

Joint Commissioning Committee

Sheffield City Council • Sheffield Clinical Commissioning Group

Monday 15 February 2021 at 12.00 pm

To be held as an online video conference. To access the meeting, click on the 'View the Webcast' link below

The Press and Public are Welcome to Attend

Membership

| | |
|--|---|
| Dr Terry Hudson (Co-Chair) | Chair of Sheffield Clinical Commissioning Group (CCG) |
| Councillor George Lindars-Hammond (Co-Chair) | Cabinet Member for Health and Social Care, Sheffield City Council (SCC) |
| Dr Leigh Sorsbie | Governing Body GP Member, Sheffield CCG |
| Prof Mark Gamsu | Governing Body Lay Member, Sheffield CCG |
| Councillor Mark Jones | Cabinet Member for Environment, Streetscene and Climate Change, SCC |
| Councillor Jackie Drayton | Cabinet Member for Children and Young People, SCC |
| Councillor Terry Fox | Cabinet Member for Finance, Resources and Governance, SCC |
| Jackie Mills | Finance Director, Sheffield CCG |

JOINT COMMISSIONING COMMITTEE

Sheffield City Council • Sheffield Clinical Commissioning Group

The Joint Commissioning Committee is a meeting of representatives of Sheffield City Council's Cabinet and NHS Sheffield Clinical Commissioning Group's Governing Body, with the purpose of agreeing joint health and social care commissioning plans for the City.

The Committee will bring a single commissioning voice to ensure new models of care deliver the outcomes required for the City.

The Committee will support Sheffield City Council and NHS Sheffield Clinical Commissioning Group to deliver national requirements, including but not limited to, NHS Long Term Plan, Social Care Green Paper and Spending Review.

The Committee will ensure in the first instance delivery of outcomes in the three priority areas of focus; Frailty, SEND and Mental Health.

PUBLIC ACCESS TO THE MEETING

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last

If you require any further information please contact Abby Brownsword on 0114 273 5033 or email abby.brownsword@sheffield.gov.uk

FACILITIES

N/A

JOINT COMMISSIONING COMMITTEE AGENDA

Sheffield City Council • Sheffield Clinical Commissioning Group

15 FEBRUARY 2021

Order of Business

- 1. Welcome and Introduction to the Joint Commissioning Committee**
Chair – Cllr George Lindars-Hammond
- 2. Apologies for Absence**
- 3. Declarations of Interest** (Pages 5 - 8)
Members to declare any interests they have in the business to be considered at the meeting.
- 4. Minutes of the Previous Meeting** (Pages 9 - 14)
To approve the minutes of the meeting of the Committee held on 24th June 2019.
- 5. Public Questions**
To receive any questions from members of the public.
- 6. Schedule of Public Meetings 2021-2022** (Pages 15 - 16)
Report of the Head of Integration Better Care Fund (BCF).
- 7. Integrated Care Systems – What Next for the Joint Commissioning Committee**
Verbal update from the Co-Chairs.
- 8. Joint Commissioning Intentions – Sheffield Health and Social Care Plan 2021/22** (Pages 17 - 28)
- 9. Mental Health Joint Commissioning Intentions** (Pages 29 - 32)
- 10. Finance Update** (Pages 33 - 36)
- 11. Any Other Business**
- 12. Date and Time of Next Meeting**
The next public meeting of the Joint Commissioning Committee will be held on Monday 28 June 2021 at 10am.

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.
- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –
 - under which goods or services are to be provided or works are to be executed; and
 - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.
- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.
- Any tenancy where (to your knowledge) –
 - the landlord is your council or authority; and
 - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.
- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
 - (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
 - (b) either -
 - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
 - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or
- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Audit and Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

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SHEFFIELD CITY COUNCIL

Joint Commissioning Committee

Meeting held 24 June 2019

PRESENT: COMMITTEE MEMBERS

Dr. Tim Moorhead (Chair) - Chair of the Clinical Commissioning Group
Councillor Olivia Blake - Cabinet Member for Finance, Resources and Governance, Sheffield City Council
Councillor Lewis Dagnall - Cabinet Member for Environment, Streetscene and Climate Change, Sheffield City Council
Councillor Jackie Drayton - Cabinet Member for Children and Families, Sheffield City Council
Mark Gamsu - Sheffield CCG Governing Body Member
Councillor George Lindars-Hammond (Chair) - Cabinet Member for Health and Social Care, Sheffield City Council
Dr. Leigh Sorsbie – Sheffield CCG Governing Body Member
Lesley Smith - Accountable Officer, Sheffield CCG

