Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

2022/23 Planning Update

Governing Body Meeting

D

13 January 2022

Author(s)	Sandie Buchan, Director of Commissioning Development Jackie Mills, Director of Finance
Sponsor Director	Sandie Buchan, Director of Commissioning Development Jackie Mills, Director of Finance

Purpose of Paper

This paper provides an update for Governing Body on the planning requirements for 2022/23, as well as the progress that has been made to date on the Sheffield commissioning plans for 2022/23.

Key Issues

- National planning guidance was published on 24th December 2021.
- The guidance details a number of objectives based on the scenario where COVID-19 returns to a low level. The guidance therefore focuses on the ability to make significant progress in the first part of 2022/23 to restore services and reduce backlogs. A total of ten priorities have been identified for the NHS to implement in 2022/23.
- The development of the Sheffield Health & Social Care Joint Commissioning Plan for 2022/23 is ongoing, ensuring alignment to the priorities detailed within the national guidance.
- Draft guidance sets out the proposed financial and contractual arrangements, moving back towards population based 'fair share' allocations and local contractual arrangements.

Is your report for Approval / Consideration / Noting

Consideration

Recommendations / Action Required by Governing Body

The Governing Body is asked to note:

- The national planning guidance and associated priorities
- The ongoing work in developing the 2022/23 joint health and social care commissioning plans, and their alignment to the national planning requirements.
- The draft guidance on finance and contracting arrangements for 2022/23.

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? All objectives **Description of Assurances for Governing Body** Sheffield Health & Social Care Joint Commissioning Plan
Are there any Resource Implications (including Financial, Staffing etc)?
Any identified resource implications are reported within the plan.
Have you carried out an Equality Impact Assessment and is it attached?
All programmes of work will have a completed EIA as part of the development process.
Have you involved patients, carers and the public in the preparation of the report?
All programmes of work will involve patients, carers and the public as appropriate.

NHS
Sheffield
Clinical Commissioning Group

2022/23 Planning Update

Governing Body Public Meeting

13 January 2022

1. Introduction

1.1. This paper provides an update for Governing Body on the national planning guidance for 2022/23, as well as the progress that has been made to date on the Sheffield joint health and social care commissioning plans for 2022/23.

1.2. At the time of writing this paper, it is acknowledged that the current COVID-19 pressures have once again reached unprecedented levels and a major incident has been declared across South Yorkshire and Bassetlaw, on the basis of the current/forecast NHS impact, and the current/forecast impact on staff absences. This is in addition to a level 4 national incident being declared. Whereas work continues to plan for 2022/23, it is recognised that plans may be paused until such a time when COVID-19 pressures are at a more manageable level.

2. National Planning Guidance

2.1. National planning guidance was published on 24th December 2021 and details a suite of objectives, based on the scenario where COVID-19 returns to a low level. The guidance therefore focuses on the ability to make significant progress in the first part of 2022/23 to restore services and reduce backlogs.

2.2. The following ten priorities have been identified for 2022/23:

1. Invest in our workforce and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.

2. Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.

3. Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.

4. Improve the responsiveness of urgent and emergency care and build community care capacity – keeping patients safe and offering the right care, at the right time, in the right setting.

5. Improve timely access to primary care – expanding capacity and increasing the number of appointments available.

6. Grow and improve mental health services and services for people with a learning disability and/or autistic people.

7. Continue to develop our approach to population health management, prevent ill-health and address health inequalities.

8. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes.

9. Make the most effective use of our resources

10. Establish ICBs and collaborative system working

2.3. The Health and Care Bill will require each ICB to publish a five-year system plan before April each year. All ICBs are expected to submit a refreshed five-year system plan in March 23. The outline of the plan should match the ambition for the ICS, including delivering specific objectives under the four purposes to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Support broader social and economic development

The system plan will also reflect the national priorities and ambitions for the NHS and take account of the responsibilities that will be transferred from NHSE such as the direct commissioning of primary care and some specialised services.

2.4. The deadline for the plans to achieve and implement the priorities as detailed within this planning guidance, has been extended to the end of April 22, with draft plans required to be submitted in mid-March 22. Further guidance will be published outlining the specific timetable and information requirements.

