Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

# 2016/17 Commissioning Plan

## Governing Body meeting

E

## 14 January 2016

| | |
|---|---|
| **Author(s)** | Rachel Gillott, Deputy Director of Delivery and Performance<br>Jackie Mills, Deputy Director of Finance |
| **Sponsor** | Tim Furness, Director of Delivery<br>Julia Newton, Director of Finance |

**Is your report for Approval / Consideration / Noting**

Approval and Consideration

**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 and programmes.

**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:<br>• Note the changes in the planning approach and the requirements on the CCG to comply with the national planning guidance for 2016 – 2021.<br>• Note that the transformation footprint will be at South Yorkshire and Bassetlaw and that the local ambition will be a subset of this overarching plan.<br>• Approve the refreshed CCG vision and strategic Goals at Appendix 3a and 3b.<br>• Note the next steps and actions required before publication of the Operational plan in April 2016<br>• Note the next steps and requirement of Governing Body to continue to develop the Sustainable and Transformation Plan before submission in June 2016 |

NHS
Sheffield
Clinical Commissioning Group

# 2016/17 Commissioning Plan

**Governing Body meeting**

**14 January 2016**

## 1. Purpose

The paper provides Governing Body with the outcomes from the recent planning and strategy development discussions, including the latest version of the draft CCG Vision and Goals for consideration and approval, as well as outlining the next steps for concluding the planning round and finalising the commissioning intentions, to be taken forward in the contract negotiations. In addition the key messages and requirements of CCG's rom the latest NHS Planning Guidance issued on 22 December 2015.

## 2. Introduction / Background

The CCG publishes its commissioning intentions each year as part of the annual planning cycle, set within the context of a 5 year strategic plan. We need to review and refresh the operational plan to confirm our commissioning plans for 2016/17, 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.

The CCG planning process started with some early discussions in the summer when conversations took place with our partners about the vision for health and care in Sheffield for 2020. Since September 2015 numerous discussions and planning processes have been taking place, including the Governing Body Organisational Development sessions when the vision was revisited and key goals started to be shaped for the CCG. 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.

Although the NHS Planning Guidance has been issued, the CCG allocations remain unknown. The financial section of this paper outlines the position as understood at the present time and in the absence of the formal allocations. Inevitably there will be further and ongoing work to understand the full local implications and to incorporate these in detail into our operational plan for 2016/17. Our plans for 2016/17 must enable us to continue progress towards achieving our strategic aims whilst ensuring the significant financial challenges are dealt with to deliver a balanced financial plan for the year.

## 3. "Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21"

A clear list of national priorities for 2016/17 and longer term challenges for local systems, together with financial assumptions and business rules have been set out in the above guidance, published on 22 December 2015 and authored by the six national NHS Bodies, NHS England, NHS Improvement (Monitor and NHS TDA), Health Education England (HEE), Public Health England (PHE), The National Institute for Health and Care Excellence (NICE) and Care Quality Commission (CQC).

In summary the following key messages should be noted and each explored further in subsequent sections of this paper.

- CCGs to produce two separate but connected plans;
    1. A five year place based Sustainability and Transformation Plan (STP), driving the Five Year Forward View; and
    2. A one year Operational Plan for 2016/17, organisation-based, consistent with the emerging STP and Year 1 of the STP.
- Introduction of Transformation Funds relating to delivery of STP from 2017 onwards
- A new CCG Assessment Framework will be applied from April 2016/17.

This signifies a different requirement compared to previous years. The planning guidance emphasises that the future depends on how well the current year ends, financially as well as maintaining system resilience through the winter period whilst progressing prevention and care redesign in order to build momentum as we enter 2016/17. The next 6 months there is an expectation that the CCG will focus on delivering core access, quality and financial standards whilst planning for the next 5 years.

3.1 Place Based Sustainable and Transformation Plans (STP)

Each health and care system is being asked to come together to produce ambitious plans for accelerating its implementation of the Forward View, covering the period October 2016 to March 2021. These plans will be submitted in June 2016 and will be formally assessed in July 2016. Individual organisation plans will be supplemented with planning by place for local populations, bringing coherence and collective leadership which makes sense to local communities.

Developing the place based plans necessitates system leadership requiring;

1. Local leaders to come together as a team
2. Developing a shared vision with the local community (including local government)
3. Programming a coherent set of activities
4. Execution against plan; and
5. Learning and adapting.

