespan approach, the integrated commissioning teams for children and young people's, adult and older adult mental health services have come together to form one single commissioning team. Work is also underway to ensure that structures are in place to provide robust overview and assurance. In addition a newly designed operational transition protocol has been put in place, which has been developed jointly and collaboratively by clinical and operational staff at both SCH and SHSC. There is also a commitment to put in place a structured programme aimed at reviewing current care pathways which will be led entirely by service users and experts by experience.

Priorities for 2019/20

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- Engagement through workshops with Experts by Experience to critically test and redesign current pathways by September 2019;
- Agreement on specific outcomes to achieve across the lifespan approach, moving away from activity based contracting by October 2019; and
- Agreement on next steps on alternative commissioning frameworks by October 2019.

Outcomes We Will Achieve

- We will have coproduced Quality of Life outcome measures against which services are monitored, focusing on patient and family carer experience by the end of March 2020;
- We will , during 2019/20 improve accessibility and reduce waiting times for mental health services in line with the NHS Long Term Plan; and
- We will clearly define pathways of care, with clarification of the responsibilities of clinicians and systems to ensure effective progression ('warm handover') points.

6.3 Promoting Prevention (Inc. Smoking)

We expect each workstream and enabler to embed prevention principles and approaches in all that they do. In the Promoting Prevention workstream we are focused on embedding a preventative approach into the commissioning, planning and delivery of health and care systems of Sheffield. This means changing how we work with people, families and communities in Sheffield to enable them to have greater control of what matters to them. People's own strengths and networks, connected to the assets and resources in their local communities and the wider city, are the key to wellbeing and improving quality of life. We will also use the stated ACP delivery priority on smoking to lift the profile and impact of implementation on smoking, working across the city to accelerate our work.

Improving people's quality of life will benefit everyone in the city and will also help public services be sustainable over the long term. It will involve developing and utilising our voluntary, community and faith sector expertise to build strength in our city.

We will:

- Develop staff (across the ACP partner organisations) to enable them to adopt a prevention approach in their conversations and interactions with people
- Continue to drive forward the QUIT programme across NHS Trusts in the city and other tobacco control measures in line with the Sheffield Tobacco Control Strategy
- Support ACP partners to develop healthy food and drink policies
- Support achievement of the 6 Move More Strategy Outcomes
- Work with and invest in the voluntary and community sector, strengthening existing relationships, developing new ones and enabling greater sustainability
- Support ACP partners to develop links with the employment agenda – including linking with and learning from the Individual Placement and Support (IPS) trial and Working Win

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- Support the voice of communities to influence the agenda

Priorities for 2019/20:

- Gaining organisational level commitment across all ACP partners to working with prevention at the core of all they do and embedding actions on preventative risk factors (e.g. smoking, food, physical activity) into the Sheffield health and care system
- Embedding prevention and wellbeing approaches into all ACP workstreams and Joint Commissioning propositions
- Increased referrals to smoking cessation service and reduction in smoking prevalence in the city
- Look to invest in the VCS to build strength and capacity, fostering collaboration between organisations
- Embed employment health into the ACP Programme, establishing links with existing place based work through the Sheffield Local Integration Board and relevant subcommittees.

Outcomes we will achieve:

- From the autumn of 2019, prevention and wellbeing to be embedded into all health and social care policies and decisions of the ACP partners as they come up for review.
- Prevention and wellbeing will become an integral part of organisational induction programmes and ongoing training of health and social care staff across the city by March 2020.
- Significant reductions in smoking prevalence across all groups by 2025
- Reduction in levels of obesity in adults and children living in the 20% most deprived areas of Sheffield by 2025
- Increased percentage of people in Sheffield getting at least 150 minutes of moderate intensity activity per week (currently only 54.6% of adults in Sheffield report achieving this)
- Ensure people can enjoy at least five extra years of healthy, independent years of life by 2035, while narrowing the gap between the richest and the poorest (in line with the Ageing Society Grand Challenge 2017)

6.3 Neighbourhood Development

With an ever increasing demand on health and social care services the impetus of putting people and families at the centre of support, while reducing the need for specialist intervention has never been stronger.

We will therefore shift the focus of care and support towards primary and community care. We will do this through the development and maturity of primary care networks, effectively connecting all age prevention and early help services across the 'system' within communities. When developing Communities we will focus on the wider determinants of wellbeing such as health, housing,

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employment, physical activity, skills and volunteering, education, safety etc. We will seek to mobilise the assets within communities, promoting strengthened families and self-care. We will develop our understanding of the needs of each neighbourhood by developing a population health approach and using data to drive our approach.

We will:

- Identify relevant measures across the 'system' to develop a thriving communities index by March 2020
- Integrate (specialist / generalist, physical and mental health etc. to provide care closer to people's homes by March 2020
- Develop a 'system' Early Help strategy by March 2020.
- Develop 'system' training to ensure 'Early Help' is everyone business whether the need falls within their immediate area of expertise or not by March 2020
- Deliver a 'system' workforce development offer by March 2021.Deliver prevention focussed, asset based, person centred care (social prescribing) across all networks by March 2022.
- Evaluate 'Further Faster' projects to establish 'what works' by June 2020
- Invest in communities and the infrastructure they need to develop capacity

Priorities for 2019/20

- All Age Early Help Strategy
- Primary care networks cover the whole of Sheffield's population
- Continued development of new primary care roles and recruitment of network roles
- Continued development of Multi-Disciplinary Teams improving connected practice
- Connected services, organisations and community assets across the City
- VCS contribution to delayed transfer of care and keeping people out of hospitals developed

Outcomes we will achieve:

- Reduced unnecessary admissions to hospital from 4,419 to 3,726
- More people will have care plans to help support them to live well at home (measure TBC).
- Greater equality of access to health and care across the city (measure TBC)
- Increase Patient satisfaction from 83% to 85%
- Delayed transfers of care (days) 1615 - 993
- MDT Collaboration (awaiting measures)
- Under 18 Conceptions 21.2% to 18.8 %
- Mental Health and Employment 64.4% to 68.2%
- Learning Disability and Employment 66.9 % to 69.2%

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6.5 Ageing Well – Improving the health and well-being of people who are frail or at risk of frailty

It is a common misconception that 'the ageing population' is responsible for inexorable increases in demand for health and social care services. This is not the case. Many older people, including very elderly people, live fully independent lives - the increase in demand for services far outweighs the increase in older people and is, in fact, due to increasing numbers of people living with one or more long term condition.

Multi-morbidity describes a situation where an individual is living with two or more long term conditions. The number of long term conditions tends to increase across the life course and can, in simple terms be viewed as a precursor to frailty: as the number of medical conditions increases, quality of life decreases and difficulties with everyday activities increases, with a concomitant increase in need for support from informal carers or statutory services.

In Sheffield, people living in the most deprived areas are more likely to find themselves in circumstances that have a harmful impact on their health and wellbeing. This puts them at greater risk of developing multiple long term conditions at a much earlier age than people who are more affluent – by the age of 60, 1 in every 2 people who are in the most deprived 10% of people in Sheffield have multiple long term conditions, compared to only 1 in 5 people in the most affluent 10%.

Prevention of frailty and multi-morbidity therefore requires a comprehensive approach to prevention where 'ageing well' is a life-long concept and interventions to support it, city-wide.

We need to re-balance the health and care system to prioritise person centred approaches, with a focus on "what matters to you?", out-of-hospital care, improved integration and planning in advance of deteriorations in people's heath. This should be supported by a shift in resources towards prevention, at all levels of need. In practice this means action in three, key areas:

- **Strengthened** individuals, families and communities
- **Integration** of care in neighbourhoods, to deliver improved proactive and reactive, multi-disciplinary person centred care for people with complex needs
- Avoidance of and alternatives to emergency hospital admission whenever appropriate.

We will

- Delay the onset of frailty wherever possible
- Develop improved advanced care planning, communication and integration between services
- Identify people who are becoming frail and help them to maximise their independence within their own home and community
- Provide optimal support to people (and their families) who are multi-morbid and/ or approaching end of life

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- Build an integrated approach across health and social care, primary and secondary care, mental and physical health, and community and voluntary sector partners.

Throughout our approach we will embed principles of person centred care, promoting use of "what matters to you?" We will focus on prevention, providing care closer to home, reducing health inequalities, and establishing a collective approach to managing risk. We will use our combined resource in the most effective way across the system to do the right thing for people. We will improve the experience of all people living with or at risk of frailty, their health outcomes, and the experience of our staff. Through this we will deliver all aspects of the CQC Local System action plan

Priorities for 2019/20

- Move towards an integrated, person centred care model to support people to age well with triple integration, an underpinning principle. Our themes to support people in a more holistic way and to support our staff to deliver more integrated care are:
  - Strengthened, bold integrated neighbourhood development
  - Enhanced care in Nursing and Residential Homes
  - One standard, scaled up approach to care planning across the system
  - 'One Central Point of Access (OCPA)' for health and social care
  - Scaled up rapid advice, diagnostics and same day emergency care
  - A city that supports wellness

- Strengthen our shared strategy and plan through improved population health needs assessment of the frail and emerging frail population and identification of any gaps in the current commissioned health and care system
- Establish new contractual arrangements to support the delivery between CCG and STH and better embed this agreement within the context of integrated commissioning.

Outcomes we will achieve:

- A greater number of our residents reporting a person centred experience (addressing key themes identified by the CQC) – as evidenced by our joined up service user experience
- A greater number of our staff reporting joined up integrated working (addressing key themes identified by the CQC) – as evidenced by integration measures captured through the implementation of our Ageing Well workforce strategy
- Sustained achievement of fewer than 45 Delayed Transfers of Care from 2019/20
- Delayed days in hospital below 1500 days in total from 2019/20
- 80% or more of people still at home 91 days after discharge from hospital (for those referred for reablement) from 2019/20 onwards
- Maintaining fewer than 725 admissions to care homes a year from 2019/20

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7 Our Key Enablers

We have agreed a set of key enablers to help transform our system. We acknowledge the significant workforce, cultural, digital, financial and business change required to deliver our ambitions. We will work in partnership with the ICS where this makes sense – to ensure place is influencing and shaping the SYB approach, gaining the benefits of regional scale and perspective, and of being part of a leading ICS:

- Developing a person centred approach
- Developing system leadership and culture
- Development of a system wide workforce strategy
- Developing a sustainable financial approach
- Digital transformation
- Our communication strategy

7.1 A Person Centred Approach

"Enabling the people of Sheffield to live a life they value, and allow people and communities to have greater control over what matters to them'.

This is our definition of "person centred", which is central to all of the work of the ACP. The key to wellbeing and improving quality of life lies in people's ability to live a life they value – this can be achieved by drawing on their own strengths and networks, connected to the assets and resources in their local communities and the wider city. As a city we will work together – people, families, communities and organisations - to build places and services that support and sustain these assets and resources. This means changing how we do things in Sheffield so that people and communities have greater control of what matters to them.

The principles that underpin 'person centredness'

- Asset based
- Enabling and engaging
- Personalised
- System focused

The benefits of being person centred in Sheffield

- **To People:** Stronger consideration of each person's unique set of strengths and needs. Feels better and helps them to maximise their potential. Great sense of being in control, guiding own destiny.
- **To Professionals:** Better job satisfaction (feeling of doing the right thing), 'joy at work'

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- **To Systems:** Achieves best value from limited resources. Builds trust. Over time can reduce waste. 'Teach a person to fish' approach is more sustainable in the medium to long term.
- **To City:** Better quality of life, reduced inequalities, stronger economy (healthier workforce), more sustainable services, positive reputation.

The development of our leadership and our culture, and adopting a more transformational approach to workforce challenges, are key ways of embedding person-centred approaches to improve experience of care for our population. Our strategies in these areas are outlined below.

7.2 System Leadership and Culture

"Successful system leaders are more likely to emerge where there is a common vision and a set of ideals focused on the needs and ambitions of a particular community"

Suzie Bailey, Director of Leadership and Organisational Development, Kings Fund.

To develop greater system focused leadership and culture we will:

- Develop system leadership capability, equipping our emerging system leaders with the skills and confidence to identify and drive forward required changes
- Address the cultural barriers within and between organisations, removing perceived hierarchies and building trust.
- Establish the voluntary sector as a true partner within the system, with VCS staff, volunteers and unpaid carers provided with equitable access to support as staff within the statutory organisations.

Our strategy for achieving the above is broad, encompassing system leadership development initiatives at numerous levels, broader organisational development support and the development and implementation of an all-age system workforce strategy. This emphasis reflects the strong, consistent and repeated message through all of the public and staff consultation events that we need to adopt different approaches and thinking across the ACP if we are to achieve successful and high impact transformational change. The infographic below summarises the approach, with all strands operational for 2019/20.

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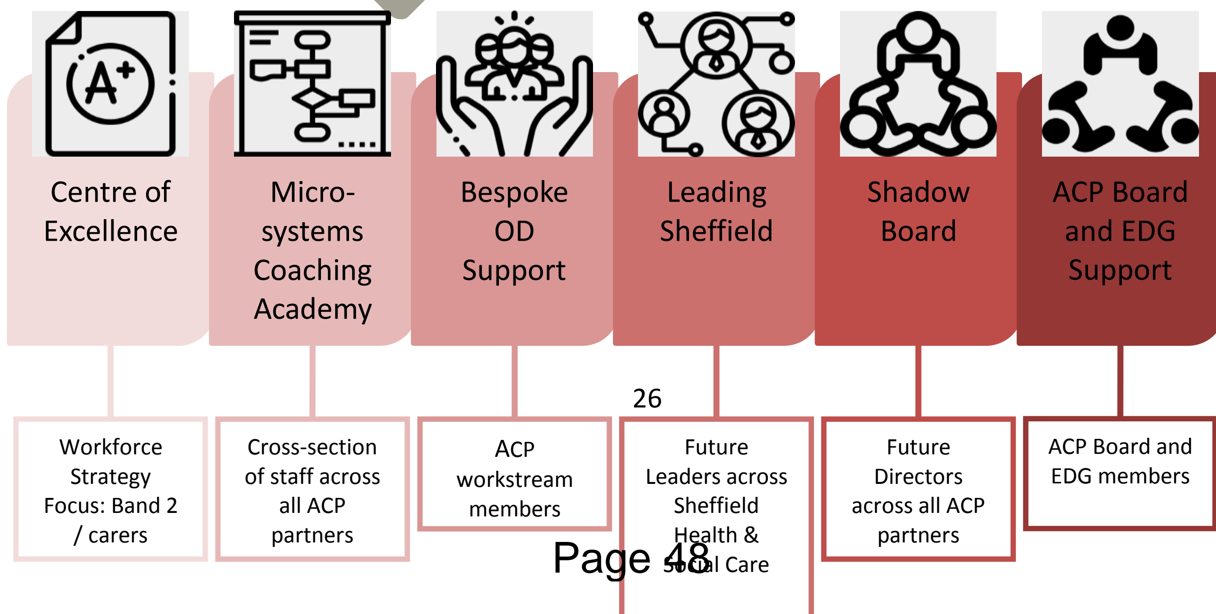

7.3 System Wide Workforce Strategy

Our vision is **to create a flourishing and thriving Sheffield by developing our people in a joined up way to deliver holistic, person-centred and integrated care**.

Sheffield's ACP partners employ more than 38,000 staff and volunteers –around 15% of the city's working age population. Our workforce, therefore, *is an integral part* of the population we serve. As employers we need to role model good health and wellbeing practice, enabling and encouraging our staff to live the best lives they can, in order to achieve our vision. We need to care for, develop and enable the collective potential of all our people, particularly where they meet and work together across organisational boundaries and harness their passion, ingenuity, talents, differences and shared sense of purpose.

The aim of the all age workforce strategy is to ensure a capable and engaged workforce to implement new care models and transform health and social care in Sheffield. The supporting 5 year plan will cover 3 'chapters' mirroring the Health and Wellbeing Strategy: 'Starting Well', 'Living Well' and 'Ageing Well'. Our 5 priorities for 2019/20 are:

- Understanding capacity and demand
- Embedding person-centred city approaches with frontline staff
- Addressing recruitment and retention issues with Band / Band 2 equivalent staff
- Co-ordinating support for care homes and the care home workforce
- Embed system leadership and organisation development.

In addition to engaging directly with staff, we will work closely with our numerous trade unions to ensure that this workforce strategy reflects good practice and captures the views of as many staff as possible. It is also imperative that this workforce strategy aligns closely with the work of the South Yorkshire and Bassetlaw ICS and the forthcoming national workforce plan (expected later in 2019), ensuring that we maximise the potential impact of all possible resource for the Sheffield workforce.

7.4 Developing a sustainable financial approach

To achieve sustainable system transformation we need to collaborate to use the Sheffield pound as effectively as possible, recognising that each organisation has legal responsibilities for their own financial position. The system needs to collectively meet these obligations by developing a joint response to how financial risk and benefits are managed. In 2018/19 approximately £1.1 billion of funding was spent on the health and care system in Sheffield with **97% of that money spent to support people who are unwell, only 3% is spent on prevention of illness**. Sheffield also receives significant specialised commissioning income from NHS England, with £503m received for 2019/20 (£390m for STH, £109m for SCH, £4.6m for SHSC). This sits outside the remit of the ACP.

As we achieve greater prevention and integration of mental, physical and social care, more support will be delivered upstream. As services move away from a hospital setting, people will be seen in the

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community with the voluntary sector playing a greater role. The NHS Long Term plan and GP Contract signals more investment for mental health and primary care. The financial strategy for the Sheffield Place will need to change to reflect this.

Historically Sheffield has achieved a break even or better financial position with varying levels of efficiency requirements to achieve this. Sheffield City Council have invested an additional £10m into Adult Social Care, Home Support services and Community Equipment from internal reserves for 2019/20, yet around half of the financial savings challenge in the system remains in social care. If the system doesn't change, we expect that an **additional 21% of funding will be required by 2024** to keep pace with current levels of demand.

ACP Organisation	CIP/QIPP in within 2019/20 plans	% CIP/QIPP
	£m	*%*
Sheffield Children's NHSFT	8	4.0%
Sheffield Health and Social Care NHSFT	3	2.6%
Sheffield Teaching Hospitals NHSFT	21	2.0%
Sheffield CCG	15	1.7%
Sheffield City Council	42	11.9%
Primary Care Sheffield	0	0.0%
	89	

The table shows a breakdown of the savings required in the 2019/20 financial year. These efficiency targets will be challenging for the system to sustainably deliver without large scale system transformation.

We have already made a start developing new risk and benefit sharing contracts which go above the national requirements and will be a key enabler to transformation. For example:

- The tripartite agreement for mental health services between commissioners and provider
- The extension of the urgent care services 'blended' tariff to include community services.

This will enable service improvement, which would not have been possible under previous contractual inflexibilities. While no formal commitments have been made, further work will explore how we build on these arrangements with partners and expand risk share arrangements.

7.5 Digital Transformation

Investing in the digital capabilities of health and social care is a clear priority in the NHS Long Term Plan and over future years we will see the transformation of care through digital services and data interoperability. There is strong support locally, both at a South Yorkshire and Bassetlaw level as well as in Sheffield to developing integrated digital care records and this was a strong and persistent theme through the Shaping Sheffield engagement events, to improve efficiency and quality of care and reduce time being wasted searching for information about people's care.

Having access to 'live' information about a person at the point of care will enable services to provide more timely and personalised care and provide a better experience for both professionals and citizen. Enabling patients to access their own records could also enable a more person centred approach, helping people to better manage their own health.

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Following our engagement events, digital leads across the Sheffield organisations have agreed the following priorities:

- **Shared Care Records**, to be accessed and utilised by both citizens and care professionals
- **Connectivity**, to enable secure IT access for staff working across all partner sites
- **Data Sharing**, to facilitate appropriate service integration across ACP partner organisations
- **Population Health**, to develop business intelligence and analytical capability.

7.6 Our Communication Strategy

We want to achieve a consistent, high quality and vibrant communication and engagement plan, tailored to the needs of different stakeholders. In particular it aims to:

- Ensure a consistent, joined up, and planned approach to communications regarding the ACP
- Ensure an open and transparent approach
- Raise awareness of how we are working together to improve health and care in Sheffield
- Create a platform for engaging local people in transforming services in Sheffield
- Generate support for closer working and potential new structures
- Develop priorities and service models that meet the needs and expectations of service users

We are now moving into the full launch of the ACP from May 2019 onwards. This will include the full public launch of the ACP and the refreshed Shaping Sheffield Plan with new dedicated website, supporting materials, media package and ongoing events involving all partners. There will be rolling planner of new case studies and stories to keep the website and supporting digital platforms “live” and engaging.

