

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 24 July 2019 at 4.00 pm

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

The Press and Public are Welcome to Attend

Membership

Councillor Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Mark Jones, Martin Phipps, Jackie Satur, Gail Smith, Garry Weatherall and Vacancy

Healthwatch Sheffield

Lucy Davies and Clive Skelton (Observers)

Substitute Members

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

PUBLIC ACCESS TO THE MEETING

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

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

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

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

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

FACILITIES

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

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

**HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND
POLICY DEVELOPMENT COMMITTEE AGENDA
24 JULY 2019**

Order of Business

- 1. Welcome and Housekeeping Arrangements**
- 2. Apologies for Absence**
- 3. Exclusion of Public and Press**
To identify items where resolutions may be moved to exclude the press and public
- 4. Declarations of Interest** (Pages 1 - 4)
Members to declare any interests they have in the business to be considered at the meeting
- 5. Minutes of Previous Meeting** (Pages 5 - 12)
To approve the minutes of the meeting of the Committee held on 20th March and 15th May, 2019.
- 6. Public Questions and Petitions**
To receive any questions or petitions from members of the public
- 7. NHS Sheffield CCG: Improvement Plan** (Pages 13 - 46)
Report of Nicki Doherty, Director of Delivery Care Outside of Hospital.
- 8. Age Related TV Licence Policy** (Pages 47 - 70)
Briefing paper of the Policy and Improvement Officer.
- 9. Work Programme 2019/20** (Pages 71 - 80)
Report of the Policy and Improvement Officer.
- 10. Date of Next Meeting**
The next meeting of the Committee will be held on Wednesday, 11th September, 2019, at 4.00 p.m., in the Town Hall.

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

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

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

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

You **must**:

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

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

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

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

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
 - under which goods or services are to be provided or works are to be executed; and
 - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
 - the landlord is your council or authority; and
 - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
 - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
 - (b) either -
 - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
 - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

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

You have a personal interest where –

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

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

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

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

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

Meeting held 20 March 2019

PRESENT: Councillors Pat Midgley (Chair), Sue Alston (Deputy Chair), David Barker, Mike Drabble, Adam Hurst, Talib Hussain, Francyne Johnson, Mike Levery, Martin Phipps, Jackie Satur and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

Margaret Kilner

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Steve Ayris, Chris Rosling-Josephs and Gail Smith.

2. EXCLUSION OF PUBLIC AND PRESS

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

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 27th February, 2019 were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 Sue Harding referred to a distressing telephone call she had received that day from someone who was a carer for his family, who stated that continuing healthcare services had been withdrawn and he was struggling to cope. Ms. Harding stated that she failed to understand that, when things are supposed to be getting better, what happens to those people for whom things are getting worse.

5.2 The Chair, Councillor Pat Midgley, stated that Continuing Healthcare was an item on the agenda and hopefully Ms. Harding would hear some answers with regard to her question during the meeting. She asked Ms. Harding to write to her with the details of the case she had outlined.

5.3 Sheila Manclark, Darnall Dementia Group stated that the Group offered range of

local services to improve general health and wellbeing and provide support to those in need. Ms. Hancock said that the Group received funding from the Clinical Commissioning Group (CCG), the national lottery and other organisations but have been informed that City Council funding will cease by the end of June, 2019. In response to a question, Ms. Hancock stated that the Group had received notification of this in September, 2018.

- 5.4 Councillor Chris Peace, Cabinet Member for Health and Social Care, stated that she had signed off a letter that day in response to this and although the letter was not giving the answer that the Group would want to hear, Councillor Peace, along with the three Ward Councillors in the area who are aware of this matter, were willing to meet with Ms. Hancock to discuss this. Councillor Peace added that the Group was definitely on the radar and the way forward was about finding support and where the Group fits into the scheme of things.
- 5.5 Andy Shallice, Darnall Dementia Group asked whether the City Council would be maintaining the level of support given to people with dementia as some grants allocated through the Dementia Support Programme were already falling behind or being put back and was it the Scrutiny Committee's intention to revisit this?
- 5.6 The Chair said that an item relating to Dementia Support would be placed on the Work Programme for 2019/20 Municipal Year, she would ask officers at the start of that Year to ensure that Dementia Support was added as well as any other "outstanding issues". She added that there were many things that the Committee had wanted to cover, but time hadn't allowed for them all to be discussed.
- 5.7 The Policy and Improvement Officer advised the Committee of a question sent in regarding the recent 360 degree assessment of NHS Sheffield CCG. The Committee agreed that the assessment, and the CCG's action plan to address the issues raised through the assessment should be brought to the Committee at the earliest opportunity in the new municipal year.

6. PREVENTION UPDATE

- 6.1 The Committee received an update from the relevant Cabinet Members on the findings of the Prevention Working Group.
- 6.2 Present for this item were Councillor Jim Steinke (Cabinet Member for Neighbourhoods and Community Safety), Councillor Chris Peace (Cabinet Member for health and Social Care) and Councillor Jackie Drayton (Cabinet Member for Children and Families).
- 6.3 Councillor Jim Steinke stated that discussions had taken place regarding improving the relationship with the voluntary sector, what level of support the City Council was providing and the level of investment being made. He said that a report was being prepared on this and would be submitted at a future date. Councillor Steinke then made reference to locality working and said that discussions had been held in the south east of the city to look at different ways of working to make sure that the public are aware of what the Prevention agenda was all about and to make better use of other premises, not just those in Council

ownership. Finally, Councillor Steinke said that there needed to be real, meaningful indicators to measure against, to ensure the ambitions of the prevention agenda are achieved.

6.4 Councillor Chris Peace stated that the recently published NHS long term plan talks about the same things that Sheffield does with regard to prevention, and whilst the Government recognises the wider impact on health, planning, education, housing, social care and economic development, much of the national NHS focus was on smoking cessation, drug and alcohol services, sexual health. The City Council along with its partners were already aware of and tackling these issues as well as health inequalities. Councillor Peace added that the voluntary sector was very important in terms of prevention and that the developments in Joint Commissioning with the CCG should bring progress in this area.

6.5 Councillor Jackie Drayton stated the prevention had wider issues across all areas of life, in that help that was given whilst young can help into adulthood. She referred to all-age disability services and the work around prevention and support to address the health needs of all.

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

- People who had several problems, which led to them leading very chaotic lives, all got linked together, there was a need to understand those complex needs and strip them out to help them deal with those needs. Adults with complex needs have multiple services to assist them but in the majority of cases, none of those services were joined up, and it was thought that one specially-trained person would be better placed to deal with those needs.
- Although there were issues around data sharing, it was considered to be a good way to find out what services were on offer and the more joined-up the services are, the better,
- The Health and Wellbeing Board sets the strategy for the city. Public health, air quality, transport, housing etc., were all directly related to health and wellbeing. The annual report of the Director of Public Health sets out ways of how to improve the health outcomes for the whole of the city.

6.7 RESOLVED: That the Committee:-

- (a) thanks Councillor Jim Steinke (Cabinet Member for Neighbourhoods and Community Safety), Councillor Chris Peace (Cabinet Member for health and Social Care) and Councillor Jackie Drayton (Cabinet Member for Children and Families) for their contribution to the meeting;
- (b) notes the contents of the report and the findings of the Cabinet Members and their responses to questions; and
- (c) acknowledged that the prevention agenda was a collective issue, noted the inequalities that exists and that whilst the journey of prevention was vast, it

was not about finances, but getting it right.

7. CONTINUING HEALTHCARE

7.1 The Committee received a presentation given by Mandy Philbin (Chief Nurse, Sheffield Clinical Commissioning Group (CCG), Margaret Kilner (Chief Officer, Healthwatch) and Phil Holmes (Director of Adult Social Care, Sheffield City Council) regarding Sheffield's Continuing Healthcare (CHC) Collaborative Service Development.

7.2 Mandy Philbin stated that she had addressed the Committee, some five or six months ago, to explain what CHC was. She said that some of the issues around CHC were still ongoing, but that they have listened to what the public have had to say and carried out work around patient engagement. She made reference to the focus on the CHC assessment process and expressed the concerns raised and the opportunity through the CHC Service Development Plan, to design a single health and social care CHC assessment to help individuals and their families. Mandy Philbin referred to two listening sessions that had been held at Birch Avenue and Woodland View Care Homes, a dedicated Voluntary, Community and Faith Sector Health and Wellbeing Forum and a small focus group for people who have experienced the assessment process themselves or have supported someone through the process. She then outlined the five key areas to be developed to improve and lead to better care.

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

- An integrated approach by Social Workers and Healthcare Professionals to deliver a high quality service to meet the needs of those who need it, was essential. The workforce was the biggest asset and improved joint working arrangements would put individuals at the centre of the care they required.
- Budgetary savings can be achieved by services working together, more efficiently, by reducing duplication and removing barriers to better care.
- The Assessment process adhered to the national framework and was hitting its targets by being fully compliant, and whilst the needs of those already in the system were understood, a lot of work was still to be done to inform people about the services and help that was available to them.
- The key priorities for this year for continuing healthcare was workforce development; pool-funding through joint commissioning and better use of digital technology to improve services. The CCG would continue to listen to what people have to say, respond to and try to understand what they are saying.
- Frontline staff have the right values and are aware of what is needed to provide the best service possible, but the system needs to change to achieve this. Service improvement was difficult as there was resistance to change so a lot of work was still needed to be done.

7.4 RESOLVED: That the Committee:-

- (a) thanks Mandy Philbin (Chief Nurse, Sheffield Clinical Commissioning Group (CCG), Margaret Kilner (Chief Officer, Healthwatch) and Phil Holmes (Director of Adult Social Care, Sheffield City Council) for their contribution to the meeting; and
- (b) notes the contents of the presentation made and the responses to questions.

8. IMPROVING QUALITY IN ADULT SOCIAL CARE

8.1 Phil Holmes, Director of Adult Services, introduced three members of staff from a cross-section of the service that provides Adult Social Care in the city. In turn, they each gave an account of a “story of difference” which was underpinned by the new “Conversations Count” approach, which was about listening to people and understanding what matters to them, what a good life could be for them and their families and by acknowledging their strengths and what could be achieved. Phil Holmes added that developing this approach had taken time through reducing bureaucracy and the Service was still trying to reduce it some more. He thanked the members of staff and added that, they were doing a brilliant job but very often didn’t get the recognition they deserved.

8.2 Also in attendance for this item was Judy Robinson (Chair, Healthwatch Sheffield).

8.3 Phil Holmes then introduced a report which provided an update on Adult Social Care Performance since the last time this topic was brought before the Committee in January, 2018. He referred to the key measures of how well care and support services achieve the outcomes that matter most to people and the data provided in the report was at council, regional and national level. He then referred to the measures which were grouped into four domains, which were, ensuring the quality of life for people with care and support needs; delaying and reducing the need for care and support; ensuring that people have a positive experience of care and support and safeguarding adults whose circumstances make them vulnerable and protecting them from harm. Mr. Holmes said there had been an increase in those people receiving support whilst still living at home, the previous regime would have been to place someone into care and this was an improving picture.

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

- Following a question regarding children leaving special schools, it was suggested that the Director Lifelong Learning, Skills and Communities and Dawn Shaw (Head of Libraries and Community Services), be invited to attend a meeting of this Committee to give an update on the work being carried out to assist young adults with learning disabilities get into employment.

- The Disabled Facilities Grant which was available from Local Authorities to pay for essential housing adaptations to help disabled people stay in their own homes and live an independent life, give people flexibility but more could still be done. People don't always want nor need someone coming into their homes.
- There was a need to engage with the recommendations made in the HealthWatch report into Home Care, and a recognition that there is more that can be done to improve Home Care in Sheffield. Direct Payments in Sheffield are lower than the national average, but we need to improve the way we deliver homecare and make direct payments to people to help them have more control over their needs.
- There was a need to increase support to carers, including raising awareness of carers organisations amongst staff so they are able to signpost people.
- There is a need to ensure that the system is as easy as possible to navigate, so that advocacy workers can focus on complex cases and people who really need their assistance.
- A range of initiatives through fairer charging will continue to give support to people to pay their contributions for the care they receive and prevent them getting into debt. The Council will introduce a service for those who cannot manage their money to get help.

8.5 RESOLVED: That the Committee:-

- (a) thanks Phil Holmes (Director of Adult Social Care), the staff who came and delivered their "Stories of Difference" for their contribution to the meeting;
- (b) notes the contents of the report and the Member and officer comments; and
- (c) thanked HealthWatch for their continuing work in supporting the people of Sheffield.

9. DATE OF NEXT MEETING

9.1 It was noted that the next meeting of the Committee will be held on a date to be arranged.

SHEFFIELD CITY COUNCIL

**Healthier Communities and Adult Social Care Scrutiny and Policy Development
Committee**

Meeting held 15 May 2019

PRESENT: Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Mark Jones, Martin Phipps, Jackie Satur, Gail Smith and Garry Weatherall

Non-Council Members (Healthwatch Sheffield):-

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1. APOLOGIES FOR ABSENCE

1.1 No apologies for absence were received.

2. APPOINTMENT OF CHAIR AND DEPUTY CHAIR

2.1 RESOLVED: That Councillor Cate McDonald be appointed Chair of the Committee and Councillor Steve Ayris be appointed Deputy Chair for the Municipal Year 2019/20.

3. DATES AND TIMES OF MEETINGS

3.1 RESOLVED: That meetings of the Committee be held on a bi-monthly basis, on dates and times to be determined by the Chair, and as and when required for called-in items.

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Report to Healthier Communities and Adult Social Care Scrutiny Committee 24 July 2019

Report of: Nicki Doherty, Director of Delivery Care Outside of Hospital

Subject: NHS Sheffield CCG: Improvement Plan

Author of Report: Nicki Doherty, Director of Delivery - Care Outside of Hospital

Summary:

This paper brings the final improvement plan to the Scrutiny Committee to share the agreed plan within the context of our partnership working. The plan was agreed by NHS Sheffield CCG's Governing Body at its 4th July 2019 meeting and is now being implemented.

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

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

The Scrutiny Committee is being asked to:

- Note the improvement plan, the approach to developing it and the intended mechanisms for monitoring improvement

Background Papers:

List any background documents (e.g. research studies, reports) used to write the report. Remember that by listing documents people could request a copy.

