2018/19 Planning, Commissioning Intentions and Governing Body Assurance Framework

Governing Body meeting

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11 January 2018

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Purpose of Paper

The paper seeks to provide an update on the refresh of the CCG's commissioning intentions, operational plan and financial plan for 2018/19.

Key Issues

NHS England is expected to publish planning guidance for 2018/19 in January 2018 and the CCG will need to update its Financial and Operational Plans for 2018/19 in the light of this guidance and probably submit refreshed plans by mid February 2018 and agree contract variations with all key providers by no later than March 2018.

The update of plans will need to be in the context of the national guidance including any change in priorities as a result of the additional £1.6 billion funding announced for the NHS in the autumn budget. The CCG's individual organisational plans also need to fit and triangulate with the wider Sheffield Accountable Care Partnership and South Yorkshire and Bassetlaw Accountable Care System work.

The CCG faces very significant challenges to be able to achieve a financial plan which meets national requirements. As set out in section 5.2 below there is currently a £13m gap in for which solutions are required.

Is your report for Approval / Consideration / Noting

Approval

Recommendations / Action Required by Governing Body

The Governing Body is asked to:

1. Approve the 2018/19 Commissioning Intention Key Priorities (Appendix 1 sets out the current priorities.)
2. Approve the approach for refreshing the 2018/19 Financial Plan incorporating a £15m QIPP plan
3. Approve the proposed amendments to the CCG strategic objectives and goals as part of the process for developing the 2018/19 GBAF

Governing Body Assurance Framework

Which of the CCG's objectives does this paper support?

1 To improve patient experience and access to care.
2 To improve the quality and equality of healthcare in Sheffield.
3 To work with Sheffield City Council to continue to reduce health inequalities in Sheffield.
4 To ensure there is a sustainable, affordable healthcare system in Sheffield.

Are there any Resource Implications (including Financial, Staffing etc)?

Yes, resource required to deliver SCCG operational plans for 2018/19. Financial planning for 2018/19.

Have you carried out an Equality Impact Assessment and is it attached?

Please attach if completed. Please explain if not, why not
No, equality impact assessment will be undertaken for each project or programme.

Have you involved patients, carers and the public in the preparation of the report?

Yes, development of programmes includes patient involvement

NHS
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1. Introduction

Governing Body received a paper in November 2017 setting out the CCG's proposed approach to refreshing the operational plan and commissioning intentions for 2018/19. The CCG has previously developed a two year Operational Plan and Financial Plan for 2017/8 and 2018/19 as part of national requirements in December 2016, which was approved by Governing Body in January 2017 and which built on the priorities outlined in the 'Shaping Sheffield' the Sheffield Place Based Plan.

The planning landscape within which the CCG operates is becoming more complex. The Next Steps on the Five Year Forward View (5YFV) published in March 2017, the continued development of the Sheffield Accountable Care Partnership (ACP) and the South Yorkshire and Bassetlaw Accountable Care System (SY&B ACS) present opportunities to achieve the CCG's strategic goals to transform healthcare for the people of Sheffield by working collaboratively with key partners in Sheffield and across the region to fundamentally change models of health care provision and funding

The CCG is now in the process of refreshing the second year of these plans to reflect the evolving national and local planning parameters, delivery priorities and overall financial planning requirements. It is important to highlight that the scale of the financial challenge for 2018/19 based on current information will require some significant changes in our approach with partners if we are to put together a plan which meets likely national requirements.

2. Strategic Context

It is anticipated that NHS England will release planning guidance in January 2018. Although timescales and requirements are not yet known, the NHS England Board Paper in November 2017 entitled '*NHS Planning for 2018/19*' set out current national thinking on priorities for the coming year. This confirmed that following the Budget in November 2017, the financial settlement for the NHS will result in a real terms revenue growth of 1.9% in 2018/19, slightly lower than the current year. The NHS England Board paper identified a number of priorities to manage the shortfall between demand and budget:

- drive further efficiency based on the 10 point efficiency plan presented in the Next Steps on the Five Year Forward View;
- care integration – allocate funding to accelerate care redesign through ACS;
- consider opportunities to combine and align work between national and local organisations to release management cost savings.

