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Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Wednesday 16 October 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, Lewis Dagnall, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Martin Phipps, Jackie Satur, Gail Smith, Garry Weatherall and Vacancy

Healthwatch Sheffield
Lucy Davies (Observers)

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

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

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

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

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

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

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

FACILITIES

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

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

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND POLICY DEVELOPMENT COMMITTEE AGENDA
16 OCTOBER 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 11th September, 2019.

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

7. Transformation and Integration (Pages 13 - 32)
Report of the Sheffield Accountable Care Partnership.

8. Work Programme (Pages 33 - 42)
Report of the Policy and Improvement Officer.

9. Date of Next Meeting
The next meeting of the Committee will be held on Wednesday, 27th November, 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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SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 11 September 2019

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

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Jackie Satur.

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 Councillor Mike Drabble declared a personal interest in Item 6 – The Sheffield Mental Health Transformation Programme – due to his work as a self-employed Counsellor.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 24th July, 2019, were approved as a correct record.

4.2 *Matters Arising*

4.2.1 With regard to item 5.3, the Chair, (Councillor Cate McDonald), stated that an update on Dementia Strategy and its impact in the City, would be included in item 7 on the agenda. Councillor McDonald confirmed that, further to item 7.7, she had written to the BBC urging them to promote Pension Credit uptake as they transition to the new system regarding funding of TV licences for people over 75 years of age.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 There were no public questions or petitions.

6. THE SHEFFIELD MENTAL HEALTH TRANSFORMATION PROGRAMME

6.1 The Committee received a joint report setting out the Sheffield Mental Health Transformation Programme, which has been jointly developed by Sheffield City Council, NHS Sheffield (CCG) and Sheffield Health and Social Care NHS Foundation Trust.

6.2 Present for this item were Sam Martin, Head of Commissioning – Vulnerable People (Sheffield City Council), Jim Millns, Deputy Director of Mental Health Transformation (Sheffield City Council, NHS Sheffield CCG and Sheffield Health and Social Care NHS Foundation Trust), Melanie Hall, Strategic Commissioner Mental Health (Sheffield City Council), Heather Burns, Head of Commissioning, Mental Health, Learning Disabilities and Dementia Commissioning Portfolio (NHS Sheffield CCG), Heidi Taylor, Clinical Effectiveness Pharmacist (NHS Sheffield CCG), Dr Abhijeeth Shetty, Consultant Psychiatrist (Sheffield Health and Social Care NHS Foundation Trust), Dr Steve Thomas, Clinical Director for Mental Health, Learning Disability and Dementia (Sheffield Clinical Commissioning Group) and Andrew Wheawall, Head of Service for Future Options (Sheffield City Council).

6.3 Jim Millns introduced the report and stated that the Programme had been jointly developed and is being delivered by the City Council, NHS Sheffield CCG and Sheffield Health and Social Care NHS Foundation Trust and is halfway through a four year programme. He said that the Scrutiny Committee had received a report in January 2018 which outlined the programme and its individual component projects and the purpose of this report was to give more detail on some of the impacts and outcomes which have been delivered by the programme to date. With regard to delivering a better service to those with mental health problems, areas had been identified which needed improvement and by working in partnership it was felt that this would achieve better results. He added that prevention was an important element of the overall programme and if the principles relating to health and social wellbeing, prevention, promotion and early intervention were adopted, it would improve the outcomes for service users.

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

- As data shows that Sheffield was higher than the national average for prescribing antidepressant medication, part of this project was to explore potential and possible options to reduce prescribing. It was felt that ongoing and additional investment in IAPT (Improving Access to Psychological Therapies) and providing education and training amongst GP practices to offer access to alternatives, would have an impact on prescribing patterns, thereby with greater access and reduced waiting times to psychological therapy, it was felt that the use of antidepressants might reduce. It was acknowledged that whilst there was an increase in IAPT services, it may not always be adequate or sufficient to meet the ever changing demands, however no-one should be rejected without access to care. CCG representatives encouraged Councillors to share with them any cases they have come across where individuals have had difficulty in accessing IAPT services.

- It was important to note that, on occasion, it was absolutely necessary for both medication and psychological interventions to be prescribed. Sometimes, antidepressants are prescribed for treating other conditions e.g. anxiety, migraine or premenstrual syndrome.

- Since the onset of austerity following the financial crash in 2007, there have been ever-increasing mental health illnesses and to date there was still an unmet need in addressing those illnesses.

- The Mental Health Strategy aims to raise awareness and hopes that it resonates to where it is needed the most. Housing + have been offered specialist training to officers to help them deal with mental health in the more deprived areas of the city and an experienced Mental Health Social Worker forms part of the Anti-Social Behaviour Team to identify problems there. There is also a mental health professional seconded from Sheffield Health and Social Care (SHSC) to the Sheffield City Council's (SCC) Housing and Medical Priority Team. Jim Millns said that he would circulate a link to ""The Sheffield Mental Health Guide" to Members who might find it useful when they are working in their local areas. The website is aimed at anyone who is struggling in Sheffield, whether they've been diagnosed by a clinician or are just having a bad day. The website is available 24/7, and offers a comprehensive guide to mental health services, support and activities in the city.

- With regard to children and young people, there is an overarching ambition to create a "one stop shop" approach towards mental health, so that parents and children can be treated by a single team of professionals. Included within the mental health strategy timetable is a plan to work alongside the Cabinet Member for Children and Families and the Cabinet Member for Health and Social Care to shape this strategy.

- There is a rolling programme to train all new nurses and social workers so that they are more aware of mental health illnesses and able to signpost those in need towards the crisis care they require. There are adult mental health professionals seconded from SHSC to the SCC MAST services.

- GPs are fully aware of the professional responsibilities around mental ill-health, and over the last three years there has been positive training support for GPs to provide alternatives in the treatment of mental ill-health, through number of protected learning events ran by the CCG for primary care.

- Sheffield has secured additional funding from NHS England to support extending its perinatal mental health service across South Yorkshire, which will provide a more effective service for mums-to-be and partners/fathers who experience mental health problems, to enable them to have a more positive pregnancy and birth experience and make for a better start in life for their babies, as it has been discovered that the family dynamic during pregnancy can have a direct impact on a child's mental health and wellbeing. CCG representatives welcomed discussion with Councillors if

they were aware of specific cases where they had concerns.

- Part of the Transformation Programme was looking at packages that were on offer and identifying what care, although on offer, was not being delivered.

- Collaborative working was required between all health professionals, as it was not just the role of GPs, but also the Primary Care Trust, to be able to direct patients to the correct pathway.

- The Service Improvement Forum invites anyone to attend and talk about shaping and supporting commissioning functions to procure and influence mental health services. It was hoped to shape new services based on listening to what people want, involving service users, experts by experience and carers. The Transformation Programme has an increasingly strong focus on genuine co-production.

