

Sheffield CCG

2020/21 Operational Plan



Introduction

In March 2020, our operational plan was approved by the Governing Body and detailed what we aimed to achieve in 2020/21 and what our priorities were.

Since then, the country has been through and continues to experience the challenges of the COVID-19 pandemic.

Having come through Phase One and Two of the Covid-19 pandemic, preparing for the winter of 2020-21 and needing to respond to the Government's "Phase 3" requirements, we have stopped to refresh our Operational Plan and commissioning intentions. As a result, all of the following issues have been factored into our thinking:

- Identified commissioning implications arising from COVID and its consequences
- Prioritisation of commissioning intentions to include the priorities within the phase three letter and include a greater weighting on reducing health inequalities
- The agreed Sheffield Accountable Care Partnership (ACP) near term priorities are embedded within our commissioning work and addresses inequalities across the health and care system in Sheffield.
- Delivering local outcomes and national requirements including those detailed within the NHS Long Term Plan alongside our joint commissioning colleagues at Sheffield City Council
- Identified areas of wider Integrated Care System (ICS) delivery across South Yorkshire & Bassetlaw

Our plan is a live document that will adapt to any changes that are driven and agreed either nationally or locally as circumstances change with the pandemic.

Contents

Chapter 1: NHS Sheffield CCG: Who we are, and what we do

Chapter 2: Our response to COVID-19

Chapter 3: Restoring services & building resilience

Chapter 4: Our highest priorities for quality and safety in the remainder of 2020/21

Chapter 5: Our Commissioning Intentions for 2020/21

Chapter 6: Being a caring employer that values diversity and maximises the potential of our people

Chapter 1: NHS Sheffield CCG: Who we are, and what we do

Our role & purpose

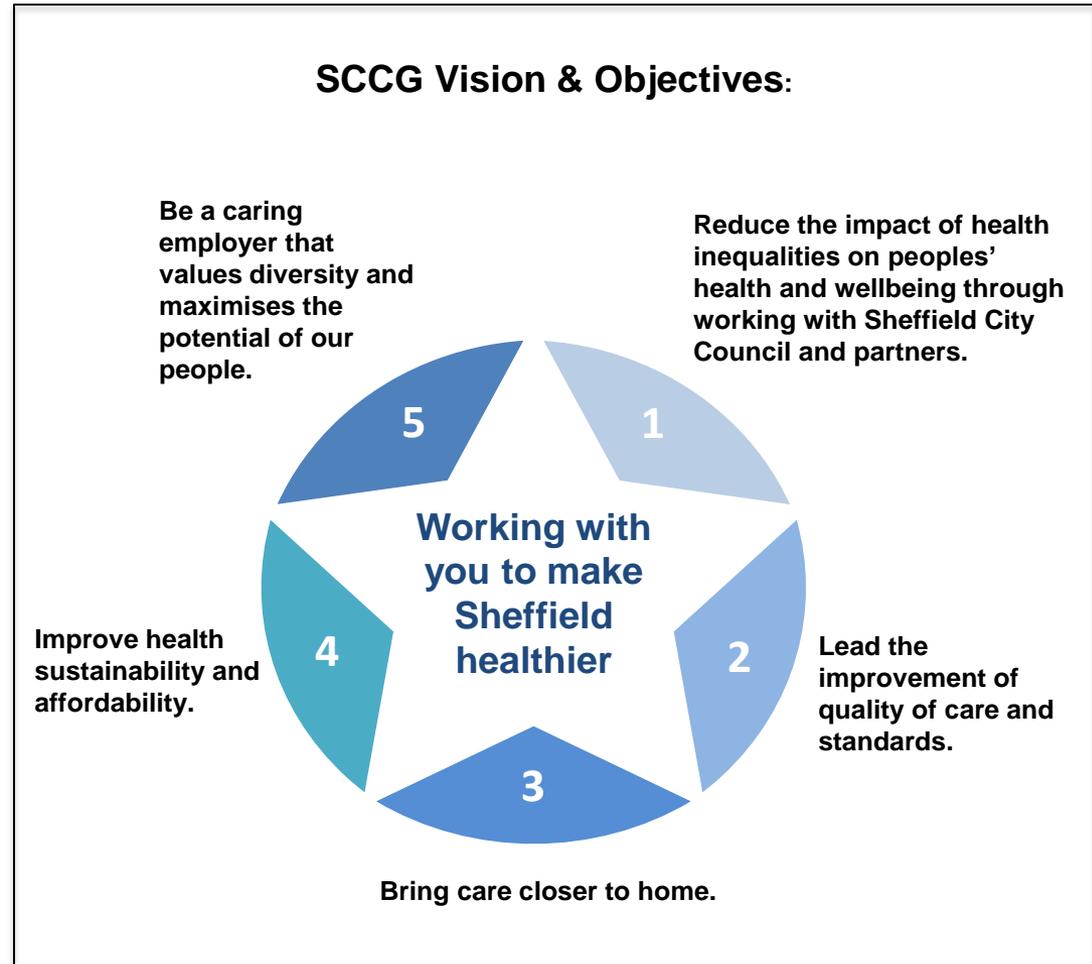
A process has been undertaken over the past few months to ensure that the overarching strategy of Sheffield CCG remains fit for purpose and recognises the new challenges and requirements during the current phase of the COVID-19 pandemic.

It is appreciated that whilst an operational plan can be developed, the changing landscape of the NHS will require the plan to be a live document that flexes and changes as things progress.

The vision of Sheffield CCG remains the same:

“Working with you to make Sheffield healthier”

With the objectives of the CCG detailing how we work with our patients, public partners and staff to achieve our vision:



The CCG is working within the context of a number of challenges which face our city, which we have identified together with our partners.

The CCG has agreed a number of principles which guide our work: these help us make sure our work is true to our vision and values, and fulfils our purpose. These are set out below.

Challenges

- Mitigate against underlying factors that cause unhealthy lifestyle/patterns of behaviour and contribute 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 and empowered to manage their health needs to optimal levels.
- Improve the capacity, resilience and capability of Primary and Community service (including Voluntary sector).

