



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Brian Hughes,
Deputy Accountable Officer, NHS Sheffield CCG

Date: 1st December 2020

Subject: **Sheffield CCG Commissioning Plan 2020/21**

Author of Report: Sandie Buchan,
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Summary:

This paper presents Health and Wellbeing Board with Sheffield CCG's refreshed commissioning intentions for the remainder of 2020/21 as well as the progress to date on the development of the 2021/22 commissioning intentions with Sheffield City Council, to provide assurance on the alignment and continued commitment to the Health and Wellbeing strategy

Questions for the Health and Wellbeing Board:

1. Do the CCG commissioning intentions assure the Health and Wellbeing Board the actions will address the priorities of the Health and Wellbeing strategy?
2. Are the 2020/21 aligned commissioning intentions between Sheffield CCG and Sheffield City Council the right focus to continue to progress?
3. Are there any gaps within the commissioning plan to ensure delivery of the Health and Wellbeing objectives?
4. Does the Board agree to delegate approval of the Better Care Fund expenditure to Chairs subject to the next public meeting?

Recommendations for the Health and Wellbeing Board:

- To be assured on the alignment of Sheffield CCG's commissioning intentions to the objectives of the Health and Wellbeing strategy.
- To assure the Health and Wellbeing Board on progress with Joint Commissioning Intentions.
- To provide an update on the Better Care Fund planning process.

Background Papers:

- Health and Wellbeing Strategy
 - NHS Long Term Plan
 - Social Care Green Paper
 - Spending Review
 - Sheffield CCG 2020/21 Operational Plan
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Which of the ambitions in the Health & Wellbeing Strategy does this help to deliver?

All nine ambitions have been considered as part of the development of SCCG's commissioning intentions for 2020/21 as well as the ongoing development for 2021/22.

Who has contributed to this paper?

John Doyle, Director of Strategy & Commissioning, Sheffield City Council

Jenny Milner, Head of Integration, Sheffield CCG & Sheffield City Council

Sheffield CCG Commissioning Plan 2020/21

1.0 SUMMARY

1.1 2020 has been a challenging year. The COVID-19 pandemic has tested the health and care system like never before to ensure our population remains safe and those who need treatment and support receive it, whilst managing the challenges of the pandemic and maintaining the wellbeing of our staff. We are currently in wave two with the NHS again being placed in level 4 command and control response on 9th November 2020.

1.2 As a result, Sheffield CCG (SCCG) have stopped to refresh the organisation's commissioning intentions for 2020/21 to ensure the following issues have been factored into our thinking:

- Identified commissioning implications arising from COVID and its consequences.
- Prioritisation of commissioning intentions to include priorities within the Sir Simon Stevens phase three of the COVID-19 pandemic letter and include greater weighting on reducing health inequalities.
- The agreed Health and Wellbeing ambitions and Sheffield Accountable Care Partnership (ACP) near term priorities are embedded within our commissioning work and continues to address inequalities across the health and care system in Sheffield.
- Delivering local outcomes and national requirements including those detailed within the NHS Long Term Plan alongside our joint commissioning colleagues at Sheffield City Council.
- Identified areas of wider Integrated Care System (ICS) delivery across South Yorkshire and Bassetlaw.

1.3 This paper provides Health and Wellbeing Board with the developed commissioning intentions for the remainder of 2020/21 as well as the progress to date on the development of the 2021/22 commissioning intentions to date, to provide assurance on the alignment and continued commitment to the Health and Wellbeing strategy.

2.0 HOW DOES THIS IMPACT ON HEALTH INEQUALITIES IN SHEFFIELD?

2.1 The Department of Health and Social Care published an important letter to all sectors of the NHS on 31 July 2020, entitled "Third Phase NHS response to COVID-19" (frequently referred to as "the Phase Three guidance") This was followed by detailed implementation guidance, and a requirement for an in-year planning submission.

The guidance included a requirement for the NHS to put eight “High Impact Actions” into practice, in order to tackle the health inequalities which have been both exposed by, and worsened by, COVID-19 and the response to it. These are the High Impact Actions:

1. Protect the most vulnerable
2. Restore NHS services inclusively
3. Digitally enabled pathways that are inclusive
4. Accelerate preventative programmes
5. Support people with mental health problems
6. Named executive board member and boards to publish a five-year action plan
7. Ensure complete datasets
8. Collaborate on planning and engage with communities

We are learning and listening to our population from wave 1 of COVID by reaching out to contacts in the community to find out how they have been coping with the pandemic and subsequent restrictions. We have received over 400 comments and logged them against protected characteristics, so we have been able to analyse the feedback by different communities. As time as gone on, the feedback has also moved beyond being COVID specific. We are planning on this now being a regular part of our work, where we are continually reaching out to our communities, recording their feedback, and using this to inform and influence our commissioning priorities. We have used this feedback as part of the review of this plan and subsequent commissioning intentions.

