Public Document Pack

Joint Commissioning Committee

Sheffield City Council • Sheffield Clinical Commissioning Group

Monday 27 September 2021 at 10.00 am

To be held at the Town Hall, Pinstone Street, Sheffield, S1 2H

The Press and Public are Welcome to Attend

Membership

Dr Terry Hudsen (Co-Chair)	Chair of Sheffield Clinical Commissioning Group (CCG)
Councillor George Lindars-Hammond (Co-Chair)	Executive Member for Health and Social Care, Sheffield City Council (SCC)
Councillor Jayne Dunn	Executive Member for Education, Children and Families
Councillor Cate McDonald	Executive Member for Finance and Resources
Prof Mark Gamsu	Governing Body Lay Member, Sheffield CCG
Jackie Mills	Finance Director, Sheffield CCG
Dr Leigh Sorsbie	Governing Body GP Member, Sheffield CCG
Councillor Alison Teal	Executive Member for Sustainable Neighbourhoods, Wellbeing, Parks and Leisure

Sheffield City Council

JOINT COMMISSIONING COMMITTEE

Sheffield City Council ● Sheffield Clinical Commissioning Group

The Joint Commissioning Committee is a meeting of representatives of Sheffield City Council's Cabinet and NHS Sheffield Clinical Commissioning Group's Governing Body, with the purpose of agreeing joint health and social care commissioning plans for the City.

The Committee will bring a single commissioning voice to ensure new models of care deliver the outcomes required for the City.

The Committee will support Sheffield City Council and NHS Sheffield Clinical Commissioning Group to deliver national requirements, including but not limited to, 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.

PUBLIC ACCESS TO THE MEETING

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk . You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Members of the public have the right to ask questions or submit petitions to Joint Commissioning Committee meetings and recording is allowed under the direction of the Chair. Please see the website or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Joint Commissioning Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last.

PLEASE NOTE: Meetings of the Joint Commissioning Committee have to be held as physical meetings. If you would like to attend the meeting, you must register to attend by emailing committee@sheffield.gov.uk at least 2 clear days in advance of the date of the meeting. This is necessary to facilitate the management of attendance at the meeting to maintain social distancing.

In order to ensure safe access and to protect all attendees, you will be required to wear a face covering (unless you have an exemption) at all times when moving about within the venue. It is also recommended that you undertake a Covid-19 Rapid Lateral Flow Test within two days of the meeting. You can order tests online to be delivered to your home address, or you can collect tests from a local pharmacy. Further details of these tests and how to obtain them can be accessed here - Order coronavirus (COVID-19) rapid lateral flow tests - GOV.UK (www.gov.uk).

We are unable to guarantee entrance to observers, as priority will be given to registered speakers. Alternatively, you can observe the meeting remotely by clicking on the 'view the webcast' link provided on the meeting page of the website. If you require any further information please contact Abby Brownsword on 0114 273 5033 or email abby.brownsword@sheffield.gov.uk

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

JOINT COMMISSIONING COMMITTEE AGENDA

Sheffield City Council ● Sheffield Clinical Commissioning Group

27 SEPTEMBER 2021

Order of Business

1. **Welcome and Introduction to the Joint Commissioning Committee**
Chair – Dr Terry Hudsen, Governing Body Chair, Sheffield CCG

2. **Apologies for Absence**

3. **Declarations of Interest** (Pages 7 - 10)
Members to declare any interests they have in the business to be considered at the meeting.

4. **Minutes of the Previous Meeting** (Pages 11 - 16)
To approve the minutes of the meeting of the Committee held on 15th February 2021.

5. **Public Questions**
To receive any questions from members of the public.

6. **Integrated Care Systems Update**
Verbal update from the Chair.

7. **Joint Commissioning Intentions Update** (Pages 17 - 24)
Report of the SCC Lead Officer, Alexis Chappell, Director of Adult Services and the SCCG Lead Officer, Sandie Buchan, Director of Commissioning Development.

8. **Learning Disabilities Commissioning Intentions** (Pages 25 - 30)
Report of the SCC Lead Officer, Alexis Chappell, Director of Adult Services and the SCCG Lead Officer, Sandie Buchan, Director of Commissioning Development.

9. **Finance Update - 2021/22 BCF Budget and Month 3 Position** (Pages 31 - 36)
Report of SCC Lead Officer, Eugene Walker, Executive Director of Resources and SCCG Lead Officer, Jackie Mills, Director of Finance.

10. **Any Other Business**

11. **Date & Time of Next Meeting**
The next meeting of the Joint Commissioning Committee will be held on Monday 20th December 2021, at 10am.

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

  *The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Audit and Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Gillian Duckworth, Director of Legal and Governance on 0114 2734018 or email gillian.duckworth@sheffield.gov.uk.

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SHEFFIELD CITY COUNCIL

Joint Commissioning Committee

Meeting held 15 February 2021

PRESENT: Councillor George Lindars Hammond (Chair), Councillor Jackie Drayton, Councillor Terry Fox, Mark Gamsu, Terry Hudsen, Brian Hughes, Jackie Mills and Leigh Sorsbie

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Mark Jones (SCC), John Macilwraith (Executive Director, People Services, SCC), and Lesley Smith (CCG)

1.2 Brian Hughes attended as substitute for Lesley Smith.

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest made.