- With regard to Crisis Care, it was found that the self-referral system has revealed unmet need, and was not set up to meet this increased level of demand. The IT and telephony infrastructure was challenged and this was being improved by the Health and Social Care NHS Foundation Trust. The attendance of people at A&E and in Sheffield Teaching Hospitals (STH) has a mental health offer from the psychiatric liaison service. The service sees people and offers training support to STH staff who are treating physical health needs and their mental health requires support at the same time.

- When a patient has been admitted into hospital, part of the discharge plan was to send a letter to their GP, within 24 hours if the case was urgent or within seven days if not. All patients are seen at least within seven days post discharge by a mental health professional.

6.5 RESOLVED: That the Committee:-

(a) thanks Sam Martin, Jim Millns, Melanie Hall, Heather Burns, Heidi Taylor, Dr Abhijeeth Shetty, Dr Steve Thomas and Andrew Wheawall for their contribution to the meeting;

(b) welcomes the approach of greater integration and the focus on prevention;

(c) is concerned to hear examples from Councillors of cases where individuals are falling through gaps in the system, and is keen to see that further work is done to understand how this happens and prevent it happening in future;

(d) requests that the Mental Health Guide is circulated to Councillors, and that efforts are made to spread this information to private landlords;

(e) asks that the focus is on outcomes rather than outputs when measuring progress and performance of the Mental Health Transformation Programme – considering what we are trying to achieve, what difference this is making to people's lives and how we know it is working; and

(f) notes that the Mental Health Strategy will come back before the Committee at an appropriate time.

7. UPDATE ON THE DEVELOPMENT OF THE JOINT DEMENTIA STRATEGY COMMITMENTS AND THE COMMISSIONING PLAN FOR DEMENTIA

7.1 The Committee received a report from Dawn Walton (Director, Commissioning, Inclusion and Learning, Sheffield City Council) and Brian Hughes (Director of Commissioning and Performance, Deputy Accountable Officer, Sheffield CCG), which summarised the progress in developing a joint city strategy for dementia, the current commissioning plan achievements and some detail about the dementia friendly communities work.

7.2 Present for this item were Nicola Shearstone (Head of Commissioning for Prevention and Early Intervention, Sheffield City Council), Heather Burns (Head of Commissioning, Mental Health, Learning Disabilities and Dementia Commissioning, NHS Sheffield CCG) and Kath Horner (Sheffield Dementia Action Alliance).

7.3 Nicola Shearstone introduced the report and stated that dementia was a broad term used to describe neurological disorders, alzheimers being the most common type, between 60% to 70%, vascular dementia accounting for approximately 20% of sufferers, although vascular disease can be prevented with the reduction in smoking and obesity levels. In Sheffield, there are approximately 7,000 people suffering with some form of dementia, aged 65+, which accounts for 1.2% of the city's population and the prediction was that this could rise to 10% by the year 2035. It was acknowledged that Sheffield was very good at recognising the symptoms of dementia, the best out of all the core cities, and nationally has a significantly higher rate of emergency admissions into hospital. The Sheffield Dementia Strategy took place over 12 months and the outcome was very encouraging and positive especially around joint working and the desire to help people with dementia and their families. There are 13 commitments which form part of the strategy, starting with prevention through to end of life and looking at ways of how to support carers. A Project Officer has been recruited to look at ways to identify and take forward the priorities to help those with dementia and support for their families.

7.4 Kath Horner stated that there are over 10,000 volunteer Dementia Friends Champions encouraging people to learn a little bit more about dementia. Champions are trained and supported to run information sessions in their community and help inspire others to help those living with dementia live well.

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

- The aim was for improved working across systems to offer people in Sheffield dementia support which will become personalised, local and accessible to help to remain independent for as long as possible. Information regarding this was available, but people living with dementia

and their families/carers are not always empowered to know where to seek such information, advice and help.

- Part of the strategy aims to offer local support and activities for people with dementia and their families and that support is tailored to the local community, with every person diagnosed by the memory service having a contact within that community, and then proactive follow up contact within six months, recognising that people's support needs change over time.

- The Sheffield Teaching Hospitals are working together with the Dementia Care Group to develop improved co-ordination and quality of support to those faced with crisis situations which could ultimately lead to admission to longer term care or hospitalisation.

- It was hoped that by creating dementia friendly communities, the stigma some patients associate with dementia could be reduced and environments become more conducive and accommodating and ensure people understand and use approaches which make people with dementia feel accepted and safe.

- In conjunction with GP surgeries in the south east of the city, to better support people with dementia and their carers live well at home, visits to patients in their homes and follow-up visits has been trialled.

- Day activities are a different offer to day care – and take a different approach to meet individual needs. Change is difficult to accept and dementia patients push back against this, but it has been found that patients with cognitive decline thrive when they are engaged and have a set routine to follow. Good evaluation around these projects is essential so that success in the city can be measured.

- Work is ongoing with Public Health to develop a set of measures that will demonstrate how well we are progressing on the commitments within the strategy.

7.6 RESOLVED: That the Committee:-

(a) thanks Nicola Shearstone, Heather Burns and Kath Horner for their contribution to the meeting;

(b) notes the contents of the report and the responses to the questions;

(c) asks that population figures re dementia prevalence are circulated to members of the Committee;

(d) is pleased to note that a face to face approach to navigation is being used, – recognising that online and internet support and information aren't suitable for everyone;

(e) is pleased to note that People Keeping Well partnerships are now required to proactively offer support at regular intervals following a dementia diagnosis;

(f) is pleased to note that support is moving away from day care and services based on institutions and into day activities and flexible services based on people's needs;

(g) recognises that carers are central to this work; and

(h) is keen to hear more about evaluation of Dementia Friendly Sheffield and requests that the link be sent to the Policy and Improvement Officer.

8. URGENT CARE REVIEW UPDATE

8.1 The Committee received a report providing an update on the findings of the Urgent Care Review, following a report and recommendations that had been submitted in September, 2018, when it had been agreed that the approach and proposals should be reconsidered and new proposals developed.

8.2 Present for this item were Kate Gleave (Sheffield Clinical Commissioning Group), Rachel Dillon (Sheffield CCG) and Lucy Ettridge (Sheffield CCG).

8.3 Kate Gleave stated that a lot of work had been carried out in identifying the problems and issues that the public of Sheffield had with urgent care services in the city. Engagement with partners and public representatives had taken place to understand why people use services, their experiences and what is important to them and what required most improvement. The outcome was to improve urgent care services by simplifying services, reduce duplication and confusion and improve access to GP appointments.

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

- There was a national shortage of GPs, which puts more pressure on surgeries to guarantee appointments when required.

