



JOINT EFFICIENCIES GROUP UPDATE

SHEFFIELD HEALTH AND CARE PARTNERSHIP BOARD

11 December 2023

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Purpose of Paper	
<p>To update the HCP Board on the establishment of the Joint Efficiencies Group to share skills and capacity and oversee progress of the specific list of efficiency schemes that are joint pieces of work between SYICB (Sheffield), SCC, SHSC and any other interested parties.</p>	
Key Issues	
<p>The financial position of Health and Care organisations within Sheffield and the wider system is extremely challenging and is unlikely to change over the medium term. Our skills and capacity to deliver the level of change required are constrained and so we should exploit opportunities to share learning, and capacity to deliver joint schemes where there is potential to both improve efficiency across organisations and outcomes for our served populations.</p> <p>The group will ensure that there is an agreed programme of work that addresses the joint financial challenges of the partners to support delivery of a sustainable financial position as well as delivering optimal health and care outcomes for the population of Sheffield. It will ensure the programme follows best practice in terms of project management approaches, ensuring that each of the schemes have clear accountabilities, milestones and articulation of expected benefits (financial and other). The JEG will monitor progress and provide a point of escalation for issues impeding progress and reviewing the impact on outcomes.</p>	
Is your report for Approval/Consideration/Noting	
Noting	
Recommendations/Action Required by the Sheffield Health and Care Partnership Board	
<p>Sheffield Health and Care Partnership Board is asked to:</p> <ul style="list-style-type: none"> • note the establishment of the Joint Efficiency Group and the draft terms of reference; • note the draft workplan for the JEG. 	

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



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1. Introduction

- 1.1. The financial position of Health and Care organisations within Sheffield and the wider system is extremely challenging and is unlikely to change over the medium term. Our skills and capacity to deliver the level of change required are constrained.
- 1.2. It has been agreed that the establishment of a Joint Efficiency Group will give partners the opportunity to share learning and capacity to deliver joint schemes where there is potential to both improve efficiency across organisations and outcomes for our served populations.
- 1.3. The group will initially focus on areas where joint work is currently underway across Sheffield City Council, the ICB and Sheffield Health. This does not preclude the involvement of other partners but will allow an opportunity to test the approach on a defined number of initial projects.
- 1.4. The group will ensure that there is an agreed programme of work that addresses the joint financial challenges of the partners to support delivery of a sustainable financial position as well as delivering optimal health and care outcomes for the population of Sheffield. It will ensure the programme follows best practice in terms of project management approaches, ensuring that each of the schemes have clear accountabilities, milestones and articulation of expected benefits (financial and other).
- 1.5. The JEG will monitor progress and provide a point of escalation for issues impeding progress and reviewing the impact on outcomes. It will aim to streamline reporting and avoid duplication as far as practicable but recognising the need to ensure adequate communication with interlinking programmes.

2. Draft Terms of Reference

- 2.1. Draft Terms of Reference for the group are included at Appendix 1. It is proposed that the group will report back to the Sheffield HCP Transformation and Oversight Committees, as well as the respective organisational governance.

3. Draft Programme of Work

- 3.1. The draft initial programme of work is summarised below (further detail is shown at Appendix 2):



- Shared Equipment Service
- Care at Night
- Somewhere Else to Assess spot purchasing
- s117 reviews
- Accommodation with care (SY)
- Care Home Quality Integration
- Homecare Procurement
- Care Provider Uplifts
- Assistive Technology
- Integrated care model with primary care

3.2. Whilst work has commenced in a number of areas, further work is required to outline clear project plans, quantification of expected benefits (including financial savings) and key indicators that will be monitored to evaluate actual impact.

4. Recommendations

4.1 Sheffield Health and Care Partnership Board is asked to:

- note the establishment of the Joint Efficiency Group and the draft terms of reference;
- note the draft workplan for the JEG.



TERMS OF REFERENCE

NAME OF GROUP	The Sheffield Health and Care Joint Efficiencies Group
TYPE OF GROUP	The Joint Efficiencies Group is based on a joint working group structure between NHS South Yorkshire Integrated Care Board (Sheffield place) (SYICB - Sheffield); Sheffield City Council (SCC) and Sheffield Health and Social Care NHS Foundation Trust (SHSC) – in the first instance. This may be expanded as the scope of agreed work and opportunities is confirmed.

