Report of:	SCC Lead Officer: Greg Fell, Director of Public Health SCCG Lead Officer: Brian Hughes, Executive Director of Commissioning
Report to:	Joint Commissioning Committee
Date of Decision:	29 April 2019
Subject:	Joint Commissioning for Health and Care - Principles

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	x	No	
If YES, what EIA reference number has it been given? 533				
Does the report contain confidential or exempt information?	Yes		No	x
Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee				

Purpose of Report:

This report updates on progress on delivering the Sheffield City Council and Clinical Commissioning Groups (SCCG) integrated commissioning agenda. It sets out the principles that have been agreed that will underpin the re-commissioning of services and gives an example of how this might work based on the Mental Health Transformation Plan risk share.

Questions for the Joint Commissioning Committee:

Recommendations for the Joint Commissioning Committee:

The Committee is asked to review and approve the Joint Commissioning Principles.

Background Papers:

<table>
<tr><td colspan="4">Lead Officer(s) to complete:-</td></tr>
<tr><td rowspan="5">1</td><td colspan="2" 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>Finance: Liz Gough, Interim Director of Finance and Commercial Services</td></tr>
<tr><td>Legal: Sarah Bennett, Service Manager (Commercial)</td></tr>
<tr><td>Equalities: Bashir Khan, Equalities officer</td></tr>
<tr><td>Other Consultees:

Sheffield Clinical Commissioning Group
• Brian Hughes - Executive Director of Commissioning
• Julia Newton – Director of Finance
• Jennie Milner – Better Care Fund Manager

SCC
• Cllr Chris Peace
• Greg Fell – Director of Public Health
• John Doyle – Director of Business Strategy, People Portfolio
• Dawn Walton – Director Commissioning, Inclusion and Learning, People Portfolio</td></tr>
<tr><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 colspan="2">EMT member who approved submission:</td><td>Greg Fell</td></tr>
<tr><td>3</td><td colspan="2">CCG lead officer who approved submission:</td><td>Nicki Doherty</td></tr>
<tr><td>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></td><td>Lead Officer Names:

Greg Fell

Brian Hughes</td><td colspan="2">Job Titles:

Director of Public Health

Executive Director of Commissioning</td></tr>
<tr><td></td><td colspan="3">Date: (Insert date)</td></tr>
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Joint Commissioning for Health and Care - Principles

1. Introduction/Context

1.1 Shared commissioning arrangements and positive joint working have been in place for some time via the Better Care Fund (BCF) programme and the more recent mental health risk share arrangements. The recent Care Quality Commission (CQC) Local System Review 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.

1.2 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, this is what is required to sustainably reduce demand for hospital care and ensure that Sheffield remains a healthy and successful city.

1.3 In the March 2019 the Clinical Commissioning Group (CCG) Governing Body and Sheffield City Council (SCC) Cabinet approved the creation of the Joint Commissioning Committee to give local accountability to lead on shaping the development of joint health and care commissioning.

1.4 Some positive examples of how shared principles can drive achievement of new models of service leading to better outcomes have been demonstrated in the Mental Health Risk Share Arrangement. An example is in section 3.

2. Main body of report and matters for consideration

2.1 Shared principles to underpin Joint Commissioning

2.2.1 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 Sharing Sheffield (previously 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.

2.2.2 It is proposed that changes in joint commissioning will focus on:

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

2.2.3 Some shared principles have been developed over the last few months which capture what is important for Sheffield people and align to national guidelines and local agendas. Whilst these have had some review in each organisation, this meeting gives the opportunity to formally adopt the principles as joint committee. The principles will apply to new service propositions that are being developed and are set out below:

- A preventive model built into delivery at all levels of complexity
- Care closer to home or a home via neighbourhood hubs
- Reduction in health inequalities in Sheffield
- Person centred commissioning joined up with placement and brokerage
- Improved people experience
- Effective and efficient use of resources whilst ensuring safe and effective standards of service
- Collective management of risks and benefits
- A democratic voice at the forefront of commissioning
- Accountable to the public through elected representatives and GPs

3.0 What does this mean for the people of Sheffield?

3.1 Better Health and Wellbeing Outcomes

The principles 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

4.0 Implications

4.1 Equality of Opportunity Implications

4.1.1 The draft Equality Impact Assessment indicates that there will be a positive implication for Older People, People with Learning Disabilities and Long Term Conditions and Children and Young People with SEND

4.1.2 For staff working in services that will be part of the joint commissioning plan it is expected that implications will be neutral.

4.1.3 We anticipate a targeted positive impact on those who are experiencing greater inequality in deprived areas.

4.1.4 Individual EIAs will be drafted for each new service proposition that will be part of the joint commissioning plan.

4.1.5 A single workforce development plan, focussed on preventative outcomes and shared principles, will optimise our collective strengths, skills and resources, and develop our staff to give the best care and support. This will be co-developed by representatives from Sheffield City Council, the CCG and ACP members.

4.2 Financial and Commercial Implications

4.2.1 We will use our shared principles to look for ways to invest more in prevention, reducing demand on acute services. Short term additional funding will be required and it is anticipated that we will need to pool resources. Current local delivery plans show that social care will still require funding to balance and therefore the proposed financial risk share agreement that will underpin the proposed integrated commissioning plan is the only way that the outcomes can be met. We are intending to consider different funding sources such as:

- Using existing spending differently within the Sheffield health and care system;
- Using one off money from within the Sheffield health and care system,
- Seeking new, one-off money from beyond Sheffield or social investment arrangements

4.3 Legal Implications

4.3.1 There are no legal implications arising directly out of this Report.

4.4 Other Implications

4.4.1 There are no other implications arising directly out of this Report.

5.0 Reasons for Recommendations

5.1 The proposed principles will help to ensure that proposals for the health and wellbeing system are innovative, affordable and provide good value, people centered services.

Appendix

Case Study – 'The Sheffield Mental Health Transformation Programme'

1. Overview

1.1 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.

1.2 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 long-standing issues in Sheffield. Our overarching aim is to ensure services are far more localised, individualised and focused (where possible) on prevention and early intervention.

1.3 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.

2. Benefits

2.1 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).

2.2 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.

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

3. Extending and Developing the Programme

3.1 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.

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

3.2.1 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;

3.2.2 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

3.2.3 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.

3.3 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.

3.4 *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.

4. Lessons Learnt

4.1 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.

4.2 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.

4.3 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.