The STPs are expected to cover all CCG and NHS England commissioned activity, including specialised services and primary medical care, irrespective of delegation arrangements. Specialised services planning will be led by the Yorkshire and Humber collaborative Commissioning hub (NHS England) on behalf of Sheffield CCG. The STP will reflect locally agreed health and wellbeing strategies, including better integration with local authority services, especially, but not limited to, prevention and social care.

The STP will be an ‘umbrella plan’, containing within it a number of different specific delivery plans, some of which may be on different geographical footprints, but all of which are interdependent and required to deliver the overall sustainability and transformation challenge of the NHS. The most important task in developing the STP is to create a clear overall vision with an associated plan for the area. The guidance includes a list of national challenges (32 individual) consolidated into three overarching questions, which will need to be addressed in the plan, however, this shouldn’t be interpreted as the template for what constitutes a good local plan. In summary, the STP will need to include;

1. A clear overall vision
2. A system wide local financial sustainability plan

3. A set of ambitions for the local population against a list of national challenges based on the following 3 questions (as a minimum);
    a. How will you close the Health and Wellbeing Gap?
    b. How will you drive the transformation to close the care and quality gap?
    c. How will you close the finance and efficiency gap?

A full list of the challenges is contained at Annex 1 of the Delivering the Forward View: NHS planning Guidance 2016/17 - 2020/21.

3.2 Transformational Funding

A new element of the planning process is that significant central money will be attached, with the STP being the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards.

In 2016/17 additional transformation funding will continue to be run through separate processes with the priority aim of ensuring the NHS provider sector returns to financial balance.

The protected transformation funding is for initiatives such as the spread of new care models, primary care access and infrastructure, technology roll out and clinical priority areas of diabetes, learning disability, cancer and mental health. Funding will be allocated to those health economies with the most compelling and credible STP, including scale and pace of ambition and track record of progress already made.

The transformation footprint and hence the geographical scope of the STP needs to be determined locally and submitted to NHS England **by 29 January**. This should be determined by taking into account existing natural communities, existing working relationships, scale of transformation ambition and requirement, public health programmes, the fit with other footprints, for example digital roadmaps, other units of planning, collaborative commissioning arrangements. Discussions have taken place with Accountable Officers and Chairs of the CCG's in the Working Together Collaboration, where it has been acknowledged that in order to achieve the scale of ambition across commissioners and providers, the geographical footprint will extend beyond that of individual CCG footprints. In view of the above and the fact that the STP is an 'umbrella' plan, it would be for Sheffield CCG to develop a Sustainable and Transformation plan which contributes to the wider geographical footprint of South Yorkshire and Bassetlaw. The guidance notes that the overall planning process is intended to be developmental and supportive as well as hard-edged, and therefore an expectation that the development of the STP will be iterative and that the footprint may change overtime.

3.3 Operational Plan 2016/17

Each organisation, as part of the developing and emerging STP, needs to develop an operational plan, technical guidance will be issued with detailed requirements but these will be short term (1 year) and seen as year 1 of the STP. They will need to include;

- reconciliation of finance with activity (through an open book process)
- contributions to the efficiency savings
- set out implementation plans against the nine 'must do's for 2016/17' – see Appendix 1

- plans which will result in 'partial roll-out' (rather than full national coverage) national ambitions, for example, seven day services – STHFT have expressed an interest in becoming an 'early adopter' for the four clinical standards
- how quality and safety will be maintained and improved
- risks and mitigation plans (jointly agreed across the local health economy)
- alignment with STP including emerging deliverables for 16/17

The Operational plan must be able to demonstrate significant progress on transformation and both commissioner and provider plans will need to be agreed by NHS England and NHS Improvement, based on contract agreements signed by 31 March 2016.

## 4. Financial Allocations and Plan

The NHS England's Board considered on 17 December 2015 the distribution of resources allocated to NHS England through the recent comprehensive spending review. This involved determining the element to be retained by NHS England for its own commissioning responsibilities and that to be allocated to CCGs for 2016/17 to 2020/21. Whilst the overall approach was agreed at the meeting, it was confirmed that CCGs would not receive information on their individual allocations until the first week in January (and not the week commencing 21st December as previously envisaged). As a result, at the time of writing this paper, it is difficult to establish the actual resources likely to be available for Sheffield without specific information, critically the CCG's position against target using the updated target allocation formula. A summary will be provided to Governing Body as an addition to this paper once the information is published.