ALSO IN ATTENDANCE

John Mothersole – Chief Executive, Sheffield City Council
Brian Hughes – Director of Commissioning, Sheffield CCG
Eugene Walker – Executive Director of Resources, Sheffield City Council
Jennie Milner - Integration and Better Care Fund Lead, Sheffield Better Care Fund
John Doyle – Interim Executive Director of People Services, Sheffield City Council
Greg Fell - Director of Public Health, Sheffield City Council
Jackie Mills – Sheffield CCG
Sarah Burt - Deputy Director of Delivery, Care Outside of Hospital, Sheffield CCG
Nicola Shearstone - Head of Commissioning Early Support, Sheffield City Council
Kathryn Robertshaw - Joint Interim Accountable Care Partnership
Abby Brownsword - Principal Committee Secretary, Sheffield City Council

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1. ELECTION OF CO-CHAIRS AND WELCOME

- 1.1 **RESOLVED:** That Councillor George Lindars-Hammond, Cabinet Member for Health and Social Care, Sheffield City Council and Dr Tim Moorhead, NHS Sheffield Clinical Commissioning Group Governing Body Chair, be appointed Co-Chairs of the Committee.

2. APOLOGIES FOR ABSENCE

- 2.1 There were no apologies for absence.

3. DECLARATIONS OF INTEREST

- 3.1 Members of the Committee were requested to declare if they had any interests which may impact on their participation in decisions at future meetings of the Committee. The following interests were declared:-

Dr Tim Moorhead – GP and shareholder in Primary Care Sheffield, a not for profit enterprise.

Councillor Jackie Drayton – Husband was an employee in the Voluntary Sector.

Mark Gamsu – Trustee of 3 voluntary organisations in the City, full details available on the CCG website.

Councillor Olivia Blake – Non-Executive Director of the Sheffield Health and Social Care Trust and partner of a Trustee of the Heeley City Forum.

Councillor Lewis Dagnall - Partner of a Non-Executive Director of the Sheffield Health and Social Care Trust and Trustee of the Heeley City Forum.

- 3.2 It was noted that declarations of interest needed to be declared at each meeting of the Committee in accordance with the Constitution of Sheffield City Council and the Clinical Commissioning Group.

4. PUBLIC QUESTIONS

- 4.1 There were no questions from members of the public.

5. MINUTES OF PREVIOUS MEETING

- 5.1 **RESOLVED:** That the minutes of the meeting of the Committee held on 29th April 2019, be approved as a correct record.

6. JOINT COMMISSIONING FOR HEALTH AND CARE - TERMS OF REFERENCE

- 6.1 Jennie Milner, Integration and Better Care Fund Lead, informed the Committee that the Terms of Reference had been revised in accordance with the discussion at the Committee held on 29th April 2019. The Terms of Reference now set out the enhanced governance arrangements that would drive forward a truly joint approach to commissioning in a way that would secure the transformational change that was required to realise the ambitions of the Joint Commissioning Committee.

6.2 Greg Fell, Director of Public Health, Sheffield City Council raised the issue of possible wider, non-voting membership of the Committee e.g. Healthwatch. A discussion took place regarding the need for wider involvement.

6.3 **RESOLVED:** That:-

(a) The Terms of Reference be approved, as submitted and;

(b) Further consideration to wider membership of the Joint Commissioning Committee take place.

7. JOINT COMMISSIONING FOR HEALTH AND CARE - CARE OUTSIDE OF HOSPITAL

7.1 Sarah Burt, Deputy Director of Delivery, Care Outside of Hospital, Sheffield CCG, and Nicola Shearstone, Head of Commissioning Early Support, Sheffield City Council, presented the report which outlined the potential whole system changes required to support an improvement in the health and wellbeing of people in Sheffield and reduce health inequalities. Two key elements were outlined – the prevention of multi morbidity and the development of a robust out of hospital health and care system.

7.2 The CQC Local Area Review Report 2018 had indicated that many people had a fragmented experience of care and there had been insufficient focus on prevention. Inequalities and multi morbidity were seen more frequently in deprived areas and there was a need to invest in neighbourhoods to achieve fairer healthcare.

7.3 Good practice was developing across the city, but it had not always been effectively evaluated or given sufficient oversight to develop across the system. There needed to be more focus on prevention and embedding the person centred approach. There was a need to develop an outcomes focused approach, working with key stakeholders, developing ideas and initiatives through co-production.

