Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Better Care Fund Section 75 Agreement

Governing Body meeting

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25 May 2017

Author(s)	Grant Ash, Senior Finance Manager, Better Care Fund Jackie Mills, Deputy Director of Finance
Sponsor Director	Julia Newton, Director of Finance Peter Moore, Director of Strategy and Integration

Purpose of Paper

The attached report outlines the key changes proposed to the Better Care Fund Section 75 Pooled Budget Agreement, including the revised budget for 2017/18. Governing Body is asked to approve the proposed changes to Section 75 Agreement.

Key Issues

Further to the discussion at the Governing Body meeting held in private on 3 November 2016, it is proposed to establish integrated mental health commissioning arrangements with Sheffield City Council including a jointly managed single pooled budget. This will be managed within the overarching section 75 agreement.

The S75 agreement sets out which of the CCG budgets are included in the Better Care Fund. These are summarised in the attached report.

Is your report for Approval / Consideration / Noting

For Approval.

Recommendations / Action Required by Governing Body

The Governing Body is asked to:

- Approve the proposed arrangements for inclusion of a pooled budget for Mental Health services
- Approve the proposed risk share arrangements for jointly managing Mental Health expenditure with Sheffield City Council (SCC).
- Approve the BCF for 2017/18 budget
- Approve the other amendments to the S75 Agreement which are principally a refreshment to bring the schedules up to date.

Governing Body Assurance Framework

Which of the CCG's objectives does this paper support?

CCG Objectives

The proposal contributes to all the CCG objectives:

- To improve patient experience and access to care

- To improve the quality and equality of healthcare in Sheffield
- To work with Sheffield City Council to continue to reduce health inequalities in Sheffield
- To ensure there is a sustainable, affordable healthcare system in Sheffield

Are there any Resource Implications (including Financial, Staffing etc)?

The S75 agreement sets out which of the CCG and SCC budgets are included within the scope of the Better Care Fund. Expenditure is included where there is an opportunity to integrate health and social care services that will provide better service experience for users and enable the CCG and SCC to make best use of available resources.

The proposed risk share on Mental Health offers an opportunity to work jointly with SCC to manage expenditure and share efficiency savings from service redesign. It also creates a financial risk to the CCG if joint working does not deliver the savings anticipated.

Whilst there are no immediate resource implications, in so much as additional resources are not immediately required; there will inevitably be an impact on existing staff. Although staff will retain existing terms and conditions (therefore negating the need for them to transfer), they will be required, for at least a proportion of the week, to be located in one place. Reporting structures will also change; as will the team's aims and objectives. It is important that the team operates as one single entity, with one structure, rather than continuing to operate as two separate teams with different sets of priorities.

Have you carried out an Equality Impact Assessment and is it attached?

Please attach if completed. Please explain if not, why not
Yes, an Initial EIA 'Screening' has been undertaken (please see *Appendix B*).

Have you involved patients, carers and the public in the preparation of the report?

Although the outcome(s) of this proposal will impact on patients, carers and the public (in so much as integration will, it is envisaged, deliver better more joined up care); this paper is very much focussed on the practical considerations of amending a legal agreement. There has therefore been no PPE Activity undertaken to date.

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1. Introduction / Background

In April 2015, in line with national guidance, NHS Sheffield CCG and Sheffield City Council (SCC) entered into a Section 75 Agreement covering the operation of the Better Care Fund (BCF). The agreement established a pooled budget, and formal governance arrangements to create flexibility between health and social care budgets, with a view to making the best use of the available resource in the city.

The creation of the BCF pooled budget was part of the Health and Wellbeing Board strategy and Department of Health requirement to develop integrated services. The Section 75 agreement is the legal mechanism to enable integrated working between the CCG and SCC.

A number of defined work streams were established by way of delivering the vision, although originally the only element that was genuinely pooled on a risk share basis was the community equipment services, which has a value of £2.8m. The remainder of the budgets in 2016/17 were 'aligned' to allow greater transparency to the respective organisations and to support further review of opportunities for integration/pooling. The section 75 agreement has not been updated since April 2015. However, there are a number of proposed changes which, if approved, will need to be recorded in a variation to the original agreement.

