FORM 2

SHEFFIELD CITY COUNCIL

Cabinet Report

Report of:	Laraine Manley
Report to:	Cabinet
Date:	March 2016
Subject:	Better Health and Wellbeing – Working better together in Communities
Author of Report:	Joe Fowler Tel: 27 35060
Key Decision:	YES
Reason Key Decision:	Affects 2 or more wards*

Summary:

This report describes a proposed new approach to investing in community health and wellbeing services; an approach that encourages people and organisations to work together to support people to maintain and improve their health and wellbeing.

The approach is based on public, voluntary / charitable, and other organisations forming Collaborative Partnerships (CPs) that would become 'approved providers' of preventative health and wellbeing services in their neighbourhood.

CPs would collectively manage and coordinate preventative health and wellbeing services, joining up work at neighbourhood level with related services like primary care, social services, housing providers, Multi-Agency Support Teams, and employment and training support providers.

CPs will likely be formed by small and large VCF organisations with the direct involvement of local health and wellbeing providers (e.g. GP Practices).

Reasons for Recommendations:

As resources become more stretched, it is critical that organisations – big and small – work *better together* to support the people of Sheffield to improve their health and wellbeing.

As health and care budgets continue to integrate and consolidate, we want to make sure that **small local organisations do not get 'squeezed out'** because they want to stay small and focus on what they do best.

We also recognise that if we are to succeed in reducing health inequalities in Sheffield we need to **target resources smartly** – making sure that organisations collectively prioritise people that are most at risk.

We also recognise that the drivers of health inequalities extend **beyond the scope of any single service or contractual arrangement**. By better coordinating investment and activity at a neighbourhood level we believe that the city will be **better able to tackle the root causes of health inequalities**.

Recommendations:

Members are asked to:

- Approve the strategic approach set out in this report – recognising the potential for this approach to shape how the Council commissions preventative health and wellbeing services in the future
- Support the development of Collaborative Partnerships
- Give delegated authority to the Director of Commissioning and the Director of Commercial Services in consultation with the Cabinet Member for Health, Care and Independent Living, the Cabinet Member for Public Health and Equality, and, the Director of Legal and Governance to appoint Collaborative Partnerships to the Pseudo-Framework (hereinafter referred to as the framework) and to issue contract awards following the procurement process

Background Papers:

- Integrated Commissioning Programme Cabinet Paper May 2015
- People Keeping Well Commissioning Plan – Executive Management Group Paper (November 2015)
- The Social Model of Health – Cabinet Report Oct 2013

Category of Report: **OPEN**

Statutory and Council Policy Checklist

Financial Implications
YES Cleared by:
Legal Implications
YES/NO Cleared by:
Equality of Opportunity Implications
YES Cleared by:
Tackling Health Inequalities Implications
YES Cleared by: Chris Nield
Human Rights Implications
NO Cleared by:
Environmental and Sustainability implications
NO Cleared by:
Economic Impact
NO Cleared by:
Community Safety Implications
YES/NO Cleared by:
Human Resources Implications
YES/NO Cleared by:
Property Implications
YES/NO Cleared by:
Area(s) Affected
Health and Wellbeing, Public health
Relevant Cabinet Portfolio Lead – Cllrs Mazher Iqbal and Mary Lea
Relevant Scrutiny Committee **Healthy Communities and Adult Social Care**
Is the item a matter which is reserved for approval by the City Council?
NO
Press Release
NO

REPORT TO CABINET

Better Health and Wellbeing – Working better together in Communities

1. **Summary**

1.1. Sheffield City Council is committed to working with the public and partners to help Sheffield people improve their health and wellbeing. The Council is also committed to reducing the health inequalities that exist in Sheffield.

1.2. We currently invest as a city in a range of local support and services to achieve these aims. However, health outcomes are not increasing as fast as we would like and health inequalities are "stubbornly unchanged"[1].

1.3. This paper seeks Cabinet approval to a new approach that will guide how we invest in health and wellbeing services and support at a neighbourhood level over the coming years.