3. Development of the Sheffield Commissioning Plan 2022/23

3.1. Work is ongoing on the development of our commissioning plans for 2022/23. For the second year running, Sheffield CCG and Sheffield City Council are developing a joint Sheffield Health & Social Care Commissioning Plan and will detail our aligned priorities for 2022/23. Commissioning leads, supported by the Joint Commissioning Office, have worked together identifying national, regional and local priorities, underpinned by intelligence within the Joint Strategic Needs Assessment (JSNA) as well as service user/patient feedback. An engagement exercise was planned for December 2021, however due to system pressures as a result of COVID-19, this has been postponed and will be undertaken at a later date.

3.2. As 2022/23 will see the Sheffield Team of the South Yorkshire ICB deliver the joint commissioning plan with Sheffield City Council, a key part of the current process is identifying what commissioning intentions and programmes could be delivered at a system level as well as at place. This is to not only achieve the required outcomes but aims to also increase equity of high-quality services across South Yorkshire.

4. Financial and Contracting Arrangements

4.1. Technical planning guidance documents and formal system financial allocations for 2022/23 were not released with the main planning guidance – these are not yet finalised or approved and therefore are now expected to be published in early January. However, some information was released including draft finance and contracting planning guidance. This draft guidance confirms that from 2022/23, the allocations methodology will be reset to move systems back towards a fair share distribution of resource at the levels affordable within the spending review settlement.

4.2. Draft information has been provided on overall system level resources, but detailed guidance is required to understand the adjustments made and how these impact, at a system level as well as at a Sheffield level, to allow us to assess the risks to our ability to progress on the national asks as well as our local commissioning intentions.

4.3. Additional elective recovery funding will be available in 2022/23 (£2.3bn nationally). Systems will continue to receive fixed allocations for COVID-19 services, but at a reduced level compared to 2021/22 (57% less). No support will be available to trusts for loss of non-NHS income.

4.4. The guidance notes that under the proposed legislation, ICBs will also have a duty to deliver in-year financial balance as an individual statutory entity. The ICBs will inherit the cumulative surpluses of their predecessor CCGs, but access to utilise this funding on a non-recurrent basis will be subject to affordability and national approval. NHS England and NHS Improvement intend to use additional powers in the legislation to set a financial objective for each ICB and its partner trusts to deliver a financially balanced system, namely a duty on break even.

4.5. Alongside the main planning guidance for 2022/23, consultation documents on the National Tariff Payment System and the NHS Standard Contract were also released. The expectation is that from 2022/23, changes will be made to the emergency payment arrangements to support the transition back towards local agreement of contracts under the National Tariff Payment System (NTPS). Contracts are expected to be agreed with each provider covering the whole financial year. The deadline for signing of contracts is unclear, but is assumed to be by 31 March 2022 at the latest.

5. Action / Recommendations for Governing Body

The Governing Body is asked to note:

- The national planning guidance and associated priorities
- The ongoing work in developing the 2022/23 joint health and social care commissioning plans, and their alignment to the national planning requirements.
- The draft guidance on finance and contracting arrangements for 2022/23.

Paper prepared by: Sandie Buchan, Director of Commissioning Development
Jackie Mills, Director of Finance

On behalf of: Sandie Buchan, Director of Commissioning Development
Jackie Mills, Director of Finance

January 2022

Appendix A

National Planning Priorities for 2022/23

1. Invest in our workforce and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.

Systems are required to accelerate the work to transform and grow the NHS workforce by; Looking after our staff; Improving the diversity of our workforce; Working differently and introducing new roles; Expanding and growing our workforce.

This includes:

- Investment to expand the national nursing international recruitment programme and support to recruit more allied health professionals.
- National healthcare support worker (HCSW) recruitment and retention programme.
- Continued funding of mental health hubs to enable staff access to enhanced occupational health and wellbeing and psychological support.
- A suite of national GP recruitment and retention initiatives to enable systems to support their PCNs to expand the GP workforce and make full use of the digital locum pool.
- Additional Roles Reimbursement Scheme (ARRS) to deliver 26,000 roles in primary care, to support the creation of multidisciplinary teams.

2. Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.

Delivery of the vaccine programme is expected to remain a key priority in 2022/23, therefore systems are asked to ensure the right infrastructure is in place to effectively deliver the programme.