1	<p>Purpose of the Group</p> <p>The Joint Efficiencies Group (JEG) purpose is to share skills and capacity and oversee progress of the specific list of efficiency schemes that are joint pieces of work between SYICB (Sheffield), SCC, SHSC and any other interested parties.</p> <p>The group will ensure that there is an agreed programme of work that addresses the joint financial challenges of the partners to support delivery of a sustainable financial position as well as delivering optimal health and care outcomes for the population of Sheffield. It will ensure the programme follows best practice in terms of project management approaches, ensuring that each of the schemes have clear accountabilities, milestones and articulation of expected benefits (financial and other). The JEG will monitor progress and provide a point of escalation for issues impeding progress and reviewing the impact on outcomes.</p>
2	<p>Responsibilities of the Group</p> <p>The role of the JEG is:</p> <ol style="list-style-type: none"> a. To agree and oversee a joint efficiency programme with specified projects, all of which have robust delivery plans with clear accountabilities, articulation of milestones, expected benefits and measurable outcomes. b. To explore further opportunities to bring together our collective resources to reinforce delivery of individual organisational efficiency plans and to identify future opportunities for collaboration and joint oversight to ensure that as a group of partners we utilise our available resources to deliver a sustainable financial position as well as improve outcomes and reduce health inequalities, in line with the Joint Strategic Needs Analysis, Joint Health and Wellbeing Strategy as approved by the Health and Wellbeing Board, Children’s Partnership arrangements and the Better Care Fund arrangements.

	<p>c. To agree and monitor an annual workplan with clear and measurable deliverables.</p> <p>d. To ensure accountability by holding projects to account for the delivery of benefits and through seeking assurance that systems of control are robust and reliable. This includes:</p> <ul style="list-style-type: none"> • to agree key responsibilities for sponsorship and delivery of individual projects, • to agree the aims and objectives of individual projects, • to agree and receive updates on key milestones, benefits, KPIs and outcomes of individual projects, • to receive escalations of issues that require support to resolve or unblock • to review the evaluation of schemes to understand learning and future areas of work <p>e. To establish a JEG working group, as a sub-group of the JEG, to oversee the delivery of the detailed programme of work established and report to JEG on progress, highlighting where progress is off track, where there are significant emerging risks and to identify issues of escalation.</p> <p>f. To have a forum where both the partners can make collective decisions on areas of joint activity and ensure that decisions which could have implications or consequences for broader partners are shared through this forum in a transparent manner.</p> <p>g. To receive updates on the collective financial position of partners, key issues and risks and utilise this information to inform the development of future plans.</p> <p>h. To develop business cases and raise funding/resource concerns to help find options or horizon scan for potentials.</p> <p>i. To manage Conflicts of interest. The Group will review decision making processes and scrutinise the governance arrangements where actual or potential conflicts of interest arise.</p>
3	Principles
	See Appendix 1 – JEG Business Rules
4	Membership
	<p>Each member of the group shall be an officer or Member of one of the Partners and will have been appointed by the relevant Partner to carry out its role and responsibilities.</p> <p><u>Members are:</u></p> <p>NHS SYICB: Deputy Place Director (Sheffield) (Co-Chair) Chief Finance Officer (Sheffield)</p> <p>Sheffield City Council: Strategic Director of Adults (Co-Chair)</p>