1.4. The new approach is based on the 'People Keeping Well' model that was included in the Integrated Commissioning Programme paper[2] considered by Cabinet in May 2015. The key components of the People Keeping Well model are described briefly below:

- **Information and advice**: Everyone has access to good information and advice to help them achieve better health and wellbeing – e.g. advice about the things they can do to achieve their wellbeing goals
- **Community assets**: Every neighbourhood has the *right* services, activities and support – tailored to the needs of the people living in that neighbourhood
- Personalised **Support / Outreach** (**risk stratification**): People at risk of poor health and wellbeing outcomes are identified and *proactively* supported (e.g. through home visits where good quality information and advice is taken to the people that need it most)
- **Wellness planning**: People are supported to set their own goals, make plans, and take action to improve their health and wellbeing
- **Life navigation**: People at high risk of poor outcomes get longer-term support to help them achieve their goals

1.5. Sheffield is fortunate to have some excellent voluntary and charitable organisations working in and across communities – e.g. on our ground-breaking Community Wellbeing Programme. We also have some innovative

[1] Sheffield DPH Report 2015

[2] https://imgmeetings.sheffield.gov.uk/documents/s18332/Integration%20of%20Health%20and%20Care.pdf

and effective public and independent sector services. These organisations are already delivering many of the elements of the model described above. However, if we are to achieve our aims of improving health and wellbeing and reducing health inequalities, in a time of reducing resources, then we will need to work even better together.

1.6. This paper sets out the approach we plan to use to work better together in our communities and recommends that Cabinet approve this approach.

2. WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

2.1. The development of stronger partnerships between organisations at neighbourhood level – alongside wider changes to public services - should improve local health and wellbeing services and mean more people will be able to get the support that they need to improve their health and wellbeing.

2.2. Critically, better coordination of local services and support should enable more people at the greatest risk of declining health and wellbeing to be identified and *proactively* supported.

3. OUTCOME AND SUSTAINABILITY

3.1. The approach is designed to contribute to the improvement of health and wellbeing **outcomes** for the population of Sheffield, with a particular focus on people who are most at risk of poor health outcomes (reflecting the city's priority to reduce health inequalities).

3.2. The recommended approach will contribute to this improvement by incentivising public, voluntary and independent sector organisations to work better together at neighbourhood level in Sheffield to improve early intervention and prevention services; thus reducing demand for secondary health and care services.

3.3. The **sustainability** of the approach depends on how successful it is in delivering improvements to outcomes. If a demonstrable impact can be shown, then savings from health and care budgets will be invested in the continuation and expansion of the approach.

3.4. The University of Sheffield will be evaluating the impact of the approach and what we can learn from it.

4. MAIN BODY OF REPORT

4.1. This report recommends that Cabinet approve a new approach to investing in community health and wellbeing services; an approach that supports and encourages people and organisations to *work together* to support the local population to maintain and improve their health and wellbeing.

How can the Council help local organisations work better together to improve outcomes for local people?

4.2. Community organisations tell us that they are spending precious energy and time competing for diminishing resources, and they are struggling to survive on short-term budgets and contracts.

4.3. We also recognise that increased competition for reducing resources, and a tendency towards larger contracts, poses a particular threat to smaller community organisations who risk getting 'squeezed out'.

4.4. Our contract and performance management practices can also work against collaboration as we require organisations to demonstrate success against the *outputs* in their specific contract, rather than explicitly rewarding the outcomes they can achieve by working better together.

4.5. For example, we might contract with Organisation A to work with GPs to identify older people at risk of poor health; Organisation B to contact people at risk to offer advice on community activities and support; and, Organisations C, D and E to provide community activities and support for older people. We measure the success of each organisation on the 'outputs' we have asked them to achieve – e.g. how many people they have seen.

4.6. We want to change how we work so that we ask groups of organisations like those described above to work *together* to deliver improved 'outcomes' over the medium-term – with contractual and funding arrangements to match. This will mean entering medium-term agreements with *groups* of organisations based on the delivery of improved health and wellbeing outcomes in the population they support.

