Public Document Pack

Joint Commissioning Committee

Sheffield City Council • Sheffield Clinical Commissioning Group

Town Hall

The Press and Public are Welcome to Attend

Membership

Dr. Terry Hudsen – Co-Chair	Chair of Sheffield Clinical Commissioning Group (CCG)
Councillor George Lindars-Hammond (Co-Chair)	Executive Member for Health and Social Care, (SCC)
Councillor Jayne Dunn	Executive Member for Education, Children and Families (SCC)
Mark Gamsu	Governing Body Lay Member, Sheffield CCG
Councillor Cate McDonald	Executive Member for Finance and Resources (SCC)
Jackie Mills	Finance Director, Sheffield CCG
Dr Leigh Sorsbie	Governing Body GP Member, Sheffield CCG
Councillor Alison Teal	Executive Member for Sustainable Neighbourhoods, Wellbeing, Parks and Leisure (SCC)

Sheffield City Council

JOINT COMMISSIONING COMMITTEE

Sheffield City Council ● Sheffield Clinical Commissioning Group

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

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

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

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

PUBLIC ACCESS TO THE MEETING

Meetings of the Council have to be held as physical meetings and are open to the public.

If you would like to attend the meeting, please report to an Attendant in the Foyer at the Town Hall where you will be directed to the meeting room. However, it would be appreciated if you could register to attend, in advance of the meeting, by emailing committee@sheffield.gov.uk, as this will assist with the management of attendance at the meeting.

To ensure safe access and to protect all attendees, you will be recommended to wear a face covering (unless you have an exemption) at all times within the venue. Please do not attend the meeting if you have COVID-19 symptoms.

PLEASE NOTE: The Public Gallery in the Town Hall Council Chamber can accommodate 50 persons. Social distancing may not be possible in the Gallery depending on the numbers of members of the public in attendance at the meeting. Alternatively, you can observe the meeting remotely by clicking on the 'view the webcast' link provided on the meeting page of the website.

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

If you require any further information please contact Abby Hodgetts on 0114 273 5033 or email committee@sheffield.gov.uk

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall.

JOINT COMMISSIONING COMMITTEE AGENDA

Sheffield City Council ● Sheffield Clinical Commissioning Group

28 MARCH 2022

Order of Business

1.	**Welcome and Introduction to the Joint Commissioning Committee** Chair – Dr Terry Hudsen	
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** Members to declare any interests they have in the business to be considered at the meeting.	(Pages 5 - 8)
5.	**Minutes of the Previous Meeting** To approve the minutes of the meeting of the Committee held on 15th February 2021.	(Pages 9 - 14)
6.	**ICB Transition and Structure of Committee** Presentation by Alexis Chappell and Sandie Buchan	
7.	**2021/22 Better Care Fund Budget** Presentation by Jacki Mills	
8.	**Resilient Communities** Presentation by Nicola Shearstone, Emma Dickinson and Sarah Burt	(Pages 15 - 26)
9.	**Joint Commissioning Intentions 2021-22 Highlight Report** Dr Terry Hudsen	(Pages 27 - 34)
10.	**Any Other Business**	
11.	**Date & Time of Next Meeting** The next public meeting of the Joint Commissioning Committee will be held on Monday 27th June 2022 at 10am.	

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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

Joint Commissioning Committee

Meeting held 15 February 2021

PRESENT: Councillor George Lindars Hammond (Chair), Councillor Jackie Drayton, Councillor Terry Fox, Mark Gamsu, Terry Hudsen, Brian Hughes, Jackie Mills and Leigh Sorsbie

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Mark Jones (SCC), John Macilwraith (Executive Director, People Services, SCC), and Lesley Smith (CCG)

1.2 Brian Hughes attended as substitute for Lesley Smith.

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest made.

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes of the meeting of the Joint Commissioning Committee held on 24th June 2019 were approved as a correct record.

4. PUBLIC QUESTIONS

4.1 There were no public questions.

5. INTEGRATED CARE SYSTEMS – WHAT NEXT FOR THE JOINT COMMISSIONING COMMITTEE

5.1 Terry Hudsen informed the committee that the last few years had seen care providers working in a more joined up way. Integrated Care Systems (ICS) were developed by forming strong partnerships.

5.2 Within Sheffield, there was a strong Joint Commissioning Committee (JCC) and Accountable Care Partnership (ACP), supported by the ICS and partner organisations. The ICS brought organisations together to ensure things were only done once e.g. stroke care.

5.3 The Government White Paper proposed legislative change and integration of health and social care and provided clarity of roles. It broadly had three themes: working together, reduction of bureaucracy and additional proposals.