For those people living with post-COVID syndrome (long COVID) a number of priorities have been identified:

- Increase the number of patients referred to post-COVID services and seen within six weeks of referral,
- Decrease the number of patients waiting longer than 15 weeks, to enable their timely placement on the appropriate management or rehabilitation pathway.

3. Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.

Maximise **elective activity** and reduce long waits, taking full advantage of opportunities to transform the delivery of services.

Systems are asked to:

- Eliminate waits of over 104 weeks as a priority and maintain this position through 2022/23
- Reduce waits of over 78 weeks and conduct three-monthly reviews for this cohort of patients, extending the three-monthly reviews to patients waiting over 52 weeks from 1st July 2022
- Develop plans that support an overall reduction in 52-week waits where possible
- Accelerate the progress we have already made towards a more personalised approach to follow-up care in hospitals or clinics, reducing outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 23 and going further where possible.
- Patient initiated follow-up (PIFU) – expanding the uptake of PIFU to all major outpatient specialities, moving or discharging 5% of outpatient attendances to PIFU pathways by March 23.
- Effective discharge

- More streamlined diagnostic pathways
- Referral optimisation – delivering 16 specialist advice requests, including advice and guidance, per 100 outpatient first attendances by March 23.

Complete recovery and improve performance against **cancer waiting times standards**.

Systems are asked to:

- Return the number of people waiting for longer than 62 days to the level in February 20.
- Meet the increased level of referrals and treatment required to reduce the shortfall in number of first treatments.
- Provision of sufficient commissioned capacity so that every urgent suspected lower GI cancer referral is accompanied by a faecal immunochemical test (FIT) result.
- Delivery of the optimal timed pathway for prostate cancer, including ensuring mpMRI prior to biopsy to eliminate the need for a biopsy wherever possible.
- Making teledermatology available as an option for clinicians in all providers receiving urgent cancer referrals.
- Improve performance against all cancer standards, with a focus on the 62-day urgent referral to first treatment standard, the 28-day faster diagnosis standard and the 31-day decision to treat to first treatment standard.
- Make progress against the ambition in the NHS Long Term Plan to diagnose more people with cancer at an earlier stage, with a particular focus on disadvantaged areas where rates of early diagnosis are lower.
- Working with PCNs to support implementation of cancer early diagnosis as set out in the Network Contract Directed Enhanced Service (DES).
- Running local campaigns to complement national advertising to raise public awareness of cancer symptoms and encourage timely presentation.
- Extending coverage of non-specific symptom pathways – with at least 75% population coverage by March 23.
- Ensuring at least 65% of urgent cancer referrals for suspected prostate, colorectal, lung, oesophago-gastric, gynaecology and head and neck cancer meet timed pathway milestones.

Diagnostics. Recovery of the highest possible diagnostic activity volumes is critical to providing responsive, high quality services and supporting elective recovery and early cancer diagnosis. This will be supported by the timely implementation of new community diagnostic centres (CDCs).

Systems are asked to:

- Increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23 to support these ambitions and meet local need
- Develop investment plans that lay the foundations for further expansion of capacity through CDCs in 2023/24 and 2024/25.

Systems are asked to utilise targeted capital allocations to:

- Increase the number of endoscopy rooms.
- Invest in CT capacity to support expansion the Target Lung Health Checks programme from 2023/24
- Develop additional digitally connected imaging capacity and ensure that acute sites have a minimum of two CT scanners
- Procure new breast screening units to deliver the 36-month cycle.

Systems should ensure that pathology networks reach, as a minimum, the 'maturing' status for delivery of pathology services on the pathology network maturity framework by 2024/25. They should also meet the requirements of all national data collections for diagnostic services and support the work to scope creation of endoscopy and clinical physiology networks.

Deliver improvements in **maternity care**. Systems working through local maternity systems (LMSs) are asked to continue to work towards delivering a range of transformation objectives to make maternity and neonatal care safer, more personalised and more equitable. ICSs should undertake formal, structured and systematic oversight of how their LMS delivers its functions and there should be a direct line of sight to the LMS board.

LMSs are also asked to continue to work with providers to implement local plans to deliver Better Births, the report of the national maternity review, including:

- Delivering local plans for midwifery continuity of carer (MCoC) in line with Delivering midwifery continuity of carer at full scale.
- Offering every woman a personalised care and support plan in line with the Personalised care and support planning guidance.
- Fully implement Saving Babies' Lives. Providers should have a preterm birth clinic and act so that at least 85% of women who are expected to give birth at less than 27 weeks' gestation are able to do so in a hospital with appropriate on-site neonatal care.

