

Joint Commissioning for Health and Care

Governing Body meeting

7 March 2019



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Purpose of Paper	
<p>This paper provides a summary of proposals to establish a Joint Commissioning Committee between Sheffield City Council (SCC) and NHS Sheffield Clinical Commissioning Group (CCG). It also summarises proposals for a joint commissioning plan, and identifies the priority areas for commissioning new preventative services that will seek to reduce inequalities, increase the capacity of community based services and reduce demand on acute services.</p> <p>This paper builds on progress to date on delivering the Sheffield City Council (SCC) and Sheffield Clinical Commissioning Group's (SCCG) joint commissioning agenda and sets out a proposal for enhancing the governance and decision making arrangements. These enhanced arrangements are designed to ensure that commissioners are united in our relationship with the providers in a way that secures the transformational change that is required to realise our joint ambitions.</p>	
Key Issues	
<p>Shared commissioning arrangements and positive joint working have been in place for some time via the Better Care Fund (BCF) programme inclusive of the Mental Health Risk Share arrangement. The established joint commissioning commitments focus on integrating services to improve the experience of people, to remove duplication in services and to redesign our health and social care system to reduce reliance on hospital and long term care through commissioned models of care that promote prevention and early intervention; models that seek to reduce health inequalities through care that recognises the need of local populations</p> <p>The recent Care Quality Commission (CQC) Local System Review, and the CQC / OFSTED Special Education Needs and / or Disabilities (SEND) inspection recognised that some good, preventative interventions are happening, but at neither scale nor pace and thus there is more to do to scale up our response in the community and primary care to keep people as well as possible and reduce the need for more acute services. This in turn will drive a different system and balance of investment across the system.</p> <p>We have not yet achieved our stated goal of greater emphasis on prevention at all levels of complexity. The main purpose of the joint commissioning committee is to ensure we maintain a focus on a preventative model that aims to keep people living independent, healthy, active lives is what is required to sustainably reduce demand for hospital care and ensure that Sheffield remains a healthy and successful city.</p>	

Is your report for Approval / Consideration / Noting
Approval
Recommendations / Action Required by Governing Body
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Approve the establishment of the proposed Joint Committee to be in place from April to lead development of health and care commissioning • Agree to the development of a process to confirm the CCG Governing Body representatives to be on the Joint Committee • Delegate the development of more detailed implementation and spending plans to Executive Management Group in consultation with the Joint Committee
Governing Body Assurance Framework
<p><i>Which of the CCG's objectives does this paper support?</i> To ensure there is a sustainable, affordable healthcare system in Sheffield.</p>
Are there any Resource Implications (including Financial, Staffing etc)?
<p>The iBCF funding is intended to help ensure the Council and NHS partners work together as a “whole system” to best serve Sheffield’s population. This incorporates achieving the strategic shift to prevention that all partners see as the key change required to improve health and wellbeing as well as making the best use of available resources.</p> <p>Short term additional funding is likely to be required. This will provide the Council and NHS partners with limited capacity to enable longer-term resource shifts required to ensure a sustainable system that is focused on prevention.</p>
Have you carried out an Equality Impact Assessment and is it attached?
<p><i>Please attach if completed. Please explain if not, why not</i></p> <p>The draft Equality Impact Assessment (EIA) completed by SCC colleagues indicates that there will be a positive implication for Older People, People with Learning Disabilities and Long Term Conditions and Children and Young People with SEND. A complementary CCG EIA is in the process of being completed.</p> <p>For staff working in services that will be part of the joint commissioning plan it is expected that implications will be neutral.</p> <p>We anticipate a targeted positive impact on those who are experiencing greater inequality in deprived areas.</p> <p>Individual EIAs will be drafted for each new service commission that will be part of the joint commissioning plan.</p> <p>A single workforce development plan, focussed on preventative outcomes and shared principles, will optimise our collective strengths, skills and resources, and develop our staff to give the best care and support. This will be co-developed by representatives from Sheffield City Council, the CCG and Accountable Care Partnership (ACP) members.</p>

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

Public consultation is not required for this proposal.

However, individual investment propositions arising from the joint commissioning plans will require consultation. Healthwatch are involved in the governance arrangements for the ACP and so will be involved via this route.

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1. Introduction

1.1 Our shared aspiration is to improve health outcomes and inequalities for Sheffield people. To do this, we are developing proposals that we believe will strengthen the way that we commission health and care between Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC). Our priorities are in direct response to the challenges given to us by both the CQC system review and the CQC / OFSTED inspection. There is also a direct link to the Sheffield Health and Wellbeing Strategy and the aspirations set out in Shaping Sheffield. It is proposed that changes in joint commissioning will focus on:

- Giving a single commissioning voice
- Single commissioner plan
- Ensuring new models of care deliver the outcomes required by the city
- Build on Better Care Fund and Section 75, drive forward change

2. Current Position

- 2.1. We need to do more to develop a joint up approach to prevention across the city so that people are supported maintain their independence, reducing demand on acute services the city and ensuring reduced LoS.
- 2.2. This is also an inequalities issue. This demand for acute services is seen more frequently in deprived communities, where inequitable access to preventative, primary and community care services, or how well people are able to engage in early access or preventative behaviours, results in a higher rate of emergency hospital admissions.
- 2.3. Children and young people with special educational needs are not achieving the outcomes that we would expect. We jointly face significant challenges outlined in the Ofsted/CQC local area inspection report published in January 2019.
- 2.4. Sheffield City Council and the Clinical Commissioning Group (CCG) is proposing some changes to increase the pace of change to deliver preventative, outcomes focussed, cost effective services across Health and Social Care for the people of Sheffield.
- 2.5. Shared commissioning arrangements and positive joint working have been in place for some time via the Better Care Fund (BCF) programme and the more recent mental health risk share arrangements. The recent Care Quality Commission (CQC) Local System Review recognised that some good, preventative interventions are happening, but at neither scale nor pace and thus there is more to do to scale up our response in the community and primary care to keep people as well as possible

and reduce the need for more acute services. This in turn will drive a different system and balance of investment across the system.