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8 Our Service User and Public Engagement Strategy

"When people are involved in and can influence decisions that directly affect their lives, their self-esteem and self-confidence increases and this in turn improves health and well-being. There is growing evidence that having strong social networks and cohesion benefits health. Involvement in discussions about health and health services can help to encourage this social cohesion within communities" (BMA)

The Sheffield ACP is working in partnership with Healthwatch Sheffield to engage with service users and the public to co-design, deliver and transform the Sheffield care system. We will work closely with our partner engagement teams throughout our work. Our strategy is summarised by the infographic below. Practical examples of rich work through this partnership are:

- Collecting system wide service user stories to highlight what works well and areas for improvement
- Actively reaching into communities with seldom heard voices – i.e. for our workforce strategy
- Our service user leads across partners are now working to bring together information from complaints, incidents and other feedback to understand and work together more collectively
- Patients and the public are involved on an ongoing basis through the Improving Accountable Care Forum. This group of volunteers is actively advising on the overall strategy, individual workstreams and engages with staff to bring lived experience to all areas of system work.
- Our ACP Advisory Group will co-design our approach to Person Centred Care with our staff
- The Older People Engagement Steering Group guides our work to increase the voice and influence of older people

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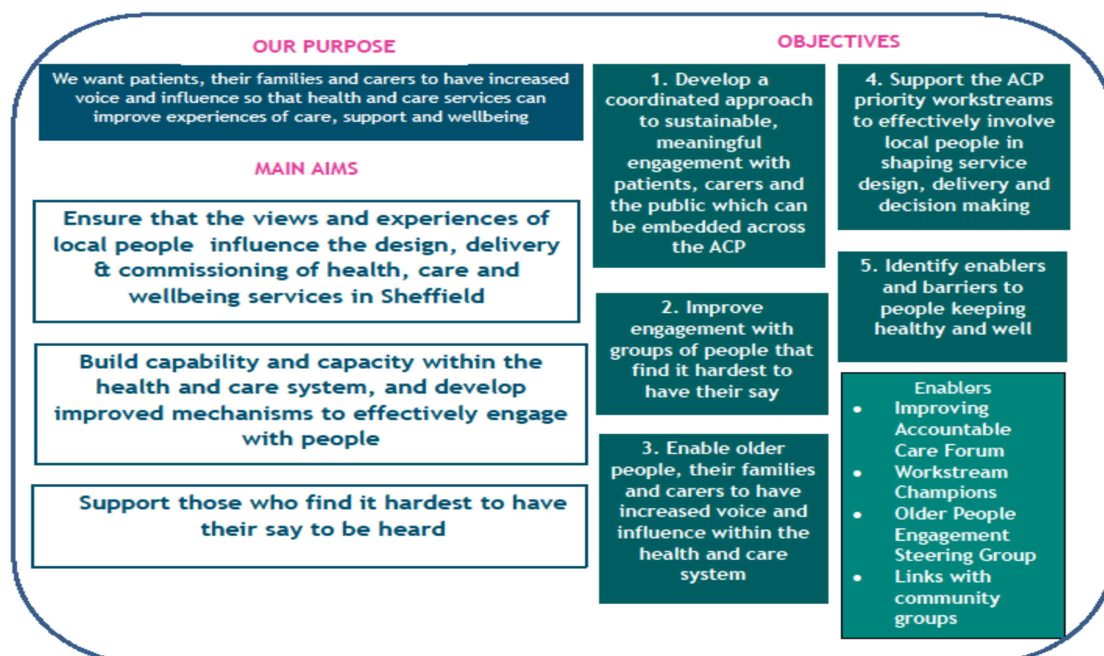
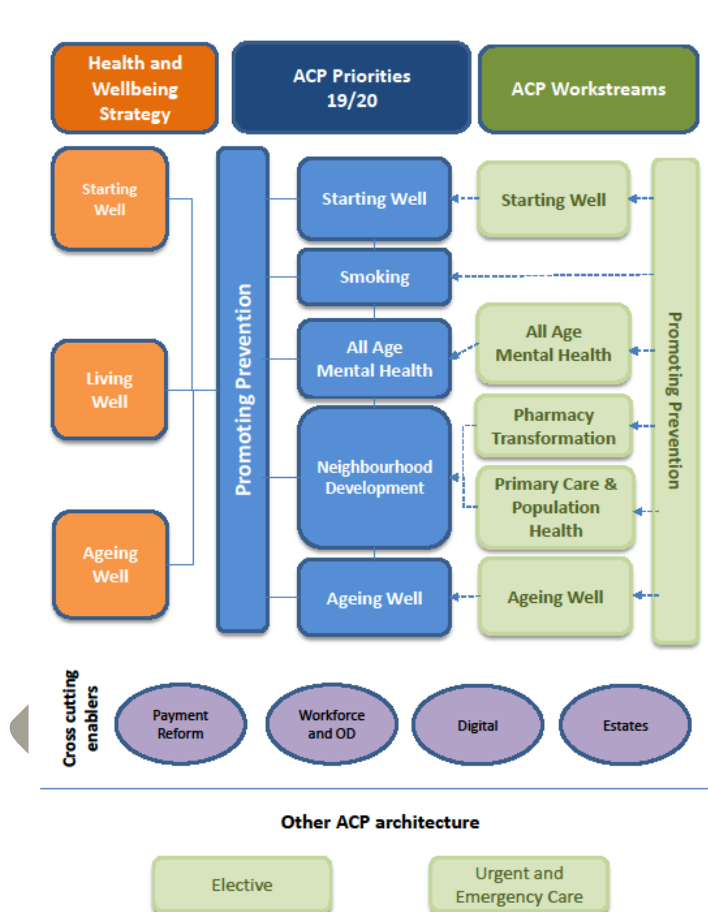


9 Delivery of the Transformation Programme

The delivery of the intentions described in section 6 and the key enablers described in section 7 will all be developed and delivered by our ACP workstreams. The diagram below illustrates:

- How each of the six delivery priorities links to the Health and Well-Being Strategy
- How each of the workstreams links to the 2019/20 priorities
- The cross-cutting enablers underpinning the whole programme



Each workstream has a Chief Executive Officer lead and an Executive Director lead from one of the ACP partners as well as a system wide delivery team.

The workstreams will work closely with the ACP Programme Management Team to ensure pieces of work that sit across multiple workstreams/ priorities are coordinated to avoid duplication of effort and maximise integrated working opportunities.

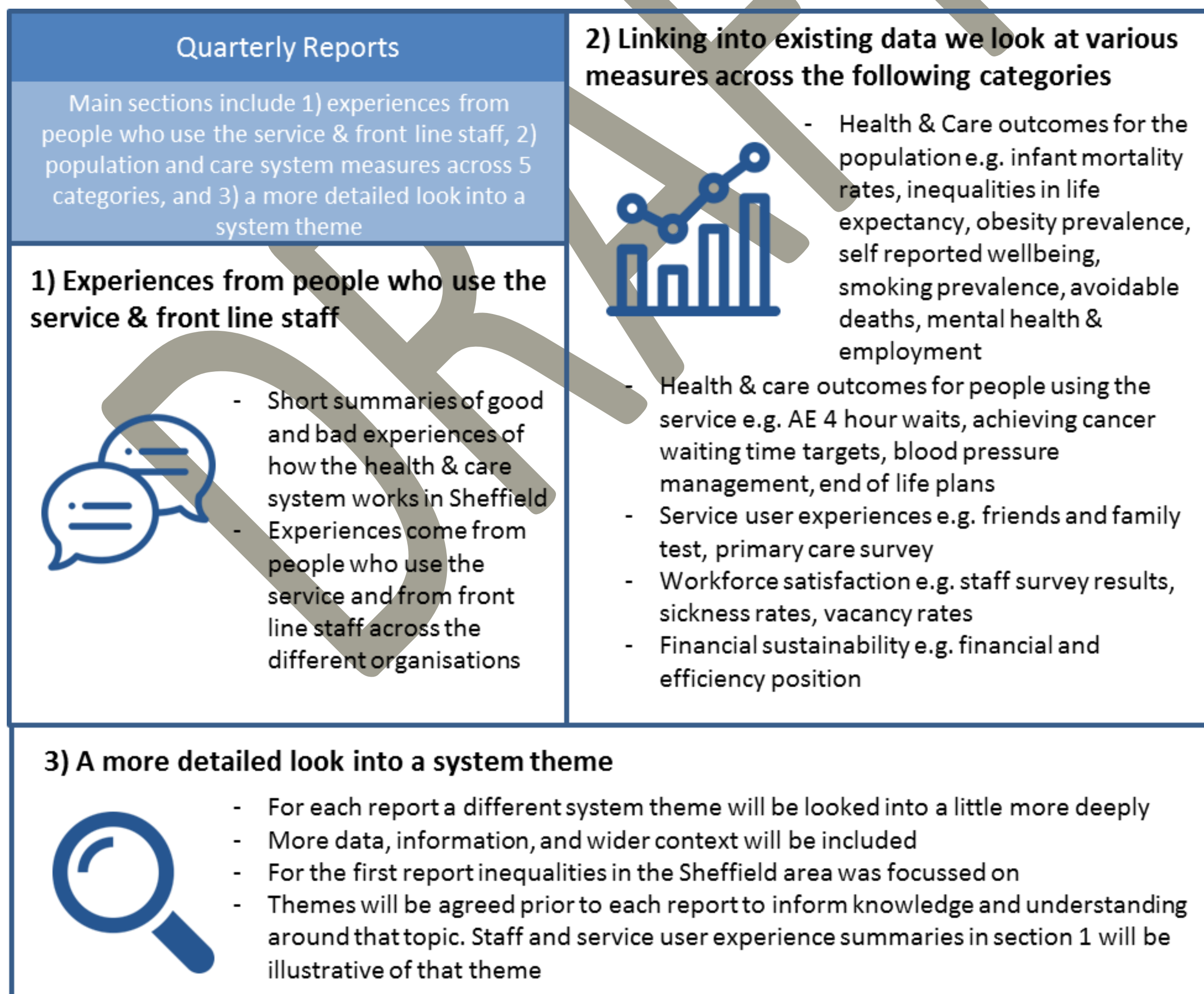
A one page plan for each of these workstreams (with the exception of Estates and Payment Reform as these workstreams are under development) can be found in our Programme Delivery Document, alongside detail about how the objectives and priorities of the individual ACP partner organisations align to the ACP. In such a complex system and programme of work, there are naturally areas of overlap and connection between the workstreams. The ACP will work through other existing networks (e.g. Communication and Strategy Directors across the city) to support the delivery of the plans. The ACP Executive Delivery Group will oversee the full programme to manage this system complexity and maximise effectiveness of the delivery. An annual review of Shaping Sheffield and each of the delivery workstreams and their priorities has been built into the governance of the ACP.

10 Outcomes and Measuring Success

An overarching System Performance Dashboard for 2019/20 was agreed by the ACP Board at the start of 2019. This set of performance measures will be reviewed on an annual basis to ensure the measures remain relevant and any targets set remain ambitious as the work plans develop.

The dashboard fits within the Health and Well-Being Outcome Framework, and has been widely consulted on across the system. Each workstream will co-design its own outcome measures that feed into this high level framework.

Alongside this system data, we will report individual service user and staff stories that illustrate the experience of being cared for through our system, and working within it. A summary diagram of our approach is shown below:



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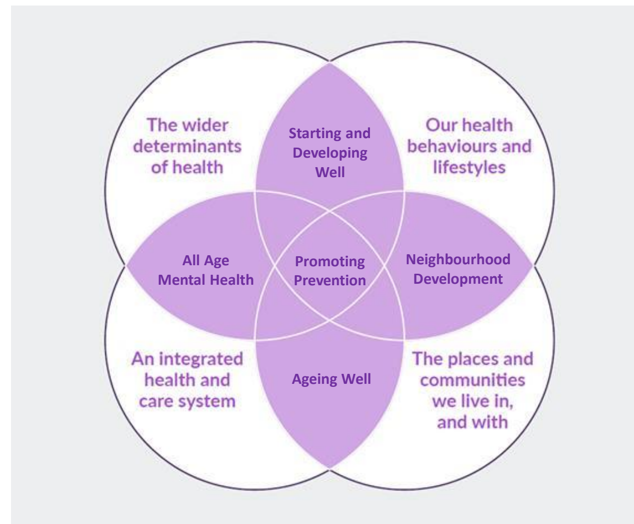
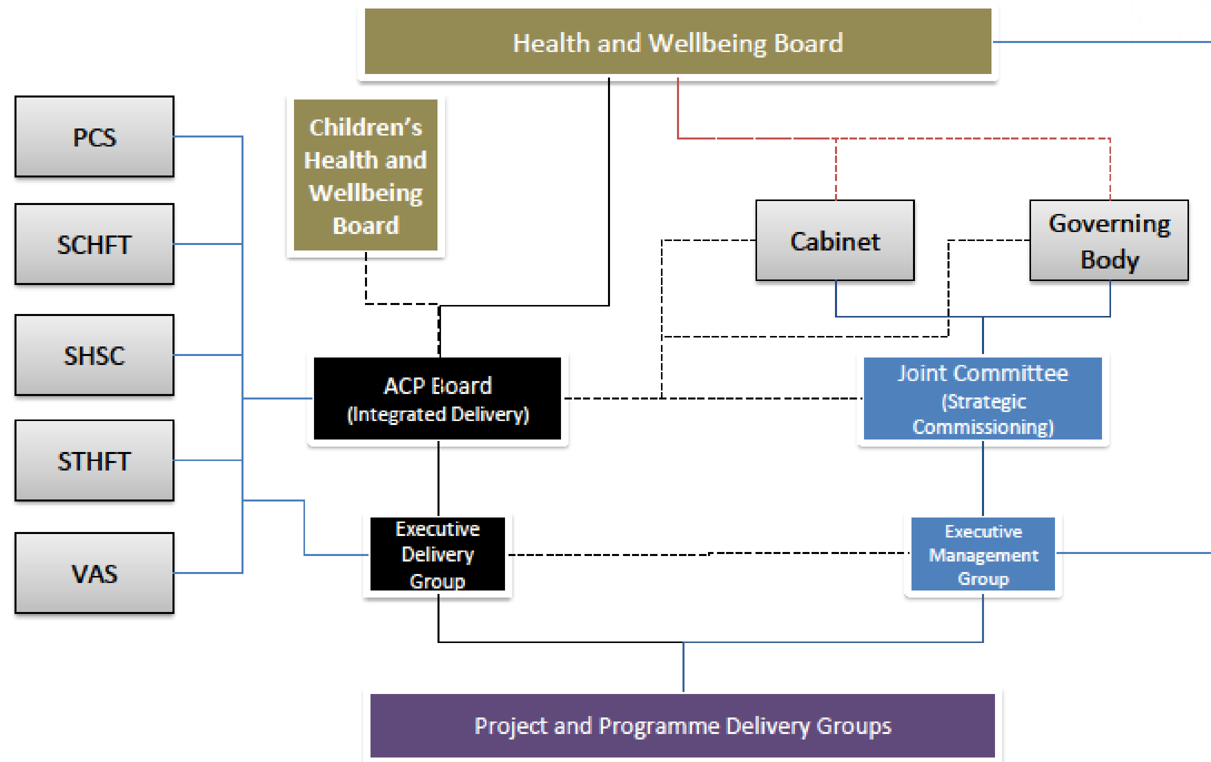
Shaping Sheffield

Delivery Plan Overview



ACP Governance Structures

Accountable Care Partnership Summary Governance Structure



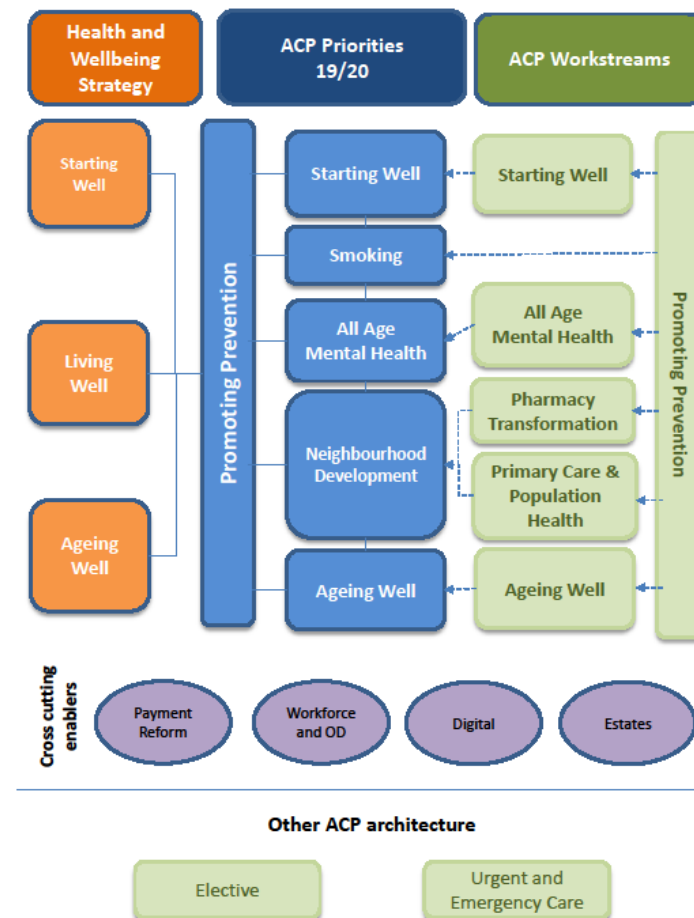
The relationship between the programme delivery groups is shown on the next page

The diagram to the right shows how the ACP programme of work has been broken down into delivery workstreams and its cross cutting enablers.

Each workstream has reporting lines up to the Executive Delivery Group and ACP Board (shown in the governance diagram on the previous page. Each workstream has both an executive and senior clinical lead from one of the ACP partner organisations

Each workstream can be mapped onto one or more of the five ACP priorities and as their work plans develop, they will demonstrate their contribution to them. High level summaries of the work plans are provided in the following pages.

The workstreams will work closely with the ACP Programme Management Team to ensure pieces of work that sits across multiple workstreams/priorities are coordinated to avoid duplication of effort and maximise integrated working opportunities.



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ACP Workstreams

Plans on a Page

WORKSTREAM OVERVIEW
CHILDREN'S HEALTH AND WELLBEING TRANSFORMATION BOARD

Purpose

We want all children in the City to have the best life chances and families to be empowered to provide healthy, stable and nurturing environments. We want to connect people to the right levels of support at the right time through universal and targeted prevention, early identification and early support. We want:

- Every child to achieve a level of development in their early years for the best start in life
- Every child included in their education and accessing their local school
- Every young person equipped to be successful in the next stage of their life.

Key Partners

Co- production

The CH&WB Board membership consists of key partners across the City who will share responsibility for decisions made and share their knowledge and experience to shape the delivery of services.

Key Outcome Measures

Measures to be agreed - draft as follows:	
Increased life expectancy at birth	Increase in children who are School ready at age of 5
Reduced waiting list for access to CAMHS and neuro-disability.	Reduction in inequality gap at the end of Foundation stage.
Number of schools teaching lifestyle skills to prepare children for role as parents.	Funding in place to enable establishment of local community hubs to enable tailored approaches and engagement.
Named support workers to assist negotiating various pathways.	Agreed integrated budgets across partners.

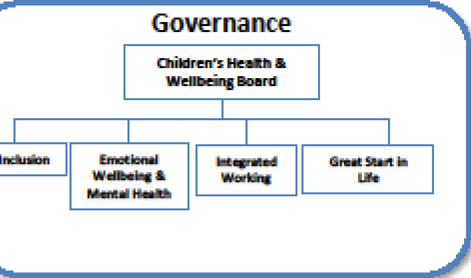
Programmes of work

Priorities for 2019/2020	
• Implement the Written Statement of Action following the inspection of SEND.	• Support the delivery of a new all age eating disorder pathway.
• Implement a community nursing model to support the development of locality based working with a focus on complex needs and palliative care.	• Review and refresh the city's 'Great Start in Life Strategy'; recognising what has been achieved to date.
• Finalise the community paediatric pathway with focus on autism and ADHD.	• Undertake stakeholder engagement during 2019 in order to create a Children and Young People's Strategy. Ensure links with other ACP workstreams to ensure C&YP are a priority.

ACP priorities

Starting Well	✓
Promoting Prevention	✓
All Age Mental Health	✓
Neighbourhood Development	✓
Ageing Well	

Governance



Exclusions

To be confirmed.

Please note that this is currently a draft plan and has yet to be discussed with the Children's H&WB Board.

PREVENTION WORKSTREAM OVERVIEW

Purpose

Embedding a preventive approach into the commissioning, planning and delivery of health and care systems of Sheffield

Key Partners

Co- production

Working alongside Healthwatch and the ACP Advisory Group, a plan for increased lay membership on the prevention workstream and opportunities for co-design of new approaches will be explored .

Key Outcome Measures

By March 2020
Clear articulation by all ACP workstreams of prevention approach
Clear articulation by all ACP partners of organisational prevention approach and plans
Increased referrals to stop smoking services
Longer Term
Embed actions on preventative risk factors into ACP partner organisations and wider Sheffield economy
Prevention and wellbeing embedded into all health and social care policies and decisions

Programmes of work

Priorities for 19/20	
• Improve work and health programmes interface	• Development of organisational level plans to embed prevention approach
• Support and enable a shift to a more person centred approach for our population and workforce	• Embed actions on preventative risk factors into the Sheffield health and care system.
• QUIT programme	• Healthy catering policies across ACP partners
• Move More Strategy Implementation	• Improved linkage into locality working and Neighbourhood development
Additional Programmes / Projects	
• Comprehensive programme of public communications and marketing on self care and healthy choices	
• Contracts and commissioning plans to promote and resource physical activity as medicine and make referral paths clearer	

ACP priorities

Priority	
Starting well	✓
Promoting Prevention	✓
All Age Mental Health	✓
Neighbourhood Development	✓
Ageing Well	✓

Governance

Exclusions

The ACP prevention workstream will not supersede work already ongoing through the Food and Wellbeing Board, Tobacco Control Board and the National Centre for Sports and Exercise Medicine Board. They will however, remain closely aligned

MENTAL HEALTH AND LEARNING DIABILITIES WORKSTREAM OVERVIEW

Purpose

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.

Key Partners

Co- production

Consultation, engagement and co-production activity is a key part of the Mental Health Transformation Programme. During 2019/20 further work will be undertaken to ensure that genuine co-production activity is consistent and sustainable.

Key Outcome Measures

By March 2020
Delivery of LTP for Children and Young People
Dementia Strategy Agreed
Eating Disorders Pathway Fully Operational
Transitions Project Fully Delivered
Longer Term
Reduction in Mortality Gap
Reduction in Suicides
New Model of Neighbourhood Health and Wellbeing Fully Enacted

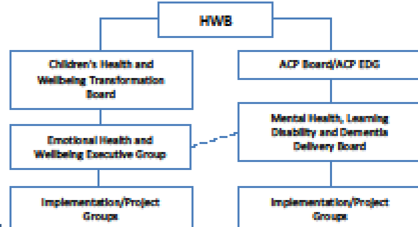
Programmes of Work

Priorities for 19/20	
• Dementia Care Pathway	• Neighbourhood Health and Wellbeing Service
• Promoting Independence	• Better Care (Physical Health)
• Door 43	• Transitions
• Eating Disorders	• Transforming Care
• Healthy Minds Framework	• Reduced waiting times in CAMHS
Additional Programmes/Projects	
• Psychological Wellbeing Practitioners (PWP's)	• Primary Mental Health Worker (PMHW) Service
• Section 117 Aftercare	• Perinatal Mental Health
• Reducing Anti-Depressant Use	• Personality Disorders
• Developing a Psychiatric Decision Unit	• Trauma PTSD
• Section 12 Fees	• VCF Sector
• Bespoke Packages of Care	• Prevention and Early Intervention
• Autism	• Access and Waiting Times
• Mental Health Five Year Forward View	• Digital and Data
• SHSC Service Specification Reviews	• Vulnerable Groups
• Crisis Care Pathway (inc. 136)	• Housing, Benefits and Employment
• Legacy CHC Grant Arrangements	• Engagement of Young People Programme

ACP Priorities

Starting well	✓
Promoting Prevention	✓
All Age Mental Health	✓
Neighbourhood Development	✓
Ageing Well	✓

Governance



Exclusions

There are no specific exclusions, although areas of potential overlap/duplication are routinely raised via the ACP Executive Delivery Group.

