Public Document Pack

Joint Commissioning Committee

Sheffield City Council • Sheffield Clinical Commissioning Group

Monday 29 April 2019 at 12.30 pm

A Committee Room at Sheffield Town Hall

The Press and Public are Welcome to Attend

Membership

Councillor Olivia Blake	Sheffield City Council Cabinet Member
Councillor Lewis Dagnall	Sheffield City Council Cabinet Member
Councillor Jackie Drayton	Sheffield City Council Cabinet Member
Mark Gamsu	NHS Sheffield Clinical Commissioning Group Governing Body Member
Dr Tim Moorhead	NHS Sheffield Clinical Commissioning Group Governing Body Chair
Councillor Chris Peace	Sheffield City Council Cabinet Member
Maddy Ruff	NHS Sheffield Clinical Commissioning Group Governing Body Member
Dr Leigh Sorsbie	NHS Sheffield Clinical Commissioning Group Governing Body Member

Sheffield City Council

JOINT COMMISSIONING COMMITTEE

Sheffield City Council ● Sheffield Clinical Commissioning Group

The Joint Commissioning Committee is a meeting of representatives of Sheffield City Council's Cabinet and NHS Sheffield Clinical Commissioning Group's Governing Body, with the purpose of agreeing joint health and social care commissioning plans for the City.

The Committee will bring a single commissioning voice to ensure new models of care deliver the outcomes required for the City.

The Committee will support Sheffield City Council and NHS Sheffield Clinical Commissioning Group to deliver national requirements, including but not limited to, NHS Long Term Plan, Social Care Green Paper and Spending Review.

The Committee will ensure in the first instance delivery of outcomes in the three priority areas of focus; Frailty, SEND and Mental Health.

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

If you require any further information please contact Abby Brownsword on 0114 273 5033 or email abby.brownsword@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.

JOINT COMMISSIONING COMMITTEE AGENDA

Sheffield City Council ● Sheffield Clinical Commissioning Group

29 APRIL 2019

Order of Business

1. Election of Co-Chairs and Welcome
To formally elect the Co-Chairs of the Joint Commissioning Committee.

2. Apologies for Absence

3. Declarations of Interest
Members of the Committee to declare any interests they have in the business to be considered at the meeting.

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

5. Joint Commissioning for Health and Care - Terms of Reference (Pages 1 - 12)
Joint Report of the Director of Public Health (SCC) and Executive Director of Delivery, Care Outside of Hospital (CCG).

6. Joint Commissioning for Health and Care - Principles (Pages 13 - 20)
Joint Report of the Director of Public Health (SCC) and Executive Director of Commissioning (CCG).

7. Joint Commissioning for Health and Care - Priorities (Pages 21 - 26)
Joint Report of the Director of Public Health (SCC) and Executive Director of Delivery, Care Outside of Hospital (CCG).

8. Date and Time of Future Meetings
To approve the dates and times of future meetings of the Committee.

NOTE: The next meeting of Joint Commissioning Committee will be held on Monday 24 June 2019 at 12.30pm.

This page is intentionally left blank

Report of:	SCC Lead Officer: Greg Fell, Director of Public Health SCCG Lead Officer: Nicki Doherty, Executive Director of Delivery, Care Outside of Hospital
Report to:	Joint Commissioning Committee
Date of Decision:	29 April 2019
Subject:	Joint Commissioning for Health and Care – Terms of Reference

Is this a Key Decision? If Yes, reason Key Decision:-	Yes		No	x
- Expenditure and/or savings over £500,000				
- Affects 2 or more Wards				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	x	No	
If YES, what EIA reference number has it been given? 533				
Does the report contain confidential or exempt information?	Yes		No	x
Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee				

Purpose of Report:

This report updates on progress to date on delivering the Sheffield City Council and Sheffield Clinical Commissioning Groups (SCCG) integrated commissioning agenda. It sets out the enhanced governance arrangements that will drive forward a truly joint approach to commissioning in a way that secures the transformational change that is required to realise our ambitions.

Questions for the Joint Commissioning Committee:

Recommendations for the Joint Commissioning Committee:

The Committee is asked approve the Terms of Reference.

Background Papers:

<table>
<tr><td colspan="4">Lead Officer(s) to complete:-</td></tr>
<tr><td rowspan="4">1</td><td colspan="2" rowspan="4">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: Liz Gough, Interim Director of Financial and Commercial Services</td></tr>
<tr><td>Legal: Sarah Bennett, Service Manager (Commercial)</td></tr>
<tr><td>Equalities: Bashir Khan, Equalities Officer</td></tr>
<tr><td>Other Consultees:

Sheffield Clinical Commissioning Group
• Brian Hughes - Executive Director of Commissioning,
• Nicki Doherty - Executive Director of Delivery, Care Outside of Hospital
• Julia Newton – Director of Finance
• Jennie Milner – Integration and Better Care Fund Programmes Lead

SCC
• Cllr Chris Peace
• Greg Fell – Director of Public Health
• John Doyle – Director of Business Strategy, People Portfolio</td></tr>
<tr><td colspan="3">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td colspan="2">EMT member who approved submission:</td><td>Greg Fell</td></tr>
<tr><td>3</td><td colspan="2">CCG lead officer who approved submission:</td><td>Nicki Doherty</td></tr>
<tr><td rowspan="3">4</td><td colspan="3">I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Joint Committee by the officers indicated at 2 & 3 above. In addition, any additional forms have been completed and signed off as required at 1.</td></tr>
<tr><td colspan="2">Lead Officer Names:

Greg Fell
Nicki Doherty</td><td>Job Titles:

Director of Public Health
Executive Director of Delivery, Care Outside of Hospital</td></tr>
<tr><td colspan="3">Date: (Insert date)</td></tr>
</table>

Joint Commissioning for Health and Care – Terms of Reference

1. Introduction/Context

1.1 Shared commissioning arrangements and positive joint working have been in place for some time via the Better Care Fund (BCF) programme and the Mental Health Transformation Plan supported by the risk share arrangement. The established joint commissioning commitments focus on integrating services to improve the experience of people, to remove duplication in services and to redesign our health and social care system to reduce reliance on hospital and long term care through commissioned models of care that promote prevention and early intervention; models that seek to reduce health inequalities through care that recognises the need of local populations.

1.2 The recent Care Quality Commission (CQC) Local System Review, and the CQC / OFSTED SEND inspection 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.

1.3 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 is what is required to sustainably reduce demand for hospital care and ensure that Sheffield remains a healthy and successful city.

1.4 In the March 2019 the Clinical Commissioning Group (CCG) Governing Body and Sheffield City Council (SCC) Cabinet approved the creation of the Joint Committee to give local accountability to this important agenda.

1.5 The Cabinet approved:

- The amendment of the existing Better Care Fund partnership arrangements under s75 NHS Act 2006 to establish a joint committee to:
- take responsibility for the management of the partnership arrangements;
- lead on shaping the development of joint health and care commissioning
- provide advice and guidance on ways in which the partnership arrangements could be strengthened and developed and on appropriate engagement of all relevant stakeholders, this should include guidance on specific areas of service improvement.

1.6 The CCG governing body approved:

- The establishment of the proposed Joint Committee be in place from April to lead development of health and care commissioning
- The development of a process to confirm the CCG Governing Body representatives to be on the Joint Committee
- To delegate the development of more detailed implementation and spending plans to Executive Management Group in consultation with Joint Committee

2. Main body of report and matters for consideration

2.1 Purpose of the Joint Commissioning Committee

2.1.1 The Committee will bring a single commissioning voice to ensure new models of care deliver the outcomes required for the city and will support SCC and the CCG to deliver national requirements, including but not limited NHS Long Term Plan, Social Care Green Paper and Spending Review.

2.1.2 The Committee will also ensure in the first instance delivery of outcomes in the three priority areas of focus; Frailty, Send and Mental Health.

2.1.3 It is proposed that initially authority to make decisions regarding the partnership arrangements will continue to be reserved to the respective organisations. However, this could be reviewed in the future. Procurements will continue to be able to be undertaken jointly or led by one organisation or the other. The existing arrangements are based on good joint commissioning principles. Please see related paper about principles of good joint commissioning.

2.2 Membership

2.2.1 The Committee is made up of the following members Cabinet Members and CCG Governing Body members. The proposed terms of reference at Appendix 1 provide more information.

2.3 Overarching Governance

2.3.1 The committee operate in the context of a wider Governance framework which includes the Sheffield Health and Wellbeing Board, Executive Management Group (EMG) and the Accountable Care Partnership.

2.3.2 The Joint Committee will be accountable to the Clinical Commissioning Group (CCG) Governing Body and Sheffield CC Cabinet. The Health and Wellbeing Board will set the overall direction.

2.3.3 The proposed terms of reference at Appendix 1 set out more information in relation to Governance arrangements.

3.0 What does this mean for the people of Sheffield?

3.1 Better Health and Wellbeing Outcomes

3.1.1 The aims of the Joint Commissioning Committee directly align with the current Health and Wellbeing ambitions 2019-2024 for Sheffield set out below:

- Starting Well – where we lay the foundations for a healthy life
- Living Well – where we ensure people have the opportunity to live a healthy life
- Ageing Well – where we consider the factors that help us age healthily throughout our lives

And the principles are very well aligned to support our ambitions for Ageing Well

- Everyone has equitable access to care and support shaped around them

- Everyone lives the end of their life with dignity in the place of their choice

3.2 Improved Collective Response to Future Changes

3.2.1 There is no intention to change existing stated priorities, nor to move away from any of our joint commitments within the Better Care Fund (for e.g. CHC or Children's services). The intention is to add pace into areas where we know we need to make improvements and build on successful joint arrangements. The possibility of developing a single commissioning function at officer level, to complement the Cabinet / Governing Body level arrangements, around frailty and SEND will be explored. The model established in mental health may be the template for this.

3.2.2 It is likely NHS England, through the Long Term Plan will seek to reshape NHS commissioning arrangements, this will change the way in which the CCG delivers its business. A Sheffield oriented joint committee will ensure there remains a place based orientation of commissioning of NHS and social care.

4.0 Implications

4.1 Equality of Opportunity Implications

4.1.1 The Equality impact assessment indicates that there will be a positive implication for Older People, People with Learning Disabilities and Long Term Conditions and Children and Young People with SEND

4.1.2 For staff working in services that will be part of the joint commissioning plan it is expected that implications will be neutral.

