

## Business Planning and CCG Strategy

Governing Body meeting

**F**

5 September 2019

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<b>Sponsor Director</b>	Brian Hughes, Director of Commissioning and Performance
<b>Purpose of Paper</b>	
<p>Sheffield CCG is now in the middle of its business planning process in order to determine how we are going to deliver services and make transformational changes in 2020/21 that aligns to the objectives that we have set ourselves, whilst acknowledging the changes that must happen due to the changing landscape of the NHS.</p> <p>However, before we are able to look at how we are going to achieve our objectives in 2020/21, we need to ensure that we understand why things need to change and what is it that we are going to change.</p> <p>This paper therefore is the beginning of determining whether Sheffield CCG's strategy continues to be fit for purpose to ensure it meets not only the requirements of the NHS Long Term Plan but also meets the needs of the Sheffield population.</p>	
<b>Key Issues</b>	
<p>The NHS Long Term Plan was developed in order to acknowledge that the health needs of the population have changed. Patients are no longer only those people who are 'ill or believe themselves to be ill' but now include those 'living with illness and at risk of illness'. As a result, our strategy to commission appropriate healthcare has moved beyond the short-term reactive care that has been the premise of the health care for centuries, into long-term planned care.</p> <p>Taking into account how the NHS is changing, and having identified why things have changed, we now need to ask whether we have the right objectives for Sheffield CCG.</p> <p>The business planning process aims to look at how Sheffield CCG is going to achieve its objectives in the coming year. The Commissioning Cycle is the premise by which Commissioners differ from other organisations by identifying what is needed and what is required to be achieved in order to ensure the right health and care is provided to a population.</p> <p>The recommended next steps are for Governing Body to::</p> <ul style="list-style-type: none"> <li>• Review Sheffield CCG's vision and objectives to ensure they are fit for purpose moving into 2020/21 and beyond.</li> <li>• Determine whether Sheffield CCG is structured to deliver the vision and using a person-centred approach to inform and deliver the identified priorities.</li> <li>• Agree what the priorities are for Sheffield CCG.</li> </ul>	

<b>Is your report for Approval / Consideration / Noting</b>
<b>Approval</b>
<b>Recommendations / Action Required by Governing Body</b>
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>• Approve the recommended next steps</li> <li>• Approve the proposed business planning process</li> <li>• Note the initial steps towards the development of Sheffield CCG's strategy</li> </ul>
<b>What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?</b>
<p><b>Which of the CCG's Objectives does this paper support?</b> This paper encompasses all of the CCG's objectives.</p> <p><b>Description of Assurances for Governing Body</b> This paper provides assurance to the Governing Body that there is a process in place for the CCG to review and confirm its vision and strategic objectives, as well as a business planning process in place to deliver against the agreed strategic objectives.</p>
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>
Yes, a focus of clinical and managerial time to develop the vision and strategic objectives and agree and deliver the business planning objectives.
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>
Not required
<b><i>Have you involved patients, carers and the public in the preparation of the report?</i></b>
Patients, carers and the public will be involved and engaged as the vision and strategic objectives are developed.

## **Business Planning and CCG Strategy**

### **Governing Body meeting**

**5 September 2019**

#### **1. Introduction**

- 1.1. The NHS landscape is changing. Sheffield CCG is now part of an Accountable Care Partnership (ACP) that has brought together Providers and Commissioners of health and care services across Sheffield. It is also part of an Integrated Care System (ICS) that has brought together Providers and Commissioners across a wider South Yorkshire and Bassetlaw footprint. All of which is to ensure the best health and care services are provided to our population. Alongside this, the NHS Long Term Plan was published in January 2019, which details the ‘redesign of patient care to future-proof the NHS’.
- 1.2. Sheffield CCG is now in the middle of its business planning process in order to determine how we are going to deliver services and make transformational changes in 2020/21 that aligns to the objectives that we have set ourselves whilst acknowledging the changes that must happen due to the changing landscape.
- 1.3. However, before we are able to look at how we are going to achieve our objectives in 2020/21, we need to ensure that we understand why things need to change and what is it that we are going to change. This paper therefore is the beginning of determining whether Sheffield CCG’s strategy continues to be fit for purpose to ensure it meets not only the requirements of the NHS Long Term Plan but also meets the needs of the Sheffield population.

