

Joint Commissioning Committee

Meeting held 15 February 2021

PRESENT: Councillor George Lindars Hammond (Chair), Councillor Jackie Drayton, Councillor Terry Fox, Mark Gamsu, Terry Hudson, Brian Hughes, Jackie Mills and Leigh Sorsbie

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1. APOLOGIES FOR ABSENCE

- 1.1 Apologies for absence were received from Councillor Mark Jones (SCC), John Macilwraith (Executive Director, People Services, SCC), and Lesley Smith (CCG)
- 1.2 Brian Hughes attended as substitute for Lesley Smith.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest made.

3. MINUTES OF THE PREVIOUS MEETING

- 3.1 The minutes of the meeting of the Joint Commissioning Committee held on 24th June 2019 were approved as a correct record.

4. PUBLIC QUESTIONS

- 4.1 There were no public questions.

5. INTEGRATED CARE SYSTEMS – WHAT NEXT FOR THE JOINT COMMISSIONING COMMITTEE

- 5.1 Terry Hudson informed the committee that the last few years had seen care providers working in a more joined up way. Integrated Care Systems (ICS) were developed by forming strong partnerships.
- 5.2 Within Sheffield, there was a strong Joint Commissioning Committee (JCC) and Accountable Care Partnership (ACP), supported by the ICS and partner organisations. The ICS brought organisations together to ensure things were only done once e.g. stroke care.
- 5.3 The Government White Paper proposed legislative change and integration of health and social care and provided clarity of roles. It broadly had three themes: working together, reduction of bureaucracy and additional proposals.

- 5.4 The White Paper proposed making ICS statutory bodies to replace Clinical Commissioning Groups (CCG) which were to be abolished. The ICS would take on some of the role of NHS England. Governance would be via Health and Care Partnership Boards.
- 5.5 There would still be a need for Health and Wellbeing Boards but it would provide an opportunity for flexibility. The JCC would continue until after the legislation was in place and could continue once the ICS were established. It was important to recognise that JCC could remain the point of delegation in future.
- 5.6 There would be scope for collaborations to deliver improved health outcomes which would build on the work already carried out by the CCG's. There would also be huge opportunities to improve healthcare and equality. There was a need to think about proposals and focus on how the ICS would work moving forward.
- 5.7 The Chair stated that there was a lot of work going on across Sheffield ensuring systems reflect national changes. There was a need to look at how best to organise health and care to get the best out of the services.
- 5.8 Mark Gamsu asked whether there would be a plan of work for the Committee and there was also a need to think about the make up of the Committee to ensure it was representative. JCC needed to have representation from those who understand the health system but can also make a meaningful challenge. The purpose of the JCC also needed to be reviewed. Terry Hudson informed the Committee that the legislative proposal gave the ability to decide on the make-up of the Committee and the focus would be broader than the current Better Care Fund (BCF)
- 5.9 Brian Hughes felt that the document was light in detail and the permissiveness was clear. There needed to be a level of ambition on how to address the needs of citizens.
- 5.10 John Doyle stated that the role of the ICS would be to help people live longer, healthier lives. JCC and HWBB were great examples of partnership working and it was hoped that some of the principles could be retrained.
- 5.11 The Chair suggested that the next development session could be used to look at representation of JCC.
- 5.12 Terry Hudson stated that the ambition was to continue to build on the work done already. Development sessions could consider membership and what the next ambitions were.
- 6. JOINT COMMISSIONING INTENTIONS – SHEFFIELD HEALTH AND SOCIAL CARE PLAN 2021/22**
- 6.1 Sandie Buchan (Director of Commissioning and Development) attended the meeting and presented the report.

6.2 The Joint Plan was intended to bring visions together and there were 6 joint priorities. These were:

1. Joint Commissioning Intentions
2. Community/Voluntary Sector
3. Ongoing Care
4. Children, Young People and Families
5. Mental Health and Learning Difficulties
6. Frailty

6.3 The Joint Plan also looked at what will be different and what had been achieved in 2020/21.

6.4 Leigh Sorsbie welcomed that plan and the emphasis on health inequalities. There was a need to ensure equal access and also think about outcomes. Were the partners prepared? Sandie Buchan answered that the Outcome Framework would be brought back to Committee for the members to have input into the impact on inequalities. There was a need to establish what services were needed and then work with the providers.

