Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

2015/16 Commissioning Intentions Refresh

Governing Body meeting

Thursday 8 January 2015

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Is your report for Approval / Consideration / Noting

The Governing Body is asked to consider the draft 2015/16 commissioning plan.

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

Our commissioning plan will of course be founded on the principle of being achieved within available resources. Clinical and managerial capacity issues are being reviewed as part of the CET approval process for projects.

Audit Requirement

CCG Objectives

Which of the CCG's objectives does this paper support?
This paper supports delivery of all CCG objectives.

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached? No

If not, why not?
An individual equality impact assessment will be carried out on each programme and project as they move through the PMO process.

PPE Activity

How does your paper support involving patients, carers and the public?
See Patient and Public Involvement section. A full engagement process is currently being undertaken on the commissioning intentions.

Recommendations

The Governing Body is asked to:

- Note the progress to date in refreshing our commissioning intentions
- Consider the draft plans on a page and draft refreshed 2015/16 plan
- Note the next steps and actions before publication of the plan.

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1. Introduction / Background

The CCG published its commissioning intentions for 2014/19, which included a 2 year operational plan and a five year strategic plan, in April 2014. We need to review and refresh the operational plan to confirm our commissioning plans for 2015/16, in the light of what we have achieved so far, what new information we have, e.g. on health needs, and changes to the national and local environment, including Government policy. Our plans for 2015/16 must enable us to continue progress towards achieving our strategic aims and ensure that we have a balanced financial plan for the year.

The CCG annual planning process started with some early discussions in late August and early September 2014 and then a Governing Body Organisational Development session in October 2014. This paper and the accompanying draft documents are the result of those discussions and the work of the CCG portfolio teams and Commissioning Executive Team since then. As far as practical they also reflect the impact of the revised CCG allocations announced on 19 December 2014 and the national planning guidance requirements "*The forward view into action: planning for 2015/16",* issued in parallel. However, future work is needed to understand the full local implications and to incorporate these in detail into our operational plan for 2015/16.

2. National Expectations

Initial guidance on key objectives of the planning process was issued by NHS Trust Development Authority (NHS TDA), Monitor and NHS England (NHSE) in a gateway letter to CCG Clinical Leaders and CCG Accountable Officers. This requires CCGs to:

- Refresh the second year of the existing two year operational plan with a focus on making sure that the plans are as realistic as possible
- Demonstrate progress on implementing the 1st year transformational changes as set out in the NHS Five Year Forward View
- Work closely with providers to develop and align plans
- Ensure that services continue to be delivered in a financially sustainable way
- Deliver required standards and continuous improvements in quality and outcomes.

The Forward View into Action: Planning for 2015/16 guidance was issued on Friday 19 December 2014 and describes the approach for national and local organisations to make in 2015/16 towards fulfilling the vision set out in the NHS Five Year Forward View.

Key for the 2015/16 planning round will be building strong partnerships for future transformation and focussing on achieving performance standards backed by clear, transparent and consistent incentives.

New national requirements for 2015/16 include the introduction of new access standards for mental health; ensuring our activity and financial assumptions are aligned with providers and the LETB with regard to workforce plans and to continue to develop a shared vision for future health and care for Sheffield.

Appendix 1 to this paper sets out in more detail the requirements in ***The Forward View into Action: Planning for 2015/16*** (which can be accessed at http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf).

3. Financial Allocations, Plan and Efficiency

Details of the revised CCG allocations were announced on 19th December following the NHS England Board's consideration of various options at its meeting on 17th December. **Appendix 2** to this paper provides an overview of the position for Sheffield.

The Government announced £1.98bn of additional funding for front line NHS services in the Chancellor's Autumn Statement including £150m to be found from within existing NHS England central budgets.

The funding has been split nationally as follows:

a) £200m investment fund to create momentum in the implementation of the Forward View strategies by promoting transformation in local health economies. Test sites will be chosen and will receive pump priming resources in 2015/16.
b) £250m investment fund for primary and community care infrastructure
c) £30m to increase from £80m to £110m planned investment in mental health access
d) £400m to address underlying pressures within the national specialised commissioning budgets
e) £1.1 billion for CCGs. This includes making £350m of systems resilience funding recurrent in 2015/16.

With the exception of the systems resilience funding which has come to all CCGs at the level we received non recurrently in 2014/15 (so £3.8m for Sheffield) the rest of the £1.1 billion has been allocated to CCGs who are below their target allocation. Thus Sheffield receives none of this additional funding.

The NHS England Board determined that the minimum uplift excluding the systems resilience funding would be equivalent to the current GDP deflator of 1.4%. This compares to the previous announcement in December 2013 of a 1.7% minimum uplift based on the GDP deflator at the time. **The move from a 1.7% to 1.4% baseline cash uplift equates to a reduction in expected growth funding of £2.1m compared with previous planning assumptions and hence a pressure which now needs to be absorbed.**

Linking CCG minimum uplift to the national GDP deflator is disappointing when nationally NHS inflation has been determined to be 1.93%. This means that where the CCG has to fund NHS inflation in contracts this partly has to be funded from the benefit derived from tariff efficiency which would more usually be expected to be available to cover demand led (activity) pressures and new investments.

