

## Children and Young People’s and Mental Health Services: Integrating Commissioning Between NHS Sheffield CCG and Sheffield City Council

Governing Body meeting

**D**

7 July 2016

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<b>Is your report for Approval / Consideration / Noting</b>	
<p>This purpose of this report is to:</p> <ol style="list-style-type: none"> <li>1. Provide Governing Body with an overview of the work to date between NHS Sheffield CCG and Sheffield City Council regarding the establishment of joint commissioning arrangements (specifically relating to Children and Young Peoples and Mental Health Services); and</li> <li>2. Seek Governing Body <u>approval</u> to continue with this work, so that genuine integrated commissioning arrangements are established.</li> </ol>	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
<p>Whilst there are no immediate resource implications, the process for achieving genuine integration will require input from a variety of staff from both organisations (beyond commissioning). The scope of this however is yet to be agreed.</p>	
<b>Audit Requirement</b>	
<p><b><u>CCG Objectives</u></b></p> <p><b><i>Which of the CCG’s objectives does this paper support?</i></b></p> <ol style="list-style-type: none"> <li>1. To improve patient experience and access to care.</li> <li>2. To improve the quality and equality of healthcare in Sheffield.</li> <li>3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield.</li> <li>4. To ensure there is a sustainable, affordable healthcare system in Sheffield.</li> </ol>	

### **Equality impact assessment**

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

No, an Equality Impact Assessment has not yet been carried out. This will, if deemed appropriate, be undertaken once the proposal(s) and its impact have been fully scoped.

### **PPE Activity**

#### ***How does your paper support involving patients, carers and the public?***

Although the outcome(s) of this proposal will impact on patients, carers and the public (in so much as integration will, it is hoped, deliver better more joined up care); at this stage the work is very much focussed on the rationale for integration and how this will be achieved, not the outcomes as such. There has therefore been no PPE Activity undertaken to date.

### **Recommendations**

Governing Body is asked to approve the development of integrated arrangements between NHS Sheffield CCG and Sheffield City Council for the commissioning of Children and Young People's and Mental Health Services.

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### **1. Introduction/Background**

In April 2015 NHS Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC) created a single budget of approximately £270m for all appropriate health and social care services across Sheffield. The vision for the creation of this single budget was that the CCG and SCC will work closely together to commission genuinely integrated services in the community that support people to stay well at home and provide a rapid response to health and social crises that enable people to stay home whenever possible.

The focus being on helping people maintain their independence and wellbeing, crisis response and 24 hour support and facilitated discharge to remove the unnecessary delays that prevent people getting back to their own home. This will be achieved through more seamless, integrated care and prevention services, improving patient experience and reducing handovers<sup>1</sup>.

Although a number defined work streams were established by way of delivering the vision, the purpose of this paper is to describe how 'Better Care Fund Principles' can and will be applied to areas of commissioning that fall outside of the single budget (in their entirety). These areas are Children and Young People's (C&YPs) and Mental Health (MH) services.

### **2. Rationale for Integration**

It is now universally recognised that health and social care services need to be much better co-ordinated around the individual to ensure that the right care is offered at the right time and in the right place<sup>2</sup>. There is sufficient evidence to suggest that integrated care is the right direction of travel for meeting the changing needs of our population, particularly in the context of increasing numbers of older people and people with long-term and complex conditions. What is clear is that fragmented and disjointed care can have a negative impact on patient experience, result in missed opportunities to intervene early, and can consequently lead to poorer outcomes. Poor alignment of different types of care also risks duplication and increasing inefficiency within the system<sup>3</sup>. Historically this has certainly been the case in Sheffield (although latterly this has improved significantly), where segregated commissioning approaches have led to disintegration which has resulted in unintended consequences to different component parts of much wider care pathways. This has on occasions been driven by individual and organisational

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<sup>1</sup> <http://www.sheffieldccg.nhs.uk/our-projects/integrated-commissioning-programme.htm>

<sup>2</sup> 'Options for integrated commissioning: Beyond Barker' The Kings Fund 2015

[http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/Options-integrated-commissioning-Kings-Fund-June-2015\\_0.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Options-integrated-commissioning-Kings-Fund-June-2015_0.pdf)

<sup>3</sup> 'Integrated Care: Our Shared Commitment' Department of Health 2013  
<https://www.gov.uk/government/publications/integrated-care>

budget pressures and a basic lack of communication. The future predicted financial challenge facing both organisations also supports the case for change and the need to avoid duplication in the system and support joint priorities.

