



## Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee

**Report of:** Greg Fell

**Subject:** Joint Commissioning for Health and Care

**Author of Report:** Nicola Rust, Lead Project Manager,  
Nicola.rust@sheffield.gov.uk

### Summary:

This paper provides a summary of proposals to establish a Joint Commissioning Committee between Sheffield City Council (SCC) and the 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.

**Type of item:** The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	✓
Other	

### The Scrutiny Committee is being asked to:

Cllr Chris Peace has asked that this Scrutiny Committee is kept updated with proposals. The committee is asked to review the update and comment on the summarised proposals.

### Background Papers:

None

**Category of Report:** OPEN

# **Report of the Director of Public Health – Greg Fell**

## **Joint Commissioning for Health and Care**

### **1. Introduction/Context**

- 1.1 People in Sheffield are more likely to be admitted to hospital than in other cities and are more likely to stay for longer than they need to. We need to do more to develop a joined up approach to prevention across the city so that people do not need to use acute services and if they do, the duration of their stay is shorter.
- 1.2 This is also an inequalities issue. This problem 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.
- 1.3 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.
- 1.4 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.
- 1.5 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.
- 1.6 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.
- 1.7 This report was recommended by Cllr Chris Peace to update the Committee on proposals and specifically to comment on how this Scrutiny Committee would like to engage in proposals going forward.

## **2. Main body of report and matters for consideration**

### **2.1 Shared Ambition for strengthened Joint Commissioning**

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 jointly commission health and care between Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC). It is proposed that changes in joint commissioning will focus on:

- Whole system change
- Giving a single commissioner 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

### **2.2 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.

### **2.3 Our objectives are to create:**

- A single health and social care commissioning plan that redesigns the health and care system, reducing reliance on hospital and long term care so that we can continue to provide the support people need within a reduced total budget for health and social care.
- An approach to a financial framework based on a capped risk-share budget.
- A joint commissioning committee that has oversight of commissioning for all age groups made up of SCC cabinet and CCG governing body members.

### **2.4 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.

More information on the service proposition priorities are shown in section 3.

## **2.5 The proposed Joint Commissioning Committee**

- We 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).
- 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 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.
- It is anticipated that the new committee will work with and complement existing arrangements such as the Health and Wellbeing Board and ACP.

## **2.6 A summary of equality implications**

The draft Equality impact assessment 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

For staff working in services that will be part of the joint commissioning plan it is expected that implications will be neutral.

We anticipate a targeted positive impact on those who are experiencing greater inequality in deprived areas.

Individual EIAs will be drafted for each new service commission that will be part of the joint commissioning plan.

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 ACP members.

## **2.7 A summary of financial implications**

We will use our shared principles to look for ways to shift resources from acute services to prevention. Short term additional funding will be required and it is anticipated that we will need to pool resources. Current local delivery plans show that social care will still require funding to balance and therefore the proposed financial risk share agreement that underpins the proposed integrated commissioning plan is the only way that the outcomes can be met. We are intending to consider different funding sources such as:

- Using existing spending differently within the Sheffield health and care system;

- Using one off money from within the Sheffield health and care system,
- Seeking new, one-off money from beyond Sheffield or social investment arrangements

### **3 What does this mean for the people of Sheffield?**

#### **3.1 Better Health and Wellbeing Outcomes**

The proposals directly align with the current Health and Wellbeing outcomes for Sheffield set out below:

- Sheffield is a healthy and successful city
- Health and wellbeing is improving
- Health inequalities are reducing
- People get the help and support they need and feel is right for them
- The health and wellbeing system is innovative, affordable and provides good value for money.

#### **3.2 New Service Propositions**

- 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.
- 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.

### **4. Recommendation**

- 4.1 The Committee is being asked to consider the proposals and provide views.

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