Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

2020/21 Operational Plan including Commissioning Intentions

Governing Body meeting

5 March 2020

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Purpose of Paper

In February 2020, Governing Body approved the CCG's Commissioning Intentions for 2020/21. Since then, the National Planning Guidance has been published alongside associated activity and financial plan templates. This paper details the timetable of required submissions of Sheffield CCG's plans, taking into account the extensive contract negotiations which are ongoing with our key service providers.

Whilst this paper focuses specifically on the Operational Plan for Sheffield CCG, it must be acknowledged that this has not been developed in isolation from our partners; nor does it detract from our partnership responsibilities as part of the Joint Commissioning Committee (JCC), the Accountable Care Partnership (ACP) or the wider South Yorkshire & Bassetlaw (SY&B) Integrated Care System (ICS). All of the products described within this paper have been informed by and contribute to the delivery of the ICS strategy, SY&B response to the Long Term Plan, the Joint Health and Wellbeing Strategy for Sheffield and Shaping Sheffield.

Key Issues

During the business planning process, eight priority areas have been developed which have been agreed as the overarching themes for the CCG's prioritised 66 Commissioning Intentions for 2020/21. These areas will be the main object of the operational delivery. We will also work to ensure full alignment of these 66 priorities to the CCG's five objectives and overall vision.

The key areas for focus in 2020/21 are the national commitments detailed within the Long Term Plan, as well as the national Constitutional Standards. It has been noted within the paper that there are a number of Standards that continue to be a challenge including the A&E four hour standard and some of the Cancer waiting time standards.

The national planning guidance and timetable was published on 30th January 2020 including both local and National submission dates. This is due to a System Narrative Plan being required to be submitted by the SYB ICS.

Is your report for Approval / Consideration / Noting

Approval

Recommendations / Action Required by Governing Body

The Governing Body is asked to:

- Approve the operational plan in relation to the key priority areas and commissioning intentions for 2020/21 that Sheffield CCG will be focussing on to deliver our objectives, including the achievement of the national Constitutional Standards.
- Note the guidance and timetable of local and national planning submissions issued by NHS England/Improvement.

What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?

Which of the CCG's Objectives does this paper support?

This paper supports the achievement of all of the CCG's objectives.

Description of Assurances for Governing Body

This paper provides assurance to the Governing Body that there has been a thorough process for the CCG to review and confirm its operational plan for 2020/21. There is also a business planning process in place to monitor the delivery of our plan against the agreed strategic objectives.

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

Yes, a focus of clinical and managerial time to deliver the business planning objectives.

Have you carried out an Equality Impact Assessment and is it attached?

Not Required.

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

Patients, carers and the public will be involved and engaged following the approval of the strategic objectives.

NHS
Sheffield
Clinical Commissioning Group

2020/21 Operational Plan

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1. Introduction

1.1. In February 2020, Governing Body approved the CCG's Commissioning Intentions for 2020/21. Since then, the National Planning Guidance has been published alongside associated activity and financial plan templates. This paper details the timetable of required submissions of Sheffield CCG's plans which takes into account the extensive contract negotiations which are ongoing with our key service providers.

1.2. Alongside meeting national requirements, the CCG needs an annual operational plan for local purposes, so that members, staff, partners and the public understand what we aim to achieve in 2020/21 and what our priorities are. Whilst this paper focuses specifically on the Operational Plan for Sheffield CCG, it must be acknowledged that this has not been developed in isolation from partners, and this does not detract from our partnership responsibilities as part of the Joint Commissioning Committee (JCC), the Accountable Care Partnership (ACP) or the wider South Yorkshire & Bassetlaw (SY&B) Integrated Care System (ICS). All of the products described within this paper have been informed by and contribute to the delivery of the ICS strategy, SY&B response to the Long Term Plan, the Joint Health and Wellbeing Strategy for Sheffield and Shaping Sheffield.