6.5 Terry Hudson stated that this was a significant piece of work for the CCG and Sheffield City Council (SCC). This was a broad reaching plan which was commendable. The integrated plan was great, but needed to be acted upon. Were there any new ways of working which we should start using?

6.6 The Chair felt that there was a need to ensure that the flexibility to respond to the needs of Sheffield was not lost and that nimble ways of working were required.

6.7 John Doyle thanked Sandie and all involved for putting the plan together and noted that priorities needed to mirror the priorities of care providers. Lessons had been learned during the pandemic, such as everyone coming together and delivering quicker.

7. MENTAL HEALTH JOINT COMMISSIONING INTENTIONS

7.1 Sam Martin and Heather Burns attended the meeting and presented the report.

7.2 Sam Martin informed Committee that priority areas included:

- children's and young people emotional wellbeing and mental health, developing mental health support services that link to primary care and community services,
- improving and expanding early help and prevention services in our communities,
- improving crisis care services, enabling children, young people and adults who live with mental illness to live happier and independent lives,
- improving the physical health for children, young people and adults with severe mental illness,
- improving support to children, young people and adults with eating

disorders and to continue to focus on vulnerable groups with specific needs, to include: asylum seekers, rough sleepers, bereavement support, problem gamblers.

This was not an exhaustive list and there was still some business as usual. There was still a lot of uncertainty around the long term effects of the pandemic and it was important to increase access to support earlier and closer to home.

7.3 Heather Burns informed Committee that everyone was committed to working together and it was hoped that the differences would be:

- Better access to early support for children, young people and adults for their emotional health and wellbeing,
- Primary Care mental health offer will be available across the city,
- More children, young people and adults receiving appropriate psychological therapies,
- More vulnerable children receiving CAMHS support,
- Faster more coordinated responses to children, young people and adults experiencing mental health crisis,
- More people moving from residential and nursing care into their own homes,
- More young people and adults in employment,
- Better physical health,
- Carers and families, including young carers, reporting a better experience of using services.

There was much to be done, but it was working well across partner organisations.

7.4 The Chair noted that it was good to see that commissioning was looking at physical health, employment and training.

7.5 Heather Burns noted that practitioners were keen to say that it was ok not to feel ok at the moment. Psychological first aid was important at present, it was broader than mental health.

7.6 Brian Hughes felt that it was important to see the cannon language breaking down barriers between physical and mental health in all ages. JCC helped to cut down barriers.

7.7 Leigh Sorsbie welcomed the emphasis on children and early interventions and asked how business as usual was being carried out. Heather Burns explained that additional monies had been put into crisis teams. There was a national problem in the workforce which will need to be looked at differently.

7.8 Terry Hudson stated that significant strides had been made which was welcome for both patients and clinicians as there had been increased demand pre Covid which would continue during and after the pandemic. However, there were still significant waits and people fall between the gaps. Mental health services did not always integrate between themselves. HB replied that the concerns were shared and reframing will start to address the problem.

7.9 John Doyle echoed the previous comments and felt that priorities should be campaigning for more funding for mental health and working with universities to develop.

7.10 The Chair noted the need to protect existing resources, but also widen the reach.

8. FINANCE UPDATE

8.1 Jackie Mills informed Committee that key points for finance during the pandemic had been to build on joint work and relationships and respond quickly and appropriately. Those involved needed to be transparent with each other and make appropriate challenge. It was important that everyone comes together to make the best use of funding and avoid duplication.

8.2 Work was needed around hospital discharges and continue the good work with care providers and build on the success of the joint work around the vaccination programme.

8.3 The Chair noted that it had been a year of 2 halves. Things were still being done, but everything had become much harder and pressures were increasing. The Chair thanked the finance team on behalf of the Committee for all their hard work during the pandemic.

9. ANY OTHER BUSINESS

9.1 Terry Hudson took the opportunity to pass on thanks to all in Health and Social Care for their efforts in the vaccination roll out programme which had hit all its targets.

10. SCHEDULE OF PUBLIC MEETINGS 2021-2022

10.1 During the financial year from April 2021 to the end of March 2022 the following public meetings of the Joint Commissioning Committee will take place on the following dates and times:

- Monday 28 June 2021 10:00- 12:00
- Monday 27 September 2021 10:00- 12:00
- Monday 20 December 2021 10:00- 12:00
- Monday 28 March 2022 10:00- 12:00

11. DATE AND TIME OF NEXT MEETING

11.1 The next meeting of the Committee would take place on Monday 28 June 2021 at 10am.

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