We are currently reviewing how we will monitor whether our commissioning priorities have made the necessary impact on reducing health inequalities. We are developing this with our colleagues at Sheffield City Council as part of our joint commissioning priorities.

3.0 COMMISSIONING PLAN

3.1 Introduction

The Health and Wellbeing strategy detail nine ambitions that have been identified as the key pillars of a healthy life and key to reducing inequalities. These are:

1. Every child achieves a level of development in their early years for the best start in life
2. Every child is included in their education and access their local school

3. Every child and young person has a successful transition to adulthood
4. Everyone has access to a home that supports their health
5. Everyone has a fulfilling occupation and the resources to support their needs
6. Everyone can safely walk or cycle in their local area regardless of age or ability
7. Everyone has equitable access to care and support shaped around them
8. Everyone has the level of meaningful social contact that they want
9. Everyone lives the end of their life with dignity in the place of their choice

The Joint Commissioning Committee, established in June 2019, is committed to ensuring new models of care delivers the outcomes required for the City of Sheffield that are aligned to these nine ambitions. NHS Sheffield CCG (SCCG) and Sheffield City Council (SCC) have been working together to develop and deliver commissioning intentions that not only achieve the outcomes identified within the nine objectives but also achieve national requirements as described in the NHS Long Term Plan, Social Care Green Paper and the Spending Review to name a few.

3.2 2020/21 Commissioning Plan

The Joint Commissioning Committee agreed to focus on:

- Giving a single commissioning voice
- Owning a single commissioner plan
- Ensuring new models of care that deliver the outcomes required by the City
- Building on Better Care Fund and Section 75, driving forward change

This will be based on the following principles:

- A preventative model built into delivery at all levels of complexity
- Care closer to home or a home via Neighbourhoods, Localities, Primary Care Networks
- Reduction in 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

The Committee will ensure, in the first instance, delivery of outcomes in the three priority areas of focus: Frailty, SEND and Mental Health. Appendix 1 details the aligned commissioning intentions that SCCG and SCC are jointly working on for the remainder of 2020/21. These are currently being worked through and finalised with the Joint Commissioning Committee however reflect the strong approach to integration and joint working. This aim to deliver the ambitions of the Health and Wellbeing Board, requirements of the Better Care Fund, whilst considering the Rapid Health Impact Assessments, Adult Social Care Review, the NHS Long Term Plan as well as the Accountable Care Partnership priorities.

Alongside the aligned commissioning intentions, as part of the annual commissioning cycle, SCCG completed a detailed piece of work ensuring that the overarching strategy of Sheffield CCG remains fit for purpose and recognises the new challenges and requirements during the current phase of the COVID-19 pandemic. Appendix 2 details the vision and objectives of SCCG as well as a number of challenges which face our City, which we have identified together with our partners. The CCG has also developed a number of principles which guide our work: these help us make sure our work is true to our vision and values, and fulfils our purpose. SCCG's commissioning plan detail our commissioning intentions, which are the things we will do this year to improve services and people's experience of these. They are what we need to plan/buy/monitor or do to ensure people get the right care and treatment.

Appendix 3 shows how we have aligned our commissioning intentions to the agreed challenges that face our city. This shows what we are going to do to address these challenges in 2020/21 and what the benefits will be for the Sheffield population.

All of our commissioning intentions were prioritised using a list of criteria to ensure that we were delivering the right changes to the health services across Sheffield that linked to our vision and our objectives. These criteria ensured our intentions looked at:

- Addressing our challenges and adds value to service users
- Reducing health inequalities
- Ensuring value to taxpayers
- Meeting our strategic principles
- Considering the level of risk

Part of the prioritisation process included alignment to the wider strategic picture and national requirements. This included but not limited to: Long Term Plan commitments,

Joint Commissioning Committee (JCC) objectives, the nine objectives of the Health and Wellbeing strategy, the Accountable Care Partnership (ACP) objectives and the wider South Yorkshire & Bassetlaw (SY&B) Integrated Care System (ICS) objectives. We also identified additional commissioning implications that have risen from COVID and its consequences.