5.4 The White Paper proposed making ICS statutory bodies to replace Clinical Commissioning Groups (CCG) which were to be abolished. The ICS would take on some of the role of NHS England. Governance would be via Health and Care Partnership Boards.

5.5 There would still be a need for Health and Wellbeing Boards but it would provide an opportunity for flexibility. The JCC would continue until after the legislation was in place and could continue once the ICS were established. It was important to recognise that JCC could remain the point of delegation in future.

5.6 There would be scope for collaborations to deliver improved health outcomes which would build on the work already carried out by the CCG's. There would also be huge opportunities to improve healthcare and equality. There was a need to think about proposals and focus on how the ICS would work moving forward.

5.7 The Chair stated that there was a lot of work going on across Sheffield ensuring systems reflect national changes. There was a need to look at how best to organise health and care to get the best out of the services.

5.8 Mark Gamsu asked whether there would be a plan of work for the Committee and there was also a need to think about the make up of the Committee to ensure it was representative. JCC needed to have representation from those who understand the health system but can also make a meaningful challenge. The purpose of the JCC also needed to be reviewed. Terry Hudsen informed the Committee that the legislative proposal gave the ability to decide on the make-up of the Committee and the focus would be broader than the current Better Care Fund (BCF)

5.9 Brian Hughes felt that the document was light in detail and the permissiveness was clear. There needed to be a level of ambition on how to address the needs of citizens.

5.10 John Doyle stated that the role of the ICS would be to help people live longer, healthier lives. JCC and HWBB were great examples of partnership working and it was hoped that some of the principles could be retrained.

5.11 The Chair suggested that the next development session could be used to look at representation of JCC.

5.12 Terry Hudsen stated that the ambition was to continue to build on the work done already. Development sessions could consider membership and what the next ambitions were.

6. JOINT COMMISSIONING INTENTIONS – SHEFFIELD HEALTH AND SOCIAL CARE PLAN 2021/22

6.1 Sandie Buchan (Director of Commissioning and Development) attended the meeting and presented the report.

6.2 The Joint Plan was intended to bring visions together and there were 6 joint priorities. These were:

1. Joint Commissioning Intentions
2. Community/Voluntary Sector
3. Ongoing Care
4. Children, Young People and Families
5. Mental Health and Learning Difficulties
6. Frailty

6.3 The Joint Plan also looked at what will be different and what had been achieved in 2020/21.

6.4 Leigh Sorsbie welcomed that plan and the emphasis on health inequalities. There was a need to ensure equal access and also think about outcomes. Were the partners prepared? Sandie Buchan answered that the Outcome Framework would be brought back to Committee for the members to have input into the impact on inequalities. There was a need to establish what services were needed and then work with the providers.

6.5 Terry Hudsen stated that this was a significant piece of work for the CCG and Sheffield City Council (SCC). This was a broad reaching plan which was commendable. The integrated plan was great, but needed to be acted upon. Were there any new ways of working which we should start using?

6.6 The Chair felt that there was a need to ensure that the flexibility to respond to the needs of Sheffield was not lost and that nimble ways of working were required.

6.7 John Doyle thanked Sandie and all involved for putting the plan together and noted that priorities needed to mirror the priorities of care providers. Lessons had been learned during the pandemic, such as everyone coming together and delivering quicker.

7. MENTAL HEALTH JOINT COMMISSIONING INTENTIONS

7.1 Sam Martin and Heather Burns attended the meeting and presented the report.

7.2 Sam Martin informed Committee that priority areas included:

- children's and young people emotional wellbeing and mental health, developing mental health support services that link to primary care and community services,
- improving and expanding early help and prevention services in our communities,
- improving crisis care services, enabling children, young people and adults who live with mental illness to live happier and independent lives,
- improving the physical health for children, young people and adults with severe mental illness,
- improving support to children, young people and adults with eating

disorders and to continue to focus on vulnerable groups with specific needs, to include: asylum seekers, rough sleepers, bereavement support, problem gamblers.

This was not an exhaustive list and there was still some business as usual. There was still a lot of uncertainty around the long term effects of the pandemic and it was important to increase access to support earlier and closer to home.

7.3 Heather Burns informed Committee that everyone was committed to working together and it was hoped that the differences would be:

- Better access to early support for children, young people and adults for their emotional health and wellbeing,
- Primary Care mental health offer will be available across the city,
- More children, young people and adults receiving appropriate psychological therapies,
- More vulnerable children receiving CAMHS support,
- Faster more coordinated responses to children, young people and adults experiencing mental health crisis,
- More people moving from residential and nursing care into their own homes,
- More young people and adults in employment,
- Better physical health,
- Carers and families, including young carers, reporting a better experience of using services.