4. Improve the responsiveness of urgent and emergency care and build community care capacity – keeping patients safe and offering the right care, at the right time, in the right setting.

Sustaining UEC performance has been very challenging due to the pandemic. We need to continue reforms to community and urgent and emergency care to deliver safe, high quality care by preventing inappropriate attendance at EDs, improving timely admission to hospital for ED patients, reducing length of stay and restoring ambulance response times.

This needs to be supported by increasing capacity by the equivalent of at least 5,000 additional G&A beds, in particular through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments and minimising ambulance handover delays.

The urgent and emergency care system continues to be under significant pressure ahead of what is expected to be an extremely challenging winter. These pressures are exacerbated by delayed ambulance handovers and ambulance response times. A longer-term improvement approach is required for the full recovery of urgent and emergency care services.

Systems are therefore asked to:

- Reduce 12-hour waits in EDs towards zero and no more than 2%
- Improve against all Ambulance Response Standards, with plans to achieve Category 1 and Category 2 mean and 90th percentile standards
- Minimise handover delays between ambulance and hospital, allowing crews to get back on the road and contribute to achieving the ambulance response standards. This includes:
  - eliminating handover delays of over 60 minutes
  - ensuring 95% of handovers take place within 30 minutes

- ensuring 65% of handovers take place within 15 minutes

Systems are asked to build on the work already commenced, as indicated in the **UEC 10 Point Action Recovery Plan**. This should incorporate:

- Increasing capacity within NHS 111 to ensure the service is the credible first option for patients, enabling their referral to the most appropriate care setting, including:
  - call handling capacity to meet growing demand
  - clinical capacity within the clinical assessment service to support decision-making, with >15% of calls received having clinical input
  - ensuring there is a full range of available options in the Directory of Services to meet local need
  - adopting the new regional/national route calling technology.
- Expanding urgent treatment centre (UTC) provision and increasingly moving to a model where UTCs act as the front door of ED, to enable emergency medicine specialists to focus on higher acuity need within the ED.

Systems are asked to put in place **integrated health and care plans for children and young people's services** that include a focus on urgent care; building on learning from pilots placing paediatric staff within NHS 111 services; better connections between paediatric health services; joining up children's services across the NHS and local authorities; improving transitions to adult services; and supporting young people with physical and mental health needs within acute and urgent care settings.

Systems are asked to consistently submit timely **Emergency Care Data Set** (ECDS) data, now seven days a week.

Transform and build **community services capacity** to deliver more care at home and improve hospital discharge.

Given the significant pressure on acute beds we must now aim for the full implementation of virtual wards as rapidly as possible. Systems are therefore asked to develop detailed plans to maximise the rollout of virtual wards to deliver care for patients who would otherwise have to be treated in hospital, by enabling earlier supported discharge and providing alternatives to admission. These plans should be developed across systems and provider collaboratives, rather than individual institutions, based on partnership between secondary, community, primary and mental health services. Systems should also consider partnerships with the independent sector where this will help grow capacity.

By December 2023, systems are expected to have completed the comprehensive development of virtual wards towards a national ambition of 40–50 virtual wards per 100,000 population.

Successful implementation will require systems to:

- Maximise their overall bed capacity to include virtual wards
- Prevent virtual wards becoming a new community-based safety netting service; they should only be used for patients who would otherwise be admitted to an NHS acute hospital bed or to facilitate early discharge
- Maintain the most efficient safe staffing and caseload model
- Manage length of stay in virtual wards through establishing clear criteria to admit and reside for services
- Fully exploit remote monitoring technology and wider digital platforms to deliver effective and efficient care.