Whilst it is welcome that part (approx half) of the systems resilience funding received by local health communities in 2014/15 has been made recurrent, we need to note that NHS England have been clear that there can be no expectation of in year funding in 2015/16 and thus it will be important to prioritise the use of this funding very carefully, particularly in

the light of the reduced basic uplift funding. NHS England has indicated that it expects local communities to determine the use of the funding as part of the planning process and for this to be led by the local Systems Resilience Group. We need to be clear as part of this process where investment has been most effective in 2014/15 and also where there might be new priorities. The funding needs to be spent on front line services but its distribution between local providers is for local determination.

It is too early in the planning and contracting process for 2015/16 to provide Governing Body with a detailed financial plan, although a summary plan will be presented in private with an updated range of key assumptions for consideration to help frame the next steps in the planning process. CCG teams are still working through the details of the planning guidance to determine the potential financial impact of new national requirements such as those relating to access to mental health services.

A key part of the financial planning process is the development of our QIPP (efficiency). The CCG's previous operational plan for 2015/16 assumed QIPP savings of £6m. As part of this planning update we are attempting to hold QIPP requirements to this £6m as work to date suggests this will be a challenging target to achieve. Initial proposals from Portfolio teams have been drafted and considered in detail at CET Approvals Group in December. More work is required to have robust plans. A more detailed update is being provided to Governing Body in private session for consideration.

4. Progress and Actions

4.1 Timeline

The key planning dates for NHS England are:

Planning Requirement	Deadline	Comments
Initial high level plans including summary financial plan submitted	13 January 2015	Guidance shared with CCG leads
Submission of full draft financial and commissioning plans	27 February 2015	
Contracts signed	11 March 2015	To be proceeded by stocktake on 20 February 2015
Plans approved by CCG Governing Body	31 March 2015	In reality this likely to need to be GB meeting first week in April
Submission of final full plan and supporting templates	10 April 2015	

The deadline for agreement and signature of contracts by 11 March is seen as exceptionally challenging, not least due to the late issue of the PbR / tariff consultation and final guidance not expected until during January.

4.2 2015/16 Refreshed Operational Plan

The draft plan for 2015/16 has been drafted based on the CCG's stated aims and objectives. It should also demonstrate that the CCG is meeting the requirements of the planning guidance as described above. Some context has been included but the plan will mainly focus on what is different for 2015/16.

High level plans on a page have been completed by portfolios and reviewed by the Planning group in November. Portfolios are using the NHS framework for plans on a page, ensuring that the process is aligned to the PMO mandates. The plans are attached

at Appendix 1 of the commissioning plan. The aim of these is to summarise our work in each area.

Further work is ongoing to finalise specific projects. The starting point has been for portfolios to review the projects set out in the Commissioning Intentions document and propose changes through the CET approvals process, with a view to both ensuring progress towards strategic objectives and ensuring achievement of efficiency and effectiveness improvements to support achievement of financial balance in 2015/16.

5. Stakeholder Engagement

The CCG undertook a comprehensive engagement exercise in 2014 on the development of its commissioning intentions and we have not therefore run a similar size exercise for the refreshed 2015/16 plan. However, we are seeking the views of Involve Me members and have issued a press release and put information on our website to seek views on our proposed priorities, and to seek involvement in the projects we will undertake in 2015/16.

Initial feedback has identified that patients are supportive of our plans.

Member practice input has been sought through the Members meeting in September, where discussions on future priorities were undertaken, through localities input on local needs and member views on the plans in the initial planning session, and further input will be sought through engagement with localities in January and February 2015.

6. Next Steps and Key Actions

The next steps for completing the CCG commissioning plan for 2015/16 are:

- Governing Body discussion of the first draft 2015/16 Operating Plan
- Continue engagement with partner organisations and the public
- Finalise plans and detailed measure arrangements
- Develop the Governing Body Assurance Framework for delivery of the refreshed plan
- Agree a process with our Foundation Trusts to ensure consistency across our plans.