- GPs have tried different approaches throughout the years and it has been found impossible for every surgery to operate its appointments system the same way. However, the proposed primary care networks were about groups working together to meet demand in their local communities. When surveyed, a number of GPs have said that they wish to improve access by broadening their teams and were willing to try a different approach.

- The NHS Choose Well campaign was designed to help people choose the best place to get treatment if they fall ill, freeing up emergency services to help those most in need, but as this is a national campaign, it is not necessarily tailored to local services. Ways to increase awareness about the range of local services available to assist people in receiving the most appropriate treatment were sought.

8.5 RESOLVED: That the Committee:-

(a) thanks Kate Gleave, Rachel Dillon and Lucy Ettridge for their contribution to the meeting;

(b) notes the contents of the report and the responses to the questions; and

(c) welcomes the approach of evolution not revolution, wishes the CCG success with this approach, and will request an update in 18 months' time looking at the impact of the approach and how it is improving outcomes for Sheffield people.

9. WRITTEN RESPONSES TO PUBLIC QUESTIONS

9.1 The Committee received and noted a report of the Policy and Improvement Officer setting out the written responses to the public questions raised at its meeting held on 24th July, 2019.

10. WORK PROGRAMME

10.1 The Committee received a report of the Policy and Improvement Officer, attaching the Committee's draft Work Programme for 2019/20.

10.2 RESOLVED: That the Committee approves the contents of the draft Work Programme 2019/20.

11. DATE OF NEXT MEETING

11.1 It was noted that the next meeting of the Committee will be held on Wednesday, 16th October, 2019 at 4.00 p.m., in the Town Hall.

Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee

16 October 2019

Subject: **Transformation and Integration**

- Accountable Care Partnership
- Better Care Fund
- Joint Commissioning Committee

Summary:

The focus of this agenda is on health and social care transformation and integration, looking at some of the key mechanisms the City has for doing this – the Accountable Care Partnership, the Better Care Fund and the Joint Commissioning Committee.

Background papers are attached, setting out the roles and responsibilities of each part of the system, how they work, the impact they are having, and any challenges they are facing.

Representatives from the Accountable Care Partnership, the Council and the Clinical Commissioning Group will attend the meeting to answer questions.

The meeting will be structured in 3 sections

- Individual parts of the system and how they work together
- The impact these structures are having and what difference they are making for Sheffield people
- How these structures are planning to work together in future, and plans for improvement.

The Scrutiny Committee is being asked to:

Consider and discuss the impact of the Accountable Care Partnership, the Better Care Fund and the Joint Commissioning Committee, and provide views, comments and recommendations.

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Healthier Communities and Adult Social Care Scrutiny Committee

October 2019

Sheffield Accountable Care Partnership Background Paper

Role of the Sheffield Accountable Care Partnership

Purpose, basic facts and figures – what do we do, how do we work, what is our relationship with the other parts of the system

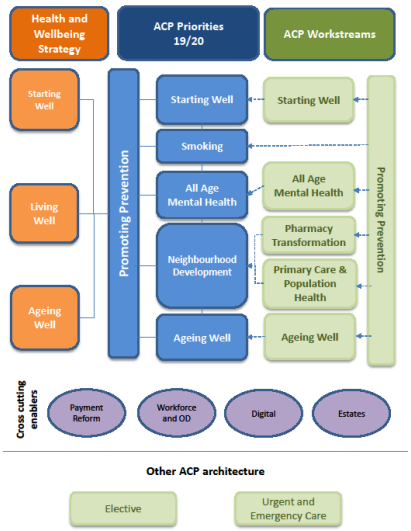
The Sheffield Accountable Care Partnership brings together seven partners in the city to focus on issues that can only be addressed as a collective endeavour. The partners are: Sheffield Children's NHS Foundation Trust, Sheffield City Council, NHS Sheffield Clinical Commissioning Group, Primary Care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

The vision and aim of the ACP is providing '***prevention, well-being and great care together***'

The ACP has six delivery priorities for 19/20 linked to the health and wellbeing strategy and with a focus on reduction of health inequalities.

The diagram below illustrates:

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



Each workstream has a Chief Executive Officer lead and an Executive Director lead from one of the ACP partners as well as a system wide delivery team. The workstreams will work closely with the ACP Programme Management Team to ensure pieces of work that sit across multiple workstreams/ priorities are coordinated to avoid duplication of effort and maximise integrated working opportunities.

More detail about the background to the ACP was provided to the Committee in January 2019. The

paper resented at this time is attached for information below.

Impact

How is our work making a difference to Sheffield people? Include examples/case studies to illustrate. Are there any barriers/ 'stuck issues' that are preventing us from achieving our objectives? Is there any learning from things that haven't worked?

The ACP provides increased opportunities for bringing in external monies to Sheffield, for example, to date the ACP has successfully bid for:

- Approx £2.5m per year for two years for piloting community based mental health provision
- £60k training monies for frontline staff through Health Education England

Increased investment in Voluntary and Community Sector has been agreed through the ACP (£50k per year for 5 years) to strengthen connection between statutory and voluntary organisations.

We are also working with the University of Sheffield to transfer their unspent apprenticeship levy to support apprentices in voluntary sector and primary care.

The ACP is supporting the agenda to shift care and support away from secondary care into the community. We are, through the Leading Sheffield Programme, developing system leaders to work across organisational boundaries and look for opportunities to improve service provision and access to support.

The ACP has ensured citizens of Sheffield and staff working across health and social care have been able to influence the 'Shaping Sheffield' plan, approximately 550 people engaged in the workshops and online questionnaires earlier in 2019. One in ten of the working population in Sheffield work in the health and social care sector. By engaging with our workforce in all our programmes of work we have potential for enormous reach across the citizens of Sheffield.

The ACP has contracted Healthwatch Sheffield to support public engagement throughout the programme. We have been invited to the 2019 National Healthwatch conference to present on the work to date as an example of leading practice.

An overarching System Performance Dashboard for 2019/20 was agreed by the ACP Board at the start of 2019. This set of performance measures will be reviewed on an annual basis to ensure the measures remain relevant and any targets set remain ambitious as the work plans develop. The dashboard fits within the Health and Well-Being Outcome Framework, and has been widely consulted on across the system. Each workstream will co-design its own outcome measures that feed into this high level framework.

Alongside this system data, we will report individual service user and staff stories that illustrate the experience of being cared for through our system, and working within it.

National legislative agenda is not helpful at the moment with lack of clarity of NHS commissioning and performance management roles going forwards making relationship building difficult (i.e. CCG/ICS/Specialist Commissioning through NHSEI)

What's next

Future plans, what changes are in the pipeline? Do we need to work differently with other parts of the system

In October there will be key changes to the leadership in the ACP. Mark Tuckett will come into post at the new ACP Director, Kevan Taylor (SHSC) will step down as the lead CEO to be replaced by Kirsten Major (STH). Tim Moorhead stood also down as the ACP Board Chair in September; Jayne Brown (SHSC) will take this role on from the October Board meeting.