PHARMACY WORKSTREAM OVERVIEW

Purpose

- Improve system wide medicines optimisation
- Maximise the contribution of pharmacy professionals system-wide
- Support patients with their medicines at all points in their care

Key Partners

Co- production

Working with the Improving Accountable Care Forum

Workforce engagement event(s) planned

Key Outcome Measures

By March 2020	
Established proof of concept sites for community pharmacist and GP joint working	Increase in prescribing pharmacists
A community pharmacy led long term condition management service	Increase in the number of specialist and cross sector posts
Longer Term	
Expand the scope of pharmacy practice to ensure all patients receive the benefits from the skills and expertise of pharmacy professionals	

Programmes of work

Priorities for 19/20	
• Set up joint working arrangements between community pharmacists and general practice	• Support pharmacist take up of prescribing training across all sectors
• Develop and test a primary shared care hypertension service	• Develop specific cross sector post opportunities
Additional Programmes / Projects	
• Large scale commissioning of long term condition management by pharmacy professionals	• Establish consultant pharmacists e.g. palliative care
• Expand the scope of long term condition management by pharmacy professionals	• Offer all pharmacists the opportunity to prescribe where appropriate
• Deliver domiciliary medication reviews	• Expand the medicines optimisation support within care homes
• Increase cross sector posts between interface points e.g. primary and secondary care, child to adult, cross discipline	

ACP priorities

Priority	
Starting Well	✓
Promoting Prevention	✓
All Age Mental Health	✓
Neighbourhood Development	✓
Ageing Well	✓

Governance

Pharmacy Workstream planning and delivery is implemented by an ACP Pharmacy Transformation Group comprised of members from each ACP partner

PRIMARY CARE WORKSTREAM OVERVIEW

Purpose

To ensure that the people of Sheffield have excellent local, joined up, sustainable primary and community support to enable them to live their lives to the full

Key Partners

Key Outcome Measures

By March 2020
Development of Primary Care Workforce Plan and Strategy
Implementation of GPN VTS Scheme
Evaluation of 7 initial Neighbourhood projects (6 further faster and SCC led SE HUB) with shared learning and duplication across city
Hub implementation across Sheffield
Digital Integrated Care Record accessible to General Practice and Social Care Health Care Professionals
Longer Term
Production of PHM Dashboard at Neighbourhood Level
Mature neighbourhoods delivering multi-disciplinary services to meet address health inequalities and the ACP priorities.

Governance

Programmes of Work

Priorities for 19/20	
• **Centre of Excellence in Primary Care** – understand future workforce demand, gaps and skill mix and provide training in order to support future demand of primary care	• **Neighbourhood Delivery** of multi-organisational, multi-disciplinary teams, increasing patient experience patient wellbeing and reducing health inequalities whilst increasing service delivery around ACP priorities
• **Population Health Management** - Use the 'Infrastructure, Intelligence and Intervention' methodology to design care models, outcomes and evaluations	• **Sheffield Brand of General Practice** – Define a vision of sustainable General Practice delivered across Primary Care Networks, working within the New GP Contract and LTP. Producing a menu of support options.
• **Digital Integrated Care Record** – • Development of an electronic integrated care record accessible to primary care providers.	• **Local First** - promote person centred holistic care, moving appropriate generalist activity into the primary care setting whilst maintaining provider relationships and developing seamless pathways of care
Additional Programmes / Projects	
• Primary Care Research and Innovation	• Development of Digital Primary Care Strategy
• Shared approach to non academic training	• Universal Offer to Neighbourhoods

Co- production

Development of relationships with ACP Service User group and outreach to recruit a Primary Care Champion

Engagement with patients at a Neighbourhood Level to inform service development priorities and methods of delivery.

ACP priorities

Starting well	✓
Promoting Prevention	✓
All Age Mental Health	✓
Neighbourhood development	✓
Ageing Well	✓

ACP ELECTIVE CARE WORKSTREAM OVERVIEW (Draft pending approval 28/3/19)

Purpose

To implement new approaches to outpatient services and develop a system which integrates provision to maximise seamless general, enhanced and specialist care to happen in the right place, delivered by the right people at the right time.

To develop consistency and quality to ensure right patient, right pathway and a person-centred approach.

Key Partners

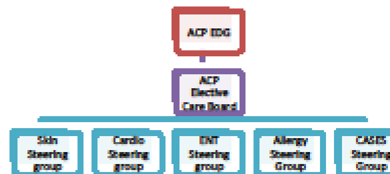
Co- production

- Service user input into development of integrated community services via steering groups
- Service user input into cross-cutting themes developments.
- Strategic Patient Engagement, Experience, Equality Committee (SPEEEC) oversight

Key Outcomes

By March 2020	
Integrated community services & care closer to home	Reduction in hospital follow up activity
New technology solutions	Benefits realisation of CASES
Upskilled clinical workforce	Redesigned pathways inc. IAPT & self-care
Delivery against and alignment to primary care strategy, new GP contract and NHS Long Term Plan	
Longer Term	
Redesigned consultant to consultant pathways	Reduced outpatient appointment DNA rates

Governance



Programmes of work

Priorities for 19/20

- Implement Integrated Skin (lesions) Community Service Test of Concept
- Implement Tele-dermatology Test of Concept
- Implement Integrated Cardiology (Heart Failure) Community Service Test of Concept
- Implement Primary Care ECG Test of Concept
- Implement ENT Integrated Community Service Test of Concept
- Define and implement integrated care pathway for sustainable allergy services.
- Strengthen Local Authority input to the work of the group

Cross-Cutting Themes

Utilise learning from CASES, RightCare and collaborative working to identify opportunities for:

- new integrated service developments
- new/improved pathways, thresholds
- redesigned follow-up methods
- vague or medically unexplained symptoms (IAPT) support
- patient self-management and care
- reduction in DNAs in problematic clinical pathways
- diagnostics referral and access development
- consistent approach for consultant to consultant referrals
- training and clinical workforce development
- Reduction in inequalities of access to elective care pathways

ACP priorities

Starting Well	✓
Promoting Prevention	✓
All Age Mental Health	
Neighbourhood Development	
Ageing Well	✓

Exclusions

Gastroenterology has been removed from the work programme due to overlap with Cancer Alliance activities.

Areas of overlap where other ACP work streams are more appropriate to deliver

URGENT AND EMERGENCY CARE WORKSTREAM OVERVIEW

Purpose
To lead city-wide integrated delivery, transformation and improvement of urgent and emergency care through collaborative and supportive actions and behaviours that achieve 'high quality right care, right place'

Key Partners

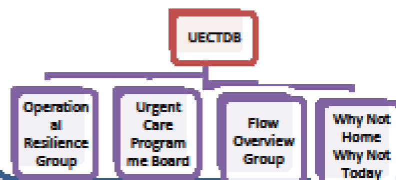
Co- production

Co-production approach used to identify the problems with Urgent Care in the city.
Patient experience of discharge is contributing to the ongoing development of services
Voluntary sector support to discharge, informed through a co-production approach

Key Outcome Measures

By March 2020	
Longer Term	
More effective use of urgent care resources	
People are only admitted to hospital when clinically necessary	
Increase in the number of patients assessed and discharged on the same day	
Patients stay in hospital for the minimum time required to manage their presenting problem while avoiding the secondary harms arising from hospitalisation	
The majority of patients are discharged back to their usual place of residence	

Governance



Programmes of work

Priorities for 19/20	
• Increase effective usage of community urgent care resources	• Ensure fast assessment directs to appropriate response
• Reduce ED attendances (Type 1 NGH/SCH only)	• Improve flow through and out of hospital
• Improve system resilience	

Additional Programmes / Projects
• Urgent Care Review
• Front Door Programme
• Improved resilience of the Mental Health Crisis Care pathway
• Excellent Emergency Care
• Flow Overview
• Why Not Home Why Not Today

ACP priorities

Starting Well	✓
Promoting Prevention	✓
All Age Mental Health	
Neighbourhood development	✓
Ageing Well	✓

Interdependencies

- Patients at risk of admission model (sits under LTC Board)
- Primary Care 5yr forward transformation (sits under Primary Care Board)
- Mental Health Crisis Care Concordat

LONG TERM CONDITIONS WORKSTREAM OVERVIEW

Purpose

Key Partners

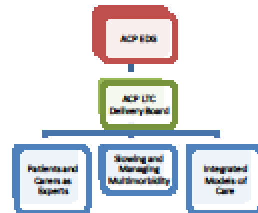
NHS Sheffield
Clinical Commissioning Group

Sheffield Teaching Hospitals

Key Outcome Measures

By end March 2020	
Blood Pressure	The percentage of patients with hypertension in whom the last
PAM	Patient Activation Measure score
End of life plan	% of people who die with an end of life plan
Longer Term	
Life Expectancy	Inequality in life expectancy at birth for females (Slope Index of
Life Expectancy	Inequality in life expectancy at birth for males (Slope Index of
Preventable years of	Mortality rate from causes considered preventable per 100,000
Deaths under 75 years	Under 75 mortality rate (all causes)
Admissions to care	Number of admissions to care homes per 100,000 population
Reablement	Proportionate of people offered reablement
	Proportionate of people still at home 91 days after discharge

Governance



Programmes of Work

Themes	Priorities for 19/20
• Patient sand Carers as Experts	• Person-centred care • Development of outcome focused commissioning
• Slowing and Managing Multimorbidity	• Hypertension management • Diabetes Prevention Programme • Diabetes Treatment & Care • Early help • Care planning
• Integrated Models of Care	• Neighbourhood approaches to delivery • End of Life Care • Care homes

Co- production

Development of relationships with ACP Service User group and identification of priority areas for co-production

Engagement with patients at a Neighbourhood Level to inform service development priorities and methods of delivery.

ACP priorities

Starting well	✓
Promoting Prevention	✓
All Age Mental Health	✓
Neighbourhood development	✓
Ageing Well	✓

Payment Reform
(to be developed)

WORKFORCE AND ORGANISATIONAL DEVELOPMENT WORKSTREAM OVERVIEW

Purpose

To create a flourishing and thriving Sheffield by developing our people in a joined up way to deliver holistic, person-centred and integrated care

Key Partners

Co- production

Members of the public will be routinely consulted when new systems and processes are being developed, and will be an integral part of all OD interventions.

Key Outcome Measures

By March 2020	
Workforce Strategy	Leadership development
Clear all-age plan in place and in progress	100 staff accessing system leadership development
Executive development	Clear plan in place
Longer Term	
Workforce strategy	Staff absence rates at B2 / equivalent
Diversity of leadership across the system	Staff engagement rates at B2 / equivalent
Measurement against the workforce maturity matrix	Ability to accurately predict demand

Programmes of work

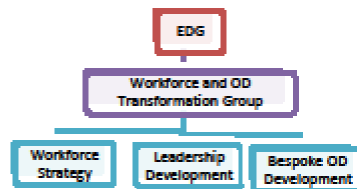
Priorities for 19/20	
• Develop an all-age system workforce strategy and plan (Sept '19)	• Develop a plan for EDG and ACP Board development (Sept '19)
• Leadership development through Shadow Board and Leading Sheffield (ongoing)	• Mobilise the Older People's chapter of the workforce strategy (June onwards)
• Bespoke development – TCSL for ACP workstreams	• Develop Centre of Excellence for B2 / equivalent staff focused on person-centred approaches

ACP priorities

Starting well	✓
Promoting Prevention	✓
All Age Mental Health	✓
Neighbourhood Development	✓
Ageing Well	✓

This workstream focuses on workforce and OD work *across* the system, intending to complement internal organisational processes and resources

Governance



DIGITAL WORKSTREAM OVERVIEW

Purpose

To deliver the digital capabilities that support the 'Shaping Sheffield' ACP transformation.

Key Partners

vas

NHS

Primary Care Sheffield

Sheffield City Council

Yorkshire & Humber Care Record

NHS Digital

South Yorkshire and Bassetlaw Integrated Care System

Co- production

Significant user research and engagement has taken place in the last 6 months across ACP settings. Digital leads have supported several Shaping Sheffield events too. Healthwatch Sheffield has been engaged to understand the public's view of shared records. Engagement has been completed with other places, such as Rotherham, Doncaster, Leeds and Manchester. Work is ongoing with the Yorkshire and Humber Care Record team to ensure any Sheffield solution integrates with the YHCR.

Engagement and research activities will continue to ensure user needs are understood and the right digital and assisted digital service is delivered.

Key Outcome Measures

By March 2020
Reduced time spent on administrative activity across ACP Partners
Longer Term
Reduced length of stay
Reduced number of non elective admissions
Increased adherence to End of Life and Do Not Resuscitate preferences
Reduced number of citizens in crisis
Overall satisfaction of people who use services with their care and support
Workforce satisfaction - overall organisational position for staff engagement from staff survey
Support reduction of Suicide rate over 100,000 population
Reduced number of all types of attendances at A&E
Reduced Delayed transfer of Care - Delayed Days (rate per 100,000 18+ population)
Reduced number of admissions to care homes per 100,000 population

Priorities for 19/20

Deliver a Sheffield Shared Record

1. Integrating health and care data across Sheffield for direct care.
2. Giving professionals in Sheffield access to a shared record to support integrated working and reduce administrative burden
3. Giving citizens access to their health and care records to increase self care and reduce inequalities
4. Connecting Sheffield Shared Record with South Yorkshire place based shared records, e.g. Rotherham Health Record and the Yorkshire and Humber Care Record (YHCR) to support integrated working
5. Enabling other Sheffield health and care providers, e.g. Community Pharmacy and St Lukes Hospice (Palliative Care) access to Shared Record for purposes of direct care

Connectivity to support Shaping Sheffield

Enabling secure, performant IT access for staff working across all partner sites.

Data Sharing to support Shaping Sheffield

1. Ensure safe, secure and compliant data sharing agreements and protocols, governance, and compliant systems exists across Sheffield for the use of citizen's health and care data for the purposes of direct care (shared records) and secondary use (population health management).

Population Health Management

1. Delivering a population health management capability (business intelligence and analytical capability), including secondary use of citizen data to understand the needs of the Sheffield population and reduce health inequalities. This work will be aligned to the work within the Primary Care Workstream.

ACP priorities

Priority	
Starting Well	✓
Promoting Prevention	✓
All Age Mental Health	✓
Neighbourhood Development	✓
Ageing Well	✓

Governance

Exclusions

None currently identified, although this will be tested with the other ACP workstreams.

Estates

(to be developed)

Organisational Priority Alignment to ACP Priority Areas

PCS Priority Alignment

ACP 19/20 Priorities	PCS Priorities	Other linkage
Starting Well	• Delivering new network services ; Vacs' & Imms review	Children's Health & Wellbeing Board
Promoting Prevention	• Supporting care navigation; social prescribing in primary care • Social care integration and support	PCS subsidiary Intercare
All Age Mental Health	• Primary Care Mental Health Service – supporting new model of care for Sheffield	SHSC Primary Care Mental Health Strategy
Neighbourhood Development	• Supporting the development of 15 Primary Care Networks and primary care resilience across Sheffield • Supporting the delivery of primary care at scale • Developing and implementing new models of care out of hospital – Tele Dermatology/ENT/Cardiology • Improving access to primary care for all age groups through an integrated 24/7 primary care offer	NHS GP Contract Digital Solutions
Ageing Well	• Delivering new network services ; Structured medication Reviews; Enhanced Health in Care Homes Service ; Anticipatory Care ; Personalised Care ; Early Cancer Diagnosis ; Inequalities	NHS GP Contract Digital Solutions Workforce planning and additional new roles

SHSC Priority Alignment

ACP 19/20 Priorities	SHSC Priorities	Other linkage
Starting Well	A1 04: We will ensure timely access to effective care - Specialist Perinatal Mental Health services expansion	
Promoting Prevention	A3 04: Deliver effective crisis care pathways and services - Learning disabilities and community focussed support for people with complex needs	Physical health strategy Smoking cessation strategy Integrated IAPT IPS & Employment
All Age Mental Health	A3 02: Deliver effective Recovery services A3 04: Deliver effective crisis care pathways and services - Mental Health Crisis hub	Integrated IAPT Eating Disorders Service pathway development
Neighbourhood Development	A3 01: Develop Primary Mental Health and Neighbourhood services	Integrated IAPT IPS & Employment Outcomes Fund re: Alcohol Service developments
Ageing Well	A3 04: Deliver effective crisis care pathways and services – access and support for people with complex dementia	

VCS Priority Alignment

ACP 19/20 Priorities	VCS Priorities	Other linkage
Starting Well	Volunteering	
Promoting Prevention	Resilient communities	
All Age Mental Health	Volunteering	
Neighbourhood Development	Resilient Communities	
Ageing Well	Health and Wellbeing Volunteering	

SCC Priority Alignment 1:

ACP 19/20 Priorities	SCC Priorities	Other linkage
Starting Well	• Promote and support the health and wellbeing of children in case as corporate parents (C&F) • Working in partnership to develop and embed improved help and protection (C&F) • Ensure sufficient appropriate accommodation for children in care focusing first on prevention (C&F) • Support our care leavers journey to independence (C&F) • Develop resilience and inclusion (CILS)	• Children and Families Improvement Plan • Inclusion and SEND improvement plan • Signs of Safety • Early years centres of excellence • MAST • Future in Mind • Family Centres • Emotional wellbeing online counselling service (Kooth) • Project Aspire

SCC Priority Alignment 2:

ACP 19/20 Priorities	SCC Priorities	Other linkage
Promoting Prevention	• Increasing independence and inclusion (Adults) • Increasing shift to prevention (adults) • Increasing adults able to live at home (adults) • Improved skills for employment (LCLS) • Maintain/increase opportunities to learn and enjoy in the community (LCLS) • Develop resilience and inclusion (CILS) • Increasing shift to prevention (CILS) • Person centred approach to delivery (CILS) • Promoting positive health and wellbeing (CILS) • Working in partnership to develop and embed improved help and protection (C&F)	• Inclusion and SEND improvement plan • Adults Improvement Plan • Dementia strategy • Vulnerable learner reviews • Transitions • Children's improvement plan • Early years centres of excellence • Family Centres

SCC Priority Alignment 3:

ACP 19/20 Priorities	SCC Priorities	Other linkage
All Age Mental Health	• Promoting positive health and wellbeing (CILS) • Develop resilience and inclusion (CILS) • Increasing the shift to prevention (CILS) • Promote and support the health and wellbeing of children in care as corporate parents (C&F) • Support our care leavers journey to independence (C&F)	• Mental Health Transformation Programme • Project Aspire • Project Apollo • Redesign of CAMHS for LAC/edge of care services • Emotional wellbeing online counselling service (Kooth) • Local transformation plan • Inclusion and SEND Improvement Plan
Neighbourhood Development	• Maintain/increase opportunities to learn and enjoy in the community(LCLS) • Increase community cohesion (LCLS) • Support sustainable local initiatives (LCLS) • Increase visibility and opportunities for locally based support (LCLS) • Person centred approach to delivery (CILS)	• Skills strategy • AEB devolution • Controlling migration fund • ESF prep for success and preparing for progress • Locality/neighbourhood development

SCC Priority Alignment 4:

ACP 19/20 Priorities	SCC Priorities	Other linkage
Ageing Well	• Increasing adults able to live at home (adults) • Increasing the shift to prevention (adults) • Increasing independence and inclusion (adults) • Promoting positive health and wellbeing (CILS) • Develop resilience and inclusion (CILS) • Increasing the shift to prevention (CILS) • Person centred approach to delivery (CILS)	• Adults Improvement Plan • Joint commissioning frailty programme • Dementia strategy

STH Priority Alignment

ACP 19/20 Priorities	STH Priorities	Other linkage
Starting Well	• Compliance with the Local Maternity System target – (Ensure 27% of women in Sheffield are booked into the continuity of care model) • Early years – developing more resilient families and communities	Corporate Objectives 2019/20 Annual Operational Plan 2019/20
Promoting Prevention	• SY&B ICS Quit Programme including In-house Stop Smoking Service • A dedicated Promoting Wellbeing Group to be established • Reducing smoking prevalence • Reducing obesity and promoting physical activity	CQUIN Update April 2019 People Strategy 2017-2022 Annual Operational Plan 2019/20
All Age Mental Health	• Mental and physical wellbeing initiatives • Following the National NHSI Health & Wellbeing Framework	People Strategy 2017-2022 Annual Operational Plan 2019/20
Developing Neighbourhoods	• OK To Stay Plan – Reducing admissions • Building community resilience through effective neighbourhood working	BPT May 2019 Annual Operational Plan 2019/20
Ageing Well	• Commitment to improve the experience of older people in the care system	Annual Operational Plan 2019/20

CCG Priority Alignment

ACP 19/20 Priorities	CCG Priorities	Other linkage
Starting Well	Complex Child – Continuing Care Children's Safeguarding Review Review of Community Therapy SEND Short Breaks Review Transitions & CYP Journey	ICS – Children's Surgery & Anaesthesia ICS – Acutely Unwell Child
Promoting Prevention	Diabetes Prevention Programme Person Centred Care Personalisation People Keeping Well	Cancer Alliance: Lung Healthcheck FIT Improving access to cervical screening
All Age Mental Health	Mental Health Joint Work Programme	
Developing Neighbourhoods	Neighbourhoods / Primary Care Networks Primary Care Strategy Integrated Community Services GPIT	
Ageing Well	End of Life Care Care Homes Dementia Care Pathway Enhanced health in care homes	

SCH Priority Alignment

ACP 19/20 Priorities	SCH Priorities	Other linkage
Starting Well	Establish pathway to Excellence Programme Co-production of Trust wide quality strategy Develop provision for complex patients Develop and improve care for patients with learning disabilities Deliver clinical transformation programmes Deliver against quality and safety standards and respond to CQC report Review model and reduce waiting times for neurodisability services	
Promoting Prevention	Develop long term strategy Consider NHS Long Term Plan aspirations	
All Age Mental Health	Develop and improve CAMHS provision. Develop integrated physical and mental health pathways Collaborative lead for Tier 3 and 4 CAMHS Develop closer working with SHSC NHSFT	
Neighbourhood Development	Take active role in Shaping Sheffield Implement level 1 hosted network for Acutely Ill child	

HEALTH AND WELLBEING BOARD PAPER
FORMAL PUBLIC MEETING

Report of:	Nicki Doherty, Director of Delivery Care out of Hospital, NHS Sheffield CCG John Doyle, Deputy Executive Director, People Services Portfolio Sheffield City Council
Date:	27 June 2019
Subject:	Sheffield's Better Care Fund Update
Author of Report:	Jennie Milner, Better Care Fund Programme Manager

Summary:

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.