7. Recommendations

Governing Body is asked to:

- Note the progress to date in refreshing our commissioning intentions
- Consider the draft plans on a page and draft refreshed 2015/16 plan
- Note the next steps and actions before publication of the plan

Paper prepared by Jackie White, Interim Head of Governance & Planning

On behalf of Tim Furness, Director of Business Planning & Partnerships

18 December 2014

Appendix 1 Specific content of *The Forward View into Action: Planning for 2015/16*

The planning guidance will require the CCG to identify progress in 2015/16 on:

Prevention, empowering patients and engaging communities

- workplace health
- supporting vulnerable carers
- workforce race equality
- delivering patients' legal rights to choose, including for mental health services and maternity services
- a major expansion of personal health budgets

Co-creating new models of care

- Develop a shared vision of health and care for the CCG population
- Prioritise how the CCG will implement the urgent and emergency care review

Delivering the NHS Mandate

- Improving quality and outcomes:
    - Refresh seven sentinel indicators
    - Use CQC reports for assurance of the quality of care with commissioned services
    - Embed clinical accountability with named doctor responsible for patient care across different care settings

- Improving patient safety:
    - Drive and embed improvements in safe and compassionate care – Francis Report; Winterbourne View and Berwick Review
    - Develop plans to improve antibiotic prescribing in primary and secondary care

- Meeting NHS Constitution standards:
    - Realistic and aligned assumptions of the likely activity levels for elective and emergency care

- Achieving parity for mental health:
    - ensure delivery of Improving Access to Psychological Therapies, dementia diagnosis, and services for people with learning disabilities, as well as NHS Constitution standards for timely care.
    - introduction of new access standards for mental health covering early intervention in psychosis, liaison psychiatry, and improving access to psychological therapies.
    - Introduction of new waiting time standards for people entering a course of treatment in adult IAPT services
    - Ensure there are adequate and effective levels of liaison psychiatry and acute setting
    - Crisis Care concordant
    - Investment in children and young people's mental health

Enabling change

- Develop a roadmap for the introduction of fully interoperable digital records
- Development of future workforce models
- Prepare for the introduction of nursing and midwifery revalidation

Appendix 2

NHS SHEFFIELD CCG - 2015/16 Allocations as announced on 19 December 2014

BOX A:	Notes	£'000	% change
CCG ACTUAL Commissioning Allocations			
CCG Recurrent Baseline for 2013/14		**680,084**	
Cash Uplift 2014/15			
Sheffield CCG received the minimum cash uplift of 2.14%		14,554	2.14%
CCG's initial recurrent allocation for 2014/15		**694,638**	
Recurrent adjustment in year			
Agreed net transfer of resource to NHS England re specialised services		-80	
CCG's closing recurrent allocation for 2014/15		**694,558**	
Increase in Recurrent Funding for 2015/16			
Cash uplift (Sheffield CCG received minimum uplift = GDP inflator of 1.4%)	**Only new funding in 2015/16**	**9,699**	1.40%
Systems resilience funding made recurrent in 2015/16		3,776	
CCG's baseline recurrent allocation for 2015/16		**708,033**	
ADD:			
Better Care Funding allocated direct from NHSE direct to Sheffield City Council in 2014/15	**NO uplift in 2015/16**	12,399	
Total recurrent allocation for 2015/16		**720,432**	
Memo: December 2013 announcement re Cash Uplift for 2015/16			
Cash uplift (minimum funding 1.7%)		11,809	1.70%
Reduction in cash uplift as a result of lower national GDP deflator		-2,110	

BOX B:			Calculation
Target CCG Allocation Calculation			
2015/16			
Estimated Registered Population	589,865		
Commissioning allocation £'000	**704,257**	**M**	
System resilience funding	**3,776**	**N**	
Total recurrent allocation 2015/16	**708,033**	**O**	**M+N**
Total Growth on prior year	1.40%		Per Box A
Closing Actual Allocation per head £	1,200		(O*1000)/L
Closing Target Allocation per head £	1,155		
Closing Distance ABOVE Target	**26,548**	**3.90%**	

Box C:	National	Sheffield	
Better Care Fund	**£'000**	**£'000**	
2014/15 allocation (Funding transferred direct to SCC from NHSE)	**1,100,000**	**12,399**	
Better Care Fund (BCF) 2015/16			
Previous funding from NHS England	1,100,000	12,399	
Minimum requirement CCG expenditure falling within the remit of the BCF	2,300,000	25,384	
Additional CCG funding agreed locally in addition to min requirement		128,041	
2015/16 allocation (all within CCG allocation from 2015/16)	**3,400,000**	**165,824**	

In addition to the £3.4b nationally shown above there is another £400m = capital grants from national government depts which will go direct to local authorities

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NHS Sheffield Clinical Commissioning Group

2015/16 Commissioning Plan

Contents

Executive Summary – Plan on a Page

This plan sets out our actions in 2015/16 towards achieving our ambition for the next five years as set out in our Commissioning Intentions 2014-19. These are based on the aims set out in our prospectus and the outcomes that Sheffield's Health and Wellbeing Strategy intends to achieve.