2. 2020/21 Operational Plan

2.1. Sheffield CCG's vision is:

"Working with you to make Sheffield healthier"

This steers the CCG to:

- Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners
- Lead the improvement of quality of care and standards
- Bring care closer to home
- Improve health and care sustainability and affordability
- Be a compassionate and inclusive employer that maximises the potential of our people

These are the CCG's objectives in order to work with our patients, public, partners and staff to make Sheffield healthier.

2.2. The Governing body has previously approved four challenges that the organisation should spend most energy focusing on addressing, if it is to support achievement of the organisational strategic objectives, the outcomes of Shaping Sheffield, the

Sheffield Health and Wellbeing Board Strategy and the ICS response to the Long Term Plan. The 66 prioritised Commissioning Intentions are grouped under the themes below, all of which sit under or across the four challenges. Some of the intentions also form part of the 2020/21 QIPP programme for which, as detailed within the financial planning paper, there is a target of £19.5m.The themes are:

- Engagement in prevention
- Timely evidence based diagnosis
- Supporting personalised care / self-care / management
- Prevention and optimal management approach
- Integration of all age physical and mental, primary and community services
- Primary care and community development and support
- Efficiency and sustainability
- Infrastructure

Appendix 1 depicts the 2020/21 strategic framework for Sheffield CCG. Appendix 2 details the list of 66 Commissioning Intentions that align to these areas.

2.3. As part of the prioritisation process that was undertaken to identify the priority areas and commissioning intentions for 2020/21, alignment to the wider strategic picture and national requirements were an essential component and featured heavily within the decision making process. This included but not limited to: Long Term Plan commitments, Joint Commissioning Committee (JCC) objectives, the Accountable Care Partnership (ACP) objectives and the wider South Yorkshire & Bassetlaw (SY&B) Integrated Care System (ICS) objectives.

3. Meeting the Constitutional Standards

3.1. Accident & Emergency:

Meeting this Constitutional Standard remains challenging for Sheffield Teaching Hospitals NHS FT, although it is consistently achieved at Sheffield Children's NHS FT. The standard is that 95% of patients who attend A&E are admitted to a bed, discharged, or transferred to another hospital within four hours. During Quarter 4 of 2019-20, we have seen a wide variation in daily performance, with the target being delivered on several days, having not been delivered for many months.

The Accountable Care Partnership Urgent and Emergency Care Transformational Delivery Board is overseeing a system wide plan to improve performance at Sheffield Teaching Hospitals NHS FT (STH). This seeks to address the multiple factors that contribute to the challenging situation including high 999 conveyance rates to the Emergency Department, perceived and real challenges accessing urgent care appointments, improvements to processes, systems and staffing within the Emergency Department and wider flow through and out of the hospital for patients admitted.

The CCG is involved in co-ordinating and commissioning a range of services which provide alternatives to attendance at A&E and we will continue to do this in 2020-21. Examples include the extended hours access hubs in primary care and increase of same day appointments within practices over winter, the implementation of the ability for 111 to directly book urgent appointments within GP

practices as well as advice and treatment in local pharmacies. Utilisation rates at the Walk In Centre remain high.

The CCG has also commissioned a social media campaign to help patients understand unscheduled and emergency services and to guide them as to the most appropriate place to access care.

Our ongoing work with the Local Authority to reduce Delayed Transfers of Care (DTOC) has been very successful in 2019-20; this is crucial in freeing up hospital beds and improving patient flow and will continue to be a collaborative priority for both the Local Authority and CCG

3.2. **Cancer Waiting Times:**

There are nine waiting time Standards for Cancer which address different patient pathways and stages of the Cancer journey **(**for example, from GP referral to diagnosis, and from diagnosis to first treatment, with specific targets for suspected breast cancer). Sheffield CCG performs well against some Standards, for example the 14 day wait from GP referral to first outpatient appointment; however some other standards pose a major challenge (eg the 31 day wait from diagnosis to first radiotherapy).

Sheffield CCG and STH NHSFT work with the South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance to find strategic solutions to the many challenges faced by the system, which include: the need to install new radiotherapy equipment (STH will install its eighth linear accelerator in the summer of 2020); national workforce shortages eg in radiology and radiotherapy; complex pathways of care; delays caused because of patient choice or patients who are not well enough to proceed to the next stage of treatment, and high numbers of people coming forward for treatment following national publicity campaigns.

