

Sheffield Better Care Fund Plan

Introduction

Prior to the Covid-19 pandemic the population of Sheffield experienced high levels of complex health and social care needs disproportionately across the city. Many individuals were struggling with poor health and wellbeing and the concerns of day-to-day life did not enable an environment that promoted prevention. The impact of the Covid-19 pandemic has exacerbated this situation and placed pressure on services and resources within the system to deliver in increasingly challenging conditions.

Sheffield City has a strong history of partnership working to meet these challenges and the existing links between partners were further developed across the city with strong relationships being required to deliver strong health and social care services to keep the population safe. In 2019 Sheffield developed a partnership of organisations, the Accountable Care Partnership, now Health and Care Partnership to develop a Sheffield Partnership Plan to ensure a dynamic approach to meeting the needs of the population were achieved. Building in the needs and learning from the pandemic a recent iteration has been undertaken which allows commissioning organisations to feed the additional information found through the engagement with services and the public into their commissioning intentions.

At each stage all the Sheffield Partners, including voluntary and community organisations and public service users, have been involved in formulation of the overall delivery Plan for Sheffield – Shaping Sheffield. The documentation and an overview of the process undertaken can be found at the following link [Our plan for 'Shaping Sheffield' - Sheffield Health and Care Partnership \(sheffieldhcp.org.uk\)](https://www.sheffieldhcp.org.uk).

The Better Care Fund plan and programmes are aligned to deliver the Shaping Sheffield vision of “Prevention, well-being and great care together”, acknowledging that housing and the local community are an important factor to achieving this ambition.

In writing this narrative to the underlying plan contributions have been made by the following services and teams:

Health and Care Partnership Organisations:

ICB Sheffield Place: Commissioners for Community Services, Acute Services, Mental Health Services, CHC and On-Going Care support, Discharge and Primary Care Services.

Sheffield City Council:

Adult Social Care, Housing Services, Adaptations, Housing and Health Team, Equipment Commissioners, Care and Support Services, Reablement Services, Advocacy Commissioners, Vulnerable People’s Services, People Keeping Well/Resilient Communities Team.

Voluntary, community and social enterprises (VCSE) Partners:

Voluntary Action Sheffield, Healthwatch, Sheffield Churches Council for Community Care (SCCCC) and Sheffield Carers.

Business Intelligence and Data:

ICB Sheffield Place, Sheffield City Council and Sheffield Teaching Hospitals NHS Foundation Trust (STHFT).

The Health and Care Partnership has undertaken the role to support system wide engagement in the development and delivery of our plan, in particular reinforcing the role of our VCSE and non-statutory partners. [\(Public Pack\)Agenda Document for Sheffield Health and Wellbeing Board, 23/06/2022 14:00](#) – from page 115.

Executive Summary

2022-23 has been a transitional year for the Sheffield system with the ending of Covid restrictions leaving a legacy of an increase in health inequalities and poverty within the city, driving growing needs for health and social care provision. Nationally the focus has shifted to increasing access to primary care services and volumes of elective care delivery to reduce the backlog in health referrals. While rising to these challenges Sheffield has worked hard to build sustainable and cost-effective services. These services are transforming to meet the increase in need, within a reducing financial envelope and challenges with recruitment and retention within the workforce. Whilst system flow and the need for timely discharge remain a priority in the Sheffield system, more emphasis is being placed upon joined up pathways and shared accountability for the population health outcomes. It is acknowledged at all levels that services must work together, be person-centred and be able to be tailored to meet both health and social care needs to deliver the best outcomes for the population.

The transformation work has been set within the changing political landscape and while structures within the two commissioning organisations were taking place, CCG to ICB and LA Cabinet to a Committee structure. As part of this process the system is taking the opportunity to reviewing the direction of Health and Social Care and the overall vision for Sheffield, captured within the Shaping Sheffield Plan, has been refreshed to reflect the evolving position of the city.

Alongside the Better Care Fund and Joint Commissioning environment the Health and Care Partnership was developed to bring together the key system partners into one collaboration working together to ensure the best possible outcomes for the citizens of Sheffield.

The Better Care Fund programmes are aligned to delivering the Sheffield System priorities which for 2022-23 have been agreed as:

- respond to the COVID-19 pandemic and the subsequent unmet demand within the system.
- reduce health and social care inequalities across Sheffield.
- focus on improving access to and availability of health and care services.
- ensure all children across Sheffield have the best possible start in life.
- improve the support and treatment for your mental health and wellbeing.

- ensure that health and social care support is personalised to needs.

Since the submission of the 2021-22 Better Care Fund plan the key focus of the Sheffield system has been reshaping services, pathways and provision to remove blockers to delivery. Services are being reviewed to align with the locality and primary care network footprint to ensure they are proactive to the specific needs of the users and adaptable to the demand in each part of the city. This is being done as a collaboration with system partners, including service users and other stakeholders, both internal and external to statutory organisations. A number of the stakeholders have been instrumental in the formulation of this narrative update and are acknowledged in the above section.

The change in organisational structures has allowed a reassessment of the process of joint commissioning intentions to make them more ambitious and allow them to be fully embedded in every decision made by the partners. This has then fed into the Sheffield Outcomes Framework, which at each stage is being co-produced with system partners and is the basis of all contracting decisions and the measure of successful services. It aims to be a framework which can be managed at a service level but also tailored to allow patient centred care to be delivered.

Adopting a personalised outcomes approach to commissioning allows the identification of the assets within the city and how best to utilise them to support people, services, and providers. The learning from the Covid-19 pandemic around the importance of wrap around care and support networks has been embedded within the recent review of carer support, highlighting the importance of the wellbeing outcomes for those who look after and advocate for our population as well as the statutory service users themselves.

The short-term commissioning service reviews have focused upon how best to support the most vulnerable within the city, preventing health deterioration where there were pre-existing conditions, enabling self-care to delay health and social care requirements with wrap around support that can be tailored to an individual, and overall maximising the outcomes achieved by the system resources.

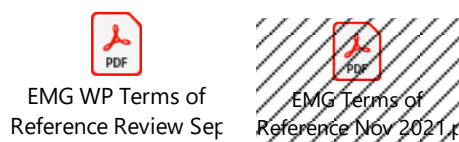
Governance

The Governance Structure across Sheffield is overseen by the Sheffield Health and Wellbeing Board. They delegate oversight to the Executive Management Group who in turn task Executive Management Group Working Party with delivery and co-ordination of the Better Care Fund Programmes.

Executive Management Group (EMG) membership is derived from the two Sheffield Commissioner organisations, ICB Sheffield Place and Sheffield City Council. EMG is responsible for the development of commissioning strategies within the overall direction set by the Health and Wellbeing Board. It is also responsible for the implementation of agreed commissioning strategies, oversight of service. The functions of the Group are undertaken in the context of increasing quality, efficiency, productivity and value for money and removing administrative barriers. A number of the responsibilities of the Group are to satisfy requirements within the Section 75 Agreement. Each member of the EMG shall be an officer or Member of one of the Partners and will have been appointed by the relevant Partner to carry out its role and responsibilities.

Executive Management Group Working Party (EMG WP) shall ensure that it progresses the functions delegated to it from EMG. It provide assurance to Executive Management Group (EMG) on all the responsibilities delegated to it and updates/reports and recommends specific actions, ie; proposed business cases for areas of service integration and transformation; on-going review of performance; review budget variations to ensure proposals do not destabilise the health and social care system; oversee delivery of the details programme of work to achieve the aims of the Pooled Fund and identify areas where performance is off-track; interdependencies between workstreams where delivery of one scheme is affecting another and suggest actions to correct performance; prepare reports for partner organisations including Health and Wellbeing Board (HWBB); review the adequacy of non-financial contributions to each individual scheme; provide detailed scrutiny of the financial and operational performance of the Pooled Fund; complete quarterly and annual returns in accordance with BCF planning requirements. Members are officers from South Yorkshire ICB Sheffield Place (SYICB) and Sheffield City Council (SCC) and are appointed by the relevant partners to carry out its roles and responsibilities.

The terms of reference for each group are included within the following files:

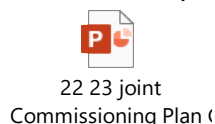


Approach to Integration

Sheffield's commitment to co-production and collaborative working has been further cemented by the agreement of Joint Commissioning Intentions, ensuring sustainable service delivery, transformation and improvements to continue to be implemented against a backdrop of continued cases of Covid-19, implementation of the elective recovery plan and structural changes with the local council and NHS organisation.

The overarching principle is that everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, celebrated for who they are and - when they need it - they receive care and support that prioritises independence, choice, and recovery.

The high-level priorities identified for 2022-23 can be found within the following document which was reported at the CCG Governing Body in May 2022.



Joint Priorities in 2022-23:

- respond to the COVID-19 pandemic and the subsequent unmet demand within the system.
- reduce health and social care inequalities across Sheffield.
- focus on improving access to and availability of health and care services.
- ensure all children across Sheffield have the best possible start in life.

- improve the support and treatment for your mental health and wellbeing.
- ensure that health and social care support is personalised to needs.

To deliver the Sheffield Joint Commissioning Intentions a Joint Commissioning Committee and Development Group were established:

Joint Commissioning Committee (JCC) the purpose of the Committee is to bring a single commissioning voice to ensure new models of care deliver the outcomes required for the city. The Committee will support SCC and SCCG to deliver national requirements, including but not limited to the 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. The JCC is a meeting of the Council Cabinet and ICB Sheffield Place's Governing Body representatives with the purpose of agreeing joint health and social care commissioning plans for the City. In discharging this, the Committee does not have any direct decision-making powers delegated to it: all decisions will still be ratified separately in accordance with statutory requirements; however, by meeting jointly the joint decision making will be simplified. Any future delegations would have to be agreed by SCC and ICB Sheffield Place. The Committee is also authorised to create working groups to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers (unless expressly authorised by the Governing Body) and remains accountable for the work of any such group. The existing Executive Management Group officers will report to and support the Joint Commissioning Committee. The Committee shall strengthen the way that we commission health and social care together. In particular, the Committee shall focus on; i) giving a single commissioning voice; ii) Single commissioner plan; iii) ensure new models of care deliver the outcomes required by the city; iv) building on Better Care Fund and Section 75, driving forward change.

The Terms of Reference for the JCC and the Development Group are included within the following file:



JCC ToR June
2021.pdf



Paper B - Joint
Commissioning Devel

During 2022/23 Sheffield City Council has transitioned from a cabinet to a committee structure and NHS Sheffield CCG has become ICB Sheffield Place as part of South Yorkshire ICB. This has presented an opportunity to take stock of the joint commissioning arrangements embedded to date, in particular:

- Ensure we keep the good joint working, learning and progressed made to date but that we are jointly facing challenges such as financial risk and work force pressures.
- Ensure that we understand the distinction between JCC and HCP arrangements in the new context and look where links can be strengthened, and potential duplication removed.
- Consider how we continue to align the commissioning to the council still has alongside NHS new focus on strategic planning

The following documents set out the terms for the ACP, now titled HCP, Executive Delivery Group and Accountable Care Partnership Board. The meetings were changed during the Covid-19 pandemic to reflect the city's command and control response and are being updated as described above.