How do we propose to do this?

4.7. The approach we are proposing involves inviting organisations to work together to form, develop and manage 'Collaborative Partnerships' (CPs), via a Pseudo-Framework[3], covering geographic areas of the city of between 30,000 and 50,000. The framework will be re-opened periodically to enable developing partnerships to apply and to ensure that we can build up city-

[3] 'Pseudo-Framework' is the commercially compliant title for a framework contract that is flexible enough to periodically re-open to new and changed partnerships. The pseudo-framework is referred to simply as '*the framework*' throughout the rest of this document.

wide coverage over time.

4.8. Collaborative Partnerships (CPs) will be formed by self-determined consortia of small and large organisations. We expect CPs to involve local health and wellbeing providers (e.g. GP Practices). *Examples* of members of a CP could be:

- A GP Surgery, a community library, a large community VCF organisation, and a small VCF group that runs local activities for people with poor mental health
- A Housing Association, a homeless charity, a local GP Surgery, and several local VCF organisations

4.9. Where a CP can demonstrate that they have strong relationships with each other and the statutory sector; clear governance and terms of reference; and, capabilities (as a partnership) to deliver support and services, we will add the partnership onto the 'framework'.

4.10. We obviously expect CPs to engage locally elected Councillors. We will work with partnerships on the nature of this engagement with advice from Legal and Governance.

4.11. CPs approved onto the framework would effectively become an approved provider of services that fall within the scope of the People Keeping Well model (described at paragraph 1.4). The preventative services coordinated by the CPs will therefore include **local health information and advice** services; the development and coordination of **community activities** tailored to the needs of the community; and, targeted **'outreach'** support for people at the highest risk of poor health and wellbeing outcomes.

4.12. The Council (and the CCG) would approach CPs on the framework when investing in neighbourhood-based preventative health and wellbeing services. This would either be a direct negotiation with each CP or via a mini-competition in the event that we have more than one CP operating in an area.

4.13. CPs will need to include an organisation that can act as the lead body for contracts. However, we are building in mechanisms to ensure that the lead body does not 'dominate' the partnership – e.g. setting caps on the amount that can be spent on 'overheads' by the lead body.

4.14. We envisage CPs taking on the delivery of more local health and wellbeing services over time, using their local intelligence and flexibility to: support more people to improve their health and wellbeing; target their support intelligently; and, to ensure that the development of community services and activities meets local needs.

4.15. The geographic coverage of each CP will be proposed by the partnership – and this is *likely* to be built up from GP Practice areas. Again, we will work with CPs to align geographic boundaries wherever possible. There is a strong commitment from health and care organisations to define and align boundaries across the health and care system to enable more joined-up working at neighbourhood level.

4.16. It is unlikely that we will have partnerships covering all areas of the city in the short-term. So, procurement of services in areas without approved CPs would continue to be carried out separately as per the current arrangements. However, we will be actively encouraging partnerships to form across the city.

What will happen next?

4.17. The framework was advertised in December 2015. A significant amount of interest has been generated amongst dozens of organisations in Sheffield. Early indications are that several CPs are being developed and are intending to submit proposals. Evaluations of the submissions will take place in March 2016 and successful partnerships informed in April 2016.

4.18. Pooled investment for preventative health and wellbeing services via selected CPs will **begin in September 2016** – starting with the Transformation Challenge Award funding awarded to the Council last year; and, the public health-funded Community Wellbeing Programme[4]. Additional services and budgets, aligned to the key components of the People Keeping Well model (see 1.4) will follow in the latter half of 2016**.**

4.19. Cabinet are being asked to agree to the strategic approach set out in this report. However, decisions on investment of specific budgets (over and above those discussed above) will be decided on a case by case basis using existing governance routes.

4.20. In areas without approved CPs, services would continue to be procured and supported as they are now. However, the Council will actively support partnerships to form across the city.

4.21. Regular reviews will be used to check that the approach is *efficiently* achieving improved outcomes. The first formal review of the initial activity will report in early 2017.