7.4 A number of aims had been identified which included:

- To develop a prevention focused health and care system.
- To identify people who are at risk of developing long term conditions and multi morbidity and maximise independence and resilience within their own home and community.
- To provide optimal support to people (and their families) who are multi morbid/complex or at the end of life.
- To build on an integrated approach across health and social care to ensure best use of shared resources.

7.5 To achieve the aims, there was a need to shift to preventative and proactive evidence informed care which was delivered closer to home and away from hospital. This would require a change in the culture of the way people's health and social care needs were managed.

- 7.6 Councillor Olivia Blake, Cabinet Member for Finance, Resources and Governance suggested that more mention needed to be made of Mental Health and it was accepted that whilst Mental Health was implicit within the report, more needed to be done to ensure that it was explicit.
- 7.7 Councillor Jackie Drayton, Cabinet Member for Children and Families expressed concern that people were working in silo's and the work of the voluntary, community and faith (VCF) organisations should be included. It wasn't always about doing something new, but ensuring accessibility to what was taking place and creative commissioning.
- 7.8 A workshop of all the Accountable Care Boards was being arranged to look at all the different projects etc. that were taking place. There was a need to make the most of what was already being done and help people navigate existing services.
- 7.9 A cultural shift was required and a systemwide approach did not mean that one size fits all. Equitable funding was not always right and there was a need to build in flexibility. Officers needed to be empowered and providers were ready for a change in how they were commissioned. This would require a long term commitment to change.
- 7.10 There had not previously been a mechanism to differentially invest at community level. The new plan would look at different approaches in different parts of the city.
- 7.11 **RESOLVED:** That a further report be provided to the Joint Commissioning Committee to provide input into prioritisation.

8. HEALTH INEQUALITIES PRESENTATION

- 8.1 Greg Fell, Director of Public Health, SCC gave a presentation which focused on Health Inequalities. The presentation showed that there was currently a gap in healthy lifespan of 25 years. An action plan had been published in 2014 which had led to the Health and Wellbeing Strategy due to be launched in July 2019.
- 8.2 Work on health inequality was constrained by national policy and there was no single responsible owner. Air quality, smoking and primary care all had an impact on healthy lifespans across the city. The presentation outlined 10 recurring themes which needed to be considered when working on health inequality, which were:
1. **Not just about deprivation & geography** – gender, ethnicity, disability, mental illness, layered disadvantage
 2. **Disproportionate distribution of resources, services and assets** to meet disproportionate need
 3. The **earlier the better**. Health of the **working age population**
 4. **economic impact of inequality**. GVA vs social value.
 5. **Community capacity and approach**.
 6. **Shift of hospital to primary care**.

7. **focused effort on CVD risk factors.**
8. **Lifestyle “choices” vs commercial determinants health**
9. **Inequality and poverty** are obviously inextricably linked.
10. Participation in **education and generating aspiration** is important.

- 8.3 The presentation gave suggestions on how to reduce health inequalities, which included:
1. Health and Well Being Strategy + discussion – July 19. No single “plan” but expectations across all areas
 2. Progress against multiple reviews & recommendations
 3. EVERY paper should directly address a point about positive impact on health inequalities
 4. Treat with the same gravity as financial balance?
 5. Extend the role of EglA to encompass **inequality**?
 6. PCNs (and beyond) – differential funding and model of delivery
- 8.3 Councillor George Lindars-Hammond, Cabinet Member for Health and Social Care, agreed that every report considered by the Committee should have regard to the 10 recurring themes and that discussions become actionable with challengeable proposals.
- 8.4 It was understood that difficult decisions needed to be taken, but they needed to be backed by evidence and outcomes should be measured.
- 8.5 There was a relationship between poverty and health inequality, there was a need to look at welfare rights provision and to ensure that carers were getting the funding they were entitled to. Gender specific conditions also needed to be included.
- 8.6 **RESOLVED:** That the presentation be noted.

9. DATE OF NEXT MEETING

- 9.1 A discussion took place regarding the timing of the next scheduled meeting of the Joint Commissioning Committee on 19th August 2019 and whether it should be rescheduled.
- 9.2 **RESOLVED:** That the next meeting date of Monday 19th August 2019 be discussed at the next development session of the Joint Commissioning Committee.