Principles

- We will live by our values when working with our staff, public and partners and when making decisions.
- We will tackle health inequalities by designing and investing in services to support those people most in need.
- We will involve people of Sheffield in our decisions, especially target those with the greatest health inequalities and in the poorest health.
- Our work will focus on delivering value for money.
- Our decisions will have a positive, long-term impact on people of Sheffield and the environment.



Our Vision: Working with you to make Sheffield

H E A L T H I E R

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 sustainability and affordability

Be a caring employer that values diversity and maximises the potential of our people.

Our Organisational Challenges

Mitigate against underlying factors that cause unhealthy lifestyle/patterns of behaviour and contribute 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 and empowered to manage their health needs to optimal levels.

Improve the capacity, resilience and capability of Primary and Community service (including Voluntary sector)

Our Commissioning Intentions Themes and 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 personalise 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 that they are able to access the right service first time
- Staff will feel confident they are able to meet the needs of the patient population

Our Commissioning Principles

We will live by our values when working with our staff, public and partners and when making decisions.

We will tackle health inequalities by designing and investing in services to support those people most in need.

We will involve people of Sheffield in our decisions, especially target those with the greatest health inequalities and in the poorest health.

Our work will focus on delivering value for money.

Our decisions will have a positive, long-term impact on people of Sheffield and the environment.

In addition to the challenges identified across Sheffield, the COVID-19 pandemic has brought new challenges. Over the summer of 2020, the CCG and Sheffield City Council worked with voluntary sector services, and organisations representing local people to undertake a suite of “Rapid Impact assessments” (RIAs). The RIAs addressed a range of issues such as bereavement, poverty, mental health, end of life care, access to care and support, domestic abuse, health behaviours, and “Long COVID”.

A number of common, “cross cutting” themes emerged from the RIAs; these also present a number of challenges which we need to factor into our work, together with our partners:

- The importance of neighbourhoods and communities for social cohesion and provision of services. Building on local assets has the potential to improve air quality through reduced car use.
- Digital inclusivity. There are a number of issues we need to be mindful of as we design digital alternatives to face to face services: lack of knowledge and skills, lack of equipment, and economic issues which may mean that people can no longer afford broadband contracts.
- Mental health is a thread running through our work, as we recognise that COVID and the measures which have been put in place to tackle it, have had far reaching effects and for some people, been a source of trauma.
- Access to health and care is a strong theme in our Operational Plan and we know that there have been some well received non face to face services, but there have also been problems (eg for people who are deaf and hard of hearing, people with English as a second language). We also know that inter-operability between service systems is not complete and this can cause communication difficulties, which undermine wrap around care.
- Communication and engagement. We have heard some strong and clear messages from local groups and citizens about how we don't always commission or deliver services in the most culturally sensitive or appropriate way. In order to put this right, we will need to work with local people to design interventions, services and health care communications (co-production).

Our role & purpose

Sheffield Accountable Care Partnership

Sheffield CCG is part of the Sheffield Accountable Care Partnership (ACP) that brings together all health and social care organisations to deliver care across Sheffield.

The Sheffield ACP was founded in 2017 and the seven partners are:

Sheffield Children's NHS Foundation Trust

Sheffield City Council

NHS Sheffield Clinical Commissioning Group

Sheffield Health and Social Care NHS Foundation Trust

Primary Care Sheffield Ltd

Sheffield Teaching Hospitals NHS Foundation Trust

Voluntary Action Sheffield

All organisations across the ACP have been working closely together during the COVID pandemic and have developed a number of priorities that will play a key role for our system work over the coming months. These are presented on the coming pages and are aligned to our developed commissioning intentions for 2020/21.

Sheffield Accountable Care Partnership Near Term Priorities 2020/21

Communications	<p>We will be clear with people about what they can expect from our health and care services, how that might change and the challenges and uncertainties that our services are operating within. We will also encourage people with serious conditions, illnesses, not to stay away. We remain open and are here to support.</p>
Mental Health Transformation	<p>We will have a strengthened and clear 'emotional wellbeing' offer for children and young people, delivered through, and in close partnership with schools.</p> <p>We will redesign and improve the neurodevelopmental pathways for CYP (Including SEND and 'Transition' to Adult Services)</p> <p>For all people requiring mental health support and advice, we will have a strengthened primary care offer.</p> <p>For all those people who need crisis mental health support, they will get support which is age-appropriate and people will not unnecessarily need to go to A&E.</p>
Urgent and out of hours access	<p>We will make it clearer and simpler for people to access urgent, and out of hours 'health' care and communicate this effectively across all relevant partners.</p> <p>Help people more easily access other, out of hours, care: including social care, voluntary sector support.</p> <p>We will introduce a way of signposting, navigating, for staff and public and have a 'talk before you walk' service</p>
'Discharge': transitions from one care setting to another	<p>We have developed and will embed our clear principles for people moving between care settings; and we will implement national guidance on this.</p> <p>We will be clear and ready to launch a 'surge' plan for additional community-based beds and other support.</p>

Sheffield Accountable Care Partnership Near Term Priorities 2020/21

Community hubs and supporting people at home

The connections between our community-based services will be clear and people will understand how different services work together.

These connections are strengthening.

We recognise the critical role that informal carers have played and will play over the coming months and we will ensure that we do all we can to support them.

Planned and elective care

For people needing planned - non emergency - care, we are taking a joined-up approach across primary and secondary care: GPs and hospital based specialists working together

We will be led by clinical expertise to help us with difficult decisions about what we need to prioritise.

We are making sure that all our health services have timely and appropriate access to diagnostics and monitoring services that they need - blood tests, CT scans etc. - though we recognise that this will be a constraint for our system as well.

Staff wellbeing

Importantly, as employers, we will be continuing to look after our staff health and wellbeing - they have been the most important part of our response and will continue to be so. We will share best practices between ourselves about how we can support staff (including particular staff groups).