Category of Report: OPEN (please specify)

Most reports to Scrutiny Committees should be openly available to the public. If a report is deemed to be 'closed', please add: **'Not for publication because it contains exempt information under Paragraph xx of Schedule 12A of the Local Government Act 1972 (as amended).'**

Report of the Director of Director of Delivery - Care Outside of Hospital

NHS Sheffield CCG: Improvement Plan

1. Introduction/Context

- 1.1 In November, 2018 NHS England commissioned an independent assessment of NHS Sheffield CCG's leadership and culture as part of their role as our regulator.
- 1.2. All CCG staff, CCG Governing Body members, and senior managers from partner organisations, were offered the opportunity to speak to the assessor either face to face or over the 'phone during November, December and January.
- 1.3. The report of the independent assessment was accepted by Governing Body in March 2019. It recognised the CCG has 'a great number of strengths' and it also identified a number of areas for improvement.
- 1.4. We have taken the report seriously and have spent April, May and June working with our staff and stakeholders to develop an improvement plan that addresses the areas of improvement as well as any other identified opportunities.
- 1.5. We have worked closely with Mike Potts, the Independent Improvement Director, and with NHS England throughout the process to ensure that the actions identified are in line with their expectations in addressing the issues that have been raised. Mike Potts has played an active role in providing constructive challenge to ensure that the improvement plan is sufficiently ambitious and will genuinely address the issues that have been raised by staff and by stakeholders.
- 1.6. The improvement plan has been developed within the context of our maturing Sheffield Accountable Care Partnership (ACP) and South Yorkshire and Bassetlaw Integrated Care System (ICS) arrangements. The plan also recognises and supports the direction set out in the Long Term Plan as well as the Primary Care Network infrastructure and associated leadership that is being developed.
- 1.7. NHS England has reviewed a final draft of our Improvement Plan and subsequently responded with a letter of support

2. Main body of report, matters for consideration, etc

2.1 The improvement plan sets out:

- 2.1.1 Why we are doing this
- 2.1.2 Who is responsible

- 2.1.3 Our approach to delivery
- 2.1.4 How we will monitor our success
- 2.2 Staff have played a significant role in developing the plan and helping us to identify the actions required to address the issues; the content of the improvement plan has been considerably influenced by their input, as described within the main document.
- 2.3 Since receiving the report of the Independent 360 Degree Assessment the Governing Body has:
 - 2.3.1 taken time to fully understanding the feedback we have received, to be confident in the actions we take and to be clear on our role in delivering the improvement that is required
 - 2.3.2 recognised that there are examples of good work and behaviours and of positive experiences, however we have also seen and heard that this has not be the experience of all staff. We are sorry that this is the case.
 - 2.3.3 agreed that each of its members has a critical role in making sure that the actions we have identified make a difference and help us become an organisation where we are among the top ranking organisations for staff and stakeholder reported satisfaction
- 2.4 As part of developing the plan we have identified risks and ensured these are captured and managed within the CCG's Risk Register. One of the principal risks is ensuring sufficient capacity and the actions to mitigate this are captured within the Governing Body, Executive Team and Human Resource Management themes of the plan; these will be an early priority.
- 2.5 Each theme of the plan matches the feedback from the Independent 360 Degree Assessment report; each theme has a nominated Governing Body and Executive Director sponsor who will have oversight of progress.
- 2.6 The Governing Body and its associated committees will monitor progress and these arrangements are set out within the improvement plan.
- 2.7 We will assess impact and success of our actions through improvement of our regular staff and stakeholder surveys and through quarterly monitoring as part of our agreed audit cycles that we put in place as part of the improvement plan.

3 What does this mean for the people of Sheffield?

- 3.1 NHS Sheffield CCG has a clear set of five organisational objectives. We will produce a clear narrative that replaces the CCG prospectus (which describes our strategic objectives) and tells the story of how the commissioning strategy will impact on the people of Sheffield
- 3.2 These objectives aim to fundamentally change the balance of healthcare provided in hospital and in the community, so that many more patients receive care closer to home, when that is the right place for them to receive care. Doing so by developing new ways of working that are underpinned by a measured improvement in quality and outcomes, positive action to address inequalities, affordable and sustainable funding arrangements, and a strong organisational development approach.
- 3.3 By implementing this improvement plan our potential to deliver each of the objectives and improving the outcomes for people will be strengthened through:
 - 3.3.1 A clearer narrative about our overarching commissioning strategy and supporting strategies that we will implement
 - 3.3.2 A leadership team with the skills, abilities and capacity to support a consistent way of working that delivers our priorities
 - 3.3.3 A clearer set of programmes linked to our objectives and our strategies, linked to rigorous business planning arrangements
 - 3.3.4 An organisational programme of development
 - 3.3.5 A clear offer to our partners in our contribution to place and system partnership working

5. Recommendation

- 5.1 The Overview and Scrutiny Management Committee is asked to:
 - Note the improvement plan, the approach to developing it and the intended mechanisms for monitoring improvement

Working with you to make Sheffield
HEALTHIER

NHS
Sheffield
Clinical Commissioning Group

Improvement Plan

NHS Sheffield CCG

Senior Responsible Officer: Lesley Smith, Interim Accountable Officer
July 2019



We have received feedback as an organisation from a variety of sources: an Independent 360 Assessment, Staff Survey Results, an Internal Comms Survey, Focus Group Sessions, Listening to Partners, the CQC Local System Review and a number of HealthWatch Sheffield Reports. This feedback has collectively allowed us to identify themes in relation to our Leadership and Culture that would benefit from improvement and we believe will create the necessary conditions to take the organisation from Good to Outstanding; that will make us an organisation where staff not just want to come to work but love to come to work. This improvement plan has been developed in partnership with staff and with external partners to ensure that we have understood the feedback that we have received and that the actions we have identified will have the impact required.

NHS Sheffield CCG: Improvement Plan

About The Improvement Plan

1. What Are We Doing?

- 1.1 Following an independent review of the Culture, Values and Leadership of the NHS Sheffield Clinical Commissioning Group (CCG) we have been able to triangulate feedback from a range of sources and stakeholders to identify a series of improvements that will strengthen the way that we work and support us to become an outstanding organisation; a place where staff love to come to work
- 1.2 We are committed to being an organisation where staff love to work, where they are empowered and motivated as the result of the positive culture we create and the values that we live
- 1.3 We are committed to partnership working; to our strategic aims and our strategic direction to achieve them (prevention, early intervention and the triple integration of primary and secondary care, mental and physical health and health and care commissioning)
- 1.4 We have established commissioning strategies; these need to be refreshed, more accessible and widely and consistently understood
- 1.5 Through our feedback we have identified that, whilst many staff do enjoy working for the CCG, there are a number of examples where things could be better
- 1.6 There is an opportunity to strengthen our partnership working and in particular our approach to co-design, which needs to be supported by strong and mature system relationships
- 1.7 For member practices and for the public our improvements should see greater confidence that feedback and involvement is being acted on and a clearer and consistent message about what is being done; you will see our values and behaviours in the interactions you have with us

Our Vision:

By working together with patients, public and partners, we will improve and transform the health and wellbeing of our citizens and communities across Sheffield.

*We intend to fundamentally change the balance of healthcare provided in hospital and in the community, so that many more patients receive **care closer to home** when that is the best place for them*

Strategic Objectives

1. *To work with Sheffield City Council and other partner organisations to reduce health inequalities in Sheffield*
2. *To improve the quality and equality of healthcare in Sheffield*
3. *To improve patient experience and access to care*
4. *To ensure there is a sustainable, affordable healthcare system in Sheffield*
5. *Organisational development to ensure we meet organisational health and capability requirements*

Our Values:

Empowering

- Ensure communications and engagement with our stakeholders is accessible, meaningful and facilitates their involvement
- Consult with and include others in decisions that affect them and demonstrate we have listened
- Speak up if we think something is not right, support and encourage others to do the same
- Appreciate and recognize others qualities and contributions and work collaboratively to achieve the best outcomes

Progressive

- Strive for continuous improvement in services, outcomes and patient experience
- Work collaboratively with all our partners and stakeholders
- Welcome and learn from constructive challenge and feedback
- Use evidence to drive innovation and improvement

Fair, Honest, Responsive and Accountable

- Act in a way that is consistent with values and principles of the CCG and the NHS
- Do what we say we are going to do
- Evaluate, share and learn from the outcomes of our decisions
- Clearly communicate and record how decisions are made

Compassionate and Caring

- Actively listen to understand different points of view
- Respect and promote diversity, inclusivity and address health inequalities
- Be sensitive to the needs, priorities, abilities and aspirations of others, valuing every person as an individual
- Be polite, courteous and respectful of difference.

1.8 This improvement plan sets out a series of transactional as well as behavioural improvements that together we hope will improve staff and partner experience of working with us

2. Who Is Responsible?

2.1. It is important to acknowledge that the Governing Body and the Executive Team fully accept responsibility for the improvements required and have committed to ensuring that the improvement plan is delivered. As part of this we are asking our staff and our partners to continue to share their feedback on how things are going so that we are able to assess improvement

2.2. Our actions for developing the improvement plan will be signed off by our Governing Body

2.3. Our Chair and Interim Accountable Officer are ultimately responsible for implementing the plan

2.4. To help us move forward as an organisation, we have appointed Mike Potts, a former NHS chief executive, as an Independent Development Director. Mike will work part-time until October supporting both the development and the monitoring of the improvement plan

2.5. Each of the improvement themes has an identified Governing Body and Executive Director Sponsor to oversee progress and help address and barriers. And each of the actions has an identified executive and operational lead

2.6. Ultimately our success for implementing the plan will be measured by improvement in the responses in the staff and stakeholder annual surveys as well as through the cycle of staff involvement and feedback that the improvement plan commits to

2.7. If you have any questions please contact: SHECCG.Comms@nhs.net

3. Our Commitment

3.1. We have taken time as a Governing Body to fully understanding the feedback we have received, to be confident in the actions we take and to be clear on our role in delivering the improvement that is required

3.2. We recognise that there are examples of good work and behaviours and of positive experiences, however we have also seen and heard that this has not

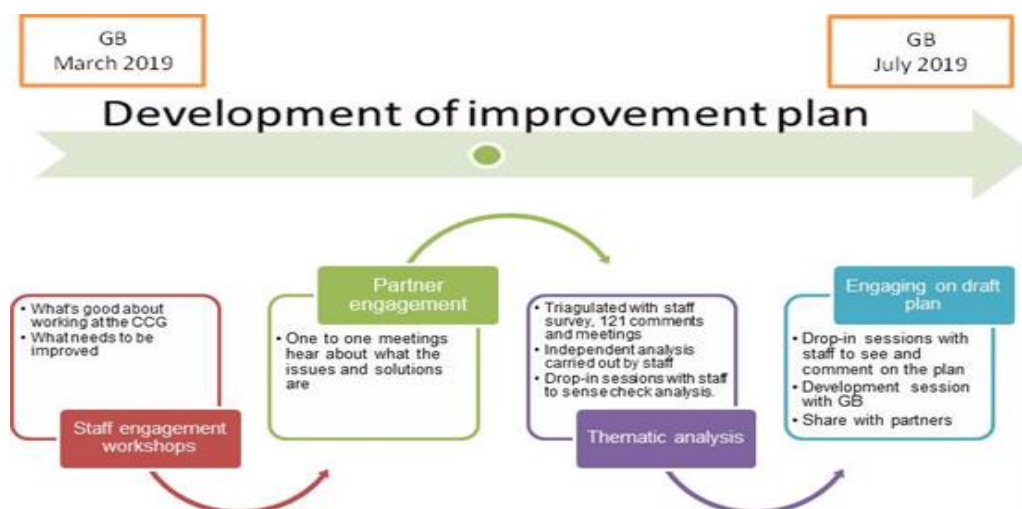
been the experience of all staff; we are sorry that this is the case.

- 3.3. We believe that each of us has a critical role in making sure that the actions we have identified make a difference and help us become an organisation where we are among the top ranking organisations for staff and stakeholder reported satisfaction.

4. How Will We Communicate Our Progress With You?

- 4.1. We will provide regular progress reports to the Governing Body, which be received in public and will be included in the papers published via the website
- 4.2. With the agreement of the Governing Body monitoring of delivery and oversight of how the improvement plan is improving the way that we work and our delivery on commissioning intentions will sit with the established Improvement Steering Group (See Appendix 1 for Terms of Reference)
- 4.3. We will provide staff with an update on progress at our regular staff briefings and members via each of the four Locality Councils, led by our Governing Body GPs
- 4.4. We will keep partners updated via our established routes of communication
- 4.5. As part of our delivery promise we are committed to continuing the engagement of staff at key stages of development, for example, using face to face sessions, workshops, surveys, learning lunches.

5. Approach



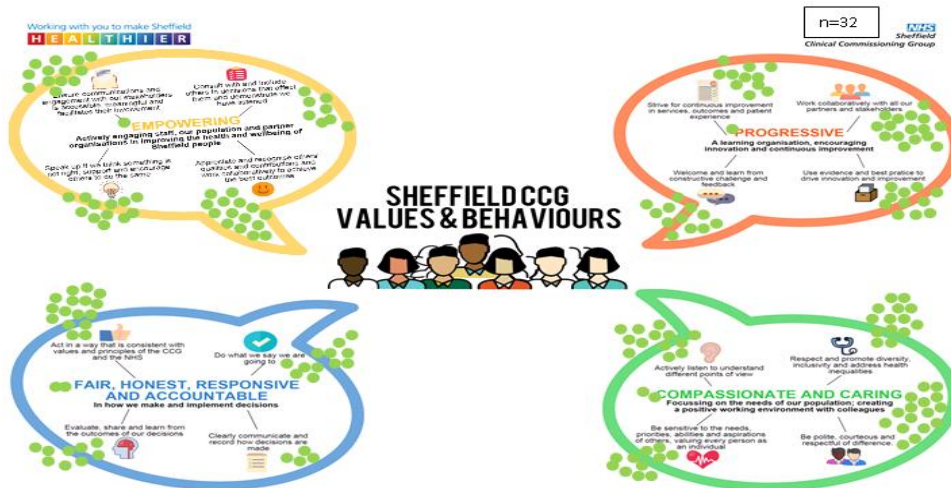
- 5.1. We established an Improvement Plan Steering Group chaired by a Governing Body Lay Member, Chris Neild, and with made up of staff forum representatives, Governing Body GP, the Independent Development Director and the Executive Director coordinating the improvement plan.
- 5.2. We spent time during March, April and May to listen to staff, member practices and stakeholders and to triangulate their views with the external 360 report
- 5.3. A focus group of our staff created a thematic analysis (see example of in section 5), to help describe what we had heard from all the sources of feedback. This was tested out with staff through drop in sessions, displays in staff areas and through the Improvement Plan Steering Group

5.4. Any feedback that was specific to individuals has been picked up directly with them

5.5. The thematic analysis, alongside the 360 report, has been used to create the actions within the improvement plan; these have been tested out with staff in drop in sessions, with the steering group, with Governing Body members and with partners through their executive meetings