ACP Board T of R
FINAL.pdf



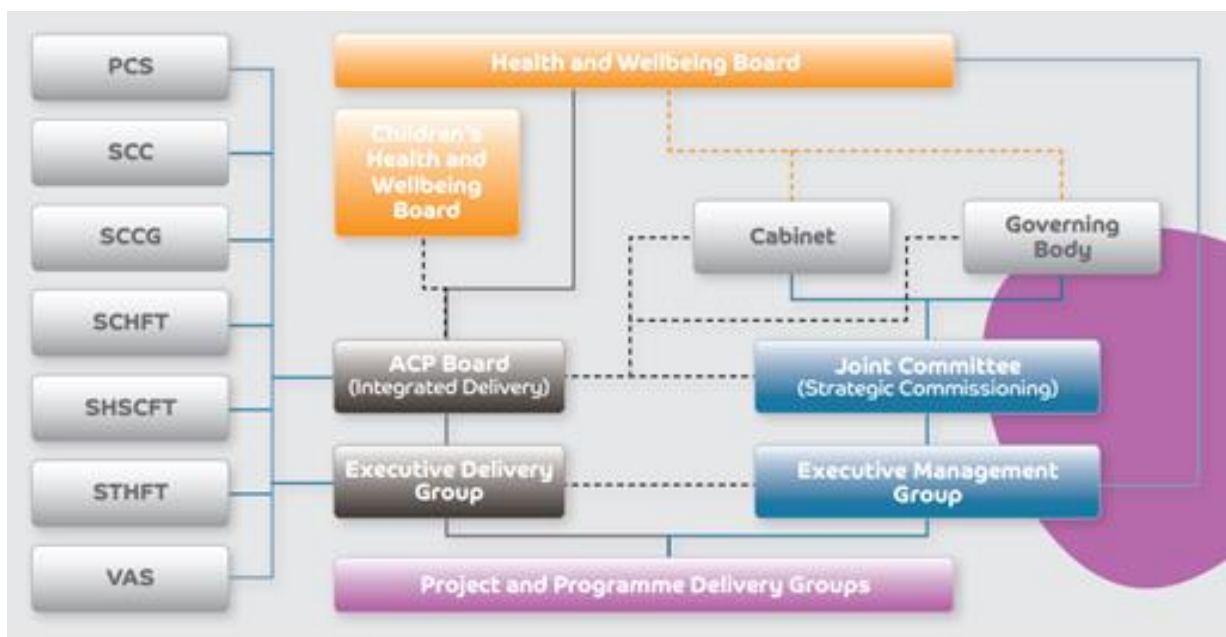
Update to Terms of
reference ACP.pdf



Terms of Reference
ACP EDG .pdf

The aim of this city partnership is to ensure all services are targeted to need, responsive, transformational and co-produced with all stakeholders. This means involving all parties at the outset to identify and understand the needs of the Sheffield citizens and look at the most effective way to meet that need.

Therefore, in parallel to the joint commissioning work streams, the Health and Care Partnership structure looks at delivery of longer-term transformational plans which require all system partners working together to deliver. The governance structure of the Partnership is captured within the following diagram alongside the BCF structure.



Our planning and delivery plans also take into account that non-statutory partners, VCSE and citizens remain at the forefront of delivery of safe and high targeted quality services, with recognition that partner organisations and Providers are facing the same challenges in terms of financial resilience, capacity within services, workforce shortages and fatigue alongside increasingly complex care requirements. Voluntary Action Sheffield represent these organisations as part of the Health and Care Partnership.

The key changes in 2022-23 have focused upon moving away from the reactive command and control commissioning which was necessary during the height of the Covid-19 pandemic to sustainable commissioning which aims to make services more streamlined for users, removing duplication of contacts, improving reporting and reducing blocks to the system.

Sheffield's Better Care Fund goes beyond the minimum required contributions to include services where there is benefit from a joint commissioning focus and application of the Better Care Fund principles will drive sustainable services and efficient use of the limited system resources. Work is underway and reassess the themes and pathways within the programme to ensure with the aim of expansion of the current fund and risk sharing arrangements.

The Joint Commissioning Office team has also been expanded in year to recognise the broadening of the joint ambitions and scope of the workload. The team now includes additional dedicated programme management support, a role focused upon the development and monitoring of the outcomes framework and a medicine's management role to offer pharmaceutical advice and support to community staff and carers, where skills in this area were identified as a reason for low retention rates within these staff groups.

The development of the outcomes framework has been a great success in year. More information around the development of the outcomes framework is described in the file embedded within page 5 of this narrative. The Outcomes Framework Steering Group has been established to ensure co-production and delivery of the outcomes. The terms of reference and membership can be found in the following file:



Final TOR Sheffield
Health and Wellbeing

To enable delivery of the outcomes and the system desire to achieve transformational change across all services there has been a decision to work towards alignment of services to the Primary Care Network (PCN) footprints. This will allow staff to be part of the network and to understand the needs of the population, working within their network to achieve tailored health and social care. This has meant reorganisation within our statutory partner services and commissioning structures as well as re-procurement of services from independent sector providers such as home care and care home packages to align with the PCN boundaries.

The first stage of the process has been to align the teams within SCC delivering social work provision, enablement services, Short Term Intervention Team (STIT) which delivers reablement, care home support teams to PCN or neighbouring PCN areas, depending upon the volume of workload in each network. This is being enhanced by on-going work to build stronger relationships with GP practices and the social prescribing and ARRS roles within their staff. This will also allow previously generic citywide teams to be more tailored and specialised to the needs and outcomes expected within each network.

The principles from the Sheffield Adult Social Care Strategy being applied at each step of this redesign process are:

- Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.
- Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis.
- Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home.
- Make sure support is led by 'what matters to you,' with helpful information and easier to understand steps.
- Recognise and value unpaid carers and the social care workforce, and the contribution they make to our city.
- Make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.

To avoid duplication within this narrative the Sheffield approach to personalised care is included within the update of meeting national condition four and the links with housing services is included within the update of the delivery of the DFG.

Personalised Care

Our vision within Sheffield is for care to be person-centered at all points of contact. The key to wellbeing and improving quality of life lies in people's ability to be able to live a life they have reason to value. This may be achieved by drawing on their own strengths and networks or by being connected to the assets and resources in their local communities and the wider city.

As a city our basis of together is true collaboration, people, communities and organisations, to build places and services that support and sustain these assets and resources.

This means changing how we do things in Sheffield so that people and communities to have greater control of what matters to them and can see how they can influence their care.

The Principles that Underpin 'Person Centredness

Asset based: knowing that people and communities are resourceful. Building on what skills are already there. Focusing effort on searching out and developing strengths. An example of this is capture within the embedded document which shows the City's approach to building, supporting and maintaining resilient communities.



Population Health Information contributions to the design of services to meet the current needs of the demographic as well as to extrapolate expected future need requirements and to ascertain if any impact is being evidenced of preventative work already in place.

Enabling and Engaging: making it easier for people do for themselves, or 'work with'. Avoiding 'doing to' unless absolutely essential (we recognise that there are situations where 'doing to' is most appropriate). The ethos of "What matters to you" is embedded across our health and social care partners with the lead for the city being a GP who also holds a role within our main provider FT. This has allowed the message to be a key part of the PCN and locality development with ARRS social prescribing and our People Keeping Well services applying the principle.

Personalised: any support is tailored to the person's context to help build capabilities. This means we must be able to understand people's strengths and where they need additional support and a personalised response. The Sheffield Team Around the Person Service is multi-organisational, multidisciplinary and makes use of public health data to identify measures which can be put in place to prevent likely outcomes. This is also linked to the Ageing Well workstreams, enhanced care in care home, the falls prevention service, community AHP services and EOLC support where appropriate.

System Focused: we look at the whole picture as a city, for example strategy development, policy choices, service redesign, recruitment procedures; and use coproduction, connections, and community knowledge and expertise to improve quality of life and wellbeing for everyone. The aim is for one consistent message is shared across all our meetings, partners and staff groups to ensure the culture in Sheffield is reflective of the overall strategic vision and system

priorities. Alongside the core BCF and HCP structures sub-groups with representation from across the partners are held to support this aim. For example, the Workforce, Culture and Leadership and Community of Interest Group, NEY Personalised Care Board has representation behalf of SY ICB and Sheffield Compassionate City Board.

The benefits of being person centred in Sheffield

- **To People:** Stronger consideration of each person's unique set of strengths and needs. Feels better and helps them to maximise their potential. Great sense of being in control, guiding own destiny.
- **To Professionals:** Better job satisfaction (feeling of doing the right thing), 'joy at work'. For example, co-design of long covid service with experts by experience.
- **To Systems:** Achieves best value from limited resources. Builds trust. Over time can reduce waste. 'Teach a person to fish' approach is more sustainable in medium to long term.
- **To City:** Better quality of life, reduced inequalities, stronger economy (healthier workforce), more sustainable services, positive reputation.

The focus for personalised care over next 12-18 months includes:

Delivery of the national person-centred strategic priorities:

- Embedding a Personalised Care Ethos
- Reducing health inequalities
- Enriching Personalised Care approaches across health and care (SDM, Choice, PCSP, PHBs)
- Workforce Development

Delivery of the 6 key components of Personalised Care:

- Shared decision making
- Personalised care and support planning
- Enabling choice
- Social Prescribing and community-based support
- Supported self-management
- Personal Health budgets

Delivery of the Long-Term Plan Personalised Care Metrics:

- No. of Social Prescribing Link Workers
- No. of Social Prescribing referrals
- No. of Personal Health budgets
- No. of Personalised Care and Support Plans
- No. of workforce that have undertaken personalised care training (including eLearning and accredited training which can be accessed through the Personalised Care Institute)

Other work underway to enable national requirements:

- Strategic co-production: Recruit peer leaders and work collaboratively with them
- Workforce: Support Personalised Care ARRS roles, for example, SPLWs, Care Coordinators and Health and Wellbeing Coaches
- Personalised care is included in digital strategies
- Strengthening Finance contracting and commissioning for Personalised Care

Personalised Care Examples

There are some excellent examples of teams and services working in a person-centred multi-disciplinary way across Sheffield. An example of this is the Citywide Prevention Programme led by Sheffield City Council who are working with Providers, Service Users and Statutory services to co-produce plans ensuring that every contact counts for the individual. Another examples funded through BCF schemes is the Twice Weekly Escalation Meeting, with representation from all system partners tailoring discharge packages to an individual's circumstances when leaving secondary care and the wrap around support for end of life and bereavement support where statutory partners work with VCSE and St Luke's Hospice to ensure personal choice and dignity in death as part of our compassionate city promise. Focus now is to build on that success by building a culture of personalised care and asset-based approaches across the city driven by senior leadership across the city and the development of a city-wide strategic personalised care programme.

Personalised Care Future Focus

From a health perspective we are above trajectory for all long terms plan metrics in Sheffield however SY MoU includes some challenging stretch targets for all elements and a particular focus is required to achieve for PHB and workforce training.

From a Planned Care perspective inclusion / continuation of personalised approaches in planning and delivery of areas such as virtual ward, hospital discharge pathways, Ageing Well and links with intermediate care, community equipment and adaptations.

Focus on personalised care as an enabler for reducing health inequality and improving population health.

Continue to develop expertise in co-design, co-production in the promotion of building skills, confidence, and expertise within our population with one or more long term conditions to enable greater self-care / self-management as part of our strategic approach to frailty prevention / greater focus on proactive care and prevention

Risks to achieving Personalised Care:

- Lack of maturity in ICB in terms of relationships between commissioners in different places hinders ability to use funding differently.
- Reduced ability to release workforce for training and development due to service pressures and continued higher sickness rates.
- System under pressure puts personalised approaches at risk as takes time to have What Matters to You? conversation, develop care plans with people / families in a truly multidisciplinary and co-produced way.
- Temporary nature of some funding streams means the financial support isn't always available until completion of the work programmes.
- Pace of change required may reduce ability to co-produce / co-design and hinder the ability to involve all partners to an optimum level.

- Limited digital integration is still incomplete across the system. The digital roadmap for Sheffield has been designed but is still in early stages of implementation.

The Active Support and Recovery Better Care Fund Theme also focuses upon services to enable flow and avoiding inpatient admissions. Work programmes include Urgent Community Response, Enhanced Health in Care Homes and Anticipatory Care as part of the wider Ageing Well system offer. More detail of the current position can be found within the following document:



Ageing Well
collaborative Group U

In addition, there has been short term targeted investment to support additional capacity within falls pathways, community dietetics, mental health, including advocacy support to vulnerable individuals through the advocacy hub at Citizen's Advice, and within long term condition pathways to support recovery and remedial actions required following successive lock downs through the pandemic and evidence of significant de-conditioning within some populations.

Discharge Planning

Place system partners work together to ensure plans are developed and implemented to support discharge and care capacity to enable flow. Discharge plans have been developed and aligned to the national hospital discharge and community support guidance operating model and to established elements of the discharge pathways.

Since the pandemic the focus has been to respond to the unprecedented demand on services that provide health and social care for people, to enable a safe and timely return home or move on to another temporary care setting where home is not possible in the short term. This includes:

- **Increased capacity in reablement and intermediate care support**, building on work already underway with partners including trusted assessment.
- **Increased capacity in Independent Sector Support** (home care) including additional capacity for night care and improved processes in the review of patients
- **Increased capacity in Fast Track and provision for End of Life** – including capacity for hospice care and bereavement support
- **Increased capacity in Voluntary Sector Discharge Support** – a wide range of practical support for individuals and support for family cares to ensure people have support on the day they leave hospital and for the days following discharge
A key partner has been SCCCC who are integrated within the discharge hub and community services delivered by statutory partners. More of the work can be found on their website www.scccc.co.uk and within the following embedded files:



SCCCC presentation
at GP PLI Event.pptx



BCF Policy and
Planning Q_A webinar

- **Temporary Increases in Bedded Capacity** in care homes to improve flow where home is not a short-term option. The system is undertaking a collaborative review of this service with the aim to re-procurement a new model of support-to-support discharge from September
- **Improvement and Ongoing Development of Arrangements:** Work on processes to reduce delays and improved partnership working around discharge. This is an iterative

process to unblock areas of the system and embed the learning from the Covid-19 pandemic.

