

Sheffield Place Partnership Priortisation of 2024/25 Health and Care Plan Deliverables

18 March 2024



Context

The following pack has been developed to set out the approach to developing the Sheffield Health and Care Place Plan priorities for 2024/25, focussed on the current context of planning across South Yorkshire and particularly the development of efficiency schemes.

This includes:

- Summary of the discussion at the recent planning workshop across Sheffield
 - Outputs and next steps
- Development of a prioritisation framework and initial view of short-listed priorities

This pack will be shared with partners for feedback and discussion , ahead of confirming our plan for 2024/25.

Summary of Planning Workshop

6th February 2024

Overview the purpose of our planning session

Sheffield Health and Care Partnership came together in early February to further develop plans for delivery over the course of 2024/25 and beyond. The context to this discussion was the required efficiency needed across the South Yorkshire system.

The “best in class” improvement headroom in Model Hospital and Model System is not enough to bridge the financial gap. The plans for South Yorkshire will require us to be significantly more innovative in our approach to financial improvement. It was recognised that the following would need to form part of our approach:

- Review our approach to allocative efficiency and failure demand
- Think through our approach to the current disposition of service and whether these can be consolidated and or changed to be more clinically and cost effective.
- Review how we work differently with the Local Government and VCSE sector to try accelerate our approach to developing community models of care that de-medicalise our approach.
- Review areas of high cost and lower value medical interventions to enable left-shift upstream interventions

Alongside this we discussed the difference in technical and allocative efficiency, given we will need to deliver schemes that cover both over the coming year:

- **Technical efficiency** “doing things the right way”
 - This is using the least amount of resources to produce a specified output or maximising the output from a given level of resource Productivity indicators.
- **Allocative efficiency** “doing the right things”
 - This is allocating resources in such a way as to provide the optimal mix of services to maximize the benefits to society What do we/do we not spend our collective resources on? Can look at everything we spend or within specific pathways? eg COPD

The size of the challenge

Efficiency requirements



The current financial challenge we are faced with across South Yorkshire is significant.

- For the NHS Organisations in Sheffield underlying efficiency requirement is £114m. We agreed
 - 20% of this would be focussed on delivery through allocative efficiency (collectively as a partnership)
 - The remaining 80% will be delivered through technical efficiency within each organisation
- The Council has already identified plans for their required savings



Planning for
2024/25

To support us to plan for the next 12 months, 3 years and 5 years, we discussed the following at the workshop:

- What principles should we agree to inform our priorities?
- What change programmes should we prioritise as a HCP, that will impact in the next 12 months?
- What change programmes should we prioritise as a HCP that will impact in the next 1-3/5 years?
- What are we parking?
- How do we deliver the change - what transformation resource do we need to deliver this?
- What does this mean for the current 5 HCP objectives - what do we add/delete/amend?
- What risks do we need to consider?

The summary outputs from the session are over the following slides. Importantly this session enabled us to agree some key principles:

- We will 'park' important programmes of work that will not support us to deliver our in-year objectives; and deliver this work in later years with further scoping.
- We will build on our progress, and reflect on how we can improve
- We will short list priorities, but recognising the long list will be important as part of continual planning

Principles and our 12-month priorities – workshop feedback

What principles should we agree to inform our priorities?

- **Enable cultural change through:**
 - Increased system working
 - Being brave in our decisions
 - Increased quality improvement & innovation
- **Focus on delivering the core purposes:**
 - Reducing health inequalities
 - Improving outcomes
 - Improved sustainability in services
- **Focus on building community assets**
- **Build engagement, involvement and listening in to our approach**
- **Operate transparently with teams, people, and our communities**
- **Support the work of the VCSE**

What change programmes could we prioritise as an HCP, that will impact in the next 12 months?