Cancer remains a huge priority for us as we seek not only to deliver the Constitutional Standard waiting times, but also ensure that patients are coming forward for screening, diagnosed earlier, and having better clinical outcomes and survival rates.

3.3. **Referral to Treatment (RTT) Performance:**

As a health economy, Sheffield is planning to meet the Constitutional Standards for RTT (92% of patients seen within an 18 week pathway from referral to treatment, with zero 52 week breaches).

STH NHSFT is regarded as a strong performer with regard to RTT, although it does have some challenged specialities with longer waiting times (eg neurology). As a regional teaching hospital, STH attracts patients from a wide geographical area and this can lead to long waiting times in some pressurised specialities. The CCG is working with the Trust to look at how improving pathways and rolling out initiatives such as Advice and Guidance and alternative to face to face consultations can free up capacity, as well as continuing with our Clinical Advice, Support and Education Service (CASES) across ten specialities.

Sheffield Children's NHSFT (SC) is also a strong performer although it has experienced some challenges over the winter, including five 52 week breaches. It

was particularly affected by the national issues around consultant pensions and tax, reducing the Trust's ability to run evening and weekend waiting list initiatives. It is expected that this will not be an issue in the new financial year and that performance will stabilise.

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

Both STH NHSFT and SC NHSFT consistently deliver the standard, which is that 99% of patients receive their diagnostic test within 6 six weeks of the request. Some small specialities can be susceptible to workforce shortages, but these often cannot be predicted; at present we would expect that both Trusts would continue to deliver this standard in 2020-21.

3.5. **Seven day follow up after discharge from mental health inpatient care:**

Performance on this Standard does vary; it was met in two of the last three Quarters. When the standard is missed, it is often by only 1 or 2 per cent, which can represent just one patient. Each breach of the standard is investigated and we seek reassurance that the patient has been followed up, even if this is after the recommended seven day period.

3.6. **Fifty percent of people referred for Early Intervention in Psychosis (EIP) should be seen within two weeks:**

This service is not actually subject to a national Constitutional Standard, but is reported monthly to our Governing Body due to its strategic importance. It is the subject of ongoing scrutiny from NHS England / NHS Improvement. Sheffield's service meets the waiting time standard on a consistent basis; however the service model is not completely consistent with the national framework. The CCG and SHSC NHSFT have produced a joint improvement plan which sets out how we will move towards the nationally mandated service model; it is expected that this will involve investment in new services which support people with an "at risk mental state" prior to reaching full psychosis.

3.7. **Improving Access to Psychological Therapies (IAPT):**

As with the Early Intervention in Psychosis service, IAPT is not a national Constitutional Standard, but is the subject of ongoing scrutiny from NHSE / NHSI, and is regarded as a vital service for local people experiencing mild to moderate mental health conditions. Sheffield consistently meets the two waiting time standards, but we have historically been unable to meet the other two standards on a regular basis. These standards relate to:

i) Recovery from the presenting mental health condition (the aim is 50% of people seen by the service go on to make a recovery). SHSC NHS FT do not meet the standard every month, even though they usually are very close.

ii) Access; this relates to the number of local people who are accessing IAPT talking treatments, as compared to the expected prevalence of people with mental health conditions, who could benefit from IAPT. This standard will become more challenging in 2020-21 as the population estimate has been re-based, with a higher target to meet. National shortages of fully trained

Psychological Wellbeing Practitioners mean that meeting the access target is potentially at risk.

The CCG and SHSC have drawn up a joint Recovery Plan to address performance in these areas, which we will be monitoring on and reporting on regularly.

3.8. **Ambulance Times:**

The Ambulance Response Programme (ARP) relates to how long patients have to wait for an ambulance, across four time bands relating to the urgency of clinical need. This includes services which are offered which do not include an ambulance journey, including a "hear and treat" (triage and advice service) and "see and treat" service, where the patient is assessed and treated in situ. Performance across all four time bands is variable, and subject to deterioration over the winter. Sheffield CCG is not the lead commissioner for ambulance services, but we continue to work with Wakefield CCG and with YAS to seek service improvements to deliver better response times.

