

NHS Sheffield CCG Plan Submission for 2022-23 and progress update on Commissioning Intentions**Governing Body meeting****G****3 March 2022**

Author(s)	Jane Howcroft, Head of Programme Management Office and Planning Jennie Milner, Deputy Director of Planning and Joint Commissioning
Sponsor Director	Sandie Buchan, Director of Commissioning Development
Purpose of Paper	
<p>The purpose of this paper is to summarise progress on development of a place- based plan for 2022 -23, responding to the key priorities outlined by NHS England in the current Planning Guidance. The paper also describes the process we are following to finalise our Commissioning Intentions for the coming year, including those we have developed jointly with Sheffield City Council.</p>	
Key Issues	
<ul style="list-style-type: none"> • Planning guidance for 2022 -23 was issued on 24 December 2021. The CCG is working with provider partners to create a unified, place-based submission which will include data on activity, performance and workforce projections, and narrative which will address health inequalities, elective and cancer performance recovery, primary care, and urgent and emergency care. • The deadline for the draft submission to the South Yorkshire and Bassetlaw Locality team at NHS England / NHS Improvement (NHSE / NHSI) is 9 March 2022. The subsequent deadline for the final submission is proposed as 20 April 2022, but this has yet to be confirmed. • CCG staff have been working with NHS partners and colleagues in Sheffield City Council (SCC) to develop Commissioning Intentions for 2022-23. This has been underpinned by extensive engagement with the voluntary sector and with patient advocacy groups. This paper describes the process we have followed, progress achieved to date, and what needs to happen next. • Whilst system allocations remain draft, work continues to confirm distribution of the system allocation to organisations. Draft envelopes proposed from the ICS Director of Finance include a reduction in covid funding as well as additional efficiency/ convergence asks which may impact our ability to progress some of the Commissioning Intentions that may require additional investment. • Three Governing Body members have been invited to participate in a process to scrutinise and confirm our Commissioning Intentions, in order to add an additional level of assurance. 	

Is your report for Approval / Consideration / Noting
Approval and consideration
Recommendations / Action Required by Governing Body
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> • Note the progress on the preparation of our submission to NHSE/ NHSI in response to the 2022-23 Planning Guidance. • Agree that the Accountable Officer will be delegated responsibility for signing off the final planning submission from the CCG. • Note progress on the development of our Commissioning Intentions and the next steps for this workstream. • Note the update on financial planning.
What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?
<p>Which of the CCG's Objectives does this paper support?</p> <p>This paper supports delivery of the following CCG objectives in the Assurance Framework:</p> <ol style="list-style-type: none"> 1. Reduce the impact of health inequalities on people's health and wellbeing through working with Sheffield City Council and partners 2. Lead to the improvement of quality of care and standards 3. Bring care closer to home 4. Improve health care sustainability and affordability <p>Description of Assurances for Governing Body</p> <p>The paper supports management of the following CCG's principal risks in the Assurance Framework:</p> <p>1.1 and 1.4 The Plan submission outlines the action that we are planning to take with partners to reduce health inequalities, including the risk that the pause on elective activity during the pandemic will have worsened inequalities. Our Plan submission is required to demonstrate how we are working with provider partners to mitigate this.</p> <p>2.2 and 2.4 Our 2022-23 Plan and Commissioning Intentions address the risk that capacity problems in services will hinder post COVID recovery and delivery of NHS Constitution standards. The 2022-23 Plan addresses boosting elective activity, addressing waiting time backlogs and increasing the NHS workforce.</p> <p>3.2 Primary care resilience is explicitly addressed in the 2022 -23 Plan submission, including workforce planning for this sector.</p> <p>4.2 Our work with SCC partners on Joint Commissioning Intentions demonstrates that effective</p>

partnership working continues to take place, notwithstanding the planned organisation changes at system level.

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

There are significant staff resource implications for the CCG to be able to make an accurate and timely plan submission and to deliver the Commissioning Intentions, however this is normal core business.

The financial implications of the Commissioning Intentions will be clarified and finalised via the production of the Commissioning Plan; business cases will be required for each service proposal that requires new investment.

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

Quality and Equality Impact Assessments will be undertaken as required for any new service development or business case proposals arising from the Commissioning Intentions, as a condition of their approval.

