

**How Health and Social Care Services Should Look in Sheffield in 2020
 Developing a Sheffield View in Partnership**

Governing Body meeting

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7 May 2015

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Sponsor	Tim Furness, Director of Business Planning and Partnerships
Is your report for Approval / Consideration / Noting	
The Governing Body is asked to approve the proposed work with partners and the public to develop a clear collective view about how services should be delivered in future.	
Are there any Resource Implications (including Financial, Staffing etc)?	
Directly, this will be a major piece of work for our engagement team for the period May to September. Over time, this work will influence how all our commissioning resource is deployed.	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i> This paper supports the ongoing delivery of all CCG objectives.	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> No The proposed engagement work will be designed to ensure that all sections of the population will be able to participate.	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i> This paper proposes a full engagement exercise	
Recommendations	
That the Governing Body: <ul style="list-style-type: none"> • Agrees to work with partner organisations in the health and social care system to develop a shared vision of health and social care in Sheffield in 2020, running a collective public and clinical engagement exercise • Comments on the thinking on the approach above and attached. 	

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1. Introduction/Background

The NHS Five Year Forward View was published by NHS England, Monitor, the Care Quality Commission (CQC), Health Education England, Public Health England and the Trust Development Agency on 23 October 2014 (<http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>). NHS planning guidance published in December confirms that NHS communities should be planning how services need to change locally, in response to the Five Year Forward View.

The Five Year Forward View represents a shared national view of the NHS and is intended both to prompt thinking in the NHS and to prompt a public and political debate about the challenges we face and the scale of change we need to implement to address the widening gaps in the health of the population, quality of care and the funding of services. A brief summary of the content of the document is attached as Appendix 1.

Although the document is – somewhat unusually – NHS specific, we must think about health and social care together. We have, in Sheffield, been considering many of the themes in the Five Year Forward View, leading to the development of the Integrated Commissioning Programme, the Provider Assembly, and an increasing emphasis on prevention. The Five Year Forward View provides a national context in which to continue our thinking with the public and clinicians, to help develop a consensus about the need for the change, and the type of changes we need.

This paper proposes that partners in the health and social care system should run a single, collective engagement exercise with public and clinicians, leading to a view of health and social care in 2020 that is shared by partners, public and clinicians, enabling us to then work together to implement the changes we agree we need to make. This proposal has been supported at the Right First Time Board and discussed at the Right First Time Partnership Executive.

2. Challenges and questions

The Five Year Forward View outlines the challenges and poses a number of questions to the NHS to further discuss and respond to, which we should seek to answer with the involvement of our clinicians and the people that we serve.

- Have we a clear vision beyond just confronting the financial gap, setting out the contribution citizens, patients, the NHS and its partners can make to the health of our nation, and the transformation required to meet the challenges ahead?

- Is there a shared understanding of the extent and nature of the gap between where we are and where we need to be, including: the financial challenge, the 'health' opportunity and the 'care' opportunity? Transformation requires all three to be tackled;
- Do we need to adopt new care models to help close these gaps? What are the key incentives and enablers we need to put in place to support delivery?
- What are the priority areas for targeting transformation and the potential benefits for patients and taxpayers?
- What actions that NHS England can take to create the conditions for local action and improve care for the patients of today and tomorrow?

These are challenges and questions for the local health and social care system as a whole and it seems right that there should be a single Sheffield view on them, which we develop between our organisations, with clinicians and the public, so that we have a shared clear view of how services should look in the future, that we can work together to implement.

3. Developing a Shared View

The health and social care organisations have strong tradition of working together to improve care and outcomes for people in the city. In recent years the Health and Wellbeing Board has been established, providers of health and social care have established the Joint Provider Board, including representatives of the newly formed GP Provider Board, and commissioners have established a pooled budget to enable integrated commissioning of health and social care and are working with providers through the Right First Time structures.

The role of third sector organisations is increasingly recognised by statutory commissioners and providers, with, for example, voluntary, community and faith sector organisations involved in Health and Wellbeing Board engagement sessions with providers.

Currently, therefore, we work together through:

- The Right First Time Partnership (bringing together the Joint Provider Board and the Integrated Commissioning Programme)
- The Children's Health and Wellbeing Board and Children's Trust Executive
- The Mental Health and Learning Disabilities Partnership Boards

We have had a number of discussions about the changes we want to achieve, including the following features:

- More early intervention services and support
- Strong community support to help people stay well
- Strong primary care, with greater access to care and advice
- A prompt response to urgent need in the community
- High quality hospital services when needed
- Reduced demand for urgent care admissions
- Single assessment for long term care, with pooled health and social care budgets
- Reduced demand for long term care
- More specialist advice and care in local settings
- Equal access for all
- Parity of esteem for mental health and learning disabilities

- Sheffield centre for specialist services
- A focus on supporting children to get the best start in life

However, we do not yet have a single, clear, stated view of what health and social care might look like as a whole that all partners are committed to. That single view would enable all organisations to work together to achieve change, and to communicate with the public and service users about those changes. It would help us to align our detailed planning, including finance and activity assumptions, and support whole system workforce planning, and would underpin supporting initiatives such as implementation of new technology together.