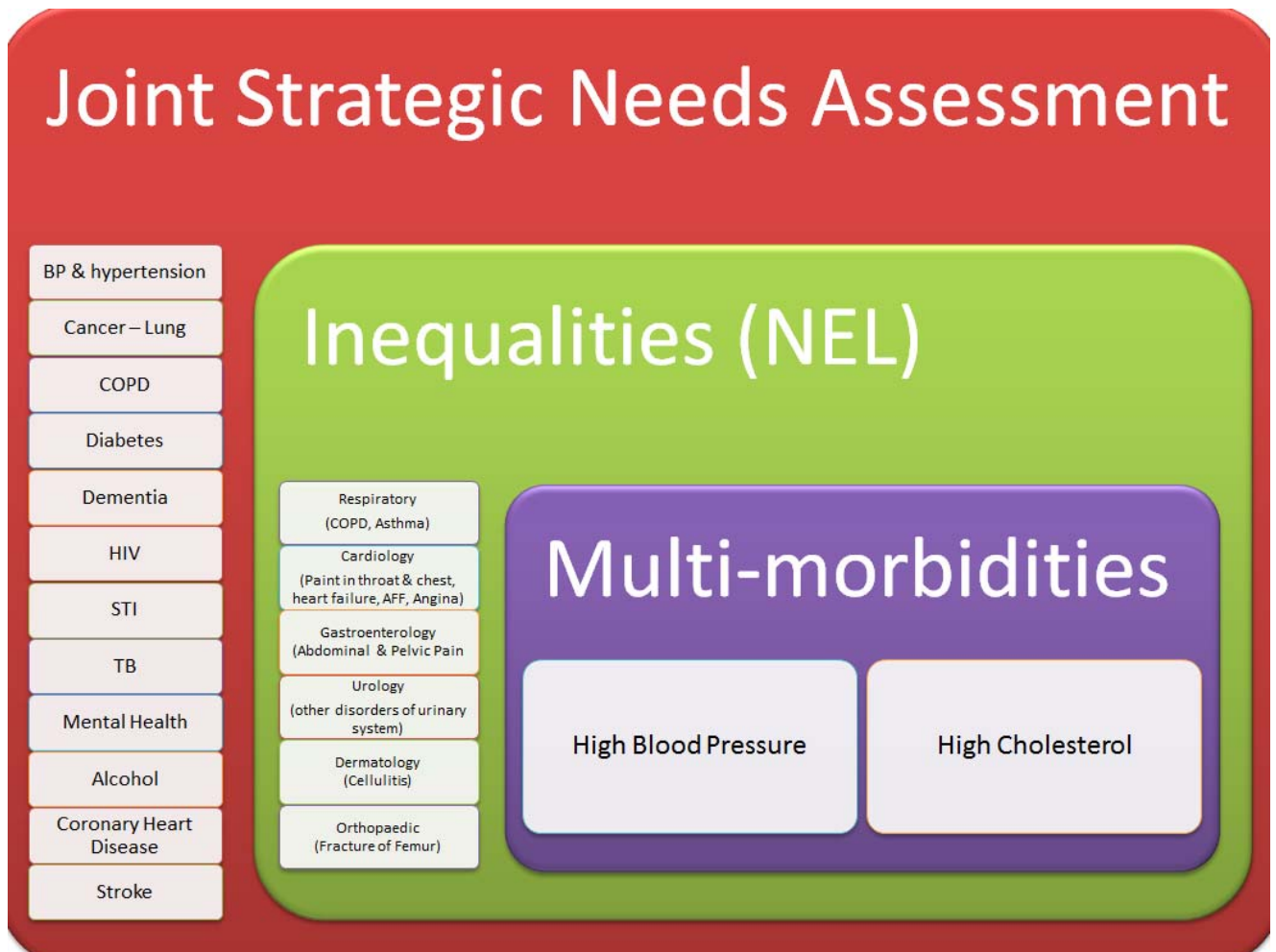
#### **2. Long Term Plan**

- 2.1. The NHS Long Term Plan was developed in order to acknowledge that the health needs of the population have changed. Patients are no longer only those people who are ‘ill or believe themselves to be ill’ but now include those ‘living with illness and at risk of illness’. As a result, our strategy to commission appropriate healthcare has moved beyond the short-term reactive care that has been the premise of the health care for centuries, into long-term planned care. The Long Term Plan identifies how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting through boosting ‘out-of-hospital’ care, and dissolving the historic divide between primary and community health services.
- 2.2. The delivery of care for those patients with long-term illness or the risk of illness is not simply a move of provision to community but also requires a different approach. It is very clear that patients with long term conditions require significant involvement from a number of providers such as social care, physical and mental health care, and primary and secondary care. The frail elderly is one patient group where this is

already being seen more frequently. Therefore, the NHS Long Term Plan details how services need to be integrated and work together at place level rather than the silo working that has previously happened.