The Sheffield Workforce Strategy is due to be published following sign off at ACP Board on October 2019

The refresh 'Shaping Sheffield' document (copy attached below) will be published in October following sign off by all the ACP partner Boards over August / September this year

Improved communication about progress of the ACP workstreams and making better connections between the workstreams is a priority for the partnership. This will in part be enabled through the launch of the ACP Website at the end of October

The ACP will work closely with partners to gain greater clarity on its relationship with Joint Commissioning Committee as the committees role develops.

Additional Background papers

Scrutiny Report ACP Jan 2019 FINAL.doc

Shaping Sheffield - FINAL version.pdf

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Healthier Communities and Adult Social Care Scrutiny Committee

October 2019

Sheffield Better Care Fund Background Paper

Role of the Better Care Fund

Purpose, basic facts and figures – what do we do, how do we work, what is our relationship with the other parts of the system

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

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

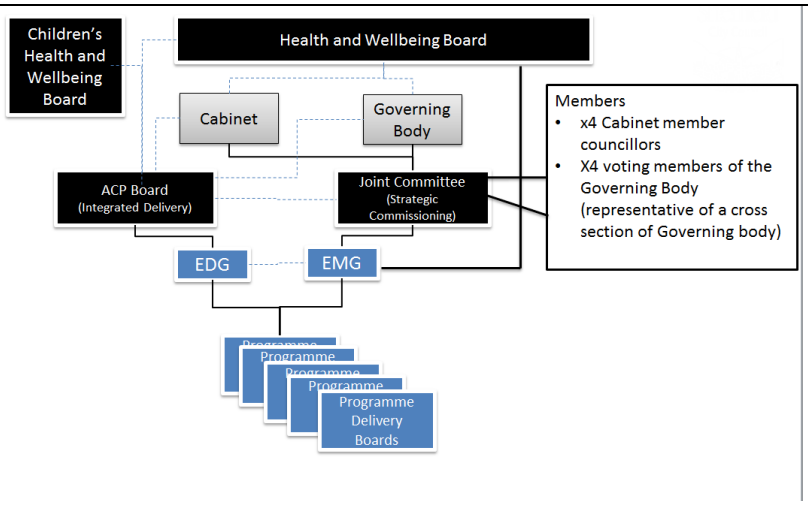
During 2014, the CCG Governing Body and Council Members supported the development of those plans, including ambitions and the scope of pooled budgets. The plans aligned with the Department of Health requirements for a Better Care Fund, but were greater in scale and ambition. The minimum Better Care Fund for Sheffield in 2014 was £37.7 million excluding capital grant income. The total of Sheffield Better Care Fund was £270 million. The plan was formally approved in January 2015.

In 2019 the minimum contribution for the Better Care Fund is £47 million; the total Better Care Fund is £398 million.

What is the Better Care Fund?

The Better Care Fund is a national programme that requires local authorities and CCG's to pool defined budgets through a section 75 arrangement, the pooled funds are used for interventions which reduce non elective admissions and untimely discharge from hospital, reduce the number of permanent residential placements and ensure the number of people readmitted to hospital following reablement is below 15%.

In Sheffield our Better Care Fund goes beyond the minimum contributions and our programmes extend to include many other areas of work that benefit from a pooled budget arrangement.



The diagram above illustrates the governance arrangements for the Joint Commissioning Committee and the ACP. BCF reports into the Executive Management Group (EMG)

Measures of Success

During 2014 it was confirmed the programme would only succeed if it achieved :

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

Better Care Fund Metrics

- Reduction in the number of non-elective admissions.
    - Whilst growth is reducing, demand is continuing to grow.
- Reduction in the number of people delayed in the transfer of care.
    - Currently our Delayed Transfers of Care (DTOC) performance is the best it has been in two years, supported by a reduced Length of Stay (LOS) and reduction in the number of delayed bed days.
- Reduction in the number of people admitted to permanent residential care.
    - We have sustained a reduction in permanent residential care admissions over the past years.
- Over 80% of patients on a reablement pathway are not readmitted within 91days.
    - We currently consistently exceed this metric.

Appendix A provides further information on our performance in reducing LOS and DTOC.

Impact

How is our work making a difference to Sheffield people? Include examples/case studies to illustrate. Are there any barriers/ 'stuck issues' that are preventing us from achieving our objectives? Is there any learning from things that haven't worked?

People previously experiencing delay in a fragmented system, have benefited from the work to date on the Better Care Fund programmes.

Stories of difference are included, that highlight how a greater community focus is preventing admissions and ensuring patients are discharged promptly. This work is proactively supported by improvement programmes within individual organisations.


Conversations Count Innovation Site JR.DC


SOD 5.3.19 Discharge from hospi


MH Story Feb 19.docx


Story of diff 2001130.docx


story of difference - EN.docx


Story of diff 111182 - hospital bed.docx

During 2019 the Better Care Fund team is reviewing the current budgets and programmes against the national requirements to ensure budgets are focused on the right priorities. Recognising the investment expected from reduction in non-elective admissions has not become available. Therefore requiring a radical shift in programme to achieve our aims of ensuring more people are supported to live independently in the community.

The governance structures have undergone review to ensure all programmes have an executive sponsor leading the work.