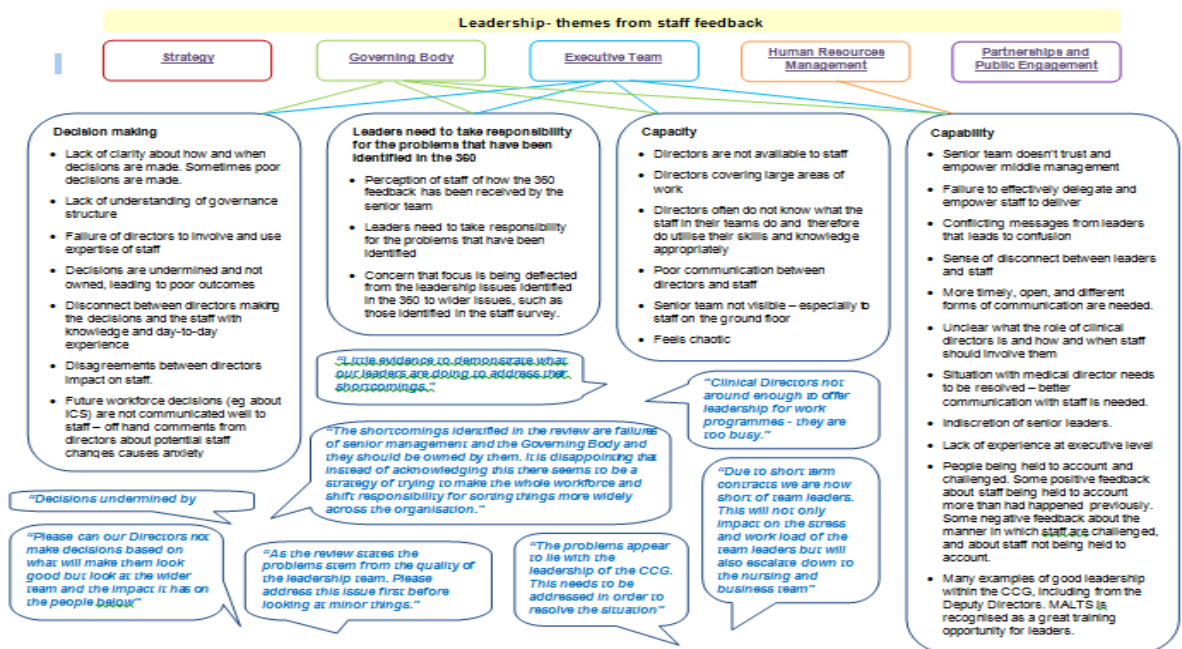
6. Themes Identified

6.1. As part of the drop in sessions we held staff were asked to consider the CCG's values and rate where they were visible. This is represented in the diagram below, with the green dots representing being positive visibility



6.2. A focus group, consisting of staff involved in the Improvement Plan Steering Group, undertook a qualitative analysis of the feedback received via staff drop in sessions, interactive feedback in the staff areas, direct feedback to Nicki Doherty or Mike Potts, and the staff survey

Fig 1. Example of thematic analysis



7. Governance


7.1. Corporate Risk Management (Corporate Risk Register)

The corporate risk register has been updated to reflect risks associated with the implementation plan and these will be monitored as part of the regular risk management process within the CCG.

7.2. Resource Implications

As part of our planning for 2019/20 funding has been allocated to support organisational development requirements and it is anticipated that these should be sufficient to implement the improvement plan.

8. The Improvement Plan

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body and Executive Director Sponsors: Chris Neil and Director of Delivery, Care Outside of Hospital 	1.1	Put in place clear commissioning strategies to support the Sheffield vision, with a clear flow from vision to delivery	D, S, P	Reconfirm our vision and its alignment to both the Long Term Plan and the Shaping Sheffield Plan (also see action 5.1)	- Improve the effectiveness as local system leader Source: Annual Stakeholder Survey - More staff who feel the CCG has a clear vision for the future - More staff who feel part of the CCG's vision for the future - More staff feel that communication between senior managers and staff is effective Source: Staff Survey	Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Oct-19	None	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Prepare a refreshed Commissioning Strategy (including Primary and Community Services) developed jointly with Accountable Care Partnership (ACP) partners that is consistent with the Long Term Plan, the Health and Wellbeing Strategy, the Shaping Sheffield Plan, Joint Strategic Needs Assessment and wider public and stakeholder engagement		Director of Delivery, Care Outside of Hospital/ Deputy Director, Care Outside of Hospital	Dec-19	None	Governing Body	In Progress
				Strengthen the commissioning arrangements in partnership with the Local Authority to provide a joint commissioning mechanism for the Accountable Care Partnership that supports the agreed priority areas: Mental Health, SEND and Frailty		Director of Commissioning and Performance/ Integration and Better Care Fund Programmes Lead	Dec-19	None	Governing Body	In Progress
				Produce a clear narrative that replaces the CCG prospectus (description of our strategic objectives) and tells the story of how the commissioning strategy will impact on the people of Sheffield		Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Dec-19	None	Governing Body	In Progress
				Develop strong Communication and Engagement Plan that underpins the strategic aims, strategic direction and supporting strategies to ensure consistent and clear messages to staff, partners and public; our vision and strategy will be consistently articulated and understood by all		Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Dec-19	None	SPEEEC	Linked to previous actions

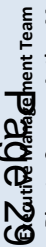
Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Strategy Governing Body and Executive Director Sponsors: Chris Neild and Director of Delivery, Care Outside of Hospital	1.2	Put in place clear commissioning strategies to support South Yorkshire and Bassetlaw Integrated Care System Priorities	D, S, P	Articulate an agreed South Yorkshire and Bassetlaw Integrated Care System (ICS) joint Commissioning Strategy that clearly describes what will be done at "Place" i.e. Sheffield and what will be done at ICS level	- Improve the effectiveness as local system leader Source: Annual Stakeholder Survey	Director of Commissioning and Performance/ Sandie Buchan	Dec-19	None	Governing Body	In Progress
				Develop a strong Communication and Engagement Plan that underpins the strategic aims, strategic direction and supporting strategies to ensure consistent and clear messages to staff, partners and public	- More staff who feel the CCG has a clear vision for the future - More staff who feel part of the CCG's vision for the future - More staff feel that communication between senior managers and staff is effective Source: Staff Survey	Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Dec-19	None	SPEEEC	Linked to previous actions

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"> 97666 Governing Body and Executive Director Sponsor: Dr Terry Hudson and Chief Nurse </p>	2.1	<p> Reaffirm the role of the Governing Body now and future </p>	<p> D, S </p>	Appointment of new Governing Body Chair		Director of Finance	Oct-19	None	Governing Body	In Progress
				Complete the planned review of the Governing Body constitution, including supporting committees. Test how the Governing Body seeks assurance about staff, patient and stakeholder satisfaction and that the organisations strategic objectives are being met		Director of Finance	May-19	None	Governing Body	Complete
				Ensure that the Governing Body has a programme of continuous development. Early priorities should include: - Shaping what the CCGs unique contribution will be to the developing ICS - reviewing effective leadership and governance of the organisation - contribution to system leadership across ACP and ICS - reviewing the model of clinical leadership and link to Clinical Directors and the the Primary Care Network - reviewing the effectiveness of member practice engagement - confirming Governing Body Member roles and links to CCG Teams and partners and ensure sufficient time allocated to effectively establish these links (links to 2.2) - understanding the organisational development required to support any associated change - strengthening the use of Governing Body Strategic Development sessions	- Improve the effectiveness as local system leader Source: Annual Stakeholder Survey - More staff know who the senior managers are Source: Staff Survey	Accountable Officer/ Deputy Director of HR and OD	Oct-19	Possible external support	Governing Body	Linked to 2.1 and 3.1; appointing the Chair and Accountable Officer
				Share and communicate the reaffirmed role of Governing Body and any changes with staff, partners and public; include a description of background skills and expertise that each member offers		Director of Finance/ Deputy Director of Communications , Engagement and Equality	Oct-19	None	Governing Body	Linked to previous actions in 2.1
				Develop an induction programme to support new members in understanding both their individual and collective roles on the Governing Body		Accountable Officer/ Deputy Director of HR and OD	Mar-20	None	Governing Body	Linked to previous actions in 2.1

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body Governing Body and Executive Director- Sponsor: Dr Terry Hudson and Chief Nurse Page 26	2.2	Strengthen the interaction of Governing Body with the staff and partners	D, S	Aligned to our visions and strategy, establish a map of critical relationships and how or where those relationships are secured; ensuring that Governing Body members are proactively interacting with staff, partners and other key stakeholders (e.g. attending practice visits, locality meetings)	- Improve the effectiveness of working relationship with the CCG - Improve the effectiveness of the CCG as a local system leader - CCG is perceived to work more collaboratively with system partners to improve the future health of the population across the whole system Source: Annual Stakeholder Survey - More staff know who the senior managers are - More staff feel that communication between senior managers and staff is effective Source: Staff Survey	Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Dec-19	None	Governing Body	Linked to 1.1 and 1.2
				Introduce ways in which Governing Body members interact more with staff e.g. board to floor days, learning lunches and team briefs with Governing Body members, staff encouraged attend Governing Body meetings and feedback to staff etc.		Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Oct-19	None	Governing Body	In Progress
				Papers to Governing Body to be presented by a Clinical Director/Lead or relevant member of staff. Staff coached and supported in how to effectively engage with Governing Body in formal meetings		Director of Finance/ Committee Secretary & PA to Director of Finance	Jul-19	None	Governing Body	In Progress
				Picture display of Governing Body members on ground and first floors of the CCG		Director of Finance/ Corporate Services Risk and Governance Manager	Jul-19	Cost of producing	Governing Body	In Progress

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body Governing Body and Executive Director Sponsor: Dr Terry Hudson and Chief Nurse	2.3	Building on the established values and behaviours develop an approach that demonstrates their application in everything that we do	D, S, P	Reconfirm that current agreed values and behaviours are still valid and if so turn them into a more accessible statement of intent	- Improve the effectiveness of working relationship with the CCG Source: Annual Stakeholder Survey - More staff are aware of the organisation's statement of values - More staff feel managers demonstrate values at work - More staff feel other colleagues demonstrate values at work Source: Staff Survey	Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Oct-19	None	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Prepare a clear communication plan that reaffirms these values and behaviours and how they will become embedded into how the organisation does business - this might include a value of the month to promote how these are being lived and breathed within the organisation		Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Oct-19	None	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Lead and embed the values as part of a comprehensive organisational development session (see action 4.1)		Accountable Officer/ Deputy Director of HR and OD	Mar-20	None	Governing Body	Linked to 3.1; appointing the Accountable Officer

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Executive Management Team Governing Body and Executive Director Sponsor: Anthea Morris and Accountable Officer Page 28	3.1	Confirm sufficient executive team capacity and the right capabilities/skills to meet the needs of the organisation	D, S, P	Appoint an interim Accountable Officer	- Improve the effectiveness of the CCG as a local system leader Source: Annual Stakeholder Survey - More staff feel their team has a set of shared objectives - More staff know who the senior managers are - More staff feel that communication between senior managers and staff is effective Source: Staff Survey	Chair	Jun-19	None	Governing Body	Complete
				Agree a set of shared corporate objectives with named Executive Director leads; shared with staff and stakeholders		Accountable Officer/ Deputy Director of HR and OD	Sep-19	None	Governing Body	In Progress
				Undertake a skills audit to identify whether there are any gaps in the skills of the executive team. (linked to 4.1)		Accountable Officer/ Deputy Director of HR and OD	Oct-19	Possible external support	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Review effectiveness of the Executive Team and current management arrangements; are roles and responsibilities clear and appropriately apportioned. Clarify who are members of the Executive Team. to 5.1		Accountable Officer/ Deputy Director of HR and OD	Oct-19	Possible external support	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Better utilise the skills of the Deputy Directors and empower them to act and play a more central role in the CCGs management team		Accountable Officer/ Director of Commissioning and Performance	Dec-19	None	Governing Body	In Progress

Theme	Action No	Action	Action Source D - 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
 Governing Body and Executive Director Sponsor: Anthea Morris and Accountable Officer	3.2	Re-establish and enforce the CCG Operating Model; establishing a robust commissioning methodology	D, S	Embed a clear business planning process, including alignment of resource to priorities and an audit of attendance at meetings	- Improve the effectiveness of the CCG in improving health outcomes for its population - Improve the effectiveness of the CCG in reducing health inequalities - Improve the effectiveness of the CCG in improving quality of local health services - Improve the effectiveness of the CCG in delivering value for money Source: Annual Stakeholder Survey - More staff feel their role makes a difference to patients/service users - Fewer staff feel they have unrealistic time pressures - Fewer staff feel unwell as the result of work related stress Source: Staff Survey	Director of Commissioning and Performance/ Sandie Buchan	Aug-19	PMO Capacity	Audit and Integrated Governance Committee	In Progress
				Reaffirm and enforce PMO framework with Executive Director Leadership		Director of Commissioning and Performance/ Sandie Buchan	Sep-19	PMO Capacity	Audit and Integrated Governance Committee	In Progress
				A single ACP improvement methodology e.g. microsystems		Director of Commissioning and Performance/ Sandie Buchan	Mar-20	Cost of training	Audit and Integrated Governance Committee	In Progress
				Review of effectiveness of SMT meeting as well as the productive meeting structure		Accountable Officer /Business Manager to the Chair & Accountable Officer	Sep-19	PMO Capacity	Audit and Integrated Governance Committee	Linked to 3.1; appointing the Accountable Officer
				Implement new standards for meetings to ensure consistency in quality of papers		Director of Commissioning and Performance/ Business Manager to the Chair & Accountable Officer	Apr-19	None	Governance Sub Committee	Complete
				Implement audit cycle for monitoring effectiveness of supporting processes and policies and how they support commissioning better outcomes and the delivery of our strategies		Director of Commissioning and Performance/ Sandie Buchan	Mar-20	None	Audit and Integrated Governance Committee	In Progress

