

Sheffield Integrated Commissioning Programme

Overview for Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

1. Executive Summary

- 1.1. Sheffield City Council and Sheffield Clinical Commissioning Group have established an ambitious integrated commissioning programme to be delivered over a 3 year period. The Integrated Commissioning Programme is supported by a £270m pooled budget between Sheffield City Council and Sheffield Clinical Commissioning Group. The pooled budget is commonly described as Sheffield's 'Better Care Fund'.
- 1.2. The Council and Clinical Commissioning Group want the Integrated Commissioning Programme to deliver changes so that:
 - People – including children, young people and adults – get the right care, at the right time and in the right place
 - People and their communities in Sheffield support each other to improve and maintain their wellbeing and independence
 - Organisations in Sheffield work together to help people and their communities to build and strengthen the support they provide to each other
 - Expert help is available to help people to take control of their own care so that it is genuinely person-centred, and complements and builds on the assets they have
 - Health and care services are focussed on a person's needs - organisational boundaries do not get in the way
 - We get the best services and support we can for Sheffield from our combined resources
- 1.3. The Integrated Commissioning Programme includes the following key workstreams:
- 1.4. **People Keeping Well in their Community:** focuses on how we better enable people to stay independent, safe and well in their own homes. This workstream focuses on primary care, community wellbeing and development, and the neighbourhood level support available to support people at risk of declining health and wellbeing.
- 1.5. **Active Support and Recovery:** focuses on how we better support people to recover their health, wellbeing and independence, following a period of poor health. This workstream focuses on alternatives to hospital care, and short term interventions to help people maintain or regain their independence (e.g. intermediate care services, and community nursing)
- 1.6. **Independent Living Solutions:** focused on creating a single community equipment service for Sheffield based on a pooled budget. This workstream completed in Summer 2015 and the new services is now operational.

- 1.7. **Ongoing Support:** focuses on how we better enable people people with ongoing health and care needs to live their lives and achieve their goals. This workstream includes integration of assessment, contracting for long term care and support, and brings together funding for NHS Continuing Healthcare, Funded Nursing Care and the Council's adult social care budget.
- 1.8. **Non-elective (non-surgical) hospital admissions:** The budget for this area of work is included in the Better Care Fund as we are seeking to reduce expenditure in this area.
- 1.9. The changes being managed by the Integrated Commissioning Programme currently focus almost exclusively on Sheffield's adult population. However exploratory work is now being done to consider whether better joint working and pooled budgets for children and young people with a lifelong disability.
- 1.10. The £270m **pooled budget** underpinning the programme was formally established in March 2015 by a 'Section 75 Agreement' between Sheffield City Council and the Clinical Commissioning Group.
- 1.11. There has been strong progress in the first year of the Integrated Commissioning Programme with new services launched, some significant outcomes already achieved, and new health and care collaborations and partnerships formed to enable major transformational work during 2016.

