

## 2019/20 Sheffield CCG Commissioning Intentions

Governing Body meeting

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10 January 2019

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<b>Purpose of Paper</b>	
<p>Governing Body received a paper in November 2018 outlining the CCG's proposed approach for developing the commissioning intentions for 2019/20. This paper is a follow on paper detailing the 2019/20 commissioning intentions for Governing Body approval, prior to submission to NHSE. Due to the delay in publication of CCG allocations for 2019/20 the CCG's commissioning intentions will need to be approved with the caveat that these may result in the need for further prioritisation when we look at the balance of investment requirements versus the efficiency (QIPP) requirements. If allocations are published prior to 10 January meeting an update will be provided at the meeting.</p>	
<b>Key Issues</b>	
<p>NHS England published initial planning guidance for 2019/20 in December 2018. Further guidance including the key deliverables, the CCG funding and control total as well as the NHS Long Term Plan are due to be published in January 2019. This could result in the need to change the commissioning intentions again. If so, it may be necessary to hold a special Governing Body meeting in public session on 7 February 2019 to approve both the operational and financial plans for 2019 which need to be submitted to NHS England on 12 February 2019. In any event, an update will be provided to Governing Body members in the private session on that date.</p> <p>The CCG previously developed a two year operational and financial plan for 2017/18 and 2018/19 which built on the priorities outlined in the 'Shaping Sheffield' Sheffield Place Based Plan. The commissioning intentions for 2019/20 have therefore been built from the achievements over this time as well as continuing to focus on the strategic objectives as detailed within the 'Shaping Sheffield' plan and the national planning guidance for 2019/20. The combination of these has identified nine key priority areas which form the CCG's commissioning intentions for 2019/20.</p> <p>The detailed commissioning intentions for 2019/20 are owned by each of the relevant CCG's clinical portfolios or teams and reflect the overall picture of what is going to be achieved in the coming year. Once further guidance has been published in January 2019, more detail on the deliverables and what changes will be seen by the Sheffield population will be described. This will form part of the overall SCCG Operational Plan for 2019/20.</p>	

<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> <p>a) note the national planning guidance summary detailing the expectations for 2019/20 including the timetable of required submissions.</p> <p>b) approve the CCG's 2019/20 Commissioning Intentions and key priorities acknowledging that when the CCG's allocations (funding) for 2019/20 has been announced there could need to be changes as we seek to balance investment and QIPP requirements; and there will need to be further development of the specific deliverables once the detailed national guidance is published.</p>
<b>Governing Body Assurance Framework</b>
<p><b><i>Which of the CCG's objectives does this paper support?</i></b></p> <p>This paper supports the achievement of all of the CCG's objectives.</p>
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>
<p>Yes, a focus of clinical and managerial time on programmes and projects in order to deliver the priorities.</p>
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>
<p><b><i>Please attach if completed. Please explain if not, why not</i></b></p> <p>Not required.</p>
<b><i>Have you involved patients, carers and the public in the preparation of the report?</i></b>
<p>Patients, carers and the public will be involved and engaged through individual programmes and projects that inform the priorities as detailed within this paper.</p>

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### Governing Body meeting

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#### 1. Introduction

- 1.1. Governing Body received a paper in November 2018 outlining the CCG's proposed approach for developing the commissioning intentions for 2019/20. This paper is a follow on paper detailing the 2019/20 commissioning intentions for Governing Body approval, prior to submission to NHSE. Due to the delay in publication of CCG allocations for 2019/20 the CCG's commissioning intentions will need to be approved with the caveat that these may result in the need for further prioritisation when we look at the balance of investment requirements versus the efficiency (QIPP) requirements. If allocations are published prior to 10 January meeting an update will be provided at the meeting
- 1.2. The CCG previously developed a two year operational and financial plan for 2017/18 and 2018/19 which built on the priorities outlined in the 'Shaping Sheffield' Sheffield Place Based Plan. The commissioning intentions for 2019/20 have therefore been built from the achievements over this time as well as continuing to focus on the strategic objectives as detailed within the 'Shaping Sheffield' plan and the national planning guidance for 2019/20.