Urgent community response. By April 2022 all parts of England will be covered by 2 hour urgent community response services and over 2022-23 providers and systems will be required to:

- Maintain full geographic rollout and continue to grow services to reach more people extending operating hours where demand necessitates and at a minimum operating 8am to 8pm, 7 days a week in line with national guidance
- Improve outcomes through reaching patients in crisis in under 2 hours where clinically appropriate. Providers will be required to achieve, and ideally exceed in the majority of cases, the minimum threshold of reaching 70% of 2 hour crisis response demand within 2 hours from the end of Q3.
- Increase the number of referrals from all key routes, with a focus on UEC, 111 and 999, and increase care contacts
- Improve capacity in post urgent community response services to support flow and patient outcomes including avoiding deterioration into crisis again or unnecessary admission
- Ensure workforce plans support increasing capacity and development of skills and competencies in line with service development
- Improve data quality and completeness in the Community Services Dataset (CSDS) as this will be the key method to monitor outcomes, system performance and capacity growth

Anticipatory care. Anticipatory care (AC) is a Long-Term Plan commitment focused on provision of proactive care in the community for multimorbid and frail individuals who would benefit most from integrated evidence-based care. ICSs should design, plan for and commission AC for their system. Systems need to work with health and care providers to develop a plan for delivering AC from 2023/24 by Q3 2022, in line with forthcoming national operating model for AC.

Community service waiting lists. Systems must develop and agree a plan for reduction of community service waiting lists and ensure compliance of national sitrep reporting. Specifically, systems are asked to:

- Develop a trajectory for reducing their community service waiting lists
- Significantly reduce the number of patients waiting for community services
- Prioritise patients on waiting lists
- Consider transforming service pathways and models to improve effectiveness and productivity.

Hospital discharge. As outlined in the H2 2021/22 planning guidance, the additional funding for the Hospital Discharge Programme will end in March 2022. As part of preparing the NHS for the potential impact of the Omicron variant and other winter pressures, systems have been asked to work together with local authorities and partners, including hospices and care homes, to release the maximum number of beds, as a minimum this should be equivalent to half of current delayed discharges.

Systems should seek to sustain the improvement in delayed discharges in 2022/23 working with local authority partners and supported by the Better Care Fund and the investment in virtual wards.

Digital. Digital tools and timely, accurate information are key to delivering on these aims and systems are asked to:

- Identify digital priorities to support the delivery of out-of-hospital models of care.

- Ensure providers of community health services, including ICS-commissioned independent providers, can access the Local Care Shared Record as a priority in 2022/23, to enable urgent care response and virtual wards.
- Deliver radical improvements in quality and availability against national data requirements and clinical standards, including the priority areas of urgent care response and musculoskeletal (MSK).

5. Improve timely access to primary care – expanding capacity and increasing the number of appointments available.

The NHS Long Term Plan commits to increasing investment in primary medical and community services (PMCS). Systems are asked to look for opportunities to support integration between community services and PCNs, given they are an integral part of solutions to key system challenges that require a whole system response, including elective recovery and supporting more people in their own homes and local communities. Systems should also consider how community pharmacy can play a greater role in local plans as part of these integrated approaches.

Expanding the primary care workforce remains a top priority to increase capacity. Systems are expected to:

- Support their PCNs to have in place their share of the 20,500 FTE PCN roles by the end of 2022/23 (in line with the target of 26,000 by the end of 2023/24) and to work to implement shared employment models, drawing on more than £1 billion of Additional Roles Reimbursement Scheme (ARRS) funding across system development funding (SDF) and allocations.

- Expand the number of GPs towards the 6,000 FTE target, with consistent local delivery of national GP recruitment and retention initiatives, thereby continuing to make progress towards delivering 50 million more appointments in general practice by 2024.

Systems are asked to support practices and PCNs to ensure the commitment that every patient has the right to be offered digital-first primary care by 2023/24 is delivered.

2022/23 will see the implementation of GP contract changes, including those to the DES. In addition to the five services already being delivered by PCNs, from April 2022 there will be a phased introduction of two new services – anticipatory care and personalised care – and an expanded focus on cardiovascular disease (CVD) diagnosis and prevention.

Systems are asked to support their PCNs to work closely with local communities to address health inequalities.

Practices should continue the critical job of catching up on the backlog of care for their registered patients who have ongoing conditions, to ensure the best outcomes for them and to avoid acute episodes or exacerbations that may otherwise result in avoidable hospital admissions or even premature mortality.

6. Grow and improve mental health services and services for people with a learning disability and/or autistic people.

Expand and improve mental health services:

- Continue to expand and improve mental health crisis care provision for all ages.
- Ensure admissions are intervention-focused, therapeutic and supported by a multidisciplinary team.
- Continue implementing the NHS Mental Health Implementation Plan 2019/20-2023/24.
- Specialist perinatal teams for infants and their parents.
- National Quality Improvement programme to support implementation of the Mental Health Act reforms.