[4] There is no proposal or intention to redirect Community Wellbeing Programme budgets away from the geographical areas they currently cover.

5. ALTERNATIVE OPTIONS CONSIDERED

No Change

5.1. We discounted this option because (a) there is convincing evidence that improved health and wellbeing outcomes rely heavily on stronger partnership working at the neighbourhood level; and (b) we know that our current investment approach does not sufficiently incentivise partnership working.

5.2. Some links to relevant reports are included at Appendix A.

Set up Council-managed Neighbourhood Partnerships to coordinate preventative health and wellbeing services

5.3. We have engaged extensively with organisations in Sheffield over the last year, particularly the voluntary sector, and there has been a strong view that CPs need to be self-determined and tailored in terms of membership and focus to the needs of the specific neighbourhood(s) they cover. This will include engagement with local democratically elected members and local people in relation to planning and decision making for each area.

5.4. We are therefore recommending that we invite partnerships to come together and make proposals to us about their membership, scope, and operating model, with our evaluation of their readiness being based on their capability to achieve better outcomes for the population.

5.5. It should be noted that the option of Council-run partnerships will continue to be explored as we need to be prepared for (a) some areas not being covered by an approved CP; and, (b) a CP dissolving in the future.

6. Commercial Implications

6.1. A Procurement Strategy is being prepared by Commercial Services to support the development of the framework and subsequent award of contracts. It is proposed that the framework is in operation for a period of 3 years (plus an option to extend for a further 12 months). The first providers will be approved onto the framework in April 2016 with investment via some partnerships expected to start in September 2016.

7. Financial Implications

7.1. To ensure that the CPs have sufficient confidence to form and invest together in the development of the partnership; to secure medium-term match funding where possible; and, to ensure that as much energy as possible is focused on delivering improved outcomes all the budgets invested through CPs will be allocated for the financial years **2016/17 through 2020/21** – with **budget profiles adjusted** where necessary to reflect the Council's medium-term financial position.

7.2. In the event of a significant change to the Council's (or other investors) financial position, then contractual mechanisms will be used to amend budgets.

8. **Legal Implications**

8.1. Pending…

9. **Equality Impact Assessment**

9.1. EIA in preparation – no issues

10. **REASONS FOR RECOMMENDATIONS**

10.1. As resources become more stretched, it is critical that organisations – big and small – work *better together* to support the people of Sheffield to improve their health and wellbeing.

10.2. As health and care budgets continue to integrate and consolidate, we want to make sure that **small local organisations are not squeezed out** because they want to stay small and focus on what they do best.

10.3. We also recognise that if we are to succeed in reducing health inequalities in Sheffield we need to **focus our resources smartly** – making sure that organisations *collectively prioritise* people that are most at risk.

10.4. We also recognise that the drivers of health inequalities extend **beyond the scope of any single service or contractual arrangement**. By better coordinating investment and activity at a neighbourhood level, we believe that the city will be **better able to tackle the root causes of health inequalities**.

11. **RECOMMENDATIONS**

11.1. Members are asked to:

11.2. Approve the strategic approach set out in this report – recognising the potential for this approach to shape how the Council commissions preventative health and wellbeing services in the future

11.3. Support the development of Collaborative Partnerships

11.4. Give delegated authority to the Director of Commissioning and the Director of Commercial Services in consultation with the Cabinet Member for Health, Care and Independent Living, the Cabinet Member for Public Health and Equality, and, the Director of Legal and Governance to appoint Collaborative Partnerships to the Pseudo-Framework (hereinafter referred to as the framework) and to issue contract awards following the procurement process

Appendix A – Further reading on locality working in health and care

Place-based systems of care (Kings Fund)…

http://www.kingsfund.org.uk/publications/place-based-systems-care

NHS content on Multi-Specialty Community Providers (NHS)…

https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/community-sites/

Digest of some evidence sources supporting community capacity building for health and wellbeing (Think Local Act Personal)…

http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=9382

This page is intentionally left blank