Discharge Governance

The governance for the discharge process sits with the system wide group, System Leadership and Partnership working - Sheffield System Discharge Implementation Group (SSDIG)

Utilising existing partnership relationship SSDIG was initially set up during the pandemic to streamline the discharge process and ensure delivery and implementation against the new national discharge operating model. As part of the command and control structure the group provide the system with assurance that services were delivered and implemented in line with the agreed city principles and priorities. Following the secession of command and control to deal with the pandemic the group has continued to operate to have oversight of joint initiatives and planning and system management of projects that ensure a system wide response to discharge pressures. It has also been responsible for the review of plans and the impact of the additional funding.

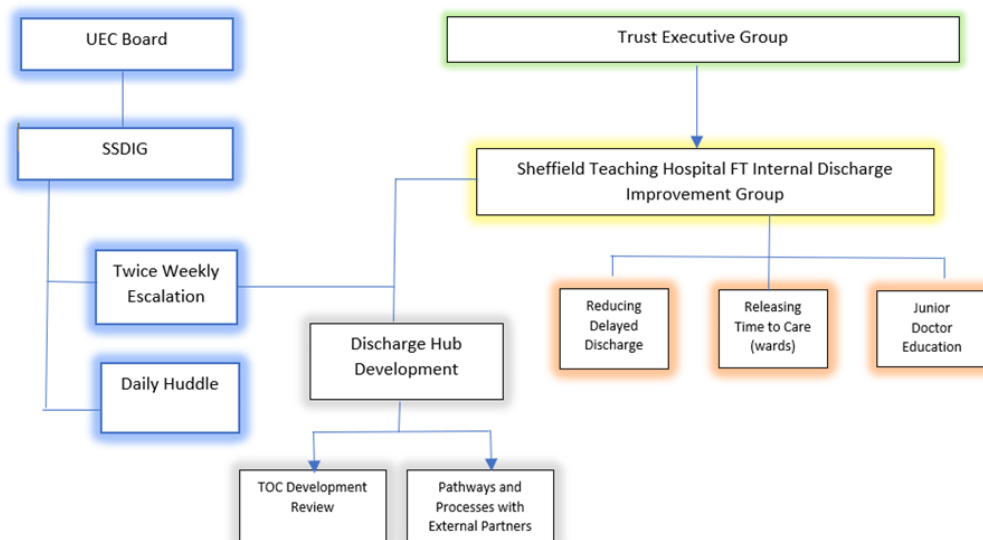
The group is represented by statutory commissioning and provider organisations who work closely with Voluntary Sector Partners and includes representation from NHSE. The group report progress and escalations to the System UEC flow board. The relationship can be seen on page 4 of the UEC terms of reference:



DRAFT Terms of Reference Sheffield U

Following changes to the reporting, governance and programme structures during 2022/23 the model will be revisited in detail and updated and expanded as required.

The following diagram gives an overview of the discharge governance in place across the Sheffield system:



Current priorities also include the implementation of the work directed by NHSE:

- The 100-day Acute Discharge Challenge and the work supported by ECIST

- The System Bid (Sheffield's Bid against £250m – work is underway to implement the plans set out in the bids which will include, additional home care capacity and increase temporary care home beds which will reduce a specified number to demonstrate direct reduction in acute beds and any capacity in home care or additional care home beds will be above current baseline. System leads are now developing plans, trajectories, metrics and confirmation of the governance and procurement activity requirements ready for an autumn implementation. This is a key priority for SSDIG partners who will ensure monitoring, oversight and report progress, risks, and assurance back to the UEC Flow Board
- Hospital Discharge Hub Development – ongoing development of the discharge hub and progress of our system and partner work moving forward.
- Current operational Challenges (identified through the Twice Weekly Escalation Meeting 'TWEM'). Work continues around the daily operational challenges and system wide work focussing on the need to increase and maintain capacity across all pathways.
- Complex Needs, work around complex patient pathways is underway linked closely to Mental Health community provision.

Each of the programmes adheres to the principles of the HICM. The following document contains a summary of the position consolidated from updates from the various programmes.



High Impact Change
Model Action planning

Supporting Unpaid Carers

Within Sheffield the Carers services are commissioned by Sheffield City Council as part of their lead role for contracting prevention, support and people keeping well services, many of which are with the voluntary and charity sector.

During the past year the support to carers services have been reviewed, redesigned and recommissioned. This has allowed a more holistic approach to identifying carers, meeting the needs of carers and to a contract which is driven by outcomes rather than contacts. This was following engagement with service users and staff who identified a particular need to support wellbeing and mental health of unpaid carers.

The main offer to Carers' is commissioned with the Sheffield Carers Centre as a familiar face in the city. Individuals in need of support do not always feel able to be open with a statutory organisation until the point of crisis. They undertake the Carer Assessment, a requirement of the Care Act 2014, which is designed to understand the role of the carer and signpost to resources tailored to the individual's circumstances. More detail can be found at the following link [Carer's Assessment | Sheffield Carers Centre](#). While the Covid-19 pandemic has made contact with individuals more complex it has proven to be more vital than ever, as many other support networks, such as friends, family, clubs or social events were cancelled. For those able to access online services this offer has been enhanced to maximise contact with those who require support. The Sheffield Carers Centre offer a range of services alongside those commissioned by the council to fully support the needs of Adult Carers. These include:

- **Carers Advice Line:** for 1:1 personalised expert information, advice and support on anything related to your caring role. One of the Carer Advisors is an Urdu/Punjabi speaker, and the service use an interpretation service for other languages.
- **Carer Card:** that gives discounted activities, services and products and space to write two emergency contact numbers.
- **Group activities and workshops:** that meet carers' support needs and provide opportunities for carers to meet each other.
- **Community Connect:** 1:1 telephone support for carers who are isolated.
- **Carers Café:** for social contact with other carers.
- **Carers support groups:** up to date information about all the groups in Sheffield.
- **Carers Enews! for regular up to date information:** Carers who do not have email receive an annual update letter.
- **Information and resources:** can be found on the website of Sheffield Carers Centre.
- **Emergency Planning:** Information and guidance around making preparations to ensure that the person/s you care for are looked after in an emergency.
- **Time for a Break grants:** Small grants to help you in taking a break. As part of a Carers Assessment, the service assesses if this is something you're eligible for.
- **Digital Resource for Carers:** providing information, eLearning, resources, and the Jointly app.
- **Legal Advice Clinic:** Free 30-minute individual legal advice sessions with a legal expert, offering advice around things such as wills, estate planning and power of attorney.

The Health and Care Partnership highlighted the need to enhance the service for young carers, many of whom support relatives who access our Better Care Funded Services. The follow short video highlights the importance of ensuring their needs are understood and their outcomes defined and met as part of our framework planning. <https://youtu.be/I4fzMOWGERQ>. Sheffield Young Carers are commissioned to specifically support those caring for parent's with a substance addiction where adverse childhood experiences could shape the future life of the young carer. More information can be found on their website [Sheffield Young Carers | Dedicated to helping young carers across Sheffield](#).

As part of the BCF Theme 4 – Mental Health - a carers wellbeing course is also commissioned from Sheffield Health and Social Care FT. This course aims to provide support to family and friends who are adult carers and want to learn ways of managing their own mental and physical wellbeing. The short course helps Carers learn and develop new skills which help build resilience to cope with the demands of a caring role as well as meet a network of people with similar life experiences to draw upon at the end of the sessions.

Alongside the specific services there are other ways in which carers are supported by the city. For example, funded within our BCF PKW Theme programmes, attendance at community groups such as coffee mornings or craft clubs can offer breaks in the day or week to allow carers to undertake normal activities away from their caring responsibilities. Dementia cafes can allow carers to leave their loved ones in a safe space while they go shopping or focus time on themselves. The BCF On-Going Care Theme specifically commissioned packages of respite care can allow a long duration vital break from responsibilities that carers need to avoid deterioration in their own health and wellbeing. Those packages are funded by the local authority IBCF funding except for respite packages for clients with learning disabilities which are commissioned by ICB Sheffield Place.

Support for carers is an area highlighted within the developing outcomes framework and a team are currently undertaking a review of these services to understand where they can be enhanced or where gaps have emerged due to the impact Covid-19 has had on many smaller community-based voluntary organisations.

Disabled Facilities Grant (DFG) and Wider Services

The Sheffield Joint Health and Wellbeing Strategy lays the critical foundation for a strong connection with housing, with a priority that:

‘Everyone has access to a home that supports their needs’.

The Sheffield Housing Strategy and Homelessness Prevention Strategy are both due to be renewed. They recognise the importance of health and wellbeing in their plans, as well as the relationships needed between the City Council and their local health partners to deliver them.

Leaders within the Health and Wellbeing Board, and their partners in the Sheffield Health and Care Partnership, recognised that further action was needed to integrate housing within the health and wellbeing agendas across the City. They wanted to explore with their local stakeholders how a more central role for housing could be built and delivered in their future plans. A Sheffield Housing, Health and Wellbeing Summit was established to bring these senior stakeholders together to begin exploring areas for shared opportunity and action in September 2022.

In 2019/20 Sheffield amended their local policy around the use of DFG, adaptations and housing to bring the services closer together and streamline the conversation required to effect change. This led to the creation of the Sheffield Adaptations, Housing and Health Service bringing together a team from social care and housing into one team, and the Housing, Health and Care Reference Group who work with colleagues from health services to assess peoples’ living environment to ensure they promote safety, independence and enablement. The team will review appropriate use of the DFG for adaptation and equipment where a person isn’t a resident in a council property using their four objectives:

- Reduced hospital admissions.
- Earlier hospital discharges.
- Less demand for formal care services.
- Increased independence and wellbeing – discharging the terms of the DFG legislation to help people remain safe and well in their own homes.

The core team within the SAHH are drawn from social care, contracting and AHP backgrounds including specialist OTs, one of whom is embedded within the discharge team at the foundation trust. One of the key changes brought about by policy was for the team to train their own apprentice OTs to ensure continuity of service as the skills are in high demand across the country and have historically proven difficult to recruit and retain. Over the last 12 months the OTs have also worked with health and social care colleagues undertaking reviews of high value intensive packages of home care. These packages were initiated at pace during the pandemic to enable safe discharges and support flow. Working with CHC nurses and social workers the aim is to understand if the clients’ needs could be more effectively met by equipment, adaptations, or assistive technologies such as telecare sensors, which would in

turn reduce the requirement for statutory care hours and ease the intense pressure felt by the home care providers.

Spending in this area has increased significantly over the last two years with an overspend on the DFG allocation, in part by the widening of scope of equipment and adaptation available and offered by the service, where evidence could be given that the intervention would be more effective than on going care provision. The cost pressure also recognises the underlying market costs have increased, in some cases double the pre-pandemic levels, necessitating investment by SCC to continue to meet the demand in a timely manner. The reduction in demand has not yet abated as expected following the pandemic backlog being completed. Work is underway to understand changes in practice against the changes in underlying need in the population.

The equipment contracting team, alongside our equipment provider Medequip and VCSE partner SCCCC, have created training for equipment champions who are embedded within enablement, discharge and reablement teams across the city to promote adaptations and equipment before use of care packages or to minimise additional care requirements.

Where homes cannot be adapted or are not suitable to house the equipment required by the individual the wider housing team based at the council will work to identify alternative accommodation to enable rehousing. The team make use of extra care accommodation while rehoming takes place to ensure safety and ensure discharges are not delayed for those in a hospital setting.

The current standard waiting time for assessment by an OT are around 6 months although our target is to carry out an initial assessment within 3 months of receiving the referral and we have plans in place to meet this target.

For those individuals who are more vulnerable, homeless, rough sleeping, drug and alcohol dependent or with complex needs, mental health or learning disabilities third sector partners are involved in the reviews and remain in contact for up to 12 months to ensure correct placements and appropriate use of adaptations and equipment. Organisations such Thrive, Salvation Army, Humankind, Shelter, CherryTrees and Adullam work with colleagues from South Yorkshire Housing, SCC and the NHS to deliver this additional wrap around support.

