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**Report of:** *Executive Director of People Portfolio*  
**Report to:** *Cabinet Member for Health and Social Care*  
**Date of Decision:** *1<sup>st</sup> February 2019*  
**Subject:** **Joint Commissioning and Service Planning. Mental Health.**

Is this a Key Decision? If Yes, reason Key Decision:-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
- Expenditure and/or savings over £500,000		<input checked="" type="checkbox"/>		
- Affects 2 or more Wards		<input checked="" type="checkbox"/>		
Which Cabinet Member Portfolio does this relate to? <i>Health and Social Care</i>				
Which Scrutiny and Policy Development Committee does this relate to? <i>Healthier Communities and Adult Social Care</i>				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES, what EIA reference number has it been given? <i>(Insert reference number)</i>				
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

**Purpose of Report:**

This report proposes the Council builds on existing joint work with NHS partners to develop a shared approach to improving mental health services for the people of Sheffield, and signs up to a memorandum of agreement to that effect.

**Recommendations:****That the Cabinet Member for Health and Social Care**

- Approves the Mental Health Transformation Programme as described in this report;
- Endorses the principles set out in the draft Memorandum of Agreement between the Council, Sheffield Clinical Commissioning Group Sheffield Health and Social Care NHS Foundation Trust; and
- Agrees that the Council signs up to the Memorandum of Agreement.

**Background Papers:**

None

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Helen Damon</i>
		Legal: <i>Andrea Simpson</i>
		Equalities:
<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>		
2	<b>EMT member who approved submission:</b>	<i>Jayne Ludlam – Exec Director People Portfolio</i>
3	<b>Cabinet Member consulted:</b>	<i>Cllr Chris Peace</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	<b>Lead Officer Name:</b> <i>Sam Martin</i>	<b>Job Title:</b> <i>Head of Commissioning (Vulnerable People)</i>
	<b>Date:</b> <i>15<sup>th</sup> January 2019</i>	

## **1. PROPOSAL**

### **1.1 Background**

Promoting and improving the mental health of the people of Sheffield is an important priority for the Council. It is estimated that in Sheffield around 17.1% of the adult population (over 95,000 people), have either depression or anxiety. In addition around 0.9% of the Sheffield population (over 5,000 people) have a severe mental illness (such as psychosis or severe depression) Without the right help and care, this can lead to lifelong health and social difficulties, impact on families, and prevent people leading independent and fulfilling lives.

Together the Council and the NHS in Sheffield spend around £148 million on mental health services each year, of which around £80 million is spent on services provided by Sheffield Health and Social Care NHS Foundation Trust (SHSC). The other 45% is spent on a variety of services provided by other NHS providers, residential and nursing home providers and voluntary/community organisations.

Integrated services provided by the Council and local NHS organisations will be more effective in meeting the changing needs of Sheffield people, particularly in the context of increasing numbers of older people and people with long-term and complex conditions. 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 (for example referrals between agencies to address different aspects of an individual's needs).

The Council has for a number of years worked closely with colleagues in the NHS to ensure that a wide range of mental health services are provided to the people of the city, and that these services are as joined up and integrated as possible, recognising that social care and community services are just as essential a part of keeping people well as hospital and nursing services. This joint working has in recent years involved:

- Integrated Community Mental Health Teams delivered by SHSC including both clinicians and nurses, and social worker as part of a single team.
- A Section 75 Pooled Budget agreement with SHSC
- A single contract for mental health services between the Council and Sheffield Clinical Commissioning Group (CCG) and SHSC
- The joint development with the CCG and SHSC of the Sheffield Mental Health Transformation Programme, with SCC and NHS commissioners working more closely on a single programme of improvement activity.

The Programme is built upon a number of strategic ambitions, including:

- Promoting independence and recovery
- Changing the system to focus more on prevention, rather than tackling problems once they have become more worse.

- Taking a holistic approach to delivery, so that people do not have multiple assessments and care plans with different health and social care services.
- Working across the whole system of health and social care, to reduce the chance that a change in one part of the system does not have a negative impact on another, and, as a result, just 'cost shunting' around the system.
- Reducing overlaps, eliminating wasted efforts and promoting innovation and creativity

This has successfully delivered a number of benefits to the city, including

- a. Avoiding any out-of-city acute mental health care placements for over three years (through positive bed management and reinvestment into community mental health home treatment services);
- b. The delivery of a multi-agency suicide prevention strategy targeted at men;
- c. The provision of mental health nurses in A&E 24 hours a day; and
- d. The continued commitment of three 'Springboard Cafés', located across the city; designed to help people who are feeling low, isolated, anxious or struggling to manage their mental wellbeing.