Our Ambitions for 2019

- All those who are identified to have an emerging risk of hospital admission are offered a care plan.
- To have an integrated primary and community based health and social care services approach to long-term conditions management to support people living independently at home, reducing emergency hospital admissions by up to 20%.
- Care requiring a specialist clinician will be brought closer to home.
- Reduce the number of excess early deaths in adults with serious mental illness and achieve similar improvements in life expectancy for people with learning disabilities.
- To put in place support and services that will help all children have the best possible start in life

This document sets out the actions we will take towards these ambitions in the next year. Key projects include:

With the City Council, through integrated commissioning:

- Extend care planning
- Test the "Keeping People Well in Their Communities" model proposed in our integrated commissioning plans
- Specify and procure improved intermediate care and community nursing services to establish an integrated active support and recovery service
- Establish an integrated approach to long term health and social care
- Agree a new approach to Early Years, building on the Best Start work

CCG specific priorities:

- Mobilisation of the outcomes based contract for musculoskeletal services
- Contributing to delivery of Sheffield Health Inequalities plan
- Transforming Outpatient Services
- Redesigning urgent care services

Working Together with Partner CCGs and NHS England:

- Jointly commission primary care services
- Be actively involved in and supporting NHSE commissioning of specialised services
- Develop Phase two of the Working Together Programme Strategy

Supporting primary care and community providers to establish a collective approach to care provision, and to working with other providers

In taking forward these projects, we will:

- Be clear about approach to parity of esteem for mental health
- Be clear that our projects and aims apply to children and MH/LD services too
- Be clear about end goal for each project
- Identify where what we want to achieve will be through work we're engaged in, rather than specific projects

1. Introduction and Context

NHS Sheffield Clinical Commissioning Group (CCG) was formed in 2013 and is responsible for planning and commissioning services that the public and patients of Sheffield need. The CCG is led by GPs who look after the resident population.

Our mission is to improve the quality, equality and sustainability of the NHS in Sheffield through clinical leadership of commissioning, engaging practices and clinicians to make a real difference for the people of Sheffield.

Our aims are at the heart of our ambition:

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

We are committed to working with partners to achieve the outcomes set out in the Joint Health and Wellbeing Strategy:

- Sheffield is a healthy and successful city
- Health and Wellbeing is improving
- Health inequalities are reducing
- People get the help and support they need
- Services are affordable, innovative and deliver value for money.

2015/16 is the third year of operation for the CCG and the second year of our ambitious five year strategic plan. This year we intend to continue building on our work so far to achieve our aims, set out in our prospectus, recognising that most health services in Sheffield are seeing increased demand and our acute hospitals remain under significant pressure.

In developing the refresh of the two year plan, the CCG has had a clear focus on making sure that the plans developed in 2014/15 are as realistic as possible and demonstrate progress on implementing the 1st year transformational changes as set out in the NHS Five Year Forward View. The CCG is working with our providers to develop and align plans, ensuring that services continue to be delivered in a financially sustainable way and delivering the required standards and continuous improvements in quality and outcomes.

2. 2015/16 Plan - what do we want to do now?

The 2015/16 commissioning plan is a continuation of our work towards achieving our aims. We set ourselves a number of ambitious objectives in our five year plan, which will transform the way healthcare is delivered in Sheffield and improve the health and wellbeing of people in Sheffield, especially those population groups with the poorest health.

We are doing this in the context of some major challenges facing the NHS, including:

- Demography – ageing and changes in make-up of population

- National funding constraints; the CCG will see minimal increases in funding in real terms and need to deliver efficiencies in all areas of our spend
- Increasing public expectation and rising demand
- Cost of new drugs and procedures

We have reviewed our progress to date, considered new information on the health needs of the population, and looked at what else has changed in the last year. We have reviewed our plans in the light of these and have produced a set of "plans on a page" which summarise our work in each of our clinical commissioning portfolios. We have looked again at our list of projects and refreshed this, removing those that have been completed and those that are no longer necessary, and adding new projects to reflect new priorities.

3. Local Context

We published information about the demography and health needs of Sheffield last year. New information since then includes:

- Liver disease: although accounting for a small number of deaths overall, the death rate from liver disease is rising very quickly in Sheffield as well as nationally.
- Sight loss: a significant proportion of sight loss can be prevented, treated or reduced yet the biggest problems faced in Sheffield are the degree of under-diagnosis of people, low levels of referral to appropriate services and, in certain cases, low uptake of relevant specialist screening services.
- Migrant and new arrivals health, including asylum seekers/refugees: parts of the city are seeing increasing numbers of new arrivals. We need to review the health needs of new arrivals, migrants, asylum seekers and refugees and ensure our services meet these needs.
- Cancer inequalities: we know that cancer is a major cause of premature death, yet we don't currently have a clear picture of inequalities in relation to early diagnosis and treatment.

4. Our portfolio projects

We have implemented a strong programme management approach to delivery of our commissioning intentions, with arrangements in place to ensure that individual projects are aligned and with an enhanced focus on delivery and benefits realisation, to ensure that we achieve our aims and patients and clinicians can see the improvements in services and in health we make.