And for those parts of Sheffield's health and care workforce who aren't under in direct employment (in primary care, social care, voluntary sector), we will be working with other organisations and employers to offer help and support.

Our role & purpose

Joint Commissioning

The Joint Commissioning Committee, established in June 2019, committed to ensuring new models of care deliver the outcomes required for the City of Sheffield and support Sheffield City Council (SCC) and Sheffield Clinical Commissioning Group (SCCG) to deliver national requirements including, but not limited to, the NHS Long Term Plan, Social Care Green Paper and Spending Review.

The expectation was that, by now, we would have developed joint intentions for the next year (2021-22). The reality is that, due to COVID, we have lost 6 months of development and discussion. The rapid health impact assessments reflect the impact COVID has had on the City, which must be considered in the development of future joint commissioning intentions.

We have developed aligned intentions for the remainder of 2020/21 that we are working together on delivering. These are in the process of being finalised:

Priorities for Joint Commissioning between Sheffield CCG and Sheffield City Council for 2020/21

Children & young people	Emotional wellbeing, mental health (earlier intervention, increased capacity, new models of care). Joining up services for children across the primary and secondary health care sector, with social care, family support services and education. Early help services embedded in schools and primary care
Maternity & best start for families	Joined up planning to ensure evidence based care, and revised maternity services offer in localities.
Children with complex needs	New provision for future needs, and increased personalisation of care across health, education and social care.
Ongoing care	Integration of health and social care across ongoing care services.
Independent sector resilience	Market shaping and sustainability of the care home market. Building on “home first” principles, establish a robust discharge home to assess service, work with care home providers to ensure a sustainable level of provision in Sheffield to meet future needs.
Homecare provision	Review and redesign of homecare services, inclusive of potentially extending night care contracts.
Carers’ services	Review provision to informal carers to include preventing carer breakdown and carer breaks.
Voluntary sector services	This year SCC and the CCG will be exploring a number of issues: a. How could the Joint Commissioning Committee enable Resilient Communities? b. What would the relationship be between the system and the voluntary, community and faith (VCF) sector? c. How do we make sure this is sustainable and organisations invest in building relationships with people and partners? d. What would success look like and how would we know?

Priorities for Joint Commissioning between Sheffield CCG and Sheffield City Council for 2020/21

Mental Health	<p>The CCG is engaged in a number of work streams together with the City Council, the aim of which is to drive up parity of esteem across mental and physical health:</p> <ul style="list-style-type: none">• Mental Health Transformation Plan- all programmes that sit under this• Transforming Care• Dementia Strategy• Autism Strategy Development• Children and young people's mental health commissioning• Further development of the Sheffield Psychology Board
Active Support & Recovery	<p>Progressing full integration of AS&R services, or review and agree an alternative model for intermediate care / active support and recovery services.</p>
Equipment	<p>Focused review of expenditure and consideration of future opportunities. Implementation of revised equipment contract.</p>
Urgent & Emergency Care	<p>Avoiding hospital admissions</p>

Chapter 2: Our Response to COVID-19

Our Response to COVID-19

How are we addressing the impact of COVID -19 on our populations and services?

COVID-19 is a new disease, and therefore we are learning as we progress what is needed in order for us to respond quickly and effectively. We are working with Sheffield Teaching Hospitals NHS Foundation Trust and partners to understand the current and long term needs of people who had COVID-19.

A Post COVID Pathways Programme hosted by STH with CCG representation is helping to progress learning at pace particularly through the involvement of patients / people with lived experience, cross professional, specialty and organisational collaborative work. The programme aims to consider patients' holistic needs and provide care for COVID health complications in adults requiring input from STH services after discharge.

There is an interface with mental health provision (through Sheffield Psychology Board) and primary care (through CCG members), and will engage with social care and end of life care as appropriate as the programme progresses.

As part of our Population Health Management approach, we are using data analytics and patient engagement to target post COVID support to those that need it, tailoring the support offer using personalised approaches, including social prescribing. This includes pulmonary and cardiac rehabilitation for people who have been ill with COVID.

Our Response to COVID-19

Outbreak strategy, emergency preparedness and surveillance

We continue to work with public health colleagues in Sheffield City Council to maintain an overview of outbreaks, data and trends and to consider local action, via a weekly Health and Care Gold Cell.

We are receiving regular data and briefings from Public Health England.

Communications from the Emergency Preparedness Resilience and Response (EPRR) regional incident control centre are monitored daily and are reported weekly at the EPRR Surveillance Group, where any action is agreed.

We have established a CCG “Co-ordination Group” to ensure the CCG remains sighted and cohesive in its approach to the ongoing outbreak, by meeting the changes in demand and supporting healthcare provision in a rapidly evolving situation. The Hub will co-ordinate the key CCG commissioning work streams which at present will be predominantly COVID related.

We also receive weekly intelligence via Sheffield’s Director of Public health, for example arising from the South Yorkshire Local Resilience Forum, which has oversight of issues relating to wider public services, as well as economic and employment issues.

Our Medical Director Dr Zak McMurray is a member of the city wide Outbreak Control Board, which would oversee the implementation of the Outbreak Control Plan, if this needs to be put into action.

We continue to engage with and communicate with the public on keeping safe and avoiding transmission, via a variety of means including social media.

Our Response to COVID-19

Addressing inequalities

The Department of Health and Social Care published an important letter to all sectors of the NHS on 31 July 2020, entitled “Third Phase NHS response to COVID-19” (frequently referred to as “the Phase Three guidance”) This was followed by detailed implementation guidance, and a requirement for an in-year planning submission.