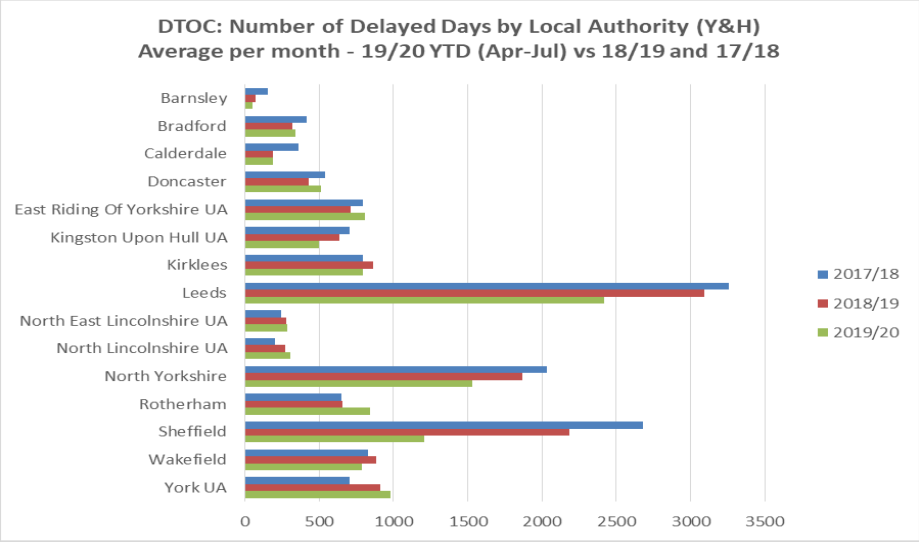
What's next

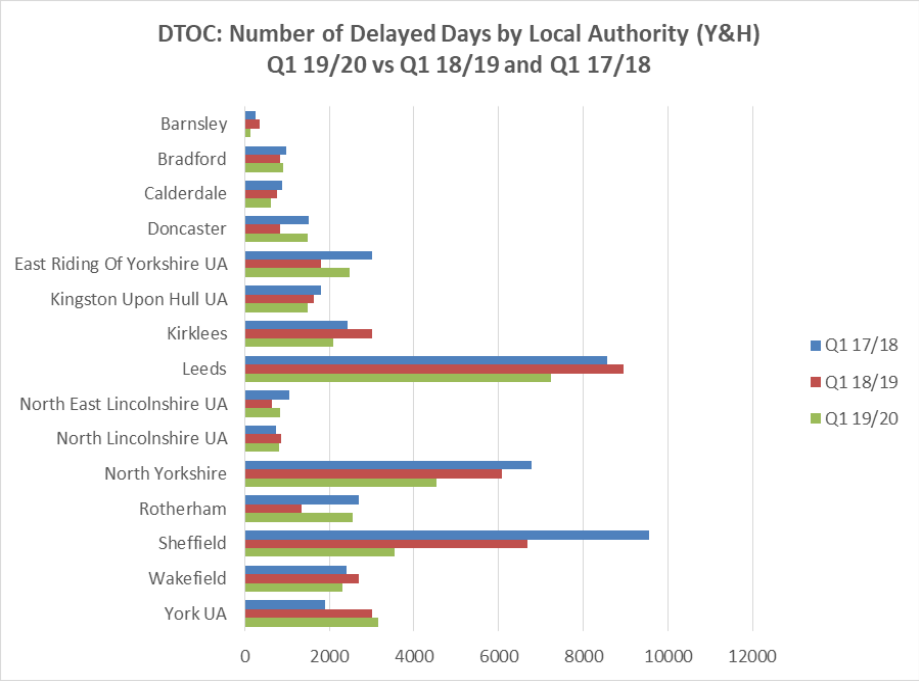
Future plans, what changes are in the pipeline? Do we need to work differently with other parts of the system

Integration, risk share and new contracting arrangements will drive through changes in the future.

Delivery of the NHS Long Term Plan brings a wide range of opportunities to further develop or neighbourhoods and fast track delivery of services at a place based level.

Appendix A

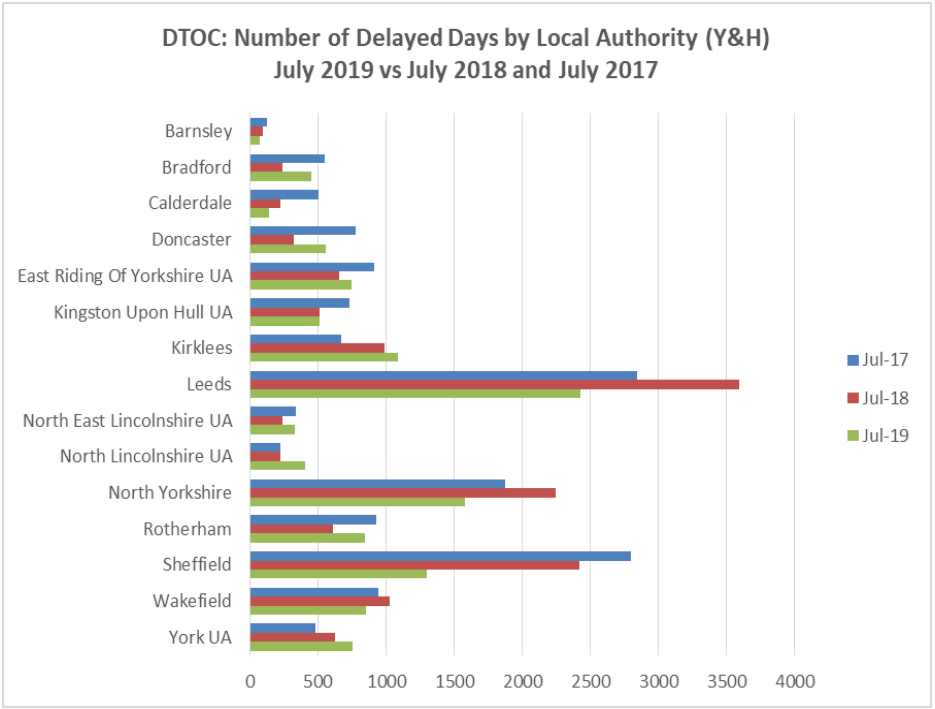




COMPARED TO OUR REGION

Sheffield's improved DTOC position between 2017/18, 2018/19 and to date for 2019/20 compared to other regional Local Authorities.

Comparisons made over a year, a quarter and a month.

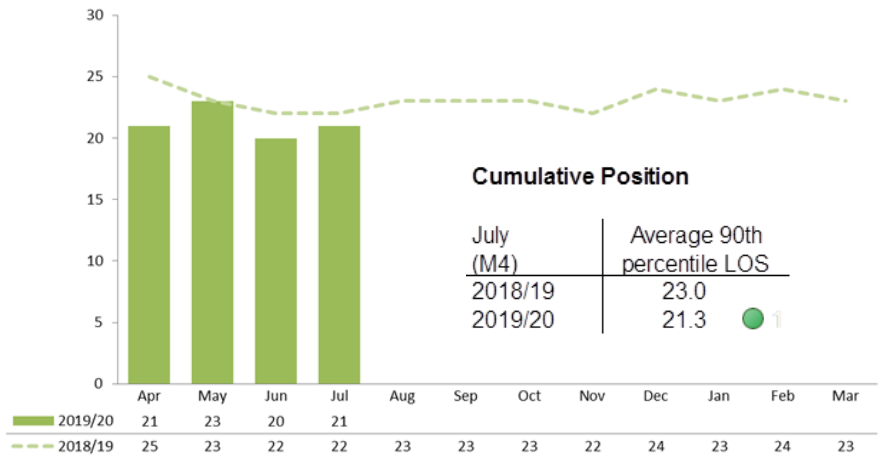


IMPROVEMENTS MADE IN SHEFFIELD

Length of Stay (LOS) for Emergency Admissions (Over 65s)

In 2019/20 (April to July 2019) the average length of stay was 21 days, compared with an average of 23 days for the same period in 2018/19.