Our work will continue to be largely delivered by our clinical portfolios, each led by a GP member of our Commissioning Executive Team and a nominated Governing Body member, and supported by our commissioning managers, finance and contracting teams and with our quality work led by our Chief Nurse. Our clinical portfolios are:

- Acute Elective care
- Acute Urgent care
- Long Term Conditions, Cancer and Older People
- Mental Health, Learning Disabilities and Dementia
- Children and Young People

Each portfolio identified priorities during 2014/15 for the next two years that will contribute to achieving our ambitions. The plans for 2015/16 are set out in **Appendix 1.** Key priorities for the next year include:

With the City Council, through integrated commissioning:

- Extend care planning
- Test the "Keeping People Well in Their Communities" model proposed in our integrated commissioning plans
- Specify and re-commission improved intermediate care and community nursing services to establish an integrated active support and recovery service
- Establish an integrated approach to commissioning term health and social care
- Agree a new approach to Early Years, building on the Best Start work

CCG specific priorities:

- Mobilisation of the outcomes based contract for musculoskeletal services
- Contributing to delivery of Sheffield Health Inequalities plan
- Transforming Outpatient Services
- Redesigning urgent care services

Working Together with Partner CCGs and NHS England:

- Co-commissioning of primary care services
- Be actively involved in and supporting NHSE commissioning of specialised services and take over responsibility for commissioning those services nationally agreed as transferring to CCGs
- Develop phase two of the Working Together Programme strategy

Supporting primary care and community providers to establish a collective approach to care provision, and to working with other providers

The list of new projects (those not identified in the 2014/19 Commissioning Intentions) will be at Appendix 2 (to be developed for the final paper)..

5. Aligning Commissioning Intentions with the Financial Plan and Efficiency Improvements

CCGs received confirmation of their updated allocations for 2015/16 on 19 December 2014. Whilst nationally there has been an increase of £1.98 billion compared to previously announced funding with an additional £1.1 billion being added into CCG baselines, Sheffield like all other "over target" CCGs has benefited only marginally. In the previously announced allocations Sheffield was going to receive a 1.7% or £11.8m cash uplift. Under the revised allocations we will only receive a 1.4% or £9.7m uplift. This reflects a reduction in the national GDP deflator in the last 12 months but does not reflect that NHS inflation is adjudged to be 1.93% and hence we will need to use part of the benefit of the tariff efficiency which flows to the CCG to fund NHS inflation.

The total recurrent cash increase to the CCG is 1.94% because in addition to the general cash uplift, NHS England is recurrently adding into baselines the first tranche of systems resilience funding which was received on a non recurrent basis in year in 2014/15. This is £3.8m for Sheffield. This allows for earlier planning on the use of the resources for 2015/16. Prioritisation of systems resilience funding will be critical given the £2.1m reduction in general cash uplift compared to our previous plan. The CCG at

this stage is still considering how this pressure can be absorbed into our plan, together with the adverse impact of a reduction in the tariff efficiency from 4% to 3.8% on commissioning resource. They are partly offset by a reduction in the previous nationally advised planning assumption for NHS inflation which in particular included too high an amount for the impact of pension changes in 2015/16.

It is clear that with the likely demand pressures across health and social care for 2015/16 and the need to press ahead with various transformational service changes that there can be no reduction in the previously identified £6m QIPP savings target for 2015/16. Ideally we should be looking to deliver a higher level of savings but work to date led by our Portfolio teams suggests securing and delivering projects to deliver £6m will be very challenging.

There has been no change to previously published financial planning requirements for CCGs in terms of the minimum surplus to be made at year end – ie 1% (or £7.4m for Sheffield); in relation to the amount of funding which has to be held back at the start of the year as a general contingency fund – ie 0.5% (or £3.7m for Sheffield) or to the requirement to deploy 1% of resources on non recurrent spend. At this stage we still wait to understand the how much of our 1% needs to be used to contribute to the continuing CHC retrospectives national risk pooling arrangements. In 2014/15 the initial planning assumption was just under £3m.

Full details of the financial plan including the QIPP plan and the assumptions underpinning the financial will be incorporated in due course.

6. Commissioning for Quality

Sheffield CCG aims to ensure that it drives up the quality of care and treatment of services commissioned for the people of Sheffield, and that there continues to be a culture of continuous quality improvement.

We have developed a comprehensive and challenging Commissioning for Quality Strategy and action plan that describes the CCG's aspiration to be an excellently performing organisation and clarifies its roles and responsibilities in relation to the new commissioning landscape and significant commissioning requirements. These requirements have arisen from a wealth of government and regulatory reviews during the last two years including:

- Government Response to Mid Staffordshire Public Inquiry and a number of other safety reviews (as detailed in 'Hard Truths' November 2013)
- Actions following the review of Winterbourne View, outlined in "Transforming Care"
- Recommendations arising out of Confidential Inquiry into the Premature Deaths of People with Learning Disability (CIPOLD) 2013
- Regulatory changes to CQC and Monitor
- Nursing review – the 6 Cs

7. Patient and Public Engagement

We want to involve patients and the public in both the quality and service development aspects of our work, and to support people in Sheffield to have a better understanding of health issues and be able to take control of their health. There are different

mechanisms required for each of three main areas of work and our Public and Patient Involvement Plan, approved by Governing Body in November 2013, sets these out.
In brief, our plan is based on three levels of involvement:

- Informing – ensuring our patients and public know what we are doing
- Involving and Engaging – ensuring those who want to have opportunity to tell us what they think and establishing a real conversation with patients and the public about what we do
- Enabling – working in partnership to ensure that appropriate support is available for people to contribute

We have established a Patient and Public Engagement Group, led by two of our Governing Body lay members, to work with partners to develop a citywide approach to PPI, moving beyond the mechanics of good engagement in our decision making to working with communities to improve health and wellbeing.

