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Report of:	*Greg Fell*
Report to:	*Cabinet*
Date of Decision:	*9th October 2019*
Subject:	***The Sheffield response to the NHS Long Term Plan***

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				

Which Cabinet Member Portfolio does this relate to? *Health and Social Care*

Which Scrutiny and Policy Development Committee does this relate to? *Healthier Communities*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes		No	x

If YES, what EIA reference number has it been given? *(Insert reference number)*

Does the report contain confidential or exempt information?	Yes		No	x

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-

*"The (**report/appendix**) is not for publication because it contains exempt information under Paragraph (**insert relevant paragraph number**) of Schedule 12A of the Local Government Act 1972 (as amended)."*

Purpose of Report:

This report sets out Sheffield City Council's (SCC) support to the ongoing development of arrangements for implementing the priorities in the NHS Long Term Plan (LTP). It describes several key principles that cabinet are asked to endorse then explains how through the various joint arrangements already in place, Sheffield is responding to the challenges set out in that plan. It identifies a number of areas where the LTP's aspirations are considered to be too weak, sets out the council's response to those areas, and describes SCC's aspirations for how the health and care system should work at neighbourhood, city and 'Integrated Care System' (ICS) geographies.

Cabinet is asked to consider and endorse a number of important next steps to ensure overall health and care system sustainability

Recommendations:

- *That Cabinet notes and endorses the council's response to the NHS Long Term Plan, as set out in this report.*
- *That Cabinet endorses the direction of travel set out in the next steps section.*
- *The Cabinet Member for Health and Social Care engages in a dialogue with South Yorkshire and Bassetlaw (SY&B) ICS to ensure that the position set out in this report is given due consideration.*

Background Papers:
(Insert details of any background papers used in the compilation of the report.)

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<tr><th colspan="4">Lead Officer to complete:-</th></tr>
<tr><td rowspan="4">1</td><td colspan="2" rowspan="3">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: Eugene Walker</td></tr>
<tr><td>Legal: David Cutting</td></tr>
<tr><td>Equalities: Ed Sexton</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">Cabinet Member consulted:</td><td>George Lindars-Hammond</td></tr>
<tr><td rowspan="3">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 Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.</td></tr>
<tr><td colspan="2">Lead Officer Name:
Eleanor Rutter</td><td>Job Title:
Consultant in Public Health</td></tr>
<tr><td colspan="3">Date: 30th September 2019</td></tr>
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1. PROPOSAL

- **Background**

In January of 2019, NHS England published the NHS long term plan. Its intention was to deliver system sustainability by shifting the model of care, towards a more preventative one, reducing avoidable demand and inequalities in health, and was associated with a government commitment to increase funding over the five years to 2023/24. Whilst it contained much to be enthusiastic about, it was not broad enough in its scope or ambition to deliver the changes Sheffield needs to deliver fair health, wellbeing and related outcomes in a financially sustainable way.

- **Sheffield City Council response to the NHS Long Term Plan**
    - **Principles**

- SCC believes that an effective and sustainable health and care system is one that supports people, as far as possible, to stay healthy and well at home, thus avoiding the need for hospital admission and other forms of acute intervention, whilst still providing the best possible care for those that need it. It is only by the whole system acting in a way that is focused on prevention and improving the wider determinants of health that the best outcomes for Sheffield citizens will be achieved *and* the system stands any chance of being financially sustainable in the current funding climate. Evidence and experience suggests that place based decision-making remains the constant factor that will allow us to maximise our impact. The Council believes that the basic default unit of geography is Sheffield as a place for all NHS and social care provision.

- SCC agrees with the sentiment expressed in the NHS LTP of the primacy of place-based planning. We believe that planning services on behalf of one, geographically based population served by identifiable and accountable organisations – one local authority, one acute hospital trust and one Clinical Commissioning Group (CCG) etc. are key drivers of success. It is imperative that these structures are formed around geographies that reflect how people live their lives – cities and neighbourhoods – rather than artificial and remote boundaries that may have little connection with the reality of the day to day experience of how people access services.

- SCC welcomes NHS England's (NHSE) statement that decisions should

only be taken at ICS level when place-based decision making is not possible - the principle of subsidiarity. There are concerns that historical precedent has seen similar intentions get lost to national decisions being imposed via regional structures. We recognise there is a balance between place based decision making, and decision making or regulatory change that best sits at sub-regional level. SCC suggests that the key question is how a sub-regional structure interfaces most effectively with place based planning.

- We recognise that SY&B is viewed as one of the leading ICSs and welcomes the freedoms and flexibilities this may bring. The narrative set out by the ICS on the principle of subsidiarity and the role of place-based decision-making and leadership by sharing of good practice is welcomed. The ICS can best succeed with the strong support of places and vice versa. It is recognised that Sheffield must not isolate itself from the ICS and lose its ability to influence and shape it, and benefit from decisions made at ICS level. Sheffield has good working relationships with the ICS and intends to build on these.