NHS England Board paper confirmed the following information:

- 5 year allocations will be issued (3 years firm, 2 years indicative). The real terms growth available to NHS England over this period is:

| 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
|---|---|---|---|---|
| 3.70% | 1.30% | 0.40% | 0.70% | 1.40% |

  So whilst this confirms that growth over the period of the comprehensive spending review is front loaded (partly as a result of specific pressures in 2016/17 in relation to trust deficits and increases to pensions costs), the real terms growth in future years, particularly in 2018/19 and 2019/20, will be minimal.
- In 2016/17, the overall uplift to CCG allocations will be 3.4% (this compares to 4.2% for primary care and 7% for specialised services). In future years, the cash uplift allocated to primary care and specialised will be significantly above that allocated for CCGs (as shown in the table below).

| | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |
|---|---|---|---|---|---|
| CCGs | 3.4% | 2.1% | 2.0% | 2.2% | 3.8% |
| Primary Care | 4.2% | 4.0% | 4.5% | 4.8% | 5.4% |
| Specialised Services | 7.0% | 4.8% | 4.5% | 4.5% | 5.0% |
| Total Place Based Commissioning Budget (1) | 4.0% | 2.7% | 2.6% | 2.8% | 4.1% |

(1)This is before the allocation of the transformation and sustainability fund – see below

- A Transformation and Sustainability Fund will be established. In 2016/17 the value of the fund is £2.1bn, which is split £1.8bn in relation to sustainability (i.e. principally to

support trusts returning to financial stability) and £339m transformation (to support ongoing development of new models of care including 7 day services, GP access, cancer, mental health & prevention).

- From 2017/18 onwards, any real terms element of growth for CCGs as well as their access to the Sustainability and Transformation Fund will be contingent on the development of a robust Local Health Economy Strategic plan during 2016/17. Providers will be similarly incentivised.

- The funding formula for CCGs has not been substantially amended. The 10% weighting for the inequality adjustment (which is measured by SMR<75) has been maintained. CCG populations have been updated using registered populations as at October 2015 plus ONS projections of growth. A 'sparsity' adjustment has been introduced to recognise the additional cost of healthcare provision in rural areas. The Emergency Ambulance Cost Adjustment has been refreshed. It is not possible to estimate the impact of these changes on Sheffield CCG's position against target. It should be noted that on the basis of the previous version of the formula, Sheffield was 3.9% above target at the end of 2015/16.

- A pace of change policy was approved which confirmed that, in 2016/17, all CCGs will receive at least a cash growth equal to (for a CCG with an average population growth) 0.91% plus 1.39% for specific policy pressures (to cover pension cost increases and 7 day working) = 2.3% **unless** the CCG is more than 10% above target, in which case it receives only funding for specific policy pressures i.e. 1.39%. This cap is phased in between a distance from target between +5% and +10%. In future years, with lower NHS growth, the minimum cash uplift is as follows:

| | **2016/17** | **2017/18** | **2018/19** | **2019/20** | **2020/21** |
|---|---|---|---|---|---|
| minimum cash uplift | 1.39% | 0.16% | 0.06% | 2.00% | 1.46% |

- The pace of change will take into account both the CCGs individual allocation, as well as its 'place based' allocation which is the combined position in terms of spend on CCG responsible services as well as GP spend and specialised services spend. The pace of change policy is applied initially to each commissioning stream individually and then to the totality of the commissioning streams combined i.e. for Sheffield, they will consider the position against target in relation to our CCG responsible spend, and then separately the position against target for the Sheffield GP spend and then separately again for the Sheffield share of specialised spend. The 3 elements will be added together and the total position considered. Given that we do not have any information on the revised CCG funding formula or the position against target for GP and specialised services, it is not possible to estimate the impact of combining the different elements at the time of writing this paper.

- Overall national funding for CCG running costs will remain flat to 2020/21. CCG allowances will be rebased to adjust for changing share of population (i.e. if as our latest calculation shows, our population is growing slower than the national average our total allocation will reduce). Thus we are likely to have a reducing budget but increased spend due to pay, NI and pension cost pressures. We currently have "headroom" of circa £1m on our running cost allocation which we have played into supporting commissioned spend. We will model the implications and options once the allocations are known.

- NHS England want to explore the potential to allow commissioners and providers to work together to operate a combined financial control total. They also wish to support proposals from groups of CCGs who wish to work together to implement a more accelerated pace of change policy by mutual agreement. We will need to consider whether this is appropriate for Sheffield CCG.