### **3. Current Position**

Although the work that has been undertaken to date with regards integrating C&YPs and MH commissioning teams has progressed separately, led by different staff from respective organisations, the rationale for integration is broadly similar (as noted above). That said, the position regards the integration of C&YPs and MH commissioning is very different:

#### **C&YPs Commissioning**

The integration of C&YPs commissioning teams is fairly well advanced, driven largely by legislation and national requirements:

- The Health & Social Care Act (2012) outlined the challenge for Health and Social Care provision, respective responsibilities of organisations and the need for local areas to join up provision across health and social care;
- The SEN reforms (2014) placed a duty on both CCGs and local authorities to develop joint commissioning arrangements for children with disabilities and complex needs;
- In 2015 local authorities and CCGs were required to jointly develop and publish Local Transformation Plans for redesigning emotional wellbeing and mental health provision for children and young people. This plan required local Health and Wellbeing Board sign off (and endorsement) and is subject to a NHSE assurance process
- More recently, local areas have been required to develop (and will have to submit) Sustainability and Transformation Plans, covering provision across the whole system of health and social care, with a requirement to collaborate between providers and commissioners across larger geographical footprints.

Despite the national drive to promote integration however, the CCG and SCC already have arrangements for Children's Joint Commissioning, which have been under development since 2011/12.

The CCG and SCC currently have two formalised joint governance structures within Children's Services that support the development of joint strategic planning, transformation, redesign and joint commissioning; The Children's Health and Wellbeing Transformation Board (formally Children's Health and Wellbeing Board) and the Children's Joint Commissioning Group.

The agendas are jointly managed between both parties and are aligned between the areas of programme transformation requiring commissioning plans to support changes. Priority areas such as Best Start, Transforming Community Child Health as well as Emotional Wellbeing Transformation have already been agreed.

In addition the CCG and SCC have several agreements in place to jointly commission provision for Children's Health within the city, for example CAMHS where there is a joint service specification, aligned budget and joint performance monitoring. There is also a joint local transformation plan. For Children with complex needs requiring joint funding, there are current joint planning assessment and review arrangements and agreed funding formulas as well as lead contracting arrangements established.

SCC is now an associate to both the Sheffield Children's Hospital NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust contracts. This enables the CCG and SCC to agree the areas of joint work for service development and improvement, areas for review, specification development, agreeing commissioning intentions and for us to monitor performance and quality of providers together.

Although work has clearly progressed in a number of areas to develop joint working arrangements between the CCG and SCC, respective staff are progressing discussions on a need for a formalised C&YP's Integrated Commissioning Unit and whether support functions within both organisations have scope to support integration; including (but not limited to) the process for pooling resources (as well as budgets).

### **MH Commissioning**

The process of integrating Mental Health commissioning is some way behind C&Ys commissioning, both in terms of development and, to some extent, the scope. Discussions are however at a very early stage and the level of ambition (and therefore the scope) is starting to widen. Respective teams are meeting regularly and are currently considering (and starting to define) what integration will mean in practice, and perhaps more importantly what benefits can be realised as a result. Whilst there are some challenges with regards budgetary pressures, and how this risk can be managed, there is a genuine desire to make this happen.

Similarly to C&YPs commissioning, the concept of joint working is not new within MH. There is already a degree of integration through a number of joint meetings and recent developments in how joint commissioning responsibility is enacted, particularly in relation to section 117 aftercare. However, integration is different to joint working, and the discussions so far have focused primarily on how to transition from one to the other and what this will ultimately achieve in terms of better outcomes and recovery.

### **3. Recommendations**

Governing Body are asked to:

- Note the work that has been undertaken to date between NHS Sheffield CCG and Sheffield City Council regarding the establishment of joint commissioning arrangements; and

- To approve the continuation of this work, so that genuine integrated commissioning arrangements are fully established around Children and Young Peoples and Mental Health services.

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