#### 2. Strategic Context

- 2.1. This year is year three of the 'Shaping Sheffield' Sheffield Place Based Plan and the four overarching aims continue to inform our work and priorities:
  - Create the Culture and Leadership required to design integrated ways of working across the city; creating sustainable health and care for the future as well as supporting empowering Sheffield citizens to live independently and well
  - Improve the quality of our services
  - Increase efficiency across our services
  - Meet the needs of the Sheffield population and improve health and wellbeing outcomes
- 2.2. *Culture and Leadership*: The Sheffield Accountable Care Partnership (ACP) has been fully operational for a year. Each priority area workstream has been formed and initial actions implemented but workshops are being held in January 2019 to update their objectives and work programmes. This is to ensure that the ACP remains aligned to national strategic priorities and those of the South Yorkshire and Bassetlaw Integrated Care System (ICS) as well as all organisations within the partnership working together with our patients and public on transformational changes that need to happen within Sheffield. In addition the CCG with Sheffield City Council (SCC) are seeking to strengthen our joint commissioning

arrangements for 2019/20. This will build upon our existing arrangements for the Better Care Fund budgets and priorities.

- 2.3. *Improving Quality:* In 2018 the whole of the health and social care system in Sheffield was reviewed by the CQC to see how services work together for patients over 65 in order to meet their needs. The review highlighted areas where further improvement is needed, however also areas of good practice. Reviews such as this ensure that we continuously improve the quality of services that are provided in Sheffield from a city wide perspective. Through the ACP, all organisations are working together to streamline pathways and identify what provision is needed in areas that are currently under resourced.
- 2.4. *Increase Efficiency:* Our neighbourhoods are increasingly maturing to enable them to provide a wider range of services and care outside of hospital and closer to home. The continued development of neighbourhoods is designed to ensure that the right care is provided in the right place and at the right time. Person centred care is at the forefront of our priorities and in 2018 this has been highlighted to become a fundamental aspect of our workforce development. Moving into 2019, it will form part of our workforce strategy to ensure training and improved skillset is embedded throughout primary care. This will increase efficiency across the system and alleviate pressures across service pathways.
- 2.5. *Meet the needs of the Sheffield population:* In 2018 we have continued to ask and identify the needs of the Sheffield population. This has been evident through the urgent care in primary care work which has led to a second consultation with the public to ensure that the services that are developed meet need as well as provide efficiencies within the system that can be invested back into primary care. Population health needs have also been instrumental in our work and are aligned in the work that we do both within the ACP and the wider ICS system.
- 2.6. In addition to work within Sheffield in 2018/19 we made progress with our partners in creating an integrated infrastructure across South Yorkshire and Bassetlaw ICS. We will learn from the experiences and achievements of this year in order to strengthen relationships both between organisations as well as with our patients and public.

### 3. 2019/20 National Planning Guidance

- 3.1. The national planning guidance and timetable was published on 21 December 2018. It details a number of key requirements that need to be included within our plans for 2019/20. These are summarised below:

#### *Planning/Priorities*

- Organisational plans need to come together to form a coherent system-level operating plan which links in with the Integrated Care System (ICS).
- There is an expectation in 2019/20 that for all CCGs in an ICS, services will be commissioned at scale and will share corporate functions.
- All systems will work with the NHS RightCare programme to implement national priority initiatives for cardiovascular and respiratory conditions in 2019/20.

- Estate strategies will come together across the ICS areas to deliver agreed surplus land disposal ambitions.
- A list of direct/specialised commissioning priorities for 2019/20 has been identified, this includes cancer and cardiovascular services.
- The guidance discusses the potential for specialised commissioning (ie services currently commissioned by NHSE) to be more closely integrated with locally commissioned services and thus the creation of more integrated pathways and planning.
- There will be operational guidance published in January for business continuity planning in the event of a no-deal Brexit.

### *Financial*

- CCG allocations are being updated to take into account a number of important factors. These include changes to the way the “fair shares” target funding for CCGs is being calculated which determines the level of growth each CCG receives depending on our position above or below target; changes to the tariff arrangements particularly in relation to those for acute services such as re-admissions; changes to tariff to reflect that about half of the Provider Sustainability Funding (PSF) which is earned and goes directly to NHS trusts will be built into relevant tariffs; the need to reflect that NHS pay awards for 2018/19 were only funded non recurrently directly to individual organisations and so the 2019/20 allocations will cover two years of pay award pressures; CQUIN which can be earned for quality initiatives by providers is being reduced by half to 1.25% and the balance built into tariff prices. The minimum efficiency ask for providers which is incorporated into tariff prices is being reduced from the current 2% to 1.1% A number of these factors mean the headline tariff uplift will be much greater than in previous years and hence CCG funding needs to increase to accommodate some of the issues where we do not currently have the relevant funding in our baseline allocation. CCGs are also expecting increases in funding to meet Five Year Forward View commitments in primary care and mental health.