In addition to the NHS England Board paper on allocations, we have received some initial messages in terms of the national tariff arrangements (consultation on which is expected to be open in mid-January). Information received to date confirms that:

- Implementation of the new currency design (HRG4+) and associated adjustments to specialised top ups has been delayed until 2017/18 and that there will be further work by NHS England with stakeholders to understand the impact before implementation.
- In 2015/16, there were 2 sets of national prices available to providers, referred to as ETO (Enhanced Tariff Option) and DTR (Default Tariff Rollover). NHS England and Monitor are proposing that ETO prices will be the starting point for all nationally set prices for 2016/17. This particularly has implications for our contract with Sheffield Teaching Hospitals NHS FT, who opted to use the DTR arrangements last year.
- A cost inflation uplift of 3.1%. This includes a specific adjustment for the effect of changes to pensions. This compares to a cost inflation uplift of 1.93% in 2015/16.
- An efficiency factor of 2% within tariffs. This is substantially lower than the 3.5% inherent in the 2015/16 ETO prices and the figure we and NHS providers have been using in plans to date. The move to lower efficiency in tariff represents a significant cost pressure to the CCG compared to previous plans.
- Adjustments to specific prices to reflect the anticipated increase of 17% in contributions to the clinical negligence scheme for trusts (CNST), most of which is allocated to national prices for specific sub-chapters of HRGs based on data from the NHS Litigation Authority. While it impacts different prices differently, the CNST uplift is equivalent to a 0.7% uplift on national prices

It is too early in the planning and contracting process for 2016/17 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.

A key part of the financial planning process is the development of our transformation plans (to support delivery of the efficiency requirement to ensure a sustainable financial plan). More work is required to have robust plans. A more detailed update is being provided to Governing Body in private session for consideration.

## 5. Measuring Progress

Nationally, a new CCG Assessment Framework will be introduced from April 2016, currently this is referenced in the Mandate of as a CCG Scorecard. It will reach beyond CCG's as it will assess how local health and care systems and communities progress. Consultation will commence on this framework in January 2016.

Locally, the CCG is embedding its Programme Management Approach which will ensure delivery against local implementation plans, including delivery of efficiency and savings

plans, in addition, the CCG is currently strengthening its approach to performance management, co-ordinating internal intelligence and implementing Contract Management Boards with each provider.

## 6. Timetable

The key dates for NHS Planning process are attached at appendix 2 with the key submission dates for CCG's highlighted.

## 7. Sheffield CCG Planning Approach and Progress

A number of activities have commenced which contribute to the overall planning approach. This includes the work led by the Governing Body to revisit the vision and identify priority goals for the CCG, these include identified priority work areas by each of our clinical portfolio's, contributions towards the efficiency savings plan, including consideration to the Right Care Analysis to identify opportunities and preparations for the contract negotiations. Work is now required to further refine these activities to ensure that the Operational Plan and Sustainability and Transformation Plan reflect them.

### 7.1 Establishing Strategic Vision and Goals

The Governing Body, CET and Commissioning teams have commenced work on refining the vision for Sheffield CCG and established a number of priority goals. The results of these are illustrated in Appendix 3. Governing Body are asked to approve these in order that these can now be further developed and detailed requirements to secure delivery can be incorporated in the required plans. A number of cross cutting themes, some of which will be work programmes in their own right, for example, financial sustainability and organisation development. Each of the CCG Goals will have an Executive Director or Senior Manager Sponsor, responsible and accountable for the delivery and achievement of the specific outcomes within them.

### 7.2 Strategic Development Sessions

Governing Body will hold these session bi-monthly, in these sessions, the Governing Body will retain oversight of the development of the Sustainability and Transformation Plan, however, the operational activities required will be undertaken by the staff in the CCG with CET taking responsibility through the Director of Delivery. In February, the Strategic Development Session will be focussed on the next stage of developing the STP and operational plan for 16/17, including understanding the implications of the financial allocation to the CCG.

### 7.3 Delivering Programmes and Projects

As the CCG refines and agrees its strategic goals, it will be necessary to support the organisation to deploy its resources to ensure the delivery of the programmes and projects which are designed to achieve the Operational and Sustainability and Transformation Plans. A prioritisation process will be undertaken, building on the criteria supported by the Governing Body at its development session in December.

### 7.4 Engagement of member practice and Primary Care Development

Member practice engagement in the development of both the Operational Plan and the Sustainability and Transformation Plan is of key importance to the CCG and an approach

will be developed in conjunction with Localities to ensure engagement is robust and that member practices (as well as other partners) are fully engaged and able to influence the development of the STP.