3.3 2021/22 Commissioning Plan

During the next few months, further work will be undertaken to enable us to:

- Reach a mutual understanding with SCC colleagues around the challenges we jointly face as commissioners and their root causes, having considered the Rapid Health Impact Assessments and Adult Social Care Review;
- Agree the outcomes we want to achieve in order to address the challenges (these may be joint outcomes or single contributory ones);
- Develop, understand and agree the joint commissioning intentions (either 2021-22 or beyond) that will start to deliver the outcomes and address the challenges.

3.4 Better Care Fund planning requirements and template for 2020/21

The national team are considering the minimum legal requirements to ensure minimum pressure is placed on systems at this time. It is expected that guidance and the template will be issued by the end of December and will be limited to the approval of the financial aspects of the Better Care Fund for sign off of the expenditure and oversight by Health and Wellbeing Board. Once issued it will be shared with Chairs of the Board for consideration and delegated approval as required to enable submission, with a copy progressing to the next public meeting.

4.0 QUESTIONS FOR THE BOARD

1. Do the CCG commissioning intentions assure the Health and Wellbeing Board the actions will address the priorities of the Health and Wellbeing strategy?
2. Are the 2020/21 aligned commissioning intentions between Sheffield CCG and Sheffield City Council the right focus to continue to progress?
3. Are there any gaps within the commissioning plan to ensure delivery of the Health and Wellbeing objectives?
4. Does the Board agree to delegate approval of the Better Care Fund expenditure to Chairs subject to the next public meeting?

5.0 RECOMMENDATIONS

- To be assured on the alignment of Sheffield CCG's commissioning intentions to the objectives of the Health and Wellbeing strategy.
- To assure the Health and Wellbeing Board on progress with Joint Commissioning Intentions.
- To provide an update on the Better Care Fund planning process.

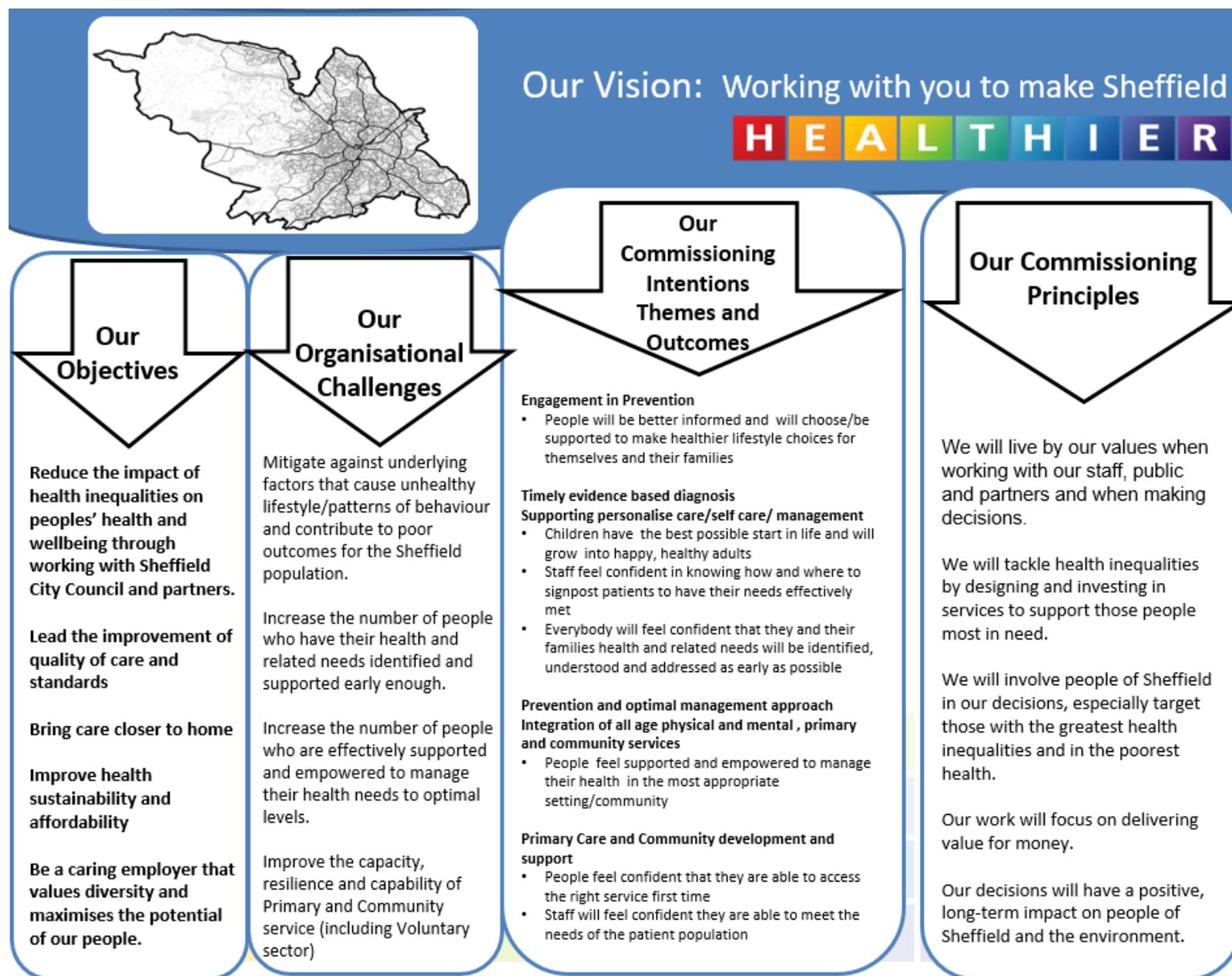
Appendix 1: 2020/21 Aligned Commissioning Intentions