We will need to assess the impact once allocations are announced to see what level of general headroom or pressure gives the CCG and this will impact on the level of investment available for local priorities and our level of QIPP (efficiency) requirements. If these are announced in advance of 10 January meeting, it may be possible to provide Governing Body with an update at the meeting.

- Integrated Care System (ICS) control totals will be set which pulls together all of the organisations control totals and includes Ambulance Trusts. Within this each organisation including the CCG will still have its own organisational control total which will need to be included within its own organisational and financial plan for 2019/20.
- There is an expectation that “funding for primary medical and community health services should grow faster than the overall NHS revenue funding settlement”, which probably means an increase in those budgets in excess of the CCG headline cash increase (presumably after adjusting for technical issues such as provider PSF inclusion in tariffs). As part of this CCG’s are being asked to set aside recurrently £1.50 per head for Primary Care networks, replacing the current non recurrent funding arrangements.

- All CCGs will continue to meet the Mental Health Investment Standard which as per 2018/19 will be subject to external audit validation. There will need to be a continued commitment to increase spend in mental health services including an increase in children and young people mental health services as a percentage of mental health spend.
- There are a number of technical changes to the tariffs particularly for acute service providers as noted above and this will be combined with contractual change requirements including the introduction of a new “blended payment” mechanism for emergency care. Also, subject to the consultation on the Standard Contract, the guidance proposes a financial sanction of £2,500 for every 52 week elective breach, for both the Provider and Commissioner.
- The national planning guidance confirms the previously announced requirement that CCGs are to deliver a 20% real terms reduction against their 2017/18 running cost allocation in 2020/21. While CCG allocations for 2019/20 will not be reduced, actions will be needed in year to ensure that the 20% savings take effect from 1 April 2019. A separate briefing to Governing Body on the implications for Sheffield CCG is being prepared initially for a discussion in private session. In this context it should be noted that the CCG has always operated with at least 10% headroom in its running cost allocation as a large CCG and we have utilised this to support programme (ie commissioned service) spend.
- Quality Premium is expected to have a similar structure, but the “gateways” are under review to allow CCGs a fairer opportunity to earn Quality Premium funding as many CCGs including Sheffield have not been able to earn other than a small proportion in recent years, linked to the performance against key targets such as A&E delivery by our local providers.

#### *Timetable*

- January checkpoint: Activity data is required to be submitted for 14<sup>th</sup> January 2019 checkpoint. Prior to this, the joint NHSE/NHSI regional teams will convene a meeting with leaders from each Integrated Care System to “collectively agree planning assumptions on demand and capacity”. The South Yorkshire and Bassetlaw ICS meeting is on 4 January 2019. Work is well underway with our main acute providers to agree baseline activity prior to any QIPP. It will be challenging to have resolved possible activity reductions by 14 January particularly in the absence of any CCG allocations. There is a much greater emphasis than ever before on the need for full alignment of plans between commissioners and providers.
- CCG allocations be published early January 2019
- The NHS 10 year plan will be published in January 2019
- The draft NHS contract is expected to be published in February 2019 and will include mirrored financial penalties for missed access targets.
- A draft CCG operational and financial plan is required to be submitted on 12 February 2019, with a final financial plan on 4 April 2019 to reflect agreed contracts. The deadline for signing of contracts remains as previously published – 21 March 2019.
- CCG’s Governing Body will need to approve initial budgets for 2019/20 in March 2019.