4.1.3 We anticipate a targeted positive impact on those who are experiencing greater inequality in deprived areas.

4.1.4 Individual EIAs will be drafted for each new service proposition that will be part of the joint commissioning plan.

4.1.5 A single workforce development plan, focussed on preventative outcomes and shared principles, will optimise our collective strengths, skills and resources, and develop our staff to give the best care and support. This will be co-developed by representatives from Sheffield City Council, the CCG and ACP members.

4.2 Financial and Commercial Implications

4.2.1 We will use our shared principles to look for ways to invest more in prevention, reducing demand on acute services. Short term additional funding will be required and it is anticipated that we will need to pool resources. Current local delivery plans show that social care will still require funding to balance and therefore the proposed financial risk share agreement that will underpin the proposed integrated commissioning plan is the only way that the outcomes can be met. We are intending to consider different funding sources such as:

- Using existing spending differently within the Sheffield health and care system;
- Using one off money from within the Sheffield health and care system,

- Seeking new, one-off money from beyond Sheffield or social investment arrangements

4.3 Legal Implications

4.3.1 S75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) set out the basis on which NHS bodies and local authorities can work together. Regulation 10(2) specifically provides that this may include establishment of a joint committee to take responsibility for the management of partnership arrangements including monitoring the arrangements and receiving reports and information on the operation of the arrangements.

4.3.2 The terms of reference are consistent with the requirements of the Regulations and the decisions previously taken by the Council's Leader and Cabinet and the CCG's Governing Body to establish the Joint Committee.

4.4 Other Implications

4.4.1 There are no other implications arising directly out of this Report.

5.0 Reasons for Recommendations

5.1 The recommended terms of reference are consistent with the requirements of the Regulations and the decisions previously taken by the Council's Leader and Cabinet and the CCG's Governing Body to establish the Joint Committee and provide a clear purpose and direction for the Joint Committee.

Appendix 1 - Joint Commissioning Committee Terms of Reference

Terms of Reference

Name of Committee/Group	Joint Commissioning Committee
Type of Committee/Group	Committee of CCG's Governing Body and SCC's Cabinet

1.	**Purpose of Committee/Group**
	The Committee will bring a single commissioning voice to ensure new models of care deliver the outcomes required for the City. The committee will support Sheffield City Council (SCC) and NHS Sheffield Clinical Commissioning Group (CCG) to deliver national requirements, including but not limited NHS Long Term Plan, Social Care Green Paper and Spending Review. The Committee will ensure in the first instance delivery of outcomes in the three priority areas of focus; Frailty, SEND and Mental Health.

2.	**Authority/Accountability**
	The Joint Committee is a meeting of the Council Cabinet and CCG's Governing Body representatives with the purpose of agreeing joint health and social care commissioning plans for the City. In discharging this, the Committee will not have direct decision making powers delegated to it in the first instance: all decisions will still be ratified separately via in accordance with statutory requirements. However, by meeting jointly the joint decision making will be simplified. Any future delegations would have to be agreed by SCC and CCG The Committee is also authorised to create working groups as necessary to fulfil its responsibilities within these terms of reference. The Committee may not delegate executive powers (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group. The existing Executive Management Group (EMG) of CCG and SCC officers will report to and support the Joint Committee.

3.	**Objectives of Committee**
	3.1 The Committee shall strengthen the way that we commission health and social care between the CCG and SCC. 3.2 In particular, the Committee shall focus on: i. Giving a single commissioning voice

ii. Single commissioner plan;

iii. Ensure new models of care deliver the outcomes required by the city;

iv. Building on Better Care Fund and Section 75, driving forward change;