- 2.6 We have not yet achieved our stated goal of greater emphasis on prevention at all levels of complexity. The main purpose of the joint commissioning committee is to ensure we maintain a focus on a preventative model that aims to keep people living independent, healthy, active lives, this is what is required to sustainably reduce demand for hospital care and ensure that Sheffield remains a healthy and successful city.

3. Shared Ambition for Strengthened Joint Commissioning

- 3.1. Our shared aspiration is to improve health outcomes and inequalities for Sheffield people. To do this, we are developing proposals that we believe will strengthen the way that we commission health and care between Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC). Our priorities are in direct response to the challenges given to us by both the CQC system review and the CQC / OFSTED inspection. There is also a direct link to the Sheffield Health and Well Being Strategy and the aspirations set out in Shaping Sheffield. It is proposed that changes in joint commissioning will focus on:

- Giving a single commissioning voice
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- 3.2 This would be based on the following principles:

- A preventive model built into delivery at all levels of complexity
- Care closer to home or a home via neighbourhood, localities hubs
- Reduced health inequalities in Sheffield
- Person centred commissioning joined up with placement and brokerage
- Effective and efficient use of resources whilst assuring safe and effective standards of service
- Collective management of risks and benefits
- A democratic voice at the forefront of commissioning.

- 3.3 Within this, our proposed priorities for 2019/2020 will be:

- To develop a service improvement framework for frailty that better incentivises the system to invest in a set of preventive interventions through a risk sharing arrangement.
- To develop a partnership approach to SEND, in the context of the Ofsted / CQC inspection and local required outcomes and resources.
- To consolidate and build on our integrated mental health work.

- 3.4 There is no intention to change existing stated priorities, nor to move away from any of our joint commitments within the Better Care Fund (for e.g. CHC or Children's services). The intention is to add pace into areas where we know we need to make improvements and build on successful joint arrangements. The possibility of developing a single commissioning function at officer level, to complement the Cabinet / Governing Body level arrangements, around frailty and SEND will be explored. The model established in mental health may be the template for this.

4. The Proposed Joint Commissioning Committee

- 4.1 We are developing proposals for an enhanced governance model for a more integrated health and care system in Sheffield including a strengthened joint commissioning function between Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC).
- 4.2 A key part of the proposals is the establishment of a Joint Committee that will provide a steer around the timeline and approach for, and clarity around, priorities. It is envisaged that the Committee will develop proposals for appropriate engagement of peoples/public, service providers and all relevant stakeholders and oversee a single health and social care commissioning plan to invest in prevention and community provision. It is hoped that the new Joint Commissioning Committee will start in April and will be made up of 4 Cabinet Members and 4 members of the CCG Governing Body.
- 4.3 It is anticipated that the new committee will work with and complement existing arrangements such as the Health and Wellbeing Board and ACP.
- 4.4 It is anticipated a committee will be established from April and initially focus on the three areas stated, developing detail proposals in sync with work being developed within provider networks. There will also be a need to consider some of the underpinning mechanisms for example financial risk sharing, capacity and flow, person centred care, neighbourhood models of working.

5. Financial implications

- 5.1 The CCG and SCC already pool certain budgets through the formal Section 75 Agreement associated with the Better Care Fund and this can be the mechanism for further pooling of resources and sharing of financial risk as appropriate. In addition the financial risk framework approach currently jointly used with our major provider of mental health services in the city may prove a useful model to replicate for other services going forward.
- 5.2 We will use our shared principles to look for ways to invest more in prevention, reducing demand on acute services. Short term additional funding is likely to be required and it is anticipated that we will need to pool resources. We are intending to consider different funding sources and approaches such as:
- Using existing budgets differently across the Sheffield health and care system;
 - Using one off money which we can secure for the Sheffield health and care system,
 - Seeking new funding from beyond Sheffield or via social investment arrangements

6. New Service Propositions

- 6.1 The new service propositions are currently being developed further and, if approved, the new Joint Commissioning Committee will shape those new commissions. The areas of focus are services for frail people, mental health services and Special Educational Needs and Disabilities.

6.2 The immediate priorities are around frailty and the model will cover wider community based change such as housing conditions through to re-shaping specific services that are likely to be accessed by frail people, to focus on a more preventative approach. We will also focus on ensuring that any joint commissioning intentions from the SEND inspection Ofsted statement of action are followed through.

7. Recommendations

The Governing Body is asked to:

- Approve the establishment of the proposed Joint Committee to be in place from April to lead development of health and care commissioning
- Agree to the development of a process to confirm the CCG Governing Body representatives to be on the Joint Committee
- Delegate the development of more detailed implementation and spending plans to Executive Management Group in consultation with the Joint Committee

Paper prepared by: Jennie Milner, Better Care Fund Programmes Manager

On behalf of Brian Hughes, Director of Commissioning and Performance

26 February 2019