The proposal is that from April 2017, we create a second fully pooled budget, this time of a much larger scale (£101m) for mental health services within the overarching BCF arrangements. This would bring £68m of additional CCG resources within the S75 BCF arrangements for the first time, alongside £24m which will transfer from the ongoing care theme already within the scope of the BCF. As well as exploiting the benefits of pooling budgets, we are jointly working to deliver benefits to patients and improvements in services which can be made from creating a single commissioning unit; with a shared vision and joint set of objectives.

There is also an intention to incorporate Children's services into the BCF arrangements but this will be subject to separate Governing Body Approval, and at the moment the planning assumption is that will be included from April 2018.

This report provides an update to Governing Body on the proposed arrangements for the extended BCF, the proposed budget for 2017/18 and the proposed risk sharing arrangements for the mental health pool. It also highlights proposed changes to reflect the current activities underway; changes to lead officers and the approval process for budget changes.

2. Changes proposed to the S75 Agreement

2.1. New Theme for Mental Health. At the meeting held in private in November 2016, Governing Body approved a proposal for formal integrated commissioning arrangements with SCC for mental health services. A truly integrated commissioning approach will offer more effective joined up commissioning which should lead to better patient outcomes and better value for money.

2.1.1. Scope of the pool. The proposal is to pool respective budgets, to create a single fund from which all adult and older adult mental health services are commissioned. The proposal in the first instance is to pool all adult MH services as commissioned by the CCG, with those for under 65 years from SCC in 2017/18. The scope of the budgets to be included by the CCG and SCC are shown below:

Mental Health expenditure in the S75 Agreement		Budget 16/17	Outturn 16/17	Variance	Budget 2017/18
CCG Expenditure in the Pool		**£'000**	**£'000**	**£'000**	**£'000**
Sheffield Health and Social Care Contract (excluding LD & Dementia)	New in 17/18	68,307	67,917	(390)	66,625
Sheffield Health and Social Care Dementia Support	Existing	445	445	0	445
Mental Health Contracts external to Sheffield	New in 17/18	456	474	18	406
Individual Funding Requests (IFR)	New in 17/18	153	307	154	346
Continuing Healthcare (CHC) - patients with MH as primary diagnosis	Existing	18,468	19,749	1,281	20,045
Funded Nursing Care (FNC) - as for CHC	Existing	3,499	4,551	1,053	4,437
Total CCG *		**91,327**	**93,443**	**2,115**	**92,304**
** Per M12 Board Report (includes non recurrent items)*					
		Budget 16/17	**Outturn 16/17**	**Variance**	
SCC Expenditure		**£'000**	**£'000**	**£'000**	
Mental Health Purchasing Budget	Existing	6,151	9,344	3,193	7,551
Partnership and Grant Aid Mental Health	Existing	303	160	(143)	210
SHSC Contract Payment	New in 17/18	656	1,036	380	706
Total SCC		**7,110**	**10,540**	**3,430**	**8,467**
Grand Total Across the Pool		**98,437**	**103,983**	**5,545**	**100,772**

2.1.2. Risk Sharing Arrangements. Both the CCG and SCC have significant financial pressures on mental health budgets particularly when joint £4.7m efficiency/QIPP savings requirements are taken into account. This means that financial risk sharing is a key concern for both organisations when entering into a single pooled budget arrangement. Significant discussions have taken place with the respective parties to agree appropriate risk/benefit sharing arrangements so that potential risks/benefits are mitigated/shared fairly between organisations.

The proposed risk share agreement is as follows:

- For this first year of operation overspends on the pooled budget will be met by the originating organisation. It is the intention to develop a full risk share for overspends and underspends from April 2018
- The risk share arrangement will allow the CCG and SCC to share savings through integrated working. The maximum financial risk exposure to the CCG under this agreement for 2017/18 is capped at £0.8m over and above our own QIPP savings.

The fundamental requirement to give both partners confidence on risk sharing is a clear savings plan for 2017-18 and following 2 to 3 years in the context of STP, Sheffield Placed Based Plan and MH FYFV requirements.

2.1.3. Creating a Mental Health Commissioning Unit (MHCU). Mental health commissioning teams from both the CCG and SCC will come together to form the MHCU. This will initially involve co-location for a proportion of each week, moving

eventually to a single site. There will also be a single management structure. HR advice has been sought on the practical considerations, and engagement with staff has already commenced, albeit on a very informal non-committal basis. Given staff will retain existing terms and conditions, the need for formal consultation is limited. However it is acknowledged that having staff 'buy in', at this early stage, will be important, if the benefits of integration are to be realised in full. It is important that all staff work towards to the same set of aims and objectives and uphold the same values.