There was much to be done, but it was working well across partner organisations.

7.4 The Chair noted that it was good to see that commissioning was looking at physical health, employment and training.

7.5 Heather Burns noted that practitioners were keen to say that it was ok not to feel ok at the moment. Psychological first aid was important at present, it was broader than mental health.

7.6 Brian Hughes felt that it was important to see the cannon language breaking down barriers between physical and mental health in all ages. JCC helped to cut down barriers.

7.7 Leigh Sorsbie welcomed the emphasis on children and early interventions and asked how business as usual was being carried out. Heather Burns explained that additional monies had been put into crisis teams. There was a national problem in the workforce which will need to be looked at differently.

7.8 Terry Hudsen stated that significant strides had been made which was welcome for both patients and clinicians as there had been increased demand pre Covid which would continue during and after the pandemic. However, there were still significant waits and people fall between the gaps. Mental health services did not always integrated between themselves. HB replied that the concerns were shared and reframing will start to address the problem.

7.9 John Doyle echoed the previous comments and felt that priorities should be campaigning for more funding for mental health and working with universities to develop.

7.10 The Chair noted the need to protect existing resources, but also widen the reach.

8. FINANCE UPDATE

8.1 Jackie Mills informed Committee that key points for finance during the pandemic had been to build on joint work and relationships and respond quickly and appropriately. Those involved needed to be transparent with each other and make appropriate challenge. It was important that everyone comes together to make the best use of funding and avoid duplication.

8.2 Work was needed around hospital discharges and continue the good work with care providers and build on the success of the joint work around the vaccination programme.

8.3 The Chair noted that it had been a year of 2 halves. Things were still being done, but everything had become much harder and pressures were increasing. The Chair thanked the finance team on behalf of the Committee for all their hard work during the pandemic.

9. ANY OTHER BUSINESS

9.1 Terry Hudsen took the opportunity to pass on thanks to all in Health and Social Care for their efforts in the vaccination roll out programme which had hit all its targets.

10. SCHEDULE OF PUBLIC MEETINGS 2021-2022

10.1 During the financial year from April 2021 to the end of March 2022 the following public meetings of the Joint Commissioning Committee will take place on the following dates and times:

- Monday 28 June 2021 10:00- 12:00
- Monday 27 September 2021 10:00- 12:00
- Monday 20 December 2021 10:00- 12:00
- Monday 28 March 2022 10:00- 12:00

11. DATE AND TIME OF NEXT MEETING

11.1 The next meeting of the Committee would take place on Monday 28 June 2021 at 10am.

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Resilient Communities update on the test of change

Nicola Shearstone – SCC

Sarah Burt – SCCG

Emma Dickinson – SCC

To give an update to JCC on Resilient Communities

1. Why and what are Resilient Communities
2. Linkages with national and local policies
3. The evidence base for the model
4. High level plan and outcomes
5. Summary

Why *Resilient Communities*?

- There is a wealth of national and international evidence that shows people with a *lack of social networks, and communal capabilities and resilience* leads to poor outcomes in terms of employment, housing, wellbeing and physical health.

- Loneliness and lack of voice / influence contributes to people accessing formal services earlier and for longer.

How Resilient Communities aligns and contribute nationally and locally

National Policy

LEVELLING UP

- restore a sense of community, local pride and belonging, especially in those places where they have been lost; and
- empower local leaders and communities, especially in those places lacking local agency.

City Policy

HEALTH AND WELLBEING STRATEGY

Ambition 8: everyone has the level of meaningful social contact that they want

ADULT SOCIAL CARE STRATEGY

Commitment 1: support people to live a fulfilling life at home, connected to the community

JCC Sheffield Health & Social Care Plan 21/22

Primary Care and Social Care Collaboration

Causes and impacts of loneliness and isolation

Life stage:
Becoming a new parent
Relocating
Ending relationships
Bereavement

Health:
Mental Health
Reducing mobility
Shielding
Leaving hospital

Socio & economic:
Low income
Language barriers
Refugees & asylum

Impacts:
- Loss of confidence
- Lack of informal support
- People need formal services sooner
- Increased health risks

What is a *resilient community?*

A *resilient community* should feel like:

- Somewhere that is cohesive, friendly and welcoming of all people
- Streets and neighbourhoods look out for each other
- People volunteer – formally and informally eg peer support, lunch clubs, just collecting the litter on a walk
- There is activities, groups and associations eg friends of the park, walking groups, history – sporting memories
- People feel they can contribute, their voice is heard, they are 'empowered'