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status		
30 Executive Management Team Governing Body and Executive Director Sponsor: Anthea Morris and Accountable Officer	3.3	Review the model of clinical leadership to ensure it is fit for purpose both now and in the emerging ACP and ICS landscape	D, S, P	Immediately address the gap in children's commissioning by appointing a clinical lead	- Improve the effectiveness of working relationship with the CCG - Improve the effectiveness of the CCG as a local system leader - CCG is perceived to work more collaboratively with system partners to improve the future health of the population across the whole system Source: Annual Stakeholder Survey	Chief Nurse	May-19	None	Governing Body	Complete		
				Establish a clear understanding of the statutory roles and responsibilities of the Local Authority and CCG in relation to children's services and how these work harmoniously together		Chief Nurse/ Head of Commissioning	Oct-19	Possible resource implications to cover secondment	Governance Sub Committee	In Progress		
				Greater clarity and understanding about the role of clinical leadership and the relationship between Clinical Directors and the GPs on the Governing Body and their collective offer to the wider system (linked to 2.1)		Chair/ Medical Director	Oct-19	Possible external support	Governing Body	Linked to 3.1; appointing the Accountable Officer		
				Organisational development plan to support clinical leadership (see action 4.1)		Accountable Officer/ Deputy Director of HR and OD	Jan-20	None	Governing Body	Linked to 3.1; appointing the Accountable Officer		
	3.4	Ensure sufficient leadership and capacity for the primary care team	D, P	An external review of the primary care team capabilities and capacity has already been complete (October 2018), these actions need to be fully implemented and given time to be embedded; supported by clear communications to member practices to ensure clarity on roles and how to engage	- Improve the effectiveness of working relationship with the CCG Source: Annual Stakeholder Survey - More staff feel that there are enough staff in the organisation for them to be able to do their job properly Source: Staff Survey	Director of Delivery, Care Outside of Hospital/ Deputy Director, Care Outside of Hospital	Aug-19	None	Primary Care Commissioning Committee	In Progress		
				Complete recruitment to primary team and embed new structure to create capacity and more effective working						Jun-19	None	Complete
				Agree a programme of development and support with NHSE to strengthen the leadership across the primary care team						Aug-19	None	In Progress

Theme	Action No	Action	Action Source D - 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body and Executive Director Sponsor: Anthea Morris and Accountable Officer Executive Director Page 31	3.5	Lead by Example: Values and Behaviours	D, S, P	The values and behaviours will be visible in everything we do; staff will be encouraged to let us know when they are not	- Improve the effectiveness of working relationship with the CCG - Improve the effectiveness of the CCG as a local system leader - CCG is perceived to work more collaboratively with system partners to improve the future health of the population across the whole system Source: Annual Stakeholder Survey - More staff are aware of the organisation's statement of values - More staff feel managers demonstrate values at work - More staff feel other colleagues demonstrate values at work - Fewer staff experiencing bullying from managers or work colleagues over the last 12 months Source: Staff Survey	Accountable Officer/ Deputy Director of HR and OD	Jan-20	Possible external support	Governing Body	Linked to 2.3
				Instigate a programme of corporate leadership development firstly for the executive team and then to cover the wider leadership team e.g. deputy directors. This will include: - How to work effectively as a team - How to lead by example and live and breath the organisation agreed values and behaviours - Empowering the organisation and its staff - How to protect time to meet, talk, reflect and agree a united view on how to effectively lead and support the organisation - Understanding each others strengths and weaknesses and how to support each other as an effective Executive Team. - Embed a corporate culture across all directorates including nursing - How the wider leadership team support and work effectively as a coherent team			Mar-20	Possible external support	Governing Body	Linked to 3.1; appointing the Accountable Officer
	3.6	Executive Director Surgeries	S	Staff able to drop in to see a director (independent of the directorate they below to) to discuss thoughts, feedback and ask any questions	- More staff feel able to make suggestions to improve the work of their team/department - More staff feel secure about raising concerns about clinical practice - More staff who report an experience of bullying if it happens Source: Staff Survey	Director of Commissioning and Performance/ Business Manager to the Chair & Accountable Officer	Jul-19	None	Governing Body	In Progress

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Governing Body and Executive Director: Sponsor: Mandy Forrest and Director of Commissioning and Performance 7 (Clinical) & 10 (GP) Management	4.1	Instigate an organisational development programme that develops a clear CCG identity within the context of the Integrated Care System and the Accountable Care Partnership	D, S, P	Review the robustness of the existing HR and Organisational Development Strategies (which include Talent Management and Coaching) to test whether they continue to be fit for purpose	- More staff feel that the organisation acts fairly with regard to career progression/promotion	Accountable Officer/ Deputy Director of HR and OD	Jan-20	None	Governing Body	In Progress
				Agreed values and behaviours to be embedded in recruitment and to be lived by all staff promoting strong working relationships internally and externally	- More staff who feel there are opportunities for flexible working - More staff able to make improvements happen in their area of work	Accountable Officer/ Deputy Director of HR and OD	Jan-20	None	Governing Body	Linked to 2.3
				Create a culture which - embraces protected time to think, to innovate and to cultivate relationships (which includes a clear understanding of the ICS/ACP) - engages staff using appropriate channels - supports staff to understand their purpose and the difference we make to the Sheffield population - empowers staff in their day to day roles to realise their potential and maximise talent across the city - encourages quality feedback to each other - encourages staff to take personal responsibility for their own performance and growth and supports the achievement of their own goals, the team and organisation through an effective Performance Development Review scheme - is transparent and inclusive, which defines expectations of managers at all levels and provide appropriate training and development which includes training in effective people and HR management - champions Wellbeing; championed by representative staff from each area of the organisations and is supported by managers, MHFA's, Occupational Health and the Employee Assistance Programme - promotes trust enabling all staff to make informed and innovative decisions	- More staff who look forward to going to work - Fewer staff experiencing bullying from managers or work colleagues over the last 12 months - More staff who report discussing values of the organisation as part of their appraisal - More staff who feel their appraisal helped improve how they do their job, gave clear objectives for their work and left them feeling valued by the organisation - More staff who feel supported by their immediate line manager - More staff who feel supported in receiving training learning or development - More staff who feel they have an opportunity to use their skills - More staff who feel satisfied with the amount of responsibility that they are given - More staff always know what their work responsibilities are - More staff feel they get the respect they deserve from colleagues at work - More staff feel that communication between senior managers and staff is effective - More staff feel senior managers involve them in important decisions Source: Staff Survey	Accountable Officer/ Deputy Director of HR and OD	Jan-20	None	Governing Body	Linked to 3.1; appointing the Accountable Officer

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Human Resource Management Governing Body and Executive Director Sponsor: Mandy Forrest and Director of Commissioning and Performance	4.1	Instigate an organisational development programme that develops a clear CCG identity within the context of the Integrated Care System and the Accountable Care Partnership	D, S, P	Enable confidence in the reasonable application of policies and procedures to support staff in their working lives	Please see above	Accountable Officer/ Deputy Director of HR and OD	Jan-20	None	Governing Body	In Progress
				Enable good quality training and mentoring support available for all staff		Accountable Officer/ Deputy Director of HR and OD	Jan-20	None	Governing Body	In Progress
				Undertake a skills audit to understand better utilise the skills and expertise within the CCG (linked to 3.1)		Accountable Officer/ Deputy Director of HR and OD	Jan-20	None	Governing Body	Linked to 3.1
				A separate organisational programme to support the Continuing Health Care staff		Chief Nurse/ Head of CHC/Head of Contracts SHSC	Oct-19	None	Governing Body	In Progress

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
to report Human Resource Management Governing Body and Executive Director Sponsor: Mandy Forrest and Director of Commissioning and Performance	4.2	Ensure strong and effective HR advise and support to the CCG	D, S	Executive responsibility to be placed under the Accountable Officer; this will need to be reviewed as part of action 3.1	- More staff feel that the organisation acts fairly with regard to career progression/promotion - More staff who feel there are opportunities for flexible working - More staff who report discussing values of the organisation as part of their appraisal - More staff who feel their appraisal helped improve how they do their job, gave clear objectives for their work and left them feeling valued by the organisation - More staff who feel supported in receiving training learning or development - More staff feel that senior managers act on staff feedback - Fewer staff experiencing bullying from patients/service users, relatives or members of the public during the last 12 months Source: Staff Survey More staff feel that bullying and harassment cases are dealt with well Source: HR Policy Audit	Accountable Officer	Apr-19	None	Governing Body	Complete
				Consider options for strengthening the HR support to the organisation to include access to specialist advise where appropriate. Ensure that there is a strong HR voice that is empowered to stop the process where agreed policy or procedure is not being followed		Accountable Officer/ Deputy Director of HR and OD	Jan-20	Possible additional capacity		In Progress
	4.3	Policies and Procedures that Support and Promote Good Human Resource Management		Implement audit cycle for monitoring effectiveness of policies in how they support staff; linked to the current process for review of policies with staff forum and staff side		Accountable Officer/ Deputy Director of HR and OD	Dec-19	None	Audit and Integrated Governance Committee	Linked to 3.1; appointing the Accountable Officer
				Bring forward review of whistleblowing policy with particular focus on Freedom to Speak Up Guardian		Accountable Officer/ Deputy Director of HR and OD	Oct-19	None		Linked to 3.1; appointing the Accountable Officer
				Proactive review of HR casework e.g. Tribunals/Appeals/Grievances etc. on their conclusion to reflect the learning back into the organisation in the spirit of continuous improvement		Accountable Officer/ Deputy Director of HR and OD	Oct-19	None	Audit and Integrated Governance Committee	In Progress
				Ensure robust process for PDRs for all staff that informs the CCG's training and development plan; consider embedding 360 review as part of the annual PDR process		Accountable Officer/ Deputy Director of HR and OD	Mar-20	None		In Progress
				Review whether existing policies support public facing staff in managing interactions and any additional policy or procedure that is required		Accountable Officer/ Deputy Director of HR and OD	Jan-20	None		In Progress
				Ensure all staff have attended the training programme for line managers that supports them in their roles, e.g. writing job descriptions and person specifications that attract the right candidates		Accountable Officer/ Deputy Director of HR and OD	Mar-20	None		In Progress

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
CCG Human Resource Management Governing Body and Executive Director Sponsor: Mandy Forrest and Director of Commissioning and Performance	4.4	Promoting health and wellbeing at work and a healthy work life balance	S	Actively promote flexible working to support work life balance	- More staff feel the CCG takes positive action on health and wellbeing - More staff who feel there are opportunities for flexible working - Fewer staff experiencing MSK problems as the result of work activities - More staff who feel the CCG has made adequate adjustments to enable them to carry out their work - Fewer staff reporting work related stress during the last 12 months - More staff who feel they have adequate materials, supplies and equipment to do their work - More staff feel the CCG takes positive action on health and wellbeing Source Staff Survey	Accountable Officer/ Deputy Director of HR and OD	Mar-20	Possible external support	Audit and Integrated Governance Committee	Linked to 3.1; appointing the Accountable Officer
				Refresh the Staff Benefits Scheme		Accountable Officer/ Deputy Director of HR and OD	Nov-19	None	Audit and Integrated Governance Committee	Linked to 3.1; appointing the Accountable Officer
				Agree a digital strategy that supports agile working across partner organisations, allows sufficient hot desks and associated hardware in 722 that supports agile working. Consider an external review of how effective the infrastructure is to support agile working		Director of Commissioning and Performance/ Deputy Director of IT	Dec-19	Likely capital and recurrent cost Interdependency with ICS delivery	Governing Body	In Progress
				Ensure HR and Freedom to Speak Up Director and Governing Body Sponsors known by all staff		Accountable Officer/ Deputy Director of HR and OD	Dec-19	None	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Refresh Induction Pack to include e.g. strategic objectives, strategies, learning and development opportunities		Accountable Officer/ Deputy Director of HR and OD	Dec-19	None	Audit and Integrated Governance Committee	Linked to 3.1; appointing the Accountable Officer
				Named leads within teams to support wellbeing and learning and development		Accountable Officer/ Deputy Director of HR and OD	Mar-20	None	Audit and Integrated Governance Committee	In Progress

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Human Resource Management Governing Body and Executive Director Sponsor: Mandy Forrest and Director of Commissioning and Performance Page 36	4.4	Promoting health and wellbeing at work and a healthy work life balance	S	Ensure that there is in place an up to date and easily accessible Staff Finder Directory		Accountable Officer/ Deputy Director of HR and OD	Dec-19	None	Audit and Integrated Governance Committee	In progress
				Actively promote activities that support health and wellbeing (e.g. FIKA, Walk Don't Email)	- More staff feel the CCG takes positive action on health and wellbeing - More staff who feel there are opportunities for flexible working - Fewer staff experiencing MSK problems as the result of work activities	Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Oct-19	None	Audit and Integrated Governance Committee	In progress
				Establish a pool of "Staff Buddies" - people who can support staff during challenges e.g. starting new role, performance issues, returning to work etc.	- More staff who feel the CCG has made adequate adjustments to enable them to carry out their work - Fewer staff reporting work related stress during the last 12 months	Accountable Officer/ Deputy Director of HR and OD	Dec-19	None	Audit and Integrated Governance Committee	In Progress
				A listening and Learning Organisation: establish a regular staff engagement and feedback programme	- More staff who feel they have adequate materials, supplies and equipment to do their work - More staff feel the CCG takes positive action on health and wellbeing	Accountable Officer/ Deputy Director of HR and OD	Jan-20	Possible external support	Audit and Integrated Governance Committee	In Progress
				Staff Engagement: ensure that when staff are asked to engage on particular topics there is broad representation of staff groups and that all are given the opportunity to take part	Source Staff Survey	Accountable Officer/ Deputy Chief Nurse	Oct-19	None	Audit and Integrated Governance Committee	In Progress

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
<p style="text-align: center;">IS Shared Partnerships and Collaborative Engagement Governing Body and Executive Director Sponsor: Prof. Mark Gamsu and Director of Finance</p>	5.1	<p style="text-align: center;">Shaping up the CCG's offer in the future Integrated Care System and Accountable Care Partnership arrangements</p>	D, S, P	Instigate ACP and ICS staff briefings, where appropriate with wider ACP or ICS representation	<p>- Improve the effectiveness of working relationship with the CCG - Improve the effectiveness of the CCG as a local system leader - The CCG is perceived to work more collaboratively with system partners to improve the future health of the population across the whole system - When commissioning/decommissioning services the CCG is perceived to better: involve the right individuals and organisations; ask the right questions at the right time; engage effectively with patients and public; demonstrate it has considered views of patients and public Source: Annual Stakeholder Survey - More staff know who the senior managers are Source: Staff Survey</p>	Accountable Officer/ Deputy Director of Communications , Engagement and Equality	Jul-19	None	Governing Body	In Progress
				In conjunction with ACP partners agree a statement of functions, skills and relationships that we each provide, with a clear understanding of how provision, partnership and commissioning functions connect (link to 4.1)		Accountable Officer/ Deputy Director of HR and OD	Jul-19	None	Governing Body	Linked to 4.1
				Develop a strong organisation development approach across partners that strengthens and develops our collective skills and developing roles, including the Primary Care Networks		Accountable Officer/ Deputy Director of HR and OD	Jan-20	Possible external support	Governance Sub Committee	Linked to 3.1; appointing the Accountable Officer
				In conjunction with ACP partners actively promote and demonstrate the shared values and behaviours that we have jointly committed to		Accountable Officer/ Deputy Director of HR and OD	Mar-20	None	Governing Body	In Progress
				Agree with partners in the ICS and ACP "Corporate Days": For Place, For ICS and for each Organisation		Accountable Officer/ Business Manager to the Chair & Accountable Officer	Jul-19	None	Governing Body	Linked to 3.1; appointing the Accountable Officer
				Streamline executive leadership responsibility across partners in the ACP		Accountable Officer/ Director of Commissioning and Performance	Mar-20	None	Governing Body	Linked to 3.1; appointing the Accountable Officer
				As part of the business planning, undertake an audit of meetings within the CCG and across the ICS and ACP to ensure effective use of time and resource and potentially reduce the number of meetings staff are required to attend		Director of Commissioning and Performance/ Sandie Buchan	Jan-20	None	Governing Body	Linked to 3.2

