Sheffield's Plans for Integrated Commissioning of Health and Social Care

Information Document May 2014

Introduction to our plans to transform health and social care in Sheffield

The Sheffield Health and Wellbeing Board's Joint Health and Wellbeing Strategy consultation told us that members of the public did not want to be passed from 'pillar to post' in the system, but wanted to receive excellent, individualised care. **Integrated, joined-up care** that brings together NHS, social care, and other forms of care and support provided in people's homes and communities is massively important in improving people's health and wellbeing.

The four partners on the Health and Wellbeing Board, including Sheffield City Council and NHS Sheffield Clinical Commissioning Group, are working together to make changes to ensure we work and commission in a more integrated way to improve Sheffield peoples' experience.

We will be **developing our plans in a range of areas in 2014-15**, ready for our **2015-16 budgets**. Our plans include our priorities for establishing and spending a pooled budget between us, building on the national **Better Care Fund** arrangements**.**

Our vision

Through our engagement with members of the public, providers, commissioners and other practitioners, we have developed a **shared vision for integrated care** in 2019 that covers **all ages**.

We want to integrate health and social care so that:

- People – including *children, young people and adults* – get the right care, at the right time and in the right place.
- People and their communities in Sheffield support each other to improve and maintain their wellbeing and independence.
- Organisations in Sheffield work together to help people and their communities to build and strengthen the support they provide to each other.
- Expert help is available to help people to take control of their own care so that it is genuinely person-centred, and complements and builds on the assets they have.
- Health and care services are focussed on a person's needs - organisational boundaries do not get in the way.
- We get the best services and support we can for Sheffield from our combined resources

Our priorities

We have agreed **four main areas** to start with, which we will work on scoping and developing in 2014-15 and launching in some form in 2015-16. This will build on past work developed by our established transformational change programmes and we may choose to extend the scope of our work further in 2015-16. Our plans for integrating health and social care sit within the wider ambitions of Sheffield's Joint Health and Wellbeing Strategy.

Services in the four main areas will be designed to be:

- Focussed around the needs of the individual.
- Efficient, with blockages that currently exist in and between organisations removed.
- Affordable, getting the most out of the combined resources of the partners.

The schemes we are currently focusing our integration work on are:

1. Keeping people well in their local community

What do we think this might look like? A new and coordinated network of services to support people at most risk of needing health and social care, to help them stay independent and well in their local communities. Our ambition is to increase investment in keeping people well in their local community, funded from savings from reduced hospital admissions. This may include: a GP led process which works with patients to plan care for those at most risk of needing urgent hospital care; a revised model of identifying who is at risk, covering both health and social needs; a new specification for community teams who provide care; improved advice, information and low-level support; multidisciplinary team-working across a range of disciplines including housing; the involvement of local communities and community organisations in supporting people to keep well.

What will be the benefits for Sheffield people?

- Increased independence, health and wellbeing, and reduced loneliness and isolation.
- Improved accessibility to help, support and advice in people's local communities.
- Practical support and 'quick fixes' in the local community for those in need.
- Reduced demand for formal health and social care by working to prevent people's need to access it.
- Strong community organisations which work well together and with statutory organisations, supporting community activities that are better targeted at the needs of people at risk of declining health and wellbeing.

What happens next?

We will be developing an outcome-based specification for services that support people to keep well at home, doing the clinical and economic analysis to determine whether investment in such services will be cost effective (including evaluating the effectiveness of the care planning service currently commissioned from GPs), and then deciding how we will procure the service (if the business case demonstrates cost effectiveness). We will work with the Think Local Act Personal initiative to establish genuine engagement with Sheffield's communities as we develop our proposals.

2. Intermediate care

What do we think this might look like? We intend to develop new specifications for intermediate care to establish a single service to support people after they have had a spell in hospital or social care, and to provide alternatives to going into hospital for people if they have a crisis, where it is possible to provide care and support in, or nearer to, home instead. We will define intermediate care in terms of outcomes for people, rather than specific interventions, and set contracts on that basis. Services to provide this support will include bed-based and home-based support, active management of admissions and hospital discharge, and a single point of access to respond to people's needs in a crisis. The new service will take account of people's mental health needs as well as their physical health. We would expect the current set of services (20+) to be simplified as a result, so it is easier for people and practitioners to access the right service.

What will be the benefits for Sheffield people?

- Hospital admissions are prevented where possible, as people are more likely to stay healthy for longer if they can avoid hospital.
- People leave hospital earlier and are supported quickly and easily at home
- More people get back home after hospital rather than entering long-term care.
- People get back on their feet as soon as possible.
- Mental health needs are addressed as well as and alongside physical health needs.
- Money is spent more effectively to support people's needs.
- Better support for people with dementia to live well at home.

What happens next?

We will be developing an outcome-based specification for services that at least provides the same level of support as the current set of services but which is focussed on achieving better outcomes for people. We will then determine how best to procure those services. We will continue to work with providers and public as we develop our proposals.

3. Community equipment

What might this look like? A new service for children, young people and adults to ensure that there is the right equipment to support people to live independently. This service would be quick and practical, reducing delays elsewhere in the system and avoiding disputes about which organisation should pay for the support.

What will be the benefits for Sheffield people?

- Quick and practical access to the adaptations people need.
- Improve independence and wellbeing so that people can live in their own homes and communities for longer.
- Crises prevented and need for long-term support reduced.

What happens next?

We will be developing a new specification for services and determining how best to procure those services. We will continue to work with providers and public as we develop our proposals.