3.9. **Mixed Sex Accommodation (MSA):**

Patients have the Constitutional right to receive inpatient care in a single sex environment, except for a very small number of clinical exceptions (detailed operational guidance is available). By the end of February, the CCG had reported that there had been five instances of MSA during 2020-21 (we also reported five in 2018-19) – only three of these were local.

Each breach is investigated by the CCG Quality team and where applicable, recommendations are made for the future. MSA breaches usually take place in exceptional circumstances and we do not expect that this Standard will be breached on a regular basis in the coming year.

3.10. **Cancelled operations:**

There are two standards relating to cancelled operations:

i) Operations cancelled on or after the date of admission, for non-clinical reasons, to be offered another date within 28 days. Although numbers are low (eg 13 in Quarter 3), this is an increase on the previous year. Reasons can include lack of surgical capacity due to equipment failure, lack of ITU / HDU beds, workforce availability, and more urgent cases taking precedence.

ii) Urgent operations cancelled for the second time. Fortunately numbers are very low; we reported two in October of last year.

We would not expect our performance to deteriorate against this Standard in 2020-21.

4. 2020/21 National Planning Guidance

4.1. The national planning guidance and timetable was published on 30th January 2020. It details a number of key requirements that need to be included within our plans for 2020/21. These are summarised below:

4.2. Planning/Priorities

- Deliver the 2020/21 elements of the NHS Long Term Plan commitments.
- Maintain and improve access to services, specifically:
  - Urgent and Emergency Care performance
  - Maintain the elective care waiting list to ensure that the waiting list at 31st January 2020 is no larger than the list at 31st January
  - Eradicate waits of 52 weeks or more
  - Reduce face to face outpatient appointments
  - Cancer operational standards
- Expand primary and community services including workforce.
- Taking a more proactive approach on the prevention of ill-health.

4.3. Financial

A number of the requirements for the coming financial year have already been outlined. Financial Improvement Trajectories (FIT) have previously been issued by NHS Improvement/England, which includes the level of Financial Recovery Funding (FRF) available to organisations that submit plans in line with their individual FIT. Receipt of FRF is expected be dependent on the individual organisation and the system (ie the whole of the ICS) meeting the agreed financial position. The separate paper on the financial plan presented to this meeting contains more information regarding financial planning requirements.

4.4. Timetable

The timetable for both local and national submissions is detailed below:

	Timescales
2020/21 National Tariff Payment System Consultation	Issued 19 December
Draft 2020/21NHS Standard Contract guidance	Issued 19 December
CQUIN Guidance	Issued 21 January
2020/21 Operational Plan Guidance	Issued 30 January
Local Submission – Draft Operational Plans/System Narrative submission	27 February
National Submission – Draft Operational Plans/System Narrative submission	5 March
Contract Alignment Exercise	5 March
Contract Signature Deadline	27 March
Local Submission – Final Plan submission	8 April
National Submission – Final Plan submission	29 April

4.5. Local Submission: 27 February

Due to the requirement of a system narrative plan, the first submission was a local submission in order to compile an overarching South Yorkshire & Bassetlaw plan.

This submission provided a collective overview of:

- How priority transformation programmes and service reconfigurations articulated in the system Long Term Plan (LTP) are progressing.

- Other significant variations from the system LTP for 2020/21, including reasons for the movement in the plan, impact and action being taken to address the issues.
- Any operational risks for the ICS in the operational plans submitted by providers and CCGs, and a description of the action being taken to manage these.
- The organisation specific detail within the narrative where there is a material change to the system LTP for 2020/231, or where there are material developments of challenges that would be helpful to highlight.

A paper is being presented to Governing Body in the private session detailing more information regarding this initial draft submission in relation to finance, activity and meeting the LTP commitments, including identified risks and mitigations.

5. Recommendations

5.1 The Governing Body is asked to:

- Approve the operational plan in relation to the key priority areas and commissioning intentions for 2020/21 that Sheffield CCG will be focussing on to deliver our objectives, including the achievement of the national Constitutional Standards.

