



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

17<sup>th</sup> October 2012

---

**Report of:** Richard Webb, Executive Director, Communities

---

**Subject:** Sheffield City Council / Sheffield Health and Social Care Trust:  
Partnership Review – Progress Report

---

**Author of Report:** Stephen Todd, Commissioning Manager, Communities  
Jason Rowlands, Director of Planning and Performance,  
Sheffield Health and Social Care NHS FT

---

**Summary:**

The report outlines the focus of the review and indicates current progress

---

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

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

**The Scrutiny Committee is being asked to:**

- Comment on the themes and actions identified in the Review.
  - In particular offer views and ideas on progressing integrated working across SCC and SHSC services
- 

**Background Papers:**

List any background documents (e.g. research studies, reports) used to write the report. Remember that by listing documents people could request a copy.

**Category of Report:** OPEN

# **Report of the Director of Communities – Richard Webb**

## **Sheffield City Council / Sheffield Health and Social Care Trust: Partnership Review – Progress Report**

### **1.0 Introduction**

#### **1.1 Project Summary**

The partnership between Sheffield Health and Social Care NHS Foundation Trust and Sheffield City Council has been in place for 11 years. In 2011 the partners jointly committed to review the partnership, to reflect on the successes of the past and to identify areas for improvement.

This report sets out the learning from the review and the progress to date for taking the improvements forward.

The aim is to complete the review during 12/13 and implement the actions from April 2013.

#### **1.2 Background**

A formal partnership has been in place since 31<sup>st</sup> January 2001 between Sheffield City Council (SCC) and what is now Sheffield Health and Social Care NHS Foundation Trust (SHSC). The Partnership Agreement is for the delivery of integrated services under what is now Section 75 NHS Act 2006. This includes mental health services for all age adults and substance misuse.

In addition the Joint Learning Disability Service is outside the Section 75 Agreement but delivered across both organisations. Appendix 1 provides a visual representation of the relationship.

Stage 1 of the review has been completed. This identified a future vision for the partnership and the actions needed to implement any changes required by that new vision. A project mandate is in place to achieve this.

#### **1.3 Clinical Commissioning Group**

The mandate has been discussed with health partners in the Clinical Commissioning Group (CCG). Although it is acknowledged the primary focus of the Review is on the relationship between SCC and SHSC, the CCG is an important stakeholder. Specific elements of the Review (Integrated Working and Leadership) have been identified where the work and the final outcome will include the CCG.

### **2.0 The Vision**

To sustain and progress the partnership, the partners wish to reaffirm through the review their joint commitment to a:

***Focus on people***

- Deliver treatment, care and support that promotes recovery, supports personalisation and promotes mental and physical wellbeing
- Support people who need to use services and their carers to have greater choice and control in the treatment, care and support they receive and how it is designed and delivered
- Safeguard those people most at risk through consistent and high quality response

***Commitment to integration***

- Integrated health and social care services at the point of delivery
- Better integration with primary care, generic social care, public health and wider local government services in line with developing citywide strategies and the Council's customer transformation and service modernisation programmes

***Commitment to the city***

- A sustainable Health and Social Care FT with a community focus, contributing to the wider agenda to improve fairness, health, wellbeing and prosperity within the city
- A learning partnership that builds on the lessons and successes of the last 11 years, reflects on future challenges and continues to improve
- A partnership equally responsive to the local government and NHS 'ask'
  - Rooted in local government
  - Bringing skills and expertise to local government responsibilities
  - Engaged with Elected Members

***Business-like partnership***

- Clear responsibility and accountability
- Promoting flexibility and change to deliver quality and value for money

### **3.0 The Objectives**

This section sets out the key areas of improvement recommended through the first stage of the review.

#### **3.1 *Improve outcomes for individuals, families and communities through multi-disciplinary working at different levels of care & support***

The review has highlighted the potential for building on the strengths of the existing partnership. The integration of services was a choice, not a requirement, built around, for adult and some older mental health users, a single access arrangement for people who need assistance and a single management arrangement. It has always depended on both organisations seeking to make it work and where this has been done well the results have been identified as the achievements in the review; where this has not been done well the results have been identified as the disappointments.

Ten years ago the partnership was formed around integrated health and social care mental health services. This has brought benefits but highlighted a wider potential. Today the ambition is to broaden out the scope of integrated working to include those services that will make a real difference to people: physical health, housing, income maximisation, access to employment etc. This could also include broadening out the access points to multi-disciplinary teams from GP practices, to housing offices, Housing Solutions (preventing homelessness service), advice centres etc.

In addition there is a challenge for all service areas to shift their focus towards early intervention and preventative approaches both to improve outcomes for individuals and to face the opposing pressures of demographic growth and reducing budgets. Evidence shows that costs can be reduced if you can help people avoid relapse.