NHS England acknowledged that these actions alone will not enable the NHS to meet demand with current budget and hence NHS England proposed several considerations to shape plans for 2018/19:

- address recurrent deficits;
- set realistic activity plans for non-elective care;
- protect investment in mental health, primary and cancer care;
- set realistic performance targets based on system capacity;
- ensure pay rises above 1% budgeted are funded separately.

It is not clear from the above, whether there will be a relaxation of delivery against current national targets for example in relation to 18 week performance. It is also not clear how the £1.6 billion will flow but it needs to be recognised that all South Yorkshire CCGs including Sheffield remain above their fair shares allocations target and hence it would be very unwise to assume we will receive a straightforward capitation share of the funding.

3. South Yorkshire and Bassetlaw Accountable Care System Priorities

The South Yorkshire and Bassetlaw Accountable Care System (SY&B ACS) work streams are developing work plans for 2018/19 seeking to identify issues where a regional approach to commissioning and delivery of services across all 5 Places within the ACS is likely to be beneficial in terms of addressing any of the quality, workforce and/or financial gaps previously identified in the STP plan back in autumn 2016.

These are currently being shared with and reviewed by CCGs but as yet there are no specific financial savings opportunities identified from this ACS work for 2018/19 and hence a continued focus particularly to deliver financial efficiencies through our local ACP arrangements.

The timescales associated with the hospital services review currently underway, after taking into account requirements for public consultations on any subsequent potential service change proposals, mean any impact in 2018/19 is unlikely.

As one of the national leading ACSs we have already been notified of some transformational funding for 2018/19 and prioritisation of the use of this funding now needs to take place as part of the 2018/19 plan refresh. This latter also needs to take into consideration any new guidance/rules on financial control totals for the ACS as a whole and whether we will implement any formal financial risk sharing arrangements between NHS organisations within the ACS during 2018/19 in what is being seen as a shadow year of operation.

4. Sheffield Plan and Accountable Care Partnership

The Sheffield Place Based Plan set out a five year plan to achieve an agreed vision and targets for health and social care in Sheffield by 2021. It was endorsed by commissioners and providers across the city in January 2017.

The Plan sets out a number of challenging goals to support the delivery of a sustainable health and social care system and balanced financial position for the city by 2021 and the ACP Board has endorsed these goals.

Each of the ACP work streams has identified three priorities for 2018/19 and it has been agreed that at least one of these for each work stream must include the achievement of financial savings across the system. The ACP Board considered the priorities in November 2017. Details of the priorities for each work stream are attached at **Appendix 1** to this paper. However, it should be noted that because it was only agreed in November that Primary Care would be a separate service transformational work stream as opposed to an enabling work stream, the priorities for this work stream are to be agreed early in 2018.

These priorities will shape the CCG's commissioning intentions and delivery plans in 2018/19 and for following three years. The level of detailed work which has already taken place to support delivery of the priorities for 2018/19 is variable and in many cases there is still considerable work to be undertaken to implement through contractual and other arrangements.

The ACP Board has asked the Directors of Finance from across the key partners in the city to prepare a draft financial strategy to help support the delivery of the agreed priorities and to understand the impact on individual partners. Building on the ACP Memorandum of Understanding principles approved by all the partners this is likely to require agreement on financial risk sharing. A first draft of the strategy and understanding of the financial position of the member organisations of the ACP is being prepared for February 2018. A key aim will be to see if we can establish a position which allows each of the 3 Foundation Trusts and the CCG to submit plans to NHSE/NHSI which demonstrate delivery of our respective financial targets.

The Sheffield Plan presents a strategic plan for the period to 2021 and emerging ACP and ACS plans require longer term development. Hence, while the national requirement looks as if it will only be for a 2018/19 refresh, both at ACP and ACS level it is proposed that work commences early in the new financial year to develop plan to support the transformational priorities for 2 further years to 2020/21.

5. CCG's 2018/19 Plans

Although the national planning timetable for refreshing the Operational and Financial Plans for 2017/19 has yet to be published, it is understood that the updated plans will need to be submitted to NHS England in early February and hence work is well underway.

Discussions have taken place in private session with Governing Body in October and December 2017. At these sessions Governing Body have received detailed presentations on the initial work on refreshing commissioning priorities for .2018/19 and on refreshing the key assumptions, risks and challenges as part of fully updating the financial plan for 2018/19.