This would be based on the following principles

3.2.1 A preventive model built into delivery at all levels of complexity

3.2.2 Care closer to home or a home via neighbourhood, localities

3.2.3 Reduction health inequalities in Sheffield

3.2.4 Person centred commissioning joined up with placement and brokerage

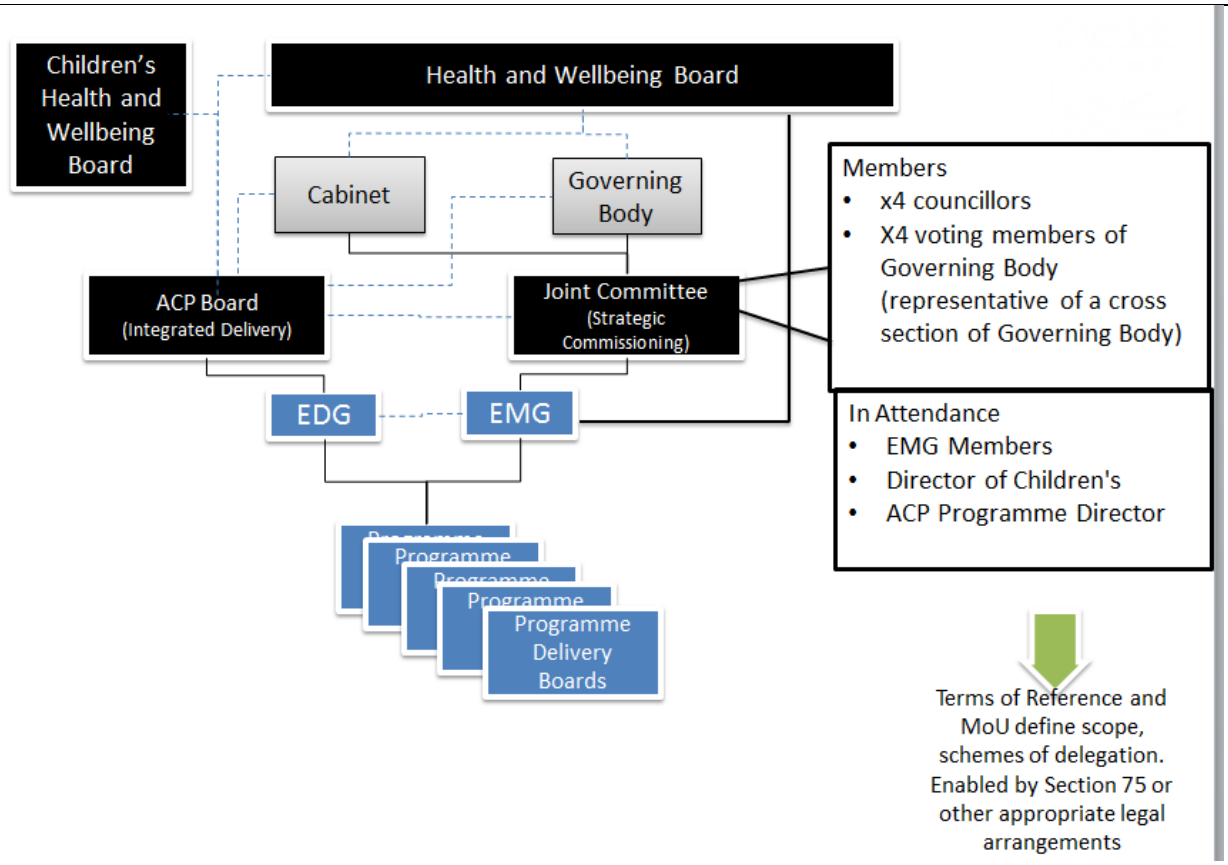
3.2.5 Improved people experience

3.2.6 Effective and efficient use of resources whilst ensuring safe and effective standards of service

3.2.7 Collective management of risk and benefits

These Terms of Reference should be read in the context of the Health and Wellbeing Board, Executive Management Group (EMG) and the Sheffield Accountable Care Partnership (ACP) Board and the ACP's Executive Delivery Group (EDG)

Figure 1. The Joint Committee in the context of overall governance framework and arrangements



4. Membership

The Committee shall consist of the following 8 members:

- From the CCG, to reflect the composition of the 19 voting Members of Governing Body:
  - one executive Member of the Governing Body;
  - two GPs who are Members of the Governing Body;
  - one Lay person who is a Member of the Governing Body, from Lay Members and out of area Secondary Care Doctor;

  As part of this, the clinical Chair of the CCG shall be one of the GP Members and Accountable Officer shall be the executive Member. The Finance Director will deputise for the Accountable Officer.

- From SCC
  - four Cabinet Members

It will be important that nominated members commit to attend the Joint Committee but Members may appoint a deputy to act in their absence in advance of the meeting.

The Joint Committee will be jointly chaired by SCC's Lead Cabinet Member for Health and Social Care and by the Chair of NHS Sheffield CCG, with chairing responsibility rotated between meetings. The Joint Chairs will agree the agenda.

5. Attendees

Note: Attendees should be referred to by title or where appropriate by name. Minute

	taker should be stated either as member or in attendance.
	In addition to the Committee members, the following executive directors shall be in attendance: • on behalf of the CCG: Director of Finance, Director of Delivery, Care Out of Hospital, Director of Commissioning & Performance and Chief Nurse • on behalf of SCC: Executive Director of People, Director of Public Health, Director of Commissioning, Director of Adults Services and Director of Business Strategy. • Accountable Care Partnership Programme Director • Integration and Better Care Fund Programmes Lead Others may also be invited to attend the Joint Committee as necessary on an ad-hoc basis to inform discussions and in addition, may cover areas including administration and communications.

6.	**Quorum**
	As the Joint Committee will be making recommendations that will provide direction for work being undertaken by officers it is important that meetings are quorate. The Joint Committee will be quorate providing 50% of the membership is in attendance, with at least two members in attendance from each of the CCG and SCC. The Joint Committee will aim to achieve a consensus for all recommendations and so formal Voting would be a last resort. Given the nature of the programme, securing the support of both partners will be critical to the success of the Joint Commissioning for Health and Care. Members will be aware of what may constitute a conflict of interest, will ensure that conflicts of interest are formally disclosed and will ensure they are subsequently managed in adherence with the organisations' respective policies. In addition, relevant Codes of Conduct will be followed at all times alongside adherence to the Nolan Principles and compliance with any statutory bar on participation and/or voting in particular circumstances.

7.	**Frequency and Notice of Meetings**
	Meetings in Public will be held at least quarterly. However, additional meetings may be required and the members of the Joint Committee can determine the exact frequency of meetings. In addition, the Chairs of the Joint Committee may call extraordinary meetings at their discretion. A minimum of five working days' notice will be required. The agenda and papers will be distributed by democratic services to members of the Committee at least 5 days working days in advance of the meeting, unless otherwise agreed by the Joint Chairs of the Committee. Papers for Meetings in Public will be available on both organisations' websites 5 working days in advance of the meeting.