- 2.3. This way of working is very different to how the NHS has worked previously. Having worked in a culture of competition, independence and payment for activity, the Long Term Plan now promotes a culture of integration, outcome based focus and a payment structure that looks at partnership working to ensure the activity is delivered in the right place. Health needs require an integrated approach, therefore our structures must reflect this- we must integrate the work of the providers.
- 2.4. An area of risk that must be considered when there is any cultural shift is the issue of instability during a transitional phase. Whilst organisations work on how to change and be a part of this new system, it is inevitable that there will be difficulties and instability. With this instability, health inequalities will increase and the only way to ensure this is minimised is for all organisations to focus on creating a stable and sustainable health and social care system that has adapted to the changed health needs.
- 2.5. The NHS Long Term Plan is structured to enable the health and social care system to take the journey of changing the way health and social care is delivered. It outlines a ten year plan that tackles the main concerns regarding funding, staffing, increasing inequalities and pressures from a growing and ageing population.
- 2.6. The NHS service model that is detailed in the Long Term Plan, sets out five major changes that will come into affect over the next five years. These are:
  - Boost out of hospital care
  - Reduce emergency admissions
  - Personalised care
  - Digitally enabled care
  - Integrated care based on population health
- 2.7. But what does this mean for the Sheffield population? The Joint Strategic Needs Assessment identifies that there are a number of health and care priorities for Sheffield. These are detailed in Table 1, alongside the main areas of inequalities across Sheffield and those most affecting multi-morbidity.
- 2.8. By structuring the health and care system in Sheffield as per the Long Term Plan, the identified population need should also be addressed. The shift of preventative and out of hospital care will evidently reduce the pressures on the emergency care system and therefore the patients will be treated at the right time and in the right place with the right treatment.
- 2.9. In informing Sheffield CCG's strategy, the question why do we need to change and do things differently is very clearly the same as the question why has things changed.

Table 1: Sheffield Population Need



### 3. Sheffield CCG

#### 3.1. Sheffield CCG's vision is:

“By working together with patients, public and partners, we will improve and transform the health and wellbeing of our citizens and communities across Sheffield.

We intend to fundamentally change the balance of healthcare provided in hospital and in the community, so that many more patients receive care closer to home when that is the best place for them.”

3.2. This vision was developed and agreed when the CCG was first formed in 2012. Since this time and more so in recent years, the need and expectations from the NHS has changed. The development of the Accountable Care Partnership (ACP) and the Integrated Care System (ICS) leans its way to a more integrated approach to working. The vision of both the ACP and ICS are detailed in Appendix 1.

3.3. Sheffield CCG's current strategy and plans for 2019/20 is detailed in Appendix 2 and the pictorial image of a 'house' shows the alignment of our work areas to our priorities to our goals to our objectives. The different layers show the detail by which everything that we do all aligns to the delivery of our objectives.

- 3.4. Taking into account how the NHS is changing, and having identified why things have changed, we now need to ask whether these are the right objectives for Sheffield CCG.
- 3.5. Sheffield health and care system is in a very advantageous position. We have already started our Neighbourhood/Network changes. We are actively promoting the need for numerous different staff to be involved in care even whilst the infrastructure is being developed. We have a number of citywide institutions that simplify and remove many potential boundary issues and this is apparent through our joint commissioning arrangements and cross organisational working.
- 3.6. In addition, in PCS (Primary Care Sheffield) we have a citywide GP federation that can allow other Providers in the city to engage practically with Primary Care. This allows planning and delivery of community expertise at a locality or citywide level, and also addresses workforce issues on a system level rather than individual organisational level.
- 3.7. We have a voluntary sector that actively engages with the statutory sector and brings their unique capabilities and patient voice to the table. In Sheffield we have VAS (Voluntary Action Sheffield) who are active partners within the ACP and encourage citywide engagement. As the need for community care increases, it has been apparent that the voluntary sector is an integral partner in health and care delivery.
- 3.8. Sheffield health and care system is therefore already moving forwards at a fast pace to meet the demands of the evolving NHS landscape. So what is it that Sheffield CCG needs to do to ensure we are on the right track?
- 3.9. As a commissioning organisation, the questions that we need to answer as part of ensuring our strategic direction is fit for purpose are:
  - **Who are our population? (Profile)**
  - **What do we know about them? (Health needs assessment)**
  - **What are they telling us? (Engagement)**
  - **How will it be different for them in 5 years? (Outcomes)**
  - **How will the system change to achieve the outcomes? (Strategy)**
  - **What do we all need to do to get us there? (Joint priorities / plans)**
- 3.10. By answering these questions, we can ensure that our business planning process not only aligns to our strategic direction as a commissioning organisation but also ensures we are bringing all organisations together as both an ACP and an ICS.