The guidance included a requirement for the NHS to put eight “High Impact Actions” into practice, in order to tackle the health inequalities which have been both exposed by, and worsened by, COVID-19 and the response to it. These are the High Impact Actions:

1. Protect the most vulnerable
2. Restore NHS services inclusively
3. Digitally enabled pathways that are inclusive
4. Accelerate preventative programmes
5. Support people with mental health problems
6. Named executive board member and boards to publish a five-year action plan
7. Ensure complete datasets
8. Collaborate on planning and engage with communities

The next page details what we currently know about the health inequalities across Sheffield:

Health inequalities – what we know

- In Sheffield, the life expectancy gap between the best and worst off is around 20 years
- People in Sheffield are more likely to smoke and be less active than national average
- Sheffield's infant mortality rate is higher than the national average. This highest among Pakistani, Black Caribbean, and Black African groups.
- People with learning disabilities are 4 times as likely to die of preventable causes
- People with serious mental illness, learning disabilities and autism die 30 years earlier from preventable causes than people without these conditions
- Over a quarter of children and young people are in or at risk of poverty or social exclusion
- 16% of the population have 2 or more long term conditions
- People in the most deprived areas of the city develop multiple health conditions 10-15 years earlier than people in the most affluent areas
- Longstanding inequalities have been exacerbated by COVID-19

Digital exclusion

- 10% population internet non-users (circa 60k in Sheffield)
- 8% population lack 5 basic digital skills (48K in Sheffield) and
- Further 12% limited skills (72k or total 120k without digital skills)

Our Response to COVID-19

Addressing inequalities

We want to do more to make a positive impact on reducing inequalities across Sheffield.

We are learning and listening to our population from wave 1 of COVID by reaching out to contacts in the community to find out how they have been coping with the pandemic and subsequent restrictions. We have received over 400 comments and logged them against protected characteristics, so we have been able to analyse the feedback by different communities. As time as gone on, the feedback has also moved beyond being COVID specific.

We are planning on this now being a regular part of our work, where we are continually reaching out to our communities, recording their feedback, and using this to inform and influence our commissioning priorities.

We have used this feedback as part of the review of this plan and subsequent commissioning intentions.

We are currently reviewing how we will monitor whether our commissioning priorities have made the necessary impact on reducing health inequalities. We are developing this with our colleagues at Sheffield City Council as part of our joint commissioning priorities.

Our Response to COVID-19

Engaging communities to reduce transmission of COVID and flu

Ensuring maximum flu vaccination coverage is a core priority for us around prevention.

Our Communications and Engagement Team are looking at ways to increase uptake amongst our BAME communities, where uptake has been historically low. One example is providing information about alternatives to the nasal spray for those who object to the pork content. We are also at the preliminary stage of identifying whether we could organise mass flu vaccination sessions for 2-3 year olds in an area of Sheffield with high deprivation and previous low uptake.

There is weekly CCG engagement targeted and focused on people in the nine protected characteristics and those in most deprived areas of the city. We have commissioned telephone research on impacts of COVID and needs with representative sample of population (1,110) and qualitative work with VCF focusing on most vulnerable communities – refugees and asylum seekers, South Asian Communities, women at risk, people in most deprived areas.

Chapter 3: Restoring Services & Building Resilience

Restoring services, building resilience

Primary care

COVID-19 has had a profound effect on our populations and on the services offered in general practice. In the short term, non-essential and high risk services ceased in line with the General Practice Standard Operating Procedure issued by NHS England and NHS Improvement, as practices focussed on delivering urgent care. The way in which services were offered changed too, and the period from mid-March onwards saw a large increase in the number of telephone and on-line consultations.

The CCG has worked with Primary Care Networks (PCNs) and practices to rapidly roll-out mobile technologies to support the delivery of primary care, including computer hardware and software products, monitoring equipment, and equipment to enable video consultations..

As infection rates declined over the summer, practices saw a significant increase in demand for primary care services, which they sought to meet at the same time as aiming to recover activity that ceased during the outbreak. During late summer/ autumn, practices have been preparing for winter, with significant work delivering a significantly extended flu vaccination programme.

October 2020 saw a marked increase in COVID transmission and symptomatic patients. The speed of the increase in cases and rise in hospital transmission led to South Yorkshire being placed in “Tier 3” “very high risk”. As well as acute care, primary care is also reporting significant demand, with primary care services reporting sustained pressure. GP hub activity is at capacity in Sheffield and there are plans being developed to operationalise an additional hub in the short term.

As we move into winter, the CCG's highest priorities with regard to primary care are as follows:

1.	<p>Ensuring resilient primary care, so that practices are sustainable and able to offer patients appropriate care. This encompasses:</p> <ul style="list-style-type: none"> • Estates – facilities are appropriate, fit for purpose and ownership and management are clear. • Workforce - an appropriately trained workforce is available to meet practice and patient needs including. post COVID recovery • Practices are financially sustainable (including mergers and other changes).
2.	<p>Performance and Quality: obtaining assurance that practices offer appropriate care to all patients.</p>
3.	<p>Second surge / winter pressures / flu: ensuring that practices and the whole system have robust plans in place to manage increased demand, potentially in the context of reduced workforce due to illness. The CCG will ensure that appropriate funding is available, will support practices during winter, and support delivery of flu vaccination.</p>
4.	<p>Our work with system partners to meet the needs of homeless people, rough sleepers and asylum seekers will continue.</p>
5.	<p>The CCG continues to work with PCNs to develop their capabilities and resilience. This includes ongoing implementation of the PCN Directed Enhanced Service and associated service specifications.</p>
6.	<p>Care homes – wrap around services and quality of care in care homes.</p>
7.	<p>Re-commissioning of Extended Access services for 2021/22 (subject to national determination)</p>
8.	<p>Access</p>
9.	<p>Post COVID recovery – LTC, immunisation and vaccination, COVID rehabilitation patients, cancer screening</p>
10.	<p>City wide services to support primary care – phlebotomy etc</p>

Restoring services, building resilience

Elective Care

The CCG has worked collaboratively with providers and primary care to agree how we can enable a return activity as close as possible to pre-COVID levels. Our plans include:

- Rapid implementation of tele-dermatology to enable dermatology/plastics to undertake secondary care triage and Advice and Guidance (A&G) provision. We are also identifying alternative community locations to enable secondary care clinics to operate in line with social distancing requirements,
- Across all ten CASES specialities, specialty GP peer reviewers and hospital specialists (both adults and relevant children's specialties) will be taking active and shared ownership for the planned care caseload.
- We will implement commitments already made pre-COVID for skin, ENT and neurology.
- We will be clear about the implications of this approach for our longer term planned care model: in terms of levels of activity and resource at different levels of care; and how we will resolve constraints (e.g., physical estate capacity in the community).
- We will develop clear principles/criteria/an approach for prioritising elective and planned care, based on clinical risk and need
- We will have a clear set of system principles about supporting the population to access diagnostic tests - minimising visits, minimising attendance in risky settings, with clarity of what's in scope and any limitations/restrictions. Subsequent and more specific challenges and opportunities for how we can improve access to diagnostics and results (including out of hours and across organisational boundaries) will follow on from this.
- Patient Initiated Follow-ups (PIFU) have been identified as one of three areas prioritised by SYB ICS members (in conjunction with Advice & Guidance and Virtual Appointments / Clinics). A nationally developed/procured web platform is to be implemented to support patients in regard to the PIFU choices/actions

Restoring services, building resilience

Supporting people with long term conditions

Our plan for supporting people with LTCs is that Sheffield citizens will have more control over their own health and more personalised care when they need it, as part of the SYB ICS personalised care Memorandum of Understanding with NHSE.

We have an extensive Personalised Care programme of work focussing on the delivery of personalised approaches, building the knowledge skills and confidence of patients with long term conditions to take a more active role in their care and building the knowledge, skills and confidence of health and care professional and the voluntary sector to support a patient / professional partnership in care and support. During COVID we have seen some patients and their carers take a more active role in their care and we are keen to build on this as we move forward.

In terms of physical long term conditions including specifically on CVD, stroke, diabetes and respiratory – we continue to work with providers to understand the impact of lockdown / COVID upon these diseases, in order to take remedial action where necessary. This includes on risk stratification / triage and trying to ensure access to key services to ensure the delivery of assessment and treatment in order to prevent long term impact wherever possible.

Restoring services, building resilience

Urgent Care

Our plans for urgent care have been drawn up in the context of the impact on the whole system.

- We will have community based care and support that responds to escalating and de-escalating needs of populations via a coordinated hub approach. The multi-professional, multi-organisational team will have access to the information/intelligence they need in order to respond proactively in a way that prevents people requiring a hospital attendance and enables discharges to happen without delay.
- Hubs will be aligned to Primary Care Network footprints. This will require the established health, care and voluntary sector hubs to work together to achieve the result. It is acknowledged that a) there will be differential starting points across the hubs and therefore not all will be fully functional within the timeframe and b) that the work needs to be tailored to the particular circumstances of different people.
- We will develop an integrated pathway for urgent care, across primary care, the walk-in centre, and A&E. Our approach will be appropriately and adequately resourced, and needs to be well-communicated and understood. Clear offers, expectations, implications for different services, and with overarching coordination of capacity. A single city-wide point of access will be explored as a part of this work.
- We will communicate so that there is clear understanding for staff and public about what out of hours provision exists (and how it is accessed) across all urgent care services, including social care and voluntary sector support
- We will take a 'signposting'/navigation approach - which will include delivery of a 'talk before you walk' function. This will reach across health, care and voluntary services, and will make use of and build upon what is already in place - particularly the linkages from 111 and single points of access

Restoring services, building resilience

Mental health, learning disability, autism and dementia

Mental health

We have developed an improved support package for Children's mental and emotional health in schools, and will continue to introduce additional service/offers through Term 1.

We will redesign and improve the neurodevelopmental pathways for CYP (Including SEND and 'Transition' to Adult Services).

We are working on streamlined and simplified referral and delivery pathways. This includes ensuring that the service offer is consistent for all age groups, and that all transition points are managed through cross organisational working.

Working with partners, we are seeking to extend the good practice developed through the Mental Health Transformation Programme pilots earlier than had originally been planned.

We are developing a new "all age" Eating Disorder pathway which brings together the different agencies which currently provide ED services, in order to create a more effective service which pools expertise and avoids difficult service transitions in young adulthood.

Sheffield Psychology Board (SPB) is accountable to the Mental Health, Learning Disabilities & Dementia Delivery Board (MHLDD&DDB). Under the Sheffield-wide Covid-19 (C-19) command structures, SPB became tasked with oversight of the psychological offer and information available to Sheffield citizens during the COVID 19 pandemic. This includes estimating the potential increase in demand for psychological services and developing a stepped care model of service delivery. The SPB continues to oversee the offer of debriefing and psychological support which is available to frontline health and social care staff.

The CCG is continuing to work with partners in the Sheffield City Region to implement our employment strategy for people with mental health conditions, learning disabilities and autism.

Restoring services, building resilience

Mental health, learning disability, autism and dementia, continued

Learning disability

The CCG will be contributing to the Learning Disability Death Review process and this will include deaths where COVID has been a factor; we continue to prioritise these in line with national requirements. Lessons learned from these deaths and emerging themes are being fed into training across the city in all care settings.

Sheffield CCG and partner organisations are working together through the Physical Health Improvement Group, to address a number of barriers to access to physical health care services in the city for people with learning disabilities. There are a number of work streams in progress, such as improving the uptake of Annual Health Checks; improving access to screening; as well as targeted work through the Sheffield Community Learning Disability Service on Health Action Planning and the uptake and use of “Health Passports” developed by national Mencap, but adapted for use across Sheffield.

Dementia

The Mental Health team has committed to producing seven “bitesize” training films on different topics related to dementia which will be accessible and useful to a range of professionals across the health and care sector, including medication, end of life care, monitoring of deterioration, crisis support, as well as awareness raising and top tips for non clinical frontline staff, eg GP receptionists.

Autism

We continue to develop the city wide Autism Strategy which includes maximising access to physical health services and employment opportunities.