8.	**Minutes and Reporting Arrangements**
	The Joint Committee will formally record its deliberations within relevant minutes/action notes. This function will be undertaken by the designated officer support, alongside the management of paperwork and version control. For the CCG the minutes will be presented to the next available Governing Body meeting for information.

9.	**Meeting Effectiveness Review**
	Members of the Joint Committee have a collective responsibility for its operation. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view. Members of the Joint Committee will behave in a manner consistent with the Core Principles outlined in of these Terms of Reference and will adhere to the behaviours highlighted in the Nolan Principles, recognising that the success of the work programme will depend upon relationships and an environment of integrity, trust, collaboration and innovation. These Terms of Reference **may be amended by mutual agreement between both parties at any time to reflect changes in circumstances which may arise.**

10.	**Review to be conducted by Committee/Group Chair**	
	Date Committee/Group established	
	Terms of Reference to be reviewed e.g. Annually	The terms of reference of the committee shall be reviewed when required, but at least annually.
	Date of last review	April 2019
	Date of next review	April 2020

This page is intentionally left blank

Report of:	SCC Lead Officer: Greg Fell, Director of Public Health SCCG Lead Officer: Brian Hughes, Executive Director of Commissioning
Report to:	Joint Commissioning Committee
Date of Decision:	29 April 2019
Subject:	Joint Commissioning for Health and Care - Principles

Is this a Key Decision? If Yes, reason Key Decision:-	Yes		No	x
- Expenditure and/or savings over £500,000				
- Affects 2 or more Wards				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	x	No	
If YES, what EIA reference number has it been given? 533				
Does the report contain confidential or exempt information?	Yes		No	x
Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee				

Purpose of Report:

This report updates on progress on delivering the Sheffield City Council and Clinical Commissioning Groups (SCCG) integrated commissioning agenda. It sets out the principles that have been agreed that will underpin the re-commissioning of services and gives an example of how this might work based on the Mental Health Transformation Plan risk share.

Questions for the Joint Commissioning Committee:

Recommendations for the Joint Commissioning Committee:

The Committee is asked to review and approve the Joint Commissioning Principles.

Background Papers:

<table>
<tr><td colspan="4">Lead Officer(s) to complete:-</td></tr>
<tr><td rowspan="5">1</td><td colspan="2" rowspan="4">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: Liz Gough, Interim Director of Finance and Commercial Services</td></tr>
<tr><td>Legal: Sarah Bennett, Service Manager (Commercial)</td></tr>
<tr><td>Equalities: Bashir Khan, Equalities officer</td></tr>
<tr><td>Other Consultees:

Sheffield Clinical Commissioning Group
• Brian Hughes - Executive Director of Commissioning
• Julia Newton – Director of Finance
• Jennie Milner – Better Care Fund Manager

SCC
• Cllr Chris Peace
• Greg Fell – Director of Public Health
• John Doyle – Director of Business Strategy, People Portfolio
• Dawn Walton – Director Commissioning, Inclusion and Learning, People Portfolio</td></tr>
<tr><td colspan="3">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td colspan="2">EMT member who approved submission:</td><td>Greg Fell</td></tr>
<tr><td>3</td><td colspan="2">CCG lead officer who approved submission:</td><td>Nicki Doherty</td></tr>
<tr><td>4</td><td colspan="3">I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Joint Committee by the officers indicated at 2 & 3 above. In addition, any additional forms have been completed and signed off as required at 1.</td></tr>
<tr><td></td><td>Lead Officer Names:

Greg Fell

Brian Hughes</td><td colspan="2">Job Titles:

Director of Public Health

Executive Director of Commissioning</td></tr>
<tr><td></td><td colspan="3">Date: (Insert date)</td></tr>
</table>

Joint Commissioning for Health and Care - Principles

1. Introduction/Context

1.1 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.

1.2 We have not yet achieved our stated goal of greater emphasis on prevention at all levels of complexity. The main purpose of the joint commissioning committee is to ensure we maintain a focus on a preventative model that aims to keep people living independent, healthy, active lives, this is what is required to sustainably reduce demand for hospital care and ensure that Sheffield remains a healthy and successful city.

1.3 In the March 2019 the Clinical Commissioning Group (CCG) Governing Body and Sheffield City Council (SCC) Cabinet approved the creation of the Joint Commissioning Committee to give local accountability to lead on shaping the development of joint health and care commissioning.

1.4 Some positive examples of how shared principles can drive achievement of new models of service leading to better outcomes have been demonstrated in the Mental Health Risk Share Arrangement. An example is in section 3.

2. Main body of report and matters for consideration

2.1 Shared principles to underpin Joint Commissioning

2.2.1 NHS partners and the Council have stated their shared intentions to develop services that support the move towards a more integrated health and social care system to improve outcomes for Sheffield people. This is reflected in Sheffield's Place Based Plan, known as Sharing Sheffield (previously Shaping Sheffield). This plan describes the need to work collaboratively across agencies to achieve the best possible outcomes for individuals, supporting people to keep well and helping people with increased support needs to live as independently as possible, as well as ensuring the long-term financial sustainability of the health and care system in Sheffield.