8. Technology

New technology plays a key role in delivery of the Five Year Forward View. It recognises that the use of digital technologies is low in practice and a fundamental business change and cultural shift is required. A greater and more seamless flow of information can transform the way care is delivered, evaluated and rewarded. Technology can provide the capability to help providers across the region provide better access to care, better communicate, and enhance teamwork and efficiency.

The availability of pertinent information as a shared local resource for ongoing needs analysis, intervention design and delivery, and impact evaluation is a key enabler for integrated working in health and social care.

Sheffield CCG will develop a roadmap for the introduction of interoperable digital records and services by providers – including in specialised and primary care by April 2016.

9. Primary care development

Sheffield CCG has considered the aims of co-commissioning of primary care. However the way in which Sheffield is looking to achieve them differs to the approach being sought in many other areas. Many of the services changes the CCG would like to see happen in local setting are enshrined within the developing joint approach, e.g. wraparound services to support primary care service delivery to at risk patients.

Sheffield CCG has agreed that for the financial year 2015/16 the preferred co-commissioning model is that of level 1 - greater involvement in primary care decision making with NHSE; and that, should our wider commissioning agenda require an increased level of co-commissioning in-year that such a submission will be made at that point.

10. Specialised Commissioning

Sheffield CCG is represented at a joint CCG/NHS England Yorkshire and the Humber Specialised Commissioning Oversight Group. This group has been established to ensure that commissioners of local services and specialised services work together in

designing pathways of care, in managing contracts with providers, and in the transition of responsibility for commissioning some services from NHS England to CCGs. These services and the related budgets have yet to be confirmed.

11. Developing the Five Year View for Sheffield and new models of care

Responding to the prompt of the national Five Year Forward View, and building on the strategic aims and five year objectives we published last year, Over the next year the CCG will work with local providers and partners and with the public of Sheffield to develop a clear vision of how services should be delivered in Sheffield and how we will achieve that vision.

Partnership working is crucial to achieving our ambitions and to meeting the challenges of the years ahead. We need to ensure we are able to sustain services whilst we work within the financial and resource constraints across our organisations, ensuring we are able to deliver effective person centred services and simpler patient focussed care pathways that reduce duplication and inappropriate use of resources through integration in the next five years.

12 Working Together in South Yorkshire and Bassetlaw, North Derbyshire and Wakefield

The eight Clinical Commissioning Groups and NHS England across South Yorkshire and Bassetlaw, North Derbyshire and Mid Yorkshire initiated a strategic transformation programme 'Working Together Programme' to plan and commission collectively for health and care services in collaboration with other public bodies.

The vision for the working together programme is to "Commission together to efficiently deliver improved patient outcomes for all of our local populations".

The programme aims to deliver significant improvements to health outcomes and care experience which would not have been possible on our own for our local population. Working together will enable and support local priorities and will facilitate consistent coordinated delivery which is planned and purposeful.

During the next year the Working Together Programme will focus on engagement and decision-making to test, develop and evolve the strategy. Early work has begun to support engagement with patients, carers and the public, clinicians and staff and provider organisations and undertaking a review of a small number of acute hospital services where there are known sustainability challenges

13 Integration of Health and Social Care

NHS Sheffield Clinical Commissioning Group (CCG) and Sheffield City Council (SCC) have agreed to work towards a single budget for health and social care, so that we make decisions about how we use our resource with a focus on what the people of Sheffield need, rather than on individual budgets.

For 2015/16, we have agreed to establish a pooled budget of around £243m, based on an agreed first focus on four areas of need, where we felt there is the greatest opportunity for health outcomes improvement:

- Keeping people well in their communities - incorporating GP care planning, focussed on preventing avoidable crises.
- Independent living solutions - recognising the current joint commissioning arrangements for community equipment and the opportunities presented by the expiry of the current contract.
- Intermediate care - to improve the range and efficiency of out of hospital step up and step down services, to reduce admissions to hospital and support reablement, reducing admissions to long term care.
- Long term high support care - integrating our assessment, placement, quality management and contracting processes to ensure a shared focus on achieving the most effective care for people, and avoiding the unproductive cost shift between health and social care that has often characterised approaches to achieving savings as single organisations.

In addition, we have included the NHS expenditure on non-surgical emergency admissions so that the savings released from that budget can be used to fund investment in the above commissioning projects and to ensure shared commitment to reduction of emergency admissions.

