

## 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 29<sup>th</sup> 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 29<sup>th</sup> 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 19<sup>th</sup> August 2019 and whether it should be rescheduled.
- 9.2 **RESOLVED:** That the next meeting date of Monday 19<sup>th</sup> August 2019 be discussed at the next development session of the Joint Commissioning Committee.

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