2.2.2 It is proposed that changes in joint commissioning will focus on:

- Giving a single commissioning voice
- Single commissioner plan
- Ensuring new models of care deliver the outcomes required by the city
- Build on Better Care Fund and Section 75, drive forward change

2.2.3 Some shared principles have been developed over the last few months which capture what is important for Sheffield people and align to national guidelines and local agendas. Whilst these have had some review in each organisation, this meeting gives the opportunity to formally adopt the principles as joint committee. The principles will apply to new service propositions that are being developed and are set out below:

- A preventive model built into delivery at all levels of complexity
- Care closer to home or a home via neighbourhood hubs
- Reduction in health inequalities in Sheffield
- Person centred commissioning joined up with placement and brokerage
- Improved people experience
- Effective and efficient use of resources whilst ensuring safe and effective standards of service
- Collective management of risks and benefits
- A democratic voice at the forefront of commissioning
- Accountable to the public through elected representatives and GPs

3.0 What does this mean for the people of Sheffield?

3.1 Better Health and Wellbeing Outcomes

The principles directly align with the current Health and Wellbeing ambitions 2019-2024 for Sheffield set out below:

- Starting Well – where we lay the foundations for a healthy life
- Living Well – where we ensure people have the opportunity to live a healthy life
- Ageing Well – where we consider the factors that help us age healthily throughout our lives

The principles are very well align to support our ambitions for Ageing Well

- Everyone has equitable access to care and support shaped around them
- Everyone lives the end of their life with dignity in the place of their choice

4.0 Implications

4.1 Equality of Opportunity Implications

4.1.1 The draft Equality Impact Assessment indicates that there will be a positive implication for Older People, People with Learning Disabilities and Long Term Conditions and Children and Young People with SEND

4.1.2 For staff working in services that will be part of the joint commissioning plan it is expected that implications will be neutral.

4.1.3 We anticipate a targeted positive impact on those who are experiencing greater inequality in deprived areas.

4.1.4 Individual EIAs will be drafted for each new service proposition that will be part of the joint commissioning plan.

4.1.5 A single workforce development plan, focussed on preventative outcomes and shared principles, will optimise our collective strengths, skills and resources, and develop our staff to give the best care and support. This will be co-developed by representatives from Sheffield City Council, the CCG and ACP members.

4.2 Financial and Commercial Implications

4.2.1 We will use our shared principles to look for ways to invest more in prevention, reducing demand on acute services. Short term additional funding will be required and it is anticipated that we will need to pool resources. Current local delivery plans show that social care will still require funding to balance and therefore the proposed financial risk share agreement that will underpin the proposed integrated commissioning plan is the only way that the outcomes can be met. We are intending to consider different funding sources such as:

- Using existing spending differently within the Sheffield health and care system;
- Using one off money from within the Sheffield health and care system,
- Seeking new, one-off money from beyond Sheffield or social investment arrangements

4.3 Legal Implications

4.3.1 There are no legal implications arising directly out of this Report.

4.4 Other Implications

4.4.1 There are no other implications arising directly out of this Report.

5.0 Reasons for Recommendations

5.1 The proposed principles will help to ensure that proposals for the health and wellbeing system are innovative, affordable and provide good value, people centered services.

Appendix

Case Study – 'The Sheffield Mental Health Transformation Programme'

1. Overview

1.1 The Sheffield Mental Health Transformation Programme ('the Programme') is a collaborative programme of work that has been jointly developed and is being jointly delivered by Sheffield City Council (SCC), NHS Sheffield CCG (SCCG) and Sheffield Health and Social Care NHS Foundation Trust (SHSC). The programme has been operational for two years.

1.2 The programme was born from a collective need to secure better outcomes for people with mental health problems by working far more collaboratively and by delivering better value for money through economies of scale, reducing overlaps, eliminating wastage and through innovation and creativity. The programme has, and will continue to improve people's lives plus deliver major strategic and financial benefits. Importantly however the programme has been designed to tackle what are predominantly long-standing issues in Sheffield. Our overarching aim is to ensure services are far more localised, individualised and focused (where possible) on prevention and early intervention.

1.3 Traditionally such a programme would normally have been developed at an 'organisational specific' level, an approach which has historically been underpinned by a perception that financial risks will undoubtedly be 'shunted' (for example, between commissioners), which inevitably leads to confrontational behaviour. We have however been able to avoid this eventuality by genuinely working in partnership to develop and deliver the programme. It is jointly owned and jointly governed; underpinned by a risk and benefit share agreement, based on a full pooled budget approach. Delivery is overseen by a single integrated commissioning team who have a jointly agreed set of priorities and objectives.

2. Benefits

2.1 The benefits of delivering the Programme in a collegiate way are relatively simple to define. Integration has offered more effective joined up commissioning and provision, which has led to better patient outcomes which has, by default, delivered better value for money. We have pooled our resources (in the widest sense) to commission whole pathways of care, factoring in other services which were previously out-of-scope of traditional commissioning models (e.g. employment, housing and education).

2.2 In addition collegiate working has allowed us to take a far more holistic approach to the delivery of mental health care which has genuinely promoted (and will continue to promote) parity of esteem. This has been achieved by strengthening support across the wider health system for people with mental health problems who tend to (a) have more negative experiences and outcomes when they receive health care, and (b) place a disproportionate level of demand on general health services.