3. MINUTES OF THE PREVIOUS MEETING

3.1 The minutes of the meeting of the Joint Commissioning Committee held on 24th June 2019 were approved as a correct record.

4. PUBLIC QUESTIONS

4.1 There were no public questions.

5. INTEGRATED CARE SYSTEMS – WHAT NEXT FOR THE JOINT COMMISSIONING COMMITTEE

5.1 Terry Hudsen informed the committee that the last few years had seen care providers working in a more joined up way. Integrated Care Systems (ICS) were developed by forming strong partnerships.

5.2 Within Sheffield, there was a strong Joint Commissioning Committee (JCC) and Accountable Care Partnership (ACP), supported by the ICS and partner organisations. The ICS brought organisations together to ensure things were only done once e.g. stroke care.

5.3 The Government White Paper proposed legislative change and integration of health and social care and provided clarity of roles. It broadly had three themes: working together, reduction of bureaucracy and additional proposals.

5.4 The White Paper proposed making ICS statutory bodies to replace Clinical Commissioning Groups (CCG) which were to be abolished. The ICS would take on some of the role of NHS England. Governance would be via Health and Care Partnership Boards.

5.5 There would still be a need for Health and Wellbeing Boards but it would provide an opportunity for flexibility. The JCC would continue until after the legislation was in place and could continue once the ICS were established. It was important to recognise that JCC could remain the point of delegation in future.

5.6 There would be scope for collaborations to deliver improved health outcomes which would build on the work already carried out by the CCG's. There would also be huge opportunities to improve healthcare and equality. There was a need to think about proposals and focus on how the ICS would work moving forward.

5.7 The Chair stated that there was a lot of work going on across Sheffield ensuring systems reflect national changes. There was a need to look at how best to organise health and care to get the best out of the services.

5.8 Mark Gamsu asked whether there would be a plan of work for the Committee and there was also a need to think about the make up of the Committee to ensure it was representative. JCC needed to have representation from those who understand the health system but can also make a meaningful challenge. The purpose of the JCC also needed to be reviewed. Terry Hudsen informed the Committee that the legislative proposal gave the ability to decide on the make-up of the Committee and the focus would be broader than the current Better Care Fund (BCF)

5.9 Brian Hughes felt that the document was light in detail and the permissiveness was clear. There needed to be a level of ambition on how to address the needs of citizens.

5.10 John Doyle stated that the role of the ICS would be to help people live longer, healthier lives. JCC and HWBB were great examples of partnership working and it was hoped that some of the principles could be retrained.

5.11 The Chair suggested that the next development session could be used to look at representation of JCC.

5.12 Terry Hudsen stated that the ambition was to continue to build on the work done already. Development sessions could consider membership and what the next ambitions were.

6. JOINT COMMISSIONING INTENTIONS – SHEFFIELD HEALTH AND SOCIAL CARE PLAN 2021/22

6.1 Sandie Buchan (Director of Commissioning and Development) attended the meeting and presented the report.

6.2 The Joint Plan was intended to bring visions together and there were 6 joint priorities. These were:

1. Joint Commissioning Intentions
2. Community/Voluntary Sector
3. Ongoing Care
4. Children, Young People and Families
5. Mental Health and Learning Difficulties
6. Frailty

6.3 The Joint Plan also looked at what will be different and what had been achieved in 2020/21.

6.4 Leigh Sorsbie welcomed that plan and the emphasis on health inequalities. There was a need to ensure equal access and also think about outcomes. Were the partners prepared? Sandie Buchan answered that the Outcome Framework would be brought back to Committee for the members to have input into the impact on inequalities. There was a need to establish what services were needed and then work with the providers.

6.5 Terry Hudsen stated that this was a significant piece of work for the CCG and Sheffield City Council (SCC). This was a broad reaching plan which was commendable. The integrated plan was great, but needed to be acted upon. Were there any new ways of working which we should start using?

6.6 The Chair felt that there was a need to ensure that the flexibility to respond to the needs of Sheffield was not lost and that nimble ways of working were required.

6.7 John Doyle thanked Sandie and all involved for putting the plan together and noted that priorities needed to mirror the priorities of care providers. Lessons had been learned during the pandemic, such as everyone coming together and delivering quicker.

7. MENTAL HEALTH JOINT COMMISSIONING INTENTIONS

7.1 Sam Martin and Heather Burns attended the meeting and presented the report.

7.2 Sam Martin informed Committee that priority areas included:

- children's and young people emotional wellbeing and mental health, developing mental health support services that link to primary care and community services,
- improving and expanding early help and prevention services in our communities,
- improving crisis care services, enabling children, young people and adults who live with mental illness to live happier and independent lives,
- improving the physical health for children, young people and adults with severe mental illness,
- improving support to children, young people and adults with eating

disorders and to continue to focus on vulnerable groups with specific needs, to include: asylum seekers, rough sleepers, bereavement support, problem gamblers.

This was not an exhaustive list and there was still some business as usual. There was still a lot of uncertainty around the long term effects of the pandemic and it was important to increase access to support earlier and closer to home.