Equality and Health Inequalities

We are using information about our population and a differential approach to investment to address inequalities and gaps in services. For example, the People Keeping Well (PKW) BCF theme is commissioned by the Council on behalf of both the CCG and Council and is one of Sheffield's approaches to Social Prescribing. One of the core funding streams is distributed based on deprivation of the city, for example, each of the 100 neighbourhoods is allocated money weighted by the IMD score. PKW, and our community dementia programme, are delivered wholly by the VCSE via community partnerships, of which there are 17 around the city. Local intelligence tells us that those with protected characteristics, people who belong to health inclusion groups and those living in the most deprived communities are disproportionate users of unplanned services. Our plans and metrics will impact positively on this as we focus on the underlying causes of this inequity. In particular our emphasis on neighbourhood approaches will enable a greater understanding of the needs of communities to allow services and interventions be tailored and personalised around those who most need them.

All decisions around service redesign, investment and resource prioritisation are taken to ensure full compliance with the Priorities and Operational Guidelines regarding health inequalities, as well as local authorities' priorities under the Equality Act and NHS actions in line with CORE20PLUS5.

The following documents are examples of the reviews undertaken by our PKW commissioners of our 17 community partners as part of the assessment of the sector.



PKW Next Steps -
DWB response FINAL



PKW next steps
questions M&C FINAL



PKW next steps
questions SOAR Com

Using local evidence alongside national data the system has been able to identify the following priority areas where health inequalities are more profoundly felt. The key areas are BAME communities; areas of high deprivation and poverty; people experiencing homelessness; people who are experiencing mental health issues; and people who have a learning disability and / or physical disability and impairment.

The common theme which emerges when reviewing these communities is a high level of poverty, which has been exasperated by the Covid-19 pandemic. These groups of the populations are also prone to digital exclusion with high levels of digital illiteracy. The ICB Sheffield Place are leading on a Digital Roadmap which explicitly addresses digital inclusion, digital literacy and digital poverty. One of our outcome measures is that more Sheffield people will be able to use digital and online pathways to meet their health and social care needs.

Alongside this, we are ensuring providers offer face to face care to patients who cannot use remote services; and ensure more complete data collection, to identify who is accessing face to face/telephone/video consultations is broken down by patient age, ethnicity, IMD, disability status etc.

Using the network of organisations within the Health and Care Partnership and the governance structure of the JCC and BCF there are plans for the primary care estate in Sheffield to recognise and support digital inclusion in some of our most excluded communities. The primary care hubs projects being developed as part of the ICS Wave 4B Capital Programme in three primary care networks, City Centre, and SAPA5 and Foundry in the north of the City, will include facilities to enable digital access to health and other services for the local population. A similar approach is being taken in our plans to re-develop void space in LIFT and NHS Property Services premises within the City.

The ICB Sheffield Place and Council have jointly funded a pharmacist post embedded with the Better Care Fund Joint Commissioning Office to support the most vulnerable housebound people in our city, particularly people who are in receipt of social care packages to support them at home. Due to multiple long terms conditions, these patients have complex medication regimes which they may struggle to manage. Non health qualified social care staff and family carers may need additional support to help them with medication, and interventions such as specialised feeding techniques, due to lack of knowledge and confidence. The purpose of this post is to provide pharmacy expertise to support carers, so as to improve patient safety

(reducing medication errors) and improving access and experience e.g. for people with dementia, physical disabilities. This project was designed to address feedback from vulnerable people and their carers.

As part of our offer as a city to vulnerable people the services are being reviewed to ensure they are streamlined and that every contact counts for the person. Within this cohort of citizens prevention is difficult as they find working with services to be intimidating or repetitive and will wait until the point of crisis before making contact.

The following document gives an example of the types of services under review:



Decision Report
Older People Preventi

As part of a wider focused approach to early help and prevention the review is looking at the needs of the homeless population, those who require advocacy support to navigate services, or who find they aren't able to cope alone and their health needs are deteriorating at an early age. During the last twelve months work has progressed to establish multi-organisational and multidisciplinary teams to support homeless and rough sleepers including outreach nurses and dedicated mental health specialist to work with people on personalised outcomes.

The HALT drug and alcohol services is being redesigned to expand the outreach and identification elements of the service so we can support more people earlier and maximise the potential benefits for service users.

As part of the Better Care Fund On-Going Care Theme are programmes which commission services for our older citizens who live in care homes, who are some of the city's most vulnerable people with complex health and care needs, often with multiple frailty, and including people nearing the end of life. We have used our Better Care Fund in 2022/23 to provide enhanced support to improve the health status of people in care homes, for example dietetics and speech and language therapy to address swallowing issues and improve nutritional status, as well as work on falls prevention (upskilling care home workers).

The learning from working closer with Providers during the Covid-19 pandemic and the fair cost of care exercise are being embedded within the in-year retendering of home care and care home services to ensure a balanced, sustainable offer across the city designed to meet the differing needs in each network. The aim is for the homecare provider footprints to mirror those of primary care networks to cement the relationships and allow seamless services to be offered which can be response to demand in a timely manner and help deliver the requirements of our active support and recovery programmes.

To support our Mental Health Better Care Fund Theme we have developed Local Care Coordination Centres across the City based on the Team Around the Person (TAP) process. The TAP process supports the integration of health (physical and mental) and social care, reduces demand on the acute/statutory services and supports individuals to build their capabilities and resilience. The process focuses on preventing wellbeing problems from becoming more serious, promotes independence and reduces the need for acute hospital and

residential care services. TAP was designed to support the integration of health (physical and mental) and social care and to help co-ordinate personalised support for individuals, who are involved with multiple services, and their needs are at risk of escalating. It is closely linked to our mental health transformation work streams.

To date TAPs have been successful in pilot areas, over 350 referrals have been received and over 40 services/organisations have been involved. Some of the initial key findings are that TAP:

- creates a more accurate assessment of risk and need,
- improves identification of risk, thereby allowing for earlier intervention,
- uncovers multiple previously unmet needs.
- enables a more thorough and driven management of cases and have avoided cases getting 'lost' in the system.
- improves standards of care and support and greater scrutiny between professional organisations.
- achieves greater efficiencies in process and resources due to avoiding duplication of services.

In 2022/23 investment has been made for evidence-based changes in the care offered by general practices and networks working within our most deprived populations. This includes extended appointments for patients with the most complex needs to enable a holistic approach to care, and co-location of other groups in PCNs who are able to provide advice and support, such as Citizens Advice within practices.

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London,
SE1 8UG
E-mail:
england.pcpc@nhs.net

To: *(by email)*
Cllr Angela Argenzio, Chair, Sheffield Health
and Wellbeing Board
Emma Latimer, Accountable Officer, Integrated
Care Board
Kate Josephs, Chief Executive, Sheffield City
Council

06 January 2023

Dear Colleagues,

BETTER CARE FUND 2022-23

Thank you for submitting your Better Care Fund (BCF) plan for regional assurance and approval. We recognise that the BCF has again presented challenges in preparing plans at a late stage and at pace and we are grateful for your commitment in providing your agreed plan.

I am pleased to let you know that, following the assurance process, your plan has been classified as '**Approved**'. The relevant NHS funding can therefore now be formally released subject to the funding being used in accordance with your final approved plan, and in accordance with the conditions set out in the BCF policy framework for 2022-23 and the BCF planning requirements for 2022-23, including the transfer of funds into a pooling arrangement governed by a Section 75 agreement.

You will also be aware of the recent announcement regarding the Adult Social Care Discharge Fund and the conditions requiring that the funding allocations be pooled into the BCF. This additional funding has been made available to help you reduce delays in discharge from hospitals and support those who are fit to leave hospital so that they can continue their recovery in the most appropriate location. As you already do with the BCF, it is crucial that health and care systems and providers work together to meet the care needs of people and make the best use of this additional funding.

The Disabled Facilities Grant (DFG) and the improved Better Care Fund (iBCF) grant are paid directly to local authorities via a grant by the Department of Levelling Up, Housing and Communities. Local authorities are also receiving additional grant allocations through the Adult Social Care Discharge Fund. These grants are pooled together with the NHS BCF allocations and are subject to grant conditions set out in their respective grant determinations, as specified in the BCF planning requirements.

Your Section 75 agreement covering the whole of the BCF plan including the Adult Social Care Discharge Fund monies should be developed and agreed by all parties by the end of January 2023.

Ongoing support and oversight with regards to the spending of BCF funding will continue to be led by your local Better Care Manager (BCM). Following the assurance process, we are asking all BCMS to feed back to local systems where the assurance process identified areas for improvement in plans and share where systems may benefit from conversations with other areas. BCMS will also review the Capacity and Demand plans that areas were asked to complete to identify support needs and inform requirements for future years. Nationally, we will also be reflecting on what the data tells us and what more we need to consider in the future.

Local systems must remain compliant with the conditions set out in the BCF policy framework for 2022-23 and the BCF planning requirements for 2022-23 (including the addendum published for the Adult Social Care Hospital Discharge Fund). Where an area is not compliant with one or more conditions of the BCF, or if the funds are not being utilised in accordance with the agreed plan or are being utilised in a way which creates a risk that the conditions will not be met, then the BCF team, in consultation with national partners, may make a recommendation to initiate the intervention and escalation process as outlined in the BCF planning requirements 2022-23. Any intervention will be proportionate to the risk or issue identified. The intervention and escalation process is outlined in the BCF Planning Requirements 2022-23.

Reporting on the overall BCF programme for 2022-23 will be limited to an End of Year return. However, there are additional planning and reporting requirements for the Adult

Social Care Discharge Fund which must be complied with including the submission of the planning template and fortnightly reporting. Further information on End of Year reporting will be confirmed in due course.

Once again, thank you for your work and best wishes with implementation and ongoing delivery.

Yours sincerely,



Dr Amanda Doyle OBE, MRCGP

National Director, Primary Care and Community Services, NHS England

Copy (by email) to:

Richard Barker, Regional Director, NHS England

James Sanderson, Director of Community Health Services and Senior Responsible Officer for the Better Care Fund

Jennifer Keane, National Director, Intermediate Care and Rehabilitation, NHS England

Rosie Seymour, Programme Director, Better Care Fund Team, Better Care Fund Programme, NHS England

Jayne Robson and Jenny Sleight, Better Care Managers, Better Care Fund Programme, NHS England

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SECTION 75 AGREEMENT 2022/23 SIGN-OFF

SHEFFIELD PARTNERSHIP BOARD

21 FEBRUARY 2023

Author(s)	Martin Smith, Deputy Director of Planning and Joint Commissioning
Sponsor	Sandie Buchan, Director of Strategic Planning
Purpose of Paper	
<p>The purpose of the papers is to receive confirmation that, following approval of our Better Care Fund plan, the Section 75 agreement between Sheffield City Council and South Yorkshire ICB has been updated and signed. The Deed of Variation is appended to this paper for completeness at Appendix A.</p>	
Key Issues	
<p>Better Care Fund (BCF) plans are jointly developed by health and social care partners in every area in England and support integrated, person-centred care in communities. The BCF policy framework sets out the national conditions, metrics and funding arrangements for the BCF in 2022/23.</p> <p>On 22 September 2022, the government announced its plan for patients. This plan committed £500 million for the rest of this financial year, to support timely and safe discharge from hospital into the community by reducing the number of people delayed in hospital awaiting social care. Revised guidance was issued that set out the conditions for use of this funding.</p> <p>The Disabled Facilities Grant (DFG) and the improved Better Care Fund (iBCF) grant are paid directly to local authorities via a grant by the Department of Levelling Up, Housing and Communities. Local authorities are also receiving additional grant allocations through the Adult Social Care Discharge Fund. These grants are pooled together with the NHS BCF allocations and are subject to grant conditions set out in their respective grant determinations, as specified in the BCF planning requirements.</p> <p>The revised plan for the Sheffield BCF was approved by NHS England on 6 January 2023. The section 75 agreement was updated to reflect the revised BCF plan. It was also updated to reflect our agreed revised governance arrangements and the expanded scope of budgets approved in March 2022. The Deed of Variation is appended to this cover paper.</p>	
Is your report for Approval/Consideration/Noting	
Noting	
Recommendations/Action Required by the Sheffield Partnership Board	
<p>Sheffield Partnership Board is asked to note that, following approval of our Better Care Fund plan, the Section 75 agreement between Sheffield City Council and South Yorkshire ICB has been updated and signed.</p>	



What assurance does this report provide to the Sheffield Partnership Board in relations to the ambitions of the Health and Wellbeing Strategy 2019-2024	
	Please ✓
Every child achieves a level of development in their early year for the best start in life	
Every child is included in their education and can access their local school	
Every child and young person has a successful transition to independence	
Everyone has access to a home that supports their health	
Everyone has a fulfilling occupation and the resources to support their needs	
Everyone can safely walk or cycle in their local area regardless of age or ability	
Everyone has equitable access to care and support shaped around them	
Everyone has the level of meaningful social contact that they want	
Everyone lives the end of their life with dignity in the place of their choice	
Are there any Resource Implications (including Financial, Staffing etc)?	
Not in addition to those already agreed in the plan.	
Have you carried out an Equality Impact Assessment and is it attached?	
N/A	
Have you involved patients, carers and the public in the preparation of the report?	
N/A	



Author/Lead Officer of Report: Alexis Chappell

Tel: 0114 4742035

Report of: *Alexis Chappell, Director of Adult Health and Adult Social Care*

Report to: *Co-operative Executive*

Date of Decision: *16th March 2022*

Subject: *Working together with the NHS in Sheffield: Future Vision and Governance'*

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 type="checkbox"/>	
- Affects 2 or more Wards	<input checked="" type="checkbox"/>	
Which Executive 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? Reference Number: 990		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Purpose of Report:

The purpose of this report is to provide an overview of the proposals in the Health and Care Bill for the creation of statutory Integrated Care Systems, to propose future arrangements for the governance of joint health and social care commissioning in light of, those proposed changes and to seek approval to amend the existing S75 agreement from 1st April 2022.