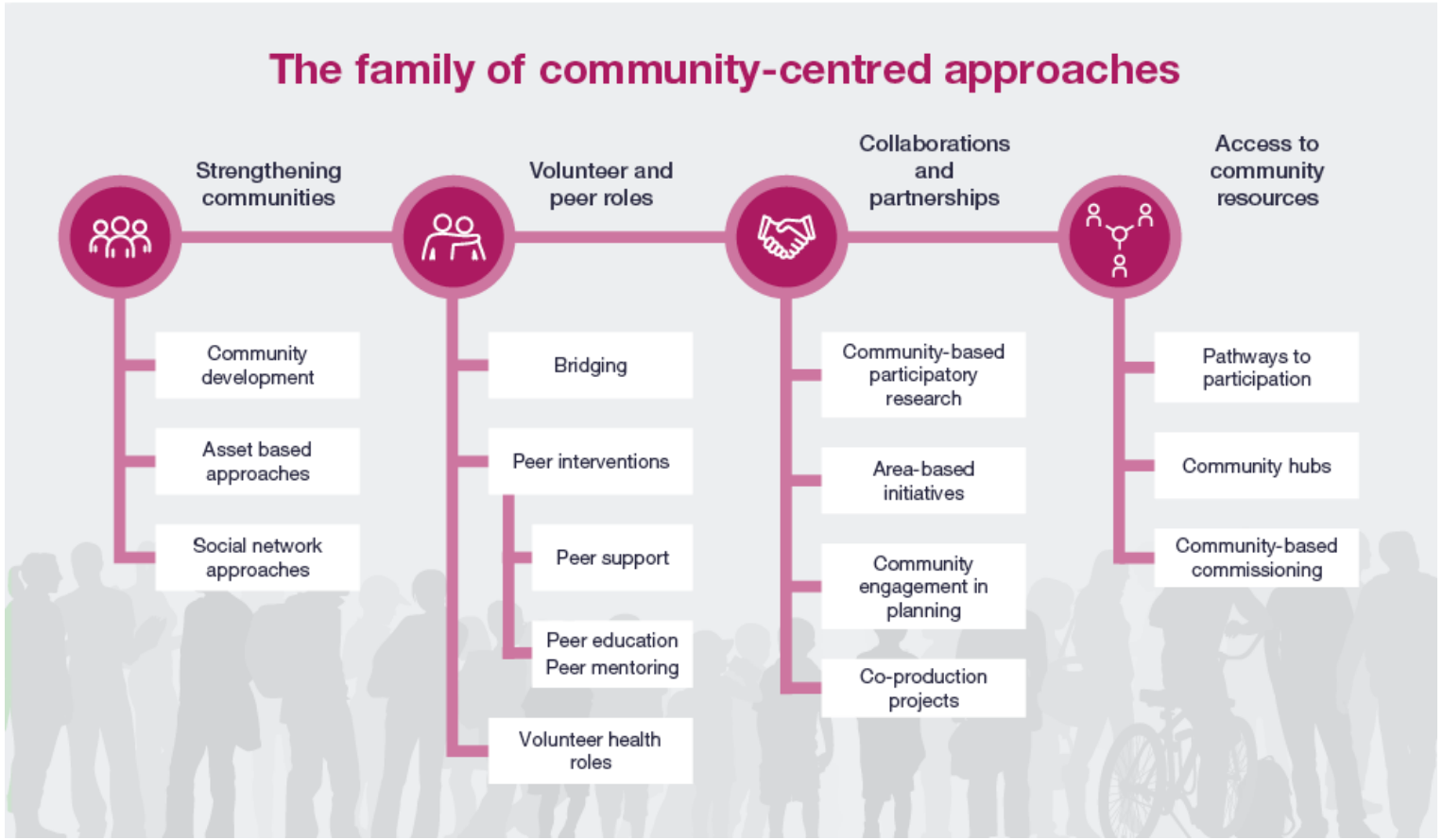
We have purposely **NOT DEFINED** *'a resilient community'* because it will be different to different communities and should be *'self defined'* – it doesn't necessarily mean place either

When we consider *Resilient Communities* – this is about People & Communities and **NOT INSTITUTIONS** or buildings such as VCF, GPs, schools, libraries, museums or leisure centres (they are all important to facilitate / enable for communities to GROW)