Protected Learning Initiatives (PLIs) are an important strand of the CCG's approach to learning and the development of primary care. Primary Care will play a huge part in helping to deliver many of the CCG Goals and priority work area. PLIs these will continue to be held in 2016/17 and the programme of events will be shaped by the organisations goals and key priorities, supporting the overall development of primary care and at the same time contributing to the implementation of the Operational plan and STP.

7.5 Stakeholder Engagement

The CCG has a well-established approach to stakeholder and partner engagement, this work will continue to be led through the PEEG and the Integrated Commissioning Programme. As the two plans start to develop and evolve, it will be necessary to review the specific engagement plans to ensure the appropriate and proportionate engagement activities are taking place to shape and influence the plans.

## 8. Next Steps and Key Actions

The next steps for completing the CCG Commissioning Operational Plan for 2016/17 are:

- CET to oversee the development of the Operational Plan for 2016/17 with the Deputy Directors taking lead responsibility for relevant aspects, as appropriate.
- Undertake a baseline assessment of the requirements in the mandate, and 'must dos' and develop improvement plans and detailed measures for inclusion in the Operational plan
- Agree a process with our Foundation Trusts to ensure consistency across our plans at the Contract Management Board meetings in January
- Governing Body discussion of the first draft 2016/17 Operating Plan in April 2016
- Submit first draft by 8 February 2016
- Submit the final plan by 11 April 2016.
- Continue engagement with partner organisations and the public

The next steps for completing the place based Sustainability and Transformation plan for 2017 - 2021 are:

- Advise that the overarching transformation footprint will be at South Yorkshire & Bassetlaw geography by 29 January.
- Establish a leadership Team to develop the Sustainability and Transformation Plan for Sheffield which will be incorporated into the wider footprint for the South Yorkshire and Bassetlaw STP.
- Undertake baseline assessment against the national challenges and develop ambitious plans to demonstrate scale and pace of transformation in line with CCG vision.
- Governing Body Strategic Session in February and bi-monthly thereafter be used to continue to develop CCG contribution to the STP.
- Governing Body to sign-off STP in June 2016
- Refresh the Governing Body Assurance Framework based on the risks and mitigations arising from the STP.

## 9. Recommendations

The Governing Body is asked to:

- Note the changes in the planning approach and the requirements on the CCG to comply with the national planning guidance for 2016 – 2021.
- Note that the transformation footprint will be at South Yorkshire and Bassetlaw and that the local ambition will be a subset of this overarching plan.
- Approve the refreshed CCG vision and strategic Goals at Appendix 3a and 3b.
- Note the next steps and actions required before publication of the Operational plan in April 2016
- Note the next steps and requirement of Governing Body to continue to develop the Sustainable and Transformation Plan before submission in June 2016

Paper prepared by Rachel Gillott, Deputy Director of Delivery and Performance

On behalf of Tim Furness, Director of Delivery / Julia Newton, Director of Finance

4 January 2016

# Appendices

## Appendix 1

The nine ‘must dos’ include to be delivered through the Operational plans;

1. Developing a high quality STP with locally determined critical milestones for accelerating progress in 2016/17 in achieving the triple aim set out in the Forward View - better health, transformed quality of care delivery and sustainable finances.

2. Ensure system has aggregate financial balance – including implementation of Lord Carter provider productivity review programme

3. Plan to address the sustainability and quality of general practice

4. Ensure delivery of access standards for A&E and ambulance waits

5. Improvement and maintenance of referral to treatment standards, including patient choice

6. Delivery of cancer waiting standards and improving one year cancer survival rates

7. Achievement of and maintenance of two new mental health access standards, relating to first episode psychosis and treatment access standards for those referred to the Improved Access to Psychological Therapies (IAPT) services and dementia diagnosis rates.

8. Deliver local transforming care plans for people with learning disabilities

9. Make improvements in quality, particularly for organisations in special measures, and support providers to publish annual avoidable mortality rates.