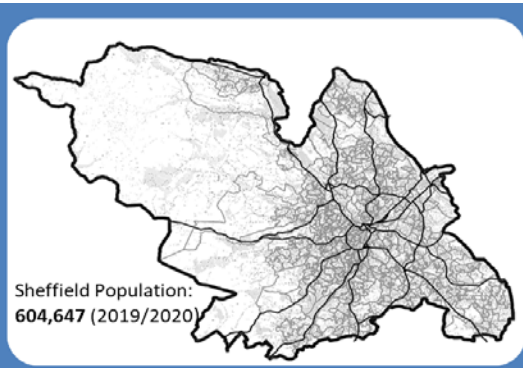
- Note the guidance and timetable of local and national planning submissions issued by NHS England/Improvement.

Paper prepared by: Sandie Buchan, Deputy Director of Commissioning & Performance
Kate Gleave, Deputy Director of Commissioning

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

February 2020

Appendix 1: 2020/21 Plan on a Page



Our Vision:

Working with you to make Sheffield

HEALTHIER

Our Objectives

Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners

Lead the improvement of quality of care and standards

Bring care closer to home

Improve health and care sustainability and affordability

Be a compassionate and inclusive employer that maximises the potential of our people

Our Commissioning Principles

We will be the driving force of our values for the public, stakeholders and our staff by being Progressive, Empowering, Fair, Honest, Responsive Accountable, Compassionate & Caring and embracing innovation.

We will design services and support people most in need of health and care to live a quality, healthy life which will include differentially investing to tackle health inequalities.

We will have a greater focus on prevention, and work with partners to help people make healthier choices, which will be supported by our commitment to integrate health and social care.

As a major custodian of the Sheffield pound, **we will** make best use of the money we spend and will commit to increasing social value and safeguarding the environment.

We will focus on things that have the biggest impact, are sustainable and make a difference.

Our Organisational Challenges

We need to:

Address current lifestyle factors / patterns of behaviour which are contributing to poor outcomes for the Sheffield population.

Increase the number of people who have their health and related needs identified and supported early enough.

Increase the number of people who are effectively supported to manage their health needs to optimal levels.

Improve the capacity and capability of Primary and Community services (including Voluntary sector).

Our Commissioning Intention Themes & Outcomes

Engagement in prevention.
People will be better informed and will choose / be supported to make healthier lifestyle choices for themselves and their families.

Timely evidence based diagnosis.
Supporting personalised care / self-care / management.
Children have the best possible start in life and will grow into happy, healthy adults.
Staff feel confident in knowing how and where to signpost patients to have their needs effectively met.
Everybody will feel confident that they and their families health and related needs will be identified, understood and addressed as early as possible.

Prevention and optimal management approach.
Integration of all age physical and mental, primary and community services.
People feel supported and empowered to manage their health in the most appropriate setting / community.

Primary Care and Community development and support.
People feel confident they are able to access the right service first time.
Staff will feel confident that they are able to meet the needs of the patient population.