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

This paper describes the engagement work which has been undertaken to develop the Commissioning Intentions – please see sections 3.2 and 3.3 below

NHS Sheffield CCG Plan Submission for 2022-23 and progress update on our Commissioning Intentions

Governing Body meeting

3 March 2022

1. Introduction: national planning process and timeline

- 1.1 The national NHS Planning Guidance for 2022-23 was published on 24 December 2021, building on the guidance published last year and the priorities for recovery post COVID which were issued in 2020. Addressing health inequalities, improving data quality, mitigating against digital inclusion and building resilience in services are all key elements, with a strong emphasis on tackling long waits for elective services and cancer treatments, strengthening services for people with mental health conditions, and improving response times in urgent and emergency care. See section 2 below for further detail.
- 1.2 Further detail was made available on 8 February with the publication of the Elective Recovery Delivery Plan, which addresses how the NHS can increase elective activity and productivity, transforming services to be more efficient and person centred. This guidance addresses estates and workforce issues, sets targets for reductions in clinically unnecessary outpatient follow up appointments, and provides the context for new ways of working eg non face to face appointments. It also considers how people who are waiting for treatment can be supported, and how clinical risks associated with longer waits can be managed.
- 1.3 This paper describes the work which is under way with partners to prepare our first draft Planning Submission to NHS England / NHS Improvement (NHSE/NHSI) on 9 March, and the work we have already undertaken on our local Commissioning Intentions.
- 1.4 The planning submission timeframe is detailed below:

28 February 2022	Meeting between all place partners and SYB Locality Team at NHS England to discuss any issues in the anticipated Plan submission.
3 March 2022	Draft financial plan submission to the ICS, based on control totals issued
9 March 2022	Local submission deadline for places; we are required to submit draft numbers on activity, performance and workforce and an accompanying narrative, which includes a section describing how we are addressing health inequalities.
17 March 2022	The NHSE / NHSI team submit one South Yorkshire and Bassetlaw return on all our behalf to the regional team, with

	contributions from SYB ICS Programme Directors.
31 March 2022	Contracts signed with providers.
20 April 2022 (to be confirmed)	Final deadline for places to submit narratives, workforce, activity and performance information to NHSE / NHSI.
28 April 2022	National submission deadline – all information to be in final form, expect Mental Health workforce, which is still expected to be a draft return.
21 June 2022 (to be confirmed)	Places to submit final Mental Health workforce information.
23 June 2022	National submission deadline for final Mental Health workforce information.

- 1.5 An internal Steering Group has been established and is chaired by Jennie Milner, Deputy Director of Planning and Joint Commissioning. This meets weekly to ensure that information is shared in a timely way, that expectations and deadlines are clear, and to offer support to CCG colleagues who are preparing the draft submissions. An action tracker has been produced, which is updated regularly and the planning team act as a central conduit for information to ensure that new documents which are issued by NHSE / NHSI reach colleagues in a timely way. The Director of Commissioning Development and CCG planning leads meet weekly with the planning leads in the three provider Trusts to discuss any issues or questions which arise, and to ensure that work is on track to meet the deadlines.
- 1.6 All information from CCG colleagues and provider partners is due with the CCG planning and Business Intelligence teams by close of play Friday 4 March, to enable checks and alignment to take place prior to the submission on 9 March.
- 1.7 It is recommended that approval of the final operational plan that will be submitted for Sheffield is delegated to Sheffield CCG Accountable Officer, once plans have been finalised and aligned; this is expected to be before 20 April 2022.
- 1.8 There are several issues to draw to the attention of Governing Body members associated with the planning process for this year:
- NHSE have commissioned Newton Europe to work with SYB ICS on elective recovery plans from 2023 onwards, there is an expectation the 22/23 plan will dovetail to those plans.
 - Workforce remains a major area of concern, beyond recruitment and retention the current workforce is tired and recovering. Health and wellbeing of the workforce will be a key factor in the successful delivery of the plans.
 - Virtual Ward - the success of the virtual ward initiative is a key factor in elective recovery in ensuring adequate flow from hospital. At present the additionality this will provide for Sheffield is unknown and additional demand on primary care services need to be factored in.

- Strategic Transformation Funding detail is still to be resolved.
- Dedicated national funding for Hospital Discharge will cease at the end of March 2022. It has been advised that no additional funding will be given to support Local Authorities. This remains a risk in ensuring flow is managed and surge pressure plans are in place and financially viable.
- To some extent, delivery of changes in Outpatient transformation such as Patient Informed Follow Up appointments, and general reduction in follow ups, will be dependent on a prepared primary care service to manage and support patients as required. Capacity in primary care to support this remains a risk.

2. National Priorities and Operational Planning Guidance

- 2.1 The NHS Planning Guidance for 2022 -23 emphasises the need for systems to continue to reduce health inequalities and sets out detailed requirements for enhanced reporting of how places are reducing inequalities, including discrepancies in access to services, waiting times and outcomes. Alongside this, the NHS is expected improve data collection and reporting; reduce its environmental footprint; and to contribute to tackling climate change.
- 2.2 It should be noted that the planning guidance is predicated on the assumption that circulation and impact of COVID-19 will fall to low levels. The ten priorities for 2022-23 are summarised below.