2.3 It is important to note however that there is still so much more to do. Certain service areas continue to present challenges.

3. Extending and Developing the Programme

3.1 The programme has recently been extended to incorporate Children and Young People's Mental Health services (CYP MH); with a view to creating a *lifespan* approach to the commissioning and delivery of mental health services in Sheffield. To support this, the respective commissioning teams have been brought together to form one single *lifespan* team plus a (newly created) Associate Clinical Director post, with specific responsibility for CYP MH, has been created. Governance arrangements are also under review.

3.2 The rationale for developing a *lifespan* approach is three-fold:

3.2.1 We want to ensure that we are able to intervene at the earliest point of an individual's illness so as to prevent severe long term illness from developing;

3.2.2 We want to create a consistent and proactive approach to preventing ill health, targeting the <14 age group in particular (where 50% of long-term illness begins to manifest); and

3.2.3 We want to ensure that there is a consistent continuum of care in Sheffield where transition points are managed to such an extent that care provision is seamless, based on holistic needs and is person centred.

3.3 We will achieve these ambitions through taking a much more collaborative approach; ending the current fragmented way in which we commission CYP and Adult MH Services. By commissioning different parts of the same care pathway in a very disparate way will achieve little more than continuing to perpetuate the delineation between different services.

3.4 *Lifespan* mental health, supported by a single commissioning team, will therefore provide us with a mechanism to enact change that will address operational as well as systemic issues. All aspects of the programme will therefore be considered *lifespan*, unless stated otherwise.

4. Lessons Learnt

4.1 Although the Sheffield Mental Health Transformation Programme has demonstrated that collaborative working can (and will) deliver benefits beyond those that individual organisations can achieve in isolation; the delivery of the programme has not been without challenge.

4.2 For example we have had to continually ensure that we do not unintentionally undermine the respective sovereign obligations of each individual organisation. This

has been challenging when decisions have had to be taken quickly; given we often have to seek agreement from more than one different organisation.

4.3 In addition, just by calling ourselves an integrated team does not automatically make us act or feel like one. We have spent and continue to spend significant time building a team dynamic, which goes well beyond simply having a joint set of priorities. Effective integration is as much to do with culture and behaviour.

Report of:	SCC Lead Officer: Greg Fell, Director of Public Health SCCG Lead Officer: Nicki Doherty, Executive Director of Delivery, Care Outside of Hospital
Report to:	Joint Commissioning Committee
Date of Decision:	29 April 2019
Subject:	Joint Commissioning for Health and Care – Priorities

Is this a Key Decision? If Yes, reason Key Decision:-	Yes		No	x
- Expenditure and/or savings over £500,000				
- Affects 2 or more Wards				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	x	No	
If YES, what EIA reference number has it been given? 533				
Does the report contain confidential or exempt information?	Yes		No	x
Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee				

Purpose of Report:

This paper provides the objectives and priorities for Joint Commissioning of Health and Care and a summary of initial considerations for change to be included in the joint commissioning plan.

Questions for the Joint Commissioning Committee:

Recommendations for the Joint Commissioning Committee:

The Committee is being asked to consider the proposals and provide views.

Background Papers:

<table>
<tr><th colspan="4">Lead Officer(s) to complete:-</th></tr>
<tr><td rowspan="4">1</td><td colspan="2" rowspan="4">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: Liz Gough, Interim Director Finance and Commercial Services</td></tr>
<tr><td>Legal: Sarah Bennett, Service Manager (Commercial)</td></tr>
<tr><td>Equalities: Bashir Khan, Equalities officer</td></tr>
<tr><td>Other Consultees:

Sheffield Clinical Commissioning Group

• Brian Hughes - Executive Director of Commissioning,
• Nicki Doherty - Executive Director of Delivery, Care Outside of Hospital
• Sarah Burt – Deputy Director of Delivery (Care outside Hospital
SCC

• Cllr Chris Peace
• Greg Fell – Director of Public Health
• John Doyle – Director of Business Strategy, People Portfolio
• Dawn Walton – Director Commissioning, Inclusion and Learning, People Portfolio
• Eleanor Rutter – Public Health Consultant
• Joel Hardwick – Head of Commissioning, Inclusion and Schools Services, People Portfolio</td></tr>
<tr><td colspan="3">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td colspan="2">EMT member who approved submission:</td><td>Greg Fell</td></tr>
<tr><td>3</td><td colspan="2">CCG lead officer who approved submission:</td><td>Nicki Doherty</td></tr>
<tr><td>4</td><td colspan="3">I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Joint Committee by the officers indicated at 2 & 3 above. In addition, any additional forms have been completed and signed off as required at 1.</td></tr>
<tr><td rowspan="2"></td><td>Lead Officer Names:

Greg Fell

Nicki Doherty</td><td colspan="2">Job Titles:

Director of Public Health

Executive Director of Delivery, Care Outside of Hospital</td></tr>
<tr><td colspan="3">Date: (Insert date)</td></tr>
</table>

Joint Commissioning for Health and Care - Priorities

1. Introduction/Context

1.1 We need to do more to develop a joined up approach to prevention across the city so that people do not need to use acute services and if they do, the duration of their stay is shorter.

