

## Operational Plan Refresh for 2018/19

Governing Body meeting

**E**

3 May 2018

<b>Author(s)</b>	Abigail Tebbs, Deputy Director of Strategic Commissioning and Planning
<b>Sponsor Director</b>	Brian Hughes, Director of Commissioning and Performance
<b>Purpose of Paper</b>	
To present for ratification the updated Operational Plan for 2018/19 which was submitted to NHS England on 30 April 2018 and accompanying narrative.	
<b>Key Issues</b>	
Governing Body has received regular reports on the progress of NHS Sheffield Clinical Commissioning Group (SCCG) towards developing Operational and Financial Plans for 2018/19. As part of these reports the Governing Body ratified the CCG commissioning intentions, reviewed the organisation's strategic goals and objectives and approved the draft Operational Plan, delegating authority to the Chair and Accountable Officer to sign off any changes for the final submission on 30 April 2018.	
<b>Is your report for Approval / Consideration / Noting</b>	
Approval	
<b>Recommendations / Action Required by Governing Body</b>	
The Governing Body is asked to ratify the Operational Plan submitted to NHS England on 30 April 2018 and to approve the accompanying narrative refresh for 2018/19.	
<b>Governing Body Assurance Framework</b>	
<b><i>Which of the CCG's objectives does this paper support?</i></b> To ensure there is a sustainable, affordable healthcare system in Sheffield.	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
Yes, this is addressed through the CCG programme management and governance processes.	
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>	
<b><i>Please attach if completed. Please explain if not, why not</i></b> Not required as this is a planning paper, individual programmes and projects will undertake assessment as part of their implementation process.	

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

Increased clinical engagement and listening to our members has been agreed as a priority. Therefore, the Governing Body meetings should include not just communication and information on the QIPP plan, but an opportunity for members to voice their ideas and experiences of where system improvements could bring about improved patient care within a reduced cash envelope.

## **Operational Plan Refresh for 2018/19**

### **Governing Body meeting**

**3 May 2018**

#### **1. Purpose**

NHS England requires all CCGs in England to update their 2017/19 Two Year Operational Plans in accordance with the latest Planning Guidance issued in February 2018. Draft plans were submitted on 8 March, and final submissions by 30 April. In addition to this process, providers will submit their plans to NHS Improvement within the same timescales.

SCCG submitted a draft Operational Plan on 8 March 2018 that reflected the planning assumptions discussed by Governing Body at their meeting on 1 March 2018. This plan was amended in response to feedback and additional requirements from NHS England and to fully reflect the outcome of planning and contract negotiations with providers. With Governing Body approval, SCCG will submit a final Operational Plan on 30 April signed off by the Accountable Officer and Chair

SCCG have taken steps to align the Operational Plan with our main providers and in particular activity planning assumptions agreed with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) to ensure as far as possible a consistent approach across the Sheffield system.

The key assumptions underpinning the final Operational Plan submission are presented in the following paper together with the impact on Constitutional Standards. In addition to the technical Operational Plan template submitted to NHS England SCCG has prepared a refresh to the Operational Plan narrative for 2017-19 presenting progress on deliverables in 2017/18 and setting out plans for 2018/19, this is attached at **appendix 1** to this report.

#### **2. Activity Planning Assumptions**

In the refreshed planning guidance for commissioners in 2018/19, NHS England set out national activity growth assumptions for England, these covered key points of delivery for secondary care activity. The Paper presented to Governing Body on 1 March 2018 set out SCCG assumptions for activity planning at that point, following submission of the plan CCGs have received feedback from NHS England area teams and additional guidance on planning requirements from NHS England North Region.

As a result of these discussions SCCG has amended activity plans in several key areas to better reflect regional expectations as well as the final outcome of contract negotiations with our main provider, STHFT. The proposed final activity plan submission is set out at table 1 overleaf. At the time of drafting this paper, CCGs await further comments from NHS England on revised planning submissions and it is therefore possible that the final submission may change further from that presented below.

The activity assumptions made within the Operational Plan reflect those agreed by SCCG and STHFT within the contract activity and financial baseline plans to support the demand

and capacity planning for 2018/19 and the achievement of key constitutional indicators and deliver an affordable contract plan. They are consistent with the CCG Financial Plan and QIPP Programme. The activity numbers incorporated in the operational plan reflect the full impact of CCG identified QIPP, including where these are yet incorporated into contracts, with the exception of a small element of inpatient urgent care activity where it has been agreed further work is needed before inclusion. The activity plans reflect the system-wide strategic change plans agreed by the Sheffield Accountable Care Partnership.