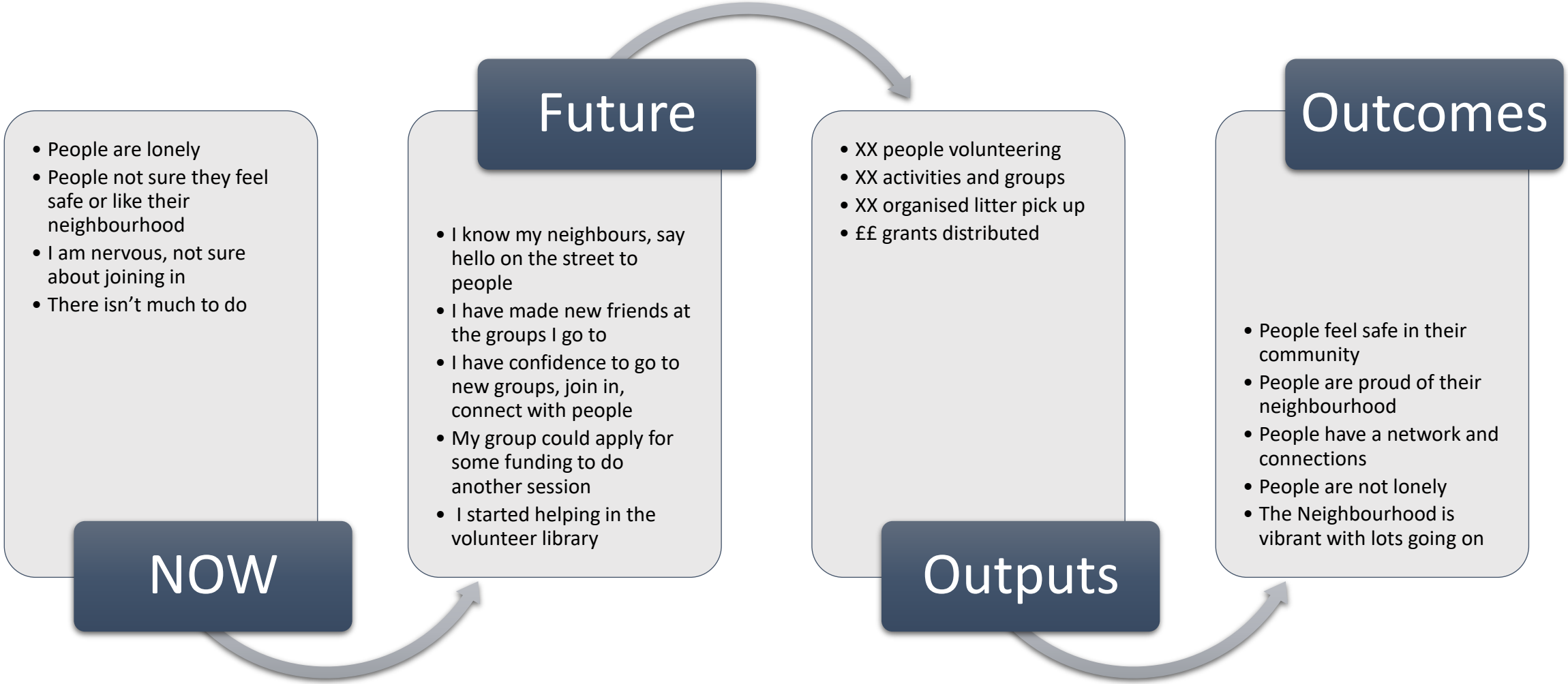
We are using the Public Health England family of community-centred approaches to base this test for change

Public Health England

Healthmatters



The Logic Model: now, future, outputs & outcomes



Update:
testing the approach in a neighbourhood

- We have identified a small pot of non recurrent funding to test the approach
- There is an ongoing informal conversation with the Local Area Committee to identify the neighbourhood for test for change
    - In one of the neighbourhoods there is currently work to map all the places where people can meet. The map will collate all the existing activities that support cohesion and then identify any opportunities to increase the activities or improve the spaces. The outcomes should be an increased sense of how to improve cohesion / integration and inclusion at a neighbourhood level.
    - As this mapping work is coming to an end, it feels like a suitable way to gently introduce *resilient communities* as the next stage in the process for their community
- It is worth stating, in starting this test of change – it cannot be done to the community and although we have a tentative plan, we know we will need to be led by the community and its population if it is to be successful for people

Update: High level plan

Build on the mapping / build sense of working together

Fund a community development worker based in VCF

Small grants pot

Asset based community development training for local workforce

What outcomes are we expecting?
testing the process and the neighbourhood starting work together

Model

a. An understanding of how the process worked – how could we make it replicable in other neighbourhoods
    a. This is a action research
    b. Double loop learning
b. What other forms of support need wrapping around the test e.g. officer support and VCF support