As part of the above we have updated on the work with key providers to model activity plans (pre QIPP) to meet likely demographic changes and delivery against national targets and then the work on QIPP proposals.

The following strands need to be integrated:

5.1. Commissioning Intentions

Critically Governing Body needs to assess whether the ACP wide key priorities as set out in **Appendix 1** encapsulate our commissioning priorities for 2018/19 or whether there are other things which we need to ensure are pursued in the next financial year as part of our longer term strategic vision for improving the population's health, reducing health inequalities and improving health services and outcomes.

Our discussions to date suggest that as a Governing Body we are assured that these priorities do move us along our journey to the 2020/21 vision set out in the Shaping Sheffield Plan. We have agreed that we need to closely monitor the pace of service transformational change and our level of ambition in each year and have agreed that in 2018/19 we need to see a step change in how we work with partners as part of ACP arrangements to ensure delivery.

5.2. Financial Plan

The financial plan for 2018/19 prepared back in December 2016 inevitably needs a full refresh to take into account a whole range of issues which have emerged in the current financial year. As Governing Body members are aware from the various financial reports and presentations during 2017 we have faced various unforeseen pressures in particular in relation to national arrangements for drug prices and stock shortages. At this stage we have no option but to assume these will continue into 2018/19 (impact c£5m pressure). At the same time, as discussed more fully in section 5.3 below, we are now forecasting that we will only deliver approx. half of the QIPP target of £21.6m which Governing Body approved in December 2016. The case mix and volume of acute hospital activity has been above plan (partly due to non delivery of QIPP and partly due to other factors).

As discussed in the Finance Report to this meeting of Governing Body and in previous reports, we have had to take a series of actions additional the original financial plan to try to ensure we meet our 2017/18 financial plan targets. A number of these provide a non recurrent financial solution in 2017/18 with adverse consequences for 2018/19 as we discussed in some detail at the 7 December 2017 meeting. Also as we discussed, if we allow activity and other pressures to continue at 2017/18 rates we will spend c£13m or nearly 2% more than our existing recurrent allocation. This is not something which we can allow to happen as it will mean the CCG is not in a financially stable or sustainable position and we have a statutory duty to ensure that we remain in financial balance. Hence this is requiring a different approach to financial planning and contracting for 2018/19.

The consequence of the above key factors and other factors means that the opening position for 2018/19 looks substantially different to that which was prepared in December 2016. The table 1 overleaf provides a summary of the position based on Month 8 forecast out-turn data and current intelligence from 2018/19 planning work.

The key points to highlight are as follows:

- Our underlying recurrent pressures carried forward from 2017/18 at £13.2m utilise ALL of our cash uplift, leaving no funding available to meet new 2018/19 pressures or to make new investments.

- The activity pressures set out below reflect our current best assessment for the impact of changing demographics and trends on the use of acute hospital services & high cost drugs, CHC, primary care prescribing and ambulance services. They currently also allow for delivery of key activity performance targets. The price pressures are based on currently published NHS tariffs and inflation for next year and as per the NHSE board paper referenced in section 2 above, it is assumed that any pay increases above 1% will attract corresponding additional funding.

- No new investments are proposed other than for previous pre-commitments in relation to mental health services. We may achieve some mitigation of these costs depending on the agreements reached re ACS transformational funding.

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- We have a range of non recurrent (one off) cost pressures in 2018/19 due primarily to the need currently to increase our reported surplus to 1% as part of the collective control total arrangements with other South Yorkshire and Bassetlaw CCGs and due to pressures from 2017/18 where we have re-profiled expenditure into 2018/19 as part of managing the current financial year.