	NHS key priorities for 2022-23
A	Invest in our workforce – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care
B	Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
C	Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards
D	Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity– keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (EDs) and minimising ambulance handover delays
E	Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level
F	Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level
G	Continue to develop our approach to population health management, prevent ill-health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.
H	Exploit the potential of digital technologies to transform the delivery of care

	and patient outcomes – achieving a core level of digitisation in every service across system
I	Make the most effective use of our resources – moving back to and beyond pre-pandemic levels of productivity, when the context allows this
J	Establish ICBs and collaborative system working – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places

3. Commissioning Intentions for 2022-23: process and current state of play

3.1 As in previous years, teams within the CCG and the Council have worked together to identify actions to be delivered in 2022/3, which would reflect: our agreed joint strategic priorities; the NHS Long Term Plan; NHS Planning Guidance; Sheffield's Health and Wellbeing Strategy; our aspiration to tackle local inequalities, and our previous work to determine local priorities, such as Joint Strategic Needs Assessments.

3.2 The Commissioning Intentions were also developed intelligence gathered by the CCG's Patient Experience team in 2021. Some strong themes had emerged from what patients had told us, for example, around unwarranted variability of experience, with worse experiences reported by people from more deprived areas, as well as gaps between the experiences of white and BAME people, and difficulties faced by people with communication needs and disabilities. Commissioners were asked to consider how they could address the patient experience themes as they developed their proposals for 2022-23.

3.3 In addition to the patient experience insights from 2021, a questionnaire was developed to seek local people's views concerning:

- confidence in accessing health care and support;
- the ease (or otherwise) people had experienced in accessing care and support;
- concerns or positive feelings about information sharing between agencies;
- preferences around which health care professional they would like to see;
- timing of appointments and travel options;
- what support and information might be helpful whilst waiting for elective health care
- what people thought the priorities should be for NHS investment.

The original intention was to undertake a population engagement exercise based on these questions in November / December, but this was deferred until January 2022, due to the impact of the Omicron COVID variant. The feedback from the engagement exercise is being analysed in the latter part of February and is expected to inform how SCC and CCG staff develop, refine and carry out the Commissioning Intentions in 2022-23.

3.4 Commissioning leads within the CCG and Council were invited to submit draft Commissioning Intentions for 2022-23 in January. These were then scored in workshop style sessions, by a broad representation of staff (including colleagues from Quality and Finance) to ensure an appropriate and robust level of scrutiny. Commissioning leads were given the opportunity to submit supplementary

information to questions asked in the workshops. The Intentions were scored according to the extent they were able to fulfil a range of strategic objectives:

- Tackling determinants of poor health and wellbeing, such as poverty, unemployment, poor housing, air pollution, education and skills
- Increasing the number of people whose health and wellbeing need are identified and supported early
- Increasing the number of people who are effectively supported and empowered to manage their health needs to optimal levels
- Person centred approach taken
- Supporting strong families and communities, reducing crime and antisocial behaviour
- Improve the capacity, resilience and capability of Primary and Community services (including Voluntary sector)
- Safeguarding and protecting vulnerable children, adults and families
- Evidence based approach taken
- Supporting people to lead independent and fulfilling lives
- Releases real costs (e.g.by significantly reducing growth in demand or significantly minimising inappropriate demand)
- Linked to national transformational funding
- Improve the equity of health/wellbeing/care/education services (ie will the service be offered unequally but with proportionate levels of support and funding to ensure all parts of the population achieve the same outcomes)
- Supports/enables integration of health and social care and/or primary and secondary care
- Creates value for people in Sheffield and value for the city
- Scale of impact

The level of risk was also considered

- Timescale for delivery of the intention
- Difficulty of implementation and timescale
- Potential reputational risk if the Intention did not proceed

3.5 Thirty-three Commissioning Intentions were scrutinised and scored; of these, 19 were Joint Commissioning Intentions which were developed, and will be taken forward, by SCC and CCG colleagues working together.

The Commissioning Intentions cover a wide range of CCG and Council priority areas:

- **Supporting Independence:** eg supporting the Ageing Well workstream which aims to prevent crisis, and investing in primary and community care with people and community at the heart.
- **Supporting people who live with Long Term Conditions:** eg roll out of Diabetes One Stop Shop Clinics, and services for people who are experiencing respiratory problems having contracted COVID-19.
- **More efficient services:** eg re-design of the city's phlebotomy service.