2.1.4. Creating a Joint Work Plan. An essential element of the MHCU will be the agreement of a joint work plan, reflecting the priorities at a city wide level. This work plan will include a detailed narrative for the first 3 years, with further (less developed) narrative for the final 2 years. The plan will need to incorporate:

- National priorities and 'must do's' (i.e. the Mental Health Five Year Forward View, the 2014 Care Act requirements etc.);
- Local priorities (i.e. implementation of commissioning intentions, addressing gaps in service provision etc.);
- Robust financial forecasting, including a fully worked up efficiency programme; and
- Resource information, including an assessment of the resources needed to deliver the plan (which may also require the development of business cases to secure additional capacity).

The joint work plan will need to be approved through the respective governance structures within both organisations, but once agreed will be devolved to the MHCU to deliver; although regular updates will need to be presented to the Executive Management Group by way of oversight. Considerable progress has been made in developing a joint work plan. One of the key requirements of this plan is that Sheffield Health and Social Care Trust or Sheffield Teaching Hospitals are not destabilised by the planned initiatives. The intention to integrate mental health commissioning requires partnership working with all partners in the health and social care economy of Sheffield.

2.2. BCF Budget

The proposed BCF budget is an increase of £80m compared to 2016/17, from £272m recurrently in 2016/17 to £352m in 2017/18, principally due to the inclusion for the first time of additional Mental Health expenditure (£68m). The new Theme for Mental Health (£101m) includes a share of Continuing Health Care (CHC) and SCC purchasing costs which were previously already part of the BCF within the Ongoing Care theme.

The effect of changes to the responsibility for the commissioning of emergency admissions between NHS England and NHS Sheffield CCG, together with the expected impact of the national move to a new inpatient currency design (HRG4+) has been modelled, and the impact on services within the scope of the BCF has been included (£1.1m).

A summary of the proposed BCF budget changes for 2017/18 is shown in the table below.

	CCG £000	SCC £000	Total £000
2016/17 Recurrent Budget inc capital	**172,630**	**99,667**	**272,297**
Changes to the scope of the BCF/planned investments			
Mental Health Expenditure added to the pool *	68,553	656	69,210
Change to Non Elective Tariff	1,099		1,099
Rollforward and increase in Capital Grants	0	2,028	2,028
Funded Pressures 17/18	7,997	12,604	20,601
Health Inflation net of national tariff efficiency	1,584	0	1,584
Savings/Funding reductions	(7,442)	(7,894)	(15,336)
Other changes	0	451	451
2017/18 BCF Budget inc capital	**244,421**	**107,512**	**351,934**
Increase in BCF Budget	**71,791**	**7,845**	**79,636**

* The majority of SCC Mental Health expenditure was already in the BCF budget

A detailed breakdown of the budget is shown below. The budget excludes the £12.5m enhanced BCF funding allocated to Local Authorities in the recent Budget. Jointly agreed plans are being developed around the use of this funding which will be added to the BCF budget once finalised.

Better Care Fund - Summary of Budgets by Theme	CCG £000	SCC £000	Total £000
Theme 1 - People Keeping Well	1,892	6,371	**8,262**
Theme 2 - Active Support and Recovery	42,767	7,040	**49,807**
Theme 3 - Independent Living Solutions	1,925	1,939	**3,864**
Theme 4 - Ongoing Care	49,028	78,158	**127,186**
Theme 5 Adult inpatient Emergency Admissions	56,505	0	**56,505**
Theme 6 - Mental Health	92,304	8,467	**100,772**
Sub Total Revenue Expenditure	**244,421**	**101,975**	**346,397**
Theme 7 - Capital Grants	0	5,537	**5,537**
Grand Total 17/18 Budget	**244,421**	**107,512**	**351,934**

The CCG contribution to the BCF is in line with the 2017/18 financial plan approved by the Governing Body in February 2017. Governing Body is asked to approve the revised BCF budget for 2017/18.

2.3. Other proposed amendments to the S75 Agreement

2.3.1 Approval for budget changes. Currently a request to vary the financial contributions of either party currently requires agreement from both Partners through the Council's Cabinet and the CCG's Governing Body. It is important that changes to budgets are reviewed to ensure that reductions to services are not jeopardising planned integration activities or risk destabilising other areas of the health and social care system. However EMG currently reviews all changes to budget irrespective of size and this review is considered adequate scrutiny and approval for the majority of budget changes. It is proposed that the S75 agreement is revised to request that Governing Body approval will only be sought for changes in excess of £1m.