Table 1: 2018/19 Reassessment of Opening Position

	Recurrent		NON recurrent	Total
	£m	**£m**	**£m**	**£m**
Cash Uplift per published NHSE information		(12.9)		(12.9)
a) Recurrent Pressures from 2017/18		13.2		13.2
b) New Recurrent Pressures				
- Price including CNST	3.9			
- Acute Hospital Activity and High Cost Drugs	5.0			
- Other Pressures including Ambulance and 111	0.8			
- CHC/FNC including Transforming Care cases	2.9			
- GP Prescribing - volume increases	3.4			
- Mental Health Investment (if no ACS funding)	2.8			
- Recreate General Contingency	3.8			
		22.6		22.6
c) QIPP				
Establish at £15m. Currently £14.6m proposals		(15.0)		(15.0)
d) Non Recurrent Pressure				
- Increase surplus to 1% as part of SY&BL control total			2.7	
- b/f from 2017/18 as part of re-profiling spend			5.4	
- 0.5% non recurrent uncommitted reserve available			(3.0)	
			5.1	5.1
Financial GAP for which solutions required		**7.9**	**5.1**	**13.0**

The analysis excludes co-commissioning responsibilities for primary care services but our modelling to date shows that with the separate £1.5m uplift for primary care we

should be able to fund core services with a 1% uplift and additionally commissioned CCG services at 2017/18 levels. It is assumed that if the pay uplift is greater than 1%, additional funding will flow from NHSE.

In summary: If underlying and new pressures remain at currently projected levels and we pursue a QIPP plan of £15m (for reasons discussed in 5.3 below) this leaves the CCG with a financial gap of £7.9m recurrently and £5.1m non recurrently – **so £13m gap in total which we need to address as part of the planning process.**

As a Governing Body we started to discuss the options for addressing this gap in our December session. Broadly they can be summarised as follows:

- A different approach to contracting with our key local providers where we seek to jointly agree financial and activity envelopes and associated risk shares.

- Seek to maximise additional funding into the Sheffield system from SY&BL ACS transformational budget and however the £1.6 billion flows into NHS system.

- Particularly to support resolution of £5m non recurrent gap, discuss with NHSE and our local ACS partners a re-profiling of contributions to wider controls totals and access to any "drawdown" of historic surpluses.

5.3. QIPP

As part of its discussions on 7 December 2017, Governing Body agreed the key principle that while we should challenge ourselves the QIPP target should be realistic and achievable. This was agreed in the context of the financial challenge we face (as described in 5.2 above) and the level of success we have had in the last 3 years in delivering our QIPP plans (all in range of £11m to £13.5m).

Development of detailed QIPP plans for 2018/19 continues. As presented to Governing Body in December potential proposals totalling £14.6m have been identified. A confirm and challenge process with clinical and managerial leads for the schemes will be conducted in early January to test these plans and to identify any additional opportunities for QIPP releasing projects. However, in this context Governing Body agreed we should set a target of £15m for 2018/19, acknowledging that as discussed in section 5.2 this leaves a substantial financial gap which will need to be closed by other actions.

5.4. Contract Agreement

Contract intentions were issued to providers in November 2017. In the absence of a confirmed national timetable the CCG is currently working with providers to update 2018/19 contracts by the end of January 2018 if possible but this deadline may well extend to the end of March depending on progress with closing the financial gap and the requirements from national planning guidance to be issued in January 2018.

The CCG is in discussion with providers to identify activity plans for 2018/19 that meet waiting time standards. However, it is recognised that at the same time we need contracts that support a sustainable financial position for the ACP economy (both commissioners and providers) and this may require a re-evaluation of activity plans. Discussions continue to look at alternative approaches to commissioning services, including an urgent care envelope with supporting risk share agreements. We are

looking to expand the financial risk share agreements already in place for the delivery of mental health services.

5.5 Timescales

A project plan has been developed to support the process attached at **appendix 2** to this paper. This identifies key milestones and deliverables to produce commissioning intentions and confirmed QIPP plans by the end of January. We would anticipate that to meet national planning deadlines, plans for submission to NHSE will need to be considered by Governing Body in private session at its 1 February 2018 meeting with the opening budgets for 2018/19 and a final Operational Plan being approved by Governing Body in its public session in March 2018.

6. Governing Body Assurance Framework

The Governing Body Assurance Framework (GBAF) sets out how the CCG will manage the key risks to delivering the organisation's strategic Goals and Objectives. The GBAF provides a framework that aligns risks, controls and assurance to each objective and enables the Governing Body to assure itself that key risks to delivery of objectives strategic and goals are being managed effectively.

It is the responsibility of the Governing Body to agree the strategic objectives and goals. The Governing Body agreed the current strategic objectives and goals for 2017/18 and these are set out at table 2 below.