Appendix 2

| Timetable | Date |
|---|---|
| Publish planning guidance | 22 December 2015 |
| Publish 2016/17 indicative prices | By 22 December 2015 |
| Issue commissioner allocations, and technical annexes to planning guidance | Early January 2016 |
| Launch consultation on standard contract, announce CQUIN and Quality Premium | January 2016 |
| Issue further process guidance on STPs | January 2016 |
| Localities to submit proposals for STP footprints and volunteers for mental health and small DGHs trials | By 29 January 2016 |
| First submission of full draft 16/17 Operational Plans | 8 February 2016 |
| National Tariff S118 consultation | January/February 2016 |
| Publish National Tariff | March 2016 |
| Boards of providers and commissioners approve budgets and final plans | By 31 March 2016 |
| National deadline for signing of contracts | 31 March 2016 |
| Submission of final 16/17 Operational Plans, aligned with contracts | 11 April 2016 |
| Submission of full STPs | End June 2016 |
| Assessment and Review of STPs | End July 2016 |

Key Dates for Commissioners

Appendix 3a - Vision and Goals

**Option 1 -** Our vision of future state, in postcard format:

Date: 1st April 2020

*Dear Sheffield citizens,*

*We are working in partnership with health, care and voluntary organisations to keep you well. The services are coordinated, seamless of a high quality and are designed to meet your needs.*

*You are keeping healthy by being active, engaging in community activities and looking after and supporting yourselves, your families, friends and neighbours. You are using new technologies to manage your own health and have helped put plans in place that support you to get the right care & support, most of the time, this is close to, or in your own home. You only attend hospital when specialist care is needed and that's the best place for it to be given to you.*

*You are working with us to make sure that we use our services responsibly so that we can do all this with the money we have been given.*

*The small things matter to us – making sure things are explained clearly to you, that you're treated with respect and in clean bright settings.*

*We are all doing our best to look after each other to enable you to have a good quality of life.*

*From, NHS Sheffield CCG and our Health and Social Care partners*

---

**Option 2 -** Our Vision for the future state

*We work in partnership with health, care and voluntary organisations to keep the people of Sheffield well. All the services are coordinated, seamless, high quality and patient centred.*

*Our citizens are active and engaging in community activities to keep healthy, looking after themselves, their friends, family and neighbours.*

*We support our citizens to manage their health using new technologies, and out plans in place that support them to get the right care in the right place – in or as close to their own homes as possible – attendance at hospitals is restricted to when patients need specialist care which is best provided in a hospital.*

*We manage all this within the resources we have been allocated.*

*We make a difference to patient experience by explaining things clearly to patients, make sure that they are treated with dignity and in clean settings and that they are reassured that we are doing our best to look after them and enable them to have a good quality of life.*

**Appendix 3b**
***Sheffield CCG Goals***

| 1. Increase the proportion of care provided outside of an acute (secondary care hospital) setting | 2. Provide services that are safe and high quality that compare equally to or better than our peers | 3. Become a person-centred city; promoting independence for our citizens and supporting them to take control of their health and health care | 4. Integration of physical and mental health, ensuring parity of esteem for people with mental health needs | 5. Tailor services to support a reduction in health inequalities across the Sheffield population | 6. Make access to care simple 7 days a week | 7. Support people living with and beyond life threatening or long term | 8. Give every child and young person the best start in life | 9. Develop primary and community care resilience that will meet the needs of the Sheffield population | 10. Prevent the early onset of avoidable disease and premature deaths |
|---|---|---|---|---|---|---|---|---|---|
| Integrated Care programme (ICP) - Active Support Recovery (ASR), CASES, Urgent Care Review (UCR), Primary Care Strategy, New models of care, Diagnostic Access. Urgent & Emergency Care Network (UECN) | Reducing waste/ variation etc – contracting and Right Care | Person-Centred Care (PCC) (ICP, UCR, Primary Care Strategy) | Learning Disability, Mental Health Liaison (ICP, UCR, Primary Care Strategy) | Thinking about how we provide differently to respond to the different population behaviours/ needs. Reducing variation and waste | UCR, CASES, 7 day services. Urgent & Emergency Care Network (UECN) | Cancer, Long Term Conditions (LTC's) | Best Start, SEND, CAHMS | Implementing the Primary Care and Provider Strategies | Public Health<br><br>Diabetes, Childhood Obesity, Smoking Cessation |
| **CROSS CUTTING THEMES** | | | | | | | | | |
| **Financial Sustainability (contracting, efficiency, decommissioning)** | | | | | | | | | |
| **Improving Health Outcomes** | | | | | | | | | |
| **Working With Partners including provider development & Collaborative Commissioning** | | | | | | | | | |
| **Commissioning for Social Value** | | | | | | | | | |
| **Health Inequalities - No Impact** | | | | | | | | | |
| **Information Technology Solutions** | | | | | | | | | |
| **Organisational Development** | | | | | | | | | |