Efficiency and Sustainability
Infrastructure

NHS Sheffield Clinical Commissioning Group

Appendix 2: Sheffield CCG 2020/21 Commissioning Intentions

Area	Intention
Engagement in prevention	Roll out our local Suicide Reduction programme
	Working with SCC, review existing children's weight management services and consider commissioning response required if any gaps identified
	Diabetes prevention : Put in place systems to alert staff to pts in secondary care who should be on a statin and/or not achieving BP Promote Type 2 diabetes remission through "Very Low Calorie Diet" Ensure education available for primary care staff and increase patient education referrals for DESMOND and DAFNE
	Co-ordinate system response and support to optimise opportunity to prevent flu/pneumonia/admissions
	Support PCN networks to improve population health through funding / data packs / service specs / support QOF delivery
	Work with ICS and SCC to commission and monitor QUIT implementation
	Explore and develop a targeted maternal obesity offer
	Develop and agree a plan to increase opportunistic conversations, screening/identification of risk factors (e.g. BMI/BP/QUIT /MH needs) to ensure primary and secondary integration (in and out of hours)
Timely evidence based diagnosis	Agree next steps following an evidence based review of the need for a rapid access diagnostic centre (for all conditions)
	Concentrate on specific areas: Review and improve CAMHS access and pathway Review, develop and agree next steps for improving access and reducing waiting times for MH, LD, and Autism services incl. Attachment disorder and developmental language delay Short term wheelchair access and pathway improvement
	Health Checks: Design, develop and commission a pilot health check for people with autism (national guidance) Increase the uptake of annual checks in primary care for people aged over 14 years with LD and people with a serious mental illness, to meet national targets through testing innovative approaches in line with the CCGs Physical Health Implementation
	IAPT: Work proactively with Sheffield Health and Social Care and Experts by Experience to increase the opportunity for self-referrals into all services offered by IAPT Encourage STHFT clinicians to increase referrals into IAPT Long Term Condition pathways by working collaboratively through ACP structures
	Support SCC to review the current commissioned 0-19 service (HVand school nurses) and support them to implement any changes as agreed appropriate following this review
	Review and agree next steps based on ICS programme of pathology service transformation
	Work with STH to evaluate OK to stay plans
	Agree universal all age approach to personalised care and support planning

Supporting personalised care / self-care / management	Ongoing review of pathways and referral patterns and agree next steps (in and out of hours): Audit and evaluate signposting referrals and conveyances by professionals to services (urgent and non urgent) Audit and evaluate uptake and effectiveness of pathways and services on a routine basis across urgent care services and agree a plan to address issues identified from above e.g. update DOS Working with SCC, review and expand capacity of community support workers and develop a targeted communication plan (working with SCC) to improve awareness/use of social prescribing for professionals across the whole system 24/7 Working with SCC explore current provision and need for social prescribing for families/parents and children
	Commission infrastructure to implement and oversee the management of personal health budgets. This will include ensuring that we increase the uptake of personal health budgets for people needing a wheelchair and for individuals with a Learning disability and/or Autistic spectrum condition.
Prevention and optimal management approach	Crisis response: Review, agree next steps and commission a reconfigured all-age mental health crisis response and home treatment service Evaluate the impact of the Psychiatric Decisions Unit and agree next steps, including a joint approach with STHFT to managing minor injuries. Following clarity of national guidance, contribute to review, design and commission additional mental health input into 999 and Integrated Urgent Care service Review and agree next steps to improve the proactive and pre-emptive response to care home residents through an enhanced support package co-designed by key stakeholders. Review the effectiveness and efficiency of the local Primary Care Streaming model Develop, agree and implement a person-centred, outcomes based model for intermediate care that supports DH2A wherever possible. Subsequently review impact to ensure eg that DToC position remains stable
	Assess the population need for and improve access to specialist psychological and emotional trauma services for specific identified groups e.g. ACEs, refugees
	Review the current specialist perinatal MH services pathway and commission an enhanced level of service in line with LTP.
	Review current community pharmacist hypertension management for CVD. Consider potential to expand into other areas eg AF management
	EOLC: complete HNA, develop strategy and plan to enable more people to die in preferred place of death
	Review neurological services provided by SHSC and agree/implement next steps
	COPD: (optimisation of health outcomes)
	Crisis response: Explore opportunities with YAS to establish potential to increase Hear and Treat / See and Treat.
	Evaluate and consider sustainable commissioning of High Intensity User service.
	Review quality outcomes and cost effectiveness of Individual Placement Support for SMI with a view to sustainability across ICS
	Redesign and commission increased capacity for out of hospital emergency assessments and short term care for people with dementia.