COMMUNITIES	
Resilient Communities	<p>Working with all partners in communities to raise aspiration, resilience, prevention etc.</p> <p>Maximising the benefits of population health management to enable resilient communities.</p> <p>Commissioning the new Social Impact Bond project for adults with complex needs.</p> <p>Joint Commissioning Intentions include:</p> <ul style="list-style-type: none"> • Loneliness Rapid Health Impact Assessment – future developments • Support effective and inclusive multidisciplinary team working and integration at practice/network or neighbourhood level • Maximise opportunities to deliver more services in the community
Voluntary and community sector	<p>This is an area of review and the key questions being considered are: Primary care networks, SCC, VCS to work more closely together at a local level? How can the Joint Commissioning Committee enable Resilient Communities? What would the relationship be between the system and Volunteer Co-ordinators Forum (VCF)? How do we ensure this is sustainable and organisations invest in building relationships with people and partners? What would success look like and how would we know?</p> <p>Joint Commissioning Intentions include:</p> <ul style="list-style-type: none"> • Explore opportunities to develop all age social prescribing • Maximising opportunities to deliver more services in the community • Development of a community capacity building approach • Develop a refresh of the all age carer's strategy for the City
ALL AGE	
On-going care	<p>Integration of health and social care across on-going care services:</p> <ul style="list-style-type: none"> • Independent Sector Resilience: Market shaping and sustainability of the care home market. Building on home first principles and recovery, establish a robust discharge home to assess service, work with care home and supported living providers to ensure a sustainable level of provision in Sheffield to meet future needs.

	<ul style="list-style-type: none"> • Homecare provision: Transformation of homecare services to support home first principles including rapid and dementia response, 24/7 support and a more flexible and responsive outcomes focused commissioning approach. • Carers Services: Review provision to informal carers to include preventing carer breakdown and carers breaks. Carers have the largest impact in relation to support packages for life outcome. <p>Joint Commissioning Intentions include:</p> <ul style="list-style-type: none"> • Adult social care strategic review (including crisis and reablement care at home and care in accommodation) • Universal approach to personalised care and support planning • Develop strategy and plan to enable more people to die in preferred place • Provider market sustainability and development
Mental Health	<p>New models of crisis care – for adults and children Primary care and community/neighbourhood/schools mental health services and investing in prevention/early help Improve capacity and response times through reconfiguration/review of community mental health services (secondary care) Watch and respond to post COVID ‘surge’ in demand Implement NHS Long Term Plan investment priorities Parity of esteem across mental and physical health An integrated approach to the new provider collaborative delivery of new models of care moving patients from NHS England beds.</p> <p>Joint Commissioning Intentions include:</p> <ul style="list-style-type: none"> • Reviewing and recommissioning specialist psychological and emotional trauma services, including sexual abuse counselling • New outreach provision for rough sleepers and homeless people (PHE grant) • Recommissioning of Mental Health and complex needs supported living schemes • Develop services for young people, including transitions (16-18 CAMHS) within an all age approach • Improve access to Mental Health, LD and Autism Services • New crisis care mental health pathway for children and adults • Primary Care Mental Health Service roll out • Review and sustain employment support programme (individual placement support) for people with severe mental illness