Recommendations:

It is recommended that the Co-operative Executive:

- 1) Note the proposals for statutory Integrating Care Systems (ICS) and the abolition of Clinical Commissioning Groups outlined in the Health and Social Care Bill.
- 2) Agree the proposals for future arrangements for joint commissioning of health and social care and the governance of those arrangements as set out in paragraphs 1.13 to 1.14 of this report.
- 3) Approve the revised scope and budget of the existing S75 agreement as outlined in Appendix A, with the changes to take effect from 1st April 2022.
- 4) To the extent not covered by existing delegations, delegate authority to the Director of Adult Health and Social Care in consultation with the Director of Legal and Governance, Director of Finance and Commercial Services and the Executive Member for Health and Social Care to take such steps as are necessary to implement or facilitate the implementation of those proposals and the objectives set out in this report.
- 5) Agree to receive regular updates on progress with the implementation of those future arrangements and on the Health and Social Care Bill.

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>Eugene Walker</i>
		Legal: <i>Sarah Bennett</i>
		Equalities: Ed Sexton
<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	EMT member who approved submission:	<i>Alexis Chappell, Director of Adult Health and Social Care</i>
3	Executive Member consulted:	<i>Cllr George Lindars-Hammond</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.	
	Lead Officer Name: <i>Alexis Chappell</i>	Job Title: Director of Adult Health and Social Care
	Date: 7th January 2022	

1. PROPOSAL

Joint Health and Care Commissioning in Sheffield

- 1.1 In 2015, Sheffield CCG and Sheffield City Council established a pooled fund and related Section 75 agreement that enabled and supported the integration of health and social care services and governance in relation to the National Better Care Fund.
- 1.2 Sheffield was one of the leading cities in this National Programme, agreeing to a pooled budget of over £272m in 2016/17 and over £400m in 2021/22. This has led to shared commissioning arrangements and positive joint working and collaboration within Sheffield.
- 1.3 In March 2019 the Clinical Commissioning Group (CCG) Governing Body and Sheffield City Council (SCC) Cabinet subsequently approved the creation of a Joint Commissioning Committee (the JCC) to oversee the Section 75 Agreement and thereby lead on, and give shared local accountability to, shaping the development of joint health and care commissioning.
- 1.4 It was agreed that the JCC would support the work of the Health and Wellbeing Board by maintaining a focus on prevention and activity that aims to keep people living independent, healthy, active lives through:
 - Having a single commissioning voice
 - Owning a single commissioning plan for Sheffield
 - Ensuring the new models of care delivered the outcomes required for the Sheffield population
 - Build on the Better Care Fund and Section 75 agreement to drive forward change
- 1.5 It was agreed the Executive Management group, that oversees the Better Care Fund and Section 75 arrangements from an operational point of view, would be the engine room of the Joint Commissioning Committee; supporting the development of a Joint Commissioning Plan and assuring delivery.
- 1.6 The existence of the JCC means that Cabinet Members and NHS Sheffield Governing body members are brought together to oversee our joint approach to Health and Social Care. It is acknowledged in the governance arrangements that both Sheffield CCG and Sheffield City Council have statutory obligations and internal governance processes to meet these obligations and that, ultimately, decisions do have to be taken separately. However, the current approach ensures that consistent recommendations are made on commissioning decisions to both Sheffield City Council and the Sheffield CCG.

The Health and Care Bill and what it means for Joint Commissioning in Sheffield

- 1.7 In July this year the Government published the Health and Care Bill setting out key legislative proposals to reform the delivery and organisation of health services in England. The stated aim of the proposed legislation is to promote more joined-up services and to ensure more of a focus on improving health rather than simply providing health care services.
- 1.8 Under the arrangements set out in the Bill, amongst other things, Clinical Commissioning Groups will be abolished, and new integrated care systems (ICSs) will be created. Each ICS will be comprised of an integrated care board (ICB), responsible for NHS strategic planning and allocation decisions, and an integrated care partnership (ICP), responsible for bringing together a wider set of system partners to develop a plan to address the broader health, public health and social care needs of the local population.
- 1.9 The ICSs are intended to cover larger geographical areas than the existing CCGs. However, the Bill and associated guidance from NHS England anticipate that much of the actual activity to integrate care and improve population health will be driven by both commissioners and providers collaborating over smaller geographies within ICSs, often referred to as 'places'.
- 1.10 Information was provided to Healthier Communities and Adult Social Care Scrutiny Committee on 1st September 2021 regards development of South Yorkshire and Bassetlaw Integrated Care System. It is understood that an ICS Scrutiny Working Group is to be formed to review ICS developments.
- 1.11 In line with this approach, the NHS England Thriving Places Guidance sets out a number of options for financial decision making to be delegated to at "place" when the CCG is dissolved.

These options are:

- Option 1 - Consultative Forum: A collaborative forum to inform and align decisions by relevant statutory bodies, such as the ICB or local authorities, in an advisory role. In this arrangement, the decisions of statutory bodies should be informed by the consultative forum.
- Option 2 - Individual Executives or Staff: Statutory bodies may agree to delegate functions to individual members of staff to exercise delegated functions, and they may convene a committee to support them, with membership that includes representatives from other organisations.
- Option 3 - Committee of a Statutory Body: A committee provided with delegated authority to make decisions about the use of resources. The terms of references and scope are set by the statutory body and agreed to by the committee members. A delegated budget can be set to describe the level of resources available to cover the remit of the committee.

- Option 4 - Joint Committee: A committee established between partner organisations, such as the ICB, local authorities, statutory NHS providers or NHS England and NHS Improvement. The relevant statutory bodies can agree to delegate defined decision-making functions to the joint committee in accordance with their respective schemes of delegation. A budget may be defined by the bodies delegating statutory functions to the joint committee, to provide visibility of the resources available to deliver the committee's remit.
- Option 5 - Lead Provider: A lead provider manages resources and delivery at place-level, as part of a provider partnership, under a contract with the ICB and/or local government, having lead responsibility for delivering the agreed outcomes for the place (including national standards and priorities) for the defined set of services.

1.12 It is expected that, if passed into law, the Health and Care Act will take effect from 1st July 2022. Should the Bill be passed in its current form, it is anticipated that agreements and arrangements currently in place will transfer directly from Clinical Commissioning Groups to the newly constituted Integrated Care Board's.

1.13 The local NHS arrangements are yet to be agreed but there is a joint commitment to continue with the existing arrangements as far as possible. To that end, it is proposed that:

- a) We support financial decision making on behalf of the SY Integrated Care Board being delegated to the NHS Integrated Care System Executive Director for Sheffield. It is envisaged that the incumbent in this role will be a voting member on the Integrated Care Board of the SY ICS (still to be confirmed) as well as a member on the Sheffield Health and Care Partnership Board, which will act as a collaborative forum of the kind envisaged by option 1 in the Thriving Places guidance.
- b) The Section 75 agreement and pooled budget are continued, amended as set out below at paragraph 1.15, and the Joint Commissioning Committee remains in place (with revised terms of reference and membership such as may be required to reflect the new ICB and any delegations they may have in place e.g. as envisaged by (a) above) and continues to provide strategic and financial oversight of the Better Care Fund requirements, the wider Section 75 agreement, the pooled budget and place-based arrangements aligned to Sheffield Health and Wellbeing Outcomes and Strategic Frameworks.
- c) Professional advice will be provided from the Director of Public Health, Director of Finance and Commercial Services, Director of Adult Services (DASS), Director of Children Services (DCS), Director of Communities and Director of Commissioning from Sheffield City Council to support collaboration and effective communication to Council Committees and processes

- d) The Joint Commissioning Committee is directly supported by all age disability boards (Autism Partnership Board, Changing Futures, Learning Disability Partnership Board, Carers Partnership Board, Mental Health Collaborative Board) to reflect and support an all age approach and an operational group that will consist of commissioners, health and social care providers and representatives of people with lived experience and their carers ensuring effective collaboration, alignment to Sheffield Health and Wellbeing Outcomes and our place based priorities.
- e) The Joint Commissioning Committee provides regular reports to the Health and Wellbeing Board, Sheffield City Council Local Area Committees, Integrated Care Board and any other relevant Sheffield City Council Committees on progress of delivery against outcomes achieved to ensure transparency and accountability of its functions.
- f) The Joint Commissioning Office continues its function in its current structure and remit, working across Sheffield CCG (SY ICS, Sheffield Team post July 2022) and Sheffield City Council to support management of the Committee, programme management and progress reporting.

1.14 These proposals aim to ensure that:

- the Joint Commissioning Committee will continue as the mechanism for assurance of joint commissioning and delivery
- the successful current governance processes whereby decisions are ratified separately in accordance with each organisation’s statutory and governance requirements but are informed by a collaborative approach and a clear joint recommendation, will be retained.
- financial decisions will continue to be made in accordance with the section 75 arrangements, and collaborative discussions will also continue, ensuring alignment of the priorities across Sheffield.

Amendments to the Existing S75 Agreement

1.15 While preparing for the changes outlined above, work has been undertaken to review the scope of the S75 agreement and the budgets that support the joint commissioning priorities, from both a SCC and health perspective. Having done so it is recommended that the S75 agreement be amended to incorporate all of the priority areas and budgets set out at Appendix A.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 The overarching principles of the ambitions detailed in this report are consistent with the One Year Plan, the Health and Wellbeing Board Strategy, the emerging Adult Social Care Strategy, and the Adult Social Care Transformation Programme.

Sheffield City Council One Year Plan details that *“we will secure a future working relationship with the new NHS structures, founded in our vision to*

deliver excellent health and care services in communities across Sheffield, end health inequalities, integrate care and have public delivery at the heart of health and care.”

The proposals contained within this report deliver upon this one year plan ambition and action.

3. HAS THERE BEEN ANY CONSULTATION?

- 3.1 Formal consultation with citizens isn't required as part of this process but there is an overarching commitment to the principle of co-production as part of the development process and involvement of representatives of citizens in the update of the Joint Commissioning Committee
- 3.2 Close discussion has taken place with all stakeholders involved.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 As a Public Authority, we have legal requirements under the Equality Act 2010, collectively referred to as the 'general duties to promote equality'. To help us meet the general equality duties, we also have specific duties.
- 4.1.2 The Public Sector Equality Duty, set out in section 149(1), requires a Public Authority, in the exercise of its functions, to have due regard to the need to:
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under [the] Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 4.1.3 The proposal to develop Integrating Care Systems (ICS) is consistent with this Duty. As set out in this report, measures to address health inequalities, and health and wellbeing, between people who share different protected characteristics are a fundamental element of the ICS. The primacy of this issue is reflected in the first of Sheffield City Council's principles for the approach, namely *Ending Inequalities and Improving Wellbeing Outcomes*.
- 4.1.4 The report also highlights broader considerations of equality, including through the Foundation Living Wage (addressing poverty and financial exclusion, as well as quality and continuity of care and workforce development); and a potential support role for the voluntary sector within the Public Delivery principle.