People and community infrastructure

a. People make friends and networks because there are more activities and places to connect with people
b. Greater interaction with governance and civic activities e.g. consultations, meetings
c. Stronger partnership mechanisms and meetings
d. Development of a bid to national funding pots (local match funding will need to be sourced)

Summary – to conclude

- JCC to note the update and test for change
  - Testing the approach
  - Understanding the impact on people / communities

- JCC are asked to contribute / steer the outcomes to be measured

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Report of:	SCC Lead Officer: Alexis Chappell, Director of Adult Services SCCG Lead Officer: Sandie Buchan, Director of Commissioning Development
Report to:	Joint Commissioning Committee
Date of Decision:	28 March 2022
Subject:	Joint Commissioning Intentions Update 2021-22

Is this a Key Decision? If Yes, reason Key Decision:-	Yes		No	X
- Expenditure and/or savings over £500,000				
- Affects 2 or more Wards				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes		No	X
If YES, what EIA reference number has it been given?				
Does the report contain confidential or exempt information?	Yes		No	X

Which Scrutiny and Policy Development Committee does this relate to?

Health and Wellbeing Board

Purpose of Report:

This paper is to update the Joint Commissioning Committee on the progress of the joint commissioning intentions within the first part of 2021-22.

Questions for the Joint Commissioning Committee:

The Joint Commissioning Committee are asked to note the update and progress on the Joint Commissioning Intentions.

Recommendations for the Joint Commissioning Committee:

It is recommended that JCC note the report on the progress of the joint commissioning intent

Background Papers:

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

Sheffield Clinical Commissioning Group:

• Brian Hughes, Deputy Accountable Officer/Place Based Lead;
• Sandie Buchan, Director of Commissioning Development;
• Jennie Milner, Deputy Director of Planning & Joint Commissioning

SCC:

• John Macilwraith, Executive Director for Peoples Services;
• Alexis Chappell, Director of Adult Services</td></tr>
<tr><td></td><td colspan="3">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td>EMT member who approved submission:</td><td colspan="2">Sandie Buchan, Director of Commissioning Development
Alexis Chappell, Director of Adult Services</td></tr>
<tr><td>3</td><td>CCG lead officer who approved submission:</td><td colspan="2">Sandie Buchan, Director of Commissioning Development</td></tr>
<tr><td rowspan="3">4</td><td colspan="3">I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Joint Committee by the officers indicated at 2 & 3 above. In addition, any additional forms have been completed and signed off as required at 1.</td></tr>
<tr><td colspan="2">Lead Officer Names:

Sandie Buchan

Alexis Chappell</td><td>Job Titles:

Director of Commissioning Development

Director of Adult Services</td></tr>
<tr><td colspan="3">Date: 16 March 2022</td></tr>
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JOINT COMMISSIONING INTENTIONS UPDATE

1. Introduction

This paper is to update the Joint Commissioning Committee on the progress of the joint commissioning intentions within the first part of 2021-22; along with progress on establishing and monitoring Health and Wellbeing outcomes.

Focus remains on managing covid whilst ensuring sustainable service delivery, and transformation and improvements can continue to be implemented. It is recognised that providers and staff are under significant pressures and working hard to ensure services continue to be delivered safely and of a high quality. In addition to the work jointly undertaken, each organisation continues to progress areas of transformation and improvement. This report covers the areas jointly funded and delivered by health and social care, identified in the joint commissioning plan.

2. Joint Priorities

Progress continues to implement plans to deliver our joint priorities:

- We will continue to respond to the COVID-19 pandemic;
- We will reduce health and social care inequalities across Sheffield;
- We will focus on improving access to and availability of health and care services;
- We will ensure all children across Sheffield have the best possible start in life;
- We will improve the support and treatment for your mental health and wellbeing;
- We will make sure if you need health and social care support then this is personalised to your needs.

In addition, work has commenced to establish a Sheffield Health and Wellbeing Outcomes Framework.

The Sheffield Health and Wellbeing Outcomes Framework will provide a strategic framework for the planning and delivery of health and social care services, focusing on improving the experiences and quality of services for people using those services, carers and families. Focusing on improving how services are provided, as well as the difference integrated health and social care services should make for individuals to support our strategic aim:

- **To improve the health and wellbeing for everyone**
  [Sheffield Joint Health and Wellbeing Board Strategy 2019-2024]

The framework will support the planning and monitoring of services to ensure the outcomes are benefiting the people accessing and receiving services.

3. Joint Commissioning intentions

a. Resilient Community & Voluntary & Community Sector (VCS)

Approach	Impact
Volunteer and peer roles	• All voluntary and community workers in the neighbourhood are using asset-based approaches. • Asset based approaches become a way of working.
Building on Assets in the community	• The assets of people and the community are developed and built upon; • A worker is continuing to champion this way of working and reinforce asset approaches.
Access to community resources	• More groups and activities; • People building social connections and networks; • A greater sense of belonging.