4. Long-term high-support

What might this look like? A single approach to assessment, funding and management of long term intensive support offered to children, young people and adults with long-term health, social and specialist housing care needs or lifelong conditions who may require long-term health and social care support. This includes the care delivered in people's homes or in supported living accommodation through to residential and nursing care, both in and out of Sheffield. It will include long term care currently funded by the NHS (continuing health care) and the council. Eligibility rules for both NHS and council funding will continue to be applied. This will result in improved coordination of process, better focus on care, and more cost effective placements. It is likely to include a revised assessment process, improved care coordination, and single integrated teams of health and social care workers.

What will be the benefits for Sheffield people?

- Faster, coordinated assessment and decision-making about the support that people need.
- 'Personal Care and Independence Plans' which will enable those needing support to have influence over the support they need.
- Providing care and support across the length of a person's life, rather than separating it arbitrarily by age or condition.
- Building on and supporting people's self-care abilities and enabling family carers, who so wish, to continue to actively contribute.
- Retaining and building people's links with their local communities and their opportunities to contribute.

What happens next?

We will be working out the details of our approach to managing budgets and contracts together and working with staff to integrate our working practices. This represents a major change for staff working in this area and will require significant time, effort and support.

The Pooled Budget

We have agreed to establish a pooled budget in 2015/16 to fund the above areas of work. The total budget is likely to be around £278m, as set out in the table below.

Organisation	Holds the pooled budget? (Y/N)	Spending on BCF schemes in 14/15	Minimum contribution (15/16)	Actual contribution (15/16)
		£'000	£'000	£'000
NHS Sheffield Clinical Commissioning Group	TBC		37,783	187,394
Sheffield City Council	TBC	12,399	3,456	90,651
BCF Total		**12,399**	**41,239**	**278,045**

During 2014/15 we will develop the details of our pooled budget agreement, finalising which budgets will be included and setting out how we will make decisions and share benefit and risk from the pooled budget, whilst retaining our separate statutory responsibilities.

What our proposals might mean for our providers

As a result of the establishment of a pooled budget for the areas described in this document (with the ultimate aim of establishing a single budget for health and social care in Sheffield) there will be a single fund and single decision-making on the commissioning of services covered. The implications of this for providers are likely to include:

- Changes to the way services are designed and delivered, with organisations needing to work together even more closely than they do now, to provide better and joined up care to service users. This may include possible changes to contractual arrangements to support the above.
- Changes to provider relationships with one another. We would expect our providers (acute and others) to have to work differently and potentially more collaboratively with one another.
- Stronger involvement of community-based organisations and people who use services and carers in the redesign of services, pathways and changing the service delivery culture.
- Changes for frontline workers and operational delivery, with much greater multidisciplinary working and communication between teams.

The establishment of a pooled budget and integrated commissioning strengthens commissioning of health and social care in Sheffield. However, our providers will still have a key role, as partners in the city, in working with us to design services, and in delivering those services. We hope to use our established partnership arrangements (Right First Time, Future Shape Children's Health) to continue to work with providers as we develop service specifications for the areas we have set out above. To be even more effective we need to involve primary care and voluntary sector providers in these partnerships.

How we will manage this programme of work

Our Health and Wellbeing Board is taking the lead in this integration work, and has set up a Joint Commissioning Executive, with Directors from both the City Council and the CCG, to oversee integrated commissioning work on behalf of the Health and Wellbeing Board.

Ensuring that our work programme has proper governance procedures has been and will continue to be a priority for us, and we have outlined our decision-making and team structure below.

How we will measure progress

The Joint Commissioning Executive will be agreeing a timetable and specific objectives for our work, which will demonstrate improvement in service user experience and outcomes. These will include:

- Permanent admissions to residential and nursing care.
- Proportion of older people who were still at home 91 days after discharge from hospital.
- Delayed transfers of care.
- Avoidable emergency admissions.
- Patient experience.
- Proportion of people feeling supported to manage their long-term condition.

The Health and Wellbeing Board also monitors the health and wellbeing of Sheffield people as part of the Board's annual check on the progress of our Joint Health and Wellbeing Strategy.

What this means now, in 2014, and what it will mean for Sheffield people

2014-15 will be an important year for us as we prepare our plans for 2015-16 and beyond. Our work in 2014-15 will involve the following elements:

- **Single decision-making**: Senior managers and clinicians from the local authority and CCG, guided by the Health and Wellbeing Board, will make decisions together rather than as separate organisations.
- **Single commissioning**: Commissioners from both organisations will work together to produce single service specifications for the delivery of services funded from a single integrated budget.
- **Work with providers, including voluntary sector organisations and GP Practices**: We need to work together to develop our providers and engage with GPs in Sheffield's communities.
- **Engagement with Sheffield people**: We want to involve Sheffield people to shape services.
- **Investment in IT**: We know that to achieve some of our objectives we need to invest in systems that work and speak to each other across organisational boundaries.
- **Developing more meaningful measures of success**: We too often measure the success of organisations in the health and care system rather than whether we are working well together as a whole. We will work during 2014-15 on 'whole system' measures of success that will drive the integrated commissioning of services.

What does this mean for Sheffield people?

- Local communities in Sheffield are increasingly supported by strong links between GPs, schools, social workers and community organisations, which helps people like them to stay independent for longer.
- Older people who have come out of hospital are helped by to stay at home. Families and carers will not have to chase professionals or ask them to talk to each other.
- Children with a learning disability and their families and carers are supported in managing their needs and can trust that when they turn 18 they will continue to receive the support they need.