All of these have been possible through partnership working, collaboration and (perhaps most importantly) trust.

In 2019 onwards we believe that we can do more by working increasingly closer together with shared plans to tackle long standing issues.

This report sets out the plans in the Mental Health Transformation Programme and recommends the Council signs up to a joint Memorandum of Agreement with the CCG and SHSC which will set out our shared ambitions and guide the development of closer joint working arrangements in the future.

## 1.2 The Sheffield Mental Health Transformation Programme

The overarching aim of the Programme is to address what are, despite the improvements that have been made over the years, some long-standing issues in Sheffield, whilst remaining focused on quality and prevention. Taking a more holistic approach to the delivery of mental health care will genuinely promote parity of esteem by strengthening support across the wider health system for people with mental health problems who tend to (a) have more negative experiences and outcomes when they receive health care, and (b) place a disproportionate level of demand on general health services. It also helps to focus on the wider causes of mental ill health and develop more preventative services (for example by developing a Primary Care Mental Health Service). This is very much in keeping with national policy and guidance, including the Mental Health Five Year Forward View<sup>1</sup> and 'No Health Without Mental Health'<sup>2</sup> which

<sup>1</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

<sup>2</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213761/dh\\_124058.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf)

have respectively aimed to promote person centred care underpinned by principles relating to health and social wellbeing, prevention, promotion and early intervention.

The programme consists of 14 project areas, including 5 large scale transformational schemes: Promoting Independence, Dementia Care, Liaison Mental Health, Primary Care Mental Health and Integrated Improving Access to Psychological Therapy (IAPT) Services. A summary of each project is detailed below:

Project Name	Project Objective
Section 117 Aftercare (Reviewing Function)	To ensure that all individuals who are in receipt of Mental Health Act 1983 Section 117 Aftercare Services are receiving clinically appropriate and effective care.
Promoting Independence	To support adults with enduring mental health needs to live more independently in the community.
Dementia Care Pathway	To develop work plans focussing on ' <i>Living Well with Dementia</i> '; assessment/respite provision and intensive community support; and reviewing high dependency and on-going care services.
Liaison Mental Health	The purpose of this project is to implement a 'Core 24' Liaison Mental Health Service based on the successful bid against national monies.
STEPS	The purpose of this project is to undertake an options appraisal on the future of the Short Term Educational Programme (STEP) service. The service is a (potential) component part of a number of care pathways including anxiety, depression, bipolar disorder and borderline personality disorder. The service offers education and self-management skills.
Reducing Anti-Depressant Use	To reduce the amount of antidepressant medication that is prescribed in Sheffield (where it is clinically appropriate to do so).
Neighbourhood Health and Wellbeing Service	To consider options for how to progress the development of a Primary Care Mental Health Service which will deliver better outcomes for individuals through more personalised holistic care and through earlier intervention.
Developing a Psychiatric Decision Unit (PDU)	To provide an effective alternative to A&E, a place of safety for those needing immediate care (and attention) plus provide an informal facility from which to provide ad-hoc and immediate treatment to avoid crisis situations.

Integrated IAPT Programme	The purpose of this project is to implement the Integrated IAPT programme based on the successful bid against national monies. The integrated Improving Access to Psychological Therapies (IAPT) programme aims to address the fact that two thirds of people with a common mental health problem also have a long term physical health problem, greatly increasing the cost of their care by an average of 45% more than those without a mental health problem. By integrating IAPT services with physical health services we can provide better support to this group of people and achieve better outcomes.
Section 12 Fees	To reduce the amount spent on Mental Health Act 1983 section 12 fees and also increase the availability of section 12 approved doctors.
Bespoke Packages of Care (Including CHC and IFR Reviews)	To review those service users who currently have complex care needs and are in receipt of high cost packages of care and varying levels of additional observations; across the Continuing Health Care (CHC), s117 and Individual Funding Requests (IFR) portfolios.
Autism	To design and develop a solution in terms of addressing the current demand for the SAAND (Sheffield Adult Autism and Neurodevelopmental) Service. Currently this is far outstripping capacity. The average waiting time is over 52 weeks.
Mental Health Five Year Forward View	Delivery of the Mental Health Five Year Forward View.
Eating Disorders	To redesign our eating disorder services to improve the experience of service users and ensure that people get the 'right help at the right time in the right place'.
SHSC Service Specification Reviews	To undertake a robust review of all current specifications as included in the SHSC Contract. This is to ensure they are evidence based, fit for purpose and strategically aligned.
Crisis Care Pathway	To ensure that all aspects of crisis care in Sheffield are operating effectively and are having the optimum impact.
Legacy CHC Grant Arrangements	To jointly review all (legacy) CHC grant arrangements that are currently in place.
Perinatal Mental Health	To enhance the current Perinatal Mental Health service through national transformation funding.
Personality Disorders	Consider options for the development of a community based specialist personality disorder service.
Better Care (Physical Health)	To ensure that people living with severe mental illness (SMI) have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and interventions.

