



Report of: SCC Lead Officer: Greg Fell, Director of Public Health
 SCCG Lead Officer: Nicki Doherty, Executive Director of Delivery, Care Outside of Hospital

Report to: Joint Commissioning Committee

Date of Decision: 29 April 2019

Subject: Joint Commissioning for Health and Care – Priorities

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
- Expenditure and/or savings over £500,000	<input type="checkbox"/>	
- Affects 2 or more Wards	<input type="checkbox"/>	
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? 533		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee		

<p>Purpose of Report:</p> <p>This paper provides the objectives and priorities for Joint Commissioning of Health and Care and a summary of initial considerations for change to be included in the joint commissioning plan.</p>
<p>Questions for the Joint Commissioning Committee:</p>
<p>Recommendations for the Joint Commissioning Committee:</p> <p>The Committee is being asked to consider the proposals and provide views.</p>

Background Papers:

Lead Officer(s) to complete:-							
1	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.						
	Finance: <i>Liz Gough, Interim Director Finance and Commercial Services</i>						
	Legal: <i>Sarah Bennett, Service Manager (Commercial)</i>						
	Equalities: <i>Bashir Khan, Equalities officer</i>						
	Other Consultees: Sheffield Clinical Commissioning Group <ul style="list-style-type: none"> • Brian Hughes - Executive Director of Commissioning, • Nicki Doherty - Executive Director of Delivery, Care Outside of Hospital • Sarah Burt – Deputy Director of Delivery (Care outside Hospital) SCC <ul style="list-style-type: none"> • 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 • Eleanor Rutter – Public Health Consultant • Joel Hardwick – Head of Commissioning, Inclusion and Schools Services, People Portfolio 						
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>							
2	EMT member who approved submission: <i>Greg Fell</i>						
3	CCG lead officer who approved submission: <i>Nicki Doherty</i>						
4	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.						
	<table border="1"> <thead> <tr> <th>Lead Officer Names:</th> <th>Job Titles:</th> </tr> </thead> <tbody> <tr> <td>Greg Fell</td> <td>Director of Public Health</td> </tr> <tr> <td>Nicki Doherty</td> <td>Executive Director of Delivery, Care Outside of Hospital</td> </tr> </tbody> </table>	Lead Officer Names:	Job Titles:	Greg Fell	Director of Public Health	Nicki Doherty	Executive Director of Delivery, Care Outside of Hospital
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Greg Fell	Director of Public Health						
Nicki Doherty	Executive Director of Delivery, Care Outside of Hospital						
Date: <i>(Insert date)</i>							

Joint Commissioning for Health and Care - Priorities

1. Introduction/Context

- 1.1 We need to do more to develop a joined up approach to prevention across the city so that people do not need to use acute services and if they do, the duration of their stay is shorter.
- 1.2 There is also an inequalities issue. This problem is seen more frequently in deprived communities, where inequitable access to preventative, primary and community care services, or how well people are able to engage in early access or preventative behaviours, results in a higher rate of emergency hospital admissions.
- 1.3 The recent Care Quality Commission (CQC) Local System Review, and the CQC / OFSTED SEND inspection recognised that some good, preventative interventions are happening, but at neither scale nor pace and thus there is more to do to scale up our response in the community and primary care to keep people as well as possible and reduce the need for more acute services. This in turn will drive a different system and balance of investment across the system
- 1.4 Shared commissioning arrangements and positive joint working have been in place for some time via the Better Care Fund (BCF) programme and the Mental Health Transformation Plan risk share arrangement. The established joint commissioning commitments focus on integrating services to improve the experience of people, to remove duplication in services and to redesign our health and social care system to reduce reliance on hospital and long term care through commissioned models of care that promote prevention and early intervention; models that seek to reduce health inequalities through care that recognises the need of local populations. However, our joint commissioning of the BCF has not yet achieved its full ambition, with joint opportunities not being fully taken advantage of.

2. Main body of report and matters for consideration

2.1 Shared Objectives and Priorities for Change

- 2.1.1 The intention is to add pace into areas where we know we need to make improvements and build on successful joint arrangements There is no intention to change existing stated priorities, nor to move away from any of our joint commitments within the Better Care Fund (for e.g. CHC or Children's services).
- 2.1.2 Our objectives are to create:
 - A single health and social care commissioning plan that realigns the health and care system, reducing reliance on hospital and long term care so that we can continue to provide the support people need within a reduced total budget for health and social care.
 - An approach to a financial framework based on a capped risk-share budget.
 - A joint commissioning committee that has oversight of commissioning for all age groups made up of SCC cabinet and CCG governing body members.

2.1.3 Within this, our proposed priorities for 2019/2020 will be:

- to develop a service improvement framework for frailty that better incentivises the system to invest in a set of preventive interventions through a risk sharing arrangement.
- to develop a partnership approach to SEND, in the context of the Ofsted / CQC inspection and local required outcomes and resources.
- to consolidate and build on our integrated mental health work.

2.1.4 The possibility of developing a single commissioning function at officer level, to complement the Cabinet / Governing Body level arrangements, around frailty and SEND will be explored. The model established in mental health may be the template for this.

2.2 The Proposed Initial Areas of Focus

2.2.1 There are three areas of proposed initial focus; frailty, those with special educational needs and mental health. Proposals for change or service improvement are being developed in each of these three areas. These are directly linked to the CQC System Review (older people), the CQC / OFSTED inspection (SEND) and our existing joint commissioning for mental health. These proposals are not covered in this report, but will be shaped by the committee prior to any change being made. The proposals have their foundations the broad Sheffield principles set out in Principles item and with overall aims of improving population health and outcomes in later life.

2.2.2 The immediate priorities are around frailty and the model will cover wider community based change such as housing conditions through to re-shaping specific services that are likely to be accessed by frail people, to focus on a more preventative approach.

2.2.3 We will also focus on ensuring that any joint commissioning intentions from the SEND inspection Ofsted statement of action are followed through.

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 other implications arising directly out of this Report.

5.0 Reasons for Recommendations

5.1 In summary this paper sets out the proposed initial priority areas for change in the context of the wider joint commissioning plan. The proposed initial priorities focus on areas where we either have existing strengths to build on or where external reviews have identified weaknesses we need to address.

5.2 A view is now sought on this proposed direction of travel from the Joint Commissioning Committee.