*Table 1: SCCG Activity Planning Assumptions against National and Regional Assumptions*

Point of Delivery	Draft Plan submission 8 March	Final Plan Submission 30 April	North Region Requirement	National Assumption
Total Referrals	-2.3%	-2.3%	1%	-
GP Referrals	-4.2%	-4.2%	-	0.80%
Other Referrals	0.8%	0.8%	-	4.60%
OPFA	-1.9%	-0.6%	4.00%	6.40%
OPFU	-1.9%	-0.9%	2.00%	4.10%
Total Elective Admissions	-1.4%	1.1%		3.60%
Day Cases	-1.0%	1.6%	2.00%	4.20%
Ordinary Elective	-3.8%	-1.9%	0.00%	0.30%
Total Non Elective	0.0%	2.0%	-	2.30%
NEL 0 LoS	-1.4%	1.8%	-	5.60%
NEL +1 LoS	0.5%	2.1%	-	0.90%
A&E	-1.2%	-1.2%	-	1.10%
Number of Completed Admitted RTT Pathways	-1.0%	1.6%	-	-
Number of Completed Non-Admitted RTT Pathways	0.0%	0.0%	-	-
Number of New RTT Pathways (Clockstarts)	-1.9%	-0.6%	-	-

The plans and rationale underpinning these assumptions and explaining the variance to national planning assumptions was presented to Governing Body in March, briefly:

**Elective Care and Referral to Treatment Times** - STHFT continues to be one of the best performers in England and opportunities to slow run-rates within national targets were explored as part of contract negotiations. Activity trends and the impact of schemes to reduce demand and address unwarranted variation (MSK, CASES) are in place and will expand in 2018/19 supporting continued assumptions of reduced referral and activity rates below the national assumptions.

**Urgent Care and A&E** - changes to NHS 111 (NHS 111 online, direct booking and clinical assessment) were successfully rolled out in late 2017/18 across the region and a project is underway as part of the Sheffield plan to implement integrated urgent care to further increase access to clinical advice and guidance by signposting people to local services and care providers. Expansion of the assessment model at STHFT will increase the routine use of assessment model to prevent admission and supporting clinical, supported by work to deliver clinical and cultural change to embed the model. Together with Programmes within Active Support and Recovery these should reduce urgent admissions and reduce A&E demand. Again this results in Sheffield's plan having % changes lower than the national average assumption.

### **3. Delivering Constitutional Standards**

As stated in the paper presented to Governing Body on 1 March 2018, SCCG has planned to achieve all constitutional standards in 2018/19, however there are risks associated with several standards. The current position and issues are presented below.

#### **3.1. A&E**

Despite ongoing action, SCCG and STHFT continue to fail to meet the 4 hour standard, March 2018 performance is 90.03%, and there remains a significant challenge to fully recover the standard within the timescale set by NHS England. STHFT are refining their recovery trajectory and therefore this plan includes a provisional assumption for STHFT based on improvement towards achievement of 90% by the end of quarter 1 2018/19 and 92% by end of quarter 2 with this performance sustained throughout the winter period and moving to exceed the target with performance of 94% in March 2019 although this has yet to be confirmed.

#### **3.2. Cancer Waiting Times**

The Plan assumes achievement of the Cancer standards. However, it should be noted that at present SCCG and STHFT continue to fail the 62 day treatment targets for GP referral, where numbers of patients treated are extremely small (fewer than 10 per month) meaning that performance can vary significantly, and consultant decision to upgrade treatment. The latter target is subject to detailed and ongoing work by the South Yorkshire and Bassetlaw Cancer Alliance but no improvement trajectory has yet been confirmed. For both targets SCCG has submitted a plan based on achievement throughout 2018/19.

#### **3.3. RTT Performance**

The Planning Guidance requires that there will be no increase in the numbers of patients waiting for outpatient attendance, or for admission at 31 March 2019, compared with 31 March 2018. The CCG and provider plans are both working to this assumption.

SCCG and STHFT continue to exceed the 92% 18 Week Referral to Treatment standard on aggregate, SCCG have set a trajectory for 2018/19 that reflects the national standard of 92%.

#### **3.4. Diagnostic 6 Week Waiting Times**

Currently SCCG and STHFT continue to fail to achieve this target with performance in February 2018 at 90.81% for SCCG. The main issues of affecting performance at STHFT are in Echocardiography and Dexa Scanning. Availability of clinical staff to support services is a primary cause of the issue and work is ongoing on a SY&B footprint to identify actions to mitigate the position and STHCFT are developing additional action plans to mitigate the position. On this basis, and after discussion with NHS England, SCCG has submitted a plan to deliver the target by the end of 2018/19.

#### **3.5. Dementia Diagnosis**

SCCG continues to exceed the standard and has therefore submitted a plan to achieve the standard throughout 2018/19.

### **3.6. IAPT Services**

SCCG continues to achieve all IAPT targets with the exception of people moving towards recovery where performance was 47.97% year to date in December 2017. Performance against the standard is affected by the more complex case mix within the Sheffield service compared to other IAPT services and staffing changes and movements resulting from the roll out of the health and wellbeing programmes. This has now stabilised and work continues to deliver the 50% standard throughout 2018/19, however this achievement is not assured.

Other targets will be further supported by the ongoing implementation and delivery of the IAPT health and wellbeing service.

### **3.7. Early Intervention in Psychosis within 2 Weeks**

SCCG performance was 46.43% against the standard of 50% in February 2018 as performance dipped in the latter part of 2017/18. However, SCCG is assuming full compliance through 2018/19.

### **3.8. Children's and Young People's Mental Health Access**

This new standard is to ensure that 32% of diagnosed children can access the service. Although there are some risks around capacity and recruitment, the plan is to deliver this standard by March 2019.

### **3.9. Eating Disorders**

The new standard covers access for urgent patients within one week, and for other patients within four weeks, and requires progression to a 95% standard by 2020. Work is progressing to validate a baseline and trajectory to demonstrate a viable series of milestones towards the standard.