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SCHEDULE OF JOINT COMMISSIONING COMMITTEE (JCC) PUBLIC MEETINGS 2021-2022

During the financial year from April 2021 to the end of March 2022 the following public meetings of the Joint Commissioning Committee will take place on the following dates and times:

| Date | Time | Venue |
|--------------------------|--------------|---------------|
| Monday 28 June 2021 | 10:00- 12:00 | To be advised |
| Monday 27 September 2021 | 10:00- 12:00 | To be advised |
| Monday 20 December 2021 | 10:00- 12:00 | To be advised |
| Monday 28 March 2022 | 10:00- 12:00 | To be advised |

Due to the current Covid-19 pandemic the venue where the meetings will take place is not yet known but it will be either via Sheffield City Council's on-line portal, found at <https://sheffield.public-i.tv/core/portal/home>, or at the Town Hall, Pinstone Street, Sheffield, S1 2HH.

Details of how to join the meetings can be found on Sheffield City Council's website using this link: <http://democracy.sheffield.gov.uk/mgListCommittees.aspx?bcr=1>

There is also an opportunity to submit questions to the Committee which can be sent via the following e-mail address: committee@sheffield.gov.uk

Jennie Milner
Head of Integration Better Care Fund (BCF)
February 2021

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Sheffield Health & Social Care Plan 2021/22

Sheffield Commissioning Plan 2021/22

Health and Care Services that deliver what you need

VISION

Working with you to make Sheffield Healthier
&
Helping you to stay Independent, Safe & Well

- Reducing and tackling inequalities across Sheffield
- Better health and wellbeing whilst leading the improvement of quality of care
- Strong health and care economy

- Thriving communities
- Care closer to home
- A caring employer

OBJECTIVES

PRIORITIES



Communities



Voluntary
Sector



Ongoing Care



Children &
Families



Mental Health &
Learning Disability



Frailty

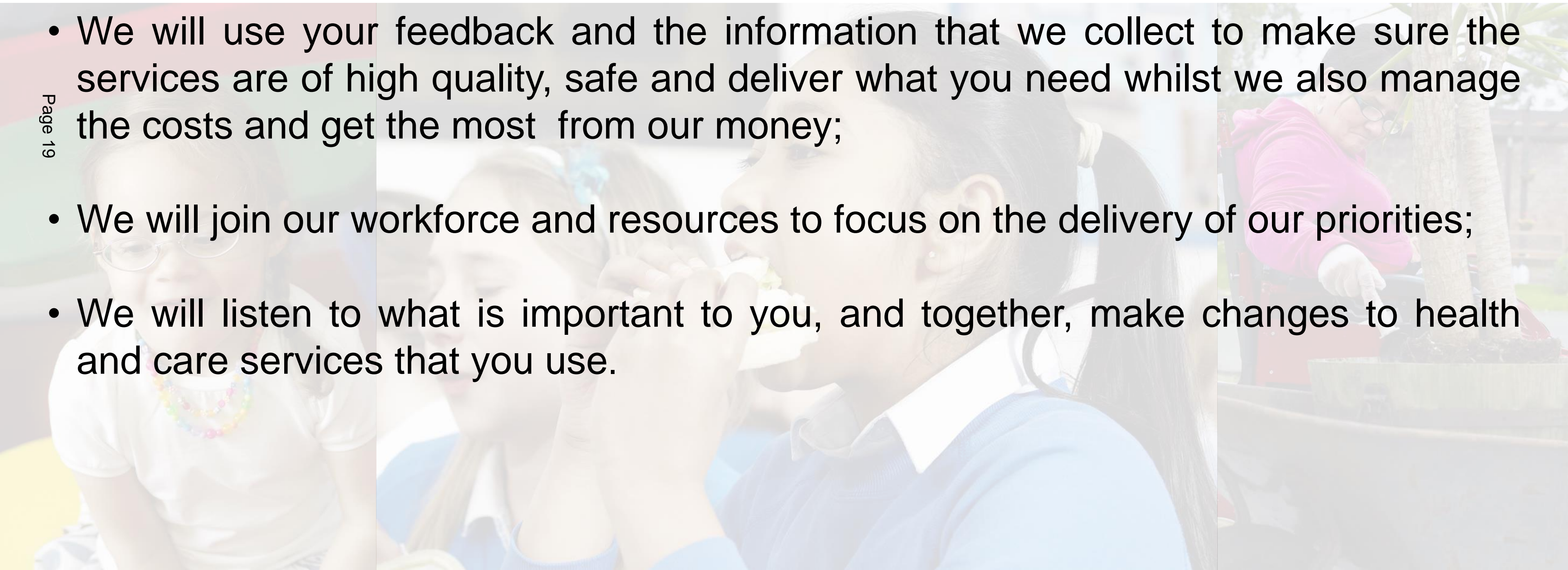
Will include:

Personalised Care; Quicker diagnosis; Reduced waiting times; Improved access to Primary Care; Reduced demand on services – those who need treatment will get it; Resilient Communities with more services delivered in the community and closer to home; Improved mental health crisis care; Community children services.