	Transition: i) Identify all health services and gaps in commissioning and provision where children will routinely transition into adult services ii) Working with all ACP partners, develop a set of overarching principles and behaviours for transition in Sheffield iii) Prioritise individual services/pathways to undertake focused improvements and agree next steps (see neurodevelopment/Eating Disorders actions as examples) Identify gaps in commissioning /a set of ACP principles / focus improvement work
	Review, design and commission a model of OP services across the city to reduce OP activity by 1/3 including the transformation of services and increase use of: Development of digital solutions via the ACP digital workstream to support virtual appointments and patient/clinician interactions Peer and Consultant Advice and Guidance patient initiated care remote monitoring with appropriate routes of escalation Stratified follow-up approach,
	Cancer: Review, design and commission an integrated co-ordinated holistic advice and support service for people living with and beyond cancer to cover areas of greatest health inequality Re-commission the cancer information hub.
	Work with ICS and providers to implement national guidance regarding embedding Choice @ 26 weeks.
Integration of all age physical and mental, primary and community services	Implement a single eating disorders pathway with a single point of access across CYP and adult services
	Review the current specialist perinatal MH services pathway and commission an enhanced level of service in line with LTP.
	Following review in 19/20, agree next steps to support effective and inclusive multidisciplinary team working and integration at practice / network or neighbourhood level
	Jointly commission (with SCC) a community based offer of children's healthcare (including community nursing service and palliative and complex care), working with GP networks. This includes a review of managing health needs in schools guidance and SEND health services
	Review existing service models /specs as part of a rolling programme of commissioning reviews to maximise opportunities to deliver more services in the community and support/enhance primary care provision and SEND
	De-commission existing disparate phlebotomy services and desing and re-commission an all age community phlebotomy service
	Concept test, evaluate and potentially commission the provision of joint primary/secondary care developed integrated community services including potential community services: skin,
	In line with LTP develop a PCN 'shared savings' scheme in relation to the reduction of hospital based OPFU activity
	Implement non-hospital based ECG testing
	Concept test, evaluate and potentially commission the provision of joint primary/secondary care developed integrated community services including potential community services: Heart Failure
	Workforce: Develop a robust approach to primary care resilience incl. workforce recruitment and retention and support to vulnerable practices

Primary Care and Community development and support	Workforce: Support the recruitment and development of new primary care roles incl. care navigators, primary care paramedics, physiotherapists, pharmacists and social prescribing
	Estates: i) Make best use of capital investment to provide a primary care estate fit for the 21C & ii) build capacity and resilience in primary care through the development of existing properties where these demonstrate VFM
	Recommission primary care translation services (to commence Oct 20)
	Review mental health element of Homeless Assessment Team in line with LTP to ensure it remains effective and meets the needs of the city
	Work with Primary Care by sharing benchmarking analysis and supporting the use of this info to inform referral practices and quality
Efficiency & Sustainability	Prescribing efficiencies: Review and agree next steps in relation to stoma and continence supply services. To include consideration of a community based nurse led service
	Prescribing efficiencies: Develop and comission a pathway for anti-TNF usage in psoriasis
	Prescribing Efficiencies: Review and consider commissioning Avastin move pending legal clarification
	Prescribing efficiencies: Review and consider business case for Eyelia vial sharing (ophthalmology)
	Prescribing efficiencies: Review and consider usage of insulin Biosimilar in primary and secondary care
Infrastructure	Increase education, training and support of workforce (incl. carers/volunteers): Learning disability and autism (mandatory 2021)
	Increase education, training and support of workforce (incl. carers/volunteers): Encourage staff to sign up to Every Mind Matters to access personalised advice on managing their mental health
	Increase education, training and support of workforce (incl. carers/volunteers): zero alliance suicide training for first response/contact staff
	Increase education, training and support of workforce (incl. carers/volunteers): Mental Health First Aider training for staff
	Increase education, training and support of workforce (incl. carers/volunteers): Ensure 'trauma informed' workforce (ACEs)
	With the ACP develop, design and jointly commission the appropriate Shared care record and patient access to care plans
	In line with ACP and ICS plans develop, design and commission Digital Technology in order to : support early diagnosis and confidence in ongoing management
	In line with ACP and ICS plans develop, design and commission Digital Technology in order to: give pts access to see and interact with their own health and care record
	In line with ACP and ICS plans develop, design and commission Digital Technology in order to : consider LTP requirement staff in community to have time-saving mobile devices & digital services,
	Increase education, training and support of workforce (incl. carers/volunteers): cancer training in the community