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 Hospital FT, Sheffield Care Trust FT, Sheffield Children's Trust and Voluntary Action Sheffield sit on the board.

The BCF supports delivery of the ambitions of 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.

Building on the partnerships that have become well established, we will improve outcomes and personal experience. Its aim is to continue to support the delivery of the current Joint Health and Wellbeing strategy:

- To transform out our care system interacts with the wider determinants of health to help create a happier, healthier and economically active population

- To better recognise inter play between mental and physical health
- To develop an all age care system
- To deliver a great start in life
- To support people to age well, and to improve experience of those living with frailty and multi morbidity
- To create flourishing and thriving Sheffield by developing our workforce
- To transform how we work together
- To re-imagine relationships with our citizens

With integrated commissioning at the heart of our plans, our focus in 2019/20 will be to deliver the agreed programme of work aligned with the delivery of our joint commissioning priorities and refreshed Shaping Sheffield plan.

We aim to make better decisions about how we manage the increasing demand, distributing funding across health and social care to deliver care and intervention in ways that achieve the best health and wellbeing outcomes for the people of Sheffield. The recent establishment of the Joint Commissioning Committee between Sheffield City Council and Sheffield Clinical Commissioning Group, as part of the Accountable Care Partnership, will be a key enabler of our success. .

As part of the Health and Wellbeing Board's statutory duty to encourage integrated working between commissioners, this board has a role to oversee the strategic direction of the BCF and the delivery of stronger integrated models of care; this has a direct link to the CQC Local System Review and associated actions, which the Board will recall it has been appraised of separately.

The purpose of this paper is to provide the Health and Wellbeing Board with an update on:

- Progress on the Better Care Fund programmes against the 17/19 narrative plan.
- Performance against the agreed Better Care Fund Key Performance Indicators (KPI's)
- 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

Questions for the Health and Wellbeing Board:

1. Is the progress to date on the way we work together sufficient?
2. Considering the latest Joint Health and Wellbeing Strategy, feedback from the CQC Local System Review and the agreed action plan does the Health and Wellbeing Board require any additional information to the updates on the 2019/20 Priorities?

3. How would the Health and Wellbeing Board wish to influence and be kept informed of the development of our joint commissioning function as part of its role to encourage integrated working between commissioners?

Recommendations for the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

1. note the update on the Programme

2. note the outturn budget for 2018/19

3. note the establishment of a Joint Commissioning Committee and its alignment to the Accountable Care Partnership to add pace and scale to address the financial overspends

4. note the delayed NHS England (NHSE) guidance and final template for the 19/20 plan

5. note the proposed budget and priorities for 2019/20 and delegate final responsibility for approval, which is subject to the published NHSE guidance and template

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Who have you collaborated with in the writing of this paper?

Both the CCG and Local Authority have contributed to the production of this document via the Executive teams, Work-stream Leads and Executive Management Group. Partnership groups have been established and are now embedded within the Accountable Care Partnership.

SHEFFIELD'S BETTER CARE FUND UPDATE

1.0 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 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 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 commissioners[1]. Given they are a committee of the Local Authority, Health and Wellbeing Boards are accountable to elected members and ultimately to the electorate.

[1] Section 195 of the Health and Social Care Act 2012

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.

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).

As part of the Health and Wellbeing Board's statutory duty to encourage integrated working between commissioners, the Board's role is to oversee the strategic direction of the BCF and the delivery of better integrated care, which has a direct link to the actions in response to the CQC Local System Review, which the Board has been appraised of separately.

The purpose of this paper is to provide the Health and Wellbeing Board with an update on:

- Progress of the Better Care Fund programmes during 2018/19
- The financial performance of the Better Care Fund Pooled budget for 2018/19
- Performance against the agreed Better Care Fund Key Performance Indicators (KPI's)
- Better Care Fund programme budget and programme plans for 2019/20

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

- 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 UPDATE ON PROGRAMME DELIVERY 2018/19 AND PRIORITIES FOR 2019/20

4.1 The majority of programmes have delivered against the key milestones set in the Sheffield Integration and Better Care Fund Narrative Plan 17/19.

4.2 **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

- Delivery of £3.8m efficiency savings

4.3 **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.

4.4 **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

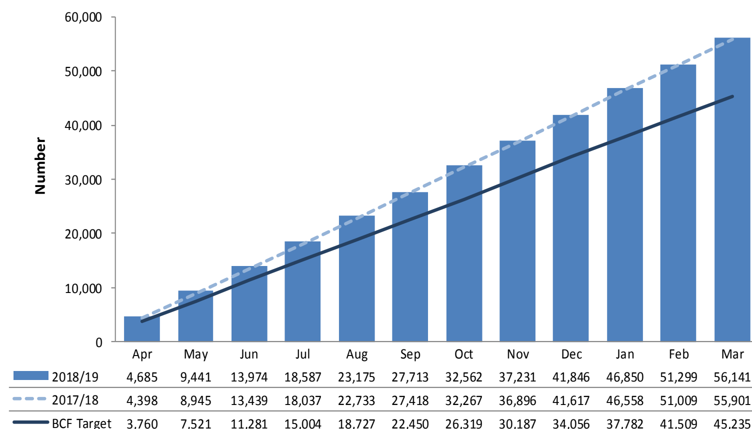
- Investment in community based health and social care

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

5.0 Performance

5.1 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.

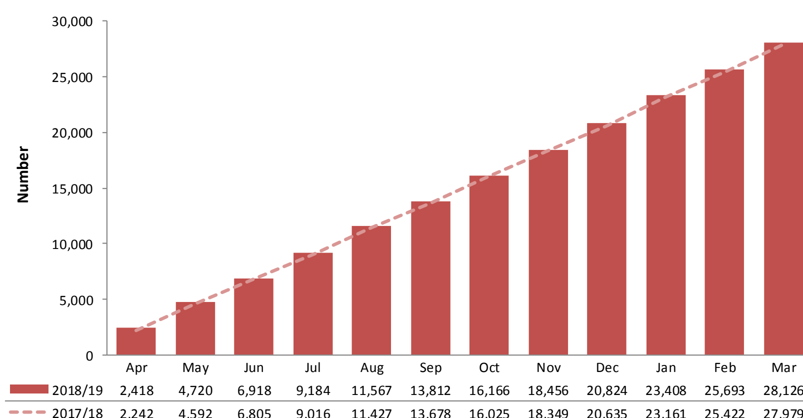


Cumulative Position

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%

5.2 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.



Cumulative Position

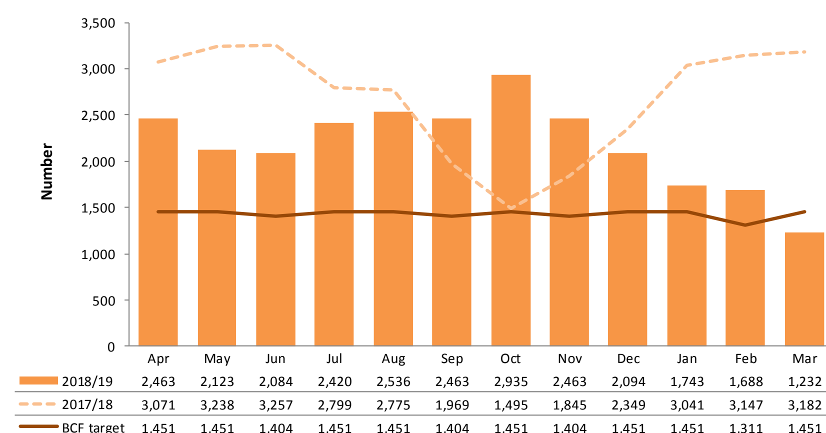
Month	% Difference between 2017/18 & 2018/19
April	-7.9%
May	-2.8%
June	-1.7%
July	-1.9%
August	-1.2%
September	-1.0%
October	-0.9%
November	-0.6%
December	-0.9%
January	-1.1%
February	-1.1%
March	-0.5%

5.3 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.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	2,463	2,123	2,084	2,420	2,536	2,463	2,935	2,463	2,094	1,743	1,688	1,232
2017/18	3,071	3,238	3,257	2,799	2,775	1,969	1,495	1,845	2,349	3,041	3,147	3,182
BCF target	1,451	1,451	1,404	1,451	1,451	1,404	1,451	1,404	1,451	1,451	1,311	1,451

5.4 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.

5.5 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.

6.0 FINANCIAL PERFORMANCE

6.1 The purpose of this section is to provide the Health and Wellbeing Board with information on the financial performance of the Sheffield Better Care Fund pooled budget for the year ended 31st March 2019. The position shown is based on the draft unaudited accounts of both organisations.

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).

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 income.

6.2 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)**

6.3 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 allocation budgets for the BCF are based on the financial plans of the partners and have been approved by their respective organisations.

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.

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

Overview of the Year End Position

6.4 The overspend / (underspend) by Theme is shown in the table below.

The total overspend of £13.7m for the year was split £5.9m CCG and £7.8m SCC.

		Risk Share Category	Year to Date: Twelve Months to March 2019			
			Budget £000	Expenditure £000	Variance £'000 / % Over (+)/ Under(-)	
1	**People Keeping Well in their Local Community**		£'000s	£'000s	£'000s	%
	NHS Sheffield CCG					
	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%)**
	Sheffield City Council					
	Mental Heath - 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**					
	NHS Sheffield CCG					
	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%**
	Sheffield City Council					
	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**					
	NHS Sheffield CCG					
	Community Equipment	C	2,196	2,151	(45)	(2%)
	sub total		**2,196**	**2,151**	**(45)**	**(2%)**
	Sheffield City Council					
	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**					
	NHS Sheffield CCG					
	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%)**
	Sheffield City Council					
	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 Heath - 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%**

Recognising the financial overspends, in addition to continuing delivery of the current programmes, a Joint Commissioning Committee has being established to identify opportunities to establish financial balance in the future.

6.0 THE JOINT COMMISSIONING COMMITTEE

6.1 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.

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.

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 with work with and complement existing arrangements such as the Health and Wellbeing Board and ACP.

7.0 QUESTIONS FOR THE BOARD

1. Does the Health and Wellbeing Board recognise the progress to date on integrated working arrangements in line with our Better Care Fund Plan and with our Accountable Care Partnership?

2. Considering the feedback from the CQC Local System Review and the agreed action plan are there any additional areas of focused work that the Health and Wellbeing Board would wish to see in its updates on delivering the 2019/20 Priorities?

3. How would the Health and Wellbeing Board wish to influence and be kept informed of the development of our joint commissioning function as part of its role to encourage integrated working between commissioners?

8.0 RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. note the update on the Programme

2. note the outturn budget for 2018/19

3. note the establishment of a Joint Commissioning Committee and its alignment to the Accountable Care Partnership to add pace and scale to address the financial overspends

4. note the delayed NHS England (NHSE) guidance and final template for the 19/20 plan.

4. note the proposed budget and priorities for 2019/20 and delegate final responsibility for approval, which is subject to the published NHSE guidance and template

Appendix A

<table>
<tr><th colspan="2">People Keeping Well</th></tr>
<tr><td>Aims</td><td>In Sheffield we believe People keeping well is so much more than a connecting or referring process.

The Key Benefit of PKW is for the:

INDIVIDUAL
• 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

Based on national studies and local anecdotal evidence the assumptions for the SYSTEM and COMMUNITY are:

SYSTEM
• Reduction in inappropriate use of services
• Better self-care and self-management leads to healthier people (i.e. reduction in services)

COMMUNITY
• Building social capital and resilient communities
• Friendly communities</td></tr>
<tr><td>Progress</td><td>• 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</td></tr>
<tr><td>Challenges</td><td>• An agreed and implementable’ approach to measure ‘impact’ of PKW on the system
• Sustainable model for PKW including funding</td></tr>
<tr><td>Priorities</td><td>• 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</td></tr>
</table>

Urgent Care	
Aims	• 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	• 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	• 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	• 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 **Key milestones include:** • 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

<table>
<tr><th colspan="2">Independent Living Solutions</th></tr>
<tr><td>Aims</td><td>Prevention The Service will play a significant contribution in terms of preventing:
Admissions to hospital or care homes
Delayed transfers of care
Deterioration in health
Promoting Independence The right equipment at the right time will help people to:
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
Caring Equipment can enable the person's health and social care needs to be attended to in a community setting by:
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</td></tr>
<tr><td>Progress</td><td>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.

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.

Promoting Independence
Additional funding (Hancock/Winter Pressures Funding) was obtained to purchase additional equipment for care homes to support the 5Q pathway.
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.
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</td></tr>
<tr><td>Challenges</td><td>Contract Extension</td></tr>
</table>

	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.
Priorities	• 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	• 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	**Active Recovery, New Integrated Service (integrated workforce model)** • 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. **Neighbourhood Development** • 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. **Somewhere else to Assess (S2A) - Assessment Beds** • 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	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.
Priorities	Continued development of mature Neighbourhoods incorporating risk stratification, multi-disciplinary working (including enhanced case management) and person centred care planning. Co-produced models of commissioning based on outcomes and ensuring inclusion of voluntary sector and community assets Development of local points of access/hub model for locality /neighbourhood to enable swift access and responses to need

Ongoing Care	
Aims	• 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	• 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	• The introduction of digital transformation in ongoing care is taking longer than initial planned**.**
Priorities	• 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	• 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	• 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	• 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	• Embed integrated commissioning plans, to include revising the memorandum agreement. • Review and revise transition arrangements to ensure patient experience is improved across the services

Children and young people with SEND – update on transitions

To: Sheffield's Health and Wellbeing Board
From: Dawn Walton, Director Commissioning, Inclusion and Learning, People Service Portfolio, Sheffield City Council
Date: June 2019

1. Background

1.1 An update was previously given to the Health and Wellbeing Board about transitions – to clarify the plans and work currently underway to improve transition into adulthood. It noted the need for a city wide strategy that provides a framework which pulls together all the different strands of work in order to produce a coherent and streamlined approach.

1.2 Since then, a Preparation for Adulthood (PFA) project team has been established which is led by the local authority's PFA manager with representatives from health and social care. The PFA manager feeds developments into the Inclusion Improvement Board.

1.3 We have also had the results from the Ofsted and CQC SEND inspection, which took place in November 2018, and our written statement of action has been approved and published. This action plan sets out how we will respond to the seven areas of weakness identified, including 'weaknesses in securing effective multi-agency transition arrangements for children and young people with SEND'.

1.4 Our actions include:

- Further work in early years services to ensure a child's additional needs are identified at the earliest opportunity and support put in place.
- Developing a package that supports the transition from nursery into primary school, with primary schools given details about their new SEN cohort in advance – to enable more effective planning/support to be put in place earlier on.
- Vulnerable Learner Reviews to more effectively identify the support children need in advance and during key transition stages – including the move from primary to secondary school and into adulthood – and for those at risk of exclusion.
- Developing the post-16 offer for young people with SEND, to include meaningful activities for those unlikely to move into employment.
- Greater involvement from health and social care at transition points.
- Developing clearer and smoother pathways from children's to adults services.

1.5 Ofsted and CQC will re-visit Sheffield within 18 months to assess whether the required improvements have been made. The written statement of action is available at www.sheffield.gov.uk/sendinspection

2. Update

2.1 This section provides an update on:

- Transition from children's to adult's social care services
- Transition from children's to adult's health services
- Young people's services
- Support for vulnerable learners
- Support for children/young people with SEND in early years
- Education, Health and Care Plans

2.2 Our previous transitions update provided a summary of actions to improve current arrangements. A record of progress against these is provided in the Appendix.

Transition from children's to adult's social care:

2.3 The referral and transition processes for young people from children's to adult's social care are complex and not as joined up as they could be. A paper has been developed to present to the local authority's People Portfolio Leadership Team outlining key areas of concern and proposed options. This will be presented and PLT discussions will inform future work.

Transition from children's to adult's health services – mental health:

2.4 There have been issues regarding the transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS), and a mental health transitions improvement action plan was produced to address them. The plan is being jointly delivered by the Sheffield Children's NHS Foundation Trust (SCH) and Sheffield Health and Social Care Foundation Trust (SHSC). Both SCH and SHSC are also working to implement a transition commissioning for Quality and Innovation (CQUIN).

2.5 Transition remains a key area of focus with regards to Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS). Since the last update to the Board, the Regulation 28 action plan has been completed, other areas of work continue to progress. CAMHS have moved to an electronic patient records system and a monthly transitions meeting between CAMHS and AMHS is in place which manages operational issues.

2.6 Next steps:

- Both Sheffield Children's NHS Foundation Trust (SCH) and Sheffield Health and Social Care Foundation Trust (SHSC) are continuing to implement a transition commissioning for Quality and Innovation (CQUIN).

- As part of the development of lifespan mental health commissioning (previously known as all-age) a piece of stakeholder engagement work is being planned to further identify issues and solutions in relation to mental health transition, particularly focusing on the 13-25 cohort.

- Sheffield's new mental health strategy is under development, this will further articulate the lifespan approach.

Other health services:

2.7 There has been progress to improve transitions between Sheffield Children's Hospital (SCH) and Sheffield Teaching Hospitals NHS Foundation Trust (STH). SCH and STH have made progress at individual service level to identify the reciprocal service and ensure robust transitions. They have also implemented a comorbidity transitions services to support patients with three or more conditions move into adult health services.

2.8 Next Steps

2.9 Base line audits continue to take place at SCH to establish where teams are with their transition pathways and how to progress these forward.

Young People's Services:

2.10Our previous transitions update highlighted that some young people access support from services such as Sheffield Futures and the Youth Justice Team, which are separately commissioned.

2.11An action was to review the different services and develop a new service model which is more integrated and supports young people from the age of 13-25 to prepare for adulthood. The aim was to have a new service model in place

2.12began in 2018 has for September 2019.

2.13There has been some delay to this and the review of youth and young people services is not yet complete. It is not anticipated that a final cabinet decision will be made until the Autumn/Winter of 2019, with the implementation of a new, more integrated service model in the Autumn of 2020.

Support for Vulnerable Learners:

2.14Vulnerable Learner Review meetings are part of the local authority's offer to schools. Their purpose is to identify:

- Holistic whole-school support to the graduated approach to Special Educational Needs & Disabilities - and reduce the number of exclusions, improve attendance, reduce / remove barriers to learning and improve outcomes for children.
- Appropriate support for those pupils who are identified as a vulnerable learner and who may benefit from a coordinated package of support.
- Children who may benefit from small group intervention around their emotional health & wellbeing, friendships, resolving conflict, self-esteem and emotional regulation.
- If children need support for the next transition stage in their education. This is known as a Transition Pathway, incorporating a child-centred, strength-based meeting with specialists from CILS coordinating a package of support, over a 2, 3 or 4 year period.
- Support for pupils who have been allocated a place at the school, but are not yet on roll.

2.15 The Vulnerable Learner Review meetings provide a locality-based, multi-agency forum and decision-making body to discuss children and young people who currently have barriers to learning. These barriers could be due to factors such as:

- behaviour
- number of exclusions received
- level of attendance
- level of persistent absence
- health and / or care needs
- family circumstances

2.16 Consideration will also be given to support for pupils with Special Educational Needs and Disabilities who may require a higher level of support during key transition periods. A pilot has taken place developing the VLR Y9 pathway. This will be summarised and critiqued, and an action plan will be created outlining how this will be rolled out to all secondary schools.

2.17 Y9 paper work is in the process of being co-produced with young people, parents, and schools focusing on a person centred conversation around the four pillars of preparation for adulthood. This conversation will then be recoded onto a new template that will be integrated into the EHCP/MyPlan document and feed into the LA’s new tracker system. This will provide valuable commissioning information as to the social care, health and education needs our of our young people post 16. This will be part of a whole school offer to support the PfA agenda.

Transition Pathways:

2.18 The focus of the Transition Pathways is to ensure there is a coordinated approach to a child’s transition involving a key worker who will hold the assessment and plan together to move towards the positive outcomes for child and family. This focused plan is generated though a strength-based meeting, coordinated by specialists, focusing on the next 3-5 years, asking questions about the future and based upon the four pillars:

- Independence (age related)
- Community (friendships and social)
- Health
- Education / Employment (age-related)

2.19There are three clearly-identified Transition Pathways that each coordinate a package of support in different phases of the young person’s life. These are:

- School Readiness: Pre- School to the end of Year 1, focusing on the child having a great start to education.
- Primary – Secondary (Y4): Year 4 to the end of Year 7, focusing on a successful transition between Primary and Secondary schools.
- Secondary – post-16 provision (Y9 Preparing for adulthood): Year 9 to post-16, focusing on preparing for Adulthood.

2.20 Each pathway follows the same process.

2.21 Vulnerable Learner Review meetings have been held in 25 schools across the city. Over 150 young people have been supported, via the Transition Pathways, to remove the barriers preventing them from engaging in their learning and having a successful transition to the next stage of their education. Discussions are already taking place with head teachers to identify more schools that will benefit from this support.