### **3.10. Primary Care Extended Access**

SCCG will deliver this target throughout 2018/19 and plans are in place to further support out extended access in 2018/19.

### **3.11. Use of E Referral System for GP Referrals**

Current performance is recorded as below 50% on national reporting. Plans are in implementation to switch off paper referral process for most services at STHFT and Sheffield Children's Hospital NHS Foundation Trust to facilitate delivery of the 100% standard from before September 2018.

### **3.12. Children's Wheelchair Services**

To date SCCG has reported performance for quarter 2 2017/19 only which indicates performance at 71% against a target of 92%, however actions are underway to improve performance and therefore it is assumed that SCCG will fully achieve the standard in 2018/19 as required.

#### **4. Operational Plan Narrative**

In addition to the technical templates, SCCG has prepared the document attached at **appendix 1** to this paper which refreshes detail on the progress of place based planning in Sheffield and refreshes detail on the delivery plans presented by the CCG in the Operational Plan narrative for 2017 - 19.

#### **5. Recommendations**

The Governing Body is asked to ratify the Operational Plan submitted to NHS England on 30 April 2018 and to approve the accompanying narrative refresh for 2018/19.

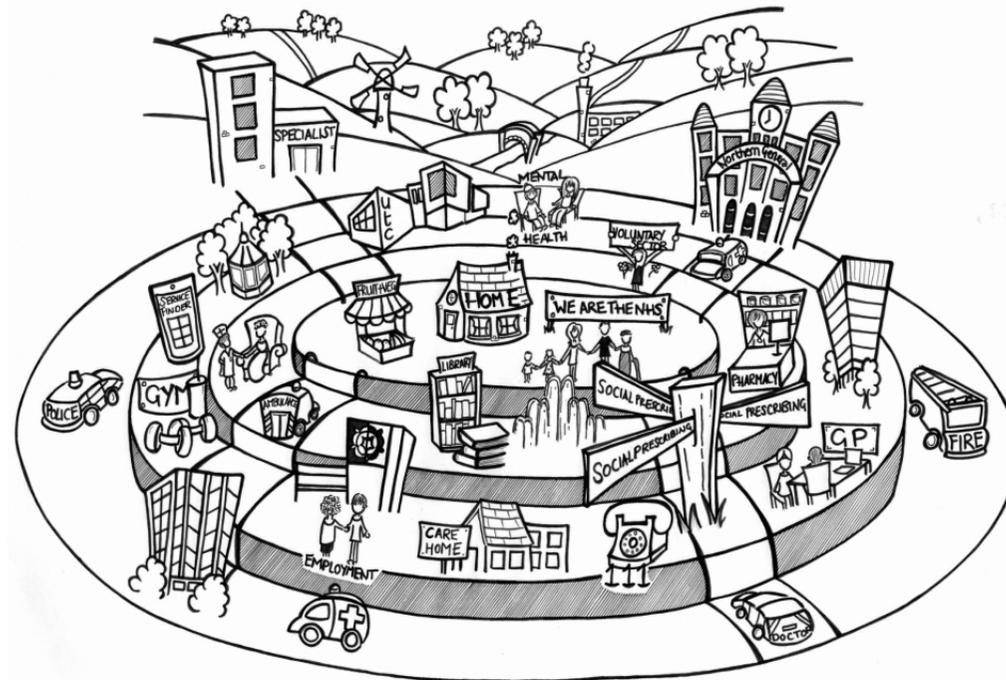
Paper prepared by: Abby Tebbs, Deputy Director of Strategic Commissioning and Planning

On behalf of: Brian Hughes, Director of Commissioning and Performance

April 2018

# Operational Plan 2017 to 2019

## NARRATIVE REFRESH for 2018/19





## Version 1.0

Document Information	
Status:	DRAFT
Owner:	Brian Hughes, Director of Commissioning and Performance
Title:	SCCG Operational Plan Refresh 2018/19
Prepared by:	Commissioning and Performance Directorate

Version Control			
Version	Summary Changes	Author	Date
0.1	First draft completed	A Tebbs	20/04/18
0.2	Draft for Director review	A Tebbs	23/04/18
0.3	Completed Finance section	J Newton	24/04/18
0.4	Amendments following commissioning team review	A Tebbs	24/04/18
1.0	Final for Governing Body	A Tebbs	25/04/18

## Version 1.0

### About This Document

The '*NHS Operational Planning and Contract Guidance for the period 2017 to 2019*' re-affirmed the shared objectives of the NHS to implement the Five Year Forward View (FYFV), set out the planning and contracting processes to support Sustainability and Transformation Plans (STPs) and the financial reset, and stated national priorities and financial rules for both 2017/18 and 2018/19.

In response to the 2017/19 planning guidance, the NHS Sheffield CCG (SCCG) Financial Plan and Operational 2017 – 2019 and accompanying Activity Plan set out how SCCG will deliver the transformational plans set out in the South Yorkshire and Bassetlaw Sustainability and Transformational Plan (SY&B STP) and the Sheffield Place Based Plan, alongside the '9 Must Do's and other national requirements detailed in the NHS Operational Planning and Contracting Guidance. The transformation and strengthening of primary care is the bedrock on which wider system transformation will be delivered. As such, the transformational objectives and 'Must Do's' for primary care are set out separately in SCCG's response to the *GP Forward View* which is submitted alongside this document.