OUTCOMES

Bringing Health and Social Care Together

- By working together, we can make sure that what you need to live full and healthy lives is available to you;
- We will use your feedback and the information that we collect to make sure the services are of high quality, safe and deliver what you need whilst we also manage the costs and get the most from our money;
- We will join our workforce and resources to focus on the delivery of our priorities;
- We will listen to what is important to you, and together, make changes to health and care services that you use.



Our Joint Priorities

- We will continue to respond to the COVID-19 pandemic;
- We will reduce health and social care inequalities across Sheffield;
- We will focus on improving access to and availability of health and care services;
- We will ensure all children across Sheffield have the best possible start in life;
- We will improve the support and treatment for your mental health and wellbeing;
- We will make sure if you need health and social care support then this is personalised to your needs.

Joint Commissioning Intentions for 2021/22

Communities/Voluntary Sector

- Tackling health inequalities within primary care and your community;
- Improve access to healthcare and health outcomes for people experiencing homelessness, vulnerable migrants, sex workers, traveller groups and ex-offenders;
- Establish a Sheffield Alcohol Liaison Service for individuals who repeatedly present at the Northern General Hospital with alcohol related conditions and support needs.

Ongoing Care

- Work with partners to adopt and develop a personalised approach to re-establish long term condition monitoring and reviews to recover control and management of conditions to pre-COVID levels;
- Recommission the Individual Placement Support employment service and Working Win.

Children, Young People & Families

- Design a new model of local children and young peoples' health and care services;
- Review and improve existing services that help children who have experienced adverse events (ACEs);
- Put in place enhanced SEND (Special Educational Needs and Disabilities) support provision in line with the Sheffield Inclusion Strategy;
- Improve the linkage between children's and adults services..



Joint Commissioning Intentions for 2021/22

Mental Health & Learning Disability

- Establish an all age eating disorder service;
- Improve access to 24/7 crisis services for children, young people and adults; and extend the mental health liaison service;
- Improve access to mental health support for children and young people focusing on early intervention, prevention, support into schools and access into CAMHS (Child and Adolescent Mental Health Services), particularly for more vulnerable children and young people such as children in need or protection, children who are, or have been in care, or who are adopted or on special guardianship orders;
- To improve and enhance the out of hours crisis care for people with learning disability as part of the national "Building the Right Support model" and aligning to the Crisis Transformation Programme;
- Improve the physical health of people with mental health, learning disability, autism and dementia;
- To deliver the 13 recommendations outlined within the Dementia Strategy aimed at improving a range of pathways to support for this population and their families;
- Implement city wide roll out of Mental Health Primary and Community Care new model of neighbourhood support.

Page 22

Frailty

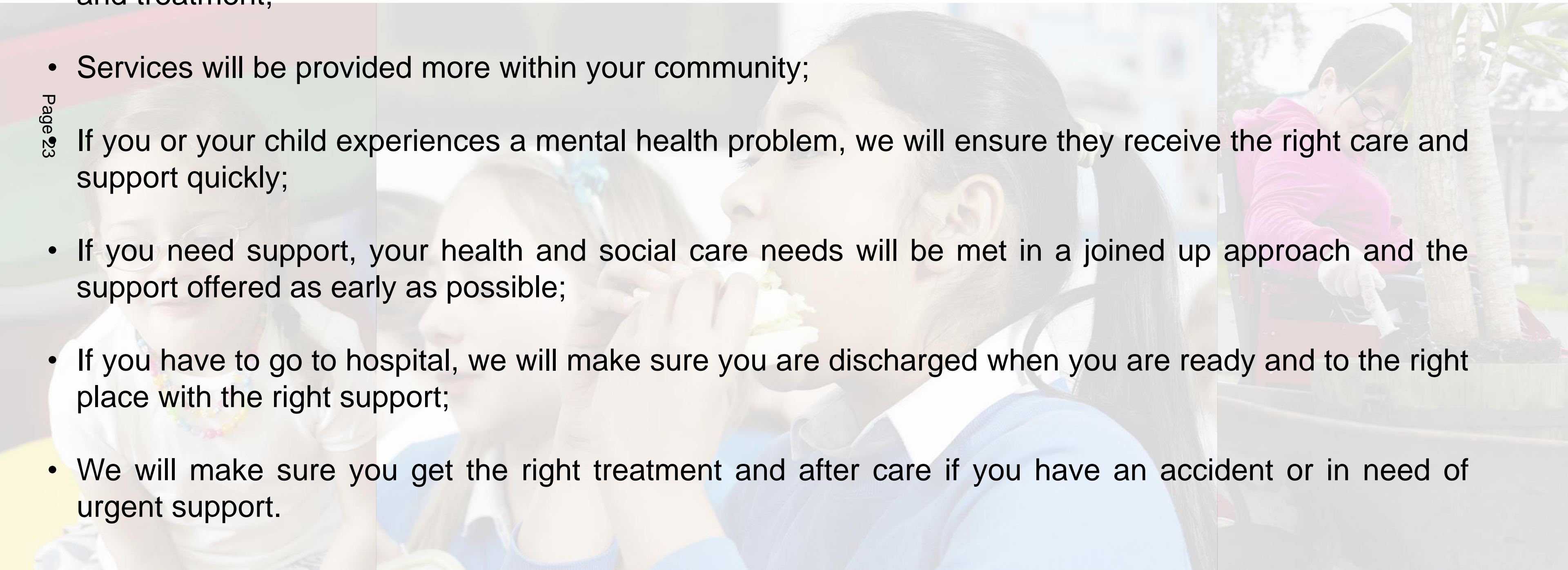
- Further development of a city wide intermediate care offer to sustain the reduced delayed transfers of care position;
- Development of discharge home to assess service to enable assessment at home of any ongoing support needs.