Transitions	To improve both the effectiveness and the service user experience relating to the transition pathway from CYP to Adult Mental Health Services.
Trauma PTSD	To scope the potential impact of developing an early intervention trauma service.
VCF Sector	To identify key pathways where better integration across statutory and voluntary sector services can be explored. This will improve the service user experience and clinical outcomes.

Prevention, in particular, is an important element of the overall programme; tackling ill health at the earliest opportunity. If we get this right, this will not only improve the outcomes for individual service users but will ultimately deliver financial efficiencies as we will rely far less on secondary health care services. This aspiration therefore underpins the entire transformation programme.

This joint work has included SHSC through the inception of the projects and the delivery of the saving. There is a genuine cross-organisational commitment to ensuring this work is undertaken jointly, collaboratively and safely. All parties are clear that whilst one of the (key) drivers for this work is the delivery of better value the desired outcomes are very much quality focused; changing the way that mental health and learning disability services are delivered in Sheffield so that the quality of services are not undermined and that the offer of care and treatment is far more localised, individualised and focused (where possible) on preventing ill health and recovery.

The programme is anticipated to lead to financial efficiencies but these will not be achieved through decommissioning or compromising on clinical quality. Savings will be achieved by the avoidance of unnecessary cost and treatment, primarily through:

- a. A reduction in A&E attendances;
- b. A reduction in the number of outpatient attendances;
- c. A reduction in the average length of stay on physical healthcare wards;
- d. A reduction in the number of readmissions into physical healthcare services;
- e. Better proactive case management of people with complex needs and multi morbidity;
- f. A reduction in secondary mental health care activity (where it is appropriate and safe for an individual to be cared for within primary care); and
- g. A reduced reliance on residential and long term nursing care (through the provision of better, more accessible community based services and targeted support).

As the programme progresses, clinical benefits are also anticipated to exceed earlier expectations, particularly given the system wide 'buy in' that has been secured.

The programme has helped to build extremely productive working relationships between organisations and individuals who have historically had limited interaction or have had a less-than-constructive working relationship so has already achieved significant benefit in terms of collegiate and collaborative working.

It is expected that families and carers will also benefit from this collegiate approach through improved coordination between different services and providers, a greater focus on prevention and early intervention and more community based support. A key component of the wider programme is an acknowledgement of the enormous contribution families and carers make in terms of providing care and support across the city and so there is a commitment to ensuring that they themselves receive appropriate support as required. Caring for carers will be as important to this programme as providing the right clinical care and support.

### 1.3 Memorandum of Agreement

It is proposed that the Council signs up to a Memorandum of Agreement with the CCG and SHSC setting out the proposed joint approach to delivering the Sheffield Health Mental Health Transformation Programme by integrating the commissioning and delivery of mental health services. The draft Memorandum of Agreement is attached to this report. It describes the three way working relationship. This keeps the organisations sovereign but provides a framework for officers to take decisions and work on shared plans which traditionally they would have not been involved in because they would be the “responsibility” of another organisation.

The following ‘high level’ principles form the basis of this agreement:

- There will be a clearly defined rationale for why we are jointly embarking on this work including, but not limited to, the positive impact this will have on clinical quality and outcomes
- There will be one efficiency target in 2018/19
- There will be one single plan for the delivery of the efficiency target
- There will be one integrated planning and delivery team
- There will be a risk and benefit share agreement
- Delivery of the Programme will be overseen by the Mental Health, Learning Disability and Dementia Delivery Board
- There will be no ‘cost shunting’, all cost pressures relating to the Programme will be addressed jointly
- No single organisation will be financially disadvantaged or suffer from a reputational perspective as a result of the Programme
- There will be a clear statement of ambition, including an agreed timeline for when this ambition can become a reality

Whilst we have already started to see significant benefits in terms of organisations coming together to develop a programme of work that is focused entirely on the needs of our patients and service users (as opposed to the needs

of each individual organisation), it is clearly important to ensure that these benefits are defined and therefore measurable. Financial savings are relatively easy to measure; qualitative impact is much more difficult. A series of metrics have been developed to help measure the qualitative elements of the programme and are described in the Memorandum of Agreement, these are however being continuously reviewed and refreshed.