Support for children and young people with special educational needs and/or disabilities (SEND) in early years:

2.22The Early Years Partnership process has been established and communicated to encourage integrated reviews (between the early years setting, health visiting team and parents/carers) to identify a child's additional needs at the earliest opportunity.

2.23Further work is taking place to encourage integrated reviews. These will ensure support is put in place earlier on, and information gathered about our early years cohort which will help identify future needs and support commissioning.

2.24Work is also taking place to develop reports and new processes to ensure every primary school receives details about their SEND cohort of new admissions. The aim is to provide all primary schools with information in advance of admissions in September 2020.

Education, Health and Care Plans:

2.25Work is taking place to improve the quality and timeliness of EHC Plans. There has been considerable improvement in the last six months but issues remain with:

- Ensuring compliance with the annual review process – this is being closely monitored with actions implemented to improve. These include: weekly annual review case surgeries in the SEND Statutory Assessment & Review Service (SENDSARS); a new checklist to triage EHC plans; and a RAG rating to help identify who should attend specific reviews and from which service.

- Ensuring coordinated social care involvement.

3. Our ask of the Board

- To support the system to assist the improvements required, including better coordination with social care and a clear pathway.
- To note the updates within this report and to be provided with a further opportunity to update the board on transitions and other SEND improvement work.

Appendix

The below actions were included in our previous update to the Board on transitions:

Action	Update
Improve transition from children to adult social care - a pathway plan in place	Scoping exercises have been completed focusing on mapping referral and transition points. A paper has been complied for PLT outlining concerns and challenges that exist, with suggested solutions.
0-25 team to begin working with young people from the age of 14/year 9 (currently 18)	The team now work with YP from age 16. Confirmation is required when this will be reduced to age 14, detailing roles and responsibilities.
Establish the Cross City Transition Steering Group	This is now up and running with representation from the LA.
Develop guidance to support education providers to utilise EHC plans and MyPlans to prepared young people for adulthood	This is currently being co-produced. City wide training will take place late summer or early autumn.
New young people service model in place	This review is still ongoing with the expectation to be Completed in Autumn 2020.
Preparing for Adulthood Programme Manager develop a review process for the year 9 Vulnerable Learner Review	This is in process of being completed and will be part of the city wide training.
Recruit specialist workers to embed the Vulnerable Learner Review process	Three additional specialist SEND workers are being recruited into the VLR process. Their remit is to work with complex young people. This requires further clarity around roles and responsibilities and defining this specific cohort of young people.
Preparing for Adulthood project team in place	This team is now in place, and has representation form Health and social care. This is designed to develop a framework and structure, pulling together different strands of the PFA Programme using a collaborative approach.

Sheffield Local Area Special Educational Needs and Disabilities (SEND)

Statement of Action, April 2019

Summary

In November 2018 there was an inspection of how the Special Educational Needs and Disabilities Reforms (set out by law in 2014) have been introduced in Sheffield.

Inspectors came to Sheffield and spoke to children and young people with special educational needs and/or disabilities. They asked about the support they receive in and out of school. The inspectors also spoke to parents, carers, school staff, people working at the local authority and NHS staff. They visited different schools and health services. The inspection found that things were not working as well as they could and children and young people's needs were not being met in the best way possible. It found that improvements are needed in seven main areas. These included:

- Transition points – where young people move between services and into adulthood
- Waiting times for specialist equipment and health support
- Education, Health and Care Plans (EHC Plans)
- How needs are being met in mainstream schools – although there is some very good practice, this is not happening everywhere
- Communication with children, young people and families, and between services

An action plan has been produced to describe how improvements will be made and by when. Organisations in Sheffield – including the council, health services, schools and Sheffield Parent Carer Forum – worked together on the plan.

Sheffield City Council and Sheffield's Clinical Commissioning Group (which plans local healthcare services) are responsible for the plan.

Ofsted and the CQC, which carried out the inspection, will come to Sheffield within 18 months to see if enough improvement has been made. We expect this to happen around October 2020.

Some of the actions will happen quite quickly but others will take more time to complete. What we want to achieve overall is all children and young people with additional needs getting the education, health and care support they need, to help them reach their goals and lead a happy and full life.

We will provide regular action plan updates to explain what progress is being made. Please sign up to our SEND newsletter at www.sheffield.gov.uk/sendinspection if you would like to receive these.

A full copy of the Written Statement of Action is also available at the above internet address.

Sheffield City Council

NHS Sheffield Clinical Commissioning Group

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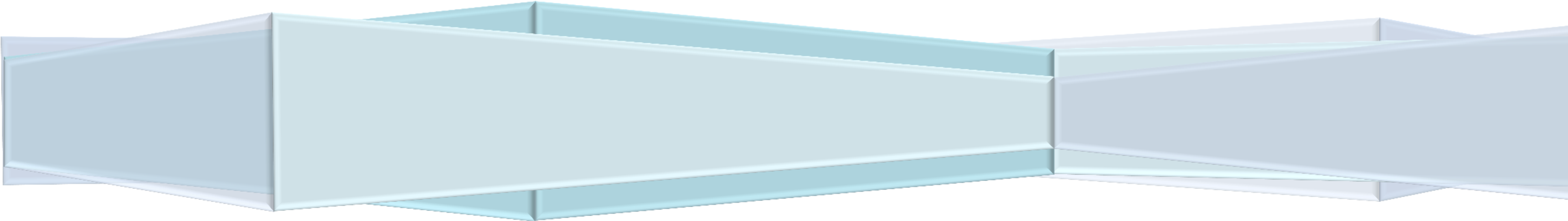
Sheffield Local Area Special Educational Needs and Disabilities (SEND) 0-25

Statement of Action

APRIL 2019



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Our Written Statement of Action (WSOA) sets out our plan to address the areas that require significant improvement as identified by Ofsted and the Care Quality Commission (CQC) following the Sheffield Area SEND inspection in November 2018.

The inspection team identified both strengths and areas for improvement in how the needs of children and young people with special educational needs and disabilities (SEND) were identified and met. We have been and will continue working hard to improve services at all levels and have set out a plan for a city-wide approach to ensure that services continue to improve for children and their families.

As local leaders we are committed to supporting our dedicated frontline professionals who *"work hard to make a positive difference to children and young people with SEND"*. And we will work ceaselessly through this action plan and beyond to make sure every child and young person with special educational needs and disabilities gets the right support at the right time.

Jayne Ludlam
Executive Director, People's Services
Sheffield City Council

Mandy Philbin
Chief Nurse
Sheffield Clinical Commissioning Group

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i. INTRODUCTION

Between 12 November and 16 November 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of Sheffield to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The inspection determined that a written statement of action is required to address the following areas of significant weakness:

1. The lack of a co-produced, coherent vision and strategy for SEND in Sheffield
2. Communication, clarity and consistency in the relationship between the local area leaders, parents, carers, children and young people
3. Poor strategic oversight of SEND arrangements by the CCG, which results in unacceptable waiting times for access to specialist equipment and appropriate pre- and post-diagnosis support and children and young people's needs not being met
4. Weaknesses in commissioning arrangements to remove variability and improve consistency in meeting the education, health and care needs of children and young people aged zero to 25 with SEND
5. The quality and timeliness of EHC plans
6. Inconsistencies in identifying, assessing and meeting the needs of children and young people with SEND in mainstream primary and secondary schools
7. Weaknesses in securing effective multi-agency transition arrangements for children and young people with SEND.

This Written Statement of Action (WSOA) sets out our plans to address these areas and deliver significant improvement to ensure every child and young person with special educational needs and disabilities gets the right support at the right time.

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It has been developed through a number of consultation and challenge meetings including:

- Seven workshops/focus groups looking at individual areas of weakness – these included representatives from Sheffield's Parent Carer Forum (SPCF), a children's charity, mainstream, special schools and post-16 provision, health services, education services and Learn Sheffield
- Two key stakeholder meetings, one held immediately after the inspection to inform the action plan, and one held to review the first draft
- The Inclusion and SEND Improvement Board, as the accountable board
- Other advisory boards with a selection of representatives including local councillors, senior council and CCG officers and from NHS England, Sheffield Teaching Hospitals, Sheffield Children's NHS Foundation Trust, Sheffield Health & Social Care Trust, Healthwatch Sheffield, Parent Carer Forum and The Sheffield College – this includes Sheffield's Joint Health and Wellbeing Board, Sheffield Mental Health & Learning Disability Delivery Board, Sheffield's Safeguarding Children and Adults Boards and the Community Child Health Board.

Since the inspection partners have worked hard on driving forward improvement linked to the areas of weakness. Key actions include:

- Appointment of Designated Clinical Officer for SEND at the CCG – recruited in February 2019
- Current EHC needs assessments all within 20 week statutory timeframe – as of end of February 2019
- Graduated approach training completed by all city SENCOs by end of January 2019 and Sheffield Support Grid training completed by end of February 2019
- Establishment of Joint Commissioning Committee to focus on three priority areas, one of which is SEND – March 2019

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- Single Point of Access for health embedded in the local authority's SENDSAR service to ensure a quicker response – by April 2019

We will update this written statement of action every quarter to show progress.

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ii. FEEDBACK FROM CHILDREN, YOUNG PEOPLE, FAMILIES & CARERS

The joint inspection highlighted issues that young people, families and carers have been telling us about. More than 700 parents and carers completed the Sheffield Parent Carer Forum (SPCF)'s State of Sheffield survey 2018/19. Their feedback included:

Just 24% of mainstream parents said their child's school was adequate for meeting their needs

80% said their child was not getting enough input from CAMHS

77% of respondents who had applied for an EHC plan found the process difficult or very difficult

53% of respondents found the transition from primary to secondary school difficult or very difficult – as did more than 60% of parents for the transition to post-16/19 education, adult social care and adult health services

46% of parents said that communication with their child's nursery, school or college is good or very good

58% had waited more than a year for an assessment

78% of parents have never used the Local Offer website

"My daughter struggled all throughout primary school with no support"

"My daughter has two befrienders. Both are invaluable support… "

"The whole system is stacked against parents who are already up against it"

"No one has a definitive answer to routes, procedures and access to information. I feel left in the dark."

"I had to appeal against an EHCP for another child… The whole process seemed set up to try and get parents to give up and accept SEND's position… they have created a process designed to maximise anxiety and distress."

"Transition to secondary school was very rocky… "

In the 2018/19 Our Voice Matters Survey (completed by 6,500 children and young people at 65 different schools across Sheffield) feedback included:

- 46% of Year 7 and 42% of Year 10 pupils with SEND said they felt happy in the last week “always” or “quite a lot” compared to 59% and 50% respectively for Year 7 and Year 10 pupils without SEND.

- 20% of Year 7 and 29% of Year 10 pupils with SEND said they felt depressed in the last week “always” or “quite a lot” compared to 10% and 18% respectively for Year 7 and Year 10 pupils without SEND.

- 37% of Year 7 children with SEND said they enjoy school “always” or “most of the time” compared to 45% without SEND. 35% of Year 10 students with SEND “agree” or “strongly agree” that they enjoy school most of the time, compared to 43% of Year 10 students without SEND.

Comments from Y10 pupils with SEND included thoughts about how schools could support young people with emotional wellbeing and mental health:

“Don’t stress them out if they need help, don’t tell them off, give them some space and more time to do things”

“Focus on people who are actually struggling rather than people who over exaggerate everything for attention.”

“I feel happy about support at school”

“Have a lesson after school for people who have problems with mental health”

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iii. VISION

Our Vision:

Sheffield will be an inclusive city where all children and young people with additional needs get the education, health, and care support they need to achieve their potential and go on to make a positive contribution to society and lead a happy and fulfilled life.

How will we achieve our vision?

No single organisation can do this alone; above all we need to work together.

- We will make sure there is good and **positive engagement** with children, young people, families/carers and professionals across this entire area of work to support, signpost, and shape services and the workforce.
- We will identify and **understand needs** of all children at the earliest possible stage that are continually reviewed, with clear pathways to access appropriate care, treatment, therapy and support when needed, underpinned by high quality data and tracking.
- We will create sufficient, flexible, **high quality local provision, care and support** covering the city, age range, and spectrum of needs, using all available data.
- We will continuously work to ensure each individual has a high-quality, up-to-date, personalised plan to help them broaden their horizons, raise their aspirations and encourage their potential to progress.

iv. INDICATORS OF A GOOD LOCAL AREA

We will know the SEND system is improving in Sheffield, and our actions are having an impact, if we see:

1. Increased confidence from children, young people and their families in the support and services for those with special educational needs and/or disabilities
2. Reduced waiting times for access to specialist support and provision
3. Increased participation at school for those with special educational needs and/or disabilities
4. Improved educational attainment and progress for pupils with special educational needs and/or disabilities
5. More young people with special educational needs and/or disabilities moving into meaningful activity into adulthood.
    a. As a shorter-term aim this will mean more young people with special education needs and disabilities from Y9 onwards, and their families, are involved in discussions about their adult life which feed into coherent multi-agency Preparing for Adulthood plans.

Our performance indicators are set out below. They are taken from the most recent State of Sheffield and Our Voice Matters surveys, as well as current data measures, to enable direct comparisons and tracking.

Key outcome	Intention	Indicator
Increased confidence from children, young people and their families in the support and services for those with	To reduce levels of complaints re SEND statutory processes	Complaints received by SCC's SENDSARS team
	To reduce appeal rate of SEND tribunals to at least the national rate	Appeals against SEND decisions per 10,000 school population

Key outcome	Intention	Indicator
special educational needs and/or disabilities	To demonstrate improved parental confidence in services	% of parents who think their child's educational provision is adequate for meeting their child's needs % of service ratings that are good or excellent – social care services % of service ratings that are good or excellent – health services % of service ratings that are good or excellent – LA SEND services
	To narrow the gap between pupils with SEND and those without SEND	% of pupils with SEND that are happy or content most of the time
Reduced waiting times for access to specialist support and provision	To reduce waiting times to applicable national waiting time standards	Waiting times for services including ASD assessment, CAMHS support, wheelchair fitting and community therapy services % of completed health checks for young people with learning disabilities aged 14+
	To increase the proportion of EHC Plans completed within statutory timescales	% of EHC Plans completed within 20 week timescale
Increased participation in school	To reduce overall absence of pupils with SEND to at least the national rate	Rate of overall absence of pupils with SEND
	To reduce rate of exclusions of pupils with SEND to at least the national rate	Rate of fixed-term exclusions of pupils with SEND Rate of permanent exclusions of pupils with SEND
	To reduce the rate of SEND pupils moving to elective home education (EHE)	Rate of pupils with SEND who move to electively home-educate
Improved educational attainment and progress for pupils with special educational needs and/or disabilities	To increase levels of attainment and progress of pupils with SEND to at least the national rate	% of pupils with SEND achieving the expected standard in reading, writing and maths at Key Stage 2 Progress score in reading of pupils with SEND at Key Stage 2 Progress score in writing of pupils with SEND at Key Stage 2 Progress score in maths of pupils with SEND at Key Stage 2
		Attainment 8 score of pupils with SEND at Key Stage 4 Progress 8 score of pupils with SEND at Key Stage 4
More young people with special educational needs and/or disabilities moving into meaningful activity into adulthood	To increase participation of young people with SEND in education, employment and training	% of 16-18 year old young people with SEND who are in education, employment and training (EET)
		% of young people aged 18-25 with a learning disability in paid employment
	To increase the number of young people with SEND from Y9 onwards with a transition plan to move to adult life – with evidence that the young person has	% of young people who have a transition plan from Year 9 onwards – with evidence that the young person has participated in their EHC Plan and transition plan

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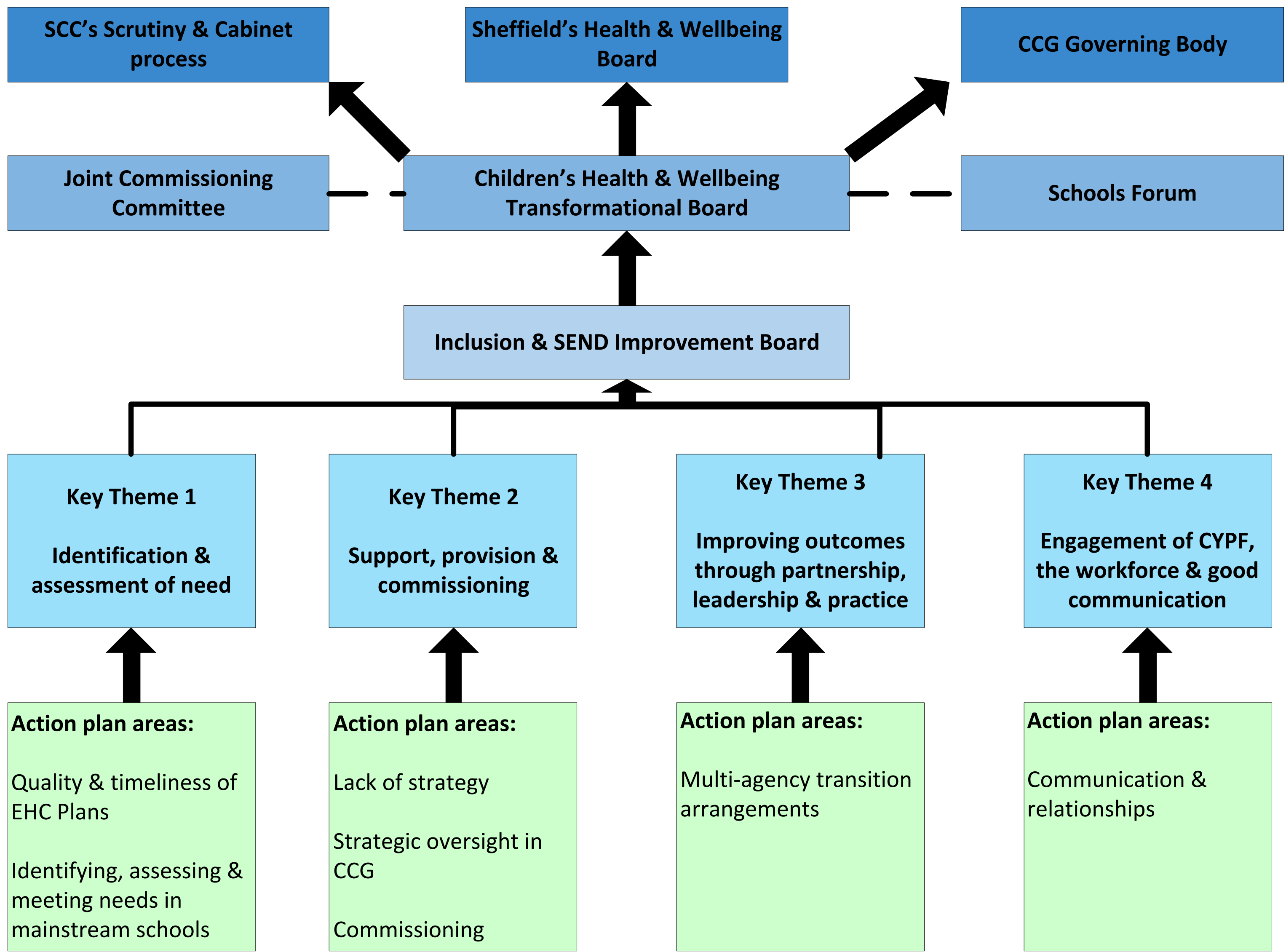
Key outcome	Intention	Indicator
	participated in this process	
	To increase young people with SEND and their families' confidence in the transition into adulthood	% of survey respondents reporting a positive experience of transition into post-16/19 education, adult social care and adult health

v. GOVERNANCE



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vi. ACTION AREAS

Our progress against the action areas will be shown as follows:

Action complete
Action underway and on track
Action underway but behind target/at risk of not completing on time
Action not started and behind target to complete on time
Action not yet started

1. STRATEGY

Report finding: The lack of a co-produced, coherent vision and strategy for SEND in Sheffield

Outcomes:
1.1 Producing the Strategy: A co-produced SEND Strategy for Sheffield that drives a coordinated approach to deliver improvement for children and young people with special educational needs and/or disabilities (SEND)
1.2 Communicating and embedding the strategy: A comprehensive communication and engagement plan to ensure the vision and strategy are understood and supported by stakeholders
1.3 Delivering the strategy and accountability: A clear performance, governance and accountability framework to ensure the strategy is effectively delivered and results in improvements for children and young people with SEND

People responsible for this area: Joel Hardwick, Head of Commissioning: Inclusion & Schools, Sheffield City Council and Sapphire Johnson, Head of Commissioning – Children, Young People & Maternity Portfolio, Sheffield Clinical Commissioning Group

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
1.1 Producing the strategy: A co-produced SEND Strategy for Sheffield that drives a coordinated approach to deliver improvement with a clear implementation plan	1.1.1 Undertake a process of co-production – with local authority services, health, young people, parents/carers, schools and other partners - through engagement and reviewing existing feedback and insight, to develop a strategic narrative and city-wide approach to SEND in Sheffield	May 2019	July 2019	SCC - HCIS	- Stakeholders report positively around the process and outcomes - Output from co-production exercise can be used to write a clear, coherent strategy						
	1.1.2 Ensure the voice of the child is at the heart of the process of co-production	May 2019	July 2019	SCC - HCIS	- Strong evidence of engagement with young people - Young people report positively around the process and outcomes						
	1.1.3 Use the outcomes of co-production to produce, consult on, and approve a written strategy for Sheffield with children, young people, families/carers, schools, health providers and any other relevant stakeholders	July 2019	Oct 2019	SCC - HCIS	- Evidence that change is being driven in line with the agreed and published strategic approach - Stakeholders understand the SEND strategy and their role in supporting its delivery - Positive feedback from families and children that the direction set out in the strategy is making a difference						

1.2 Communicating and embedding the strategy: A comprehensive communication and engagement plan to ensure the vision and strategy are understood and supported by stakeholders	1.2.1 Produce and deliver a communication and engagement plan around the strategy to ensure it is widely recognised, understood and that as a local area we have a consistent approach	Sept 2019	Dec 2019	SCC - HCIS	- Stakeholders understand the SEND strategy and their role in supporting its delivery						
	1.2.2 Host a SEND conference for schools, services and stakeholders to raise awareness of the strategy and developments in the SEND system, and to capture valuable feedback to inform future developments	Dec 2019	Dec 2019	SCC – HoS and HCIS	- Conference well attended, fostering development of local system networks, working relationships, shared learning and peer support - Positive feedback received from attendees who feel informed and engaged with delivery of the strategy - Feedback informs future developments						
1.3 Delivering the strategy and accountability: A clear performance, governance and accountability framework to ensure the strategy is effectively delivered and results in improvements for children and young people with SEND	1.3.1 Development of performance management framework to monitor the strategy's progress	July 2019	Sept 2019	SCC - HCIS	- Performance management framework used to understand and drive progress against objectives						
	1.3.2 Monitor delivery of the strategy and written statement of action (WSOA) through the Inclusion and SEND Improvement Board	July 2019	-	SCC - HCIS	- Governance structure supports city-wide oversight and strategic management through Children's Health and Wellbeing Transformation Board - Evidence of regular review, reporting and challenge from the Board to ensure the strategy is being delivered						

*Please note that full names and job titles of Leads are provided in the Glossary.