2.3.2 Scheme Leads. A new scheme has been created for Mental Health. The scheme leads have been refreshed following change in personnel, as well as in recognition of the new theme for mental health. The proposed scheme leads are shown below:

BCF Theme and lead Director	CCG Lead	SCC Lead
Theme 1 - People Keeping Well	Nicki Doherty Director of Delivery - Care out of Hospital	Dawn Walton (Director of Commissioning, Inclusion and Learning)
Theme 2 - Active Support and Recovery	Nicki Doherty Director of Delivery - Care out of Hospital	Phil Holmes (Director of Adult Services)
Theme 3 - Independent Living Solutions	Penny Brooks (Chief Nurse)	Phil Holmes (Director of Adult Services)
Theme 4 - Ongoing Care	Penny Brooks (Chief Nurse)	Phil Holmes (Director of Adult Services)
Theme 5 Adult inpatient Emergency Admissions	Peter Moore (Director of Strategy and Integration)	Phil Holmes (Director of Adult Services)
Theme 6 - Mental Health	Peter Moore (Director of Strategy and Integration)	Dawn Walton (Director of Commissioning, Inclusion and Learning)
Theme 7 - Capital Expenditure	Penny Brooks (Chief Nurse)	Phil Holmes (Director of Adult Services)

2.3.3 Theme objectives. The aims and outcomes of each theme have been refreshed to reflect current priorities.

Theme	Objective 17/18
Theme 1 - People Keeping Well	The Strategic Objective of this scheme is to increase the wellbeing of people at greatest risk of declining health and loss of independence – reducing demand and dependency on the formal health and social care system. This will involve local information and advice to support self-care; community interventions to enable people to remain independent, and GP led care planning. As a result patients at medium to high risk of admission to hospital will be better motivated and supported to self-care, will have improved health and reduced reliance on health and social care services
Theme 2 - Active Support and Recovery	AS&R is the commissioner term that has been given to the range of services, predominantly community based, which supports the public, patients and clients in their own homes to remain as independent as possible despite the fact that they may have multiple health and care needs. These services do not consistently meet individual needs in a coherent and co-ordinated way. The commissioners require that in addressing these services options should be developed that: • support people to remain at home and avoid unnecessary admissions • respond quickly to the additional needs of people in this cohort and support them to remain out of hospital • make sure that people are discharged home with the appropriate support, minimising their hospital stay and maximising their recovery and level of independence

Theme 3 - Independent Living Solutions	The Strategic Objective of this scheme is to develop and promote the provision of independent living solutions in Sheffield so that more people can maintain and build their wellbeing and independence
Theme 4 - Ongoing Care	The overall aim is to integrate the assessment, placement and contract management functions related to ongoing care to improve quality, outcomes and process.
Theme 5 Adult inpatient Emergency Admissions	The overall aim is to undertake activity to reduce demand for admissions and to ensure that the patient stay whilst in hospital is as short and effective as possible. Additionally it allows monitoring of the impact of other BCF activity to reduce demand for hospital emergency admissions.
Theme 6 - Mental Health	The aim is to deliver a truly integrated commissioning approach which will offer more effective joined up commissioning (and therefore care), leading to better patient outcomes which will, by default, deliver better value for money.
Theme 7 - Capital Expenditure	The scheme will deliver home adaptations funded from the Disabled Facilities Grant to enable people to remain in their own homes and live independent lives reducing their need for organised care. Other Capital Grants will be used to deliver better systems to administer ongoing care.

A summary of the key milestones for the BCF delivery plan for 2017/18 are shown in Appendix A.

2.3.4 Essential Measures:

- A reduction of c3,000 emergency hospital admissions and a reduction in readmissions
- Achieving expenditure within the financial envelope
- Reduction in length of stay with delayed transfers of care targeted to fall to 10% below 15/16 levels. This is linked to pro-active care planning and maintaining the community/primary care oversight of the patient's care during admission with an aim to facilitate the earliest appropriate discharge possible.
- The proportion of people still at home 91 days after discharge is targeted to increase from 75% to 80%.
- An increase in the proportion of people receiving care at home or closer to home
- An increase in the proportion of people provided care holistically, rather than condition or symptom based inclusive of physical and mental health needs
- An increase in the responsiveness of people receiving co-ordinated short-term care
- A 6% reduction in new cases of long-term care by preventing hospital admissions and maintaining independence for longer

2.3.5 Governance Arrangements. The governance of the BCF is currently being reviewed in light of the wider programme of transformation taking place in terms of the Sheffield Place Based Plan, STP, and Public Sector Reform within the Sheffield City Region. The Executive Management Group (EMG) terms of reference have been updated to reflect the new structure of governance proposed for the BCF.