- Whilst we are not fixed on whether the totality of NHS commissioning MUST be place based and aligned with local authority commissioning, or whether it can be undertaken on a larger geography. We can see merits in the latter. whatever the level of the geography, the commissioning must enable positive and measurable left shift, this shuld be visible in workforce numbers in different settings, professional practice, and outcomes that reflect a reduced level of acute demand and greater emphasis on community care

- Building on this, whatever the level of commissioning the funding, mechanisms and architecture that drive the system, the input of the regulatory system should actively facilitate this, in a visible way

- NHS commissioning structures have changed many times over recent years and may do so again in the future. Structures such as local government and large hospitals offer stability throughout and as such are well-placed to drive and deliver the change required in local places.

- SCC is concerned that by itself the NHS LTP does not give enough attention to the interdependency of health and social care services or put in place the right financial-management conditions to achieve true system-wide sustainability. It is imperative that commissioning of community-based, preventive services is not artificially separated from that of acute, in-patient services as such an arrangement would result in

a financial perversity whereby one organisation spent money to keep people well while another organisation realised the benefit by way of financial savings from reduced demand.

- SCC believes in the 'Sheffield pound' and that local system leaders should be responsible for ensuring it is spent to deliver the best possible outcomes for the people of Sheffield.

- SCC strongly believes that co-production of plans and services with its citizens is key to achieving resilient communities and services that meet their needs.

- SCC values a strong relationship with NHS commissioning and is pleased to be part of the rapid developments between itself and Sheffield CCG (SCCG), believing that will enable better co-production of transformative solutions using the Sheffield pound. We are concerned that it may be more difficult to build such a successful partnership, sensitive to local need, with a SY&B regional commissioning unit, but would endeavour to do so if necessary

- SCC recognises the future role of the ICS in regulation and funding and intends to support the development of a strong ICS function which is responsive to the needs of the five places in SY&B.

- SCC welcomes assurances that a potential move towards privatisation of the NHS is not the intended direction of travel. SCC believes that the NHS must remain publicly funded, publicly provided and free at the point of delivery, will remain vigilant in that regard and will use its influence to resist any moves towards greater private sector provider involvement in the delivery of NHS clinical care services.

- SCC officers remain in touch with the development of the ICS; members and officers and are involved through both the Joint Commissioning Committee and the Accountable Care Partnership. There is a legitimate role for commissioning at a S Yorkshire level, and conversations continue as to what services that should cover. We remain involved in those and are asserting that a place based model is best oriented to meeting local need. Any proposals for significant service change are always subject to all the required consultation and scrutiny processes regardless of the level of geography a commissioning decision is made for.

- SCC has made a public commitment to ethical commissioning and procurement, including the use of local suppliers wherever possible; this

is now well embedded across the council's supply chains. The council has also had a consistent approach to the insourcing of service delivery over recent years. We will use our influence wherever possible to maintain and share that commitment.

- **Place-based decision-making**
  - **Joint Commissioning**

SCC is strongly committed to place-based decision-making, believes joint commissioning with one, single, shared set of resources across the NHS and social care is the most effective way to bring about financial sustainability and has already established a legally constituted Joint Commissioning Committee (JCC) with Sheffield CCG.

- The development of our approach to commissioning through the JCC will bring the benefits of a single, integrated approach to commissioning, with one voice giving greater clarity and setting the right conditions to ensure that new models of care and the outcomes required by the city are delivered.

- All health and social care commissioners and providers in Sheffield are interdependent. If one organisation were to fail, the impact on the others would be significant. We believe that joint commissioning, with a focus on prevention is the best way to ensure sustainability of the health and care system in Sheffield and all its constituent parts.

- Effective commissioning must involve providers and we believe that place based, partnership working with providers both big and small is critical to success. Commissioning in Sheffield is already aligned to the broader coalition of partners in the Accountable Care Partnership (ACP), which has the programme structures in place to deliver whole system change.

- Joint commissioning allows an alignment of commissioning processes, budgets and staff between SCC and SCCG in order to address more efficiently areas where there has been an historic divergence of approach. By working together the two commissioning organisations can focus on areas where commissioning adds specific value and align with providers who are best qualified to understand the detail of delivery functions.

- Development of the JCC increases democratic accountability and input into the NHS. This will help to improve transparency in organisational

structures as well as deepening the place connection of the NHS.

- Elected members and GPs can be seen to have similar leadership roles in different parts of their communities. By bringing them together, joint commissioning allows them to learn from each other and build on their shared experience.