It is proposed, therefore, that the CCG, the Foundation Trusts (FTs), Sheffield City Council (SCC) and the GP Provider Board agree to work together, through the Right First Time structures, and with third sector organisations, to develop a shared vision that we can each commit to.

This vision should reflect our thinking so far and incorporate, as far as possible, the ambitions of each organisation. It might start with the aims of the Health and Wellbeing Strategy and include the CCG's, SCC's and FTs' objectives for 2014-19 as set out in our strategies published last year.

In developing the vision together we need to work with each other on a number of levels, including:

- A project team to oversee the engagement exercise that should inform the work (as described below)
- Oversight of the engagement process, and agreement of drafts of the vision and of documents, between planning leads for each organisation – through the Right First Time Partnership Executive
- Discussion between Boards/Governing Bodies on the content of the vision, including discussion with third sector organisations
- Discussion at the Health and Wellbeing Board
- Approval of a final document setting out our shared vision by each of our organisations.

4. Partner and Public Engagement

The publication of the Five Year Forward View and the national publicity it generated provides a useful prompt for further discussion about the future shape of health and care services in Sheffield with partners and the public, building on the engagement work we did in developing the CCG's Commissioning Intentions for 2014/19 and in developing the Health and Wellbeing Strategy.

This will be most powerful and effective if we commit to a single engagement process, on behalf of all partners and with the active involvement of each of us. The process should lead to the creation of a strong, clear consensus on health and care in Sheffield, which will support and enable change.

Aiming to initially reflect on the challenges we face, the views of the public that we have already gathered (e.g. through Right First Time, Health and Wellbeing Board, CCG Commissioning Intentions consultations), and our thinking so far, the engagement would need to cover:

- Health needs in Sheffield
- The challenges the health and social care system faces
- Our aspirations for five years' time
- The aims of the Integrated Commissioning Programme
- The development of partnerships between providers
- What people have previously told us

We will need to design the engagement exercise carefully, with colleagues from all organisations, making best use of our resources to reach as many people as possible, using web based mechanisms and social media as well as paper-based processes and face-to-face meetings. We might start and conclude the exercise with major events – the Health and Wellbeing Board engagement event in late May would provide a good opportunity as those events already have a public profile.

Because we have already developed a clear view on some issues (a focus on prevention and early intervention, providing care closer to home, reducing health inequalities) the questions we ask of public and clinicians need to be designed to test and expand upon our thinking. The framing of the conversation with public and clinicians and design of the questions we ask needs to be done very carefully to ensure we provide the right information and obtain a good understanding of public and clinical views to inform our vision. A first draft of a set of slides to support the conversations is attached, but will be further developed by the proposed project team (appendix 2).

The outcome of the engagement exercise, along with the outcome of the discussions between Boards, would then inform the development of a statement of how we want health and social care in Sheffield to look in 2020. This would be tested with the public and submitted to each of our organisations for support and commitment to achievement.

This statement will then provide the context for our engagement on more specific changes, e.g. further engagement on integrated commissioning plans, and for development of agreed approaches to working together on, for example, workforce plans and contracting.

5. Recommendation

That the Governing Body:

- Agrees to work with partner organisations in the health and social care system to develop a shared vision of health and social care in Sheffield in 2020, running a collective public and clinical engagement exercise
- Comments on the thinking on the approach above and attached.

Tim Furness, Director of Business Planning and Partnerships

April 2015

Summary – NHS Five Year Forward View - Vision and Road Map for change

Challenges

- The health and wellbeing gap
- The care and quality gap
- The funding and efficiency gap

The Road Map

- Strengthening Primary Care
- Improving prevention and strengthening public health
- Empowering patients and engaging communities
- New models of care

Strengthening Primary Care

- Stabilising core funding for GPs
- Giving GP-led Clinical Commissioning Groups more influence over the wider NHS budget, enabling a shift in investment from acute to primary and community services
- Providing new funding to support new ways of working and improved access to services
- Expanding funding to upgrade primary care infrastructure and scope of services
- Expanding the number of GPs in training while training more community nurses and other primary care staff
- Designing new incentives to encourage new GPs and practices to provide care in under-doctored areas
- Building the public's understanding that pharmacies and on-line resources can help them deal with minor illness and injury

Improving prevention and strengthening public health

- National action
 - Obesity
 - Smoking
 - Alcohol
- Workplace initiatives to promote employee health and cut sickness related unemployment
- Cut access to unhealthy products on NHS premises
- Measure and promote staff health and wellbeing
- Support “active travel” schemes for staff and visitors
- Strengthen the role of occupational health

Empowering patients – greater control of their care

- within five years people will be able to access their medical and care records and share them with carers or others they choose
- people will be better supported to manage their own health, staying healthy, making informed choices of treatment, managing conditions and avoiding complications
- the direct control patients have over the care that is provided to them will be increased

Engaging communities

- better support for carers
- creating new options for health-related volunteering
- designing easier ways for voluntary organisations to work alongside the NHS
- using the role of the NHS as an employer to achieve wider health goals