2. Background

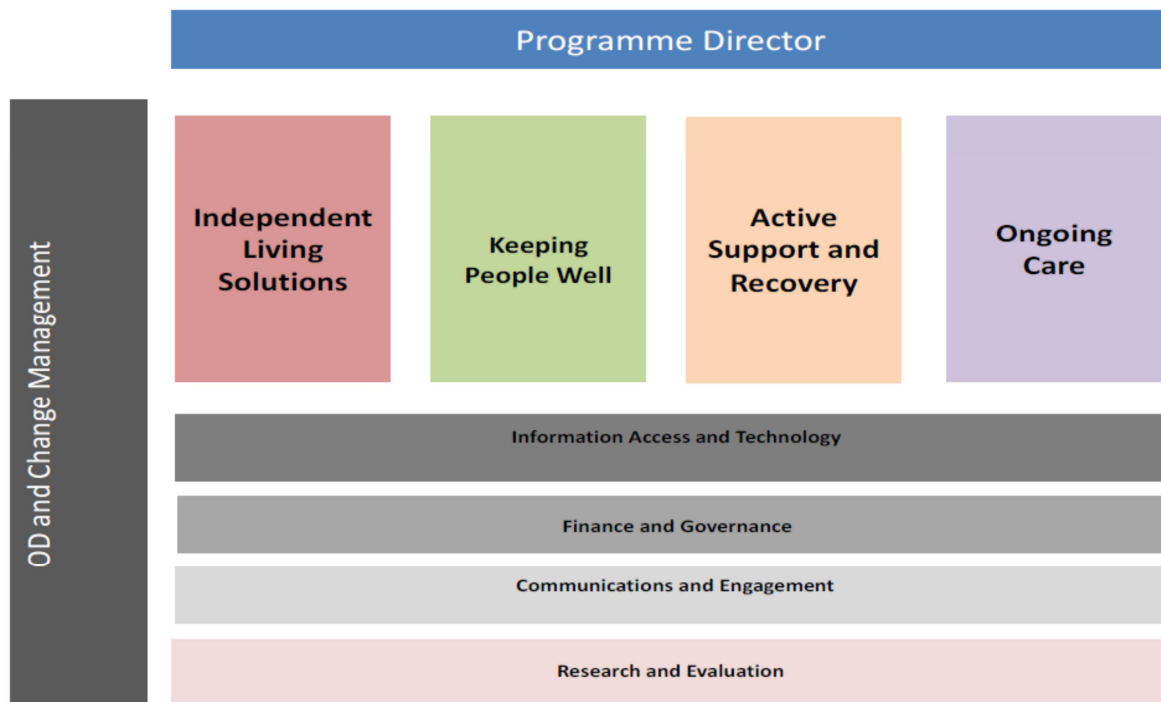
- 2.1. Sheffield's Health and Wellbeing Board developed its first strategy in autumn 2012 and started discussing the potential benefits of integrated services as part of that process. The Board recognised the work of the Right First Time programme and agreed that integrated commissioning and pooled budgets were necessary to enable development of fully integrated services.
- 2.2. In June 2013 the CCG Governing Body considered the potential benefits and risks of integrated commissioning and supported the development of proposals to integrate commissioning with SCC. In December 2013, the Health and Wellbeing Board supported plans for integrated commissioning.
- 2.3. The CCG and SCC established a Joint Commissioning Executive Team in early 2014 and then an Integrated Commissioning Programme to develop firm plans for integrated commissioning arrangements and pooled budgets.
- 2.4. During 2014, the CCG Governing Body and Council Members have supported development of those plans, including the ambitions and the scope of pooled budgets.
- 2.5. The plans are in line with the Department of Health (DH) requirements for a Better Care Fund, but are significantly greater in scale and ambition (the DH stated minimum Better Care Fund for Sheffield is £37.7m excluding capital grant income). Sheffield's Better Care Fund plans were formally approved by DH in January 2015.

3. The Section 75 Agreement – creating the pooled budget

- 3.1. The Section 75 Agreement with the Clinical Commissioning Group is a legally binding document that sets out the terms of our integrated commissioning. It came into force on 1st April 2015 and was ratified by Cabinet. The Cabinet report is available here:
<http://sheffielddemocracy.moderngov.co.uk/documents/s17641/Better%20Care%20Fund.pdf>
- 3.2. The Section 75 Agreement details robust, fair, effective and legal mechanisms to enable us to make decisions about money and responsibilities in the pooled budget, including how much each organisation contributes and how we share any efficiency savings or financial pressures.
- 3.3. The Agreement recognises the ongoing statutory responsibilities of each organisation and respects the mandate each has. It is explicit about where authority for decision making has moved from a single organisational process to a joint process (with delegated authority).
- 3.4. Agreement includes:
 - Aims and Objectives
 - Scope of the Pooled Budget (in terms of Commissioning Expenditure themes).
 - Budgets (for 2015/16 initially)
 - How strategic direction has been set and will be set in future
 - How operational decisions will be made
 - Operational Budget Management
 - Benefit and risk share arrangements
 - Approach to procurement and contracting
 - How we will ensure Performance & Quality performance monitoring
 - Information Governance
 - How staff will be expected to work together
- 3.5. The Section 75 agreement is designed to evolve to allow further pooling of budgets where this is necessary to enable improved management and delivery of health and care services in Sheffield.
- 3.6. The (very detailed) Section 75 Agreement is available here:
<http://sheffielddemocracy.moderngov.co.uk/documents/s17642/Section%2075%20Agreement.pdf>

4. Progress Update

- 4.1. The key workstreams are shown in the diagram below along with the supporting workstreams (e.g. information governance).



4.2. The workstreams are at different stages of design and delivery, which reflects the phasing of the programme and the scale of some of the workstreams. A short progress update is included below.