- A proactive approach to supporting people in order to prevent dependency and action on the wider determinants of health is the normal business of local government. Joint commissioning adds greater weight to the expectation and experience of a shift in the model of care from reactive towards proactive and preventative at all levels of complexity.

- SCC feels the NHS LTP is not bold enough to deliver system sustainability. Long term financial sustainability requires a reduction in demand for health and social care services which will only come about through improved population health and wellbeing which in turn requires action on all levels of the causes of ill-health, namely the wider determinants of health, behavioural responses to those and improved quality of and access to health and social care services. Joint commissioning with well-established local organisations provides the context to enable the cultural and service shifts required.

- **Place-based planning**

Sheffield's place-based planning is strong and has the right conditions (-structures, culture of working, sense of place) to deliver the change Sheffield needs. Transformation planning has taken a place-based approach; this emphasis needs to continue if the necessary balance between national direction and local autonomy is to be maintained, and local communities, patients and the public are to be fully involved in shaping local services.

- Shaping Sheffield is a place-based plan developed and recently refreshed by the seven partners of the Sheffield ACP. It sets out a clear, local response to the commitments in the NHS LTP with maturing relationships and programme structures which are starting to bear fruit. This momentum must not be lost and care must be taken to ensure that the ACP remains responsive to local conditions and is thus able to deliver the change necessary for the people of Sheffield.

- The Shaping Sheffield Plan is rooted within the 2019 Sheffield Health and Wellbeing Strategy which itself reflects needs identified in the

Sheffield Joint Strategic Needs Assessment. The ACP priorities of starting well, prevention, smoking, all age mental health, neighbourhood development and ageing well are directly linked to the Health and Wellbeing Strategy.

- SCC remains committed to the concept that all decisions, including responses to ICS proposals need to be made according to the principles agreed at the Joint Commissioning Committee:
    - 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
        - **Neighbourhoods**

We believe that prevention is most effective when done by (rather than 'to') engaged people and resilient communities and agree with the NHS LTP that neighbourhoods should be the focus for integrated, multi-disciplinary teams to deliver pro-active and preventative care with an increased focus on social prescribing and working across primary care networks and social care services.

- In Sheffield different ways of working are being developed at neighbourhood level where multi-disciplinary teams are 'wrapping care around the person' to ensure that more people
    - are supported to stay well in the community,
    - maintain a greater level of independence,
    - are helped to find solutions to problems,
    - are offered alternatives to hospital admission in a crisis,
    - leave hospital quickly.

- Whilst multi-disciplinary teams are the cornerstone of the delivery plan, they are based in more resilient communities, primary care networks and better integration between primary and community care services.

- The focus of neighbourhood change planning has been on a cohort of people who have more than one long-term health condition, those who are frail and those most at risk of hospital admission. Concurrent change is also happening in the areas of SEND, mental health and children's services.

    - **Role of the ICS**

SCC recognises that SY&B is viewed as one of the leading ICSs and welcomes the freedoms and flexibilities this may bring. The narrative set out by the ICS on the principle of subsidiarity and the role of place-based decision-making and leadership by sharing of good practice is welcomed. The ICS can best succeed with the strong support of places and vice versa. Sheffield is keen to influence and shape the ICS, and benefit from decisions made at ICS level. We have good working relationships with the ICS and intend to build on these.

- Sheffield's place-based planning is well developed and has much to be proud of. This success must be built upon and Sheffield must lead by example other places within the SY&B ICS.

- The five places that make up the SY&B ICS are all at different levels of development and have different organisational make-up and commissioning capabilities. The five, individual places must consider what support they require from the ICS; an approach, where each place is required to 'fit in' with a direction of travel set by the ICS, has the potential to be disempowering and lead to sub-optimal solutions for the five very different places.

The overarching strategy

1. There is much to support within the plan. In particular we support the articulation of the broad framework, the overall vision focused on life stages and the focus areas identified. It would be good to see some quantification of targets in places.

2. We recognise that a great deal of what is currently delivered (ie business as usual) is of high quality, is needed and necessary. This reflects the high value we all place on the NHS. There *is* a need to shift business as usual (the left shift) to ensure we develop a more

sustainable health and social care system.

3. We feel there could be a stronger articulation of *how* the left shift will be achieved. There probably is a need for a more coherent narrative that brings it all together: a sense of *why*, and an articulation of what the strategy really is

4. Though we accept this may not be clear, and may be contingent on the implementation plan, we feel there could be a clearer articulation of the question of how the ICS will seek to build the culture, machinery, financial flow, performance system to *really* deliver the strategy. Even if that is contingent on the NHSE technical guidance, we feel there could be a clear articulation of what the ICS expects to happen with regard to this.