- **Ensuring that children and young people have a good start in life:** eg developing integrated, locality based health services for children and young people; reviewing and developing pathways that support seamless transition to adulthood, working with education and social care.
- Delivering enhanced provision for **children with Special Educational Needs and Disabilities.**
- **Investing in services for people with mental ill health, learning disability and autism to tackle inequalities:** eg all age eating disorder pathways, Mental Health Crisis services, strengthening services for people with autism, and implementing the city wide Dementia Strategy across health and social services.
- **Interventions to improve health / prevent ill health** eg specialised weight management services, tackling inequalities in early cancer diagnosis; diabetes prevention; targeted interventions for people with hypertension, and supporting the physical health of people with significant mental health conditions.
- **Boosting capacity in primary care** eg re-introducing spirometry testing in a COVID safe way.
- **End of Life Care:** implementation of city wide projects and delivering the national Strategy.
- **Improving urgent and emergency care pathways** – developing rapid access to local clinical advice and guidance and signposting to supporting services where appropriate, which should reduce clinically unnecessary use of services such as A&E.
- Developing **effective alternatives to hospital** eg virtual wards, intermediate care (to assist more timely discharge from hospital, as well as avoiding admissions); community-based Clinical Diagnosis Services (which will boost our elective capacity).

3.5 A further piece of work is planned to refine the Commissioning Intentions, due to take place in early March. During the previous scoring sessions, questions were raised about how we will ensure each intention is reducing health inequalities, and how we might be able to maximise opportunities around information / digital technology, and how we could use information to track the impact and outcomes of the Intentions.

Two “Dragon’s Den” sessions are planned for early March, involving Leigh Sorsbie, Lisa Phillips and Mark Gamsu from Governing Body, as well as colleagues from Sheffield City Council and CCG staff members who work on Business intelligence, Information Technology, Patient Experience, Communications and Engagement, Finance and Contracting.

4. Financial Planning

4.1. Draft financial system envelopes were published for systems on 24 December. The ICS Director of Finance issued draft organisational resource totals for each CCG/Place and Provider within the ICS footprint (excluding Bassetlaw) on 18

February. For Sheffield CCG/Place, this represents a reduction on the funding we received in 2021/22, mainly as a result of the cessation of funding for Hospital Discharge, reduction in Covid funding, increased efficiency requirements and the introduction of a convergence adjustment (additional differential efficiency). The finance team continue to work through the implications of the proposed funding settlement, in particular what this means in terms of efficiency expectations for the CCG/place and ability to prioritise investments. However, it should be noted that this work has been hampered by delays in publishing key elements of guidance. For example, Elective Recovery Guidance was only published on 23 February; it has been confirmed that there will be a national re-consultation on National Tariff proposals that will not close until 25 March; and key information on some additional national funding (Service Development Funding (SDF)) is still to be confirmed.

- 4.2. The ICS Director of Finance has confirmed his intention to review the final distribution of system resource in light of the submission of draft financial plans. However, given the overall level of resources available and the focus of specific funding and planning to elective recovery, it is inevitable that there will need to be a significant drive to identify and deliver efficiency savings to be able to make progress on the other elements of our commissioning priorities.

5. Next steps: creating a Commissioning Plan

- 5.1 The final Commissioning Intentions will be translated into the 2022/23 Joint Health and Social Care Commissioning Plan which will be monitored and reported on, and this will be incorporated into the Sheffield “place” Operational Plan for 2022-23 (this will be presented to Governing Body in May 2022). Staff in the Joint Commissioning Office will be working with the lead person for each Commissioning Intention to capture:

- Key milestones eg expected “go live” date for new services or changes
- Project benefits, ensuring that these are clearly articulated and any key performance indicators or outcome measures are recorded and being reported on regularly (as data flows allow)
- Any risks, and to identify mitigating strategies as needed
- Any steps which need to take place before a Commissioning Intention can proceed further, eg production of a business case for additional resource
- Further work which may be required with stakeholders eg clinical engagement, public communications
- Interdependencies between any projects relating to the Commissioning Intentions
- Potential for generating savings through efficiencies and agreeing how this could be measured.
- Availability of national and local funding to support any investment asks.

This information will be captured on the Programme Management Information system which the CCG uses, known as Aspyre. This information can be used to generate highlight reports which will show where projects are on / off track and where any risks are causing concern, or new issues arising. The current proposal is for these highlight reports to be managed by Executive Management group and overseen by the Joint Commissioning Committee, reporting to Governing Body, Cabinet and Health and Wellbeing board in accordance with the scheme of delegation.

6. Action / Recommendations for Governing Body

The Governing Body is asked to:

- Note the progress on the preparation of our submission to NHS England in response to the 2022-23 Planning Guidance.
- Agree that the Accountable Officer will be delegated responsibility for signing off the final planning submission from the CCG.
- Note progress on the development of our Commissioning Intentions and the next steps for this workstream.
- Note the update on financial planning.

Paper prepared by: Jane Howcroft, Head of Programme Management Office
Jennie Milner, Deputy Director of Planning and Joint Commissioning
Jackie Mills, Director of Finance

On behalf of: Sandie Buchan, Director of Commissioning Development

21 February 2022