90th Percentile Length of Stay for Emergency Admissions (Monthly)

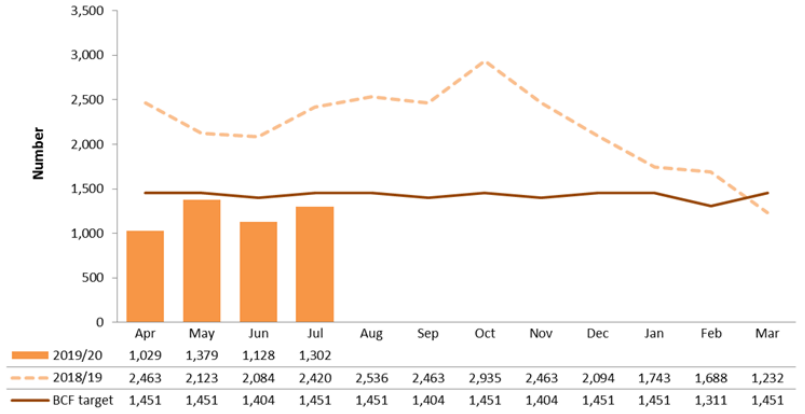


Delayed transfers of Care

In 2019/20 to date (April to July 2019) total delayed days were 4,838, compared with 9,090 days for the same period in 2018/19. This represents a 46% improvement over the same period in 2018/19.

Delayed Transfers Of Care (Monthly)

Note: BCF Target currently remains as per 2018/19



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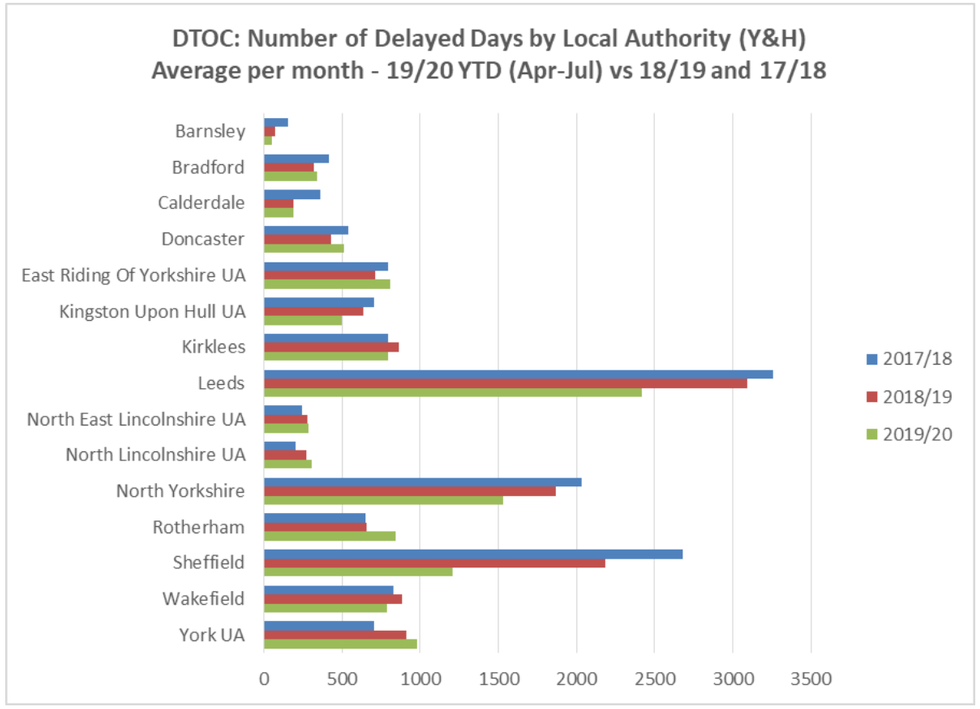

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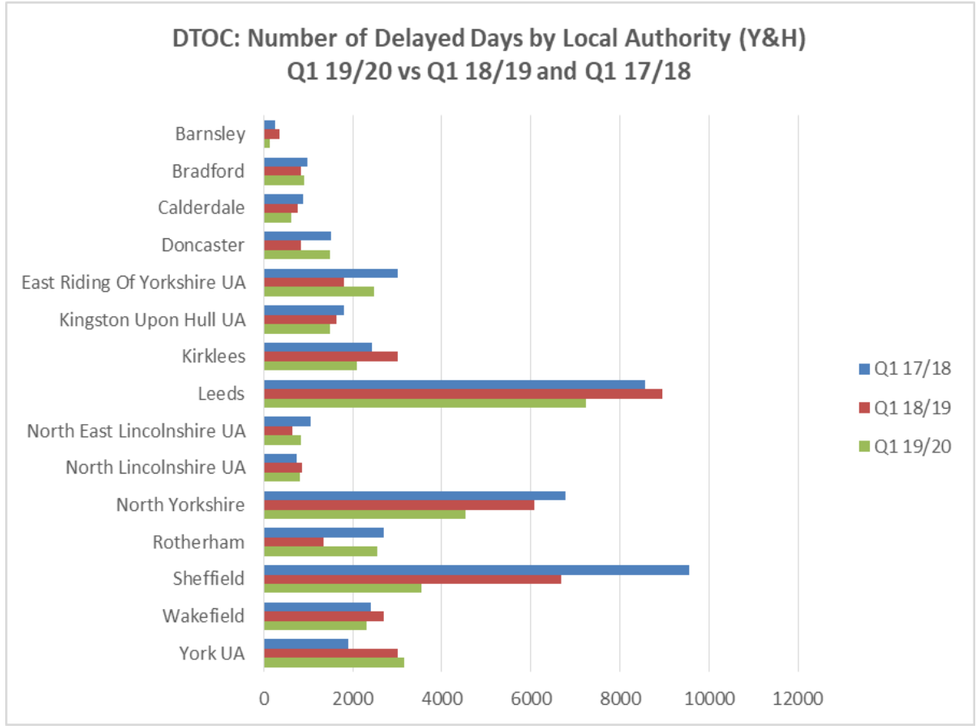