5. We note there is a potential for a disconnect between the narrative plan, the financial and technical guidance, and the reality on the ground. We are under the assumption that the key financial ask will be to set out what will be delivered with 3.4% growth in budgets, obviously if that doesn't deliver tangible left shift that would be a missed opportunity.

6. It would help to have some cross referencing to our HWB Strategy. Putting the "broader determinants" aside, ultimately the HWBB is responsible for the local analysis (JSNA, what's the problem, what is the broad set of issues), sets broad strategy (HWBS) and is the body with public accountability expectations ("considers the commissioning intentions of constituent partners"). The HWBB provides the local accountability mechanism, as expected by regulatory bodies and in statute. It would be good so see this clearly referenced.

- **Next steps**

Sheffield has laid the foundation for real change to meet the commitments in the NHS long term plan by way of the JCC, the ACP's Shaping Sheffield plan and the refreshed Health and Wellbeing Strategy. As set out in this report, we do not believe that the LTP is sufficient to achieve the sustainability that the system needs, and nor will it achieve the step change toward prevention that will result in better outcomes for the people of Sheffield.

- Joint commissioning has the ability to be a place based anchor for NHS and Social Care commissioning. We need to develop it further by expanding its scope and working more closely with local providers.

- The Shaping Sheffield plan gives a comprehensive overview of how the ACP intends to approach the challenges set out in the NHS LTP over the next few years. We must continue to work hard alongside our local partners to deliver and develop it further.

- We now need to ensure that individual organisational strategies are even more closely aligned and that there is a clear link between strategy, contracting, budget setting and service changes. In the longer term the SCC budgeting process needs to be aligned with the blended contract arrangements between SCCG and Sheffield Teaching Hospitals NHS Foundation trust, long term commissioning intentions and the business processes of the two organisations need to come together.

- We look forward to further developing relationship with SCCG, building on the positive steps already made through the establishment of the JCC. More work now needs to be done in building relationships at all levels of the two commissioning organisations, including between elected members and clinicians. Closer joint working/integration between the core commissioning teams in SCC and SCCG will be beneficial and lessons should be learned from areas of success. Attention needs to be given to ensure appropriate provider involvement at all stages of the commissioning process.

- Engagement with SY&B ICS needs to ensure there is clarity with regard to the support required by Sheffield in order to assist the ICS's development in the most helpful direction.

2. HOW DOES THIS DECISION CONTRIBUTE ?

3. HAS THERE BEEN ANY CONSULTATION?

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

As a Public Authority, SCC has legal requirements under the Equality Act 2010,

often collectively referred to as the 'general duties to promote equality.' Section 149(1) contains the Public Sector Equality Duty, under which public authorities must, in the exercise of their functions, have due regard to the need to:

(a) eliminate discrimination, harassment, victimisation and any other conduct that is connected to protected characteristics and prohibited by or under this Act;
(b) advance equality of opportunity between those who share a relevant protected characteristic and those who do not;
(c) foster good relations between those who share a relevant protected characteristic and those who do not.

Each of the Public Authorities within the SY&B ICS has individual obligations under the Duty; population profiles differ significantly across the ICS.

SCC's obligations are most effectively served by the continued development of the Sheffield-based structures and knowledge-sharing described in this report – e.g. the Joint Commissioning Committee, the Accountable Care Partnership, the Health & Wellbeing Strategy, the Joint Strategic Needs Assessment. These can better understand, and respond to, people and need at city, neighbourhood and community level.

4.2 Financial and Commercial Implications

There are no direct financial and commercial implications arising from this report. As outlined above in 2.2.1 SCC is working with NHS partners to deliver financial sustainability through joint commissioning of services. This is a key strand of the Councils financial strategy going forward.

4.3 Legal Implications

Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) set out the basis on which NHS bodies and local authorities can work together and discharge functions. Regulation 10(2) specifically provides that this may include establishment of a joint committee to take responsibility for the management of partnership arrangements including monitoring the arrangements and receiving reports and information on the operation of the arrangements.

It is upon the basis outlined above that the JCC has been constituted and accordingly the Council or the CCG remain the commissioning vehicles for any actual procurement or contracting as a result of the Long Term Plan.

The JCC does not have direct decision making powers delegated to it and all decisions need to be ratified separately via the Council (or in its CCG aspects the CCG's Executive Management Board) in accordance with both the statutory requirements and the Council's constitution – which includes the Contract Standing Orders.

The response to the LTP may have longer term strategic, tactical and operational commissioning implications and accordingly the legal context must be considered if this is to lead to commissioning outcomes. However, the response to the LTP as described in this report – which is for noting and endorsing – does not give rise to immediate legal (commercial) implications.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 To not accept the recommendations in the report.

6. REASONS FOR RECOMMENDATIONS

6.1 Following consultation with the CCG and the Council the attached report is the agreed way forward.

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