What Will be Different?

We will continue to improve and make better the following areas:

- Health and care services will prioritise your personal needs and circumstances in planning your care and treatment;
- Services will be provided more within your community;
- If you or your child experiences a mental health problem, we will ensure they receive the right care and support quickly;
- If you need support, your health and social care needs will be met in a joined up approach and the support offered as early as possible;
- If you have to go to hospital, we will make sure you are discharged when you are ready and to the right place with the right support;
- We will make sure you get the right treatment and after care if you have an accident or in need of urgent support.



Working in partnership with Sheffield people

- We will listen and engage with you and your community to understand your specific needs and work with you to co-produce the redesign of services.
- We will put funding and support into your voluntary, community and faith services to help with your health and social care needs.
- We would like your help in reviewing whether services are right and what people need.
- We would like to hear your views on any proposed changes to services to make sure any changes that are made have been informed by your views.

Working in partnership with health, care and community organisations

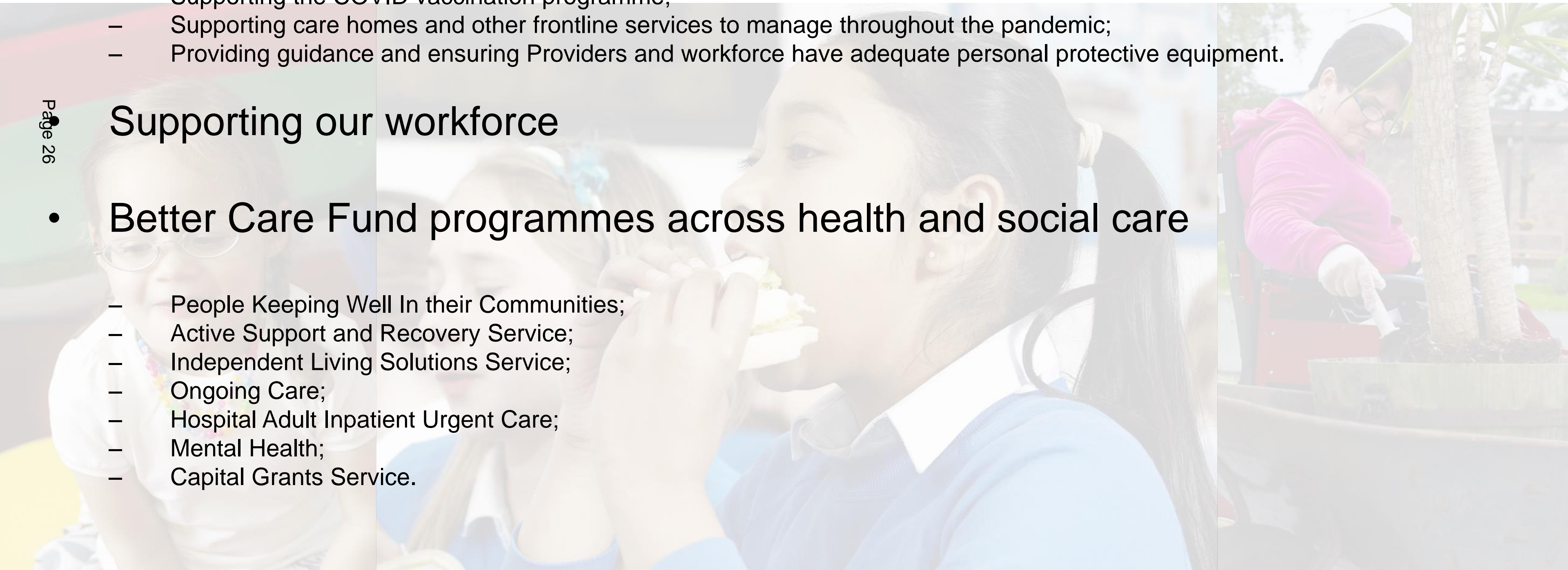
- We will work with voluntary and community organisations to ensure health and care services meet your expectations.
- We will work with your GP and hospitals to ensure your feedback shapes services.
- We will ensure the service you receive is high quality, safe and meets your needs.
- We will monitor whether the services are delivering what is needed and work with others to change them if they are not.
- We will listen to health and social care providers to make sure they have what they need to deliver their services.