An Operational Plan narrative was submitted alongside the Operational and Activity Plan template and the Sheffield Response to the GP Forward View to provide further detail on the process and approach taken by SCCG to develop its plans for 2017 – 19.

Subsequently, the publication of '*Next Steps on the Five Year Forward View*' in May 2017 set out progress since the publication of the FYFV in 2014 and set out steps to achieve transformational change within the NHS and in February 2018, NHS England published planning guidance for 2018/19. CCGs are required to submit Operational and Financial Plans for 2018/19 to NHS England by 30 April 2018.

This narrative, which should be read in conjunction with the 2017 - 19 Operational Plan refreshes the delivery plans set out in that document describing how the CCG will meet the Operational Planning Requirements (the 9 'must dos') and constitutional indicators, and the priorities agreed locally within the Sheffield Accountable Care Partnership and within the wider South Yorkshire and Bassetlaw Integrated Care System footprint.

## Version 1.0

### The Sheffield Accountable Care Partnership Plan

The Operational Plan Narrative 2017 – 19 described the aims and objectives of the local health and care system, set out in the Sheffield Place Based Plan and how these fitted with the SCCG operational plans for the coming two years. Since **Shaping Sheffield**, the Sheffield Place Based Plan was published in January 2017 there has been considerable progress in the development of an Accountable Care Partnership for the City.

Partnership working is well developing in Sheffield across the six organisations involved in providing and commissioning health and care services. In 2017 this was further enhanced through the establishment of the Accountable Care Partnership Programme Board and the appointment of the Accountable Care Partnership Programme Director, Rebecca Joyce, who started in post in January 2018. All partners have signed up to a vision of: *“Improving the health and wellbeing of Sheffield’s residents through the promotion of a health and wellbeing culture in all we do and the development and delivery of a world class health care system”*

The Accountable Care Partnership for Sheffield aims to deliver improved health and care outcomes, improved health and well-being and close the financial and efficiency gap across the Sheffield system. Underpinning these aims are the following ambitions:

- To support tangible improvements in local health and wellbeing
- To tackle persistent health inequalities
- To ensure the sustainability of the Sheffield care economy
- To support a happy, motivated and high-performing workforce
- To improve public engagement and empowerment
- 

Within the ACP there are seven priority work streams which STH, along with partners across the system, have been closely involved with developing and leading. These are:

- Elective Care
- Urgent and Emergency Care
- Long term conditions

## Version 1.0

- Children's services
- Community, WellBeing and Social Value
- Primary Care
- Mental Health and Learning Disabilities

Key enabling work streams for the ACP including finance, workforce, organisational development and digital are currently under development. The ACP governance arrangements have been refreshed for 2018/19 in light of feedback and the ACP Board now is moving to pursue the transformational agenda with greater pace. The vision, work and change approach of the ACP will be further developed for 2018/9.

## Version 1.0

### NHS Sheffield Clinical Commissioning Group

SCCG’s strategic objectives and goals and the following operational plan refresh have been developed in response to a range of information sources including the Joint Strategic Assessment and associated public health data, and benchmarking information including RightCare. This context is presented in our Operational Plan for 2017/19. The CCG have reviewed the strategic objectives and goals for 2018/19 and these were approved by Governing Body in January 2018, they are set out in table 1 below.

*Table 1: SCCG 2018/19 Strategic Objectives and Goals*

	<b>Strategic Objective</b>	<b>Goals</b>
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
<b>Strategic Goals</b>		
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.	

## Version 1.0

### Governance and Delivery of CCG Plans

To allow the CCG to monitor progress towards the achievement of these strategic objectives, a new dashboard has been developed to support organizational management and delivery of all transformational projects and programmes identified by the CCG, including QIPP. This links projects and programmes to CCG strategic goals and objectives and will include reporting to Clinical Strategic Management Team and Governing Body on the progress and delivery of projects.

The CCG has agreed a number of key priorities for achievement in 2018/19 and a plan on a page that shows how our delivery plans and priorities link to the strategic objectives and goals. This will be published on the CCG website alongside this Operational Plan

## Version 1.0

### The Financial Position

The financial plan for 2018/19 has been completely refreshed following the revised CCG allocations and finance business rules announced by NHS England in early February 2018. These rules included a requirement for Sheffield CCG to deliver in year financial breakeven (that is to spend no more than our in year allocation) rather than move to a full 1% cumulative surplus (excluding contributions to the national financial risk reserve). Together these provided a welcome additional £11.5m of resources for use in 2018/19. Prior to this announcement the CCG, as discussed with Governing Body in January 2018, had been facing a very challenging efficiency target of over £28m, if the CCG was to meet national planning requirements and targets.

During February and March 2018, the CCG refined its commissioning intentions, agreed contract variations with each of our main local providers for 2018/19 (including where appropriate activity plans) and continued to develop our QIPP plans. The CCG also closed its 2017/18 financial position with the submission of its draft accounts on 20 April 2018. The latter, subject to audit, demonstrates delivery of the 2017/18 financial control total. The 2018/19 financial plan submitted to NHS England for the 30 April 2018 deadline reflects all of these changes.