7.3 Heather Burns informed Committee that everyone was committed to working together and it was hoped that the differences would be:

- Better access to early support for children, young people and adults for their emotional health and wellbeing,
- Primary Care mental health offer will be available across the city,
- More children, young people and adults receiving appropriate psychological therapies,
- More vulnerable children receiving CAMHS support,
- Faster more coordinated responses to children, young people and adults experiencing mental health crisis,
- More people moving from residential and nursing care into their own homes,
- More young people and adults in employment,
- Better physical health,
- Carers and families, including young carers, reporting a better experience of using services.

There was much to be done, but it was working well across partner organisations.

7.4 The Chair noted that it was good to see that commissioning was looking at physical health, employment and training.

7.5 Heather Burns noted that practitioners were keen to say that it was ok not to feel ok at the moment. Psychological first aid was important at present, it was broader than mental health.

7.6 Brian Hughes felt that it was important to see the cannon language breaking down barriers between physical and mental health in all ages. JCC helped to cut down barriers.

7.7 Leigh Sorsbie welcomed the emphasis on children and early interventions and asked how business as usual was being carried out. Heather Burns explained that additional monies had been put into crisis teams. There was a national problem in the workforce which will need to be looked at differently.

7.8 Terry Hudsen stated that significant strides had been made which was welcome for both patients and clinicians as there had been increased demand pre Covid which would continue during and after the pandemic. However, there were still significant waits and people fall between the gaps. Mental health services did not always integrated between themselves. HB replied that the concerns were shared and reframing will start to address the problem.

7.9 John Doyle echoed the previous comments and felt that priorities should be campaigning for more funding for mental health and working with universities to develop.

7.10 The Chair noted the need to protect existing resources, but also widen the reach.

8. FINANCE UPDATE

8.1 Jackie Mills informed Committee that key points for finance during the pandemic had been to build on joint work and relationships and respond quickly and appropriately. Those involved needed to be transparent with each other and make appropriate challenge. It was important that everyone comes together to make the best use of funding and avoid duplication.

8.2 Work was needed around hospital discharges and continue the good work with care providers and build on the success of the joint work around the vaccination programme.

8.3 The Chair noted that it had been a year of 2 halves. Things were still being done, but everything had become much harder and pressures were increasing. The Chair thanked the finance team on behalf of the Committee for all their hard work during the pandemic.

9. ANY OTHER BUSINESS

9.1 Terry Hudsen took the opportunity to pass on thanks to all in Health and Social Care for their efforts in the vaccination roll out programme which had hit all its targets.

10. SCHEDULE OF PUBLIC MEETINGS 2021-2022

10.1 During the financial year from April 2021 to the end of March 2022 the following public meetings of the Joint Commissioning Committee will take place on the following dates and times:

- Monday 28 June 2021 10:00- 12:00
- Monday 27 September 2021 10:00- 12:00
- Monday 20 December 2021 10:00- 12:00
- Monday 28 March 2022 10:00- 12:00

11. DATE AND TIME OF NEXT MEETING

11.1 The next meeting of the Committee would take place on Monday 28 June 2021 at 10am.

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Report of:	SCC Lead Officer: Alexis Chappell, Director of Adult Services SCCG Lead Officer: Sandie Buchan, Director of Commissioning Development
Report to:	Joint Commissioning Committee
Date of Decision:	27 September 2021
Subject:	Joint Commissioning Intentions Update 2021-22

Is this a Key Decision? If Yes, reason Key Decision:-	Yes		No	X
- Expenditure and/or savings over £500,000				
- Affects 2 or more Wards				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes		No	X
If YES, what EIA reference number has it been given?				
Does the report contain confidential or exempt information?	Yes		No	X
Which Scrutiny and Policy Development Committee does this relate to?				
Health and Wellbeing Board				

Purpose of Report:

This paper is to update the Joint Commissioning Committee on the progress of the joint commissioning intentions within the first part of 2021-22.

Questions for the Joint Commissioning Committee:

The Joint Commissioning Committee are asked to note the update and progress on the Joint Commissioning Intentions.

Recommendations for the Joint Commissioning Committee:

It is recommended that JCC note the report on the progress of the joint commissioning intent

Background Papers:

<table>
<tr><td colspan="4">Lead Officer(s) to complete:-</td></tr>
<tr><td rowspan="4">1</td><td colspan="2" rowspan="4">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.</td><td>Finance: (Insert name of officer consulted)</td></tr>
<tr><td>Legal: (Insert name of officer consulted)</td></tr>
<tr><td>Equalities: (Insert name of officer consulted)</td></tr>
<tr><td>Other Consultees:

Sheffield Clinical Commissioning Group:

• Brian Hughes, Deputy Accountable Officer/Place Based Lead;
• Sandie Buchan, Director of Commissioning Development;
• Jennie Milner, Deputy Director of Planning & Joint Commissioning

SCC:

• John Macilwraith, Executive Director for Peoples Services;
• Alexis Chappell, Director of Adult Services</td></tr>
<tr><td colspan="3">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td colspan="2">EMT member who approved submission:</td><td>Sandie Buchan, Director of Commissioning Development
Alexis Chappell, Director of Adult Services</td></tr>
<tr><td>3</td><td colspan="2">CCG lead officer who approved submission:</td><td>Sandie Buchan, Director of Commissioning Development</td></tr>
<tr><td rowspan="3">4</td><td colspan="3">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 Joint Committee by the officers indicated at 2 & 3 above. In addition, any additional forms have been completed and signed off as required at 1.</td></tr>
<tr><td colspan="2">Lead Officer Names:

Sandie Buchan

Alexis Chappell</td><td>Job Titles:

Director of Commissioning Development

Director of Adult Services</td></tr>
<tr><td colspan="3">Date: 16 September 2021</td></tr>
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JOINT COMMISSIONING INTENTIONS UPDATE

1. Introduction

This paper is to update the Joint Commissioning Committee on the progress of the joint commissioning intentions within the first part of 2021-22; along with progress on establishing and monitoring Health and Wellbeing outcomes.

Focus remains on managing covid whilst ensuring sustainable service delivery, and transformation and improvements can continue to be implemented. It is recognised that providers and staff are under significant pressures and working hard to ensure services continue to be delivered safely and of a high quality. In addition to the work jointly undertaken, each organisation continues to progress areas of transformation and improvement. This report covers the areas jointly funded and delivered by health and social care, identified in the joint commissioning plan.

2. Joint Priorities

Progress continues to implement plans to deliver our joint priorities:

- We will continue to respond to the COVID-19 pandemic;
- We will reduce health and social care inequalities across Sheffield;
- We will focus on improving access to and availability of health and care services;
- We will ensure all children across Sheffield have the best possible start in life;
- We will improve the support and treatment for your mental health and wellbeing;
- We will make sure if you need health and social care support then this is personalised to your needs.

In addition, work has commenced to establish a Sheffield Health and Wellbeing Outcomes Framework.

The Sheffield Health and Wellbeing Outcomes Framework will provide a strategic framework for the planning and delivery of health and social care services, focusing on improving the experiences and quality of services for people using those services, carers and families. Focusing on improving how services are provided, as well as the difference integrated health and social care services should make for individuals to support our strategic aim:

- **To improve the health and wellbeing for everyone**
  [Sheffield Joint Health and Wellbeing Board Strategy 2019-2024]

The framework will support the planning and monitoring of services to ensure the outcomes are benefiting the people accessing and receiving services.

3. Joint Commissioning intentions

a. Resilient Community & Voluntary & Community Sector (VCS)

Approach	Impact
Volunteer and peer roles	• All voluntary and community workers in the neighbourhood are using asset-based approaches. • Asset based approaches become a way of working.

Approach	Impact
Building on Assets in the community	• The assets of people and the community are developed and built upon; • A worker is continuing to champion this way of working and reinforce asset approaches.
Access to community resources	• More groups and activities; • People building social connections and networks; • A greater sense of belonging.

b. Children & Families

Approach	Impact
Put in place enhanced Special Educational and Disabilities support and provision in line with the Sheffield Inclusion Strategy:	• Develop a Special Educational Needs and Disabilities joint commissioning intentions and a detailed joint commissioning action plan to drive forward improvements; • Speech and Language Therapy steering group has agreed vision and aims for the Sheffield Children and Young People with Speech, Language and Communication needs and has agreed to focus on implementation. • Health Needs in Education Phase 2 business case commenced approvals process; • Developing a more co-ordinated approach to support children with their Social, Emotional and Mental Health needs and expanding the Mental H Support in Schools.
Design a new model of local children's health and care services:	• Draft 0-19 service specification developed; work ongoing to develop operational guidance and agree key performance indicators. • Drafted a successful Autism in Schools bid for 2021-22; • Funding agreed for neurological clinical capacity to support locality working model.

c. Learning Disabilities [LD]/On-going Care

Approach	Impact
A new LD Strategy	A new strategy will ensure; a long term, joint strategic, all age, preventative, whole system approach (beyond specialist Learning Disability Services) and influence other citywide programmes and strategies.
Build on our success	• Significant joint working in place to develop a strategy around health, housing and social care for adults with a learning disability in Sheffield; • Building on the success of Transforming Care.
Raise awareness of key challenges	• People with Learning Disabilities still face significant health and social inequalities; maximise the opportunity to reduce inequalities. • Improve our performance in key areas, eg; employment. • Significant operational and financial challenges across the system; • There remains a need for market development in all key areas.