EMG has now split into two groups: EMG strategy group, responsible for the strategic direction of the programme and makes key decisions towards the aims outlined below; and EMG Working Group which progresses the work that is needed to fulfil the objectives of the Executive Management Group strategy group.

Other groups proposed to report progress to EMG strategy group include:

Ongoing Care Programme Board
Mental Health and LD Programme delivery board
Children's joint commissioning group (From April 2018)
AS&R Programme Board
A&E Delivery Board

2.3.6 Other proposed changes include an update to who Formal Notices are served to.

3. Recommendations

The Governing Body is asked to:

- Approve the proposed arrangements for establishing a Mental Health pooled budget within the BCF.
- Approve the proposed risk share arrangements for jointly managing Mental Health expenditure with Sheffield City Council (SCC).
- Approve the BCF budget for 2017/18.
- Approve the proposed changes to authorisation of budget changes, whereby Governing Body will approve all budget changes over £1m
- Approve the other amendments to the S75 Agreement which are principally a refreshment to bring the schedules up to date.

Paper prepared by: Jackie Mills, Deputy Director of Finance
Grant Ash, Senior Finance Manager BCF

On behalf of: Julia Newton, Director of Finance and Peter Moore, Director of Strategy and Integration

May 2017

Theme		Key Milestones to Successful Delivery 17/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Later Date
Theme 1 - People Keeping Well	Develop a robust community partnerships and resilience across the city	Use the Maturity Index to monitor progress in Community Partnerships													
		Support areas which need more community infrastructure to aim for city wide coverage	→	→	→	→	→	→	→	→	→	→	→	→	
	Workforce development	Work with Community Partnerships to develop the skills of their staff to have empowering conversations with people	TBC												
	Clear and consistent approach to management information and measuring impact	Monitor the Outcomes Framework with current contract holders	TBC												
		Develop information systems/framework to support evaluation and measure activity and success of outcomes	→	→	→	→	→	→	→	→	→	→	→	→	
	Develop the financial plan and further long term funding mechanisms	Secure long term plan for PKW	→	→	→	→	→	→	→	→	→	→	→	→	
	Whole Family Asset-Based Approach	Develop a PKW 'whole family' approach	TBC												
		Work with Community Partnerships to develop local people as assets	TBC												
Theme 2 - Active Support and Recovery	Implement a Social Prescribing process	Citywide Delivery Plan complete	♦												
		SP Model reflects and encompasses needs of CYPF	TBC												
		Social Prescribing Task and Finish Group established	♦												
		Neighbourhood Delivery Plans co-produced and agreed	♦	→	♦										
		Year one evaluation complete	♦	→	→	→	→	→	→	→	→	→	→	♦	
		Key Parties know how to access hubs	TBC												
		A single risk modelling tool is in place and being used	TBC												
	People are supported to lead their own care, and 'act as a resource to themselves', as far as they are capable.	Commissioning of Person centred Care Locally Commissioned Scheme inc support to practices, learning and development and assessment of returns	♦	→	→	→	→	→	→	→	→	→	→	♦	
		Monitor Patient Activation Measure piloting inc liaising with NHS England, share info across sites, evaluation	♦	→	→	→	→	→	→	→	→	→	→	♦	
		Contribute to commissioning and evaluating of Self management/Self care training programmes													Mar-19
		Locality Support team deployed													Mar-19
		Develop 1 care plan across system where appropriate	TBC												
	Intermediate Care Beds	Develop high level shared vision/plan for intermediate care beds	TBC												
		Develop and agree admission criteria for intermediate care beds (with therapy and Transition beds (without therapy)	In progress												
		Develop comms plan for patients	TBC												
		Agree KPIs	TBC												
		Transfer EMI IC beds with DRRT wraparound/case management	In progress												
		Review End of Life Care Pathways to ensure patients discharged are able to access appropriate services	TBC												
		Review total beds winter/summer	TBC												
		Conversion of a number of IC beds to step=up rather than step down	TBC												
	Rapid Response and Community IV service	Model Developed		♦											
		Gap Analysis		♦											
		Service changes agreed	♦												
		Approval at AS&R Programme Board			♦										
		Develop implementation plan			♦										
		Implement Model			♦	→	♦								
	End of Life	agree citywide strategic summary	♦												
		Agree re-developed end of life care improvement plan			♦										
		PID established	♦												
		Further milestones to be developed.	TBC												
	Pilot Virtual Ward/Integrated Care Team	Start roll out with Central Neighbourhoods			♦										
		Engagement with City neighbourhoods		♦											
		Evaluation	TBC												
		Consider Roll Out	TBC												
	Long term Conditions	Service Reviews	♦	→	→	→	→	→	→	→	→	→	→	→	
	Active Ageing	Dance To Health - Falls Programme	♦	→	→	→	→	→	→	→	→	→	→	→	
	Increase Digital Literacy	Monitor Pilot in the Two neighbourhoods	♦												
	CICs/STIT review (Active Recovery)	Workstreams to be confirmed	TBC												
	BUSINESS AS USUAL														
Theme 3 Independent Living Solutions (COMMUNITY EQUIPMENT)	Looking at efficiencies	Reinvigorate project plan			♦										
		Care Home Policy - Clarifying which equipment should be provided by the CES and Care Homes	TBC												
		Care Home Audit - collecting unused useful equipment out on loan	TBC												
		Assess high spending categories for efficiencies	TBC												
		Cost benefit analysis of appointment of a reviewing officer	TBC												
	Contract Management	Complete Annual Report		♦											
		Performance Review			♦										