Theme	Action No	Action	Action Source D- 360 S - Staff P - Partners	What needs to be done?	What will the impact be?	Exec/ Operational Lead	Timeframe	Resource Implications	Board Assurance Mechanism	Status
Partnerships and Public Engagement Governing Body and Executive Director Sponsor: Prof. Mark Gamsu and Director of Finance	5.2	Single Commissioning/ Strategic Planning Cycle for the Accountable Care Partnership	P	Develop an agreed strategic planning process that all partners understand contribute to and promote	- Improve the effectiveness of working relationship with the CCG - Improve the effectiveness of the CCG as a local system leader - The CCG is perceived to work more collaboratively with system partners to improve the future health of the population across the whole system	Director of Commissioning and Performance/ Jennie Milner	Dec-19	None	Primary Care Commissioning Committee	In Progress
	5.3	Demonstrating Listening and Action in relation to patient and public involvement and engagement	D, S, P	Report from the Strategic Patient Engagement, Experience and Equality Committee (SPEEEC) to Governing Body to cover the actions taken and agreed by commissioners in response to the engagement that has been undertaken and the feedback that has been received	- When commissioning/decommissioning services the CCG is perceived to better: involve the right individuals and organisations; ask the right questions at the right time; engage effectively with patients and public; demonstrate it has considered views of patients and public Source: Annual Stakeholder Survey - More staff know who the senior managers are	Director of Delivery, Care Outside of Hospital/ Deputy Director of Communications , Engagement and Equality	Jul-19	None	SPEEEC	In Progress

9. Appendix 1

Suggestions	Action Plan Ref.
Strategy	
In developing this year's operational plan (2019/2020) the team should ensure clearer links to the place-based plan and the ICS strategy	1.1, 1.2, 3.2
The Governing Body should oversee the development of a CCG strategy and implementation plan that clearly identifies the CCG role with priorities and milestones in key programme areas – all aligned to the place-based plan and the ICS strategy.	1.1, 1.2, 3.2
The executive team should develop a clear narrative about the unique role and contribution of the CCG – and test this with partners	1.1, 1.2, 5.1
Governing Body	
Once the on-going investigation is finalised the GB should undertake a review of how it was handled and embed the outcomes in the on-going development plan for the GB.	4.3
Members of the GB should consider how they can be more visible to staff, in all parts of the CCG, and ensure they receive intelligence and feedback from a wide variety of sources	2.2
The GB needs to identify a small number of ambitious priorities and seek detailed strategies from the leadership team to underpin delivery of the CCG's high level vision	1.1, 1.2, 2.1
The GB should review the skills within its executive team and consider whether these are the right combination to lead the CCG forward	3.1
The GB should address the perception that it is not supportive of those presenting at its meetings	2.1, 2.3
The GB needs to strengthen the children and young people's voice through training and support to all members, especially those with lead responsibilities, and ensure strategies are aligned to those of the Council	2.1, 3.3

Executive Team	
In this time of change (e.g. in relation to the ICS) the executive team should ensure that commissioning processes and decision-making structures for transformation programmes are clear to all.	3.2, 5.1, 5.2
The executive team needs to spend more time agreeing a shared position on key issues which are aligned to strategic intentions and communicate these consistently e.g. by emphasising alignment to the place-based plan.	3.1, 3.2
Where programmes are not delivering, there needs to be a collaborative consideration about the root cause and how this can best be unblocked.	3.2
The executive team needs to consider how their actions are perceived by staff and seek to emphasise organisational values in a deliberate and consistent way.	3.1, 3.5
The Team should build on the good work to improve staff communication to create a strategic organisational development plan which starts with values and addresses future ICS developments. This should link to individual director's appraisals and personal development plans as well as GB development.	4.1
Any sustained disagreement between individual directors needs urgent resolution, with external support if needed.	3.1, 3.5
The executive team should determine the root cause of stakeholder concerns about strategy and a strategic approach and address these.	Done through triangulation process
The team needs to understand the specific issues within the nursing directorate and draw up an organisation-wide plan, under the leadership of the Chief Nurse with a Governing Body sponsor.	3.5
A review needs to be undertaken of leadership and capacity relating to primary and community care commissioning-aligned to the proposed strategy	3.4
The role of the clinical directors should be formally reviewed to ensure they are able to achieve their potential within formal structures. Renewed efforts should be made to recruit a clinical director to lead the children and young people's programme area.	3.3

Human Resources Management	
The Governing Body should review the executive management structure for HR to order to provide assurance to staff of its independence.	4.2
The Governing Body and Executive Team should create opportunities to listen to 'soft' feedback from HR.	2.1, 4.1, 4.2, 4.3
The current programmes of staff communication and staff support should be continued and developed in the context of the proposed value-based organisational development plan.	4.1, 4.4
In the short term, consideration should be given to developing a more visibly value-based approach to staff management and engagement.	4.1, 4.4
On-going attention needs to be paid to alignment with organisational values in recruitment, performance management and grievance processes	4.3
Even more support needs to be given to staff pursuing bullying and harassment cases, especially those in junior roles.	4.1, 4.3
Partnerships and Public Engagement	
The executive team should work with partners to establish a process to thoroughly understand the issues associated with joint commissioning and new models of strategic commissioning and agree a plan to progress them.	5.1, 5.2
The CCG should not recommence the review and consultation on urgent care without further discussion with partners and full completion of the initial gateway in the NHSE Service Change Assurance Process.	3.2, 5.1, 5.2
The SPEEC should review engagement with relatives and patients regarding CHC processes, seeking views from a variety of sources, including the relatives' support group directly. If possible it should work jointly with the local authority to improve engagement with this stakeholder group, underpinned by integrated care pathways.	4.1, 5.3

10. Appendix II



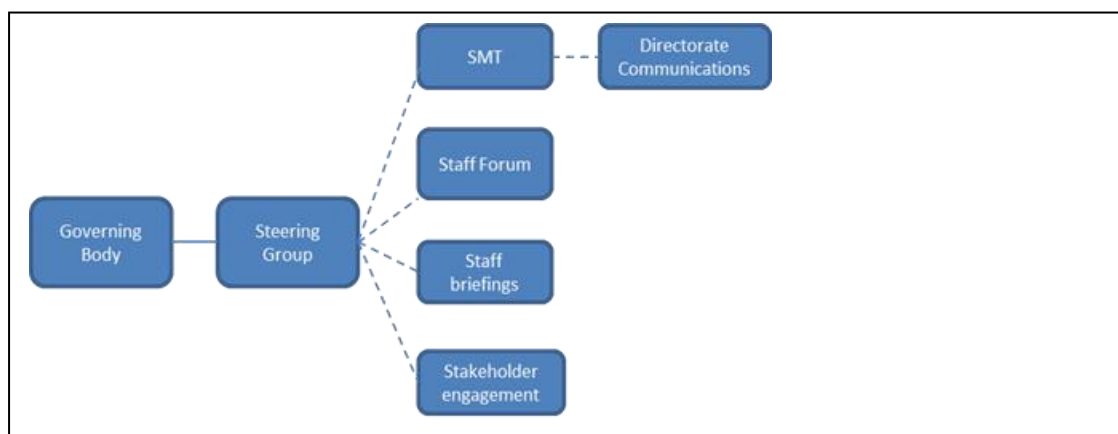
Terms of Reference

Name of Committee/Group	Improvement Plan Steering Group
Type of Committee/Group	Group

1. Purpose of Committee/Group	<p>The Improvement Plan Steering Group has been established to provide internal assurance, challenge and oversight of the successful development and implementation of the improvement plan.</p> <p>In developing the plan the Steering Group will ensure that appropriate processes are adopted to deliver robust staff/stakeholder involvement and engagement, identification of resources including financial implications and that risks are identified and mitigated.</p> <p>As the Improvement Plan is implemented the steering group will have oversight of implementation and ensure that the intended impact of the actions is being achieved.</p> <p>Ensure that the Improvement Plan is developed and agreed in line with the timescale agreed with NNS England.</p> <p>This is a time limited group for 6 months in the first instance.</p>
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2. Authority/Accountability	<p>The Governing Body resolved to establish a Group to be known as the Improvement Plan Steering Group. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Group.</p> <p>The Steering Group will operate at all times in accordance with the Governing Body's Standing Orders and Prime Financial Policies. It will ensure that it conducts its business in accordance with the principles of good governance and the Nolan seven principles of public life.</p> <p>The Steering Group will support communication of progress to ensure involvement and engagement of staff; this will be done via agreed mechanisms to ensure that there are clear messages and two-way communication. Members will work with the nominated communications lead, our Deputy Director of Communications, Engagement and Equality.</p>
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The Steering Group will be accountable to the Governing Body and report regularly to them on progress of delivery against the agreed objectives as detailed in the terms of reference.



3. Objectives of Committee/Group

- For management and staff to co-produce an improvement plan that builds trust and confidence that the plan will address and deliver the issues that have been identified
- Provide oversight of the improvement plan to ensure key themes are robust and deliverable and are clearly linked back to, and reflect, staff and wider stakeholder feedback
- To provide timely, appropriate, sensitive, consistent and coordinated stakeholder communications/engagement
- Identify resource implications (including financial investment) and ensure appropriate governance arrangements are in place and adhered to.
- To provide assurance and oversight of a communication plan and its delivery, both internally and externally.
- To ensure the actions in the action plan are SMART (Specific; Measurable; Achievable; Realistic; Timely)
- Mitigation of risks associated with delivery are monitored via the corporate risk register
- The Programme Management Office will monitor delivery of the plan in accordance with the CCG's normal business management processes.
- To review the role of the Group in October 2019.

4. Membership
<ul style="list-style-type: none"> • Lay Member – Systems and Leadership (Chair) • Accountable Officer (Executive Senior Responsible Officer) • Director of Delivery – Care Outside of Hospital / Executive Lead for coordination and delivery of the Improvement Plan • Governing Body GP • Clinical Director • Independent Director of Development, Co-opted member • CHC Nurse • Staff Forum Members (<i>core membership to be agreed for consistency</i>) • Programme Management Office representative • Communications representative • Human Resources representative • Staff Side Co-ordinator • Finance Representative

5. Attendees
<p>Note: Attendees should be referred to by title not name. Minute taker should be stated either as member or in attendance.</p> <p>The Steering Group will have the flexibility to invite others to attend their meetings for specific agenda items as felt appropriate. These people should be referred to as in attendance for that specific item. Minute taker should be in attendance</p>

6. Quorum
<p>GP Board Member/Lay Member Systems & Leadership (Chair)/Director of Delivery – Care Outside of Hospital/Independent Improvement Director. For Quoracy the Steering Group requires 2 of these members present.</p> <p>2 x Staff Forum members 1 x other member</p>

7. Frequency and Notice of Meetings
--

	Note: Include frequency of meetings and agenda and papers
	Every 2 weeks until the end of May, then Monthly thereafter

8.	Minutes and Reporting Arrangements
	Note: Detail Governing Body/Committee/Group/Individual reporting to. Also state which of minutes/action points/assurance to be given to which Governing Body/Committee/Group.
	Minutes will be taken by Business Manager to Chair and Accountable Officer

9.	Meeting Effectiveness Review
	As part of the Governing Body's annual performance review process, the Improvement Plan Steering Group shall review its collective performance.

10.	Review to be conducted by Committee/Group Chair	
	Date Committee/Group established	18.3.2019
	Terms of Reference to be reviewed	26.4.2020
	Date of last review	10.4.2019

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Briefing for Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee 24 July 2019

Subject: Age-related TV Licence Policy

Author of Briefing: Emily Standbrook-Shaw, Policy and Improvement Officer
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Summary:

The BBC's recent decision to stop funding free TV licences for all over 75s from June 2020 has been controversial and high profile.

This briefing provides the Committee with information on why the decision has been made, why it has drawn criticism, and an overview of how the changes are likely to affect Sheffield, to enable the Committee to discuss the changes and identify any areas it wishes to investigate further or make recommendations on.

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

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

The Scrutiny Committee is being asked to:

- discuss the changes to free TV licences for over 75s
 - identify any issues for further investigation or recommendations to decision makers within the Council or external organisations.
-

Category of Report: OPEN

1. Introduction

- 1.1 In 2015, the UK Government decided to stop funding free TV licences for those aged over 75. The UK Parliament then gave the BBC the responsibility to decide on the future of the concession from June 2020. Following a consultation, the BBC has decided that from June 2020, any household with someone aged over 75 who receives Pension Credit will be eligible for a free TV licence funded by the BBC.
- 1.2 This decision has been controversial, and a campaign and petition led by Age UK asking that Government takes back responsibility for funding free TV licences for everyone over 75 currently has 591,152 signatures. This is over the threshold to qualify for a Parliamentary debate.
- 1.3 The Committee is asked to consider and discuss the changes, and determine whether it wishes to make any recommendations to decision makers within the Council, or in external organisations.

2. Changes to Age-Related TV Licence Policy

- 2.1 The executive summary of the BBC's decision document on age-related TV Licence policy is attached at appendix 1, and sets out how the BBC came to its decision. The full version is available [here](#). The key points are:
 - Continuing the current concession would cost £745m a year by 2021/22, which is around 18% of the BBC's spend. Finding the resources to fund this would require closure of services equivalent to BBC Two, BBC Four, the BBC News Channel, the BBC Scotland Channel, Radio 5Live, 5live Sports Extra, and a number of local radio stations. The BBC Board felt that these closures would damage the BBC for everyone.
 - The BBC Board felt that the fairest option is to establish a new scheme to focus on the poorest older pensioners, by using the Government's own measure of pensioner poverty – Pension Credit. They deemed this the fairest option to help the poorest pensioners, and for all licence fee payers as this decision will avoid substantial cuts to BBC programmes and services up to 2021/22.
 - The Board recognises that this decision will mean changes for around 4.6 million households, consisting of 2 groups:
 - 1.5 million households could be eligible for a free TV licence, of which 900,000 currently receive Pension Credit.
 - 3.75 million households will need to pay for a TV licence, although this figure would reduce if more over 75s took up Pension Credit.
 - Resources will have to be found to fund the new concession – which will cost £250m a year by 2021/22.
 - The BBC Board considers it important that the BBC and TV Licensing take steps to support people to make the transition to the new system simple.