d. Mental Health

Approach	Impact
Delivering a coherent specialist Eating Disorder offer for people of **all ages** in Sheffield	• bringing together **three distinct organisations**, two statutory sector and one 3rd sector provider, to deliver **person centred collaborative** integrated provision; • a pathway of care, with a significant focus on prevention, early intervention (EIP)& enhanced self-management; core EIP training (professionals/non-professionals) and intervention offer (11-16s) in schools in Sheffield; • Digital system alignment for easier sharing of case records and other clinical/non-clinical information across services and between patients and care givers, with a single referral pathway.
Transform Mental Health Community and Neighbourhood and Primary Care Services	• Service established in 4 Primary Care Networks now, on track to expand to 6 by end of 2021/22; • Funding model agreed to ensure full coverage by 2024; • Over 2000 new patients received support through new service provision; • Connected with SHSC to scope development and integration with existing secondary care community mental health teams; • Embed new care planning guidance; • Strong VCSE engagement (ie; Mind and Rethink) as part of programme board and delivery.
Expand and improve help for people in mental health crisis	• Improving Mental Health Liaison provision across acute sites; • Developing community support through 'crisis café' model for accessible, non-clinical and informal support; • Developing mental health passport to help people navigate through the system more easily and without having to keep 'telling their story'.
Improve mental health support for Children and Young People	• New investment in CAMHS home treatment provision; • Commissioning taking place for new crisis safe space for young people age 16 and 17; • New Children's Social Care Mental Health team embedded in Children with Disabilities Service; • Transitions protocols between Children's and Adults social care under review; • Mental Health Support Teams in Schools starting to roll out, with successful bid to expand to more Schools over next 2 years.
Improve the physical health of people with mental health, learning disability, autism and dementia;	• New outreach services commissioned via VCF have resulted in increases in uptake of vaccinations for Covid, Flu, and physical health checks for people with mental health, learning disability, autism and dementia; • Specific focus has been on vulnerable and less engaged groups, including BAME, and LGBTQ+ communities.

e. Frailty/Ageing Well

Approach	Impact
Ageing Well	Focussing on the delivery of the national Ageing Well priorities of: • Enhanced Health in Care Homes (EHCH); • Urgent Community Response (UCR); and • Anticipatory Care.
Urgent Community Response	A collective name for services that improve the quality and capacity of care for people through delivery of urgent, crisis response care within two hours and/ or reablement care responses withing two days. Urgent community responses services will be available following changes in an individual's health or circumstances. They provide a person-centred approach to optimise independence, and confidence, enable recovery and prevent decline in functional ability. Services should have a 'no wrong door' approach and work flexibly based on need, not diagnosis/ condition. This will: • Enable people to live health independent lives for as long as possible in their own homes, or the place they call home; • Reduce need for escalation of care to non-home settings; • Facilitate a timely return to their usual place of residence following temporary escalations of care to non – home settings; • Support the collaborative working required to deliver the requirements of the hospital discharge operating model. A group to coordinate the development of Urgent Community Response has been set up at Sheffield Teaching Hospital involving key partners.
Enhanced Health Care Homes General Practice enhanced service	Implementing the good practice EHCH model described in the framework, will help to ensure that: a. People living in care homes have access to enhanced primary care and to specialist services and maintain their independence as far as possible by reducing, delaying or preventing the need for additional health and social care services; b. Staff working in care homes feel at the heart of an integrated team that spans primary, community, mental health and specialist care, as well as social care services and the voluntary sector; c. Budgets and incentives are aligned so that all parts of the system work together to improve people's health and wellbeing; d. Health and social care services are commissioned in a coordinated manner, and the role of the social care provider market is properly understood by commissioners and providers across health and social care. 1.8 For the purposes of the EHCH implementation framework a 'care home' is defined as a CQC-

Approach	Impact
	registered care home service, with or without nursing. Whether each home is included in the scope of the service will be determined by its registration with CQC This service ensures all agencies are working together to care for residents in residential settings. Work is ongoing to ensure a good wrap-around offer from nursing, therapy, mental health services, etc.
Anticipatory Care	Anticipatory care helps people to live well and independently for longer through proactive care for those at high risk of unwarranted health outcomes. Typically, this involves structured proactive care and support from a multidisciplinary team (MDT). It focuses on groups of patients with similar characteristics (for example people living with multimorbidity and/or frailty) identified using validated tools (such as the electronic frailty index) supplemented by professional judgement, refined on the basis of their needs and risks (such as falls or social isolation) to create a dynamic list of patients who will be offered proactive care interventions to improve or sustain their health. Work continues to develop the hubs; that will ensure neighbourhood approach to identifying individuals that need support. Continuing to work closely with the team around the person model. Wrapping a combination of services around individuals.
Regional and Local Work	Exploring how the work in the City can connect to the regional work.

4. Summary

All areas are continuing to progress plans to transform and improve services to deliver clearer outcomes to individuals accessing and receiving services, whilst recognising the impact that COVID continues to have. Significant demand and financial pressures continue to limit the progress that can be achieved. Planning has commenced for 2022/23 to ensure priority can be given to tackling health inequalities, focusing on person centred care and prevention. For additional information on any service area within the report or linked to the report please don't hesitate to contact sheffieldccg.sheffieldplace@nhs.net.

Jennie Milner
Deputy Director of Planning & Joint Commissioning
16 September 2021

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Report of:	SCC Lead Officer: Alexis Chappell, Director of Adult Services SCCG Lead Officer: Sandie Buchan, Director of Commissioning Development
Report to:	Joint Commissioning Committee
Date of Decision:	27 September 2021
Subject:	Joint Learning Disability (LD) Strategy

Is this a Key Decision? If Yes, reason Key Decision:-	Yes		No	X
- Expenditure and/or savings over £500,000				
- Affects 2 or more Wards				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes		No	X
If YES, what EIA reference number has it been given?				
Does the report contain confidential or exempt information?	Yes		No	X

Which Scrutiny and Policy Development Committee does this relate to?