As part of the financial plan we have included investment in particular for Mental Health services such as IAPT and Early Intervention Services. Taken together with other expected increased spend e.g. in dementia care through CHC, the CCG demonstrates that we do plan to meet the Mental Health Investment Standard for 2018/19. There is also planned investment in community and primary care services, both recurrent and non recurrent, in support of the CCG's objective of increasing care outside of hospital and closer to patients' homes where appropriate.

The financial plan for 2018/19 will still be challenging to deliver, incorporating now a £18.5m Gross QIPP target with as described below £3.4m of unidentified QIPP *i.e.* where we still need to develop schemes or alternatively secure transformational funding through the local Integrated Care System or other sources.) There will be a range of other risks and issues to manage in year and for which we are only holding the minimum 0.5% (or c£3.7m) general contingency reserve. In addition to the financial risks we have outlined in the financial plan to NHS England, as per national guidance we have only planned on a 1% pay rise for all NHS staff. There remains lack of clarity on whether any actual costs in excess of 1% will be fully funded as Central Government have only confirmed there will be funding for staff on Agenda for Change terms and conditions and not for other staff groups such as doctors.

## Version 1.0

### SCCG Quality, Improvement, Productivity and Prevention (QIPP) Plan for 2018/19

As part of the 2017-19 Operational and Financial Plan, SCCG identified an ambitious gross savings target of £21.6m for 2017/18 and through ongoing work identified a final QIPP plan of £19.4m gross. At year end the CCG had achieved £12.1m or 61% of the gross plan.

For 2018/19, SCCG has developed a QIPP plan that builds on work already underway, the opening value of the plan is £18.5m gross, this includes £3.4m of unidentified savings at the start of the year.

In March 2018, NHS England commissioned a review of all CGG QIPP plans to assess governance and likely delivery. SCCG has received a report detailing findings and suggested actions. The key findings of the review were that governance process and the programme management framework in place were robust and that the CCG had processes in place to ensure external support and engagement in the delivery of QIPP but that in some cases programme documentation lacked consistency.

To support delivery of QIPP, SCCG has strengthened governance and reporting arrangements during 2017/18 and completed a review of process for 2018/19.

SCCG undertook a robust process of confirm and challenge to test the plans developed for 2018/19 and ensure these were aligned with both ACP priorities and the CCGS commissioning intentions for the year ahead.

The QIPP plan and associated activity changes and financial adjustments were shared with all our providers as part of negotiating activity and financial plans for the 2018/19 contract round. Schemes agreed with ACP partners are fully reflected in contract plans and baselines while those that require further work to achieve agreement are reflected in contract service development and improvement plans (SDIP).

## Version 1.0

### RighCare

The NHS RightCare programme is a methodology for quality improvement that helps the CCG improve population-based healthcare by reducing unwarranted variation and focusing on value.

SCCG has proactively rolled out the approach so that it is embedded in planning and supports local commissioning decisions. The initial focus in 2017/18 was on 'deep dive' reviews into disease areas and on reviewing pathways for Cancer, Circulation (Cardiology), Gastroenterology and Respiratory. These opportunities have been worked into programme plans and are reflected in the CCG's 2018/19 QIPP Programme.

SCCG has completed a review of refreshed RightCare Opportunity packs published in summer 2017 against programmes of work identified and underway and has identified additional lines of enquiry which are being pursued.

Key schemes linked to reducing unwarranted variation include:

- Expansion of CASES GP peer review advice and education to strengthen GP management in primary care and reduce avoidable referrals for routine elective care.
- Development of community services for dermatology, cardiology, ENT and gynecology to support care closer to home
- Extended IAPT Health and Wellbeing – supporting patients with long term conditions to access evidence based psychological therapies to help manage their condition.
- Integrated urgent care and extended care practitioner development to reduce avoidable urgent unplanned admissions to hospital
- Medicines Management Reviews and the prescribing quality incentive scheme to support optimum care for patients and reduce adverse medication events

The SCCG QIPP plan identifies savings linked to RightCare opportunities, for 2018/19 £7m of opportunities have been reflected in the QIPP plan.

## Version 1.0

### Urgent and Emergency Care

#### Progress Update – 2017/18

- Feedback from partners city-wide is that the local partnerships and relationships in Sheffield have continued to strengthen throughout the challenging Winter period. This has been achieved through effective system planning and improved communication, especially at times of significant pressures and system escalation.
- Direct Booking – Sheffield has made significant progress against the direct booking targets for primary care appointments thanks to its excellent out of hours' services, both the GP OOH Collaborative and the four Extended Hours Community Hubs. These have made a significant contribution to ensuring system-wide resilience at times of pressure over the Easter and Winter periods.
- The successful achievement of the national target of delivering clinical advice and guidance to 50% of appropriate calls to the 111 service by the end of March 2018 across South Yorkshire and Bassetlaw (SYB) was driven strongly by the availability of clinical advice from Sheffield services. This has ensured that SYB is the best performing STP area of Yorkshire and the Humber for March 2018.
- NHS 111 Online has been rolled out in Sheffield as part of a regional and national initiative, which means that all Sheffield patients can now get access (via the internet) to the same system of advice as they would from calling the NHS 111 service directly.
- In line with national requirements, Sheffield successfully delivered primary care streaming of patients in both adult and children's accident and emergency departments.