We Will Continue

- Meeting the demands from the COVID-19 pandemic
 - Supporting Primary Care and the Sheffield health and care system;
 - Supporting the COVID vaccination programme;
 - Supporting care homes and other frontline services to manage throughout the pandemic;
 - Providing guidance and ensuring Providers and workforce have adequate personal protective equipment.

Supporting our workforce

- Better Care Fund programmes across health and social care
 - People Keeping Well In their Communities;
 - Active Support and Recovery Service;
 - Independent Living Solutions Service;
 - Ongoing Care;
 - Hospital Adult Inpatient Urgent Care;
 - Mental Health;
 - Capital Grants Service.



What have we done in 2020/21

Worked together on meeting the demand of the COVID-19 pandemic;

Brought Social Care and Health staff together with GP's, to provide a 'team around the person' approach to supporting individuals, ensuring people are supported to receive services to support their needs in their local community;

Work together to improve our community equipment service, to ensure more people receive equipment they need in a timely manner;

Established access to early support and intervention from mental health advisors in primary care to enable faster access to support when needed;

Worked with our mental health and acute hospitals to ensure services work together to enable discharge from hospital to home, is supported by a rapid assessment to determine ongoing care needs;

We continue to explore ways to ensure the disabled facilities grant, enables more people to remain at home with adaptations;

Streamlined our assessment and review process to ensure those with ongoing care needs, have their needs met in a timely manner and funded appropriately;

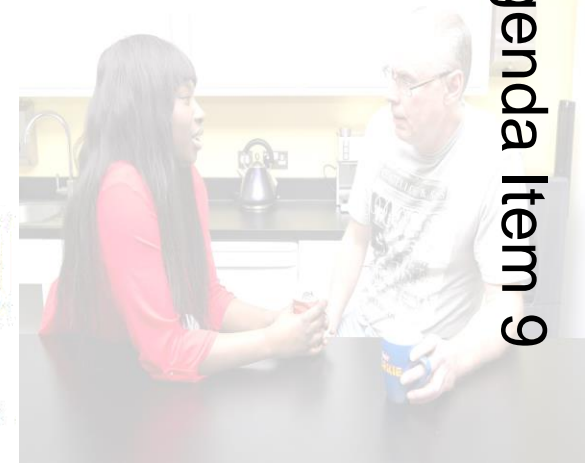
Continue to review urgent and emergency care services, to ensure individuals are able to access the right service at the right time in the right place.

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Mental Health Joint Commissioning Intentions