The ambition therefore is also to develop a multi-disciplinary approach that can benefit a wider cohort of people

- promotion of self-care and mental wellbeing across the population - making the most of the opportunity of Public Health transferring into the local authority;
- those seeking assistance through primary care, including IAPT - generally high volume and low intensity (primary care);
- those receiving services delivered through CMHTs - generally higher intensity over a longer period with more specialist support needed (secondary care in the community)
- an all-age approach including transitions and gaps in services such as 16-18 year-olds

The approach will put the person at the centre and design support with them to best meet their needs. Where the person has complex needs this is likely to involve risk stratification and a key worker/whole household approach supported by effective multi-agency working (including access to community-based and third sector activity) and individual budgets. In these cases there may well be benefits in formal joint or integrated teams including the range of services identified above. Where needs are less complex, aligned teams who are able to train and support each other and are “at the end of a phone” may well be sufficient.

The Council is currently operating a *Learning by Doing* programme to test out these new ways of working in a series of projects across the city. It is proposed that this review will use these test bed projects to help re-design how the partnership will operate in future.

This proposed change represents a significant shift for SHSC in terms of its role in the city. In order to meet these ambitions the Trust will have a more proactive relationship with the Council and other partners, embracing a broader range of activity and roles and engaging in key

projects and initiatives sponsored by others. In turn their partners will need to provide the right opportunities for them to engage proactively.

**3.2 *Support SHSC to remain a viable, independent Foundation Trust that can play a key leadership role around this agenda in Sheffield***

The alternatives to a viable health and social care trust are likely to be mental health and learning disability services delivered through the much larger hospital and community based FT where social care would be a very minor partner, or through an out of city FT. The review has highlighted a mutual interdependence and the potential to build on the strengths of each partner to improve the ability of SHSC to play a strong role in the wider priorities of SCC and for SCC to gain from the specialist expertise that SHSC can provide.

When the partnership was established the Council transferred business to the Trust. In the current climate there will be increasing pressure on the Trust to “win” business from GP commissioners in the health service, from those using personal budgets to purchase their social care and from the Council which is reviewing all its directly provided services including those delivered through SHSC.

These changes will require the Trust to be “business like” in its operations to ensure they are “saleable” to all its commissioners. At the same time the Council can explore how to support the sustainability of the Trust through more effective use of infrastructure including capital assets.

**3.3 *Ensure that investment in the partnership contributes to a sustainable, innovative and high quality health and wellbeing system in Sheffield***

As commissioners the NHS and the Council have responsibility to ensure the outcomes they wish to see delivered are clearly described through the delegated functions and contracted services provided by SHSC and to ensure their investment delivers value for money.

The current direction of change includes the development of the Health and Wellbeing Board, emphasis on the outcomes prioritised in the joint Health and Wellbeing Strategy, joint commissioning and the need to move investment upstream to early and short-term interventions and prevention.

**3.4 *Establish clear, and where appropriate, consistent partnership arrangements for all four service areas***

Currently the four service areas – working adult mental health, older people mental health, learning disabilities and substance misuse - all operate under different partnership arrangements around delegated functions and contracted services. The review will consider the merits of the different approaches and propose changes to improve clarity and consistency.

## 4.0 Workstreams

4.1 To address these Objectives, Stage 2 has been broken down into 7 workstreams:

- Integrated Working
- Social Care Leadership in Mental Health
- Resources
- Commissioning
- Delegated Functions (Assessment and Care Management)
- Delegated Functions (Provider Services)
- Governance Arrangements

Appendix 2 provides a summary of the intentions and progress so far.

## 5.0 Integrated Working

5.1 Progressing integrated approaches to delivering care and support for people in Sheffield is an important workstream. It provides an opportunity to look at how mental health services can work more effectively with other areas of SCC services, especially housing, supported housing and homelessness, and family support services.

5.2 An initial workshop was held in August with representation from across SCC and SHSC and including NHS Sheffield/CCG. It included adult social care, housing, and children and young people.

The intention is to identify a number of initiatives to improve integrated working and to test these out. Where possible this will be through current programmes including the *Learning by Doing* initiatives (Low Edges, Batemoor, Jordanthorpe; Shiregreen, Wincobank, Brightside) as well as Successful Families and The Future of Council Housing.