#### Plans for 2018/19

##### Integrated Urgent Care

Sheffield CCG will implement a range of local developments to further develop integration between local services and connect systems for the benefit of patients. The over-arching aim is to move to a “call and complete” service so that wherever possible, patients phone a single number with the outcome being an immediate resolution, a direct booking into a local provider or effective signposting to an onward service. This work will ensure that local developments are closely aligned with the national programme and that Sheffield is well placed to dovetail effectively with the regional procurement of the clinical advice service (CAS), which will be implemented in 2019.

##### Urgent Care in Primary Care

Sheffield CCG has recently undertaken a public consultation surrounding changes it proposes to make to urgent care in the primary

## Version 1.0

care setting. In response to feedback from our population, the aim of the changes is to simplify and increase access to urgent care whilst ensuring it is delivered by the most appropriate clinician in the most appropriate location.

The consultation has now been completed and the CCG is reviewing the feedback. The final recommendation is due to be presented in Autumn 2018, with implementation following in 2019.

### **ECP Development Work**

A key part of the work being undertaken in Urgent Care by Sheffield CCG in the coming year is the further development of the Emergency Care Practitioner (ECP) service. The service already helps to avoid unnecessary admissions to hospital by having skilled practitioners available to treat patients in their own home and refer to appropriate onward primary care and community services as appropriate. The key focus of the coming year is to work in partnership with Yorkshire Ambulance Service (YAS) in order to co-produce a revised service offer which further supports local people and services in order that, wherever appropriate, patients remain in their own home and avoid conveyance to hospital. This service development will be a key local part of delivering Integrated Urgent Care in Sheffield.

### **Admission Avoidance and Improved Patient Flow (Reducing Delayed Transfers of Care)**

There will be a continued focus by Sheffield CCG in the coming year on avoiding unplanned admissions. This will be achieved by the further strengthening of a local ethos that prioritises assessment of patients prior to admission. This approach will continue to locally embed clinical best practice, helping to ensure that patients avoid admission (wherever possible) and reduce pressures in the wider hospital. There will also be a continued focus on reducing patient length of stay, by supporting the implementation of best practice and ensuring efficient operating practices and effective linkages with supporting services.

## Elective Care and Cancer

### Progress Update – 2017/18

- Continued CASES programme to support GP referral with peer review, training and education, completed evaluation of the pilot programme and confirmed procurement of a full service in 2018/19 – overall more than 10% of referrals returned to GPs with advice did not subsequently attend an outpatient attendance with reductions of up to 20% by specialty
- Education – working with Primary Care Sheffield – 12 educational videos publishes, top tips developed for GPs, PRESS portal new version released to support faster, easier access to information to support patient care
- More than 15 cancer training events provided to upskill and support primary and community services.
- Continued specialty reviews with primary and secondary care clinical collaboration – gastroenterology, cardiology, ENT and neurology to support pathway development, guidance and service transformation
- Re-procurement of community 24 hour ECG service;
- Development of gastroenterology pathways and guidance in collaboration with primary and secondary care clinicians;
- Four new community services in development – cardiology, dermatology, ENT and cardiology
- Implementation of inter-provider transfer policy for cancer provider to provider referrals with SY&B Cancer Alliance
- Two successful bids for funding from Macmillan to support the extension of the Macmillan GP and implement the Living with and Beyond Cancer Project
- Implementation of My Pathway in the Sheffield Musculoskeletal Service to facilitate measuring patient outcomes in real time, support patient experience and streamline appointment processes making care more efficient.

### Plans for 2018/19

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:

- Increase utilization of CASES pilot across existing specialties
- Roll out CASES pilot approach to additional specialties – haematology, neurology and general surgery

## Version 1.0

- Procure CASE service to commence in April 2019
- Mobilize interim community ENT service
- Commission new community services in key specialties to deliver appropriate and effective care closer to home - gynaecology, dermatology, ENT, cardiology
- Implement revised consultant Advice and Guidance through CASES approach to support primary care management
- Roll out South Yorkshire and Bassetlaw Commissioning for Outcomes Policy to support consistency and evidence based practice
- Roll out clinical variation reporting to GP practices

To inform future new service models consider opportunities to review service design:

- Review service pathways and focus on reducing variation in clinical practice including follow up attendances
- Review services in dermatology, cardiology and gastroenterology through ACP-led working groups to develop integrated, effective, sustainable services for Sheffield.

Supporting plans:

- Deliver paperless referral by moving majority of GP referrals to the electronic referral system before September 2018.
- Update the PRESS portal to provide clinicians with easy access to guidelines and protocols to support their practice.

Reduce incidence, improve outcomes and experience for people diagnosed with cancer:

- Continue development of Sheffield Living with & beyond Cancer (LWABC) Programme;
- Sheffield Social Movement Project - cancer champions within targeting communities with the greatest inequalities in outcomes to promote screening, prevention & early signs/symptoms
- Development of advanced cancer and end of life care pathways – service redesign

Reduce proportion of cancer diagnosed in emergency setting from 20% to 15% by March 2019, considering access to

## Version 1.0

diagnostics, referral thresholds and new models of outpatient design by:

- Implementing the Vague Symptoms Project – to provide a more efficient pathway for those patients who do not meet the 2 week wait criteria but have worrying symptoms – Straight to right test;
- Significant Event Analysis Project - Quality Improvements, change behaviours within primary care to encourage the analysis of missed cancer diagnosis & sharing of lessons learned across the city practices;

Support and strengthen services:

- Chemotherapy Transformation – how to treat patients closer to home, changes coming with genomics, immunotherapy etc.
- Development of the cancer module for primary care nurse course with Sheffield Hallam University.
- Investigation into Community based clinics for cancer care (need to address the current problems with Local commissioned services & the expanding role of community care for cancer)
- Collaborative work across SY&B footprint to implement FIT testing for bowel cancer;
- Pathway development & implementation Programme - introduction of Timed pathways (currently not timed), follow up in community, remote monitoring.