The projects outlined above are critical to the success of the CCG in achieving its aims for 2019. Our plans are in line with the national Better Care Fund expectations, but are significantly greater in scope and ambition than the national minimum.

There is an equally ambitious integrated provider agenda within the city. Over recent years the Right First Time initiative has enabled the FTs of the city to meet and discuss provider solutions to key issues. Over the last few months work has been taking place to enable general practice in its provider role to develop its collective voice and to engage with the city's providers to support and develop integrated provider solutions. The emerging GP Provider Board (GPPB) is starting to work with the city's providers in a more integrated way and to explore how full pathways, not just specific elements, can be seamlessly delivered by such collaborative working.

Appendix 1

Children's Young People and Maternity

Programme One - Enhance Paediatric Skills within Primary Care and Community Settings	Project a) Develop a training programme for primary care to enhance the skills of primary care in the management of Paediatrics Project b) Develop a range of clinical protocols to support general practice in the management of common health conditions
Programme Two - Develop and Deliver the Best Start Strategy across Sheffield	Project a) Support in the development of the best start strategy and ensure that health teams are integral within the best start delivery teams.
Programme Three - Improve Maternity Care	Project a) Redesign the citywide pathway for maternal mental health Project b) Reduce variation in the maternity care pathway Project c) Develop the specification for Maternity Care and consider a wider range of providers
Programme Four- Implement Sheffield's Urgent Care Strategy for Children	Project a) Reduce A&E attendances Project b) Reduce Non elective admissions Project c) Consider best practice models of care for Children's A&E and the strengths and benefits of adoption them within Sheffield.
Programme Five - Improve Pathways of Planned Care	Project a) Consider the application of CASES within Children's planned care Project b) Undertake a deep dive into variation in inpatient and outpatient activity for Sheffield Children through undertaking national benchmarking. Project c) Develop a plan for reducing variation in pathways for children's planned care locally including consideration of procedures that could be undertaken within primary care and community settings. Project d) Redesign Safeguarding pathways and specifications in line with the review of Safeguarding Services
Programme Six - Redesign Emotional Wellbeing and Mental Health Services for Children and Young People	Project a) Develop and commission models of Early Intervention and Prevention jointly with Sheffield City Council Project b) Develop a co commissioning framework between T3 and T4 Project c) Consider the development of a T3.5 Service for Sheffield Project d) Develop a commissioning framework and pathway for Out of Area LAC in need of CAMHS treatment. Project e) Improve transition arrangements for young adults in need of mental health services.
Programme Seven - Implement Phase Two of the SEND reforms for Disabled Children and their Families	Project a) Further Develop the Local Offer Project b) Redesign health services to support the EHC planning process Project c) Develop and deliver phase 2 joint commissioning plan

Outputs measures (the intervention leads to outputs that achieve the outcomes)

-

Outcomes (change enabled by the programme that leads to one of more benefits)

- Increased confidence and management of Paediatrics within primary care. Reduce inappropriate hospital appointments
- Improve health outcomes for Children
- Reduce health inequalities
- Reduction in inappropriate use of A&E and avoidable non elective admissions
- Reduce the amount of hospital treatment and increase treatment within community settings
- Improve patient experience and ensure timely access to mental health treatment

Benefits (measurable improvements resulting from the outcomes)

-

Appendix 1
Elective Care Portfolio

Programme One

Community Choice, Assessment, Services, Education Support (CASES) commissioning model

Projects required to deliver the programme x

'Virtual' Outpatient Services (advice & guidance, care plans)

Projects required to deliver the programme x

Community based diagnostics

Projects required to deliver the programme x
Community based outpatient clinic services
(OP First : OP Follow-up : Procedures)
Infrastructure & Estates : IT: Patient Transport : Prescribing : Quality

Projects required to deliver the programme x
New ways of working:
Use of Technology (non-face-to-face, remote monitoring)
ElectronicReferral Implementation

Projects required to deliver the programme x
Education and upskilling

Projects required to deliver the programme x
Supporting Patient self-management and care
(including 3rd sector opportunities)

Projects required to deliver the programme x
Robust Contracting & Procurement

Projects required to deliver the programme x
Comprehensive Patient & Stakeholder Engagement

Programme Two

Commissioning for Outcomes and Value for Citywide Musculoskeletal Services

Projects required to deliver the programme x

Mobilisation of Citywide MSK Service

Outputs measures (the intervention leads to outputs that achieve the outcomes)

- Clinical advice & guidance, care plans
- Community based diagnostics
- Community based outpatient first appointments
- Community based outpatient follow-up appointments
- Community based procedures
- Use of technology
- Education and upskilling
- Patient self-management and care support services

Outcomes (change enabled by the programme that leads to one of more benefits)

- Reduced number of people attending hospital for outpatient services and care including diagnostics and procedures
- Upskilled primary and secondary care clinicians
- Increased number of people supported to manage their own healthcare

Benefits (measurable improvements resulting from the outcomes)

- Seamless, joined-up primary and secondary healthcare services
- Improved patient experience
- Reduction in use of hospital based resources
- Increased provision of community based healthcare services.
- Financially viable outpatient service provision.