Restoring services, building resilience

Cancer

The long standing issues which were well known before COVID, which undermined delivery of all the cancer waiting time targets, are still in place: gaps in the staffing establishment, theatre and equipment availability, complex pathways and high demand. These are all exacerbated by the impacts on capacity created by delivering services in a safe and physically distanced way, and backlogs of people whose screening and treatment have been delayed due to COVID. The Trust has a number of actions in place to mitigate clinical risk and to restore services as safely as possible:

- Oversight of all patients on an open cancer pathway continues through the weekly patient tracking list (PTL). The PTL involves review of all pathways with challenge and actions are agreed as necessary to ensure that patients are continuing to progress along their diagnostic and / or treatment pathways.
- A new SYB Cancer Alliance Patient Tracking List has been developed which should support improved system capacity management as well as give STH additional notice of demand expected for referrals outside of Sheffield.
- All patients on cancer pathways are being managed in line with national best practice clinical guidance concerning the prioritisation of care within the COVID-19 related resource limitations of the current system. Each patient has been risk assessed using national guidance and prioritised accordingly. Whilst 62 day and 104 day backlogs have grown significantly we are confident that, as a result of risk stratification, patients are being treated and managed appropriately, based on robust clinical criteria.
- STH are supporting Sheffield CCG with progressing the work on the Non-Specific Symptom and Painless Jaundice Pathways which will support a rapid diagnostic for suspected cancer patients not meeting standard 2 week wait criteria.

**Chapter 4:
Our highest priorities for quality and
safety in the remainder of 2020/21**

Priorities for quality and safety

Protecting the most vulnerable people

We are continuing with our work from Phases 1 and 2 of COVID to support people who are homeless and who sleep rough, in partnership with a range of agencies who have depth of expertise in supporting these extremely vulnerable people, through a multi service “wrap around” approach. Services are in place to case find and treat people with Hepatitis B and Latent TB in at risk populations, and funding has been uplifted for practices which provide our Locally Commissioned Services for homeless people and Asylum Seekers

Winter resilience planning

As in previous years, the CCG will co-ordinate the local system’s response to escalation. Wider support will be provided by Yorkshire Ambulance Services through the national ambulance response programme (ARP). This will provide additional support to patients through offering advice and guidance through its call handlers providing ‘hear and treat’ and its crews providing ‘see and treat’ which helps patients to avoid being taken to hospital unless it’s really needed. Over the last few months, COVID has necessitated both of these services to successfully increase their coverage and the learning from this will be applied over winter.

There will be local implementation over the coming months of the national “111 First” programme which will support local patients to access the right services for them, with the potential for 111 to directly book into more local services. In addition, local discussions are taking place to understand the potential to increase volumes of clinical advice offered over the telephone to patients, to enable them to access the right services for them and also to maximise appropriate usage of self-care and lower acuity provision, such as in pharmacies.

Priorities for quality and safety

Quality assurance

The Quality Team have reviewed the CCG's quality assurance process in the light of the challenges posed by COVID-19 and new ways of working. The work plan for the next six months includes:

- Increased meeting frequency for provider quality review groups and Quality Assurance Committees
- Undertaking a programme of provider quality review visits
- Revision and continued development of provider dashboards to monitor performance
- Ongoing robust serious incident performance management of providers
- Undertaking an internal "learning lessons" review on SHSCFT.
- Embarking on Quality Assurance Committee development sessions

Quality improvement

The Quality Team will implement a number of projects related to city wide priorities, including:

- Encouraging Primary Care Networks to undertake audits across practices and their networks.
- Development of tools to be used across the city to attain consistency and benchmarking and to identify any trends either in prescribing or disease management
- A process to identify and celebrate projects, results and successes that have been undertaken.
- Increase the reporting of incident and always events from primary care to the CCG to improve learning across the city.

Priorities for quality and safety

Continuing Health Care

The CHC Team will be focusing on three main work streams:

1. Responding to the backlog of CHC assessments from the period 19.03.20 – 31.08.20, with the aim of completion by December 2020.
2. Reinstating the assessment framework as usual, incorporating the new “Discharge Support Fund pathway”, which entails all health and social care assessments being undertaken within 6 weeks of discharge from hospital
3. Recovery planning around the backlog of assessments which existed pre-COVID; this is expected to take 12-18 months to complete.

Safeguarding

The Safeguarding Team will continue to support and gain assurance from all Providers that they are meeting their statutory safeguarding requirements via Key Performance Indicators and the development of an online joint CCG/ LA Section 11 Audit Tool. The team will continue to have oversight of all forms of safeguarding reviews and the subsequent implementation of recommendations. Support for GP’s producing case conference reports will continue by being the single point of contact for distribution of report requests and completed reports. This will allow for monitoring of the quality of reports to support the introduction of payments. The CCG is directing the launch of the ICON programme to support families when babies cry, to reduce the risks of significant head traumas.

Priorities for quality and safety

Improving safety

The CCG will identify a full time designated Patient Safety Specialist which is a key part of the NHS Patient Safety Strategy. They will provide dynamic, senior leadership, visibility and support working across the system and be part of a cohort of safety specialist who will support the development of a patient safety culture and safety systems and improvement activity

Equality

The Primary Care Development Nurses will support practices on increasing referrals into the NHS Diabetes Prevention Programme on individuals of South Asian, Black African and Black Caribbean ethnicity and those from the most deprived communities.

Supporting primary care

- Supporting practices to deliver Annual Health Checks for people with a learning disability and people with serious mental illness.
- Working with PHE and practices to deliver the flu vaccination programme, as well as reinstating other immunisation and vaccine and screening programmes.

Priorities for quality and safety

Supporting care homes

The Quality in Care Homes Team will continue to support care homes and home care providers through the pandemic. Support will be provided in collaboration with Sheffield City Council partners and also with the wider system such as St Luke's Hospice who will facilitate a Managers' Forum and also education sessions according to the requirements of NHSE, including Infection Prevention and Control training and education that supports positive mental health for staff to manage the high number of deaths.