- 2.1 Critics have expressed their concern over the proposals. The key issues Age UK is highlighting in its campaign are:
- The Government, not the BBC, should be responsible for funding free TV licences and making what are, in effect, tax and benefit decisions.
 - The importance of retaining the free TV licence for people aged over 75 because many have low disposable incomes, high levels of ill health or disability and are particularly reliant on television for companionship, entertainment, news and information.
 - Concern over linking the free TV licence to Pension Credit because:
 - this would exclude those with the very lowest incomes – those who are eligible for Pension Credit but have not claimed it – 41% of over 75s who should be getting the benefit are missing out.
 - It creates an unfair position between those who get the benefit and those with an income just above the threshold so do not.
 - A means tested system involves added complexity and older people may not feel comfortable sharing personal information, such as being in receipt of a means-tested benefit, with the BBC

Age UK's response to the BBC consultation is attached as Appendix 2, and a recent press release at Appendix 3.

3 What does this mean for the people of Sheffield?

- 3.1 According to the Office for National Statistics and the Department for Work and Pensions, there are an estimated 43,819 over 75s in Sheffield, 10,096 of who currently claim Pension Credit. A breakdown of this, and other related indicators, by neighbourhood, has been circulated as background information.

Pension Credit is a benefit administered by the Department for Work and Pensions, and people can claim Pension Credit if they have reached State Pension age and have a weekly income of less than £167.75 for single people, and £255.25 for a couple.

The licence fee changes will mean that from 2020, households in receipt of Pension Credit will be able to continue to claim a free TV licence. Those that aren't will have to pay for a licence, which currently costs £154.50 a year.

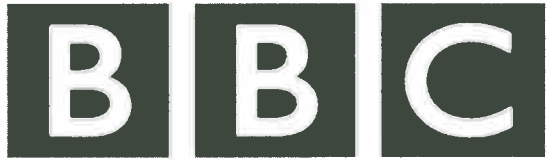
- 3.2 According to Department of Work and Pensions data, 41% of people who are eligible for pension credit do not claim it. Information on what this means in terms of numbers of people in Sheffield is not available, but we can assume that there will be a significant number of people who are eligible but don't currently claim.

Increasing uptake of Pension Credit will be the key factor in mitigating the impact of the Licence Fee changes. There are a range of services and organisations in the city that help older people understand and claim the benefits they are entitled to – Community Support Workers, Age UK, Carers Centre, Alzheimers Society etc as well as VCF groups working in communities. The Council also funds Citizens Advice through Grant Aid to give information and advice to Sheffield people.

4. Recommendation

4.1 The Committee is asked to:

- discuss the changes to free TV licences for over 75s
- identify any issues for further investigation or recommendations to decision makers within the Council or external organisations.



AGE-RELATED TV LICENCE POLICY

DECISION DOCUMENT

Executive Summary

The BBC Board's decision

In 2015, the UK Government decided to stop funding free TV licences for those aged over 75. The UK Parliament then gave the BBC the responsibility under the Digital Economy Act 2017 to decide on the future of that concession from June 2020.

From June 2020, any concession would be funded by the BBC, not by the Government. The money would have to come from the BBC's budget that goes to pay for programmes and services.

The BBC's decision would have an impact on all licence fee payers, as continuing the current concession would make the BBC significantly worse for everyone, as it would cost £745m a year by 2021/22. This is equivalent to around 18% of the BBC's spend on services today. By the end of the next decade, this would rise to over £1 billion a year.

The BBC consulted on a range of options. The BBC Board fully recognises the feedback from the consultation that there is no easy solution that everyone agrees.

The Board considered the issues very carefully. It has had detailed discussions about the advantages and disadvantages of a range of options using three criteria of fairness, financial impact and feasibility.

The Board also complied with the public sector equality duty by considering the statutory equality needs throughout the decision-making process.

The BBC Board has decided that the fairest decision is to establish a new scheme to focus on the poorest older pensioners. Any household with someone aged over 75 who receives Pension Credit¹ will be eligible for a free TV licence funded by the BBC. The Board believes this is the right policy to implement across the UK from June 2020.

The BBC Board believes that this is the fairest option to help the poorest pensioners; it protects those most in need.

It is also the fairest option for all licence fee payers as this decision will avoid substantial cuts to BBC programmes and services up to 2021/22.

The BBC Board is not making a judgment about poverty. Instead, the BBC Board has decided to use the UK Government's own framework. The Government sets and controls Pension Credit, not the BBC. The BBC Board considers that over 1.5 million households could get free TV licences if a member of that household is over 75 and receives Pension Credit.

The new scheme will cost the BBC around £250 million a year by 2021/22, depending on take-up of the scheme and implementation costs.

¹ Those in receipt of either part of Pension Credit - Guarantee Credit or Savings Credit (or both).

Finding the resources to meet this cost of around 6% of the BBC's budget will mean difficult choices for the BBC, as this money could have been used for BBC programmes and services. Despite the financial impact on the BBC, the Board believes this decision is the right one.

In reaching its decision the Board compared this proposal to copying the current concession. The impact of copying would require unprecedented closures of services, including BBC Two, BBC Four, the BBC News Channel, the BBC Scotland channel, Radio 5live and 5live Sports Extra, and a number of local radio stations.

The Board believes these closures would profoundly damage the BBC for everyone, especially older people who use the BBC the most. They would have a severe impact on the BBC's ability to deliver its mission to serve all audiences. These cuts would damage the creative economy, particularly in the nations and regions and make the BBC much worse value for money for those who do pay for their TV licence.

This is likely to lead some households to choose not to buy a TV licence, reducing BBC income even more. In the Board's view this could potentially risk a downward spiral of the BBC having to cut more services, which could reduce TV licences still further.

The estimated financial impact of the scheme the Board has decided on is that the BBC will be able to keep overall funding for its UK public services broadly in line with general inflation up to 2021/22, though still substantially reduced compared to 2010.

The acute financial pressures on the BBC are growing in a very competitive, global marketplace where costs in key areas are rising much faster than general inflation. The Board believes this is going to be a significant factor in judgements about the level of the licence fee when it next comes up for review in 2021/22.

The BBC Board considers it is vital that the BBC remains independent of Government.

In the discharge of its legal responsibilities under the Digital Economy Act, the Board has taken what it is satisfied is the right decision, on the basis of all the material it considered.

The BBC Board recognises the strong feelings expressed during the consultation about the Government taking back responsibility and funding the existing concession. This is not a matter that the BBC can resolve.

The BBC Board's view is that it is a matter for Government whether, in the light of the BBC Board's decision, Government would now wish to pay the additional costs to ensure that all over 75s could continue to receive a free TV licence. Or it could take back responsibility for the over-75s concession in its entirety, and pay for it in full. The Board is satisfied that, in summary, the BBC cannot afford to do this without making the BBC substantially worse for audiences. It has done all it can reasonably to protect the poorest over 75s. The Board has made its decision, in the discharge of its statutory functions.

The Board believes strongly that there needs to be a much more transparent public debate about funding settlements in future, rather than a process behind closed doors which does not

involve the public. The BBC will begin to set out its case and consult with audiences in the run-up to the licence fee funding negotiations in 2021/22.

The BBC Board recognises that its decision will now mean changes for around 4.6 million households, consisting of two groups. Around 1.5m of those could be eligible for a free TV licence funded by the BBC, of which 900,000 currently receive Pension Credit. We estimate that up to 3.75 million households will need to pay although this figure would reduce if more people aged over 75 took up Pension Credit.

The Board considers it important that the BBC and TV Licensing take steps to support people to make this transition simple. This is a significant change for everyone over 75.

So far as implementation is concerned, the BBC Board has decided that those aged over 75 that receive Pension Credit will be able to apply for a free TV licence using a self-verification scheme. And those households that will now have to pay for their TV licence will be able to pay by small instalments.

Consultation Response

Age UK's response to the BBC public consultation – Age-related TV licence policy

February 2019

Age UK ref: 4518

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About this consultation

Since November 2000, households that include someone aged 75 or over have been entitled to a free TV licence. In 2015 the Government announced that it would no longer continue to pay for the free licence and government funding is being abolished in stages. From 2020 responsibility for any age-related concession rests with the BBC. The consultation sets out the BBC's initial views and asks for responses to help the BBC Board decide what, if any, concession should operate from June 2020.

Key points

Age UK believes that the free TV licence for over 75s should remain. Removing or limiting the concession would have a major impact on the lives of many of our oldest citizens, particularly the most vulnerable who are living with some combination of disability, low income and loneliness.

The Government should take back responsibility for funding the free licence. It is not appropriate for the BBC, as a public sector broadcaster, to make decisions about who should receive concessions or to be responsible for funding what is, in effect, part of our welfare system.

Nearly three in ten (29%) of people aged 75+ live in poverty or only just above the poverty line. However, it's not just about income. More than half of over 75s are disabled, so are likely to have lower disposable incomes after meeting essential disability-related costs including paying for care and support, higher heating bills, extra laundry or having to use taxis.

People aged 75+ are more likely than younger people to live alone which, combined with the high levels of ill health and disability, can make them isolated and dependent on TV for companionship, entertainment, news and information.

We are very concerned that any changes could result in some older people giving up their television even if it is very important to them, while others may cut back on heating and other essential costs in order to buy a licence.

We do not believe that the alternative options are acceptable. The analysis commissioned by the BBC shows that a 50% payment or raising the age above 75 would result in lower income older households losing a higher proportion of their income than richer older households. Means-testing is not a solution either. Linking the concession to those in receipt of Pension Credit would miss the very poorest – those who are entitled to help but

have not claimed. It would also be very unfair to those with incomes just above the threshold.

1. Introduction

Age UK is a national charity that works with a network of partners, including Age Scotland, Age Cymru, Age NI and local Age UKs across England. In the UK, the Charity helps more than seven million older people each year by providing advice and support. It also researches and campaigns on the issues that matter most to older people. Our work focuses on ensuring that older people: have enough money; enjoy life and feel well; receive high quality health and care; are comfortable, safe and secure at home; and feel valued and able to participate.

Age UK welcomes the opportunity to respond to the consultation. Our response has been informed by polling we have commissioned and views expressed by individuals who have contacted us following the launch of our campaign to save the free TV licence. We have heard from people aged 75+ about how important it is for them, from those approaching 75 who are looking forward to receiving it, from younger people concerned about the position of their older relatives and from many other people who do not benefit directly from the free TV licence but believe it is important that, as a society, we provide this support to older pensioners. The quotes included in this response represent a very small selection of comments we have received.

2. Transfer of support to the BBC

Age UK's starting point in this debate is that the BBC should not have agreed to take over responsibility for free TV licences as part of new funding arrangements announced in July 2015, and the Government at the time should not have put pressure on the BBC to do so. As set out below, we believe there are continuing strong arguments for keeping the free licence but that it is the role of Government to provide this support for our oldest citizens - not the BBC. It is not appropriate for a public service broadcaster to be involved in what are, in effect, tax and benefit decisions. The BBC should not be placed in a position where it has to decide who should receive concessions or to administer a system which could involve disclosure of personal details such as financial information.

We are very uncomfortable that older people have been drawn into what is essentially a debate between the Government on one hand and the BBC on the other about the future of public service broadcasting and the ability of the BBC to continue to deliver high quality programming. We believe this is inappropriate and unfair on older people, many of whom view their television as not merely 'a box in the corner of the room' but a trusted friend and constant companion.

While the agreement was made under the previous Government, the 2017 Conservative Party manifesto, made a commitment to retain support for the TV licence to the end of the Parliament (which based on a five-year term will last until 2022 - after the current funding arrangements end). Taking back responsibility for the licence (directly or through additional funding to the BBC) is important to make sure this commitment is kept and, more generally, to ensure that the Government maintains responsibility for this important concession. We have also made our views known directly to the Government by writing to the Culture Secretary Jeremy Wright.

Some of those contacting us have also made the point that funding TV licences should be a role for the Government not the BBC.

'It is utterly wrong for the Government to have passed the responsibility for funding TV licences for older people to the BBC and totally unacceptable for the BBC to be forced into making such welfare decisions.'

3. Consultation and background papers

In general, Age UK has been disappointed by the process of consultation, including the lack of public consultation around the original decision that the BBC should take over responsibility for the concession.

The BBC commissioned Frontier Economics to carry out analysis and they produced two papers; *Concessionary TV licences and the landscape of intergenerational fairness* and *Review of over-75s funding*, the latter of which the BBC draws on heavily in the consultation paper. We are concerned that these papers appear to start from the presumption that the current concession is unfair and should be reformed. In producing their review of funding, Frontier Economics were asked to look at the implications of reinstating the existing concession and options for reform and, in particular, to look at financial impact, distributional impact, feasibility and economic rationale. However, while they have produced a detailed economic analysis, these background papers do not consider views of older (or younger) people or look at the impact that removing the concession could have on people's lives.

Furthermore, as we have already commented to the BBC, we question whether the consultation will reach, and receive adequate feedback from, those who could be most affected by changes. The questions are quite complex and the paper gives a lot of weight to different reform options with more limited space to allow people to express their views if they wish to retain the current concession. It is important that the BBC hears the voices of all older people including: those who are not online (about half of those aged 75+); people who have physical health problems or cognitive decline; and those who are less confident at responding to formal consultations. Age UK has been working to help ensure these people are supported to respond to the consultation but believe the BBC should also be proactively seeking views from disadvantaged sections of the older community.

4. Why we should keep the free TV licence

In summary, we believe it is important to retain the free TV licence for people aged over 75 because many have: low disposable incomes (especially after meeting essential costs); high levels of ill health or disability; and are particularly reliant on television for companionship, entertainment, news and information. These inter-related issues are considered further below.

'I am an OAP with a very meagre pension and TV is only source of entertainment that I have. Free TV licence has helped immensely over the past few years.'

Income and affordability

While there have been welcome improvements in the average incomes of people aged 75+ since the concession was introduced in 2000, many in this age group still live on low or modest incomes, and worryingly in recent years pensioner poverty levels have started to rise again.

- Nearly a fifth of people aged 75+ (18 per cent) are in poverty according to the most commonly used definitionⁱ and
- Around three in ten (29 per cent) are in poverty, or just above the poverty line.ⁱⁱ

But standards of living and disposable income are not just about the money coming in. People aged 75+ are more likely than younger age groups to have extra demands on their income due to health and care needs, often with limited formal care support. For example, older people may have higher heating bills because they are at home more and have restricted mobility, may need to pay for taxis if public transport is difficult to use (or not available) and may have to pay for jobs such as cleaning and decorating that they can no longer do themselves. In addition, people can face extra costs due to buying health-related items or having to pay for care services. As a result, even those who, on paper, appear to have reasonable incomes can be very hard pressed after meeting high levels of essential costs. For example, one woman who told us that television provided 'a window on the outside world' for her disabled mother said that because her mother had an occupational pension it was unlikely she would qualify if the concession was means-tested, even though in practice most of this pension went on care charges.