	<ul style="list-style-type: none"> • Implement multiagency practice model for children’s social care including embedded mental health, domestic abuse and drug/alcohol workers • Implement single eating disorders pathway • Roll out suicide reduction programme
Children and Families	<p>Emotional Wellbeing and Mental Health: Through our Local Transformation Plan we are transforming our mental health services for children and young people by improving access to services. We are increasing capacity and developing new models of care, delivering more early intervention and providing better support for the Sheffield workforce.</p> <p>Community Health: Joining up Children’s Primary and Secondary Care, Children’s Education, Social Care and Family Support Services to ensure families get early help and care close to home.</p> <p>Maternity and Best Start: Improving the health and wellbeing of women and babies by ensuring we plan together between health and public health and provide evidence based models of care that ensure every child has the best start in life. Revise the local offer of Maternity care within localities.</p> <p>Inclusion and SEND agenda: Not just those with complex needs. Looking at how we support children to receive the relevant support that enables them to engage in an education setting appropriate to their need.</p> <p>Joint Commissioning Intentions include:</p> <ul style="list-style-type: none"> • Supporting effective transitions • Joint packages of care/continuing health care (CHC) approach • Review of the 0-19 health service • Develop a community based offer of children’s healthcare (prioritising palliative and complex care), working with Primary Care Networks • Implementation of the Great Start in Life Strategy • Further develop a joint commissioning plan for inclusion and SEND
Learning Disabilities	<p>Social Inclusion: A shift in culture and practice towards promoting people’s social inclusion, and reducing people’s reliance on institutionalised forms of care as their only form of support.</p> <p>Employment and volunteering opportunities: Improving employment support and access to wider community based volunteering.</p>

	<p>Support for family carers: Making sure families have access to high quality support to help them continue caring at home, if that is what they want to do.</p> <p>Direct payments: Stimulate diverse, innovative support to make sure the right services are available.</p> <p>Moving away from traditional or institutional forms of care: Make sure all people with learning disability have access to community-based services that promote independence, wellbeing and social inclusion.</p> <p>Advocacy: Clear vision and plan for making sure the right advocacy support is available when people need it.</p> <p>Develop our supported living, day activities and direct payment market: To maximise independence, choice and control for people who use these services.</p> <p>Joint Commissioning Intentions include:</p> <ul style="list-style-type: none">• Refresh of the Learning Disability Strategy for the City• Development of a market position statement for supported living that enables the availability of appropriate forms of care• Commission infrastructure to implement and oversee the management of personal health budgets• Ensure coordinated transitions to adulthood that supports independence and offers integrated support where appropriate• Joint packages of CHC
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Appendix 3: 2020/21 SCCG Commissioning Intentions

Challenge 1: Mitigate against underlying factors that cause unhealthy lifestyle/patterns of behaviour and contribute to poor outcomes for the Sheffield population

Why is it a priority?

People who lead unhealthy lifestyles are more likely to develop key health conditions and have shorter lives. More people in Sheffield die from smoking related causes than the England average. Children who are born prematurely often have special educational needs (SEN) doing less well at school and increasing demand on services. Children who are overweight or obese are at risk of developing long term health conditions such as diabetes, mental health issues and likely to have shorter length of healthy life.

Commissioning Intentions:

All organisations working together to prevent flu and pneumonia and stays in hospital as a result of these conditions.
Support Primary Care Networks to improve the health of their patients through funding / information / service specifications / support Quality Outcome Framework delivery.
Work with the Integrated Care System and Sheffield City Council to commission and monitor the implementation of QUIT (smoking cessation programme).
Diabetes Prevention: Promote Type 2 diabetes remission through "Very Low Calorie Diet".
Put in place systems to alert staff to patients in secondary care who should be on a statin and/or not achieving blood pressure.
Roll-out our local Suicide Reduction Programme.

Examples of outputs:

- Pathways developed to make sure that patients receive consistent healthy lifestyle messages when they see NHS and social care staff.
- Support for patients to avoid smoking whilst in hospital.

Examples of benefits:

- Further reductions in smoking in pregnancy and when give birth and lower levels of overweight pregnant women.
- Reduction in childhood obesity rates.
- Reduction in the number of suicides.

Challenge 3: Increase the number of people who are effectively supported and empowered to manage their health needs to optimal levels

Why is it a priority?