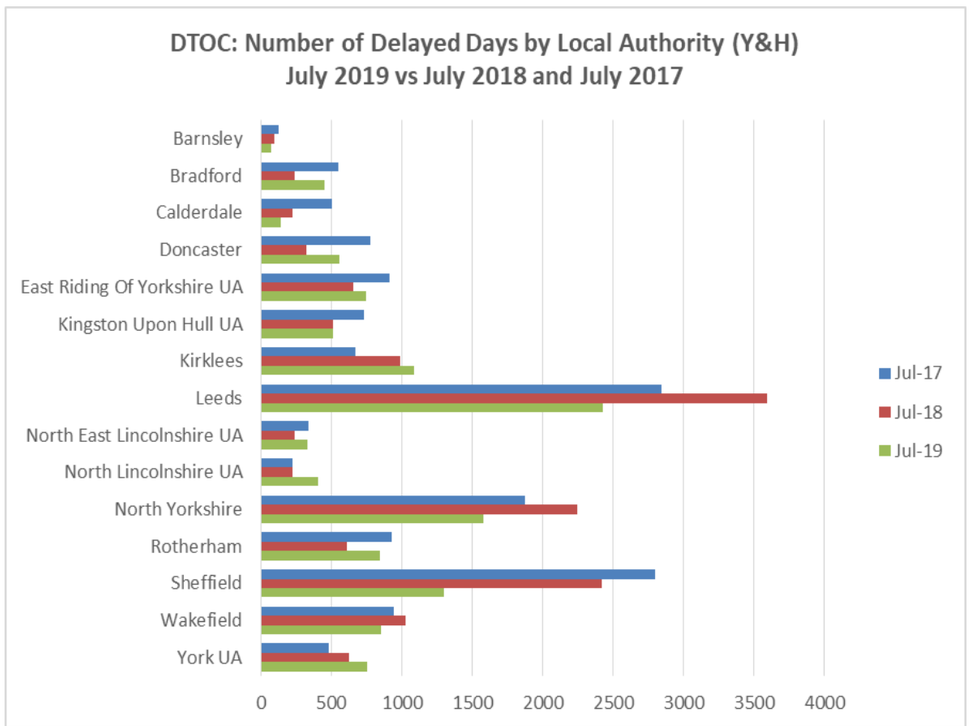

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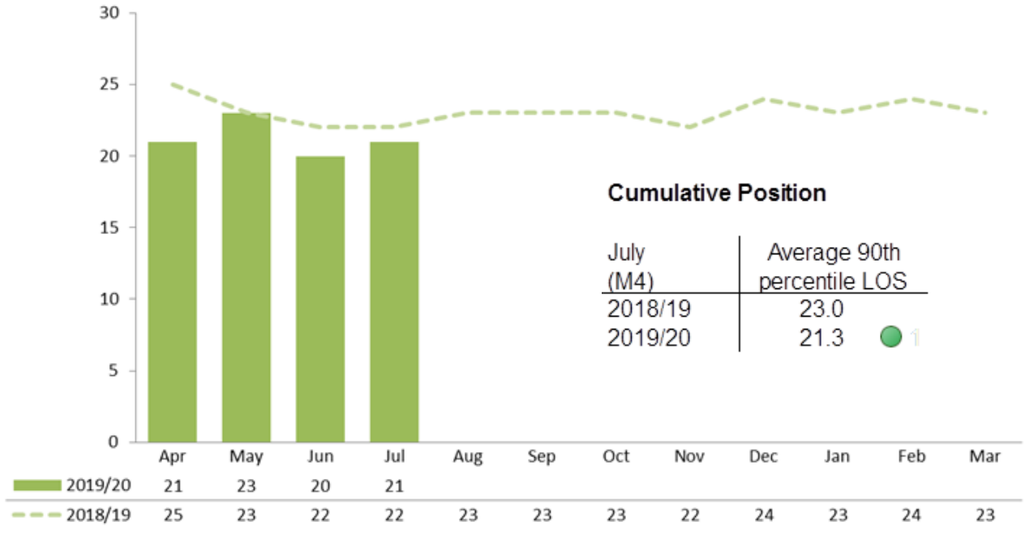

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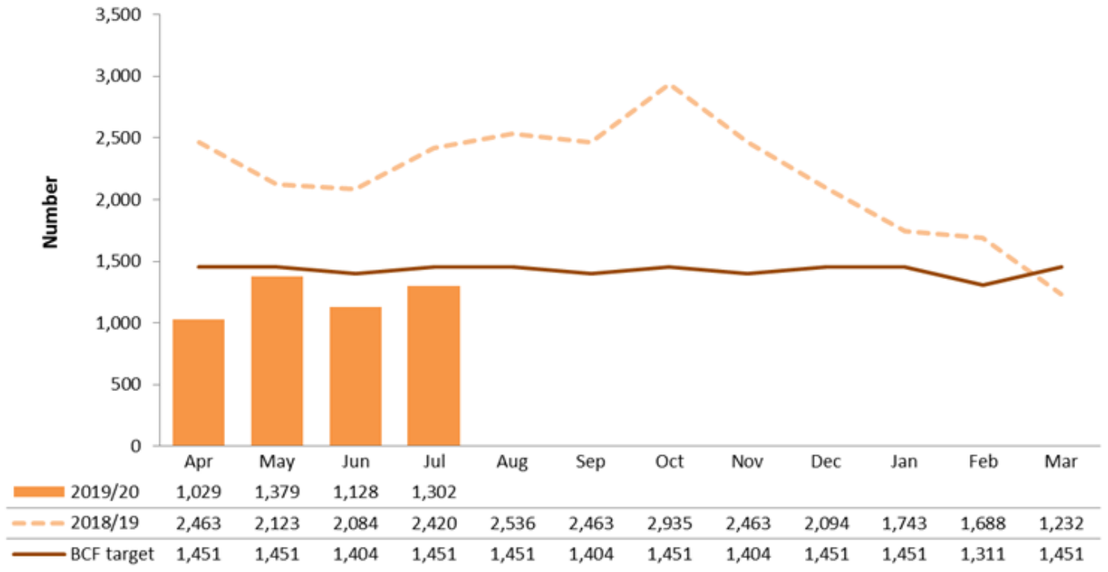