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2. COMMUNICATION & RELATIONSHIPS
Report finding: Weaknesses in communication, clarity and consistency in the relationship between the local area leaders, parents, carers, children and young people **Outcomes:** **2.1 Clear and Consistent Information:** We will have a local offer that provides clear and consistent information. This will mean that all the information children, young people, their families and providers need to understand processes and systems of SEND is accessible **2.2 Clear communication between and within services/organisations and consistent communication and engagement with families:** We will have clear communication routes and a consistent approach to effective engagement across all services and providers so that there is increased confidence from all parties **2.3 Embedded Co-production:** We will have an approach to co-production that is embedded in practice for the development of support for children and young people with SEND so that young people and their families are central to all that we do **2.4 Tell Us Once:** We will have a citywide process of 'Tell us once' for a young person's story to be communicated to ensure that young people and their families are not having to repeat their stories to professionals on multiple occasions **2.5 Workforce Development:** We will have a workforce that is equipped with the knowledge and skills to provide consistent support for children and young people **Person responsible for this area:** Tim Armstrong, Head of SEN, Sheffield City Council

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
2.1 Clear and Consistent Information: We will have a local offer that provides clear and consistent advice. This will mean that all the information children, young people, their families and providers	2.1.1 SPCF and SCC's digital services will deliver the implementation plan to review the local offer website to ensure the right information for the local area is available, accessible, user friendly, consistent in layout and auditable.	On-going	Feb 2020	SCC - HCIS	- Local offer will be compliant with the SEND Regulations 2014 - Local offer will have the information that children, young people and parents/carers need to access services and support - Feedback from user groups will be positive - Evidenced through website survey, SPCF's State of Sheffield survey, and 'you said, we did'						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
need to understand processes and systems of SEND is accessible	2.1.2 Processes, pathways and information will be agreed and made available to families, providers and partners – including (but not limited to): • Graduated approach to meeting needs • Sheffield Support Grid • Completing a My Plan • Request for EHC Needs Assessment • EHCP Annual Reviews • Transition between key stage / phase including preparing for adult life • Referral to health services and accessing support • Referral to social care services and accessing support, including short break and respite provision • Personal budgets • Post-16 education and training pathways These will be clearly detailed and articulated in various formats such as posters and animations and published on the local offer website.	April 2019	Mar 2020	SCC - HoS	- All processes and pathways clearly published on the local offer website - Feedback from citywide SENCO's on how processes have been used within schools - A reduction in complaints						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	2.1.3 On completion of the Local offer improvement plan we will hold a local area launch event to promote the improved local offer to raise awareness and gather valuable feedback	April 2020	April 2020	SCC - HCIS	- Increased number of website users – shown through web monitoring statistics - Improved feedback from families shown through repeat of SPCF's State of Sheffield survey questions about the local offer						
	2.1.4 We will publish a Local Area half termly SEND briefing to keep children, young people, their families and organisations informed of progress and improvements, promote engagement and feedback opportunities and circulate key messages	Sept 2019	On-going	SCC - HoS	- From feedback, key stakeholders will feel informed, have clarity of where we are and have consistent messages from local areas leaders - Evidenced through Gov Delivery newsletter data						
	2.1.5 Mapping document of a 'family journey through SEND' to be completed in order to identify where support would come from	April 2020	Sept 2020	SCC – HoS	- Parents advise that there is clarity as to how they will be supported and when						
2.2 Clear and Consistent Communication and Engagement: We will have clear communication routes and a consistent approach to effective	2.2.1 Monitoring process will be developed and put in place for quality communication from SEND Statutory Assessment and Review Service, including response rates to answering the phone. This will include following the Sheffield Council customer commitments re contacting parents and young people	June 2019	Dec 2019	SCC - HoS	- Evidence of improved customer feedback from questionnaires - Data from telephony use - Reduction in number of complaints re communication						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
engagement across all services and providers so that there is increased confidence from all parties	2.2.2 A clear and joined up commissioning approach to ensure engagement, independent advice and support is available for children, young people and their families	Oct 2019	Mar 2020	SCC - HCIS	- Through feedback we will be assured that we have an effective Information, Advice and Support Service (IASS) in place - Commissions in place with relevant stakeholder representative/advice groups with evidence of outcomes and monitoring						
	2.2.3 Develop with schools and services best practice guidance in regards to communication with families of those with SEND	Sept 2019	April 2020	SCC - HoS	- Schools will report clearer lines of communication - Improved feedback from families						
2.3 Embedded Co-production: We will have an approach to co-production that is embedded in practice for the development of	2.3.1 Development of co-production principles (charter) that are then agreed by partners as an approach to developing practice	April 2019	Sept 2019	SCC - HoS / SPCF	- Co-production principles agreed and in place - Signed off by LA and CCG - Parent and young people's involvement will be evidenced in all SEND developments						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
support for children and young people with SEND so that young people and their families are central to all that we do	2.3.2 Best practice guidance on co-production of a support plan for an individual child is in place.	Sept 2019	Feb 2020	SCC - HoS	- Evidence of higher percentage of individual SEND plans and reviews being co-produced through evidence of young people and family voices in documentation - Young people and their families have an understanding of how their plan is co-produced, even if there remains disagreement as to the outcome – evidenced through feedback						
	2.3.3 Communication of co-production approach via local offer website	Sept 2019	Dec 2019	SCC - HoS	- Information published on local offer website						
	2.3.4 Co-production and evaluation process detailed in all new SEN based commissions to ensure that young people are central to the process of support available to them	April 2020	On-going	SCC - HCIS	- Young people and families are involved in evaluation of provision in place						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
2.4 Tell Us Once: We will have a citywide process of 'Tell us once' for a child or young person's story to be communicated to ensure that children and young people and their families are not having to repeat their stories to professionals on multiple occasions	2.4.1 Create a citywide process and paperwork across and within Education, Health and Social Care to gather and update a child or young person's story that can follow them on their journey to adulthood and beyond. The process will need to ensure there is the facility to update it regularly	Jan 2020	Mar 2020	SCC - HoS / CCG CM	- Process in place with a robust audit cycle that includes the child or young person, their families and key professionals involved in their care - Process for updating in place - Young person and their family feedback will be that they have to only provide clarity and supplementary information to their story rather than full details						
2.5 Workforce Development: We will have a workforce that is equipped with the knowledge and skills to provide consistent support for children and young people	2.5.1 A citywide training offer for SEND will be published and delivered across all services that support children and young people. This will include but not be limited to training on: • Person centred practice, including communication • A graduated approach to meeting SEND needs • SEND statutory processes • The role of the SENCO • Providing and implementing assessment information and provision	Sept 2019	July 2020	SCC - HoS	- Training will be delivered - Feedback from training will suggest increased confidence in ability to communicate with young people and their families and consistent practice across services						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	2.5.2 Training videos will be published on the local offer outlining a range of training areas that will support communication to parents and young people as well as practitioners. This will include around statutory processes and support	April 2019	July 2019	SCC - HoS	- Feedback on videos will suggest they support improved practice that enables best communication with parents						

*Please note that full names and job titles of Leads are provided in the Glossary.

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3. STRATEGIC OVERSIGHT BY CCG
Report finding: Poor strategic oversight of SEND arrangements by the CCG, which results in unacceptable waiting times for access to specialist equipment and appropriate pre- and post-diagnosis support and children and young people's needs not being met **Outcomes:** **3.1 Understanding and Accountability:** Improved reporting, governance and data flows related to SEND in the CCG, to ensure services better meet the needs of children and young people with SEND **3.2 Clinical Oversight:** Improved CCG clinical oversight of SEND and quality assurance of EHC Plan process to ensure children and young people receive better SEND support **3.3. Delivering on Priority Improvements:** Address existing service issues **Person responsible for this area:** Mandy Philbin, Chief Nurse, Sheffield Clinical Commissioning Group

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
3.1 Understanding and accountability: Sheffield CCG will have improved reporting, governance and data flows related to SEND to ensure services better meet the needs	3.1.1 Complete a gap analysis against the NHS England 'Guidance for health services for children and young people with Special Educational Needs and Disability (SEND)' Develop a CCG recovery plan to address any identified gaps	Dec 2018	April 2019	CCG - HoC	- Increased CCG awareness and understanding of statutory duties and any existing gaps - Assurance that required actions are being put in place to address those gaps						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
of children and young people with SEND	3.1.2 Develop a data dashboard and standard operating procedure for data flow and analysis within the CCG. Ensure patient experience information is included as part of this data set.	Dec 2018	June 2019	CCG - HoC	- Assurance provided on relevant performance indicators - SEND and patient experience data used to proactively support the commissioning cycle and service planning - Evidence based commissioning						
	3.1.3 Ensure clear service specifications and KPIs are in place and regularly reviewed – focussing first on community nursing and community therapy	Sept 2018	April 2020	CCG - CCM	- CCG fully understands, monitors and reviews its commissioned services to ensure they are safe, effective and of high quality - CCG can take appropriate action to improve areas of non-compliance or under-delivery - KPIs will demonstrate that children and young people with SEND will have their health needs met in a timely manner						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
3.2 Clinical oversight: Improved CCG clinical oversight of SEND and quality assurance of EHC Plan process to ensure children and young people receive better SEND support	3.2.1 Appoint and job plan a Designated Clinical Officer (DCO) who will be responsible for: • developing and delivering training to health professionals related to the EHCP reports and process • quality assuring health input and provision delivery into EHCPs • establishing an audit cycle and providing regular feedback to commissioners to inform service planning • producing an annual report and audit cycle detailing key issues	Sept 2018	April 2019	CCG - CCM	- Improved understanding and confidence of health professionals to support the EHC Plan process - Increased quality of EHC Plans which will also improve confidence and satisfaction of children, young people and families/carers - Provision of clinical oversight and quality assurance to the Local Area - Audit, evaluation and action in place to support improvement						
	3.2.2 Commission and embed therapy input into the SENDSAR service to review health reports as fit for purpose, assure quality and sign off the health element of EHCPs.	Sept 2018	June 2019	CCG - CCM / SCC - HSS	- Increased compliance with, and quality of, EHC Plan process and provision - Children and Young People will have appropriate provision specified in their EHCP and delivered in practice - This will lead to increased confidence and satisfaction						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	3.2.3 Embed clinical input into the EHC Panel to make decisions related to personal health budget for unmet health needs from commissioned services	Nov 2018	June 2019	CCG - CCM	- Clinical input into the EHC placement panel as regular attendee and contributor - Clinicians' feedback used by CCG to inform and strengthen strategic planning and commissioning						
3.3. Delivering on priority improvements: Address existing CCG-commissioned service issues	3.3.1 Work with NHSE to review the existing ASD pathway and put required improvements in place. Plan to include: • Clarify commissioning roles and responsibilities for each part of the pathway between CCG and NHSE • Continue work to decrease waiting times • Use data such as national guidance, benchmarking information and patient feedback to inform the future service model • Put in a place a service specification with a clearly defined pathway and KPIs • Establish a joint contract management board with NHSE colleagues to jointly oversee, commission and performance manage the relevant services	Sept 2018	April 2020	CCG – CCM / NHSE	- Reduction in waiting time for ASD assessment - Improved pre- and post- diagnostic support services in place - Improved experience and feedback from young people and families - Effective commissioning of an ASD pathway that meets the needs of children, young people and families/carers in the Local Area - Clear escalation process in place (through contract management board) to address issues						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	3.3.2 Implement our plan to improve access to CAMHS services. This will be achieved through: • Completion of CAMHS Sustainability work by SCH to enable targeted resource allocation and re-configuration of existing services. • Continued implementation of changes to CAMHS pathway including duty and booking team to manage demand. • Complete piloting of direct referrals to CAMHS from schools to implement a sustainable process for all schools. • Continued implementation of six appointment model for lower level presenting issues to improve patient flow and release capacity for complex cases.	On-going	April 2020	CCG - EWMH	- Reduction in CAMHS waiting times - Completion of CAMHS Sustainability work (due end of August 2019). - Process developed for direct referrals from schools (Jan 2020) - Improved feedback from children, young people and families shown through repeat of SPCF's State of Sheffield survey questions						
	3.3.3 Work with Primary Care Sheffield to increase delivery of the annual GP health check for 14 year-old plus with learning difficulties by promoting the offer of care.	Jan 2019	Oct 2019	CCG - CCM	- Increased numbers of completed health checks for young people with learning disabilities aged 14+ to support early identification of health needs						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	3.3.4 Improve waiting times for the wheelchair service to ensure that it aligns to the national standard 18 week Referral to Treatment (RTT). Put in place a robust service specification with clear priority criteria, KPIs and regular review to monitor and track progress.	Nov 2018	April 2020	CCG - CCM	- Patient experience and quality of care will improve - Children and young people will have wheelchairs delivered within appropriate timeframes						

*Please note that full names and job titles of Leads are provided in the Glossary.

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4. COMMISSIONING

Report finding: Weaknesses in commissioning arrangements to remove variability and improve consistency in meeting the education, health and care needs of children and young people aged 0 to 25 with SEND

Outcomes:
4.1 Understand Needs: Develop a full and shared understanding of children and young people's education, health and care needs to inform commissioning planning and decisions, resulting in more effective SEND support
4.2 Mapping Commissioning and Provision Requirements: Ensure a clear understanding of existing commissioning requirements for children and young people with SEND and how current commissioning arrangements align; identify where we have gaps and inconsistencies; and engage with children, young people and families for feedback as part of the commissioning cycle
4.3 A Consistent & Improved Citywide Programme: Develop a joint local area commissioning programme for SEND support and a consistent approach to the way we commission services, to ensure the development of more effective support

Person responsible for this area: Dawn Walton, Director of Commissioning, Inclusion & Learning, Sheffield City Council and Mandy Philbin, Chief Nurse, Sheffield Clinical Commissioning Group

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
4.1 Understand needs: Develop a full and shared understanding of children and young	4.1.1 Ensure we understand existing and predicted future SEND needs through strategic needs assessments covering all commissioning areas	Sept 2019	Aug 2020	CCG - HoC	- Strategic needs assessment data used to inform future planning - Commissioning is proactive rather than reactive						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
people's education, health and care needs to inform planning and commissioning decisions, resulting in more effective SEND support	4.1.2 Ensure all commissions are informed by appropriate intelligence to ensure the most effective future support. Work includes the development of a monitoring and tracking tool for all children and young people with additional needs, identifying those with SEND	May 2019	Mar 2020	SCC - HCIS	- Evidence based commissioning, using data and intelligence, when planning commissioning arrangements and making decisions						
	4.1.3 Ensure that engagement with young people and families/carer is embedded throughout the commissioning cycle, so they are able to have a voice and help inform planning	April 2020	Oct 2020	SCC - HCIS	- Evidence of engagement with young people and families/carers - Evidence of use of feedback when making commissioning decisions - Commissioning more informed and responsive to service user need - Children, young people and families/carers feel that they are listened to and empowered to help inform commissioning decisions						
4.2 Mapping Commissioning Requirements: Ensure a clear understanding of existing commissioning requirements for	4.2.1 Systematically identify and review commissioning areas across the city for children and young people with SEND and specify the current model of provision, identify areas of good practice, areas of inconsistencies and gaps to support children and young people up to the age of 25	May 2019	Mar 2020	SCC - HCIS / CCG - HoC	- A clear understanding of the local area offer for children and young people with SEND to inform where we need to commission to meet need/extend service offers - Effective commissioning to address gaps and inconsistencies in provision						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
children and young people with SEND and how current commissioning arrangements align; identify where we have gaps and inconsistencies; and engage with children, young people and families for feedback as part of the commissioning cycle	4.2.2 Agree outcomes and measures for each commissioning area, to be detailed and monitored in the commissioning programme – to ensure more effective support	May 2019	Sept 2019	SCC - HCIS / CCG - HoC	- Ability to track and monitor performance and address under-delivery where necessary - Evidence of a more robust commissioning approach						
	4.2.3 Obtain feedback from children, young people and families/carers about existing provision	May 2019	Mar 2020	SCC - HCIS	- Evidence of use of data and other intelligence about service provision being used in commissioning cycle - Children, young people and families/carers have an opportunity to share their experiences						
4.3 Consistent & Improved Citywide Programme: Develop a joint local area commissioning programme for SEND support and a consistent approach to the way we commission services	4.3.1 Establish and deliver a joint commissioning programme to focus resource into the right areas to ensure we jointly commission the right education, health and social care provision. To include considering options for integrating the way we commission and deliver services including pooled resources and aligned service specifications	May 2019	Oct 2020	SCC - HCIS / CCG - HoC	- Improvement in outcomes in areas identified as a priority for review - Integrated commissioning programme established and evidenced - Evidence of a more consistent and strategic approach to commissioning						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
to ensure the development of more effective support	4.3.2 Under the section 75 agreement we will ensure SEND is established as part of the integrated strategic commissioning committee that includes members of the CCG Governing Body and Elected Members from the Local Authority, with formal delegation and accountability for commissioning areas relating to SEND	May 2019	July 2019	SCC - DCIL	- Evidence of structured governance arrangements - Provision of strategic level oversight - Evidence of challenge, support and drive at senior level to deliver required improvements in relation to SEND - Any blockages can be swiftly addressed through clearly identified escalation points						

*Please note that full names and job titles of Leads are provided in the Glossary.

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5. EHC Plans

Report finding: Weaknesses in the quality and timeliness of Education Health and Care (EHC) Plans

Outcomes:
5.1 Timely Assessment: EHC Needs Assessments, including the EHC plan development process, will be compliant with the statutory requirements of 20 weeks so that young people are provided with statutory support in a timely manner.
5.2 High Quality EHC Plans: The Quality of EHC Plans will be consistently good with a clear quality assurance process in place. This will ensure that needs are identified and how they are met is clearly articulated so that a provider can put in place effective provision. Plans will be co-produced with young people and their families.

Person responsible for this area: Tim Armstrong, Head of SEN, Sheffield City Council

Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
5.1 Timely Assessment: EHC Needs Assessments will be compliant with the statutory requirement of 20 weeks	5.1.1 Review and identify areas of the EHC needs assessment process that require improvement to ensure compliance with the statutory 20 week timeframe while ensuring EHCP's are of high quality, including the resource implication of this. Actions will include: • Clearly specifying the local area processes and ensuring they are well communicated • Workforce training • Weekly case reviews, case surgeries and supervision • Guidance on 'decision ready' cases • Reviewing decision making points re request for EHC Needs Assessment and decisions to issue an EHC Plan	April 2019	June 2019	SCC - HSS	- Increase to minimum 75% compliance for 2019, minimum 90% for 2020 - Reduction in complaints - Audits of EHC Plan will show improved compliance - Increase to 14 full time equivalent (FTE) inclusion officers within SENDSAR service to reduce caseloads across service - Improved feedback from children, young people and families shown through SPCF's State of Sheffield survey questions						
	5.1.2 Ensure there is a robust process in place to engage with education, health and social care partners to input into the needs assessment. This will include training to professionals who provide statutory advice across Education, Health and Care so that their advice is specified and quantified.	June 2019	Dec 2019	SCC - HoS	- EHCNAs have effective advice and information to support identification of needs and outcomes monitored through the quality assurance framework - Evidence that provision is put in place in a timely manner						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	5.1.3 Embed the use of common advice giving templates – to include training for services	Sept 2019	Jan 2020	SCC - HoS	- All advice for EHCNA completed on common templates - Evidence of training provided - Confidence of schools and services as to how needs should be met						
	5.1.4 Integrate and develop the single point of access (SPA) for health reports into the SENDSAR Service to ensure all assessment information is gathered and has improved clinical oversight from qualified therapists to assure quality and ensure timely intervention	April 2019	May 2019	SCC - HSS	- Increased capacity in the SENDSAR services will improve performance to achieve the 20 week target - Improved quality of health information in EHCPs - Reduced number of complaints - Evidence of report timeliness - Evidence health provision is in place within all new EHC Plans						
	5.1.5 Recruitment of therapist to support delivery and quality assurance of assessment input from health including improving health's input in terms of quality assurance, proof of provision delivery and overseeing issues of contradictory health reports. This will include ensuring health needs are identified if there are no involved services at point of assessment and clear protocols in place as to how assessments will be commissioned from services not previously involved when they are a reasonable request	April 2019	June 2019	CCG - CCM	- All EHC plans quality assured for health information - All EHC Plans include appropriate health advice and information						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	5.1.6 Process and resource put in place to ensure care provision is consistently gathered to feed into an EHCNA, particularly where the child or young person is not known to services at point of assessment	April 2019	Sept 2019	SCC HoS	- All EHC plans quality assured for care information - All EHC Plans include appropriate care advice and information - All families contacted by a care professional as part of EHCNA						
	5.1.7 Process in place to identify and address exceptional circumstances where compliance is not possible within timeframes; authorisation must be secured by officers where compliance is not possible	April 2019	May 2019	SCC - HSS	- Where a plan is not compliant, evidence that the reason for this is communicated to parents - Improvement in parent feedback to SENDSARs team - Management oversight by EHC panel and HoS in line with CoP 9.42 - Learning and training log from non-compliant services will detail further service improvement needs						
5.2 High Quality EHC Plans: The Quality of EHC Plans will be consistently good with a clear quality assurance process in place so children and young people's SEND needs are effectively	5.2.1 Establish effective systems to monitor whether provision detailed in an EHC Plan is in place and challenge if it is not	Sept 2019	April 2020	SCC – HoS	- Evidence that provision in EHCP is in place and that the provision(s) used are based on the best possible evidence and are having the required impact on progress - Parental confidence that provision within EHCP is met through questions detailed in the Annual Review documentation						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
met	5.2.2 Quality Assurance framework in place in SENDSAR Service to ensure that all plans are fit for purpose and reflect the views of family, education provider and advice givers. This will include checks around: • Proof reading and grammar/spelling checks • Cross reference checks against formal advice, including challenge over specificity where appropriate • Child or young person voice and family views Best practice exemplars of EHC Plans will be developed to support this process to detail what 'good' looks like.	Sept 2019	Dec 2019	SCC – HSS	- Internal quality assurance process in place with training for staff completed and evidenced - Quality assurance process will evidence that plans are consistently good and reflect content of statutory advice.						
	5.2.3 Develop and re-shape the external quality assurance review of EHC Plans to ensure that it provides lessons learnt in regards to the EHC Plan processes, including identifying where issues relate to advice. To include health and care services within this process. To address how this process sits alongside the multi-agency audit group for the safeguarding board.	Sept 2019	Dec 2019	SCC - HoS	- External quality assurance process in place with clear Terms of Reference - Annual report to Inclusion Improvement Board to scrutinise success - Quality assurance process will evidence that plans are consistently good						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	5.2.4 Outcomes training and guidance to create 'person centred consistency' of outcomes to support monitoring of progress	Sept 2019	April 2020	SCC - HoS	- Evidence of training attended - Outcomes in EHC Plans and My Plans are SMART (specific, measurable, achievable, realistic, time-bound). - Training materials available to SENCOs and on the Local Offer						
	5.2.5 Outcomes monitoring process in place in order to evidence impact of EHC Plans	Jan 2020	Oct 2020	SCC - HoS	- Recording process in place and used to inform future commissioning (as described in section 4) - Evidence in annual review to reflect the provision in place - Monitoring via data dashboard						
	5.2.6 Development of retention and recruitment strategy for SENDSAR Service to ensure that an experienced and skilled workforce is in place to produce high quality plans. To include how performance management issues will be addressed.	May 2019	Dec 2019	SCC - HoS	- Staff retention rates will increase - Staff well-being survey will reflect their understanding of the work and ability to complete this - Clarity will be available to parents and schools as to who case officers are						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	5.2.7 Review and identify areas of the Annual Review process that require improvement to ensure compliance with the statutory 12 week timeframe while ensuring amended EHCP's are of high quality. Actions will include: • Clearly specifying the local area processes and ensuring they are well communicated • Workforce training (internal and external) • Weekly case reviews, case surgeries and supervision re amendments to EHC plans • Decision making points re amendments to EHC Plans and change of placements • Integration with other assessment and review processes including child protection and Children's continuing care	April 2019	April 2020	SCC - HSS	- Revised annual review process in place and communicated via the local offer to enable greater understanding and confidence in the process - Training completed for workforce - Evidence of annual review paperwork shows greater understanding from all parties						
	5.2.8 Develop IT systems within the SENDSAR Service to ensure that there are effective tools to support the development of high quality EHC Plans completed within timeframes through EHC Needs Assessments and Annual Reviews. This will include the re-development of use of the Capita ONE system in order to ensure it is fit for purpose	April 2019	Dec 2019	SCC – HSS	- Improvement plan completed and IT systems fit for purpose - Service compliance will be monitored through effective reporting enabling better intelligence as to when EHC Plans are not of high quality - Information sent to parents will be clear and consistent enabling greater confidence of the process and service						

*Please note that full names and job titles of Leads are provided in the Glossary.

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6. MAINSTREAM SCHOOLS

Report finding: Inconsistencies in identifying, assessing and meeting the needs of children and young people with SEND in mainstream primary and secondary schools

Outcomes:

6.1 Consistent approach to understanding, assessing and meeting needs: We will have a robust assessment and review cycle that will be evidenced through a graduated approach to meeting needs being embedded across the city, the Sheffield Support Grid being consistently used and decision making being consistent to ensure an equitable allocation of support and resources

6.2 Consistent and clear expectations: There will be clear understanding and expectations of the roles and responsibilities of staff and services so that schools are clear about the help they and others should be giving, to ensure the best support for children and young people is in place

6.3 Improved practice: Approaches to quality assurance and identifying and supporting schools that require help will be in place, to ensure practices develop and improve resulting in better support for children and young people

6.4 The right services and support will be in place: Sufficient support will be available in mainstream schools so that all children and young people are able to successfully access a full time education in school

Person responsible for this area: Tim Armstrong, Head of SEN, Sheffield City Council and Stephen Betts, Chief Executive, Learn Sheffield

Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020

Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
6.1 Consistent approach to understanding, assessing and meeting needs: We will have a robust assessment and review cycle that will be evidenced through the graduated approach to meeting needs being embedded across the city, the Sheffield Support Grid being consistently used and decision making being consistent to ensure an equitable allocation of support and resources	6.1.1 Training module on graduated approach delivered, recorded, published on local offer, and further training delivered, including proactive engagement with schools not accessing training.	April 2019	Jan 2020	SCC - HoS	- Training available to all - Improved practice evidenced - Training delivered for every school - Schools and families report confidence that processes are consistently put in place to identify, assess and meet needs, evidenced through review documentation and questionnaires						
	6.1.2 Update of graduated approach documentation to be completed following review. To include guidance linking to clearly defined processes	Jan 2020	Jul 2020	SCC - HoS	- Evaluation of documentation evidences consistent approach - Updated documentation in place - Moderation will evidence improved consistency in identifying and assessing needs						
	6.1.3 Publication of final version of exemplified Sheffield Support Grid (SSGe) – including guidance for parents on the local offer website	April 2019	Aug 2019	SCC - HoS	- Consistent tool in place for baseline of need and provision - Feedback from schools will show citywide use						
	6.1.4 Delivery of citywide training on SSGe and how it is used	April 2019	April 2019	Chair, ITF	- Training will provide positive feedback - Feedback from schools suggests greater understanding of levels of need and citywide use						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	6.1.5 Moderation of 50% of schools in their use of the SSGe by July 2019, 100% by July 2020	May 2019	July 2020	Chair, ITF	- Data to evidence level of need of children across schools that is consistent in order to then inform levels of support and provision - Data to identify schools that require support is available and those schools will then be offered support - Schools report greater understanding as to how to meet identified needs via feedback						
	6.1.6 Review and alignment of decision making panels around SEND including expectations prior to referral and after decisions made	May 2019	Dec 2019	SCC – HoS & HCIS	- Clarity of decision making / resource allocation in place - Transparent decision making processes published on local offer with Terms of reference for each - Parent feedback details greater understanding of when and how decisions are made						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	6.1.7 Agreement and publication of common processes and funding model	May 2019	Dec 2019	SCC – HoS, HCIS	- Feedback from schools demonstrates understanding of financial needs of SEN - SENCO's feedback that they understand resource requirements to meet needs - Published on Local Offer - Children who require additional support are financially resourced. Evidenced via data returns against the SSG						
6.2 Consistent and clear expectations: There will be clear understanding and expectations of the roles and responsibilities of staff and services so that schools are clear about the help they and others should be giving, to ensure the best support for children and young	6.2.1 Guidance on expectations of the SENCO role and how this is supported in Sheffield published on the local offer website	Sept 2019	April 2020	SCC – HoS, HCIS	- Guidance published - SENCO's and heads report greater understanding of expectations via feedback - Parents report greater understanding of role when discussing with schools						
	6.2.2 Co-produced and sector-led guidance on expectations of schools in supporting children with SEND, in accessing internal and external support, and in supporting statutory processes. This will include guidance on universal, targeted and specialist (wave 1, 2 and 3) interventions and how schools should establish these	June 2019	Dec 2019	SCC – HoS, HCIS	- Guidance published - SENCO's and heads report greater understanding of expectations via feedback - Parents report greater understanding of role when discussing with schools						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
people is in place (To note that further points relating to this are included in Section 2)	6.2.3 Guidance on the expectation of professional's role and how this is delivered in Sheffield	Sept 2019	Dec 2019	SCC – HoS, HCIS	- Guidance published - SENCO's and heads report greater understanding of expectations via feedback - Services able to clearly articulate their role and how it relates to others, evidenced via feedback - Parents report greater understanding of role when discussing with schools						
6.3 Improved practice: Approaches to quality assurance and identifying and supporting schools that require help will be in place, to ensure practices develop and improve resulting in better support for children and young people	6.3.1 Creation of process to identify and review concerns. To include how parents' views about lack of implementation of provision can be recorded. Recording via a central record to ensure consistent approach to identifying needs is in place.	April 2019	July 2019	SCC – HoS, LS	- Process in place that includes an offer of support - Parents report that they are confident that their child's needs are being met by mainstream schools at SEN Support and EHCPs support levels. - Schools report that they have the right support to improve areas of challenge and need around whole school SEND practice via feedback						
	6.3.2 Development of offer of support for schools to develop practice, including around whole school improvement and response to OFSTED inspection framework	April 2019	July 2019	LS	- Process in place that includes an offer of support - Schools report that they have the right support to improve areas of challenge and need around whole school SEND practice via feedback						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	6.3.3 Development of use of SEND reviews including training of workforce, publication of accessing a review and evaluation of impact. Building capacity across city	April 2019	April 2020	LS	- Process in place that includes an offer of support - Schools report increased confidence in being able to meet presented needs						
	6.3.4 Creation of list of available workforce to support schools including SEN Specialist Leader in Education (SLEs) and work of teaching schools to be shared with all schools and included in citywide training plan	April 2019	July 2019	LS	- Process in place that includes an offer of support - List available - Staff report uptake in their use across the city						
	6.3.5 Inclusion data set developed to create a consistent picture of needs and outcomes around SEND and inclusion	April 2019	July 2019	SCC – HCIS	- Process in place that provides clear evidence of data that enables targeting of support and challenge						
6.4 The right services and support will be in place: Sufficient support will be available in mainstream schools so that all children and young people are able to successfully access a full time education in school	6.4.1 Quality Assurance process for 'advice givers' to be detailed for all services and citywide	Sept 2019	Dec 2019	SCC - HoS	- Guidance published - Schools report greater clarity of how to implement advice and guidance - Parents advise that detail of advice and support is clear						
	6.4.2 Quality Assurance process for My Plan in place to ensure that they are logged and monitored	Dec 2019	Aug 2020	SCC - HoS	- Process in place - Schools able to evidence effective use of MyPlan - Reduction in decisions not to assess for EHC Plan due to lack of school evidencing how they have taken relevant and purposeful action to identify, assess and meet needs						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	6.4.3 Development of locality based virtual advisory and support services	Sept 2019	Aug 2020	SCC - HoS	- Advisory services working together across three Sheffield areas: North, East and West with details of how services operate						
	6.4.4 Ensure equitable access to community therapy services to ensure they are accessible to mainstream schools. This includes extending the occupational therapy sensory integration offer into all education settings to support the growing need of children and young people with sensory processing difficulties – and reviewing referral pathways to access therapy services	Sept 2019	Oct 2020	CCG - CCM	- Commissioned service in place for sensory processing – and being delivered across the city - Decrease in request for sensory processing assessments to Occupational Therapy - Decrease in tribunal outcomes for bespoke sensory provision						
	6.4.5 Ensure there is a flexible offer of early intervention and support to schools. This will have particular focus on: • Mental health • Managing behaviours • Communication & Interaction/Autism • Sensory needs • Social support for those with SEND, including around areas such as bullying • Alternative provision	Sept 2019	Aug 2020	SCC – HCIS	- Data and evidence clearly articulates the 'in school' support needs of the city in order for services for SEND to be re-commissioned - Services re-commissioned and in place with clear specification of what they deliver - Schools and parents report the successful impact of services consistently across the city						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	6.4.6 Effective monitoring, support and challenge where a child is not accessing full time education due to their SEN needs including: • Partial timetable • Elective home education • Exclusions • Children missing education This will include the use of vulnerable learner reviews to identify and pre-empt support needs	April 2019	Dec 2019	SCC – HCIS, PEH, HoS	- Clear guidance in place as to how those not accessing full time education should be supported - Parents report clearer understanding of expectations and their choices if they home educate - Reduction in exclusion rate for children with SEND - Reduction in number of children with SEN who do not have a school place - Vulnerable learner reviews in place across the city						

*Please note that full names and job titles of Leads are provided in the Glossary.

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7. TRANSITION

Report finding: Weaknesses in securing effective multi-agency transition arrangements for children and young people with SEND

Outcomes:
7.1 Supported journey into and through education: Effective transition arrangements are in place to support children into school and across key transition points through education so pupils who have SEND, and their parents/carers, feel that their transitions are well planned and they are supported to successfully access the right provision in the next stage of their education
7.2 Coordination across services: Strong partnership working between health, education and care to facilitate a coordinated and seamless transition across services
7.3 Seamless step into adulthood: There is a coordinated and seamless transition between children's and adult services ensuring every young person meets their aspirations and their continuing needs are met for health, education and care

Person responsible for this area: Nicola Shearstone, Head of Commissioning for Prevention and Early Help (All Age), Sheffield City Council, Sheffield City Council

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
7.1 Supported journey into and through education: Effective transition arrangements are in place to support children into school and across key transition points	7.1.1 Further roll out the multi-agency early years partnership meetings to improve the identification of children with SEND at the earliest opportunity during their early years	Jan 2019	Sept 2019	SCC - PEH	- Increased number of referrals taken via the early years partnership process for children with developmental delay - Increase in the number of children with additional needs and their families receiving support from early help services - A reduction in the average age of children referred to early help services						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
through education so pupils who have SEND, and their parents/carers, feel that their transitions are well planned and they are supported to successfully access the right provision in the next stage of their education	7.1.2 Utilise the early years partnership process to ensure that concerns identified at the two-year-old development assessment (ASQ) are shared across agencies and progress to integrated 2 year reviews	April 2019	Dec 2019	SCC - PEH	- Increased number of integrated 2 year reviews - Increase in the number of children with additional needs and their families receiving support from early help services post 2 year reviews - A reduction in the average age of children referred to early help services						
	7.1.3 Develop a coordinated package that supports transition from nursery into primary school for children identified with SEND and their families/carers	July 2019	Jan 2020	SCC - PEH	- Data collection in place which demonstrates children being identified and allocated packages of support for transition - Quarterly data demonstrates an increase in the number of children who have a transition plan in place to support move to reception class - Positive feedback from parents/carers and schools on children with SEND transition arrangements through the Parent Carer Forum						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	7.1.4 Incorporate the referrals to the Early Years Inclusion team into the early years partnership process, enabling a wider package of multi-agency support to children and families/carers as part of their transition	July 2019	Sept 2019	SCC - PEH	- Clear process in place for referrals to the Early Years Inclusion team which enables the identification of wider support to the family/carers where appropriate - Data in place which demonstrates a reduction in the average age of referral to the early years inclusion team						
	7.1.5 A series of reports and new processes are developed to ensure every Primary school receives details about their SEN cohort of new admissions. This will inform them of key health and social care involvements for children entering school reception classes.	Sept 2019	May 2020	SCC - BAI	- A data system is in place which enables the provision of information to schools - All schools are provided with information from the database for the cohort agreed for admission in September 2010						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	7.1.6 Develop the multi-agency Vulnerable Learner Review (VLR) meetings to identify children and young people who require key-working approach to enable them to move seamlessly from primary to secondary school and to prepare for adulthood.	Jan 2019	Dec 2019	SCC - PEH	Initial measures of success will be an increase in schools taking part in VLRs, with reviews covering more children. Over time this will mean: - Data can evidence that VLR in Year 4 is effective in identifying and supporting a number of young people to successfully transition from primary to secondary school - Reduction in the number of placement breakdowns in year 7 mainstream schools - Positive feedback from parents and carers on transition arrangements through Parent Carer Forum questionnaires						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
7.2 Coordination across services: Strong partnership working between health, education and care to facilitate a coordinated and seamless transition across services	7.2.1 Develop a clear transition assessment process and integrated pathway for young people with complex needs which ensures social care, health and education needs are considered at key transition points for those who are expected to require adult social care and health services	April 2019	Jan 2020	SCC - HoS	- A transition assessment process and integrated pathway is accessible for young people with complex needs - A clear tracking/case management service shows that transition assessments have been completed at the right time with appropriate provision identified and ready to mobilise at point of transition - Records demonstrate evidence of a supportive progression into adulthood and appropriate adult services						
	7.2.2 Develop a balanced approach to post 16 activity and engagement that involves educational, children's and adult's social care and community providers and ensures meaningful and productive activities that young people can engage in five days a week including, for example, city college options, sixth form opportunities and an enterprise model of learning and training	June 2019	June 2020	SCC - HOS	- There is an offer that outlines a variety of options for young people, giving outcomes led choices five days a week - Increase in the number of young people with SEND in education, employment and/or training						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	7.2.3 Develop the Post 16 annual reviews to ensure an equal contribution from education health and care services	June 2019	Aug 2020	SCC - HoS	- Post 16 reviews demonstrate a focus on health, care and education. These will be tracked via the tracker system. Scoping is taking place to identify specific data required from health and social care.						
7.3 Seamless step into adulthood: There is a coordinated and seamless transition between children's and adult services ensuring every young person meets their aspirations and their continuing needs are met for health, education and care	7.3.1 Through the established health transition steering groups, and CCG provider contracts, we will further develop clear pathways between Children's and Adult health services to ensure they are defined and available on the local offer website.	On-going	Jan 2020	CCG - CCM	- A clear pathway is in place and communicated clearly through the local offer website - We will monitor identification and delivery of transition pathways through CCG's Contract Management Board - Feedback gained from children, young people and their families/carers will tell us that they are aware of post 16 support available to them and how to access it						
	7.3.2 Develop training for health and care professionals in relation to the post 16 annual reviews including prioritising when the pathway is moving beyond education	Sept 2019	April 2020	SCC - HoS	- Training package is in place with evidence of attendance from health and care staff - Feedback via the multi-agency Preparing For Adulthood group supports and drives improvement.						

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Outcomes	Actions	Start date	End date	Lead*	Measure of success and increased confidence	Progress					
						July 2019	Oct 2019	Jan 2020	Apr 2020	July 2020	Oct 2020
	7.3.3 Work with young people, parents/carers, training providers, schools and colleges and the voluntary sector to develop a clear offer for education and training and ensure a robust communication strategy for this is in place including access to attaining appropriate qualifications	April 2019	Aug 2020	SCC - HoS	- A clear offer is available post 16 and post 19 which has been effectively communicated - Surveys and feedback via the parent carer forum confirm Young people and their parents/carers report positively about the offer for education and training post 16 and post 19						
	7.3.4 Working with young people and their families/carers, develop a clear offer of meaningful activity for those unable to engage in independent employment	June 2019	Oct 2020	SCC - HoS	- A clear offer is available for those unable to engage in independent employment and there is evidence of good uptake of activity						

*Please note that full names and job titles of Leads are provided in the Glossary.

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vii. GLOSSARY

ASD	Autistic spectrum disorder	SEN	Special educational needs
CAHMS	Child and Adolescent Mental Health Services	SENCO	Special educational needs coordinator
CCG	Sheffield Clinical Commissioning Group	SEND	Special educational needs and/or disabilities
EHCNA	Education, health and care needs assessment	SENDSARS	Special Educational Needs & Disability Statutory Assessment & Review Service
EHCPs	Education, health and care plans	SCC	Sheffield City Council
KPIs	Key performance indicators	SSG	Sheffield Support Grid
LS	Learn Sheffield	SSGe	Sheffield Support Grid exemplified
NHSE	National Health Service England	VLR	Vulnerable Learner Reviews
Ofsted	Office for Standards in Education, Children's Services & Skills	WSOA	Written statement of action

Key Leads – Sheffield City Council (SCC)

DCIL	Dawn Walton, Director of Commissioning, Inclusion & Learning
HCIS	Joel Hardwick, Head of Commissioning: Inclusion & Schools
HoS	Tim Armstrong, Head of SEN
HSS	Tarun Ghosh, Service Manager - Sheffield Special Educational Needs and Disability Statutory Assessment & Review Service
PEH	Nicola Shearstone, Head of Commissioning for Prevention and Early Help (All Age), Sheffield City Council
BAI	James Ford, Head of Business Architecture and Infrastructure, People Services, Sheffield City Council

Key Leads – Sheffield Clinical Commissioning Group (CCG)

CCM	Scarlett Milward, Children's Commissioning Manager
HoC	Sapphire Johnson, Head of Commissioning – Children, Young People & Maternity Portfolio
EWMH	Matt Peers, Commissioning Manager – Emotional Wellbeing & Mental Health (Joint CCG & SCC role)

Key Leads – Learn Sheffield

LS	Stephen Betts, Chief Executive, Learn Sheffield

Key Leads – Inclusion Taskforce

Chair, ITF	Ian Read, Chair of Inclusion Taskforce, and headteacher of Watercliffe Meadow School

Key leads - Sheffield SENDIASS

LW	Linda Wright, SENDIASS Case Worker

Key Leads – Sheffield Parent Carer Forum

SPCF	Katie Monette, Chair, SPCF

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17 January 2019

Ms Jayne Ludlum
Executive Director of People's Services
Sheffield City Council
Town Hall
Pinstone Street
Sheffield
S1 2HH

Ms Maddy Ruff, Accountable Officer, NHS Sheffield Clinical Commissioning Group
Mr Tim Armstrong, Local Area Nominated Officer, Sheffield City Council

Dear Ms Ludlum

Joint local area SEND inspection in Sheffield

Between 12 November 2018 and 16 November 2018, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of Sheffield to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014.

The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the CQC.

Inspectors spoke with children and young people with special educational needs and/or disabilities (SEND), parents and carers, along with local authority and National Health Service (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they are implementing the disability and special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local area's self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

As a result of the findings of this inspection, and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a written statement of action is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group are jointly responsible for

submitting the written statement of action to Ofsted.

This letter outlines our findings from the inspection, including some areas of strength and areas for further improvement.