Table 2: CCG Strategic Objectives and Goals

	Strategic Objective	**Goals**
1	To improve patient experience and access to care.	1, 2,5 & 8
2	To improve the quality and equality of healthcare in Sheffield.	1, 2, 3, 4 & 6
3	To work with Sheffield City Council to continue to reduce health inequalities in Sheffield.	3 & 7
4	To ensure there is a sustainable, affordable healthcare system in Sheffield.	2, 5, 7 & 8
5	Organisational development to ensure CCG meets organisational health and capability requirements.	1 - 8
	Strategic Goals	
1	Deliver timely and high quality care in hospital for all patients and their families.	
2	Become a person-centred city: promoting independence for our citizens and supporting them to take control of their health and health care.	
3	Tailor services to support a reduction in health inequalities across the Sheffield population.	
4	Integration of physical and mental health, ensuring parity of esteem for people with mental health needs.	
5	Support people living with and beyond life threatening or long term conditions	
6	Give every child and young person the best start in life.	
7	Prevent the early onset of avoidable disease and premature deaths	
8	We will work in collaboration with partners for sustainable care models by playing an active role in regional sustainability and be recognised as a system leader for public sector reform.	

As part of the planning process it is necessary to ensure that the strategic goals and objectives continue to be aligned to the organisation's vision and priorities.

Within the changing strategic landscape we have reviewed the current strategic objectives and goals against the aims identified within the Sheffield ACP, as set out at table 3 below, as well as internal commissioning intentions.

Table 3: ACP Aims

Aims
1. Delivering tangible improvements in local health and wellbeing
2. Tackling persistent inequalities in health and wellbeing
3. Improving public engagement and empowerment
4. Ensuring the sustainability of the Sheffield health and care economy
5. Supporting a motivated and high-performing workforce
Outcomes
• Healthy life expectancy greater than the national average
• Upper decile outcomes for those receiving health and care interventions
• A difference in healthy life expectancy lower than the national average between a) the most and least deprived sections of our population, and b) those with mental and physical health disorders including:
o CAMHS waiting times
o Community nursing re-design (PHOF indicators for vaccinations, dental, obesity), plus linked to increased care in community settings.
o Short breaks / respite care for children with complex needs (increased personalisation / flexibility).
• Equity of access to health and social care services for all citizens
• A balance of expenditure against the total resources available to our health and care system

It is proposed that the strategic goals are amended to better reflect progress on the transition towards integrated care across the system, table 4 sets out the suggested objectives and goals for 2018/19 including amendments to goal 8.

Table 4: Proposed Strategic Objectives and Goals for 2018/19

	Strategic Objective	**Goals**
1	To improve patient experience and access to care.	1, 2,5 & 8
2	To improve the quality and equality of healthcare in Sheffield.	1, 2, 3, 4 & 6
3	To work with Sheffield City Council to continue to reduce health inequalities in Sheffield.	3 & 7
4	To ensure there is a sustainable, affordable healthcare system in Sheffield.	2, 5, 7 & 8
5	Organisational development to ensure CCG meets organisational health and capability requirements.	1 - 8
	Strategic Goals	
1	Deliver timely and high quality care in hospital for all patients and their families.	
2	Become a person-centred city: promoting independence for our citizens and supporting them to take control of their health and health care.	

3	Tailor services to support a reduction in health inequalities across the Sheffield population.
4	Integration of physical and mental health, ensuring parity of esteem for people with mental health needs.
5	Support people living with and beyond life threatening or long term conditions
6	Give every child and young person the best start in life.
7	Prevent the early onset of avoidable disease and premature deaths
8	We will work in collaboration with partners across the Sheffield Accountable Care Partnership and South Yorkshire and Bassetlaw Accountable Care System to develop sustainable integrated care models and be recognised as a system leader for public sector reform.

Subject to the approval of Governing Body these amended strategic objectives and goals will form the basis of the Governing Body Assurance Framework for 2018/19 and that a first draft of the GBAF is presented to the Senior Management Team for discussion in January with a final version being presented to the Audit Committee in March and adopted by the Governing Body at the beginning of May 2018.