	<p>Assistant Director - Care Governance and Financial Inclusion Assistant Director Commissioning and Partnerships Director of Finance Section 151 Deputy Director of Finance ASC Finance Business Partner</p> <p>Joint roles: Deputy Director of Planning & Joint Commissioning (SYICB/SCC) Senior Finance Manager – BCF, JCO and HCP (SYICB/SCC)</p> <p>Providers Director of Finance, Sheffield Health and Social Care Trust Executive Director of Operations at SHSC</p> <p><u>Administrated by:</u></p> <p>Joint Commissioning Committee Secretariat Senior Business Manager/Better Care Fund Business Manager</p> <p>A delegated deputy must be assigned in the instance where members are unable to attend.</p>
5	<p>Meeting arrangements</p> <p><u>Delegation:</u></p> <p>The members of the JEG are authorised to make decisions in relation to the matters set out in section 2 above, on behalf of their respective organisations, only to the extent that each decision proposed to be taken is within the limits of delegated authority received from the relevant member’s organisation (in accordance with its own standing orders/constitutional document and scheme of delegation).</p> <p>Where a matter requiring a decision is determined not to be within scope of an JEG member’s delegated authority, the member will ensure that the matter is considered - and a decision is taken - by the member’s organisation in accordance with that organisation’s standing orders/constitutional document and scheme of delegation (which will be made available to members of the JEG). If there is any doubt about the correct forum, body, individual or procedure for consideration of a matter and/or making a decision, the JEG shall take appropriate professional advice.</p> <p>The JEG Working Group is a sub group of the JEG and will report to it. The Joint Efficiencies Group has agreed to delegate the following functions to the JEG Working Group:</p> <ul style="list-style-type: none"> • To provide detailed review and challenge to proposed business cases for areas of service integration and transformation prior to submission to JEG for approval; • To provide detailed ongoing review of the performance of approved business cases and report progress and suggest corrective action to JEG;



	<ul style="list-style-type: none"> • To provide detailed review of all budget variations to ensure that proposals are not likely to destabilise the health and social care system. Report issues to JEG for resolution; • To oversee the delivery of the detailed programme of work established to achieve the aims of the Pooled Fund and to identify and report to JEG: <ul style="list-style-type: none"> - areas where performance is off track; - interdependencies between workstreams where delivery in one Scheme is affecting performance in another Scheme; - suggested actions to correct performance. • To prepare Reports for other partner organisations, the Health and Wellbeing Board and any other body as required by the partners; • To review the adequacy of the non-financial contributions (including the management cost), to each individual Scheme and make recommendations on resourcing to JEG; • To provide detailed scrutiny of the financial and operational performance of the Pooled Fund; • To complete quarterly and annual returns in accordance with BCF planning requirements. <p><u>Meeting arrangements:</u></p> <p>The JEG will meet bi-monthly with the Working Party monthly at a time to be agreed and more frequently where required.</p> <p>An urgent meeting may be convened by the Chairs by providing no less than 3 working days' notice to all members along with an agenda.</p> <p>Decisions of the JEG shall be made unanimously. Where unanimity is not reached then the item in question will in the first instance be referred to the next meeting of the JEG. Where there is disagreement, and no unanimity is reached, the matter will be escalated in accordance with the dispute resolution procedure set out in the s75 agreement.</p> <p>Where a Partner is not present and where a decision will be required a delegated deputy enabled to vote on behalf of their organisation's half must be present.</p> <p><u>Recording:</u></p> <p>Minutes of all decisions shall be kept and copied to the Authorised Officers within seven days of every meeting.</p> <p>The agenda will be made available to all attendees at least 3 working days in advance. Issues will only be considered on the day with the agreement of the Chair.</p>
6	<p>Quorum</p> <p>The quorum for meetings of the JEG shall be a minimum of:</p> <ul style="list-style-type: none"> • two representatives from SCC



	<ul style="list-style-type: none"> • one representative from ICB (Sheffield) • one representative from SHSC <p>If the meeting is not quorate the meeting may be reconvened in 5 working days.</p>
7	<p>Accountability</p> <p>The JEG is accountable to the partner bodies represented on the Group, which have established the Group to undertake the governance responsibilities set out in these Terms of Reference.</p> <p>JEG will report to the Sheffield HCP Transformation and Oversight Committee.</p> <p>JEG will report into the relevant management/policy committees of the partner organisations.</p>
8	<p>Review</p> <p>Date of Group inception: 27 November 2023 Date of Terms of Reference review: 22 December 2023 Date of Terms of Reference review: Date of Terms of Reference review: Date of next review of membership: .</p> <p>The membership of the group will be reviewed periodically to ensure the right balance of inclusivity and effectiveness, with regard to the size of the group.</p>

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Appendix 2 JEG
priorities
DRAFT