Main findings

- The 2014 disability and special educational needs reforms have not been implemented consistently or swiftly enough in Sheffield. Children and young people with SEND and their families have widely different experiences of the local area's arrangements for identifying, assessing and meeting their needs. Too many children and young people do not have their needs assessed accurately or in a timely way.
- The local area's performance in meeting expected timescales for the completion of education, health and care (EHC) plans is weak. Quality assurance of these plans is underdeveloped.
- A graduated response to identifying, assessing and meeting the needs of children and young people with SEND is not embedded in mainstream primary and secondary schools in Sheffield. High levels of fixed-term and permanent exclusions result in children and young people with SEND not achieving as well as they should.
- Weaknesses in multi-agency transition arrangements lead to children and young people not being supported well enough by social care and health and education professionals at these crucially important points in their lives.
- The absence of an overarching co-produced SEND strategy and a stable workforce has impeded effective strategic and operational delivery to children and young people aged zero to 25 with SEND.
- Joint commissioning arrangements are underdeveloped and not informed by a full understanding of children and young people's education, health and care needs. Those who make decisions about how funding is spent do not use the information they have to prioritise the things that will make the biggest difference to children and young people with SEND aged zero to 25 years.
- Parents and carers have a mixed experience of co-production. Some have been involved fully in developing plans and provision for their children, but for others it is a fight to be heard. Many feel that opportunities provided to work with services to make a decision and create a service which works for them all remains an aspiration rather than a reality. Opportunities for children and young people with SEND to come together and share their views with leaders has yet to inform Sheffield's plans.
- The CCG has poor strategic oversight of arrangements for identifying, assessing and meeting the health needs of children and young people with

SEND. This has resulted in unacceptable delays in assessing and meeting some children and young people's health needs.

- Many frontline professionals in education, health and care work hard to make a positive difference to children and young people with SEND. Parents and carers recognise individuals from across the city who have a strong commitment to their children and support them well. The parent and carer forum is working proactively with leaders in the local area to change the experience of children and young people with SEND and improve their outcomes.
- Multi-agency support teams, funded by education, health and care, which operate in the seven locality areas work well in providing ready access to specialists, therapies and advice for some schools. This work is further supported by devolved special educational needs funding. Staff in some areas are working together to develop and pilot a range of programmes with the intention of tackling local needs. Well-intentioned projects are improving support and advice for some parents and carers following a diagnosis of autism spectrum disorder.

The effectiveness of the local area in identifying children and young people's special educational needs and/or disabilities

Strengths

- Good links between maternity and neonatal care services aid the identification of health needs at the earliest point. This includes consistently strong early identification and support for children and young people who are deaf or have a hearing impairment. Well-planned support enables these children to make a positive start in developing their communication skills.
- Services such as maternity and health visiting maintain effective links with early years practitioners through family centres. This supports information-sharing and the early identification of children and families who have additional needs.
- Screening in Reception classes in the form of hearing and vision checks, a health questionnaire and a good uptake of the national childhood measurement programme support the accurate and timely identification of needs. The identification of children's speech and language difficulties supports timely access to assessments for specialist support. Children and young people involved with the youth justice service benefit from access to a range of professionals, which aids the identification and assessment of their needs.
- Training and outreach support from specialists has helped to raise awareness about autism spectrum disorder in a range of settings and schools across the

city. This has supported better identification of children and young people's needs and is helping them to receive better support in mainstream provision.

- Mental health awareness training provided to 40 schools has aided the identification of children and young people's new or emerging needs. This is enabling staff to provide support more confidently at the earliest point. Additional specialist help, provided by health workers, supports better identification of emotional and mental health needs and the use of appropriate strategies to meet children and young people's needs.

Areas for development

- The graduated response to identifying, assessing and meeting the needs of children and young people with SEND is not embedded in all primary and secondary schools in Sheffield.
- Weak communication in some settings impedes effective identification of children and young people's needs and leaves many parents feeling confused. Parents do not receive clear or timely information about the support that is available for their children and how to access it. As a result, navigating the application process for additional support or an EHC plan is more complex than it should be.
- Many parents and carers express frustration with the identification of their children's special educational needs and find local systems difficult and unhelpful. Many do not feel their views are valued or heard.
- Some universal health checks are not reaching expected targets and some are not commissioned beyond Year 6. This hinders the early identification of children and young people's new and emerging needs. The completion of annual health checks for those with a learning disability, aged 14 and above, has decreased in the last year. This risks the achievement of better health outcomes for this vulnerable group.

The effectiveness of the local area in assessing and meeting the needs of children and young people with special educational needs and/or disabilities

Strengths

- In the early years, coordinated approaches across disciplines and agencies help to meet young children's needs. A wide range of professionals work well together, including the hearing-impaired service, speech and language therapy, physiotherapy and occupational therapy, educational psychologists and the portage service.
- Provision for children and young people to participate in age-appropriate social activities, in a safe space and in the community, are well supported by

youth workers and respite care workers in some parts of the city.

- Parents are quick to acknowledge when things go well and when they receive sensitive and professional help in signposting them to additional sources of guidance and support. They report that individual education and health staff, such as special educational needs coordinators in schools and those in the autism team, 'go out of their way' to help and support them.
- Some strong work is emerging in pockets of provision across Sheffield to assess and meet children and young people's needs. Examples of this include collaborative approaches by education and health staff to improve continence care, the development of nurture groups, and support for sensory processing needs. The initial results from these projects, and other small-scale work taking place, are a promising attempt to develop and extend support more widely to all children and young people in Sheffield.
- Families value the Sheffield parent and carer forum and the special educational needs and disability information, advice and support service. They provide accurate information, support and guidance about Sheffield's arrangements for children and young people with SEND.
- A local offer is in place. Leaders recognise that it needs improvement and better promotion to ensure that all parents are aware of the opportunities for their children in Sheffield. In a positive commissioning decision, the parent and carer forum is currently undertaking the work to improve it. The executive director of people's services sees this as 'the right thing to do'. Her strong support is enabling this work to move quickly.
- Leaders in settings and schools commented that the pace of work being done by the special educational needs assessment team is increasing and the quality of EHC plans has improved in the last six months. They say, 'It feels like there is light at the end of the tunnel.'

Areas for development

- An absence of the direct engagement and participation of children and young people with SEND at a strategic level hinders leaders in understanding what is important to them.
- Joint commissioning arrangements have not secured effective social care input to assessing children and young people's needs. For some children, their care needs are unknown or unmet and this causes hardship and distress for families who struggle to support and help them. Although this deficiency is known to leaders, they are not tackling it quickly enough.
- There are gaps in local area leaders' understanding of the education, health and care needs of children and young people with SEND aged zero to 25 years. This is because existing data and information are not being used well

enough. Consequently, leaders do not have a shared understanding of the demands on current provision which, in turn, is a barrier to effective planning and commissioning.

- Demand for specialist places is acute in the city and has led to pressure in mainstream and special schools, and for families when a placement does not meet their child's needs. Parents are concerned. Many told inspectors that their children have been unable to access education for significant periods of time due to this issue.
- The quality assurance of education, health and social care contributions to children's EHC plans is underdeveloped. As a result, the quality of EHC plans varies too much. Although this weakness has been recognised by local area leaders, steps to address it are at a very early stage.
- The length of time that most children, young people and families wait to have their needs assessed and to receive an EHC plan is unacceptable. Consequently, many parents and some schools have lost confidence in the local area's ability to assess and meet the needs of children and young people in a timely way. However, the development of a single point of contact by the CCG to coordinate health information between providers and the local authority is beginning to improve the timeliness of contributions from health professionals.
- For the vast majority of parents and carers, children and young people, 'tell it once' is not working and they are constantly asked to provide the same information. A parent summed up the frustrations thus, 'I feel like a broken record'.
- Training for education, health and care staff regarding special educational needs and the EHC planning process is not well established. Leaders recognise this issue. Citywide training was beginning to take place at the time of the inspection.
- Inconsistent practice in assessing and meeting children and young people's needs within schools and across Sheffield remains, despite the use of guidance in the form of the Sheffield Support Grid. This is confusing for parents and carers and undermines the intention of the support grid, which is to ensure that schools allocate support to children with SEND in a fair, consistent and transparent way. Many children and young people, parents and carers remain unaware of it and the processes involved.
- The CCG does not have effective oversight of the health input and provision specified in EHC plans. There is no established monitoring to ensure that it is fit for purpose and meets children's needs. Draft and final EHC plans are not shared consistently with health services when they have submitted a report. As a result, health practitioners are not assured that the information in plans is in keeping with the advice they have given.

- Waiting times for children and young people aged zero to 25 who require more specialist assessment for a wheelchair are immensely long. It is unacceptable that some children experience pain and excessive waits to get a correctly fitting wheelchair. The CCG's understanding of the paucity of this provision and the impact this has on children and young people is weak.
- Children and young people aged zero to 25 experience long waits to have their needs assessed and met by some services. For example, waiting times for assessments at the child and adolescent mental health service (CAMHS) and the neurodisability team at Sheffield Children's NHS Foundation Trust exceed National Institute for Health and Care Excellence guidance. Some children with existing needs experience unacceptable waits of three years to see a clinical psychologist. Although checks of the waiting lists are undertaken, there is a risk that children's changing needs may be missed and the delays hinder their achievement of better outcomes.
- The commissioning of health services for those with SEND aged zero to 25, such as speech and language therapy, occupational therapy, physiotherapy, paediatrics and neurodisability, and children's nursing is not well established and lacks specificity. For example, the neurodisability pathways are not formalised or published to indicate what is offered and the provision of a formal post-diagnostic follow up is not commissioned.
- Children moving between schools and college and from child to adult health services do not always benefit from a coordinated and seamless transition. This hinders access to ongoing health care, education and social care to meet their continuing needs.
- Post-16 annual reviews are managed by colleges and other providers and are predominantly education focused. Health and care services do not make a strong enough contribution to preparing young people with SEND for adulthood.

The effectiveness of the local area in improving outcomes for children and young people with special educational needs and/or disabilities

Strengths

- Children and young people have high aspirations to work and to contribute to their community. They want to be independent and to be able to make choices about where they live. Some of these outcomes are reflected in their education, health and care plans.
- Outcome measures used by a range of services and projects, such as therapy services and CAMHS, are used effectively to track children and young people's progress and measure the positive impact of specific interventions.
- Parents and carers in the settings visited by inspectors expressed satisfaction

with the progress their children are making. Children and young people in school reported that their confidence is increasing and they are learning strategies to reduce levels of anxiety. They say, and their parents agree, that this has taken time to develop.

- Priority work has identified children and young people who are likely to be at risk of exclusion and those who are persistently absent from school. Targeted work by speech and language therapists and community mental health specialists is helping some of these children and young people to remain in school.
- Young people value the independent travel training, work experience and supported internship opportunities that are available in Sheffield. Some young people are progressing successfully from a supported internship to paid employment.

Areas for improvement

- Leaders are not currently able to measure or accurately evaluate the impact of their work on the experience of children, young people and families or the outcomes they achieve.
- Local area planning does not demonstrate that leaders have a shared understanding of the range of outcomes that they aspire to for children and young people aged zero to 25 years to achieve across education, care and health.
- High rates of exclusion and absence of children and young people with SEND indicate that the needs of some children and young people are not being met. Work to challenge this situation is beginning. Fewer pupils have been excluded or absent compared to the same period last year. However, overall exclusion and absence rates are above the national averages.
- Currently, more than 40 children and young people with an EHC plan are not achieving as they should because they do not have a place in school. Some are key stage 4 pupils who are new to the city and some are post-16 pupils supported by the careers service. These pupils lack education and training while they wait sometimes 10 weeks or longer for a place in school or post-16 provision.
- Good outcomes for children and young people with SEND are compromised by the widespread use of partial timetables for lengthy periods. At the time of this inspection, 70 pupils with an EHC plan and 118 with special educational needs support were on these partial timetables. The local authority has recently issued new guidance to schools about the limited circumstances that are appropriate for implementing partial timetables. It is too early to judge its impact on reducing schools’ use of partial timetables for pupils with SEND.

- Programmes to engage older young people in education, employment and training have been developed in the last three years but the uptake and success of them is mixed.
- The take-up of personal budgets, including personal health budgets, in Sheffield is low and limits opportunities for greater personalisation of provision.
- At a senior level, the CCG does not have a thorough understanding of what is working well and what needs to improve regarding the effectiveness of health contributions to children and young people with SEND. This is a barrier to tackling the weaknesses identified by inspectors.
- There have been gaps in strategic leadership of SEND in the CCG. Although individuals have worked hard to raise the profile of this important group, this has not resulted in an effective strategic response to the implementation of the disability and special educational needs reforms.

The local area is required to produce and submit a written statement of action to Ofsted that explains how the local area will tackle the following areas of significant weakness:

- the lack of a co-produced, coherent vision and strategy for SEND in Sheffield
- communication, clarity and consistency in the relationship between the local area leaders, parents, carers, children and young people
- poor strategic oversight of SEND arrangements by the CCG, which results in unacceptable waiting times for access to specialist equipment and appropriate pre- and post-diagnosis support and children and young people's needs not being met
- weaknesses in commissioning arrangements to remove variability and improve consistency in meeting the education, health and care needs of children and young people aged zero to 25 with SEND
- the quality and timeliness of EHC plans
- inconsistencies in identifying, assessing and meeting the needs of children and young people with SEND in mainstream primary and secondary schools
- weaknesses in securing effective multi-agency transition arrangements for children and young people with SEND.

Yours sincerely

Gina White

Care Quality Commission

Ofsted

Her Majesty's Inspector

Ofsted	**Care Quality Commission**
Cathryn Kirby, HMI Regional Director	Ursula Gallagher Deputy Chief Inspector, Primary Medical Services, Children Health and Justice
Gina White HMI Lead Inspector	Elaine Croll CQC Inspector
Pat Tate Ofsted Inspector	
Marian Thomas HMI	

cc: Department for Education
Clinical commissioning group(s)
Director Public Health for the local area
Department of Health
NHS England

SHEFFIELD CITY COUNCIL

Sheffield Health and Wellbeing Board

Meeting held 28 March 2019

PRESENT: **BOARD MEMBERS:**

Councillor Chris Peace (Chair) – Cabinet Member for Health and Social Care, Sheffield City Council
Dr Tim Moorhead – Chair of the Clinical Commissioning Group
Chief Superintendent Stuart Barton – South Yorkshire Police
Greg Fell – Director of Public Health, Sheffield City Council
Phil Holmes – Director of Adult Services, Sheffield City Council
Dr David Hughes – Medical Director, Sheffield Teaching hospitals NHS Foundation Trust
Rebecca Joyce – Programme Director, Accountable Care Partnership
Clare Mappin – Managing Director, The Burton Street Foundation
John Mothersole – Chief Executive, Sheffield City Council
Judy Robinson – Chair, Sheffield Healthwatch

SUBSTITUTES IN ATTENDANCE:

Councillor Dawn Dale – Sheffield City Council
Brian Hughes – Director of Commissioning, Clinical Commissioning Group
Jennie Milner - Integration and Better Care Fund Lead, Sheffield Better Care Fund
Dawn Walton – Director of Commissioning, Inclusion and Learning, Sheffield City Council

ALSO IN ATTENDANCE:

Dan Spicer – Policy and Improvement Officer, Sheffield City Council
Kay Kirk, Personal Assistant, Sheffield City Council
Abby Brownsword – Principal Committee Secretary, Sheffield City Council

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Jackie Drayton (Cabinet Member for Children and Families) (Substitute: Councillor Dawn Dale), Jayne Ludlam (Executive Director of People Services, Sheffield City Council) (Substitute: Dawn Walton), Nikki Doherty (Director of Delivery, Care Out of Hospital, Clinical Commissioning Group) (Substitute: Jennie Milner), Chris Newman (University of Sheffield), Maddy Ruff (Accountable Officer, Clinical Commissioning Group) (Substitute: Brian Hughes), Laraine Manley (Executive Director of Place, Sheffield City Council), Jayne Brown (Sheffield Health and Social Care Trust) and Alison Knowles (Locality Director, NHS England).

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest.

3. PUBLIC QUESTIONS

3.1 There were no questions received from members of the public.

4. JOINT HEALTH AND WELLBEING STRATEGY

4.1 Greg Fell introduced the Joint Health and Wellbeing Strategy and explained that the Strategy had been developed via a series of discussions and was split into a life course approach. Wellbeing was built in and health inequality was addressed.

4.2 Set out in the report were two questions for the Board in relation to implementation of the Strategy.

4.3 The content of the Strategy had been approved by Sheffield City Council (SCC) and the clinical Commissioning Group (CCG) and was awaiting final design. As the Board did not have resources to develop work programmes to deliver the Strategy, the Board would use its statutory role as the system leader for health and wellbeing to convene stakeholders and the public to agree what success looks like for each of the ambitions and what needed to happen in the city to deliver and an action plan would be developed for each of the ambitions.

4.4 The Board would also use its democratic role to hold partners across the city to account for the commitments they make in those action plans. A formal launch would take place in the Summer.

4.5 Claire Mappin suggested a minor change around the wording regarding transitioning to independence and suggested it should be changed to transitioning to adulthood as not everyone could become independent.

4.6 The Chair suggested that progress needed to be made before the next meeting of the Health and Wellbeing Board and should be added to the Work Programme.

4.7 **RESOLVED:** That (1) the Board formally agree the Joint Health and Wellbeing Strategy for the period 2019-24 with the minor amendment around transitioning to adulthood; and

(2) with regards to two questions for the Board in relation to implementation of the Strategy, the Board's answers be as follows:

(i) Do the Board agree with the broad approach to implementation of the Strategy – *Yes*

(ii) Can the Board provide a steer on who should lead the implementation of the Strategy – *The Board felt that the strands should be the responsibility of named Members.*

5. CARE QUALITY COMMISSION SYSTEM REVIEW - ACTION PLAN UPDATE

5.1 Rebecca Joyce informed the meeting that the report provided an update on progress against the CQC Local System Review submitted in July 2018. This was the third quarterly update and it had been considered by various partner boards through February and March.

5.2 The report identified areas of concern as well as those areas that were progressing well. Short term peaks of activity were being managed. A systemwide workforce strategy for older people was being developed with input from public, staff and unions which would eventually be merged to become an all age strategy. The introduction of a service user advisory panel meant that there was a better view of the system wide service user experience.

5.3 There was an ambition to reshape care in Sheffield for frailty. A new workforce strategy was proposed to support this and a new relationship was being formed with the Voluntary, Community and Faith (VCF) Sector.

5.4 Phil Holmes commented that the work of the staff could not be underestimated in delivering an improved DTOC position. He suggested thanks should be offered to all staff involved in delivering this programme.

5.5 **RESOLVED:** That (1) the areas of good practice be noted;

(2) there were no further points the Accountable Care Partnership (ACP) should consider in relation to how they are addressing areas of concern; and

(3) with regards to the question for the Board, the answer be as follows:

> The Health and Wellbeing Board are asked to consider whether this provides sufficient assurance on progress against the CQC Local System Review Action Plan – *Yes.*

6. ACCOUNTABLE CARE PARTNERSHIP PROGRAMME DIRECTORS REPORT

6.1 Rebecca Joyce presented the report which provided headlines from the progress of the Accountable Care Programme and gave an overview of the programme activities.

6.2 The major ongoing piece of work was the development of the Shaping Sheffield overall plan. The document would be rooted in the strategic context of the Health and Wellbeing Strategy. A draft would be sent to each partner to gain their views on the plan prior to sign off.

6.3 There had been commitment from each partner towards a Sheffield wide programme of leadership and cultural development work which was to develop greater system wide leadership and behaviours. The Leadership Academy was

supporting the system in a leadership programme focusing on a 'shadow system board' which aimed to develop the deputy director tier.

6.4 Greg Fell commented that a new model of care was being formulated around admissions and prevention and Primary Care was critical.

6.5 Brian Hughes commented that the difficulty regarding the digital agenda needed to be acknowledged and vision was needed. Each organisation had its own challenges and implementation may take place at different times.

6.6 Tim Moorhead commented that the new GP contracts contained digital processes and with specific resources and ambitions which would be a massive shift for the workforce.

6.7 The Chair suggested that progress against the digital agenda be included in future reports to the Health and Wellbeing Board.

6.8 **RESOLVED:** That (1) the report be noted; and

(2) progress against the digital agenda be included in future reports to the Health and Wellbeing Board.

7. TERMS OF REFERENCE & MEMBERSHIP OF THE BOARD

7.1 Greg Fell presented the report which confirmed that the Health and Wellbeing Board's updated Terms of Reference had been approved by the City Council in line with requirements and updated the Board on progress recruiting to new and recently vacated positions. He also commented that a new Cabinet Member for Health and Social Care would be required as the Chair was not standing in the forthcoming City Council elections.

7.2 Greg Fell reminded the Board of the need to provide named substitutes and David Hughes indicated that his substitute would be Dr. Mike Hunter.

7.3 The Chair stressed the need to have deputies in place to maintain good attendance as the challenges would continue.

7.4 John Mothersole acknowledged that this would be Councillor Peace's last meeting of the Health and Wellbeing Board and stated that she had been a very good Chair who added value and had a depth of involvement behind the scenes.

7.5 **RESOLVED:** That (1) the Board note the revised Terms of Reference which were approved by the City Council at its meeting on 6th February 2019;

(2) appoint, in accordance with the Board's new membership composition, Dr. David Hughes (Medical Director, Sheffield Teaching Hospitals NHS Foundation Trust) to serve as the NHS Provider – Clinical Representative, in place of Dr. David Throssell; and

(3) the Board note that work continues to confirm appointments to the new places

for VCF Organisations and University representatives.

8. MINUTES OF THE PREVIOUS MEETING

8.1 Greg Fell informed the meeting of a question that had been received from Mr. Ian Clegg in respect of Minute No. 7 (Minutes of the Previous meeting) and undertook to provide a written response.

8.2 **RESOLVED**: That the minutes of the meeting of the Health and Wellbeing Board held on 13th December 2018, be approved as a correct record.

9. DATE AND TIME OF NEXT MEETING

9.1 It was noted that the next meeting of the Health and Wellbeing Board would be held on Thursday 27th June 2019 at 3.00pm.

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