Care homes will receive a minimum of weekly support calls to ensure that they have adequate PPE and staffing to manage the situation and attended a citywide outbreak support meeting.

The Infection Prevention and Control (IPC) Team will continue to actively support Care Homes and Primary Care as well as having oversight and support PHE with COVID 19 outbreaks for these services. A project examining loneliness and isolation for those living in care homes is about to commence which is pertinent to the issue of care homes re-opening to visitors.

CCG Digital Strategy

Barnsley, Bassetlaw, Sheffield IT (BBSIT) Services are developing a draft digital strategy that incorporates the CCG corporate requirements and the digital needs of Primary Care and linked to this the CCG contribution to the digital elements of the CCG Commissioning Intentions. The strategy will therefore align with citywide priorities and the team will work closely with internal and external stakeholders to secure their input and agreement.

Chapter 5: Our Commissioning Intentions: service development in 2020-21

Commissioning Intentions

Our commissioning intentions are the things we will do this year to improve services and people's experience of these. They are what we need to plan/buy/monitor or do to ensure people get the right care and treatment.

Over the next couple of pages, we have aligned our commissioning intentions to the challenges that we have identified with our partners and population, that face our city. This shows what we are going to do to address these challenges in 2020/21 and what the benefits will be for the Sheffield population.

All of our commissioning intentions were prioritised using a list of criteria to ensure that we were delivering the right changes to the health services across Sheffield that linked to our vision and our objectives. This criteria ensured our intentions looked at:

- Addressing our challenges and adds value to service users
- Reducing health inequalities
- Ensuring value to taxpayers
- Meeting our strategic principles
- Considering the level of risk

Part of the prioritisation process included alignment to the wider strategic picture and national requirements. 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.

We also identified additional commissioning implications that have risen from COVID and its consequences.

Challenge 1: Mitigate against underlying factors that cause unhealthy lifestyle/patterns of behaviour and contribute to poor outcomes for the Sheffield population

Why is it a priority?

People who lead unhealthy lifestyles are more likely to develop key health conditions and have shorter lives. More people in Sheffield die from smoking related causes than the England average. Children who are born prematurely often have special educational needs (SEN) doing less well at school and increasing demand on services. Children who are overweight or obese are at risk of developing long term health conditions such as diabetes, mental health issues and likely to have shorter length of healthy life.

Commissioning Intentions:

All organisations working together to prevent flu and pneumonia and stays in hospital as a result of these conditions.

Support Primary Care Networks to improve the health of their patients through funding / information / service specifications / support Quality Outcome Framework delivery.

Work with the Integrated Care System and Sheffield City Council to commission and monitor the implementation of QUIT (smoking cessation programme).

Diabetes Prevention: Promote Type 2 diabetes remission through “Very Low Calorie Diet”.

Put in place systems to alert staff to patients in secondary care who should be on a statin and/or not achieving blood pressure.

Roll-out our local Suicide Reduction Programme.

Examples of outputs:

- Pathways developed to make sure that patients receive consistent healthy lifestyle messages when they see NHS and social care staff.
- Support for patients to avoid smoking whilst in hospital.

Examples of benefits:

- Further reductions in smoking in pregnancy and when give birth and lower levels of overweight pregnant women.
- Reduction in childhood obesity rates.
- Reduction in the number of suicides.

Challenge 2: Increase the number of people who have their health and related needs identified and supported early enough

Why is it a priority?

Early support or diagnosis makes conditions easier to treat, helps people get better faster and costs less money in the long run.

Supporting children who have experienced Adverse Childhood Experiences (ACEs) as soon as possible is the best way to support them to learn, do well at school, improve their physical and mental health and get a job.

Commissioning Intentions:

Increase the uptake of annual health checks in primary care for people with a learning disability or a serious mental illness.

Design, develop and commission a pilot health check for people with autism.

Agree next steps following an evidence based review of the need for a rapid access diagnostic centre.

Review, develop and agree next steps for improving access and reducing waiting times for mental health services, learning disability services and autistic spectrum condition services.

Review and improve Child and Adolescent Mental Health Services access and pathway.

Increase referrals and self-referrals into all services offered by Improving Access to Psychological Therapies.

Support Sheffield City Council to review the 0-19 service (health visitor and school nurses).

Review the mental health element of Homeless Assessment Team.

Promote and commission 'trauma informed' training and support for health services and professionals.

Commission community based diagnostics services.

Agree universal all age citywide approach to personalised care and support planning.

Improve the use of urgent care pathways.

Improve awareness/usage of social prescribing for staff across all services.

Commission infrastructure to implement and oversee the management of personal health budgets.

Examples of outputs:

- Mental Health Support Teams will be operating across all schools in Sheffield.
- Better access to neurodevelopmental services.

Examples of benefits:

- Improved uptake of cancer screening
- Reduced waiting times for services
- People will be diagnosed earlier

Challenge 3: Increase the number of people who are effectively supported and empowered to manage their health needs to optimal levels

Why is it a priority?

Optimal management of conditions improves quality of life and helps to reduce, prevent and delay development of other conditions

Children whose health needs are not optimally managed from an early age are likely to have poorer long term outcomes in relation to health and education and poorer social and economic outcomes.

Commissioning Intentions:

Improve crisis response services across a range of settings including intermediate care, care homes and mental health services (Psychiatric Decisions Unit and all-age mental health crisis response and home treatment service).

Increase capacity for Out of Hours emergency assessments and short term care for people with dementia.

Improve health outcomes for people with COPD.

Complete End of Life Health Needs Assessment, develop strategy and plan to enable more people to die in preferred place.

Commission revised models of outpatients, advice and guidance services and pathways.

Review current community pharmacist hypertension management for Cardio Vascular Disease.

Assess the population need for access to specialist psychological and emotional trauma services for specific groups.

Review the model for the High Intensity User service.

Commission an advice and support service for people living with and beyond cancer to cover areas of greatest health inequality.

Work with the Integrated Care System to implement regional waiting list management.