Appendix 1

Long Term Conditions, Cancer, Older People and End of Life Care

Programme One Respiratory	This is a four year programme which includes the development of an updated respiratory strategy and plan. Projects will be both short term / QIPP and medium to long term
Programme Two Care Planning	Started 13/14. To continue implementation / evaluation / training to embed care planning within the context of person-centred care and support and the promotion of self-care
Programme Three Frailty / Multimorbidity	Projects focused upon the identification, stratification and management of frailty and multimorbidity
Programme Four End of Life Care	Projects to include the commissioning of domiciliary care, the implementation of EPaCCS and work to address access inequalities
Programme Five Cancer	*Survivorship (development of stage 3)*, prostate and bladder cancer pathways work, LAEDI, Skin cancer pathway
Programme Six CVD	Primary care focused diabetes projects (to be defined), DESMOND, review of stroke pathway, AF pathway
Programme Seven Portfolio input into the Sheffield Programme for Integrated Commissioning	*Keeping People Well in Their Community, Independent Living Solutions, Active Recovery and Support and Long Term High Support*
Programme Eight Core partnership of the city-wide Ageing Better programme	*To be defined by Core Partnership in 15/16*

Outputs measures (the intervention leads to outputs that achieve the outcomes)

- Person-centred approach – number of care plans delivered
- More skilled primary care workforce
- More effective information, advice and support to patients

Outcomes (change enabled by the programme that leads to one of more benefits)

- Improved diagnosis and disease management
- Reduced number of people with respiratory disease admitted to hospital
- Increased number of people engaged / involved in the management of their condition(s)
- Reduced number of older people living with social isolation and loneliness

Benefits (measurable improvements resulting from the outcomes)

- Improved quality of life, health and wellbeing for people with long term conditions
- Reduced mortality gap for people with SMI and LD
- More people able to die in their preferred place of death
- More people are able to access the care they need closer to home

Appendix 1

Mental Health, Learning Disability and Dementia

Programme One Primary Care Development	**Projects**: IAPT review, primary care / secondary care liaison, generalist and specialist workforce development, dementia diagnosis and post-diagnostic support
Programme Two Improving the Physical Health of People with MH, LD & Dementia	**Projects:** Liaison psychiatry, the promotion of physical health within SHSC services, work to reduce admissions to STH from SHSC, ensuring RFT4 is embedded into the portfolio, annual health checks
Programme Three Implementation of the Personality Disorder Strategy	**Projects:** to be defined
Programme Four Complex Needs	**Projects:** Complex needs integrated commissioning plan
Programme Five Crisis Care Concordat	**Projects:** gap analysis of current services against the Crisis Care Concordat to inform programme and help define projects required including "Needs-led" projects with SHSC, Street Triage
Programme Six Dementia	**Projects:** Prevention, diagnosis, post diagnostic support, end of life care
Programme Seven Sheffield Programme for Integrated Commissioning	**Projects:** Keeping people well in their community, independent living solutions, active recovery and support and long term high support

Outputs measures (the intervention leads to outputs that achieve the outcomes)

- Improved diagnosis, management and support for people with SMI, LD and dementia (and their families)
- Physical health checks delivered
- Improved access to services in crisis

Outcomes (change enabled by the programme that leads to one of more benefits)

- Reduced number of people admitted to hospital with a SMI, LD or dementia
- Increased number of people in recovery
- More people supported to manage their mental health and wellbeing effectively in their community
- Improved access to physical health interventions
- Less people accessing care in crisis

Appendix 1

Urgent Care

Programme One

Implement the Urgent Care Strategy

Strategy being shared with CET in December and Governing Body in January.

- **Main aims:** Integration of primary and secondary care
- Integration of health and social care
- Senior decision makers seeing people early in care pathway/decision process

Programme Two

Ambulance/OOHs & avoidance of unplanned admissions

- Conveyancing – SPA of urgent and social care – one number available to ambulances and GPs
- Integration of 111/999 and SPA – explore with YAS
- Getting GP admitted patients into hospital quicker by bed bureau for GP admissions (i.e. early in the day can be assessed and discharged or later in day no choice but to admit)
- Increase OOHs GP home visit – develop a business case for a pilot

Programme Three

Delayed Discharge

- Changing assessment/admissions pathway for MAU and Frailty unit
- Community pharmacists dispensing secondary care TTOs to speed up discharge and flow

Programme Four

Minor Illness/Injury

- Using IT to manage minor illness – (part of Prime Minister's Challenge fund)
- Extend the role of pharmacy to support minor illness via implementation of the new OOH pharmacy contract

Outputs measures (the intervention leads to outputs that achieve the outcomes)

- See projects

Outcomes (change enabled by the programme that leads to one of more benefits)

- Reduction in inappropriate attendances in A&E
- Reduction in avoidable/unplanned admissions