



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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
- Expenditure and/or savings over £500,000	<input type="checkbox"/>		
- Affects 2 or more Wards	<input type="checkbox"/>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If YES, what EIA reference number has it been given?			
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
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 intentions.

Background Papers:

Lead Officer(s) 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>(Insert name of officer consulted)</i>	
	Legal: <i>(Insert name of officer consulted)</i>	
	Equalities: <i>(Insert name of officer consulted)</i>	
	Other Consultees: Sheffield Clinical Commissioning Group: <ul style="list-style-type: none"> • Brian Hughes, Deputy Accountable Officer/Place Based Lead; • Sandie Buchan, Director of Commissioning Development; • Jennie Milner, Deputy Director of Planning & Joint Commissioning SCC: <ul style="list-style-type: none"> • John Macilwraith, Executive Director for Peoples Services; • Alexis Chappell, Director of Adult Services 	
<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: Sandie Buchan, Director of Commissioning Development Alexis Chappell, Director of Adult Services	
3	CCG lead officer who approved submission: Sandie Buchan, Director of Commissioning Development	
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 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.	
	Lead Officer Names: Sandie Buchan Alexis Chappell	Job Titles: Director of Commissioning Development Director of Adult Services
	Date: 16 September 2021	

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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • 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:	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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;	<ul style="list-style-type: none"> • 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	<p>Focussing on the delivery of the national Ageing Well priorities of:</p> <ul style="list-style-type: none"> • Enhanced Health in Care Homes (EHCH); • Urgent Community Response (UCR); and • Anticipatory Care.
Urgent Community Response	<p>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.</p> <p>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.</p> <p>This will:</p> <ul style="list-style-type: none"> • 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. <p>A group to coordinate the development of Urgent Community Response has been set up at Sheffield Teaching Hospital involving key partners.</p>
Enhanced Health Care Homes General Practice enhanced service	<p>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-</p>

Approach	Impact
	<p>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</p> <p>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.</p>
Anticipatory Care	<p>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.</p> <p>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.</p>
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

This page is intentionally left blank