Healthier Communities and Adult Social Care Scrutiny Committee

October 2019

Joint Commissioning Committee Background Paper

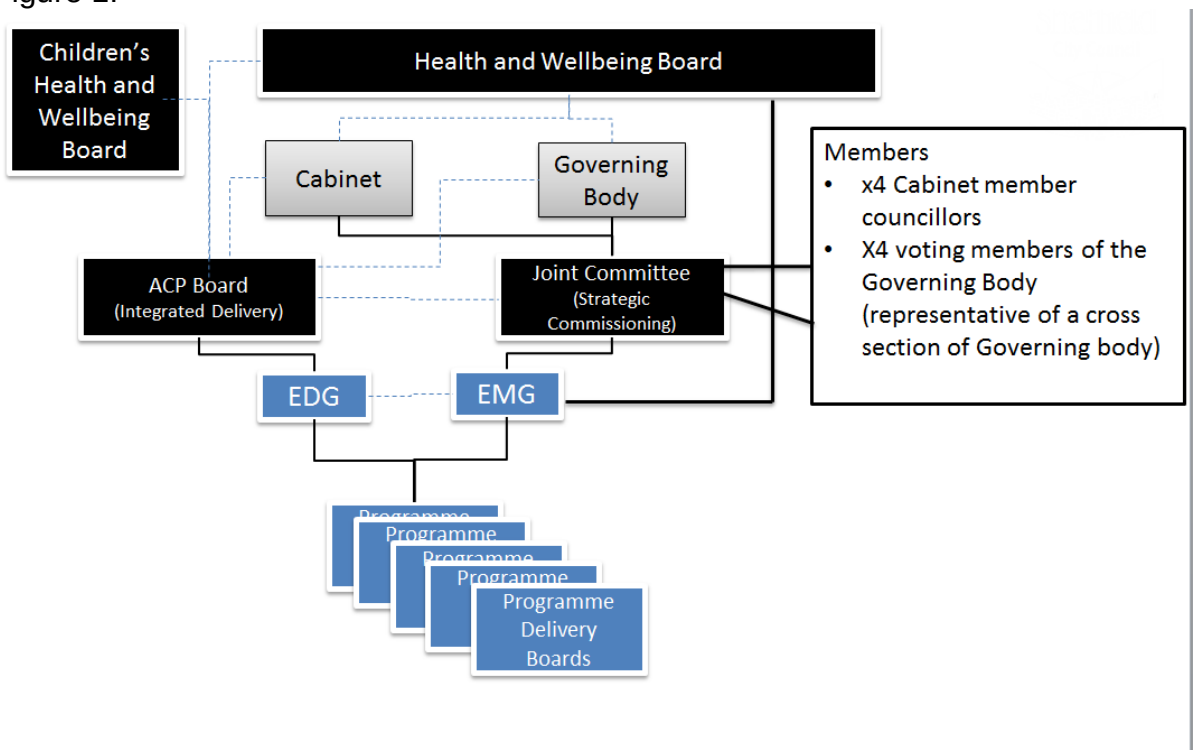
Role of the Joint Commissioning Committee

Purpose, basic facts and figures – what do we do, how do we work, what is our relationship with the other parts of the system

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

The Cabinet and CCG Governing body approved the amendment of the existing Better Care Fund partnership arrangements under s75 NHS Act 2006 to establish a joint committee.

Figure 1.



The JCC is part of a wider system of governance inclusive of the Health and Wellbeing Board, Executive Management Group (EMG) and the Sheffield Accountable Care Partnership (ACP) Board and the ACP's Executive Delivery Group (EDG). Figure 1 above illustrates the Joint Committee in the context of overall governance framework and arrangements

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

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

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

In the first instance, the committee is focusing on three priority areas; Frailty, SEND and Mental Health.

Improved Collective Response to Future Changes

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

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

Impact

How is our work making a difference to Sheffield people? Include examples/case studies to illustrate. Are there any barriers/ 'stuck issues' that are preventing us from achieving our objectives? Is there any learning from things that haven't worked?

The recent Care Quality Commission (CQC) Local System Review, and the CQC / OFSTED SEND inspection recognised that some good, preventative interventions are happening, but at neither scale nor pace and thus there is more to do to scale up our response in the community and primary care to keep people as well as possible and reduce the need for more acute services. This in turn will drive a different system and balance of investment across the system.

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

In the March 2019 the Clinical Commissioning Group (CCG) Governing Body and Sheffield City Council (SCC) Cabinet approved the creation of the Joint Committee

to give local accountability to this important agenda.

The Committee shall strengthen the way that we commission health and social care between the CCG and SCC.

In particular, the Committee shall focus on:

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

This would be based on the following principles

- A preventive model built into delivery at all levels of complexity
- Care closer to home or a home via neighbourhood, localities
- Reduction health inequalities in Sheffield
- Person centred commissioning joined up with placement and brokerage
- Improved people experience and outcomes
- Effective and efficient use of resources whilst ensuring safe and effective standards of service
- Collective management of risk and benefits

What's next

Future plans, what changes are in the pipeline? Do we need to work differently with other parts of the system

Better Health and Wellbeing Outcomes

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

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

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

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

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

Case Study – 'The Sheffield Mental Health Transformation Programme' Overview

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

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

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

Benefits

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

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

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

Extending and Developing the Programme

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

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

1. We want to ensure that we are able to intervene at the earliest point of an individual's illness so as to prevent severe long term illness from developing;
2. We want to create a consistent and proactive approach to preventing ill health, targeting the <14 age group in particular (where 50% of long-term illness begins to manifest); and
3. We want to ensure that there is a consistent continuum of care in Sheffield where transition points are managed to such an extent that care provision is seamless, based on holistic needs and is person centred.

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

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

Lessons Learnt

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

For example we have had to continually ensure that we do not unintentionally undermine the respective sovereign obligations of each individual organisation. This has been challenging when decisions have had to be taken quickly; given we often have to seek agreement from more than one different organisation.

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

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Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
Wednesday 16 October 2019

Report of: **Policy and Improvement Officer**

Subject: **Work Programme 2019/20**

Author of Report: Emily Standbrook-Shaw, Policy and Improvement Officer
Emily.Standbrook-Shaw@sheffield.gov.uk
0114 273 5065

The report sets out the Committee's work programme for 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 work programme for 2019/20

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.

2 The Scrutiny Work Programme 2019/20

2.1 Attached is the work programme for 2019/20. The work programme remains a live document, and there is an opportunity for the Committee to discuss it at every 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 Recommendations

The Committee is asked to:

- Consider and comment on the work programme for 2019/20

HC&ASC Draft Work Programme		
Topic	**Reasons for selecting topic**	**Lead Officer/s**
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 Macilwraith 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	John Doyle, SCC/ Nicki Doherty, 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 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.	STH/SCC/CCG/ACP
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
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		
Social Care Green Paper	*To consider the implications of the Social Care Green Paper for Sheffield.*	*Sara Storey, SCC*
Impact of Brexit on the Health and Care Sector	*To consider implications of Brexit on the Health and Care Sector in Sheffield – particularly relating to workforce*	*Director of Public Health, SCC*
Quality Accounts	*To consider NHS provider Trusts Quality Accounts in line with Statutory Guidance – approach to be determined.*	*Various*
Adult Short Breaks	*To consider whether proposals to change Adult Short Breaks require public consultation and scrutiny.*	*NHS Sheffield CCG*

Implementation of the national GP contract	*To consider the local commissioning response to the national changes to GP contracts.*	*NHS Sheffield CCG*
Primary Care Hubs	*To consider proposals around changing locations of Primary Care Hubs in the City.*	*NHS Sheffield CCG*
Bereavement post suicide	*To consider proposals to strengthen bereavement services following suicide*	*Director of Public Health, SCC*
Suicide Strategy	*The City's Suicide Strategy is due to be reviewed in 2020.*	*Director of Public Health, SCC*
Sheffield Health and Wellbeing Strategy	*To consider implementation and impact of the Sheffield Health and Wellbeing Strategy*	*Sheffield Health and Wellbeing Board*
ME	*To consider what is going on in Sheffield to support people with ME.*	*SCC/CCG*
Mental Health Strategy	*To consider Development of the Mental Health Strategy*	*SCC*

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