Delivery of the Mental Health Investment Standard (MHIS) remains a mandatory minimum requirement.

Meeting the needs of people with a learning disability and autistic people:

- Increase the rate of annual health checks for people aged 14 and over on a GP learning disability register towards the 75% ambition in 2023/24.
- Continue to improve the accuracy of GP learning disability registers.
- Maintain a strong commitment to reducing reliance on inpatient care for both adults and children with a learning disability and/or who are autistic.
- Build on the investment made in 2021/22 to develop a range of care and diagnostic services for autistic people delivered by multidisciplinary teams.
- Implement the actions coming out of Learning Disability Mortality Reviews (LeDeRs).

7. Continue to develop our approach to population health management, prevent ill-health and address health inequalities.

Working alongside local authorities and other partners to continue to develop our approach to population health management and prevention so that people can play a more proactive role in promoting good health.

Including delivering the objectives outlined in the NHS Long Term Plan, system plans will also detail:

- The rollout of tobacco dependence treatment services in all inpatient and maternity settings.
- Improvements in the uptake of lifestyle services.
- Improvement in the management and monitoring of long term conditions as detailed in the Quality and Outcomes Framework (QOF).

Systems are also asked to:

- Renew their focus on reducing inequalities in access to and outcomes from NHS public health screening and immunisation services.
- Continue to adopt culturally competent approaches to increasing vaccination uptake in groups that have a lower than overall average uptake as of March 2022.
- Continue to deliver on the personalised care commitments set out in the NHS Long Term Plan – social prescribing referrals, personal health budgets, and personalised care and support plans are key enablers of population health and prevention.

8. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes.

Systems will be funded to establish dedicated teams to support development and delivery of plans to:

- Include provisions for robust cyber security across the system
- Reflect ambitions to consolidate purchasing and deployment of digital capabilities, such as electronic patient records
- Set out steps being taken to support digital inclusion
- Consider how digital services can support the NHS Net Zero Agenda

Funding will also be made available in 22/23 to be directed towards those services and settings that are the least digitally mature.

Systems are asked to ensure that:

- By March 23, all systems with a Shared Care Record collaborative can exchange information across the whole collaborative, with a view to national exchange by March 24.
- Local Authorities with social service responsibilities are connected to their local Shared Care Record solution by March 23.
- Suppliers comply with interoperability standards.
- General practice promotes the NHS app and NHS.UK to reach 60% adult registration by March 23.
- Plans are developed to support skilling up the workforce to maximise the opportunities of digital solutions.

9. Make the most effective use of our resources

One-year revenue allocations to 2022/23 and three-year capital allocations to 2024/25 will be formally published. The remaining two-year revenue allocations to 2024/25 will be published in the first half of 2022/23.

With this funding, the NHS is expected to fully restore core services and make significant in-roads into the elective backlog and NHS Long Term Plan commitments. The spending review settlement assumes the NHS takes out cost and delivers significant additional efficiencies, on top of the NHS Long Term Plan requirements, to address the excess costs driven by the pandemic response, moving back to and beyond pre-pandemic levels of productivity when the context allows this.

The financial arrangements will confirm collective local accountability and responsibility for delivering system and ICB financial balance. The Health and Care Bill includes provisions which are designed to ensure that ICBs and trusts are collectively held responsible for their use of revenue and capital resources. Each ICB and its partner trusts will have a financial objective to deliver a financially balanced system, namely a duty on breakeven.

10. Establish ICBs and collaborative system working

A new target date of 1st July 2022 has been agreed for the new statutory arrangements for ICSs to take effect and ICBs to be legally and operationally established, however this remains subject to the passage of the Health and Care Bill through Parliament. The original preparatory phase has therefore now been extended from 1st April 22 to this time and will mean the following:

- CCGs will remain in place as statutory organisations. They will retain all existing duties and functions and will conduct their business through existing Governing Bodies.
- CCG leaders will work closely with designate ICB leaders in key decisions that will affect the future ICB, notably commissioning and contracting.
- NHSE&I will retain all direct commissioning responsibilities not already delegated .