4.2 Financial and Commercial Implications

- 4.2.1 The proposals seek to maintain a pooled budget across health and social care for both adult and children services. This will in turn support and enable implementation of joint commissioning as well as formal governance of joint decision making through the revision to the joint commissioning committee.
- 4.2.2 Work has been undertaken to review the budgets that support the joint commissioning priorities, from both a SCC and health perspective. The revised financial arrangements, if approved, would see the total funding aligned within the section 75 agreement from £418m to £754m, as set out in Appendix A (the SCC budgets within scope would increase from £142m to £235m, mainly due to the inclusion of children's services).
- 4.2.3 The Council's financial position requires all budgets to be tightly monitored and these developments will be subject to robust financial governance.

4.3 Legal Implications

- 4.3.1 S75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 (as amended) set out the basis on which NHS bodies and local authorities can work together. Regulation 10(2) specifically provides that this may include establishment of a joint committee to take responsibility for the management of partnership arrangements including monitoring the arrangements and receiving reports and information on the operation of the arrangements.
- 4.3.2 The Health and Care Bill is currently being debated in parliament and is anticipated to be passed in time for its provisions to come into force in July 2022.
- 4.3.3 The proposals in this Report are consistent with the provisions of the legislation as they currently stand.

4.4 Other Implications

- 4.4.1 No other implications are relevant

5. **Alternative Options Considered**

- 5.1 No other potential options are relevant

6. **REASONS FOR RECOMMENDATIONS**

- 6.1 Our aim is to secure a healthier Sheffield, improved outcomes for people and form a stronger relationship with the NHS.
- 6.2 The Health and Social Care Bill sets out a framework for integrating health and social care starting with the development of Integrated Care Systems

(ICS) to tackle inequalities, improve population health and wellbeing, deliver excellent care, and maximise use of resources. It is likely that the Bill will be implemented in July 2022.

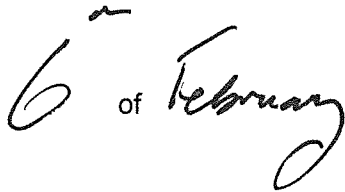
- 6.3 The recommendations in this report note the proposals in the Bill and enable the Council to prepare for its implementation; building on our current, successful, arrangements so that we can continue to collectively deliver excellent quality, personalised services which enable people to experience seamless services and live well and independently in communities across Sheffield.

Proposed Revised Budgets for inclusion within the s75 Agreement

	Current s75		
	CCG	SCC	Total
<u>JCC Priority Area</u>	£'m	£'m	£'m
Children and Young People			
Ageing Well	49.7	14.4	64.1
All Age Mental Health	106.3	10.7	117.0
All Age Learning Difficulties	15.4	44.9	60.3
On-Going Care	35.5	65.9	101.4
Collaborative Working	0.0	0.0	0.0
Urgent and Emergency Care	69.9	0.0	69.9
Disability Facilities Grant		5.7	5.7
Total	276.8	141.6	418.3

	Proposed s75 21/22		
	CCG	SCC	Total
<u>JCC Priority Area</u>	£'m	£'m	£'m
Children and Young People	62.9	73.6	136.5
Ageing Well	77.5	18.4	95.9
All Age Mental Health	137.9	19.2	157.2
All Age Learning Difficulties	21.4	44.9	66.4
On-Going Care	38.1	71.0	109.0
Collaborative Working	1.0	2.1	3.1
Urgent and Emergency Care	180.2	0.1	180.3
Disability Facilities Grant		5.7	5.7
Total	519.1	234.9	754.0

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This deed of variation ("Deed") is dated  2023

PARTIES

- (1) SHEFFIELD CITY COUNCIL of Town Hall, Pinstone Street, Sheffield, S1 2HH (the "Council");
- (2) NHS SOUTH YORKSHIRE INTEGRATED CARE BOARD of 722 Prince of Wales Road, Darnall, Sheffield, S9 4EU ("ICB")

BACKGROUND

- (A) The Council and ICB (previously NHS Sheffield CCG) are party to an agreement for Framework Partnership Agreement Relating to the Commissioning of Health and Social Care Services (Better Care Fund) dated 22 April 2015 (the **S75 Agreement**) a copy of which is attached at the Appendix 1 to this Deed.
- (B) The S75 Agreement is reviewed and updated annually in order to provide accurate details to the Better Care Fund and also the relevant service scheme specifications. Unless it is expressly stated otherwise, all references to the S75 Agreement in this Deed shall include the original S75 Agreement and all the deeds of variation to the S75 Agreement made between the Council and ICB, including:
 - Deed of variation (for the financial year 2017/18) dated 15 Feb 2018
 - Deed of variation (for the financial year 2018/19) dated 26 March 2019
 - Deed of variation (for the financial year 2019/20) dated 27 January 2020
 - Deed of variation (for the financial year 2020/21) dated 27 February 2021
 - Deed of variation (for the financial year 2021/22) dated 16 January 2022
- (C) The Council and the ICB have agreed to vary the S75 Agreement as set out in this Deed. The purpose of this Deed is to record both parties' agreement to the variation and such variation shall be deemed to have come into effect from 1 April 2022 (**Variation Date**).

AGREED TERMS

1. In this Deed, expressions defined in the S75 Agreement and used in this Deed have the meaning set out in the S75 Agreement. The rules of interpretation set out in the Agreement apply to this Deed.
2. VARIATION
 - 2.1 With effect from the Variation Date the parties agree the following amendments to the S75 Agreement:
 43. Clause 30.3.1 and clause 30.3.2 shall be amended to read as follows:
and 30.3.2 amended:
 - 30.3.1 *if to the Council, addressed to the Director of Legal and Governance, Sheffield City Council, Town Hall, Pinstone Street, Sheffield, S1 2HH*
 - 30.3.2 *if to the ICB, addressed to Director of Strategy (Sheffield), 722 Prince of Wales Road, Sheffield, S9 4EU*
The Council does not accept service of notice by email or by fax.

4. Schedule 1 - Scheme Specifications The following Scheme Specifications are updated in full and an updated version of each Scheme Specification is set out in Appendix 2a of this Deed respectively. The scope of this agreement has been expanded to cover services not within the formal Better Care Fund arrangements, specifically a range of children's services and a breakdown of schemes to highlight those services which are to be classified as Learning Disabilities in the Joint Commissioning Intentions budgets.

Appendix 2a

Better Care Fund Programme Schemes and move to Joint Commissioning Intentions with the inclusion of two new schedules

Appendix 2b

Treatment of Outside of Allocation National Funding to Sheffield Place - Key Principles

- Schedule 2 (Governance) The partnership governance arrangements have been updated as a result of the establishment of NHS South Yorkshire ICB on 1 July 2022. These arrangements and terms of reference supersede those described in the original BCF agreement and are set out in Appendix 2a (Schedule 2) of this Deed.

2.2 Except as set out in Clause 2.1, the S75 Agreement shall continue in full force and effect.

3. GOVERNING LAW

- 3.1 This Deed and any dispute or claim (including non-contractual disputes or claims) arising out of or in connection with it or its subject matter or formation shall be governed by and construed in accordance with the law of England and Wales.

4. JURISDICTION

- 4.1 Each party irrevocably agrees that the courts of England shall have exclusive jurisdiction to settle any dispute or claim (including non-contractual disputes or claims) arising out of or in connection with this Deed or its subject matter or formation.

This document may be entered into by the parties on separate counterparts, each of which so executed and delivered shall be an original, but all the counterparts shall together constitute one and the same instrument.

IN WITNESS HEREOF this document has been executed as a Deed by the parties and is delivered on the date of this S75 Agreement

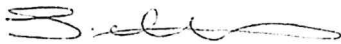
Executed as a Deed by SHEFFIELD CITY COUNCIL
whose seal was hereunto affixed in the presence of:



Authorised Signatory:

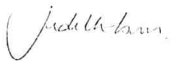
23-1878-4765

**Executed as a Deed by NHS SOUTH
YORKSHIRE INTEGRATED CARE BOARD,**
acting by



Name: **Jackie Mills**
Job title: **Chief Finance Officer**

In the presence of:



.....
Witness:

Name of witness: Judith Town

Address of witness:

**722 Prince of Wales Road
Darnall
Sheffield**

Occupation of witness: Accountant

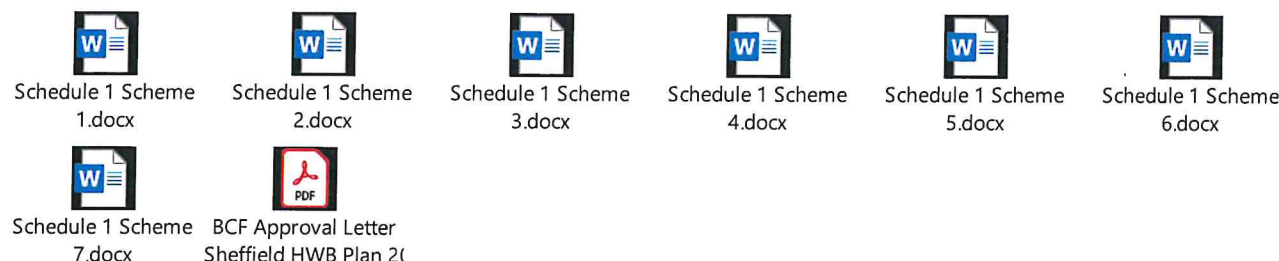
Better Care Fund (The S75 Agreement)



S75 Agreement
engrossment version.

Schedule 1 – Scheme Specification

Since the mandatory implementation of the Better Care Fund using the Section 75 partnership agreements, legally provided by the NHS Act 2006, allow budgets to be pooled between local health and social care organisations and authorities, Sheffield has grouped their programmes into 7 schemes. The following embedded files show the schemes updated to 2022/23 initial budget values and the governance arrangements against each work programme. The values and breakdown are those approved by NHS England.



The programmes have been delivered within the current structure since 2017. Each year reported benefits are realised by both partner organisations and signed off locally by the Sheffield City Health and Wellbeing Board and approved at a national level by NHS England Better Care Fund Team.



The ambition in Sheffield has always been to extend above the national mandated partnership and embed joint commissioning into everyday practice and all relevant commissioning decisions. To enable this Sheffield established a Joint Commissioning Committee in 2019/20 with the following Terms of Reference, Priorities and Principles agreed.



In March 2022, the Council's Co-operative Executive approved proposals that aimed to ensure that:

- the Joint Commissioning Committee will continue as the mechanism for assurance of joint commissioning and delivery
- the successful current governance processes whereby decisions are ratified separately in accordance with each organisation's statutory and governance requirements but are informed by a collaborative approach and a clear joint recommendation, will be retained.
- financial decisions will continue to be made in accordance with the section 75 arrangements, and collaborative discussions will also continue, ensuring alignment of the priorities across Sheffield.

While preparing for the changes outlined above, work was undertaken to review the scope of the S75 agreement and the budgets that support the joint commissioning priorities, from both a council and NHS perspective. Having done so it was agreed that the S75 agreement be amended to incorporate all of the priority areas and budgets set out in the attached report.



Working together with the NHS in She

The following schedules reflect the expansion of the agreement to include CYP, giving an overview of the aims and outcomes expected from the CYP programme, and provide more detail around the Learning Disabilities workstream.



JCI Scheme -
Learning Disabilities.d



JCI Scheme -
Children and Young P

Schedule 2 – Governance

In October 2022, organisations within the Sheffield Partnership agreed to establish a Framework to bring together different elements of governance in order to promote and enable the integration of services for the Sheffield population. The Framework is set out in the document below



Paper A Sheffield Partnership Framework

The Framework brings together different aspects of governance and agreed to establish a Sheffield Partnership Board which is a Meeting in Common, bringing together the following committees:

- The ICB Place committee (providing a mechanism for delegation within the Integrated care Board so that decision on priorities and resources can take place locally with the wider health and care partners);
- The Health and Care Place Partnership (providing a mechanism to deliver on strategic policy matters relevant to the achievement of the Place Plan. All health and care partners across Sheffield work collaboratively to plan and deliver joined-up services and to improve the health of people who live and work in Sheffield).
- Joint Commissioning S75 Committee (a joint committee between the ICB and Local Authority to manage business related to the S75 agreement).

Terms of Reference for these different committees are shown below.



Paper A - Appendix A - Sheffield Place P.

Schedule 3 – Finance

The following tables show the existing Better Care Fund programmes budgets as per the 2022/23 approved plan for each organisation and the mapping to the new commissioning intention work programmes.