Health and Wellbeing Board

Purpose of Report:

There is a growing number of people with Learning Disabilities in Sheffield. A joint LD strategy is required to ensure the local Health and Care system appropriately commissions and delivers services to meet need.

Questions for the Joint Commissioning Committee:

The Joint Commissioning Committee are asked to note the report for discussion.

Recommendations for the Joint Commissioning Committee:

This committee is asked to:

- Acknowledge the content of the report;
- Approve the development of the strategy governance structure;
- Approve the development of the governance structure to support the development and implementation of the strategy.

Background Papers:

<table>
<tr><td colspan="4">Lead Officer(s) to complete:-</td></tr>
<tr><td rowspan="5">1</td><td colspan="2" rowspan="4">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.</td><td>Finance: (Insert name of officer consulted)</td></tr>
<tr><td>Legal: (Insert name of officer consulted)</td></tr>
<tr><td>Equalities: (Insert name of officer consulted)</td></tr>
<tr><td>Other Consultees:

Sheffield Clinical Commissioning Group:

• Sandie Buchan, Director of Commissioning Development
• Heather Burns, Deputy Director Mental Health Transformation/Head of Commissioning

SCC:

• Alexis Chappell, Director of Adult Services
• Nicola Shearstone, Head of Commissioning for Prevention and Early Intervention – All age</td></tr>
<tr><td colspan="3">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
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Alexis Chappell, Director of Adult Services</td></tr>
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<tr><td>Lead Officer Names:

Sandie Buchan

Alexis Chappell</td><td colspan="2">Job Titles:

Director of Commissioning Development

Director of Adult Services</td></tr>
<tr><td colspan="3">Date: 16 September 2021</td></tr>
</table>

DISCUSSION PAPER ON THE JOINT LEARNING DISABILITY (LD) STRATEGY

1. Introduction/Context

1.1 There is a growing number of people with Learning Disabilities in Sheffield. A joint LD strategy is required to ensure the local Health and Care system appropriately commissions and delivers services to meet need.

1.2 Approximately 0.6% of Sheffield's population has a moderate or severe learning disability. According to the Sheffield Case Register records 3,600 people of all ages - 850 children (under 20) 2,750 adults (20+). As a city we jointly spend £84m annually to meet the needs of people with LD. Despite this People with a LD still face significant health and social inequalities. As a city we:

- Underperform on key indicators (eg; employment, uptake of annual health checks, SEND, etc);
- Have significant operational and financial challenges across the system;
- Require significant market development in attracting support providers with the right skills;
- Have a lack of appropriate housing for people with learning disabilities.

1.3 The city currently has no overall LD strategy to shape, coordinate and prioritise work, nor a dedicated governance structure for delivering/implementing a strategy. SCC's most recent Adult LD Commissioning Strategy ran from 2015-18 and was underpinned by a major change programme, overseen by a joint LD Commissioning Board.

1.4 In order to ensure we address the challenges we face in meetings the needs of this vulnerable group and in a way which aligns with the strategic objectives of the Integrated Care Partnership, we require a new joint Learning Disabilities Strategy and delivery programme to develop and then enact the strategy.

1.5 The proposed strategy will:

- Take a long-term approach (10 years);
- Be led jointly by SCC and SCCG and developed collaboratively with system partners, service users, their families and carers;
- Take an all-age approach and address long standing transition issues;
- Take a preventative approach;
- Take a whole system approach (beyond specialist LD services) and influence other citywide programmes and strategies.

2. Challenges

2.1 Challenges facing the Health and Care system are complex and include demand growth, spend pressures, deep rooted inequalities, lack of suitable housing and a need for service modernisation.

2.2 It is widely recognised and documented that health and care outcomes are poorer for people with a Learning Disability compared to the general public. This is linked to inequalities in wider socio-economic determinants.

2.2.1 **Life expectancy**

More likely to die of preventable disease than the general population. The median age at death for men with an LD is 60 (general population – 83) and 59 for women (general population – 86). The Sheffield *Learning Disability* Mortality Review (LeDeR) programme identified that in 2020, people from BAME groups died disproportionately at younger ages than white British people. Of those who died in childhood (ages 4-17 years), 43% were from BAME groups and 46% had profound and multiple learning disabilities.

2.2.2 **Social inclusion**

People with a Learning Disability are less likely to be 'doing alright' financially, be employed, live in a high-quality neighbourhood, feel safe outside, have close friends.

2.2.3 **Housing**

The percentage of people with a learning disability living in Sheffield's most deprived wards is more than double that in the least deprived wards. A recent housing needs analysis carried out by the Integrated Care System has highlighted significant gaps in the city's housing supply leading to a shortage over the next 10 years in meeting the housing needs for people with LD.

2.2.4 **Health**

The Sheffield LeDeR programme report 2020 identified that 44% of deaths of people with LD of reviewed cases were medically avoidable (versus 22% of the general population).

34% of deaths of people with LD were from treatable medical causes (8% in the general population).

2.2.5 **Care coordination**

12% of LeDeR reviews noted concerns about the person's death, commonly in relation to delays in diagnosis/ treatment, apparent lack of care, unsafe hospital discharges, quality of health or social care services.