'It was a great relief not to have to pay when reaching 75 this year as I need to save as I am getting older & need more help with things like heating bills, food, diesel as they continually go up & as the weather is so often bad I have to stay in on my own and TV is company.'

The over 75s population have often been retired for many years. Many will have seen the real value of their retirement income falling over time as private pensions are generally not increased in line with living standards, and savings (which for many years have produced very little investment income) are drawn on. And all in this age group will have reached State Pension age well before the new State Pension was introduced which particularly benefits those who have had lower lifetime earnings. The combination of incomes falling in real terms and additional costs, can result in financial pressures. Universal benefits such as the winter fuel payment, the bus pass (for those who have a bus service and are able to use it) and, for the over 75s, the free TV licence, provide welcome support to a group who have contributed much to our society over their lifetimes.

'I am 76 and free TV is about the only free thing I get and it saves me just a little money each month to go towards keeping warm.'

Health and disability

Ill health and disability increase with age.

- Around a half (49%) of those aged 75+ have a limiting long-standing illnessⁱⁱⁱ and more than half of people aged 75+ are disabled.^{iv}
- 850,000 in the UK have dementia. Incidence increases with age and one in six people aged 80+ have dementia.^v

The high level of ill health and disability among those aged 75+ is important in the debate about free TV licences because, as set out above, this often leads to higher costs. Furthermore, health problems may limit people's ability to get out and about, making socialising harder and the television even more important.

'I am older disabled person I rely on my TV to keep me up to date with current affairs and life in general and on a low income I would struggle to pay for a licence.'

'My father has dementia and cannot drive or leave the house on his own. It is his window to the outside world. He watches quizzes which help keep his mind active. Without TV his quality of life would be sadly greatly reduced.'

Living alone, loneliness

The likelihood of living alone increases with age. Not everyone who lives alone is lonely, and not every lonely person lives alone. However, someone who is living alone is more likely to be isolated, particularly if they are older and disabled with limited mobility.

- 41% of over 75s and 49% of over 80s live alone compared to 13 per cent of all individuals.^{vi}
- Almost 2.5 million people in the UK over 75 live alone; 57% of these are women.^{vii}

Furthermore, for people living alone the cost of the licence will have to come from a single income. The £150.50 licence (£154.50 from April 2019) will therefore take up the best part (92%) of one week's income for an older person receiving the standard rate of Pension Credit guarantee whereas many households with 2 or more adults will often have more than one wage or other type of income coming in.

In recent years we have come to realise how prevalent loneliness is in our society, and we also know that for a sizeable minority of older people, television is seen as their main companion.

- Around a third (32%) of people aged 75+ in England say they are sometimes or often lonely.^{viii}

The importance of television for older people

Any threat to the over 75s free licence is worrying as we know that television plays a very important role in the lives of many, and a substantial minority see it as their main companion.

- A 2016 survey found that nearly two out of five (38%) of people aged 75+ in Great Britain agreed that television was their main form of company (these days).^{ix}
- Around nine out of ten 75+ year olds watch TV every day.^x
- Time spent watching TV increases with age and the profile of TV viewers is getting older.^{xi}

Television is not just a source of company and entertainment, it also provides news and information. This is becoming more and more important to the many older people who do not use the internet given that many public and private organisations increasingly expect people to access their services and information online.

- Just over half (51%) of people aged 75+ (over 2.6 million) in the UK have never used the internet.^{xii}

'I am an 83 yrs old disabled lady my TV is my companion & I could never afford the TV licence don't take away my only pleasure, thank you.'

'I am 77 & 7 months, and a widow alone. the television is important, I get to hear and see human faces, and also watch lovely animal programmes, and its company for me.'

If over 75s have to pay for the TV licence in the future

Worryingly, more than a fifth (22%) of people aged 75+ say they would not be able to afford the cost of the TV licence from their income, while a similar proportion (20%) say they would have to cut back on other things such as heating, food, or socialising in order to meet the cost.^{xiii} Age UK analysis also shows that having to pay an additional £150 for the licence would, have the effect of pushing over 50,000 pensioners in the UK into poverty.^{xiv}

'As a senior citizen, every single penny counts. As we get older, we need more warmth and it would be dreadful to have to choose between staying warm or possibly having to give up my TV, especially as I am on my own.'

'A TV licence represents a large proportion of my pension which may well force me to dispense with my TV.'

'I would be lost without my TV and could not afford the licence. It is my lifeline to the world as I am housebound.'

There is also a question about how, in practice, the BBC will communicate any changes and how those with limited mobility and/or who do not use the internet or online banking will be expected to make payments. Some will have received the free licence for around 20 years and will find it difficult to understand why they must now pay and could risk follow up action for non-payment. This could be a particular issue for those with cognitive decline who may be able to manage their finances day-to-day but find taking on new financial responsibilities difficult.

We are also worried that scammers will be quick to take advantage of any change that means some, or all, 75+ households have to buy a TV licence in the future. There are already reports of TV licence scams^{xv} and it is likely there will be new ones aimed specifically at vulnerable people aged 75+.

5. Proposals for a new concession

The consultation paper sets out three main options for new concessions which the BBC suggests could be ‘appropriate and affordable’. As stated above, we believe the current concession should continue and below we set out the reasons why we reject the proposed alternatives.

Option 1: A 50% discount

The first option suggested is to continue to provide an over-75s concession but at a reduced rate of 50%. While from Age UK’s perspective this is clearly better than having no concession, it still represents a considerable additional claim on an individual’s finances, and as the analysis by Frontier Economics shows, results in a higher proportion of income loss for lower income 75+ households than richer households. The poorest tenth of households would lose 1.1% of their income compared to 0.2% for the richest tenth.

We also note that halving the concession does not halve the cost. Frontier Economics estimate that in 2020-2021 it would cost 56% of the full concession – so 6% (around £24 million) would be taken up with administration and implementation – neither supporting older people nor increasing the income of the BBC.

And, as discussed above, we believe there are considerable practical difficulties in explaining the changes and collecting fees from older people who have been used to a free licence, especially for those with health issues.

Option 2: Raising the age threshold to 80

The consultation paper states that raising the threshold to 80 would target those most likely to live alone and who use the BBC most, however, the Frontier Economics paper shows it would still affect lower income households to a greater extent. The poorest tenth of over-75 households would lose 0.8 per cent of income on average, compared to the richest 10 per cent who would lose 0.1 per cent of income.

A higher age would not only delay the age at which the concession starts, but would mean that more people would not live long enough to benefit at all. Of those who reach the age of 75, it is estimated that around a fifth of men (19%) and around one in eight women (13%) of women will have died before the age of 80.^{xvi}

Disadvantaged groups are particularly likely to be affected as life expectancy varies by socio-economic factors and where people live. For example, at age 65, men living in Glasgow City, on average, can only expect to live a further 15 years whereas those in Kensington and Chelsea can expect 22 more years. For women life expectation at 65 varies from 18 years (Glasgow City) to 24 years (Camden).^{xvii}

We also know from the reaction to rises in women's State Pension age, that people feel it is very unfair when there are steep changes to the age at which support is provided, especially if little notice is given. If the age for the concession goes up to 80, someone aged 75 could feel very hard done by when they compare their position to a friend who is 80 and who has already benefited from the concession for the last five years.

Option 3: Means-test through a link to Pension Credit

The consultation paper considers a scenario where the free TV licence would only go to households where someone aged 75+ receives Pension Credit. This would remove the concession from the great majority of people aged 75+. According to the BBC's Equality Impact Assessment, just 900,000 households would receive it and 3.75 million would have to pay.

Although the consultation paper states that this option would be 'targeted at those with the lowest incomes', the analysis shows that on average the poorest tenth of over 75s would lose 2.1% of their income. This may be because, in reality, linking the free licence to Pension Credit would exclude those with the very lowest incomes – namely people who are entitled to Pension Credit but have not claimed it. The latest DWP estimates of benefit take-up indicate that two out of five people aged 75+ should be claiming but have not done so.

- In 2016-17 over 950,000 people 75+ claimed Pension Credit (single people or couples) in Great Britain.^{xviii}
- A further 650,000 people aged 75+ were entitled to claim Pension Credit but were not receiving it. This means that around two out of five (41%) of those aged 75+ who should be getting the benefit are missing out.^{xix}

Other people do not claim their entitlements for a range of inter-related reasons. They may not know what support is available, may feel they are not entitled to any help, may be put off by the process, or feel there is a stigma attached to asking for help.

A second major concern with linking the concession to Pension Credit entitlement is that it creates an unfair position between those who get the benefit, and others whose income is just above the threshold so do not. Take, for example, someone whose income is 20 pence a week too high to receive Pension Credit. They are £10 a year better off in terms of

annual income but, because of this extra additional income, they would lose the TV licence worth £150 in addition to other benefits currently linked to Pension Credit such as the £25 cold weather payment given in weeks when the weather is very cold. So overall they are in a worse financial position than someone receiving Pension Credit. We already hear from older people with modest amounts of private income who miss out on additional support and feel they are penalised for having saved. This situation is likely to be exacerbated if the free TV licence is linked to Pension Credit receipt.

'Our total pension is just over the pension credit threshold so we don't get any extra help and if means tested we would miss out. Us old ones have paid this tax all our lives and for many this is their only form of entertainment and company. Please don't believe all the hype about pensioners being well off. This may be the case for some but for many we are just getting by.'

'My income is a tiny bit above receiving any help, so I pay for everything with a struggle at times. This free TV licence is a welcome help.'

Thirdly, any system of means-testing involves added complexity. There would need to be some form of check or data sharing and regular reassessment as circumstances can change over time. This is recognised in the BBC consultation paper on age-related TV licences which describes the implementation of providing free licences only to those receiving Pension Credit as 'more complex and expensive than other options'. Furthermore, older people may not feel comfortable about sharing personal information, such as being in receipt of a means-tested benefit, with the BBC.

6. Conclusion

Removing or limiting the concession would have a major impact on the lives of many of our oldest citizens, particularly the most vulnerable who are living with some combination of disability, low income and loneliness. We believe there is considerable opposition to the change from older and younger people. The Government should take back responsibility for funding this support, meeting its manifesto commitments, and helping to meet its stated policy aims to combat loneliness, tackle poverty and support independence.

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- ⁱ DWP (2018) Households below average income 1994/95-2016/17. Poverty defined as income below 60% of median household income after housing costs.
- ⁱⁱ As above – ‘just above the poverty line’ defined as income below 70% average median household income after housing costs.
- ⁱⁱⁱ English Longitudinal Study of Ageing (ELSA), Wave 8 (2018), Age UK Analysis of LLSI variable and using ONS 2017 England, Mid-Year Estimates (Released 2018)
- ^{iv} DWP (2018) Family Resources Survey 2016/17, shows that 49% of those aged 75-79 and 61% of those aged 80+ are disabled.
- ^v <https://www.alzheimers.org.uk/about-us/news-and-media/facts-media>
- ^{vi} Frontier Economics (2018) Review of over-75s funding. Frontier Economics.
<https://downloads.bbc.co.uk/mediacentre/frontier-economics-review-of-over-75s-funding.pdf>
- ^{vii} Understanding Society (USoc), Wave 8, 2018, Age UK Analysis based on ONS 2017, United Kingdom Mid-Year Estimates (Released 2018)
- ^{viii} Age UK calculation based on Wave 8 (2016-17) of the English Survey of Ageing (ELSA) data.
- ^{ix} TNS polling for Age UK, 2016.
- ^x ONS, Mid-Year Estimates (2017), Released June 2018
- ^{xi} Ofcom (2018), Media Nations Report, Accessed via:
[\[https://www.ofcom.org.uk/_data/assets/pdf_file/0014/116006/media-nations-2018-uk.pdf\]](https://www.ofcom.org.uk/_data/assets/pdf_file/0014/116006/media-nations-2018-uk.pdf)
- ^{xii} ONS (2018) Internet Users 2018, (Tables:1A & 1B)
- ^{xiii} <https://www.ageuk.org.uk/latest-press/articles/2019/february/over-two-million-over-75s-would-have-to-go-without-tv-or-cut-back-on-essentials-such-as-heating-or-eating-if-free-tv-licences-are-scrapped/>
- ^{xiv} <https://www.ageuk.org.uk/latest-press/articles/2019/january/scrapping-the-free-tv-licence-could-push-more-than-50000-pensioners-into-poverty-warns-age-uk/>
- ^{xv} <https://www.bbc.co.uk/news/uk-46745298>
- ^{xvi}
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/datasets/nationallifetablesunitedkingdomreferencetables>
- ^{xvii}
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyatbirthandage65bylocalareasuk>
- ^{xviii} DWP (2018). Income-related benefits: estimates of take-up: financial year 2016 to 2017.
- ^{xix} DWP (2018). Income-related benefits: estimates of take-up: financial year 2016 to 2017.

**DECISION TO AXE FREE TV DEVASTATING FOR WELL OVER A MILLION OVER-75S
LARGELY CONFINED TO THEIR HOMES**

Half of all over-75s – 2.2 million – have a limiting long-standing illness^[i] which means in many cases they are largely confined to home, making TV their precious window on the world and constant companion, according to the Charity Age UK as it continues to campaign for the continuation of free TV licences for the over-75s.

New figures show that 1.3 million over-75s (29 per cent) have difficulty with at least one daily activity such as dressing, bathing or showering, or getting in and out of bed. Of that number, 700,000 (15 per cent of over-75s) have difficulty with at least two daily activities and 390,000 (9 per cent) have difficulty with at least three. An additional 23,000 over-75s are bedbound.^[ii]

The Charity is warning that these are the older people who will be among the hardest hit by the BBC's decision to scrap free TV licences for all over-75s. A big extra bill on top of the other challenges and health costs that many in this group are facing will be a bitter blow and a source of huge anxiety and some will be unable to engage with any new system.

Since its introduction in 2000, the free licence has been a highly valued, universal entitlement for the over-75s which has helped millions to sustain their quality of life into late old age. Research for the Charity shows that television is the main form of company for two in every five (38 per cent) people aged 75+ and nine out of 10 in this age group watch TV every day.^[iii] It is particularly important for many of the 2 million over-75s who live alone^[iv] – many of whom may struggle to bear the additional cost of a TV licence on a single income – and the 1.5 million over-75s who are sometimes or often lonely.^[v]

Following the launch of the Government's new loneliness campaign, *Let's Talk Loneliness*^[vi], on Monday, the Charity's analysis is a stark reminder of the high numbers of vulnerable and lonely over-75s for whom free TV access provides not just companionship but indispensable and, for some, almost their only link to the outside world.