	Risk Share Category	Initial Budget 2022/23	Acute, Cancer and Public Health Services	Ageing Well	All Age Learning Disabilities	All Age Mental Health	Children and Young People	Collaborative Working	Disabilities Facilities Grant	On Going Care	Primary Care/ PCNs/ Locality Teams	Urgent and Emergency Care
		£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
1 People Keeping Well in their Local Community												
NHS Sheffield SYICB												
	B	776								776		
	A	71		71								
	A	482								482		
	sub total	1,329	0	71	0	0	0	0	0	1,258	0	0
Sheffield City Council												
	A	550		550								
	A	1,651	814								837	
	B	532		532								
	A	881		881								
	A	1,805				1,805						
	A	1,407		1,407								
	A	95			95							
	sub total	6,921	814	3,370	95	1,805	0	0	0	0	837	0
Theme 1 Total - People Keeping Well in their Local Community												
		8,249	814	3,441	95	1,805	0	0	0	1,258	837	0
2 Active Support & Recovery												
NHS Sheffield SYICB												
	A	18,178		18,178								
	A	21,079		21,079								
	A	5,586		5,586								
	B	1,817		1,817								
	sub total	46,660	0	46,660	0	0	0	0	0	0	0	0
Sheffield City Council												
	B	6,011		6,011								
	B	0		0								
	B	2,580		2,580								
	sub total	8,591	0	8,591	0	0	0	0	0	0	0	0
Theme 2 Total - Active Support & Recovery												
		55,251	0	55,251	0	0	0	0	0	0	0	0
3 Independent Living Solutions												
NHS Sheffield SYICB												
	C	2,581		2,581								
	sub total	2,581	0	2,581	0	0	0	0	0	0	0	0
Sheffield City Council												
	C	1,223		1,223								
	A	2,011		2,011								
	sub total	3,235	0	3,235	0	0	0	0	0	0	0	0
Theme 3 Total - Independent Living Solutions												
		5,816	0	5,816	0	0	0	0	0	0	0	0
4 Ongoing Care												
NHS Sheffield SYICB												
	B	17,623								17,623		
	A	57,544			18,366					39,178		
	C	194								194		
	sub total	75,361	0	0	18,366	0	0	0	0	56,995	0	0
Sheffield City Council												
	B	69,048								69,048		
	B	36,094			36,094							
	C	255								255		
	A	0								0		
	A	316								316		
	A	0								0		
	A	687			687					0		
	A	4,050			4,050							
	sub total	110,451	0	0	40,831	0	0	0	0	69,620	0	0
Theme 4 Total - Ongoing Care												
		185,811	0	0	59,197	0	0	0	0	126,614	0	0
5 Expenditure on Adult Inpatient Medical Emergency Admissions												
NHS Sheffield CCG												
	A	72,629										72,629
Theme 5 Total - Adult Inpatient Medical Emergency Admissions												
		72,629	0	0	0	0	0	0	0	0	0	72,629
6 Mental Health												
NHS Sheffield CCG												
	A	91,839				91,839						
	A	1,764				1,764						
	A	1,021				1,021						
	A	0				0						
	A	15,670				15,670						
	sub total	110,293	0	0	0	110,293	0	0	0	0	0	0
Sheffield City Council												
	A	81				81						
	A	11,292				11,292						
	B	0				0						
	B	448				448						
	sub total	11,821	0	0	0	11,821	0	0	0	0	0	0
Theme 6 Total - Mental Health												
		122,114	0	0	0	122,114	0	0	0	0	0	0
7 Capital Grants												
NHS Sheffield CCG												
		0										
Sheffield City Council												
	A	6,797						6,797				
Theme 7 Total - Capital Grants												
		6,797	0	0	0	0	0	6,797	0	0	0	0
TOTAL												
		456,667	814	64,507	59,291	123,919	0	0	6,797	127,872	837	72,629
Risk Share Summary												
		306,078	0	46,731	18,366	110,293	0	0	0	58,253	0	72,629
		144,580	814	11,961	40,926	13,626	0	0	6,797	69,620	837	0
		2,775	0	2,581	0	0	0	0	0	0	0	0
		3,235	0	3,235	0	0	0	0	0	0	0	0
		308,853	0	49,312	18,366	110,293	0	0	0	58,253	0	72,629
		147,814	814	15,195	40,926	13,626	0	0	6,797	69,620	837	0
		456,667	814	64,507	59,291	123,919	0	0	6,797	127,872	837	72,629
Memo: Aligned Budgets												
		92,520										92,520
Memo: Grand Total Inpatient Emergency Admissions												
		165,148										165,148

There are also elements of funding within each organisation which is included within the Section 75 and within the oversight of the Joint Commissioning Committee, but which is excluded from the Better Care Fund due to the existing delegated nature of the funding. This is shown in the following tables:

Commissioning Intention Combined Budgets	Budget for 2022/23		
	Within Current BCF	Added to S75	Total
In Scope	£'000's	£'000's	£'000's
Children and Young People	-	166,619	166,619
Ageing Well	64,507	14,366	78,873
All Age Mental Health	123,919	30,460	154,380
All Age Learning Disabilities	59,292	8,192	67,484
On-Going Care	127,872	11,579	139,451
Collaborative Working	-	5,116	5,116
Urgent and Emergency Care	72,629	123,645	196,274
Disability Facilities Grant	6,797	-	6,797
Total In Scope	455,017	359,976	814,993
Not in Scope of Commissioning Intentions	£'000's	£'000's	£'000's
Acute, Cancer and Public Health Services	814	433,494	434,307
Primary Care Prescribing	-	97,474	97,474
Primary Care/PCNs/Locality Teams	837	151,088	151,925
Total Not in Scope of Commissioning Intentions	1,651	682,056	683,706
Not proposed to be delegated	£'000's	£'000's	£'000's
Not proposed to be delegated	-	18,079	18,079
Total Not Proposed to be Delegated	-	18,079	18,079
Total	456,667	1,060,110	1,516,777

Commissioning Intention Combined Budgets	Budget for 2022/23			NHS South Yorkshire ICB			Sheffield City Council		
	Within Current BCF	Added to S75	Total	Within Current BCF	Added to S75	Total	Within Current BCF	Added to S75	Total
In Scope	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's
Children and Young People	-	166,619	166,619	-	70,897	70,897	-	95,722	95,722
Ageing Well	64,507	14,366	78,873	49,312	9,683	58,995	15,195	4,682	19,878
All Age Mental Health	123,919	30,460	154,380	110,294	21,678	131,971	13,626	8,783	22,408
All Age Learning Disabilities	59,292	8,192	67,484	18,366	7,803	26,169	40,926	389	41,315
On-Going Care	127,872	11,579	139,451	58,252	2,429	60,682	69,619	9,150	78,769
Collaborative Working	-	5,116	5,116	-	959	959	-	4,156	4,156
Urgent and Emergency Care	72,629	123,645	196,274	72,629	123,574	196,203	-	71	71
Disability Facilities Grant	6,797	-	6,797	-	-	-	6,797	-	6,797
Total In Scope	455,017	359,976	814,993	308,853	237,023	545,876	146,164	122,953	269,117
Not in Scope of Commissioning Intentions	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's
Acute, Cancer and Public Health Services	814	433,494	434,307	-	430,416	430,416	814	3,078	3,891
Primary Care Prescribing	-	97,474	97,474	-	97,474	97,474	-	-	-
Primary Care/PCNs/Locality Teams	837	151,088	151,925	-	115,328	115,328	837	35,760	36,597
Total Not in Scope of Commissioning Intentions	1,651	682,056	683,706	-	643,218	643,218	1,651	38,838	40,488
Not proposed to be delegated	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's
Not proposed to be delegated	-	18,079	18,079	-	5,424	5,424	-	23,503	23,503
Total Not Proposed to be Delegated	-	18,079	18,079	-	5,424	5,424	-	23,503	23,503
Total	456,667	1,060,110	1,516,777	308,853	874,817	1,183,670	147,814	185,293	333,107

Schedule 4:

TREATMENT OF OUTSIDE ALLOCATION NATIONAL FUNDING – KEY PRINCIPLES

The partners agreed the following principles around the treatment of in year funding received from national allocations:

- Transparency between parties with clear visibility of costs incurred and funding streams identified to fund the cost pressure and avoid potential duplication.
- All guidance will be reviewed for updates, changes and the potential implications shared with the members of the Sheffield Partnership to enable them to make informed decisions and delegate authority as appropriate to allow timely decision making.
- Any business cases which require additional funding supported from the national grants and allocations will be shared with both organisations with Jackie Mills and Liz Gough delegated authorisation to progress programmes. Other portfolio costs to be shared for information and transparency as appropriate.
- To ensure pace any items identified can be authorised by the lead Commissioning organisation if they are within the scope of the terms of the grants allocated to their organisation.
- Fortnightly financial meetings will be held to review costs being incurred and raise any new funding requests being developed. This can be escalated to weekly meetings if required.
- Finance will not overturn any decisions taken by Sheffield Partnership but will identify, highlight and feedback any implications of the decisions to the decision making group for review.
- The Sheffield Partnership will be given updates at each meeting of exceptional items and indicative costs incurred from each funding stream, alongside a projection of forecast spend against indicative allocations.
- Each organisation will work together in month to agree spend incurred and activity required to complete the national template to ensure that the NHSE reporting can be completed in time for the national deadline.
- Any national funding returns for Health and Social Care will be co-produced with sign off by those members of the Sheffield Partnership Board who have delegated authority.
- Any funding arrangements or business planning will require an exit plan or a clear understanding of any recurrent implications before approval.

The national changes to section 75 were originally mandated specifically for Hospital Discharge Funding, CV inserted below, however to ensure a consistent approach to all national allocations, funding grants and reimbursements the changes have been applied to types of funding managed via the Better Care Fund.



Covid-19_ Discharge
Requirements-section

All funding and activity requirements have been met in line with the guidance issued with each funding stream.



ASC Additional Discharge Funding

SHEFFIELD PARTNERSHIP BOARD

6 December 2022

Author(s)	Judith Town, Senior Finance Manager, Sheffield Place Sarah Burt, Deputy Director of Strategy (Planned Care), SYIBC – Sheffield Sharon Marriott, Senior Programme Manager (Planned Care), SYIBC – Sheffield Rebecca Dixon, Service Manager, SCC
Sponsor	Alexis Chappell, Director of Adult Health and Social Care, SCC
Purpose of Paper	
This report provides information relating to the recently announced Adult Social Care Discharge Funding and the process being undertaken in Sheffield Place to ensure effective use of the allocation.	
Key Issues	
<p>The key issues relating to this funding are:</p> <ul style="list-style-type: none"> • The restrictions to usage within the guidance • The timescales required: <ul style="list-style-type: none"> - Sign off and submission of plans before 16th December 2022 - The limit of the 31st March 2023 attached to the funding • The uncertainty around future funding and any changes to terms or guidance for future years • The availability of data to provide fortnightly evidence of impact from 30th December 2022 • The need to integrate with existing discharge plans at pace to ensure maximum benefit 	
Is your report for Approval/Consideration/Noting	
Noting	
Recommendations/Action Required by the Sheffield Partnership Board	
<p>The Sheffield Partnership Board is asked to:</p> <ul style="list-style-type: none"> • Note the update around the process being undertaken. • Note the assurance process put in place to ascertain impact and value for money 	

<ul style="list-style-type: none"> Advise whether future updates are required to this Board relating to this funding 	
What assurance does this report provide to the Sheffield Partnership Board in relations to the ambitions of the Health and Wellbeing Strategy 2019-2024	
	Please ✓
Every child achieves a level of development in their early year for the best start in life	
Every child is included in their education and can access their local school	
Every child and young person has a successful transition to independence	
Everyone has access to a home that supports their health	
Everyone has a fulfilling occupation and the resources to support their needs	
Everyone can safely walk or cycle in their local area regardless of age or ability	
Everyone has equitable access to care and support shaped around them	
Everyone has the level of meaningful social contact that they want	
Everyone lives the end of their life with dignity in the place of their choice	
Are there any Resource Implications (including Financial, Staffing etc)?	
The funding allows for a 1% allocation to administration and reporting of the programmes	
Have you carried out an Equality Impact Assessment and is it attached?	
n/a	
Have you involved patients, carers and the public in the preparation of the report?	
n/a	

ASC Additional Discharge Funding

SHEFFIELD PARTNERSHIP BOARD

6 December 2022

1. Background:

The Autumn Budget Statement on the 17th November included the announcement of a national ASC Discharge Fund in 2022/23 of £500m nationally. Additional information and limited guidance were then released to confirm local allocations to Sheffield Place of £5.6m, split £3.3m of the SYICB allocation and £2.3m directly allocated to Sheffield City Council, which will be phased into two tranches. 60% will be made available on submission of an approved plan and the following 40% early in the new year, following NHSE oversight of the December submission.