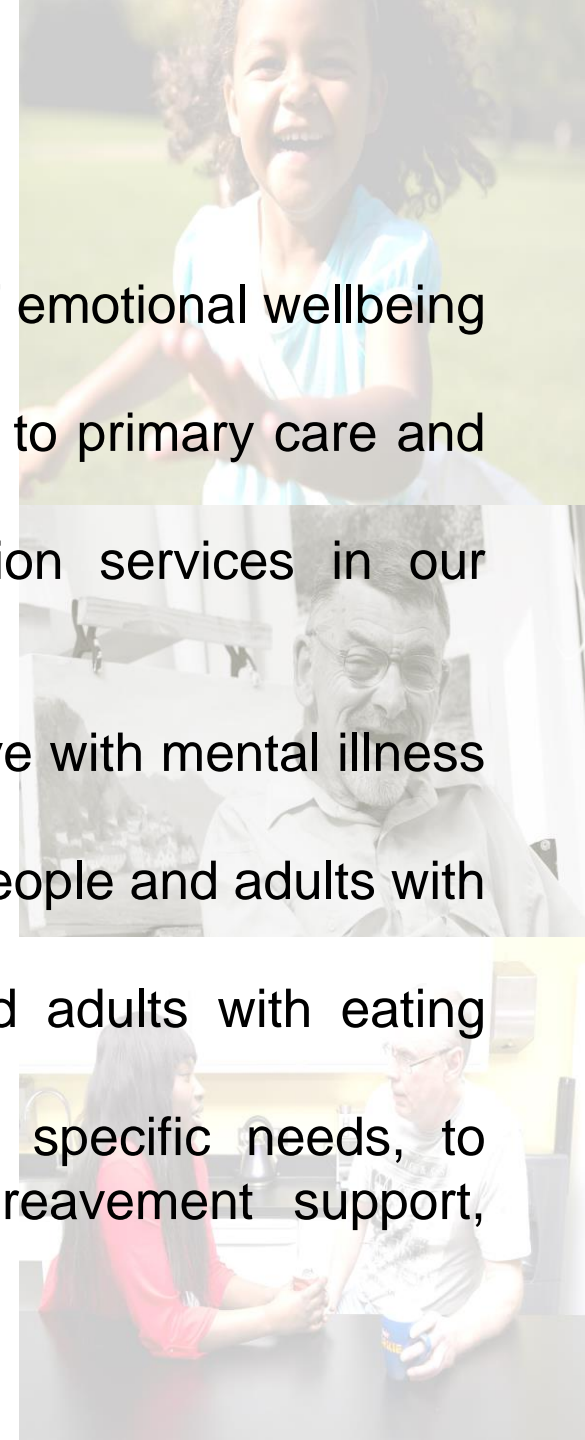
Page 29



Agenda Item 9

Our Priority Areas

- Improve and support children and young peoples' emotional wellbeing and mental health;
- Develop mental health support services that link to primary care and community services;
- Improve and expand early help and prevention services in our communities;
- Improve crisis care services;
- Enable children, young people and adults who live with mental illness to live happier and independent lives;
- Improve the physical health for children, young people and adults with severe mental illness;
- Improve support to children, young people and adults with eating disorders;
- Continue to focus on vulnerable groups with specific needs, to include: asylum seekers, rough sleepers, bereavement support, problem gamblers.



What Will be Different?

- Better access to early support for children, young people and adults for their emotional health and wellbeing;
- Primary Care mental health offer will be available across the city;
- More children, young people and adults receiving appropriate psychological therapies;
- More vulnerable children receiving CAMHS support;
- Faster more coordinated responses to children, young people and adults experiencing mental health crisis;
- More people moving from residential and nursing care into their own homes;
- More young people and adults in employment;
- Better physical health;
- Carers and families, including young carers, reporting a better experience of using services.



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Financial Process During the 2020/21 and the Covid-19 Pandemic

Page 33

Joint Commissioning Committee

In Public

15.02.2021

Agenda Item 10

Process during Covid-19

- In April, Executive Management Group agreed a set of principles to support the joint process used to administer the Covid-19 allocations and grants to ensure potential funding streams are utilised; that funding is best applied to support the Sheffield system and ensure resources aren't duplicated;
- A small joint team have met weekly since March 2020 to monitor changes to guidance, new grants being issued and understand the pressures within the wider system.

Additional Covid-19 Funding Received into Sheffield

Additional Government Funding has been targeted at key areas where existing resources could not be repurposed/redeployed or where pandemic specific costs have occurred, for example:

- Business Support with Rates, Rent and Lost Income;
- Food Parcel Distribution to Shielding Individuals;
- Personal Protective Equipment (PPE);
- Track and Trace Services;
- Enhanced Hospital Discharge, including isolation beds for Covid-19 positive individuals unable to return to their usual residence;
- Vaccination Sites.

Much of the funding is reimbursement of validated actual costs incurred and, therefore, the final values for 2020/21 are still unknown. The values below give a snapshot, as at November 2020, of the areas where funding has been received.

Page 36

| Area of Support | Funding Identified to Date £000's | % of funding |
|----------------------------------|-----------------------------------|--------------|
| Economic Stability | 314,937 | 67% |
| Health and Social Care Stability | 106,000 | 23% |
| Prevention | 42,600 | 9% |
| Track and Trace | 3,978 | 1% |
| Total | 467,515 | 100% |

* Health & Social care stability funding includes a forecast of c£12m funding transferred from Health to Social Care support