Optimal management of conditions improves quality of life and helps to reduce, prevent and delay development of other conditions. Children whose health needs are not optimally managed from an early age are likely to have poorer long term outcomes in relation to health and education and poorer social and economic outcomes.

Commissioning Intentions:

Improve crisis response services across a range of settings including intermediate care, care homes and mental health services (Psychiatric Decisions Unit and all-age mental health crisis response and home treatment service).
Increase capacity for Out of Hours emergency assessments and short term care for people with dementia.
Improve health outcomes for people with COPD.
Complete End of Life Health Needs Assessment, develop strategy and plan to enable more people to die in preferred place.
Commission revised models of outpatients, advice and guidance services and pathways.
Review current community pharmacist hypertension management for Cardio Vascular Disease.
Assess the population need for access to specialist psychological and emotional trauma services for specific groups.
Review the model for the High Intensity User service.
Commission an advice and support service for people living with and beyond cancer to cover areas of greatest health inequality.
Work with the Integrated Care System to implement regional waiting list management.
Re-commission an all-age phlebotomy service.
Support effective and inclusive multidisciplinary team working and integration at practice / network or neighbourhood level.
Improve children's community based healthcare offer (focusing on neurodevelopmental, complex and EOLC pathways).
Review children's community therapies. Improve transition from children's to adult services.
Commission integrated community services.
Implement a single eating disorders pathway with a single point of access across CYP and adult services.
Review the current specialist perinatal mental health services pathway and commission an enhanced level of service.
Ensure high quality, resourced pathways and services in Sheffield for people with and recovering from COVID-19.

Examples of outputs:

- More and better community services.
- High quality support to families and carers of people with dementia.

Examples of benefits:

- Increase in number of people who feel supported to manage their own condition.
- Demand on specialist services will be reduced.

Challenge 2: Increase the number of people who have their health and related needs identified and supported early enough

Why is it a priority?

Early support or diagnosis makes conditions easier to treat, helps people get better faster and costs less money in the long run. Supporting children who have experienced Adverse Childhood Experiences (ACEs) as soon as possible is the best way to support them to learn, do well at school, improve their physical and mental health and get a job.

Commissioning Intentions:

Increase the uptake of annual health checks in primary care for people with a learning disability or a serious mental illness.
Design, develop and commission a pilot health check for people with autism.
Agree next steps following an evidence based review of the need for a rapid access diagnostic centre.
Review, develop and agree next steps for improving access and reducing waiting times for mental health services, learning disability services and autistic spectrum condition services.
Review and improve Child and Adolescent Mental Health Services access and pathway.
Increase referrals and self-referrals into all services offered by Improving Access to Psychological Therapies.
Support Sheffield City Council to review the 0-19 service (health visitor and school nurses).
Review the mental health element of Homeless Assessment Team.
Promote and commission 'trauma informed' training and support for health services and professionals.
Commission community based diagnostics services.
Agree universal all age citywide approach to personalised care and support planning.
Improve the use of urgent care pathways.
Improve awareness/usage of social prescribing for staff across all services.
Commission infrastructure to implement and oversee the management of personal health budgets.

Examples of outputs:

- Mental Health Support Teams will be operating across all schools in Sheffield.
- Better access to neurodevelopmental services.

Examples of benefits:

- Improved uptake of cancer screening
- Reduced waiting times for services
- People will be diagnosed earlier

Challenge 4: Improve the capacity, resilience and capability of Primary and Community services (including Voluntary sector)

Why is it a priority?

We need excellent, local, joined-up, sustainable primary and community support to deliver the interventions necessary to enable people to live their lives to the full. Member practices have highlighted that Primary Care Mental Health is an area of concern that requires improvement.

Commissioning Intentions:

Estates:

Make best use of capital investment to provide a primary care estate fit for the 21st century.
Build capacity and resilience in primary care through the development of existing properties where these demonstrate value for money.

Workforce:

Support the recruitment and development of new primary care roles including care navigators, primary care paramedics, primary care physiotherapists, pharmacists and social prescribing.
Develop a robust approach to resilience including workforce recruitment and retention and support to vulnerable practices.
Work with Primary Care to support transfer of services and patient care requirements from secondary to primary care in order to respond to workload increase in primary care.
Recommission primary care translation services to commence October 2020.

Examples of outputs:

- Implement digital and physical infrastructure to share clinical knowledge, skills and expertise across the healthcare system.
- Increase the range of staff working in Primary Care

Examples of benefits:

- Improved access to primary care services
- Improved quality and consistency of services provided
- Increased efficiency