Re-commission an all-age phlebotomy service.

Support effective and inclusive multidisciplinary team working and integration at practice / network or neighbourhood level.

Improve children's community based healthcare offer (focusing on neurodevelopmental, complex and EOLC pathways).

Review children's community therapies. Improve transition from children's to adult services.

Commission integrated community services.

Implement a single eating disorders pathway with a single point of access across CYP and adult services.

Review the current specialist perinatal mental health services pathway and commission an enhanced level of service.

Ensure high quality, resourced pathways and services in Sheffield for people with and recovering from COVID-19.

Examples of outputs:

- More and better community services.
- High quality support to families and carers of people with dementia.

Examples of benefits:

- Increase in number of people who feel supported to manage their own condition.
- Demand on specialist services will be reduced.

Challenge 4: Improve the capacity, resilience and capability of Primary and Community services (including Voluntary sector)

Why is it a priority?

We need excellent, local, joined-up, sustainable primary and community support to deliver the interventions necessary to enable people to live their lives to the full.

Member practices have highlighted that Primary Care Mental Health is an area of concern that requires improvement.

Commissioning Intentions:

Estates:

Make best use of capital investment to provide a primary care estate fit for the 21st century.

Build capacity and resilience in primary care through the development of existing properties where these demonstrate value for money.

Workforce:

Support the recruitment and development of new primary care roles including care navigators, primary care paramedics, primary care physiotherapists, pharmacists and social prescribing.

Develop a robust approach to resilience including workforce recruitment and retention and support to vulnerable practices.

Work with Primary Care to support transfer of services and patient care requirements from secondary to primary care in order to respond to workload increase in primary care.

Recommission primary care translation services to commence October 2020.

Examples of outputs:

- Implement digital and physical infrastructure to share clinical knowledge, skills and expertise across the healthcare system.
- Increase the range of staff working in Primary Care

Examples of benefits:

- Improved access to primary care services
- Improved quality and consistency of services provided
- Increased efficiency

Chapter 6:

Being a caring employer that values diversity and maximises the potential of our people

Supporting our staff to stay healthy

During the first phases of the COVID pandemic, we have enabled our staff to work from home as per government guidelines. Additional support continues to be offered to mitigate any adverse impacts of home working such as musculo-skeletal problems, by facilitating access to physiotherapy service and taking home office chairs, following physiotherapy assessment.

Additional support is also offered around mental wellbeing through a variety of self accessed tools, and other support both virtually or through CCG provided mental health first aiders, Employee Assistance Programme and Occupational Health. Additional support is offered to support staff with concerns around working hours / carer needs / children off school.

The CCG health support has a strong emphasis on mental health and emotional well being, for example:

- Promotion of Mental Health First Aiders, Employee Assistance Programme
- Talking about Suicide online training
- Reciprocal sharing of wellbeing resources across South Yorkshire & Bassetlaw

We have launched a Winter Wellness campaign to support staff to maintain their mood and remain physically active including outdoors in the fresh air. There will also be a range of online / virtual opportunities to remain socially connected with one another. Support is being given to line managers through supervision sessions, one to one time with their line managers and coaching, in order to equip them to identify staff who are struggling, offer support, and signpost to further help. We are placing emphasis on PDR, objective setting and personal development processes in order to maintain focus and motivation – this is complemented by fun, social events which are designed to boost team work and morale.

Developing our culture and fulfilling the potential of our staff

The CCG has now completed the actions in its Improvement Plan that was developed in 2019 to improve the culture of the organisation, and continues to build on this, in order to create a supportive culture whereby the fantastic energy and talents of our staff can thrive. A range of actions are in place to seek staff feedback and involvement, including the regular Staff Temperature Check and “Our Thoughts, our Actions” (feedback on leadership and management) . These are presented and discussed at Governing Body.

A range of initiatives are planned to keep staff informed, to enable staff to have discussions with senior staff, and to ensure the progress we have made on developing an open and empowering culture is maintained.

For example:

- The senior team will schedule some informal briefing / discussion sessions on emerging NHS “reset” policy, starting from October.
- We are reviewing our meetings to make sure that we are working effectively and efficiently.
- We have reinstated virtual drop in sessions with Lesley, Terry, and the Directors.
- Ongoing training on prevention of bullying and harassment in the workplace.
- The Pacific Institute Cultural Change programme will continue in some form over the winter; proposals are being developed in response to staff feed back.
- Six CCG staff members are being trained as trainers to deliver the programme on an ongoing basis for new starters (two planned in per year). These trainers will also design and deliver OD programmes to help staff be resilient to change.

Promoting diversity and inclusion

The CCG is a diverse organisation in terms of gender and there are many women in senior roles but more needs to be done to increase the number of staff members from BAME backgrounds and address the imbalance in BAME staff in senior roles. We want to be an organisation that truly reflects and represents all our communities.

We are working with our staff, particularly our BAME staff, to look at how we can address inequalities at the CCG. We are currently working towards setting up a BAME staff network that we hope will offer peer support and networking to our BAME staff, inform our policy around equality issues, and raise awareness of issues facing our BAME colleagues. We want to listen to the lived experiences of our staff and use these experiences to learn and develop and make our work place more inclusive.

The NHS People Plan contains a number of expectations around the make up of our staff moving to be more representative of the ethnic mix of Sheffield's population, with more ethnic minority staff being represented in senior positions.

The CCG has run two well received virtual "Fika" (coffee) sessions discussing issues related to the Black Lives Matter movement, which shed light on the experiences of Black people living and working in Sheffield, and which have stimulated reflection on our role as an employer and as a commissioner. The ACP has committed to a number of actions which will support anti racist commissioning, with priority actions for 2020-21 which will impact on the CCG, not least around implementing the findings of the "Beyond the Data" report published by Public Health England. Examples include: better targeting of more culturally competent health promotion and disease prevention programmes; improving access, experiences and outcomes for service users from people from BAME groups, and improving the quality of ethnicity data recording.