13% of reviews reported problems with organisational systems and processes. Many related to poor coordination and information sharing within/ across different agencies.

3. What does this mean for the people of Sheffield?

3.1 A new joint Learning Disabilities Strategy is being developed which aims to address the challenges identified. It will be all age, focus on prevention and be coproduced with service users, families, carers and other stakeholders.

3.2 A new strategy for people with Learning Disabilities is being developed jointly between SCC and SCCG in collaboration with system partners, service users, their families and carers.

The strategy will be based on the principles of:

- Human rights
- Independence
- Choice and control
- Social inclusion

The proposed key areas of focus for the strategy are:

3.3 A programme to oversee this work is being developed and will consist of representation from service users, health and care commissioners and providers, education, employment and housing. The programme will report to the Director of Adult Social Care, SCC. The next phase of work will include:

- Establishment of the programme and governance;
- Development of an approach to ensure user voice is at the heart of developing the strategy.

4. Reasons for Recommendations

This committee is asked to:

- Acknowledge the content of the report;
- Approve the development of the strategy governance structure;
- Approve the development of the governance structure to support the development and implementation of the strategy.

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Report of:	SCC Lead Officer:	Eugene Walker, Executive Director of Resources
	SCCG Lead Officer:	Jackie Mills, Director of Finance
Report to:	Joint Commissioning Committee	
Date of Decision:	27 September 2021	
Subject:	2021/22 BCF Budget and Month 3 Position	

Is this a Key Decision? If Yes, reason Key Decision:-	Yes		No	X
- Expenditure and/or savings over £500,000				
- Affects 2 or more Wards				
Has an Equality Impact Assessment (EIA) been undertaken?	Yes		No	X
If YES, what EIA reference number has it been given?				
Does the report contain confidential or exempt information?	Yes		No	X

Which Scrutiny and Policy Development Committee does this relate to?

Health and Wellbeing Board

Purpose of Report:

The purpose of this report is to provide JCC with the budget of the Better Care Fund (BCF) for 2021/22, an update around the Hospital Discharge Programme (HDP) funding work underway, the position as at Month 3 and the forecast year end outturn position.

Questions for the Joint Commissioning Committee:

The Joint Commissioning Committee are asked to note the update.

It is recommended that Joint Commissioning Committee:

- Note the budgets for 2021/22;
- Note the complexity of reporting due to the NHS financial framework arrangements for 2021/22;
- Note the position to date for Month 3;
  Note the forecast outturn position calculated at Month 3 and that work is underway to create robust plans to address the financial position.

Background Papers:

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Sheffield Clinical Commissioning Group:

• Jackie Mills, Executive Director of Finance & Corporate Services

SCC:

• Eugene Walker, Executive Director of Resources</td></tr>
<tr><td colspan="2">Legal: (Insert name of officer consulted)</td></tr>
<tr><td colspan="2">Equalities: (Insert name of officer consulted)</td></tr>
<tr><td colspan="2">Other Consultees:

Sheffield Clinical Commissioning Group:

• Chris Cotton, Deputy Director of Finance
• Judith Town, Senior Finance Manager (BCF/ACP)

SCC:

• Elizabeth Gough, Assistant Director of Finance</td></tr>
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Eugene Walker, Executive Director of Resources</td></tr>
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<tr><td>Lead Officer Names:

Jackie Mills

Eugene Walker</td><td colspan="2">Job Titles:

Executive Director of Finance & Corporate Services

Executive Director of Resources</td></tr>
<tr><td colspan="3">Date: 16 September 2021</td></tr>
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2021/22 BCF BUDGET AND MONTH 3 POSITION

1. Overview

Budgets proposed for the BCF are based on the financial plans of the partners to the pooled budget: Sheffield City Council and Sheffield CCG. Both organisations have submitted plans which have been approved by their respective organisations.

In terms of Sheffield City Council, a net revenue budget of £420.4m was approved at the council meeting on 3 March 2021, which was based on a council tax increase of 4.99%, releases of corporate savings of £20m and a savings plan of £14.9m.

In terms of Sheffield Clinical Commissioning Group (CCG), the NHS Covid-19 block funding regime has remained in place into 2021/22. The financial year has been split into H1 (April-September) and H2 (October-March) with allocations given for H1 but with the budgets still not clear for the H2 period. Within this report the Annual Budgets for the CCG are based upon H1 blocks being replicated in H2. The annual budgets will need to be reviewed once guidance and the six month allocation are received in September. Initial information suggests that there will be an increased efficiency requirement within NHS budgets. Until the details are known the reporting position is assuming nil impact of this change. It should also be noted that NHS budgets are usually phased to allow for seasonal variances (eg; winter pressures) which is not possible under the current working arrangements meaning the forecast pressure will not be felt equally throughout the year.

Taking into account the assumptions and the complexity of the financial arrangements as explained above, planning details were presented to the Governing Body meeting on 4 March 2021 with an indicative budget of £978.3m for the full year (H1 and H2). This was based on additional funding announced in the budget for the NHS, alongside estimated savings requirements of £14.1m.