7. Recommendations

The Governing Body is asked to:

1. Approve the 2018/19 Commissioning Intention Key Priorities (Appendix 1 sets out the current priorities.)
2. Approve the approach for refreshing the 2018/19 Financial Plan incorporating a £15m QIPP plan
3. Approve the proposed amendments to the CCG strategic objectives and goals as part of the process for developing the 2018/19 GBAF

Paper prepared by: Abigail Tebbs, Deputy Director of Strategic Commissioning and Planning
Brian Hughes, Director of Commissioning and Performance
Julia Newton, Director of Finance

On behalf of: Brian Hughes, Director of Commissioning and Performance
Julia Newton, Director of Finance

December 2017

18/19 3 Priority Short Term Objectives - Elective Care

Identify which triple aim dimension(s) each goal hits (with a measurable outcome)

Goal	Specific Measurable Aim	Health and Wellbeing	Care and Quality	Finance and Efficiency
DEVELOP CONSISTENCY	Improve consistency of referral quality and reduction of unnecessary referrals by developing more comprehensive triage pre-referral to ensure right patient, right pathway and a whole person approach. To include: • GP and non GP referrals • Consistency of approach to diagnostics • Thresholds to carry out procedures • Threshold to follow up/discharge	X	X	X
OUTPATIENT SERVICE DESIGN	To inform future new service models consider opportunities to review service design reviewing • Avoidable follow ups • Alternatives to face to face • Advice & guidance and ERS • Patient decision aids and health literacy and informed consent • The reason patients do and do not attend	X	X	X
CANCER	Reduce proportion of cancer diagnosed in emergency setting from 20% to 15% by March 2019, considering access to diagnostics, referral thresholds and new models of outpatient design. To deliver • Increasing proportion diagnosed in planned care setting (moving from 80 to 85%) • Earlier diagnosis for this cohort, improving patient outcomes	X	X	X

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18/19 3 Priority Short Term Objectives – Children's and Maternity

Identify which triple aim dimension(s) each goal hits (with a measurable outcome)

Goal	Specific Measurable Aim	Health and Wellbeing	Care and Quality	Finance and Efficiency
Increase out of hospital care	**1. Create a 'one team' approach in the Community localities across health and care** • Create integrated teams in localities, establish stronger links with primary care • Redesign community nursing	X	X	X
Integrated Care	**2. 0-19 Health Child Programme and MAST joint working** • Join up and integrate provision to provide safe services and make best use of resources	X	X	X
Personalised Care	**3. Redesign short breaks for families and children with complex needs** • Increase personalisation, choice and equity of short break provision • Develop new models of flexible provision	X	X	X
Improved access	**4. Redesign neuro disability pathways with community localities** • Joint approach across health, care and education • Reduced waiting times	X	X	

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18/19 4 Priority Short Term Objectives - LTC

Goal	Specific Measurable Aim	H&W	C&Q	F&E
RISK STRATIFICATION	Through targeted support to those most at risk of admission or escalated level of support, through a multi-disciplinary approach To deliver • X reduction in non-elective admissions (£X) • X reduction in elective admissions • X reduction in length of stay	X	X	X
NEIGHBOURHOOD DEVELOPMENT	By understanding needs of patients and people at neighbourhood level targeting the support/investment to • Reduce inequalities in access health interventions • Increase activation in people to self manage and in prevention of disease progression • X reduction in non-elective admissions • X reduction in elective admissions • X reduction in elective referrals	X	X	X
CARE CO-ORDINATION	Better coordination across pathways and across multi-morbidities to reduce duplication and improve access • X reduction in diagnostic tests • X reduction in outpatient appointments • Increased person self-management and coordination • Improved patient experience, and mental/physical wellbeing • Improved outcomes as a result of treating the whole person and what matters to them	X	X	X
NEW MODEL OF LTC	Increased proportion of spend out of hospital and reduction in cost of overall care • X increase in spend out of hospital (proportionate) • X reduction in elective referrals • X reduction in non-elective admissions • Improved patient experience, and mental/physical wellbeing	X	X	X

