Healthier Communities and Adult Social Care Scrutiny Committee

October 2019

Joint Commissioning Committee Background Paper

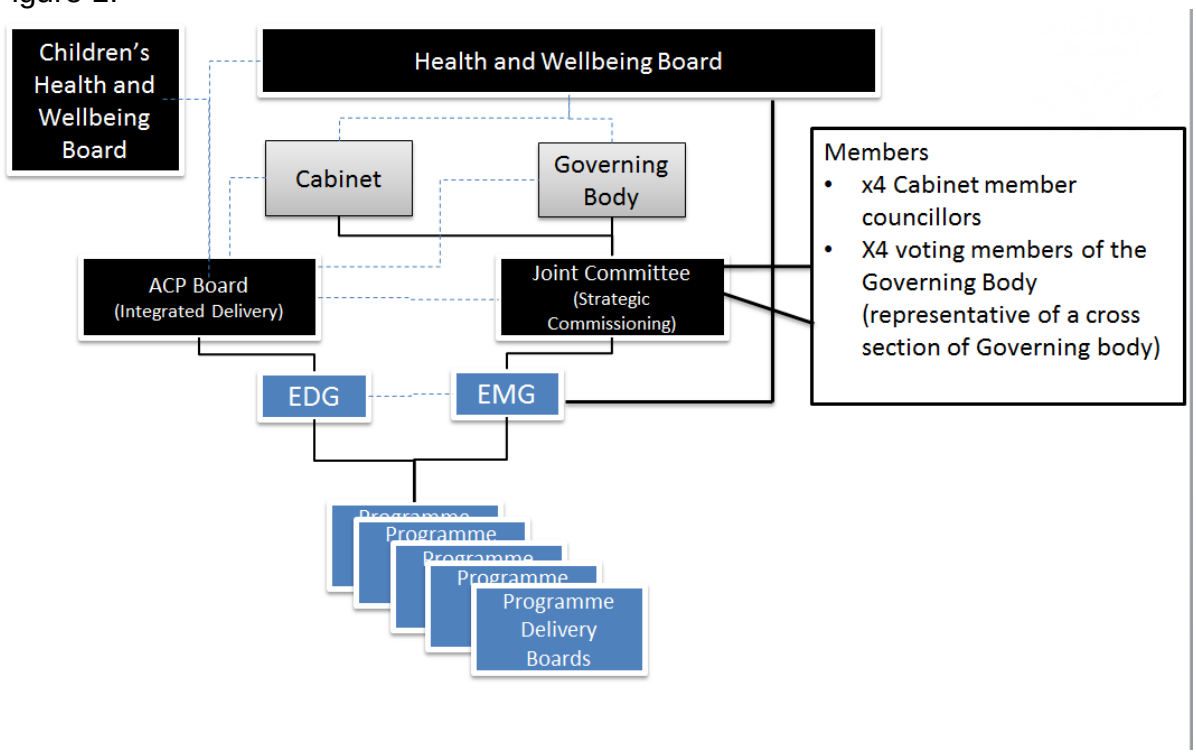
Role of the Joint Commissioning Committee

Purpose, basic facts and figures – what do we do, how do we work, what is our relationship with the other parts of the system

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 supported by the 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.

The Cabinet and CCG Governing body approved the amendment of the existing Better Care Fund partnership arrangements under s75 NHS Act 2006 to establish a joint committee.

Figure 1.



The JCC is part of a wider system of governance inclusive of the Health and Wellbeing Board, Executive Management Group (EMG) and the Sheffield Accountable Care Partnership (ACP) Board and the ACP's Executive Delivery Group (EDG). Figure 1 above illustrates the Joint Committee in the context of overall governance framework and arrangements

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 brings a single commissioning voice to ensure new models of care deliver the outcomes required for the City.

The Committee supports 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.

In the first instance, the committee is focusing on three priority areas; Frailty, SEND and Mental Health.

Improved Collective Response to Future Changes

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). The intention is to add pace into areas where we know we need to make improvements and build on successful joint arrangements. 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.

It is likely NHS England, through the Long Term Plan will seek to reshape NHS commissioning arrangements, this will change the way in which the CCG delivers its business. A Sheffield oriented joint committee will ensure there remains a place based orientation of commissioning of NHS and social care.

Impact

How is our work making a difference to Sheffield people? Include examples/case studies to illustrate. Are there any barriers/ 'stuck issues' that are preventing us from achieving our objectives? Is there any learning from things that haven't worked?

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.

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

In the March 2019 the Clinical Commissioning Group (CCG) Governing Body and Sheffield City Council (SCC) Cabinet approved the creation of the Joint Committee

to give local accountability to this important agenda.

The Committee shall strengthen the way that we commission health and social care between the CCG and SCC.

In particular, the Committee shall focus on:

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

This would be based on the following principles

- A preventive model built into delivery at all levels of complexity
- Care closer to home or a home via neighbourhood, localities
- Reduction health inequalities in Sheffield
- Person centred commissioning joined up with placement and brokerage
- Improved people experience and outcomes
- Effective and efficient use of resources whilst ensuring safe and effective standards of service
- Collective management of risk and benefits

What's next

Future plans, what changes are in the pipeline? Do we need to work differently with other parts of the system

Better Health and Wellbeing Outcomes

The principles of the JCC 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

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 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.

Case Study – 'The Sheffield Mental Health Transformation Programme' Overview

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.

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

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.

Benefits

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).

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.

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

Extending and Developing the Programme

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.

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

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;
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. 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.

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.

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.

Lessons Learnt

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.

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.

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.

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