The 2021/22 Better Care Fund pooled budget, which includes those budgets that the City Council and the CCG have agreed to pool to support the agreed Joint Commissioning Plan, is £393m (£109m SCC element and £284m CCG element). A detailed breakdown of these budgets can be found in Appendix 1 to this paper. Work is ongoing to review additional budgets that might be included within the scope of our joint working arrangement and an update on this work will be provided to future meetings.

2. Aligned Budget

An aligned budget has been set for the element of non-elective admissions that sits outside of the BCF. Along with all other funding arrangement within the NHS the services are paid on a block basis and with the assumption of H2 funding being in line with H1. The aligned value for 2021/22 is £89.7m, which together with the £69.9m within the BCF makes the total budget for Adult inpatient Emergency Admissions £159.6m (£158.8m 2020/21).

3. Non-Recurrent Funding

The current Better Care Fund budget positions as shown do not at this time account for any Non-Recurrent Budgets or applications of grants or external funding. This is being carefully reviewed to ensure that wherever possible funding streams are identified and applied to the relevant services to mitigate any related cost pressures.

4. Hospital Discharge Programme Funding for H1 2021/22

The Hospital Discharge Programme Funding, which was available in 2020/21, has been extended, but with a reduced scope, into the first half of 2021/22. The focus of the funding is primarily around reablement services and initial wrap around support for 6 weeks in Quarter 1 and 4 weeks in quarter 2. Recent announcements indicate that a similar scheme will continue in H2 but guidance has not been released at this point.

As in 2020/21 funding will be utilised to support services led by both the City Council and the CCG to enable timely discharge from hospital and ongoing support and reablement (for the initial period of care).

5. Month Three Position

The current month three position is showing an in-year pressure of £4.8m with an expected forecast overspend of £24.6m.

BCF Position as at M03 2021/22	Annual Budget	Budget To Date	Actuals	Variance	Forecast Outturn	Forecast Variance
	£000	£000	£000	£000	£000	£000
People Keeping Well	7,736	2,130	2,354	224	7,633	(103)
Active Support & Recovery	53,813	13,453	13,753	300	54,359	546
Community Equipment and Independent Living	4,939	1,235	1,550	315	5,381	442
On-Going Care	134,244	34,184	38,017	3,833	154,413	20,169
Expenditure on Adult Inpatient Medical Emergency Admissions	69,909	17,477	17,477	0	69,909	0
Mental Health	116,427	29,107	29,471	364	119,340	2,913
Sub total Revenue Costs	**387,069**	**97,586**	**102,622**	**5,036**	**411,035**	**23,966**
Capital Expenditure - DFG	5,653	1,413	1,248	(165)	6,249	596
Total Costs	**392,721**	**98,999**	**103,870**	**4,871**	**417,284**	**24,562**

The largest area of overspend relates to the ongoing care budgets and reflect significant cost increases both in health and social care packages of care (NB only adult services are included within the scope of the Better Care Fund at present, both organisations are also facing significant financial pressures in Children's services as well). Additional work is being undertaken at both a system level and a service levels to understand the cost drivers in detail and to develop robust recovery plans.

6. Recommendation

It is recommended that Joint Commissioning Committee:

- Note the budgets for 2021/22;
- Note the complexity of reporting due to the NHS financial framework arrangements for 2021/22;
- Note the position to date for Month 3;
- Note the forecast outturn position calculated at Month 3 and that work is underway to create robust plans to address the financial position.

Appendix 1

NHS SHEFFIELD CCG AND SHEFFIELD CITY COUNCIL

BETTER CARE FUND BUDGET 2021/22

		Annual Budget 2021/22
1	**People Keeping Well in their Local Community**	**£'000s**
	NHS Sheffield CCG	1,354
	Sheffield City Council	6,382
Theme 1 Total - People Keeping Well in their Local Community		**7,736**
2	**Active Support & Recovery**	
	NHS Sheffield CCG	44,981
	Sheffield City Council	8,832
Theme 2 Total - Active Support & Recovery		**53,813**
3	**Independent Living Solutions**	
	NHS Sheffield CCG	2,220
	Sheffield City Council	2,720
Theme 3 Total - Independent Living Solutions		**4,939**
4	**Ongoing Care**	
	NHS Sheffield CCG	57,614
	Sheffield City Council	76,630
Theme 4 Total - Ongoing Care		**134,244**
5	**Expenditure on Adult Inpatient Medical Emergency Admissions**	
	NHS Sheffield CCG	69,909
	Sheffield City Council	0
Theme 5 Total - Adult Inpatient Medical Emergency Admissions		**69,909**
6	**Mental Health**	
	NHS Sheffield CCG	107,572
	Sheffield City Council	8,856
Theme 6 Total - Mental Health		**116,427**
7	**Capital Grants**	
	NHS Sheffield CCG	0
	Sheffield City Council	5,653
Theme 7 Total - Capital Grants		**5,653**
TOTAL		**392,721**

Summary	
Summary – CCG	283,650
Summary – SCC	109,071
	392,721

Memo: Aligned Budgets	
Inpatient Emergency Admissions – Other	89,668
Memo: Grand Total Inpatient Emergency Admissions	**159,578**

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