Approach	Impact
Next Steps	In depth update to be provided to the JCC Public meeting on 28 March 2022.

b. Children & Families

Approach	Impact
Put in place enhanced Special Educational and Disabilities support and provision in line with the Sheffield Inclusion Strategy:	• Develop a Special Educational Needs and Disabilities joint commissioning intentions and a detailed joint commissioning action plan to drive forward improvements; • Speech and Language Therapy steering group has agreed vision and aims for the Sheffield Children and Young People with Speech, Language and Communication needs and has agreed to focus on implementation; • Health Needs in Education Phase 2 business case commenced approvals process; • Developing a more co-ordinated approach to support children with their Social, Emotional and Mental Health needs and expanding the Mental H Support in Schools; • Homes and Community Agency (HCA) Health Needs in Education project approved by the Local Authority. • Developing priorities and plans for early intervention and prevention and crisis care; • Joint preparation for OFSTED inspection.
Design a new model of local children's health and care services:	• Draft 0-19 service specification developed; work ongoing to develop operational guidance and agree key performance indicators; • Funding agreed for neurological clinical capacity to support locality working model; • Autism in Schools project launched with first sessions for parent and children/young people groups in the majority of the 10 secondary schools identified; • Single point of access for all autism spectrum disorder (ASD) referrals to CAMHS/Ryegate implemented; • Neuro locality working pilot expanded.

c. Learning Disabilities [LD]/On-going Care

Approach	Impact
A new LD Strategy	• Be co-designed, with people who draw on health and social care at the centre; • Take a long-term approach (10 years); • Be led jointly by SCC and SCCG and developed collaboratively with system partners, service users, their families, and carers • Take an all-age approach, whole system approach and address long standing transition issues; • Support an increased emphasis on a preventative approach; • Have system sustainability as a priority.
Build on our success	• Significant joint working in place to develop a strategy around health, housing and social care for adults with a learning disability in Sheffield; • Building on the success of Transforming Care; • Presentation to LD partnership Board to seek steer and support; • Starting work to identify priorities across partner agencies; • Commissioning analysis of short breaks started by SCC; • Enhanced framework commissioning work ongoing (SCC); • ICS wide Housing Needs Analysis being developed into Regional Market Position statement.

Raise awareness of key challenges	• People with Learning Disabilities still face significant health and social inequalities; maximise the opportunity to reduce inequalities; • Improve our performance in key areas, eg; employment; • Significant operational and financial challenges across the system; • There remains a need for market development in all key areas.

d. Mental Health

Approach	Impact
Delivering a coherent specialist Eating Disorder offer for people of **all ages** in Sheffield	• Collaborative ASERT model established across **three distinct organisations**, two statutory sector and one 3rd sector provider, to deliver **person centred collaborative** integrated provision with the Easting Disorder Programme and Board well established to deliver the plan; • a pathway of care, with a significant focus on prevention, early intervention (EIP) & enhanced self-management; core EIP training (professionals/non-professionals) and intervention offer (11-16s) in schools in Sheffield; • Digital system alignment for easier sharing of case records and other clinical/non-clinical information across services and between patients and care givers, with a single referral pathway; • New single point of access being implemented across the voluntary, community and faith sector (VCF) and Sheffield Health and Social Care for adult referrals; • "Mypathway" developed as a patient held care plan and work on shared care record keeping progressing.
Transform Mental Health Community and Neighbourhood and Primary Care Services	• Service established in 4 Primary Care Networks with the remaining 2 operational in April 2022; • Aiming for national target of 100% coverage by 2023/24; • Over 2000 new patients received support through new service provision; • Connected with SHSC to scope development and integration with existing secondary care community mental health teams; • Embed new care planning guidance; • Strong VCSE engagement (ie; Mind and Rethink) as part of programme board and delivery; • Recommissioning the Mental Health Recovery Framework by March 2023, expanding range of provision.
Expand and improve help for people in mental health crisis	• Improving Mental Health Liaison provision across acute sites; • Developing community support through 'crisis café' model for accessible, non-clinical and informal support; • Developing mental health passport to help people navigate through the system more easily and without having to keep 'telling their story'; • Crisis Programme Board in place with programme plan delivering service improvements; • Improved protocols for shared care and patient transfer across Sheffield Teaching Hospitals, Children's and Health and Social Care hospitals with increased investment into Mental Health Liaison Service for adults/expansion of Home Treatment Teams for adults and children and young people; • Crisis Safe space has been out for tender and will be in place from April 2022, alongside Crisis Café and Crisis buddy tenders which will also be implemented from April 2022 onwards.