Theme		Key Milestones to Successful Delivery 17/18	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Later Date
Theme 4 - Ongoing Care	Improved Contracting and market management	Priorisation of commissioning alignment				♦									
		Integration of CCG and Council contracting and market management functions													01/04/2018
		Review of commissioning arrangements for Direct Payments and Personal Health Budgets	TBC												
		Review of commissioning arrangements for care home placements	TBC												
	Reduction in Delayed Transfers of Care and Rates of Readmission	Extension of 'Discharge to Assess' approach to ensure long term needs are not assessed in acute beds						♦							
		Review and plan step-down intermediate care capacity to provide 'plan B where D2A cannot be provided at person's own home						♦							
		Integrated approach to 0-25 inclusion programme	TBC												
Theme 5 Adult inpatient Emergency Admissions (Urgent Care)	Ensuring that those whose urgent primary care needs can be met within Primary Care	Redesign Primary Care system		♦											
		A&E Streaming - STH						♦							
		A&E streaming SCH						♦	→	→	→	♦			
		Integrated Clinical Assessment for Care Homes	TBC												
		Ambulance Recovery Programme							♦						
		Extended GP Access												♦	
		Recommission 111 Agree Specification (Regional)						♦							
	Transforming Acute Assessment	GP advice and guidance	TBC												
		Review Self Conveyance pilot for GP urgent bed Bureau				♦									
		Further implementation of Assessment Pathways	♦	→	→	→	→	→	→	→	→	→	→	→	
		MH Liaison STH (see MH)													
		MH Liaison SCH Final refinement of service specification and implementation		♦											
	Patients staying no-longer than needed in bed based care	Continued implementation of A&E remedial Action Plan	♦												
		Discussion and implementation of Productive Ward STH plan inc high impact changes			♦	→	→	→	→	→	→	→	→	♦	
		Ward Round Checklists (SCH) implementation on 50% of wards	♦	→	→	→	→	→	→	→	→	→	→	♦	
	Improving onward handover	Implement High Impact changes link to AS&R (discharge to assess, embed trusted assessor, reduce number of CHC in acute setting, inc proportion of patients receiving RRR in home or community			♦	→	→	→	→	→	→	→	→	♦	
Theme 6 - Mental Health	Improving Dementia Care	Start Up		♦											
		Identify Clinical Governance		♦											
		Confirm Financial Models and Systems		♦	→	→	→	→	→	→	→	→	→	♦	
		Contract intentions		♦	♦	→	→	→	→	→	→	→	→	→	Jun-18
		Identify and confirm workforce Multiple Stages			♦	→	→	→	→	→	→	→	→	→	Jun-18
		Ensure IM&T systems in place			♦	→	→	→	→	→	→	→	→	→	Jun-18
		Premises - Multiple Stages			♦	→	→	→	→	→	→	→	→	→	Jun-18
		Marketing - Multiple Stages			♦	→	→	→	→	→	→	→	→	→	Jun-18
	Introducing Mental Health Primary Care	Start Up		♦											
		Identify clinical Governance		♦											
		Confirm Financial Models and Systems		♦	→	→	→	♦							
		Confirm contracts							♦					♦	
		Agree Scope of Project - Consultation		♦	→	→	→	→	→	→	♦				
		Pilots go Live										♦			
		Develop training programme												May-Jun2018	
		Evaluate Pilot Schemes												Jul-Sept 2018	
		City wide Roll Out												Jan - Apr 2019	
		Ensure IM&T systems in place												Oct 18-Dec 18	
		Produce Marketing Plan												Oct 17 - Dec 18	
	Promoting Independence	Identify the project team and individual responsibilities		♦											
		Identify source of funding and confirm financial model		♦											
		Undertake provider event (supported living), collect business plans from providers and identify move on service users and investment required						♦							
		Agree all job descriptions, undertake recruitment exercise and agree induction and supervision requirements for all staff	♦												
	Commissioning Liaison Mental Health Service	Procurement appraisal completed	♦												
		Proposal agreed at GB		♦											
		Psychology review concluded			♦										
		Procurement completed			♦										
		Contract awarded				♦									
	Other Projects	10 Further projects													