5 specific areas have been identified to progress further

Change Opportunity	Possible approaches	Other related work / test bed opportunities
“One front door” to assistance, support and care	<p>Single Assessments</p> <p>Keyworker approach for Households – with support from a virtual team of professional advice</p> <p>Direct access to professional advice (e.g. between area housing team and local community mental health team)</p> <p>Co-location of resources</p>	<p>Successful Families</p> <p>Right First Time</p> <p>Future of Council Housing</p> <p>Learning by Doing: Shiregreen / Low Edges/ Batemoor, Jordanthorpe (LBJ); Brightside/ Shiregreen/ Wincobank</p>
Holistic individual journey across services	Co-production of journeys with individuals who need to access services.	Successful Families

<p>(SHSC/Housing/CYP...)</p> <p>“Care pathways” and protocols are primarily constructed around professional and organisational needs not the experience of the individual.</p> <p>Effective Information Sharing</p>	<p>Built on the “recovery” approach including empowerment; timely response; preventative approach</p> <p>Improved Information Sharing</p>	<p>Right First Time</p> <p>Future of Council Housing</p> <p>Learning by Doing: Shiregreen / Low Edges/ Batemoor, Jordanthorpe (LBJ); Brightside/ Shiregreen/ Wincobank</p>
<p>Outcome focus</p>	<p>Identify shared outcomes across health / social care and housing to support joint commissioning</p> <p>Clear governance arrangements</p>	<p>To be addressed in other Review workstreams</p>
<p>Preventative Approaches to reduce need and demand</p>	<p>Identifying vulnerability through Risk Stratification: What tools are suitable? Link to existing information gathering e.g. New tenancy visit check list</p> <p>IAPT (Improving Access to Psychological Therapies) - key role to play.</p> <p>Placing services in different settings (focus on where people at risk present themselves e.g. homelessness / debt advice... )</p> <p>Increasing skills on the “frontline” Enabling staff to manage situations with appropriate skills and access to specialist advice when required. Targeted training Access to specialist advice</p>	<p>Successful Families</p> <p>Right First Time</p> <p>Future of Council Housing</p> <p>Learning by Doing: Shiregreen / Low Edges/ Batemoor, Jordanthorpe (LBJ); Brightside/ Shiregreen/ Wincobank</p>
<p>Improving day to day connections and relationships within localities</p>	<p>Joint training / events e.g. across Community Mental Health Teams (CMHT) and local area housing.</p> <p>Joint meetings Identifying shared objectives</p>	<p>Future of Council Housing</p> <p>Learning by Doing: Shiregreen / Low Edges/ Batemoor, Jordanthorpe (LBJ); Brightside/ Shiregreen/ Wincobank</p>

**6.0 The Scrutiny Committee is asked to:**

- Comment on the themes and actions identified in the Review.
- In particular offer views and ideas on progressing integrated working across SCC and SHSC services

# Appendix 1 SCC and SHSC Review of Partnership

## Summary of relationships

Page 16

### Relationships and joint working

Partners in a city wide health and social care system

2 large public sector bodies undertaking to:

Progress, promote and develop wellbeing and recovery joint work

Work in partnership around agendas and issues e.g.

- LBJ
- Personality disorders
- Community safety
- Employment and vocational opportunities
- Housing support
- Workforce development and training

### Formal delegated responsibilities (Primarily Care Management )

#### Delegated statutory functions of Council - Adults

Assessment and care management, support planning, ensuring delivery, monitoring and review.... Fair Access to Care etc. (National Health Service and Community Care Act)

Carers Assessments (Carers Acts)

Sufficient AMHPs etc. etc. (Mental Health Act)

Vulnerable people and destitution (National Assistance Act)

### Commissioner / provider and contracted

#### Provider services delivered under contract

**Adults**  
Community support, recovery and respite services

**Older people**  
Resource Centres

**Community equipment services**

**Learning Disabilities**  
Respite services and supported living (1)

### Existing Arrangements

#### S75 Partnership Agreement (NHS Act 2006).

It includes both delegated functions and direct delivery of provider services  
It covers Adult Mental Health (Assessment and Care Management & Provider Services; Substance Misuse (Assessment and Care Management); Older Peoples Mental Health (Provider Services (resource centres).

#### Other Contracted Arrangements

Community Equipment Services – subject to a separate Agreement

#### Other areas of joint delivery but not part of any formal agreement

Learning Disability Services (Assessment and Care Management)



## Appendix 2

### Sheffield City Council and Sheffield Health and Social Care NHS FT: Partnership Review – Update

#### Project Objectives

- Improve outcomes for individuals, families and communities through multi-disciplinary working at different levels of care and support
- SHSC as a viable, independent FT that can play a key leadership role
- Ensure investment in the partnership contributes to a sustainable, innovative and high quality health and wellbeing system
- Clear, and where appropriate, consistent partnership arrangements for service areas