## 4. Sheffield CCG 2019/20 Commissioning Intentions

- 4.1. Sheffield CCG's vision remains the same and recommitting the CCG to: Reducing health inequalities and improving population health commissioning across Sheffield; Supporting primary care more and committing to partnership working including integrated commissioning across Sheffield and the wider system, all to improve the health and wellbeing of the Sheffield population:

***“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”.***

- 4.2. Appendix 1 shows how the CCG intends to deliver this vision, with priorities focused around new models of care that align quality and consistency and an integrated infrastructure. This is identified at every level from Practice to Neighbourhood to Locality to City to the South Yorkshire and Bassetlaw System. This will be delivered through; Developing neighbourhoods; Supporting people through person centred care 'coaching for activation'; Reviewing referral behaviours; Offering practical support to primary care staff as part of the system; and supporting the ACP vision for organisational development, offering 'centres of excellence' and 'liminal' leadership at neighbourhood level.
- 4.3. How the CCG will deliver this vision is detailed in Appendix 2. The five strategic objectives identify what the CCG aims to achieve in order successfully meet the vision. There are eight goals aligned to the objectives which specify how the CCG will deliver the objectives and these are therefore aligned to the nine priority areas for 2019/20. These priority areas form the CCG's commissioning intentions for the coming year.
- 4.4. The CCG's 2019/20 commissioning intentions have, therefore, been developed by aligning the CCG's strategic objectives and goals, the strategic direction of the Shaping Sheffield plan, the ACP current objectives as well as national direction and guidance. The combination of these has identified nine key priorities.

- Cancer Care
- Care Closer to Home
- Commissioning for Quality and Safety
- Mental Health, Learning Disability and Autism
- Improving Patient Pathways
- Person Centred Care
- Primary Care Transformation
- Sustainable and Affordable Healthcare
- Urgent Care in Primary Care

- 4.5. **Cancer Care:** The CCG will ensure that pathways and services are designed and developed to support earlier diagnosis, more timely treatment and supportive aftercare for people with cancer. This will include holistic needs

assessments for people with cancer, and personal treatment plans. The CCG will be working with our partners in the South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance, in order to ensure that waiting time standards are met consistently (with a particular focus on the pathways which have high volumes of patients, ie breast, lung, prostate, head and neck and colorectal). The CCG will also work with the Cancer Alliance ensure that the impact of any gaps in skills or capacity can be mitigated across a wider geographical area.

Supporting best practice end of life care by ensuring that local pathways are embedded, supporting improved adherence to prescribing protocols, and delivering choice and control for people regarding decision making (eg place of death). Ensuring that end of life services are co-ordinated around the needs of the patient and their family / carers.

The South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance commissioners and providers will continue to support the LWABC (Living With and Beyond Cancer) programme and the Sheffield Locality Group will continue to operate as the steering group to progress the implementation of a Sheffield LWABC model of care. This will deliver the recovery package, risk stratified pathways and a range of self-management support options to enable people to live as full a life as possible.

- 4.6. **Care Closer to Home:** We are committed to delivering the majority of care out of hospital within neighbourhoods by providing specialist knowledge and expertise that is accessible closer to home. We will work with neighbourhoods in 2019/20 to increase their maturity in regards to what services they provide including social support via public and voluntary sector services. Integrated working across partner organisations has meant entire health and social care pathways have been designed to ensure high quality and efficient health and social care can be delivered through neighbourhoods and closer to home. There is also an assumption that more people will be able to self care through education and promotional events.
- 4.7. **Commissioning for Quality and Safety:** We will ensure that the care we commission complies with latest clinical evidence and with national safety standards, for example in infection control. Our work on patient experience and quality standards will underpin our commissioning, ensuring that we listen and work with the Sheffield population when reviewing or changing services. We will hold our providers to account and work with them on the elements of our Quality Dashboard, and where services are not meeting national expectations (eg CQC inspections). We will work to improving safety and quality through audit, education, and ensuring learning from untoward events. Where there are shortcomings, we will use commissioning/contracting mechanisms, where this is appropriate.
- 4.8. **Mental Health, Learning Disability and Autism:** The CCG will continue with our programme to develop all age mental health, learning disability, autism and dementia pathways which will help promote earlier intervention and preventative approaches. This will include longer term planning for the development of mental health services in primary care in the form of Neighbourhood Wellbeing Services. The CCG remains committed to addressing the mortality gap for people with severe mental ill health and learning disabilities. Service redesign will create new services for people with autism, eating disorders, and for children

and young people with mental health conditions, as well as improving community learning disability services.

We will continue to explore opportunities for best practice within mental health, learning disability, autism and dementia across the South Yorkshire and Bassetlaw System, working with our CCG colleagues and aligning services.