## Children and Maternity Services including Child and Adolescent Mental Health Services (CAMHS)

### Progress Update – 2017/18

- In line with national requirements Sheffield has successfully delivered primary care streaming of patients into the children's accident and emergency departments.
- To support unplanned care for children who do not require hospital admission the Rapid Access Clinic service has been

## Version 1.0

- expanded
- Children's Continuing Care is now integrated with the adult Continuing Health Care service to support consistency, workforce and transition
- Move towards personalised care – as part of the redesign of the children's NHS funded short breaks (for children with complex health needs) a public consultation has been undertaken to incorporate the views of children and families into service redesign
- <sup>rd</sup> sector organisation procured to test whether Personal Health Budgets deliver positive outcomes for Looked After Children with Mental Health Needs who find it difficult to engage with CAMHS. Project will run through 18/19, with evaluation and commissioning proposal expected Q4 18/19.
- Healthy Minds Service (CAMHS in-reach into schools) rolled out to an additional 45 schools with external evaluation commissioned from the University of Sheffield.
- Section 136 Health Place of Safety for 16/17 year olds opened.
- STAR Service launched to support children and young people at risk of inpatient admission who have deliberate self-harm.
- Psychological Wellbeing Practitioners (PWPs) successfully piloted, with three full time PWP's and two trainee PWP's secured for 2018/19.
- Door 43 Service and Wellbeing Café launched at Star House in Sheffield City Centre.
- Amber Lodge transferred from NHS England to local CCG's including Sheffield.

### Plans for 2018/19

- Children's community nursing transformation – to develop a new care model to reduce hospital attendances, deliver care closer to home and improve patient experience and clinical effectiveness
- Further enhance integrated care through joint working with the local authority to review packages of Children's Continuing Care to ensure appropriate packages are in place and review dates aligned to other services where appropriate
- Improved access to services – review of children's neuro disability service (directly linked to Autism Spectrum Disorder) and children's community therapy to provide a clear offer of care and pathway to access services
- Develop a single point of access for Children's health provision to link better with the Local authority, improve EHCP delivery and access to provision and support transition.

## Version 1.0

- Increase the emotional health and wellbeing of children and young people in Sheffield - CAMHS transformation and performance programme continues with continues programmes of work around early intervention services, emergency department transformation, review of services for vulnerable children and young people and workforce development plans.

## Adult Mental Health including Learning Disabilities and Dementia

### Progress Update – 2017/18

- Investment in a second section 136 place of safety - to avoid use of police cells for patients with mental health issues
- Creation of a section 136 suite for under 18's at the Beckton Centre with a new pathway to prevent young people being cared on adult wards
- Integrated commissioning – SCCG and Sheffield City Council have now developed integrated joint plans for mental health commissioning and have worked closely with Sheffield Health and Social Care NHS Foundation Trust in terms of delivering the joint plan
- Successfully secured funding through a social investment bond for the Promoting Independence project, which aims to support people to live more independently
- Implementation of a 'Core 24' Liaison Mental Health Service
- Implementation of an Integrated IAPT Service (working concurrently alongside ten physical healthcare pathways)
- Increased investment in the Early Intervention in Psychosis service, to ensure we continue to work towards compliance with Constitution standards
- Transforming care – 18 avoided admissions to inpatient care through emergency care and treatment reviews offering support in the community, 13 discharges into less restrictive environments, including a number of patients who have been in inpatient care for over 5 years.

### Plans for 2018/19

In 2018/18 SCCG and SCC will continue to make progress towards achieving the aspirations of the Five Year Forward View for Mental Health by :

- Increasing access to crisis mental health care 7 days a week 24 hours a day;

- Continuing to ensure that there are no out of area placements for acute care;
- Ensuring people experiencing a first episode of psychosis have access to a NICE approved care package within 2 weeks of referral;
- Greater access to community based services for people with severe mental health problems to enable them to live closer to home including a further extension to the existing 'Core 24' liaison mental health service, the creation of a Neighbourhood Health and Wellbeing Service and the roll-out of the Promoting Independence project to support people in residential and long term care to live more independent lives;
- More people living with severe mental health problems will have their physical health needs met which will be met, in part, by a city wide project encompassing a multitude of different organisations;;
- Greater access to evidence-based specialist perinatal mental health;
- An expansion of the Integrated IAPT Service;
- Delivery of the Transforming Care agenda – SCCG will continue to make progress towards the target of reducing the number of people in long term care to a maximum of 15 across the Sheffield, Doncaster, Rotherham and North Lincolnshire Transforming Care Partnership;
- Development of a dementia care pathway for Sheffield to support diagnosis, care and treatment and support people to live within the community;
- Develop a psychiatric decision unit to signpost appropriate people to mental health services, reducing secondary care activity and supporting access to psychological therapies;