In general terms the Memorandum of Agreement is underpinned by a belief that taking a collaborative approach across wider care pathways will ultimately mean that inefficient practice can be proactively addressed without organisational boundaries having an impact. This will ensure that seamless pathways are created onward referral is reduced, the provision of care is much more holistic (based on need) and individual patient outcomes become the way success (as noted above) is jointly measured. Measuring inputs will partially give an indication as to the quality of clinical services; however the intention is also to improve the experience of those who use services, promoting good mental well-being not just good mental health.

## **2. HOW DOES THIS DECISION CONTRIBUTE?**

- 2.1 The decision contributes to the Corporate Plan priority of Better Health and Wellbeing by working with partners to be more joined up, reflecting that people's needs rarely fit neatly into individual services, to help people improve and protect their mental wellbeing. Improving mental health and wellbeing is likely to have a number of wider benefits, such as improving perceptions of safety and improving physical wellbeing in the longer term, reducing future needs for health and social care services.

## **3. HAS THERE BEEN ANY CONSULTATION?**

- 3.1 The Council is not required to carry out public consultation for these proposals: the aim is not to change services but to deliver them more efficiently and effectively. The proposals have been developed in consultation with the CCG and SHSC in order to achieve this aim.

To ensure continued engagement with service users (and the general public more widely), we are working closely with Healthwatch Sheffield to (a) get real-time feedback on concerns and issues that are being raised directly with them and (b) contribute to and get feedback from a series of focus groups that they are currently planning to deliver to determine what individuals want to see from the provision of mental health services in Sheffield. In particular we are aiming to 'test' some of the assumptions that underpin the programme.

In addition options are being considered for how to engage with individuals who do not use statutory services, either because they are not unwell or because they have developed strategies and/or alternative approaches to managing their own mental health. Ascertaining both viewpoints will be valuable, albeit for slightly differing reasons.

## **4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION**

### **4.1 Equality of Opportunity Implications**

Improving the joint commissioning and delivery of mental health services is intended to deliver benefits to people with mental health problems through better care and support, delivered in a less restrictive way that helps them retain independence.

An Equalities Impact Assessment will be completed for each of the individual projects in the Transformation Programme.

### **4.2 Financial and Commercial Implications**

#### **4.2.1** The Memorandum of Agreement sets out the financial implications for the Council in sections 5, 6 and 8, including the financial risks and benefits of the agreement.

There are no implications for the approved Council budget for Mental Health services. By signing up to the Memorandum of Agreement, the agreement will enable the Council to use its budget more efficiently while providing a better service.

There are no further commercial implications of this proposal.

### **4.3 Legal Implications**

#### **4.3.1** The Mental Health Transformation Programme contributes to meeting the duty under section 82 of the National Health Service Act 2006 that in exercising their respective functions NHS bodies (on the one hand) and local authorities (on the other) must co-operate with one another in order to secure and advance the health and welfare of the people of England and Wales.

The working arrangements described in the report assist the Council in meeting its duties and responsibilities under Part 1 of the Care Act 2014 and section 117 of the Mental Health Act 1983.

## **5. ALTERNATIVE OPTIONS CONSIDERED**

- 5.1** The alternative would be for the Council to not at this point sign up to the Memorandum of Agreement with partners, or to renegotiate significant aspects of the suggested arrangement. This is not recommended because
- a) By not signing up to joint working the Council will be distancing itself from the ambition to both deliver better quality of support and be a more efficient way to spend public money.
  - b) An integrated approach is beneficial to the Council in terms of its budget challenges. The increasing ambition to provide more community based support and care to people means that services paid for and organised by the Council will become increasingly in demand as people move from NHS funded hospital care. An integrated approach ensures the financial and

organisational demands are shared by all partners rather than being simply 'shunted' to the Council to manage.

- c) The Memorandum of Agreement as currently drafted does not give away any of the Council's formal decision making or budgetary powers or responsibilities. It describes a vision and ambition for increased collaboration and is a step towards more integrated approach to build on for the future.

## **6. REASONS FOR RECOMMENDATIONS**

- 6.1 By working more closely with colleagues in the NHS the Council will shape a mental health care system which will both deliver better quality of support to people and be a more efficient way to spend public money.

An integrated approach is beneficial to the Council in terms of its budget challenges. The increasing ambition to provide more community based support and care to people means that services paid for and organised by the Council will become increasingly in demand as people move from NHS funded hospital care. An integrated approach ensures the financial and organisational demands of this are shared by all partners rather than being simply 'shunted' to the Council to manage.