2. Terms of the Funding:

The funding has been allocated with very clear guidance around timescales of the funding and the allowable uses with which it will be released. The key restrictions to note are:

- The funding can only be used for interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care
- The funding may not be used for schemes aimed at admission avoidance
- Mental Health services may be included within plans where they are proven to support discharge
- The funding may not be spent upon core primary care services, acute services or to support core community or social care services, although additional capacity which can be clearly evidenced may be allowable
- The funding will cover services and packages of care from the date of the plans being approved to the 31st March 2023
- The schemes must be monitorable with fortnightly reporting around packages of care, discharges facilitated and criteria to reside numbers

3. The approach within Sheffield Place:

Within Sheffield Place there are strong relationships across statutory and VCSE partners with regards discharge planning and delivery. While the national requirement is to include this funding as part of the Better Care Fund arrangements and S75 agreement, Sheffield has also chosen to give oversight of the schemes to the Sheffield System Discharge Implementation Group (SSDIG), where all partners and NHSE are represented. This will allow decisions to be taken collaboratively and for any blockers to progress to be removed as part of an integrated process.

In previous years a number of schemes and actions have been trailed and implemented by system providers and partners to help reduce discharge delays, increase capacity to support timely discharge and increase post discharge support. The learning from the impact assessments and evaluation of the scheme appraisals will be used to ensure this additional funding builds upon that learning. Where there are permissible options in the national guidance, but previous schemes haven't appraised well or had minimal impact in Sheffield, they have been discounted as not being a viable best value option for funding at this time.

BAF funding was received earlier in 2022/23 to support discharges which recurrently released acute bed capacity. Sheffield partners have agreed that the additional funding would not duplicate the areas targeted by this investment and that the two programmes would be monitored in isolation to allow the effectiveness of each to be understood.

A long list of potential discharge support schemes has been identified and are currently being costed and reviewed against the current system pressure areas, the key discharge and flow risks identified by the system and against the following five locally determined criteria:

- 1) The testing of technology enabled care and assistive technology
- 2) Additional support to simple discharge pathways including expansion of existing service capacity to enable a home first approach wherever possible
- 3) Support for complex discharges through a co-ordinated and integrated holistic approach to personalised discharge planning
- 4) Promote system resilience through a personalised and outcome focused discharge model
- 5) Administration requirements to meet monitoring of impact (max 1%)

While the deadline for the funding has been clearly stated as 31st March 2023 Sheffield Place are taking the opportunity to maximise the potential from this funding and test different ways of working including dual run alternative services with a view to ascertaining a better understanding of which proposals could be implemented longer term when future funding guidance is announced. Each scheme lead has been asked to determine how best to use the remaining months of 2022/23 to create a foundation to build upon going forward. It is for this reason that block funding payments to Providers has been discounted, as previously it has not proven possible to assess the impact of the funding and is not a sustainable model for future years.

While the funding may not be used to directly fund acute or Primary Care services the changes to processes and practices will generate a positive benefit to those areas and help improve the behaviours and working practices within the system as a whole.

The decision has been taken to keep the administration process light touch to avoid taking key personnel away from delivery and business as usual requirements. A lead has been identified for each scheme who will liaise with their colleagues across the Place partnerships to create an overview plan detailing the risk being targeted, how their scheme provides mitigations, the outcomes expected, how these will be monitored, and the resources required to deliver. This will be reviewed fortnightly alongside the national reporting requirements and changes required to enhance the schemes will be validated by SSDIG and approved by the Executive-to-Executive leads at the commissioning organisations, in line with the Better Care Fund requirements.

4. Next Steps:

To allow the pace required by the guidance timescales a small team has been identified to collate the proposed schemes, review the resource requirements alongside the funding and make an initial proposal to SSDIG and the Executive-to-Executive leads for their consideration and approval. The final system plan will then be presented for comment and approval to the Chair of the Sheffield Health and Wellbeing Board before submission on the 16th December 2023 to NHSE.

The same team will be responsible for co-ordinating the required fortnightly returns to NHSE, raising issues, reviewing key risks alongside the mitigating actions to be taken and providing confirmation that best use of resources are being maintained. This will be reported to the membership of SSDIG and to the Executive-to-Executive as required.

5. Recommendations:

The Sheffield Partnership Board is asked to:

- Note the update around the process being undertaken.
- Note the assurance process put in place to ascertain impact and value for money
- Advise whether future updates are required to this Board relating to this funding



ADULT SOCIAL CARE ADDITIONAL DISCHARGE FUNDING – IMPACT ASSESSMENT 13.1.23

SHEFFIELD PLACE OVERSIGHT COMMITTEE

26 JANUARY 2022

Author(s)	Sarah Burt, Deputy Director of Planned Care
Sponsor Director	Ian Atkinson, Deputy Place Director
Purpose of Paper	
To update the committee on the progress being made in implementing additional winter discharge schemes, utilising funding allocated to the Sheffield Place in December 2022.	
Key Issues	
<p>The Autumn Budget Statement on the 17 November 2022 included the announcement of a national ASC Discharge Fund in 2022/23 of £500m nationally. Additional information and limited guidance were then released to confirm local allocations to Sheffield Place of £5.6m, split £3.3m of the SYICB allocation and £2.3m directly allocated to Sheffield City Council, phased in two tranches. 40% to be made available on submission of an approved plan and the following 60% early in the new year, following NHSE oversight of the December submission.</p> <p>The funding has been allocated with very clear guidance around timescales and the allowable criteria for which it will be released. The key restrictions to note are:</p> <ul style="list-style-type: none"> • The funding can only be used for interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care; • The funding may not be used for schemes aimed at admission avoidance; • Mental Health services may be included within plans where they are proven to support discharge; • The funding may not be spent upon core primary care services, acute services or to support core community or social care services, although additional capacity which can be clearly evidenced may be allowable; • The funding will cover services and packages of care from the date of the plans being approved to the 31 March 2023; • The schemes must be monitorable with fortnightly reporting around packages of care, discharges facilitated and criteria to reside numbers. 	
Is your report for Approval / Consideration / Noting	
For noting	
Action Required by the Group	
<p>The committee is asked to:</p> <ul style="list-style-type: none"> ➤ Note the progress made to identify and mobilise additional discharge schemes; ➤ Note the approach to monitoring the impact of schemes. 	

What assurance does this report provide to the Senior Management Team in relation to the Assurance Framework objectives?

- Improve health and wellbeing;
- Improve the quality an experience of care;
- Reduce health inequalities.

ADULT SOCIAL CARE ADDITIONAL DISCHARGE FUNDING – IMPACT ASSESSMENT 13.1.23

SHEFFIELD PLACE OVERSIGHT COMMITTEE

26 JANUARY 2022

This paper has been requested by the chair of the Sheffield Urgent and Emergency Care board on behalf of all place partners to receive additional assurance over and above the NHSE required reporting arrangements to ensure demonstration of scheme impact and appropriate evaluation. **As the schemes progress and our understanding of the potential benefit of each scheme improves, more detailed updates on impact will be produced.**

1. Background

As presented at the Sheffield Partnership Board on 6 December 2022 – the Autumn Budget Statement on the 17 November 2022 included the announcement of a national ASC Discharge Fund in 2022/23 of £500m nationally. Additional information and limited guidance were then released to confirm local allocations to Sheffield Place of £5.6m, split £3.3m of the SYICB allocation and £2.3m directly allocated to Sheffield City Council, phased in two tranches. 40% to be made available on submission of an approved plan and the following 60% early in the new year, following NHSE oversight of the December submission.

The funding has been allocated with very clear guidance around timescales and the allowable criteria for which it will be released. The key restrictions to note are:

- The funding can only be used for interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care;
- The funding may not be used for schemes aimed at admission avoidance;
- Mental Health services may be included within plans where they are proven to support discharge;
- The funding may not be spent upon core primary care services, acute services or to support core community or social care services, although additional capacity which can be clearly evidenced may be allowable;
- The funding will cover services and packages of care from the date of the plans being approved to the 31 March 2023;
- The schemes must be monitorable with fortnightly reporting around packages of care, discharges facilitated and criteria to reside numbers;

In Sheffield, we have focused our schemes on areas of risk as identified by senior operational leads and planning leads. Schemes are focused not only on discharge but also maintaining flow in key pathways in order to manage and unblock out of hospital capacity. The schemes were signed off and submitted on 16 December 2022.

2. Current Position

- We have 37 submission lines covering 43 individual schemes;
- 19 of the 37 are in place and delivering;
- 18 are in development/progress.

More detail of each of the submission lines can be found in the enclosed summary spreadsheet (App 1). The funding is distributed by provider as follows:

	Total Value of Schemes as per December Submission £'000's	Administration Costs of Monitoring and Reporting £'000's	Consultancy £'000's	EOLC Providers £'000's	Independent Sector Providers £'000's	Local Authority Services £'000's	Primary Care Providers £'000's	Technological Contracts £'000's	VCSE Providers £'000's
Amount of funding within the plan	5,575	56	480	245	640	2,141	150	270	1,593

In addition, in recognition of the high risks associated with rapid planning and mobilisation and extremely short term non-recurrent funding, we are also working up “B schemes” that will be ready in case of slippage eg; continuation of capacity in additional IC beds to maintain current capacity to end of March. On 6 January 2023 the first NHSE reporting template was submitted.

3. System Risks and Issues

	Risk/Issue	RAG	Mitigation	RAG
1	Risk that timescales for planning and mobilisation (and exit) will limit impact		Careful selection of achievable schemes. Planning expedited wherever possible to ensure rapid mobilisation.	
2	Risk that we will not be able to access workforce required within timescale		Collaborative approach wherever possible. Care taken not to de-stabilise other established schemes	
3	Issue that wider system challenges such as current market position and IPC challenges impact on delivery		System partnership approach in place to manage risks in order to minimise impact on scheme delivery	
4	Issue that ongoing industrial action within a number of professional groups eg ambulance, nursing impact on delivery		System partnership approach in place to manage additional pressure /risk in order to minimise impact on scheme delivery	
5	Risk that NHSE change reporting requirements and established data capture processes not sufficient to enable local submission		Task and finish group established to proactively manage reporting requirements	

The risks associated with the short-term nature of the funding means that rapid evaluation and exit strategies where required need to be robust.

NHSE have released some information regarding further, more long-term funding however we await further detailed guidance. We are aware that our priorities for further funding in line with planned discharge system re-design may not reflect the short-term funding proposals and therefore it should not be presumed that any of these schemes are supported in the longer term.

4. Impact

We have sub-divided schemes into **four main categories**:

- Impact on direct discharge;
- Enabler to discharge;
- Post discharge wrap around support;
- Admin to monitor the schemes (max 2% of total allowed).

In addition, some schemes have an added benefit in supporting admission avoidance or support for the wider transformation of the homecare market.

As of 13 January 2023:

Category of Scheme	Number of Schemes in December Submission	Focus of the Scheme				Other Additional Benefit	
		Impact on Direct Discharge by In Reach /Pull of patients	Enabler to Discharge	Post Discharge Wrap Around Support	Admin to monitor schemes	Admission Avoidance	Transformation of Homecare Market
Schemes are In place and delivering	19	7	15	9	2	9	8
Schemes are In progress and will deliver in month	18	11	16	8	0	9	8
Total	37	18	31	17	2	18	16

There is a focused piece of work underway locally to attribute impact (additional discharges, discharges enabled etc) at scheme level which can also be aggregated at system level. This should enable a more detailed prospective impact assessment in due course. There is further information expected at the DH webinar on Monday 16 January.

Processes are currently underway to transfer funds including the establishment of grant contracts with our VCS partners. For the VCS this will enable flexibility in the use of funding to reflect demand.

It is accepted that the funding will enable the testing of approaches in the short term however work to rapidly evaluate in order to inform future plans is required if we are to ensure any learning is captured and incorporated into future planning.

5. Reporting Requirements

- a) National template – App2. There are fortnightly NHSE template submissions from 6 January;
- b) Local template (DRAFT) – App 3. This will be used to ensure required data is captured for each scheme weekly so that we can continue to assure/refine impact assessment.

6. Monitoring/Governance

The monitoring and assurance associated with the ASC Additional Discharge funding is being overseen by the Urgent and Emergency Care Group. This arrangement has been in place for a number of discharge support funding streams, most recently the £3.4m allocated winter beds funding.

13 January 2023

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