## Version 1.0

- Delivery of a joint transformation programme, underpinned by a single efficiency target across SCCG, SCC and the Sheffield Health and Social Care NHS Foundation Trust;
- Take action to reduce suicides through the ongoing STEPS suicide prevention programme;

## Version 1.0

### Care Outside of Hospital and Planned Prevention – Active Support and Recovery

#### Progress Update – 2017/18

- Neuro rehabilitation – agreement with NHS England on commissioning arrangements and pathways supported efficient patient pathways and delivery of QIPP efficiencies
- External investment secured for a number of projects including support from NHS England for diabetes, NHS Digital, Aesop (Big Lottery) – Dance 2 Health, Continued Big Lottery funding for ABiS
- Workforce changes implemented to support effective delivery of programme objectives
- Collaboration with Urgent Care, Primary Care and Diabetes programme
- Although the system experienced significant pressure later in winter, work before Christmas led to improvements in pathways to reduce delayed transfers of care

#### Plans for 2018/19

- Exploring new contractual model for long term conditions and active support and recovery, social investment for COPD and frailty pathways, continued external investment, ensuring workforce in place to deliver plan
- Developing ways of disproportionately investing in populations that experience the greatest health inequality e.g. through Person Centred Care (PCC) approaches - to progressively introduce and embed person centred approaches into primary care such that they become part of the usual way of practice. PCC is about creating conditions for people primarily with LTCs.
- Reducing admissions and delayed transfers of care through targeted support to those most at risk of admission or escalated level of support, through a multi-disciplinary approach focussing on end of life care, integrated personal commissioning for end of life care, intermediate care system improvements and efficiencies.
- Better coordination across pathways and across multi-morbidities to reduce duplication and improve access and an increased proportion of spend out of hospital and reduction in cost of overall care through long term condition pathway transformation in stroke, diabetes and respiratory.

## Version 1.0

- Primary care neighbourhood development to ensure better coordination across pathways and across multi-morbidities to reduce duplication and improve access – developing a community IV service, complex wound care improvements and community equipment.
- Improve co-ordinated patient centred care closer to home for those most vulnerable to non-elective admissions – evaluate and determine future direction of the ongoing virtual ward project.

## Version 1.0

### Medicines Management

#### Progress Update – 2017/18

- Continued development of prescription ordering line to support patients who require repeat prescriptions and reduce waste from continued prescribing of unwanted items.
- Prescribing efficiencies delivered by switching to equally effective, lower cost alternatives when available
- Stopping prescribing of readily available over the counter medications in line with NHS England guidelines
- Working with secondary care to change to effective alternative high cost drugs in gastroenterology and rheumatology (bio-similar drugs) and reducing costs
- Working with practices on targeted medication review programme to reduce to reduce risks of adverse drug events and therefore non elective admissions to hospital

#### Requirements

#### Plans for 2018/19

- Roll out targeted medication reviews for patients with multiple items on prescription to support safety and good patient outcomes
- Extend prescribing quality incentive scheme for GPs to support clinically effective and high quality prescribing in line with national and local guidelines
- Continue to promote the use of bio-similar drugs in secondary care - musculoskeletal and other services

## Technology and Digital Roadmap

### Progress Update – 2017/18

We currently have 5 live projects that are testing health and care solutions in Sheffield. When we launched the programme earlier in 2016, we engaged with over 350+ patients, commissioners, system leaders and academics in the region to understand our local population needs, and these are represented as:

- Insulin pen attachment device for people with diabetes who use insulin to manage their condition.
- Falls risk assessment for moderately frail patients over 65 patients using the QTUG risk assessment tool.
- Self management and monitoring of the use of inhalers for people diagnosed with asthma. The Bluetooth cap, provided by teva also comes with an app that provides, tailored reminders, motivational messages, emails and texts and website and phone line support to support the patient whilst on the programme (71)

### Requirements

### Plans for 2018/19

Digital care home project – Monitoring of vital signs for people living in care homes in Sheffield. Digitally capturing vital signs, such as blood pressure, temperature and weight monitoring to detect early warning signs prior to deterioration. Vital signs are captured on a daily basis by nurses in the care home, using an ipad this data is sent live to be triaged at our local Teaching Hospital and rapid intervention by local community nursing teams is provided if required.

Nest steps for the Test Bed:

- Evaluation of Wave 1 July 2018 and bid for Wave 1.5
- Developing as part of the ICS
- Strategy for Innovation for the Sheffield region

## Continuing Health Care (CHC) and Personal Health Budgets

### Progress Update – 2017/18

- EQ5D tool implemented and embedded at STHFT to support discharge processes and reduce delayed transfers of care
- Support provided to STHFT to assist with TASK groups – managing patient pathways and supporting discharge
- Delivered QIPP savings

### Requirements

### Plans for 2018/19

- Completion of Children’s CHC complex children’s package reviews
- Continue to develop integrated working with local authority to support discharge pathway development
- Complete CHC process review project to ensure efficient working of CHC processes -  
The work is closely aligned with the NHSE Strategic Improvement Programme. We are also a collaborator in the NHSE Initial Care Pathway Project which aims to improve the cared for persons experience and the effectiveness and efficiencies of the process. Workforce development is a key work stream which will include; knowledge, skills, competencies, customer care, values and behaviours, and strategic vision/ drivers from a whole system perspective.