That's why Age UK is calling on all the Conservative leadership candidates to commit to honouring the party's manifesto pledge to keep free TV licences for the over-75s. It argues that whilst the cost of the entitlement accounts for less than 0.1% of public spending^[vii], the benefit to the over-75s is immeasurable.

Over the past few weeks and months, Age UK has received tens of thousands of responses from people across the country who are worried about losing their free TV licence, or concerned for others who may be affected. Their words are a powerful reminder that, for many people, TV is so much more than just 'background noise':

"In my advancing years I have to spend longer hours at home, so watching TV is not just a pastime but a necessity. TV is my life support machine!"

"I am an OAP with a very meagre pension and TV is the only source of entertainment that I have. The free TV licence has helped immensely over the past few years."

“This is the first year I have received a free TV licence, it is greatly appreciated. I don’t have my hand out with a begging bowl and never have. My income is only a tiny bit above receiving any help, so I pay for everything with a struggle at times. This TV licence is a welcome help.”

“My husband is 85, I am 80. We rely on our TV for our main contact with the outside world. We both have chronic, limiting health problems.”

The Charity is extremely concerned about the BBC’s plan to link free TV licences to Pension Credit, a state benefit for the poorest pensioners, as many are missing out on the benefit or are just over the limit so would lose their free licence and would struggle to afford to buy one. Over 40 per cent of those entitled to Pension Credit aren’t receiving it,^[viii] often because they don’t know they are eligible, find the claiming process too complicated or intrusive, or feel embarrassed about needing help. But even those who are in receipt of Pension Credit may be reluctant to tell an ‘outside body’, the BBC, and some will undoubtedly struggle to ‘self-validate’ that they are in receipt of Pension Credit because they are living with some loss of cognitive function or chronic illness.

Caroline Abrahams, Charity Director at Age UK said: *“If you go into the home of an older person who is coping with serious health problems and care needs, nine times out of ten their TV has pride of place. For this significant group of over-75s getting out and about is hard or impossible and many live alone and spend most or all of the day on their own. In these circumstances the TV plays an incredibly important role – informer, entertainer and friend. This is what many thousands of older people have contacted Age UK to say – it is clear that the TV means a lot more to greater numbers of older people than the Government or the BBC have understood.*

“In this of all weeks, ‘Loneliness Awareness week’, we are calling on our policymakers, the candidates for the leadership of the Conservative Party above all, to try to understand what it is like to be of an advanced age, in fragile or declining health, confined largely to your own home or even to one room or your bed, and dependent on your TV for stimulation and comfort. This is the reality for hundreds of thousands and I don’t think it is unreasonable for the State to pay so that they can at least watch the TV for free, without the hassle and expense of buying a licence or having to self-validate their entitlement to Pension Credit to get a free licence.

“For less than 0.1% of total public spending the new Prime Minister, whoever they may be, can end this madness at the stroke of a pen. We call on him to commit to continuing to fund free TV licences for all over-75s until 2022 when the issue can be looked at in the round as part of the next BBC funding settlement, or earlier as part of a comprehensive spending review if we get one before then.”

-Ends-

Notes to editors

- To date, more than 570,000 people of all ages have signed Age UK’s petition^[ix] to save free TV licences for the over-75s, showing mounting support for the continuation of this important social welfare policy. Check here for the latest figure: www.ageuk.org.uk/tvpetition
- Through its Switched Off campaign, Age UK is calling on all leadership candidates of the Conservative Party to take back responsibility for the funding of free TV licences for the over-75s if they become Prime Minister. The Charity is also urging older people, their friends, neighbours, families and grandchildren to support its [petition](#) on social media using #SwitchedOff.
- Save the TV Licence demos, organised by the National Pensioners’ Convention (NPC), are taking place nationwide this Friday, 21st June. The NPC is calling on local pensioner groups, trade unions, community groups, students, members of the public, MPs and councillors to make a

stand on Friday 21 June against 1) the BBC's decision to means-test the TV licence for older people and 2) the Government's decision to make the BBC pay for the concession. For further information please visit: <https://www.npcuk.org/events>.

- Any older person who is worried about money and/or think they may be entitled to claim Pension Credit should contact Age UK by calling its national advice line free of charge on 0800 169 65 65, visiting www.ageuk.org.uk/money or contact their local Age UK for free information and advice.

^[i] Age UK analysis of wave 8 of the English Longitudinal Study of Ageing (ELSA), collected in 2016-17 and released in 2018. Estimates have been scaled up to the England 75+ population using Office for National Statistics mid-year population estimates for 2017, released in June 2018.

^[ii] Ibid

^[iii] TNS polling for Age UK, 2016.

^[iv] Age UK analysis of wave 8 of Understanding Society, the UK Household Longitudinal Study, collected in 2016-17 and released in 2018. Analysis was restricted to participants living in England and aged 75+. Estimates have been scaled up to the England 75+ population using Office for National Statistics mid-year population estimates for 2017, released in June 2018.

^[v] Age UK analysis of wave 8 of the English Longitudinal Study of Ageing (ELSA), collected in 2016-17 and released in 2018. Estimates have been scaled up to the England 75+ population using Office for National Statistics mid-year population estimates for 2017, released in June 2018.

^[vi] <https://www.gov.uk/government/news/lets-talk-loneliness-campaign-launched-to-tackle-stigma-of-feeling-alone>

^[vii] Age UK calculation based on table 4.12 - <https://obr.uk/download/march-2019-economic-and-fiscal-outlook-charts-and-tables-fiscal/>

^[viii] 'Income related benefits: estimates of take-up: financial year 2016 to 2017', DWP, published 15th Nov 2018. <https://www.gov.uk/government/statistics/income-related-benefits-estimates-of-take-up-financial-year-2016-to-2017>

^[ix] Age UK launched its Switched Off campaign petition in January 2019. www.ageuk.org.uk/tpetition



Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee Wednesday 24th July 2019

Report of: Policy and Improvement Officer

Subject: Draft Work Programme 2019/20

Author of Report: Emily Standbrook-Shaw, Policy and Improvement Officer
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The attached report aims to assist the Healthier Communities and Adult Social Care Scrutiny Committee to develop its work programme for 2019/20.

It covers the role and purpose of scrutiny, an overview of how the draft work programme has been drawn up to date, and a draft work programme for the Committee's consideration and discussion.

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

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

The Scrutiny Committee is being asked to:

- Consider and comment on the draft work programme for 2019/20
- Consider whether it wishes to establish, and appoint members to, a task and finish group looking at continence services.

Category of Report: OPEN

1 What is the role of Scrutiny?

- 1.1 Scrutiny Committees exist to hold decision makers to account, investigate issues of local concern, and make recommendations for improvement. The Centre for Public Scrutiny has identified that effective scrutiny:
- Provides ‘Critical Friend’ challenge to executive policy makers and decision makers
 - Enables the voice and concern of the public and its communities
 - Is carried out by independent minded governors who lead and own the scrutiny process
 - Drives improvement in public services and finds efficiencies and new ways of delivering services
- 1.2 Scrutiny Committees can operate in a number of ways – through formal meetings with several agenda items, single item ‘select committee’ style meetings, task and finish groups, and informal visits and meetings to gather evidence to inform scrutiny work. Committees can hear from Council Officers, Cabinet Members, partner organisations, expert witnesses, members of the public – and has a link to patient and public voice through observer members from HealthWatch sitting on the Committee. Scrutiny Committees are not decision making bodies, but can make recommendations to decision makers.
- 1.3 This Committee has additional powers and responsibilities in relation to scrutinising NHS services. The Committee can scrutinise the planning, provision and operation of any NHS services, and where a ‘substantial variation’ to NHS services is planned, the NHS is required to discuss this with the Scrutiny Committee. If the Committee considers that the proposed change is not in the best interests of the local area, or that consultation on the proposal has been inadequate, it can refer the proposal to the Secretary of State for Health for reconsideration. Department for Health Guidance for health scrutiny can be found [here](#) – and has already been circulated to Members of the Committee.

2 Developing the Scrutiny Work Programme

- 2.1 Attached to this report is a draft work programme for 2019/20. The Chair has had discussions with a range of organisations, Council Officers and Cabinet Members to come up with a draft programme. There are also some issues carried over from last year’s work programme.
- 2.2 It is important the work programme reflects the principles of effective scrutiny, outlined above at 1.1, and so the Committee has a vital role in ensuring that the work programme is looking at issues that concern local people, and looking at issues where scrutiny can influence decision makers. The work programme remains a live document, and there will be an opportunity for the Committee to discuss it at every Committee meeting, this might include:

- Prioritising issues for inclusion on a meeting agenda
- Identifying new issues for scrutiny
- Determining the appropriate approach for an issue – eg select committee style single item agenda vs task and finish group
- Identifying appropriate witnesses and sources of evidence to inform scrutiny discussions
- Identifying key lines of enquiry and specific issues that should be addressed through scrutiny of any given issue.

Members of the Committee can also raise any issues relating to the work programme via the Chair or Policy and Improvement Officer at any time.

3 The Draft Scrutiny Work Programme 2019/20

3.1 Attached is the draft work programme for 2019/20. Members are asked to consider it and reflect on questions such as:-

- Are there any gaps?
- What are the priority issues?
- What approach should the Committee take for each item, what are the key lines of enquiry, and who is it important to hear from?

Proposed Task and Finish Group – Continence Services

3.2 The Chair has identified a possible issue for a task and finish group – looking at continence services in Sheffield, considering how well current services help people to maintain their independence and dignity, and the impact of purchasing exclusions on continence pads. If the Committee wishes to include this on its work programme for 2019/20 it will need to appoint members to take part.

4 Recommendations

The Committee is asked to:

- Consider and comment on the draft work programme for 2019/20
- Consider whether it wishes to establish, and appoint members to, a task and finish group looking at continence services

HC&ASC Draft Work Programme		
Topic	Reasons for selecting topic	Lead Officer/s
Wednesday 24th July 2019 4pm		
NHS Sheffield CCG Improvement Plan	In March 2019, an independent review of culture and leadership in NHS Sheffield CCG was published. The CCG have developed an improvement plan to address the issues identified. The improvement plan is brought to the Committee for scrutiny.	Brian Hughes, Deputy Accountable Officer, NHS Sheffield CCG
Changes to eligibility for free BBC TV licenses for over 75's	To consider the impact of changes to eligibility for free TV licenses in Sheffield and possible mitigations.	
Work Programme Report	Committee to consider its work programme for 2019/20, including any appointments to working groups.	Emily Standbrook-Shaw, Policy & Improvement Officer.
Wed 11th September 2019 4pm Mental Health		
Mental Health Transformation Programme	To understand the impact that the mental health transformation programme is having on people in Sheffield, and to understand the commissioning and finance arrangements behind the programme.	Jim Millns, Deputy Director of Mental Health Transformation and Integration, NHS Sheffield CCG, Sam Martin, SCC

Dementia Update	To consider the City's dementia strategy and the impact it is having on people living with dementia and their families and progress in implementing Dementia Friendly Communities in Sheffield.	Nicola Shearstone, SCC NHS Sheffield CCG
Wed 16th October 2019 4pm Transformation and Integration		
Joint Commissioning Update	To consider progress in developing Joint Commissioning arrangements and the impact of Joint Commissioning	Greg Fell, John Doyle SCC, Brian Hughes, CCG
Accountable Care Partnership	To consider the impact of the Accountable Care Partnership - what it has done, the difference it has made to people and services in Sheffield, and future plans, including the implementation of 'Shaping Sheffield'.	Kathryn Robertshaw, Interim ACP Director
Better Care Fund	To consider how well the Better Care Fund is driving integrated services in Sheffield, what impact is it having, and future plans	SCC/CCG
Wed 27th November 2019 4pm Improving people's experience of care		
CQC Local System Review Action Plan – focus on Delayed Transfers of Care and Winter Readiness	Delayed Transfers of Care have been a persistent performance issue in Sheffield, and was a key focus of the CQC Local System Review. To understand how the system is preparing for winter 2019/20, and	STH/SCC/CCG

	progress on the Local System Review Action Plan – including case studies to demonstrate how people’s experience of the system has improved since the review took place.	
Continuing HealthCare	To consider whether developments to the CHC process are having the right impact and improving performance and patient experience.	Mandy Philbin, NHS Sheffield CCG Sara Storey, SCC
Wed 15th January 2020 4pm Locality Working		
Working together in Localities	To consider how well services are coming together in areas, including the development of Primary Care Networks, Adult Social Care Locality Teams, People Keeping Well Programme, Social Prescribing and relationship with the voluntary sector.	
Wed 18th March 2020 4pm Performance		
Quality in Adult Social Care	To scrutinise performance against national adult social care indicators, and impact of actions taken to improve quality in social care. To include the draft Local Account.	Sara Storey, SCC
Proposed Task and Finish Group		
Continence Services	To consider how well current services help people to maintain their independence and dignity, and the impact of purchasing exclusions on continence pads.	

'Watching Brief' items		
<i>Urgent Care Review</i>	<i>To consider proposals for changing the way urgent care services are delivered in the City</i>	<i>Brian Hughes & Kate Gleave NHS Sheffield CCG</i>
<i>Social Care Green Paper</i>	<i>To consider the implications of the Social Care Green Paper for Sheffield.</i>	<i>Sara Storey, SCC</i>
<i>Impact of Brexit on the Health and Care Sector</i>	<i>To consider implications of Brexit on the Health and Care Sector in Sheffield – particularly relating to workforce</i>	<i>Director of Public Health, SCC</i>
<i>Quality Accounts</i>	<i>To consider NHS provider Trusts Quality Accounts in line with Statutory Guidance – approach to be determined.</i>	<i>Various</i>
<i>Adult Short Breaks</i>	<i>To consider whether proposals to change Adult Short Breaks require public consultation and scrutiny.</i>	<i>NHS Sheffield CCG</i>
<i>Implementation of the national GP contract</i>	<i>To consider the local commissioning response to the national changes to GP contracts.</i>	<i>NHS Sheffield CCG</i>
<i>Primary Care Hubs</i>	<i>To consider proposals around changing locations of Primary Care Hubs in the City.</i>	<i>NHS Sheffield CCG</i>
<i>Bereavement post suicide</i>	<i>To consider proposals to strengthen bereavement services following suicide</i>	<i>Director of Public Health, SCC</i>
<i>Suicide Strategy</i>	<i>The City's Suicide Strategy is due to be reviewed in 2020.</i>	<i>Director of Public Health, SCC</i>
<i>Sheffield Health and Wellbeing Strategy</i>	<i>To consider implementation and impact of the Sheffield Health and Wellbeing Strategy</i>	<i>Sheffield Health and Wellbeing Board</i>

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