Approach	Impact
Improve mental health support for Children and Young People	• New investment in CAMHS home treatment provision; • Commissioning taking place for new crisis safe space for young people age 16 and 17; • New Children's Social Care Mental Health team embedded in Children with Disabilities Service; • Transitions protocols between Children's and Adults social care under review; • Mental Health Support Teams in Schools starting to roll out, with increased investment including the STAR Home Treatment Team; • New children and young people 24 helpline in place and Helios, online counselling platform, commissioned.
Improve the physical health of people with mental health, learning disability, autism and dementia;	• New outreach services commissioned via VCF have resulted in increases in uptake of vaccinations for Covid, Flu, and physical health checks for people with mental health, learning disability, autism and dementia; • Specific focus has been on vulnerable and less engaged groups, including BAME, and LGBTQ+ communities; • Increased numbers of people receiving annual health checks for people with a Learning Disability (LD) and serious mental illness (SMI); • Training delivered to providers in the city on a range of health topics; • New Primary Care Sheffield/SCCG/SHSC and VCF team developed to support physical health needs of people with LD/SMI and autism.

e. Frailty/Ageing Well

Approach	Impact
Ageing Well	Focussing on the delivery of the national Ageing Well priorities of: • Enhanced Health in Care Homes (EHCH); • Urgent Community Response (UCR); and • Anticipatory Care.
Urgent Community Response	A collective name for services that improve the quality and capacity of care for people through delivery of urgent, crisis response care within two hours and/ or reablement care responses withing two days. Urgent community responses services will be available following changes in an individual's health or circumstances. They provide a person-centred approach to optimise independence, and confidence, enable recovery and prevent decline in functional ability. Services should have a 'no wrong door' approach and work flexibly based on need, not diagnosis/ condition. This will: • Enable people to live health independent lives for as long as possible in their own homes, or the place they call home; • Reduce need for escalation of care to non-home settings; • Facilitate a timely return to their usual place of residence following temporary escalations of care to non – home settings; • Support the collaborative working required to deliver the requirements of the hospital discharge operating model.

Approach	Impact
	A group to coordinate the development of Urgent Community Response has been set up at Sheffield Teaching Hospital involving key partners. A Programme Manager and Project Support have been appointed and in post.
Enhanced Health Care Homes General Practice enhanced service	Implementing the good practice EHCH model described in the framework, will help to ensure that: a. People living in care homes have access to enhanced primary care and to specialist services and maintain their independence as far as possible by reducing, delaying or preventing the need for additional health and social care services; b. Staff working in care homes feel at the heart of an integrated team that spans primary, community, mental health and specialist care, as well as social care services and the voluntary sector; c. Budgets and incentives are aligned so that all parts of the system work together to improve people's health and wellbeing; d. Health and social care services are commissioned in a coordinated manner, and the role of the social care provider market is properly understood by commissioners and providers across health and social care. 1.8 For the purposes of the EHCH implementation framework a 'care home' is defined as a CQC-registered care home service, with or without nursing. Whether each home is included in the scope of the service will be determined by its registration with CQC. This service ensures all agencies are working together to care for residents in residential settings. Work is ongoing to ensure a good wrap-around offer from nursing, therapy, mental health services, etc.
Anticipatory Care	Anticipatory care helps people to live well and independently for longer through proactive care for those at high risk of unwarranted health outcomes. Typically, this involves structured proactive care and support from a multidisciplinary team (MDT). It focuses on groups of patients with similar characteristics (for example people living with multimorbidity and/or frailty) identified using validated tools (such as the electronic frailty index) supplemented by professional judgement, refined on the basis of their needs and risks (such as falls or social isolation) to create a dynamic list of patients who will be offered proactive care interventions to improve or sustain their health. Work continues to develop the hubs; that will ensure neighbourhood approach to identifying individuals that need support. Continuing to work closely with the team around the person model. Wrapping a combination of services around individuals.
Regional and Local Work	Exploring how the work in the City can connect to the regional work.

4. Summary

All areas are continuing to progress plans to transform and improve services to deliver clearer outcomes to individuals accessing and receiving services, whilst recognising the impact that COVID continues to have. Significant demand and financial pressures continue to limit the progress that can be achieved. Planning has commenced for 2022/23 to ensure priority can be given to tackling health inequalities, focusing on person centred care and prevention. For additional information on any service area within the report or linked to the report please don't hesitate to contact sheffieldccg.sheffieldplace@nhs.net.

Jennie Milner
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