		Objective	Key Outputs	Progress
Project 1 – Integrated Working	1	<b>Evaluate the effectiveness of existing integrated health and social care teams</b>	Principles established for integrated working to promote a preventative approach  Confirmation of future direction – next 1 to 5 years	<ul style="list-style-type: none"> <li>• Project Brief completed</li> <li>• Scoping Event: 6<sup>th</sup> August: 50 participants</li> <li>• 5 Change opportunities identified (see 5.2 in the report)</li> </ul> Next Step: Establish initiatives.
	Leads	<b>Clive Clarke &amp; Jason Rowlands / Miranda Plowden &amp; Eddie Sherwood</b>	Piloting new ways of working across mental health and housing and other appropriate areas e.g. employment	
	2	<b>Design new multi-disciplinary working arrangements at different levels of intervention</b>		
	Leads	<b>Clive Clarke &amp; Jason Rowlands / Miranda Plowden &amp; Eddie Sherwood</b>		
Project 2: Social Care Leadership in Mental Health	3	<b>Promote effective leadership on mental health and social care in the city</b>	Focus on: <ul style="list-style-type: none"> <li>- Providing professional support</li> <li>- Implementing social care priorities in SHSC</li> <li>- Implementing mental health priorities in SCC</li> <li>- Operational/Practical issues</li> </ul> Role of Director of Social Care (SHSC);	<ul style="list-style-type: none"> <li>• Project Brief completed</li> <li>• Series of meetings established between Director of Social Care (SHSC) Clive Clarke and Director of Care and Support (SCC) Eddie Sherwood</li> </ul> Next Step: Meetings are scheduled to take place in October/November. Set up meeting: 3 <sup>rd</sup>
	Leads	<b>Clive Clarke /Eddie Sherwood</b>		

			Professional Lead (Social Care) (SHSC); Director of Care and Support (SCC) - confirmed	October
			Identify how to best use SHSC specialist mental health skills and knowledge within SCC and other shared interests	
Project 3: Resources	4	<b>Improve effective use of resources to support and promote the partnership</b>	Consider if there are any support functions where there may be benefits for closer or integrated working: HR, IT, Finance, Transport, Buildings and other capital assets etc..  Proposals for effective use of infrastructure resources and capital assets:	<ul style="list-style-type: none"> <li>Project Brief completed</li> </ul> Next Step: Ken Lawrie and Liz Orme establishing process to address the workstream.
	Leads	Ken Lawrie / Liz Orme		
Project 4: Commissioning	5	<b>Review the benefits of joint commissioning with NHS</b>	Established position with CCG Continued engagement of CCG  Establishing set of shared outcomes	Initial discussion with Tim Furness and Steve Thomas (CCG) – 19 <sup>th</sup> July 2012. Identified Integrated working and leadership as areas of shared interests. To look to jointly sign off outcomes of projects  Key areas currently identified through integrated working scoping: IAPT programme; Integrated CMHTs; LD joint service  Set of outcomes drafted for further discussion  Next Step: SCC/CCG – further meetings to be set up
	Leads	Clive Clarke / Miranda Plowden		

Project 5: Delegated Functions 1	7	<b>Review the delivery of delegated functions: assessment and care management</b>	Clear commissioning and governance arrangements in place	Project plan in place (Miranda Plowden)  Next Step:  Development of outcomes (see Project 4)  Work set up to develop Commissioning Framework and identify most appropriate governance arrangements.
	Leads	<b>Clive Clarke &amp; Jason Rowlands / Miranda Plowden</b>	To be informed by Review of Community Learning Disability Teams – Public Health Observatory	
Project 6: Delegated Functions 2	8	<b>Review the commissioning for care and support: provider services</b>	Implementation of Commissioning Landscape: Commissioning Plans in place to identify the delivery of care and support services through personal budgets etc.	
	Leads	<b>Jason Rowlands/ Miranda Plowden / Eddie Sherwood</b>		
61 ebed Project 7: Governance	6	<b>Establish an effective annual business planning process with a clear focus on outcomes</b>	Transparent Annual Business Planning process in place to align use of SCC resources with delivery of Partnership duties.	Project Brief to be drafted  Initial discussion on outcomes – 15 <sup>th</sup> August – with initial discussion at Performance and Partnership Meeting – Sept. / Oct. Final element of Review (See Project Map Appx 2)  Review current governance arrangements
	Leads	<b>Jason Rowlands / Bev Cookham</b>	Annual priority setting process	
	9	<b>Put in place clear governance arrangements</b>	Annual business planning to identify use of resources	
	Leads	<b>Jason Rowlands / Miranda Plowden</b>	Ability to use resources flexibly to achieve better value for money Dealing with particular needs e.g. autism <b>Key Outputs:</b> Revised Governance Arrangements	

This page is intentionally left blank