- 4.9. **Improving Patient Pathways:** The CCG will review, re-design and where indicated, re-commission patient pathways and flows to improve patient experience, increase efficiency, and to maintain or improve performance. Improved pathways will support system wide efficiencies. For example in unscheduled care: reducing excess bed days, DTOCs and inappropriate emergency admissions. In elective care, we will review key elective specialities to identify opportunities to reduce demand (eg self care, evidence based referral criteria) and increase system efficiencies (virtual clinics, upskilling, alternatives to face to face appointments and a new approach to follow ups post acute care). SCCG will commission the agreed revised pathway for Hyper Acute Stroke care as the nominated lead commissioner for HASU. We will also respond together with other local CCGs to the findings of the South Yorkshire and Bassetlaw Hospital Services Review.
- 4.10. **Person Centred Care:** We will commission health services that promote person-centred, asset based approaches to care delivery. Support the workforce development and cultural change required to deliver person-centred care / services, through education and organisational development activities for practices and neighbourhoods, which includes embedding person centred care training and skills within our workforce across primary care. We will ensure that the "What Matters To You?" approach is embedded in our care pathways.
- 4.11. **Primary Care Transformation:** In 2019/20 we will look to invest in quality and consistency across primary care ensuring that resources are aligned through each neighbourhood via transformational programmes delivered through the CCG. This includes Active Support and Recovery, CASES, Children and Mental Health. We will look to invest in capacity in community services to support rapid response to need on a risk share basis with our Health and Social Care partners. We will develop a primary care estates strategy, with a view to improving value for money. One main area will be the development and implementation of a workforce strategy with primary care colleagues including the development of the Practice Nurse workforce, providing professional networking opportunities and skills updates. All of this drives improved safety and quality in primary care through our commissioning decisions and continues to support the growing maturity of neighbourhoods and developing them as an effective vehicle for change.
- 4.12. **Sustainable and Affordable Healthcare:** We will ensure that the CCG is able to deliver the financial plan for 2019/20 as agreed with NHS England, including our organisational control total when this is confirmed. To do this, the usual work is well underway to assess the level of underlying demand (volume) within the health and social care system. A key milestone in the planning process is to align commissioner and provider assumptions on planned activity for the year ahead by mid January. We have begun to assess the level of price pressures. To complete the latter we need full details on national tariffs but estimates will be needed in some areas as information such as any changes to

national drug prices for GP prescribing are unlikely to be available within the planning timetable. Work is also underway to understand the requests for investment to support our commissioning intentions, so that these can be prioritised as soon as possible. At the same time, led by our clinical portfolios, work is continuing to identify areas for QIPP (efficiency) in 2019/20. Ultimately we will need to balance funding cost pressures at appropriate levels, requests for investment and the level of efficiency it will be sensible to try to achieve in the coming year. A paper will be presented to Governing Body as soon as practical once allocations have been received. Governing Body have already discussed in our development session in December 2018 that the focus for investment to support our commissioning intentions for 2019/20 needs to be in mental health, primary care and community care/prevention (including social care).

We will also ensure that we can continue to meet the requirements of the CCG Improvement Assessment Framework regarding financial leadership and performance. We will continue to work across the City and System looking at shared opportunities to ensure financial sustainability across all organisations.

4.13. **Urgent Care in Primary Care:** In 2019/20 we will be working with partners and the public to develop proposals for minor illness and minor injuries services in order to deliver a set of jointly agreed objectives.

4.14. The detailed commissioning intentions for 2019/20 are owned by each of the relevant CCG's departments and portfolios to bring together an overall picture of what we seek to achieve in the coming year. Once further guidance has been published in January 2019, more detail on the deliverables and what changes will be seen by the Sheffield population will be described. This will form part of the overall Operational Plan for 2019/20.

## 5. Recommendations

The Governing Body is asked to:

- a) note the national planning guidance summary detailing the expectations for 2019/20 including the timetable of required submissions.
- b) approve the CCG's 2019/20 Commissioning Intentions and key priorities acknowledging that when the CCG's allocations (funding) for 2019/20 has been announced there could need to be changes as we seek to balance investment and QIPP requirements; and there will need to be further development of the specific deliverables once the detailed national guidance is published.

Paper prepared by: Sandie Buchan, Deputy Director of Commissioning and Performance  
Julia Newton, Director of Finance

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

2 January 2019

## Our 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.*