New models of care

- Multi-specialty community providers
- Primary and acute care systems
- Urgent and emergency care networks
- Viable smaller hospitals
- Specialised care networks and consolidation
- Modern maternity services
- Enhanced health in care homes

Delivering the road map

- Back diverse solutions and local leadership
- Provide aligned national NHS leadership
- Support a modern workforce
- exploit the information revolution
- Accelerate useful health innovation
- Drive efficiency and productive investment
 - Demand
 - Efficiency
 - Funding

JW. November 2014

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Health and social care in Sheffield 2020

Tim Furness
Director of Business Planning and
Partnerships



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The conversation we want to have

- Why the way we provide care needs to change
- What people have said to us already
- What the Council and NHS is currently thinking
- We want to hear what public and clinicians think

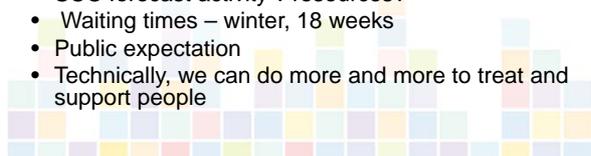


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Does care provision need to change?

- National view of the challenges we need to respond to
- Graph showing increase in hospital activity, and demand for long term care?
- SCC forecast activity v resources?
- Waiting times – winter, 18 weeks
- Public expectation
- Technically, we can do more and more to treat and support people



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Future pressures on the health service

Demand for NHS Services

- Ageing Society
- Rise of long-term conditions
- Increasing expectations

Supply of NHS Services

- Increasing costs of providing care
- Limited productivity gains
- Constrained public resources

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Sheffield's Strategic Aims

Priorities in the Joint Health and Wellbeing Strategy

- Sheffield is a healthy and successful city
- Health and Wellbeing is improving
- Health inequalities are reducing
- People get the help and support they need
- Services are affordable, innovative and deliver value for money

CCG prospectus aims

- 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

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What people have said so far

Consultation and engagement through

- Development of Joint Health and Wellbeing Strategy
- Right First Time
- Integrated Commissioning
- SCC budget conversations
- CCG commissioning intentions 2014
- MSK? commissioning for outcomes
- Patient Opinion
- Healthwatch work, complaints analysis, specific consultations, messages coming through routine involvement mechanisms
- xxxxxx

What people have said so far

Key messages:

- Consistent support for integration of health and social care, and for less handovers generally
- Support for care closer to home
- Need to engage people in design of services
- Comments about staff attitude and approach, e.g. having had disability equality training
- Information and advice about what's on offer
- Support for information sharing – telling their story only once
- Holistic support, e.g. mental health/emotional needs being considered when admitted for physical issue

Our thinking so far

- Health and wellbeing at the heart of all local decisions
- Ensuring all children have the best possible start in life
- Supporting people to care for themselves, e.g. information and advice, use of pharmacies
- Risk identification and care planning
- Local support and services to keep people well and prevent crises
- Integrated primary care and community based health and social care services, and holistic long term conditions management
- Clear role for local VCF providers

Our thinking so far

- Reducing need for A&E attendance and emergency admissions (20% reduction target)
- More local specialist diagnosis and management of health problems, making best use of technology – reducing hospital Outpatient attendances
- Single assessment for long term care and pooled health and social care budgets, helping people to stay at home where possible and reducing placements in care outside Sheffield
- Development of specialist services in Sheffield to provide care to South Yorkshire and wider populations
- Quality of care and patient experience must be improved

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What this would mean for services

- Stronger primary and community services, including local VCF
- Review and possible changes to urgent care services
- Fewer general hospital beds in the city – with more beds being used to provide specialist care to the wider population
- Fewer outpatient attendances, replaced by more local services and use of technology
- GP practices working together in local areas, offering more services but sometimes in nearby practices

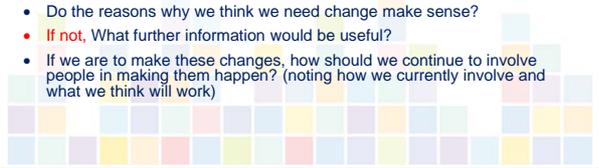


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What we want to ask – first thoughts

- What would these ideas mean for you? OR: how far do you agree these ideas are really important for Sheffield? (scale yes strongly agree, yes agree a bit, don't know, not much, not at all) with a text box for people answering not much/not at all
- What do you think is good about them? OR Would these ideas improve things for you and people you know? (yes a lot, yes a bit, don't know, not much, not at all)
- What would worry you about them? OR unpacking/explaining answer
- Do the reasons why we think we need change make sense?
- If not, What further information would be useful?
- If we are to make these changes, how should we continue to involve people in making them happen? (noting how we currently involve and what we think will work)



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Engagement Mechanisms

- Collective exercise, using all organisations' resources to reach as many people as possible
- Web and social media, as well as paper-based
- Public meetings, including at FT venues
- Citizens Reference group
- (e)mailing to our memberships, inc Healthwatch and VCF networks
- Health and Wellbeing Board engagement events
- Topic meetings on, e.g., case for change, urgent care review
- Going to talk to local groups
- Targeted work to talk to those we find hard to reach