	Why is this a JEG priority	Objectives	How will this release efficiency	Link to HCP priorities
Shared Equipment Service	Significant and growing overspend on equipment service. Whilst expenditure might be expected to grow in line with the increasing number of people supported in their own home, we need to test that all areas of spend are delivering best value	<ul style="list-style-type: none"> - Review of contract management and opportunities to learn from/collaborate within wider ICB footprint - Working with the provider, identify opportunities to improve stock management, support and feedback on prescriber decision making - Consideration of future procurement at end of contract term 	Reduction in waste, improved stock management/recycling rates.	Discharge Home First
Care at Night	Additional spend on additional rounds agreed in recent years but potential inefficient/under utilisation of capacity	<ul style="list-style-type: none"> - Model and reconcile current demand and utilisation - reprocure rounds based on revised modelling - monitor outcomes from reprocured service 	Improved utilisation of capacity, reduction in required number of rounds	Discharge Home First
Somewhere Else to Assess spot purchasing	Significant additional spot purchasing of S2A capacity in addition to the block purchased beds that were agreed as part of the original business case	<ul style="list-style-type: none"> - Model, Practice & Resource - this is being addressed via recruitment to 4 additional practitioners and a workforce consultation on a new model. - System wide data reconciliation - this is being looked at as part of the review of model/data - Commissioning of s2a services and supports/ direct purchases - Communications and learning - Learning from developments 	Improved utilisation of block commissioned capacity, reduction in required number of spot purchases	Discharge Home First
s117 reviews	Significant growth in spend on s117 aftercare packages	In line with the S117 50:50 funding arrangements in Sheffield, focused review of c600 packages of care will take place during 2023/24 to ensure packages are meeting service users current needs and deliver best value.	Reduction in inappropriate access of alternative services & are right sized support packages	Mental Health Crisis

<p>Accommodation with care (SY)</p>	<p>It is increasingly difficult to find appropriate in area placements for our most complex individuals leading to a significant increase in high-cost packages in out-of-town areas, away from social networks that may offer support. In addition, there is an increasing number of complex CYP where we need to plan appropriate support packages as they transition to adult services.</p>	<ul style="list-style-type: none"> - SY group established to understand level of need across SY and drivers for change - translate learning from SY group to specific T&F group in Sheffield looking at potential accommodation options 	<p>Reduction in expensive out of town placements, replaced by more cost effective, local capacity</p>	<p>Mental Health Crisis</p>
<p>Care Home Quality Integration</p>	<p>Both SCC and the ICB have duties in terms of Care Home Quality Oversight. There is an opportunity to explore how these responsibilities could be discharged jointly, avoiding duplication</p>	<ul style="list-style-type: none"> - Review statutory and other duties in terms of quality oversight- make recommendations on options for discharge of function- consider how learning from care home quality can feed into commissioning and support to care homes, eg; ECCH. 	<p>Reduced staffing requirements. Potential to improve care and avoid inappropriate use of wider resource, eg; admissions from care homes</p>	<p>Urgent Same Day</p>
<p>Homecare Procurement</p>	<p>Spend on Homecare for over 65s rose by over 35% between 2019/20 and 2021/22</p>	<ul style="list-style-type: none"> - Streamlined Homecare Processes and Systems resulting in decisions being made closer to home - Clearing Waits - Additional Reviewers and Homecare - conclude homecare re-procurement based on revised model 		<p>Discharge Home First</p>



<p>Care Provider Uplifts</p>	<p>Cost of Care exercise and recent announcements on increases to National Living Wage will inevitably lead to increasing costs for the fees paid to care providers. We need to ensure that fee uplifts are appropriate and deliver best value</p>	<ul style="list-style-type: none"> - Model potential uplifts and financial implications for respective partners - explore contract KPI options linking funding to expected benefits - monitor and evaluate impact 	<p>Link increase in fee rates to expected improvement in efficiencies from providers</p>	
<p>Integrated care model with primary care</p>	<p>Opportunities for closer working between ASC teams and Primary Care Teams could increase opportunities to support individuals/families and reduce duplication and inappropriate use of alternative services</p>	<ul style="list-style-type: none"> - Co-design and implement a locality-based preventative community integrated model of working to help people avoid crisis and remain in control of their lives, which includes Team Around the Person, closer working with primary care and a new front door approach to adult social care. 		