Independent Living Solutions

4.3. This workstreams focuses on creating a single community equipment service for Sheffield based on a pooled health and care budget. Progress so far has included:

- Completed tender process for community equipment service
 - Awarded contract to British Red Cross in April 2015
 - New warehouse in place June 2015
 - Service started successfully in July 2015
 - Early signs are that outcomes and service quality are improving
 - Service now producing quality management information to allow further service development and organisational development work

4.4. The new service gives us a robust quality-focused contractual arrangement for the delivery of this service. The next steps for this area of work will include looking at whether the right equipment is getting to the people that would benefit from it. The scope of the service will also be considered to see whether there are opportunities for further improvements.

People Keeping Well

4.5. This workstream focuses on how we better enable people to stay independent, safe and well in their own homes. It focuses on primary care, community wellbeing and development, and the neighbourhood level support available to support people at risk of declining health and wellbeing.

4.6. This workstream is supported in 2015/16 and 2016/17 by a successful £1m bid to the Government's Transformation Challenge Award. The workstream has so far:

- Recruited an additional 16 Community Support Workers to work alongside primary care and other community frontline staff
- Completed a tender for support to robustly evaluate the impact of the work (awarded to University of Sheffield)
- Worked with community organisations and primary care to prepare for the expansion of the work next year to include localised funding for community development activities, and pooled funding in some trial areas for community wellbeing support
- Completed targeted outreach visits with over 2,000 people who have been identified (mainly by GPs) as being at risk of declining health and wellbeing. Support provided has included supporting people to claim benefits they are eligible for (£1m per annum already claimed), and helping hundreds of people access support and activities in their communities

Active Support & Recovery

4.7. This workstream focuses on how we better support people to recover their health, wellbeing and independence, following a period of poor health. It focuses on alternatives to hospital care, and short term interventions to help people maintain or regain their independence (e.g. intermediate care services, and community nursing).

4.8. This workstream is ambitious and highly complex as it includes a range of services and support across many organisations. A more detailed update is included later in the Committee's agenda.

Ongoing Care

4.9. This workstream focuses on how we better enable people with ongoing health and care needs to live their lives and achieve their goals. This workstream includes integration of assessment, contracting for long term care and support, and brings together funding for NHS Continuing Healthcare, Funded Nursing Care and the Council's adult social care budget.

4.10. Progress so far on this workstream has included:

- effectively pooling budgets for people requiring support after serious mental illness (Section 117 after care)
- preparation for the pooling of Continuing Health Care and Social Care funding in 2016 so that people are not passed from pillar to post to get funding for care and support
- joint approaches being agreed for changes to fees in residential, nursing and home care
- working together on a joint operational plan for 2016

4.11. A high level milestones chart is included below:

	June 2015	July 2015	August 2015	Sept 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	March 2016
Programme		Medium term financial plan Governance development	Joint commissioning plan	Commissioning Gateway ▲			Commissioning Gateway ▲	Phase 3 Development		Joint Commissioning intentions 2016/17 ▲
AS&R	Design workshops ▲	Specification development Model testing with RMCF Specification published ▲			Provider response					Joint Commissioning Intentions ▲
Ongoing Care	Process redesign plan	Operational plan	Operational plan implementation			Pooled budget review ▲				Joint Commissioning Intentions ▲
Keeping People Well	Rollout of model			Phase 2 scoping	Evaluation					Joint Commissioning Intentions ▲
Independent Living Solutions	Contract management starts	Rescoping					Budget setting ▲			Joint Commissioning Intentions ▲

5. Conclusion

- 5.1. This Programme is being delivered in a time of immense financial pressure, particularly for the City Council. Both the Council and the CCG have affirmed their commitment to work as “one virtual organisation” to achieve the change required and to maximise the benefits for the people of Sheffield. The strength of our partnerships in Sheffield is recognised nationally and gives us a great foundation to build on.
- 5.2. However, the programme will only succeed if it achieves the following:
- Improved outcomes for the people of Sheffield
 - Improved customer experience
 - Increased efficiency and effectiveness of the health and care system
 - Reduced demand on the health and care system
- 5.3. This is hugely ambitious in a time of reducing investment, and will require a transformational shift towards targeted early intervention and prevention, and genuine working across organisations, and most importantly, *with* Sheffield people.