#### **4. 2020/21 Business Planning**

- 4.1. The business planning process aims to look at how Sheffield CCG is going to achieve its objectives in the coming year. The Commissioning Cycle is the premise by which Commissioners differ from other organisations by identifying what is needed and what is required to be achieved in order to ensure the right health and care is provided to a population. The Commissioning Cycle that Sheffield CCG is following is detailed in Appendix 3.

4.2. As previously discussed earlier in the paper, the JSNA for the Sheffield population identifies the issues that are most prevalent to our population. This will inevitably inform our priorities and areas of work for 2020/21. The Long Term Plan has highlighted the requirement for all organisations to now work in an integrated and collaborative way in order to ensure the best provision of services are achieved, inequalities are reduced whilst ensuring population needs are met. Therefore, the business planning process is split into three distinct sections:

- **Identifying the Sheffield population need (SCCG)**
- **Working with our Sheffield partners to commission and provide services more collaboratively (ACP)**
- **Look at ways that services can be delivered on a bigger scale across South Yorkshire and Bassetlaw (ICS)**

4.3. Since April 2019, the business planning process has been established. Commissioning portfolios along with clinical leadership have been identifying the priorities for 2020/21. It is clear that existing transformational programmes of work are aligned to our vision and that of the ACP, however considering how the NHS has changed, the question has been asked as to whether Sheffield CCG should be using a person-centred approach to inform planning and strategy rather than a portfolio-centred approach.

4.4. In order to determine where Sheffield CCG focuses resources and capacity within 2020/21 to meet all of the demands and complexity of the new NHS system that is evolving, the priorities need to be determined which ensures the achievement of our objectives. Part of the business planning process has also been to identify the outcomes for 2020/21 that will demonstrate whether the CCG has been successful in achieving its objectives.

4.5. In order to progress with this work and within the timeframes that we are working towards, the Governing Body is being asked as to whether the CCG's vision and objectives remains fit for purpose with the changing landscape of the NHS as a whole or whether they need reviewing.

## **5. Recommended Next Steps**

5.1. The recommended next steps are for Governing Body to:

- Review Sheffield CCG's vision and objectives and consider whether they are fit for purpose moving into 2020/21 and beyond.
- Determine whether Sheffield CCG is structured to deliver the vision and using a person-centred approach to inform and deliver the identified priorities.
- Agree what the priorities are for Sheffield CCG.

5.2. This paper is intended to stimulate an initial debate. It is intended that time will be set aside to allow further discussion at the full day Governing Body strategic OD session on 3<sup>rd</sup> October.

## **6. Action / Recommendations for Governing Body**

The Governing Body is asked to:

- Approve the proposed business planning process
- Approve the recommended next steps
- Note the initial steps towards the development of Sheffield CCG's strategy

Paper prepared by Sandie Buchan, Deputy Director of Commissioning and Performance and Dr StJohn Livesey, Clinical Director for Urgent and Emergency Care

On behalf of Brian Hughes, Director of Commissioning and Performance

August 2019



## **Appendix 1: The Vision of Sheffield CCG, the Accountable Care Partnership and the Integrated Care System**

### **Sheffield CCG Vision:**

“By working together with patients, public and partners, we will improve and transform the health and wellbeing of our citizens and communities across Sheffield.

We intend to fundamentally change the balance of healthcare provided in hospital and in the community, so that many more patients receive **care closer to home** when that is the best place for them.”