1.2 There is also an inequalities issue. This problem is seen more frequently in deprived communities, where inequitable access to preventative, primary and community care services, or how well people are able to engage in early access or preventative behaviours, results in a higher rate of emergency hospital admissions.

1.3 The recent Care Quality Commission (CQC) Local System Review, and the CQC / OFSTED SEND inspection 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

1.4 Shared commissioning arrangements and positive joint working have been in place for some time via the Better Care Fund (BCF) programme and the Mental Health Transformation Plan risk share arrangement. The established joint commissioning commitments focus on integrating services to improve the experience of people, to remove duplication in services and to redesign our health and social care system to reduce reliance on hospital and long term care through commissioned models of care that promote prevention and early intervention; models that seek to reduce health inequalities through care that recognises the need of local populations. However, our joint commissioning of the BCF has not yet achieved its full ambition, with joint opportunities not being fully taken advantage of.

2. Main body of report and matters for consideration

2.1 Shared Objectives and Priorities for Change

2.1.1 The intention is to add pace into areas where we know we need to make improvements and build on successful joint arrangements There is no intention to change existing stated priorities, nor to move away from any of our joint commitments within the Better Care Fund (for e.g. CHC or Children's services).

2.1.2 Our objectives are to create:

- A single health and social care commissioning plan that realigns the health and care system, reducing reliance on hospital and long term care so that we can continue to provide the support people need within a reduced total budget for health and social care.
- An approach to a financial framework based on a capped risk-share budget.
- A joint commissioning committee that has oversight of commissioning for all age groups made up of SCC cabinet and CCG governing body members.

2.1.3 Within this, our proposed priorities for 2019/2020 will be:

- to develop a service improvement framework for frailty that better incentivises the system to invest in a set of preventive interventions though a risk sharing arrangement.
- to develop a partnership approach to 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.

2.1.4 The possibility of developing a single commissioning function at officer level, to complement the Cabinet / Governing Body level arrangements, around frailty and SEND will be explored. The model established in mental health may be the template for this.

2.2 The Proposed Initial Areas of Focus

2.2.1 There are three areas of proposed initial focus; frailty, those with special educational needs and mental health. Proposals for change or service improvement are being developed in each of these three areas. These are directly linked to the CQC System Review (older people), the CQC / OFSTED inspection (SEND) and our existing joint commissioning for mental health. These proposals are not covered in this report, but will be shaped by the committee prior to any change being made. The proposals have their foundations the broad Sheffield principles set out in Principles item and with overall aims of improving population health and outcomes in later life.

2.2.2 The immediate priorities are around frailty and the model will cover wider community based change such as housing conditions through to re-shaping specific services that are likely to be accessed by frail people, to focus on a more preventative approach.

2.2.3 We will also focus on ensuring that any joint commissioning intentions from the SEND inspection Ofsted statement of action are followed through.

3.0 What does this mean for the people of Sheffield?

3.1 Better Health and Wellbeing Outcomes

The principles directly align with the current Health and Wellbeing ambitions 2019-2024 for Sheffield set out below:

- Starting Well – where we lay the foundations for a healthy life
- Living Well – where we ensure people have the opportunity to live a healthy life
- Ageing Well – where we consider the factors that help us age healthily throughout our lives

The principles are very well align to support our ambitions for Ageing Well

- Everyone has equitable access to care and support shaped around them
- Everyone lives the end of their life with dignity in the place of their choice

4.0 Implications

4.1 Equality of Opportunity Implications

4.1.1 The draft Equality impact assessment indicates that there will be a positive implication for Older People, People with Learning Disabilities and Long Term Conditions and Children and Young People with SEND

4.1.2 For staff working in services that will be part of the joint commissioning plan it is expected that implications will be neutral.

4.1.3 We anticipate a targeted positive impact on those who are experiencing greater inequality in deprived areas.

4.1.4 Individual EIAs will be drafted for each new service proposition that will be part of the joint commissioning plan.

4.1.5 A single workforce development plan, focussed on preventative outcomes and shared principles, will optimise our collective strengths, skills and resources, and develop our staff to give the best care and support. This will be co-developed by representatives from Sheffield City Council, the CCG and ACP members.

4.2 Financial and Commercial Implications

4.2.1 We will use our shared principles to look for ways to invest more in prevention, reducing demand on acute services. Short term additional funding will be required and it is anticipated that we will need to pool resources. Current local delivery plans show that social care will still require funding to balance and therefore the proposed financial risk share agreement that will underpin the proposed integrated commissioning plan is the only way that the outcomes can be met. We are intending to consider different funding sources such as:

- Using existing spending differently within the Sheffield health and care system;
- Using one off money from within the Sheffield health and care system,
- Seeking new, one-off money from beyond Sheffield or social investment arrangements

4.3 Legal Implications

4.3.1 There are no legal implications arising directly out of this Report.

4.4 Other Implications

4.4.1 There are other implications arising directly out of this Report.

5.0 Reasons for Recommendations

5.1 In summary this paper sets out the proposed initial priority areas for change in the context of the wider joint commissioning plan. The proposed initial priorities focus on areas where we either have existing strengths to build on or where external reviews have identified weaknesses we need to address.

5.2 A view is now sought on this proposed direction of travel from the Joint Commissioning Committee.