2018/19 Three Priority Short Term Objectives - Mental Health

Goal	Specific Measurable Aim	Health and Wellbeing	Care and Quality	Finance and Efficiency
Delivery of the Mental Health Five Year Forward View	Access to crisis mental health care 7 days a week 24 hours a day • 2018/19 Target – Full Compliance	✓	✓	✓
	Elimination of out of area placements for acute care • 2018/19 Target – No Specific Target (But Will Achieve Full Compliance)			
	People experiencing a first episode of psychosis will have access to a NICE-approved care package within 2 weeks of referral • 2018/19 Target – 53%			
	Greater access to community-based services for people with severe mental health problems to enable them to live closer to home • 2018/19 Target – No Specific Target			
	Reduction in suicides • 2018/19 Target – No Specific Target (10% Reduction by 2020/21)			
	Greater access to evidence-based specialist perinatal mental health • 2018/19 Target - 80 More Women Per Year			
	More people living with severe mental health problems will have their physical health needs met • 2018/19 Target – 2,800 More people			
	Improve Access to evidence-based psychological therapies • 2018/19 Target – 19% Access Rate			
	More people living with mental health problems will be supported to find or stay in work each year • 2018/19 Target - 25% increase in Access to IPS			
	By 2020/21, all acute hospitals will have all-age mental health liaison teams in place, and at least 50% of these will meet the 'Core 24' service standard • 2018/19 Target – No Specific Target (Aiming for Full Compliance)			

2018/19 Three Priority Short Term Objectives - Mental Health

Goal	Specific Measurable Aim	Health and Wellbeing	Care and Quality	Finance and Efficiency
Delivery of a joint transformation programme, underpinned by a single efficiency target	Single Transformation Plan Signed Off By Sheffield City Council, Sheffield Health and Social Care NHS Foundation Trust and NHS Sheffield Clinical Commissioning Group • 2018/19 Target – Single Plan (Supported by Memorandum of Agreement)	✓	✓	✓
	Single Efficiency Target • 2018/19 Target - £TBC Efficiency			
Delivery of the Transforming Care agenda	There will be a maximum of 15 learning disability inpatient beds across the Transforming Care footprint • 2018/19 Target – 15 By 31st March 2019	✓	✓	

18/19 3 Priority Short Term Objectives -

Urgent & Emergency Care

Identify which triple aim dimension(s) each goal hits (with a measurable outcome)

	Specific Measurable Aim	Health and Wellbeing	Care and Quality	Finance and Efficiency
DEVELOP INTEGRATED URGENT CARE MODEL	Develop an model for urgent care in Sheffield that fully integrates primary care. To deliver • X reduction in A&E attendances by increasing use of urgent out of hospital services (£X) • X reduction in admissions • Increase assessment prior to admission or same day discharge (priority frail elderly)	X	X	X
IMPROVE PATIENT FLOW	Roll out 10 principles for better flow across all wards by end Q12018/19 and continued embedding national best practice e.g. Safer Faster Better across the system. To deliver: • Reduce length of stay for all patients • Reduce excess bed days to xx by xxxx saving £xx • Achieve timely ambulance handover	X	X	X
EXPEDITE DISCHARGE	Implement new discharge processes on all wards by 1 April 2018 To reduce and maintain the number of delayed transfers of care below 50 per day for Sheffield ACP - acute 45, mental health 5	X	X	X

Timetable for Operational and Financial Plan Refresh 2018/19

APPENDIX 2

Week Commencing	January					February				March			
	1	8	15	22	29	5	12	19	26	5	12	19	26
Publication of Planning Guidance January 2018 (subject to confirmation)													
QIPP plan confirm and challenge week commencing 8 January 2018													
Refresh existing project briefs and delivery plans including milestones - end January 2018													
QIPP plan confirmed - review at Integrated QIPP Working Group													
Develop project briefs for new projects - January 2018													
Finalise Commissioning Intentions – all CCG work plans aligned to ACP priorities end January 2018													
Refresh financial and activity plans for 2018-19 – January/ early February 2018													
Prepare performance target trajectories ready for submission early February 2018													
Develop delivery plans for new projects mid February 2018													
Refreshed Operating and Financial Plan for submission to NHS England approved by Governing Body													
Confirm alignment with ACS is as close as possible (identify any further opportunities for joint work) - early February 2018													
Governing Body approve final Operating Plan and Opening 2018/19 Budgets													
Ensure contracts are in place and signed in line with national timetable.													
GBAF approved March 2018													