Appendix B

Equality Impact Assessment

Title of policy or service:	Variation to S75 Agreement	
Name and role of officer/s completing the assessment:	Grant Ash – Senior Finance Manager BCF	
Date of assessment:	4th May 2017.	
Type of EIA completed:	**Initial EIA 'Screening'** ☒ ***or*** **'Full' EIA process** ☐	*(select one option - see page 4 for guidance)*

1. Outline	
Give a brief summary of your policy or service • Aims • Objectives • Links to other policies, including partners, national or regional	The objective of this work is to vary the S75 agreement. The principle change being to formalise the ongoing work between NHS Sheffield CCG and Sheffield City Council with regards the establishment of joint mental health commissioning arrangements. This will involve: a. The pooling of respective mental health commissioning budgets; b. Bringing together respective commissioning teams to create a Mental Health Commissioning Unit (MHCU); and c. Developing a joint 3-5 year work plan; this will encompass respective organisational priorities (i.e. Mental Health Five Year Forward View) and efficiency requirements.

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information. This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.					
(Please complete each area)	**What key impact have you identified?**			**For impact identified (either positive and or negative) give details below:**	
	Positive Impact	**Neutral impact**	**Negative impact**	**How does this impact and what action, if any, do you need to take to address these issues?**	**What difference will this make?**
Human rights	☐	☒	☐		
Age	☐	☒	☐		
Carers	☒	☐	☐	Will enable better, seamless and joined up services to be commissioned which will result in better outcomes.	
Disability	☒	☐	☐	Will enable better, seamless and joined up services to be commissioned which will result in better outcomes.	
Sex	☐	☒	☐		
Race	☒	☐	☐	Will enable better, seamless and joined up services to be commissioned which will result in better outcomes.	
Religion or belief	☐	☒	☐		
Sexual orientation	☐	☒	☐		
Gender reassignment	☐	☒	☐		
Pregnancy and maternity	☒	☐	☐	Will enable better, seamless and joined up services to be commissioned which will result in better outcomes.	
Marriage and civil partnership (only eliminating discrimination)	☐	☒	☐		
Other relevant groups	☒	☐	☐	Will enable better, seamless and joined up services to be commissioned which will result in better outcomes.	
HR Policies only: Part or Fixed term staff	☐	☐	☐		

IMPORTANT NOTE: *If any of the above results in '* ***negative'*** *impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.*

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan				
Issues/impact identified	**Actions required**	**How will you measure impact/progress**	**Timescale**	**Officer responsible**
Not Applicable				
Not Applicable				
Not Applicable				

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	**Lead / Reviewing Officer:**	Jim Millns	**Date of next Review:**	August 2017

Once completed, this form **must** be emailed to Elaine Barnes, Equality Manager for sign off: elaine.barnes3@nhs.net.

Elaine Barnes signature:	