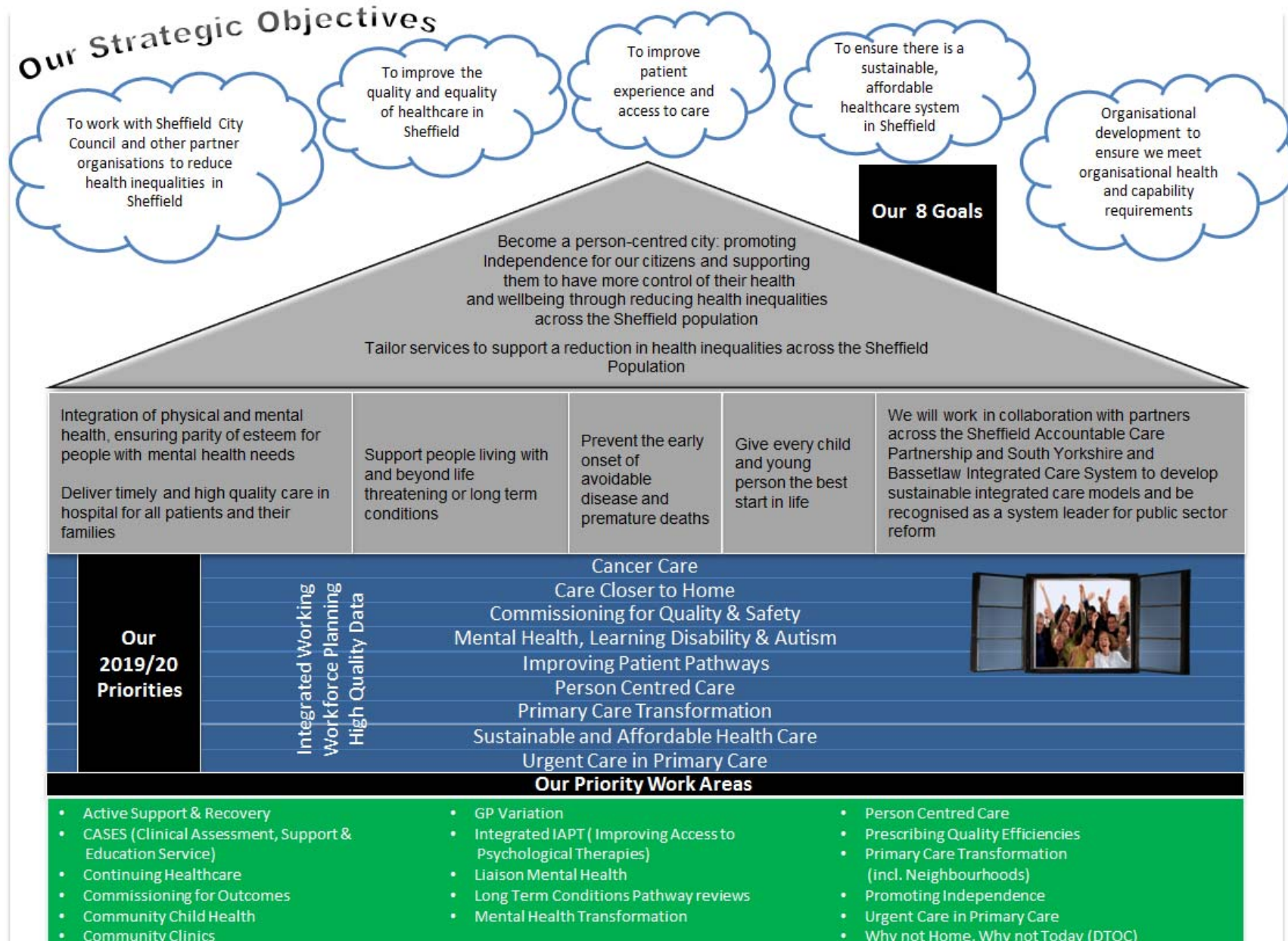
### **Accountable Care Partnership (Shaping Sheffield ) Vision:**

“We want to transform our population’s health, care and well-being, improving outcomes for the people of Sheffield.”

### **Integrated Care System Vision:**

“We want everyone in South Yorkshire and Bassetlaw to have a great start in life, supporting them to stay healthy and live longer”

Appendix 2: Sheffield CCG Strategic alignment of our 2019/20 priority work areas to our objectives



Appendix 3: Sheffield CCG Commissioning Cycle