- Estates – early wins x 3
- High-Cost Placements/Care Packages
- Medicines. Discharge meds – reduce from 28 days x3 groups
- Phlebotomy
- Access to primary care
- Advanced Care Planning
- Reducing patients with no criteria to reside (Acute & MH)
- ID areas for Joint Care/Primary Care Leadership e.g. PSA
- Review IP capacity for MH
- Renal disease prevention
- Fluoridation
- Public Stewardship e.g. DNAs
- Reduce avoidable admissions (labelled as respiratory) focus on adults in most deprived areas.
- High-cost provision, identify current spend and how to create sustainable provision

Our 1,3- & 5-year plan and what will we park? – Workshop feedback

What change programmes should we prioritise as an HCP that will impact in the next 1-3/5 years?

- **Supporting our communities:** Collective approach for specific communities
- **Community Integrated care:** Joint approach to community based integrated delivery model supported by estates utilisation/consolidation, NZC
- **Settings of care:** Shift to primary/community care
- **Employment**
- **Housing** (post General Election)
- **Crisis:** Reducing escalation of care needs (111 (Sheffield CAS),and MH crisis
- **Non public sector** services e.g. fix cooker, energy credits).
- **Primary care:** Delivering primary care differently, home based frailty care, care planning for vulnerable patients
- **Early Years** including pop health and care measures but be specific
- **Dementia care**

What are we parking?

- Dementia
- Compassionate Sheffield
- 111
- Fluoridation

NB: Parking refers to programme areas that are aligned to our strategic objectives but will be reviewed as part of future work.

Our approach to delivery and reviewing our current 5 priorities

How do we deliver the change - what transformation resource do we need to deliver this?

- Shared resource on co-production and engagement building on the work commissioned from Healthwatch
- For each programme, clear RACI and ensure we stick to it
- Identify clear measures of success/benefits
- Bring in external support
- Dedicated team and PMO processes
- Co-location of change team to support joint working
- Joined up approach to local politicians
- South Yorkshire wide work on attracting future workforce

What does this mean for the current 5 HCP objectives - what do we add/delete/amend?

- Agreed that all fit for purpose
- Neurodevelopment and Neighbourhood could be challenging given financial situation
- Discharge to include admission avoidance for completeness
- MH Crisis – refresh system wide approach to ensure patients in right place at right time

Additional areas:

- Estate/ Premises
- Medicines

Summary of next steps and risk analysis

What risks do we need to consider?

- Policy context (Election) matters
- All this work may do nothing for current challenges – just addresses growth
- Delivery capacity and energy to make it different
- Engagement with local councillors – present and future
- Unintended and unidentified consequences of service change

Summary Next steps

The next steps include:

- Developing a framework for prioritisation to ensure our priorities support the delivery of our required efficiency target of c.£23m
- To agree a consistent approach to identifying further priorities as required and enable us to prioritise capacity
- Development of full delivery plans, with outcomes and benefits measures
- Full risk analysis and associated mitigations
- Data, information and analysis to inform our current state and future state
 - To both inform doing things the right way and doing the right things

Framework for Prioritisation of 2024/25
Sheffield Health and Care Plan
Deliverables

Purpose and Introduction

Purpose: To provide an outline framework, for discussion across partners, to support our approach to prioritisation.

Introduction

Sheffield Health and Care Partners came together to discuss priorities for 2024/25 to deliver strategic objectives for the people of Sheffield and identify schemes that will support with required efficiencies.

As part of the session the following key areas were discussed:

- The current place plan priorities and their progress in delivery
- The schemes which will deliver both allocative and technical efficiencies to address collective financial pressures, recognising that schemes for individual organisations will continue to be delivered alongside partnership plans
- Agreement that together, partners, will aim to achieve a £23m efficiency, as 20% of the total required efficiency
 - The remaining efficiency schemes will form part of organisational delivery plans
- Continuing to maintain a focussed approach, on the schemes that will be meet our needs locally
- To recognise that some work will need to be 'parked' to ensure we are able to fully deliver our approach to the schemes developed, and will be delivered as part of future work, either later this year or in to future years
- Recognition of progress that has been made in some areas this year, and how we further develop our other priority areas to reach a similar level of progress

At the session, we had many ideas put forward for deliver in 2024/25, it was agreed we would take this away and develop a list of key priorities. It is important, that we do this in a standardised way, therefore over the following slides we have set out suggested criteria and an associated decision-making framework, for review, to enable us to agree our 2024/25 priorities.

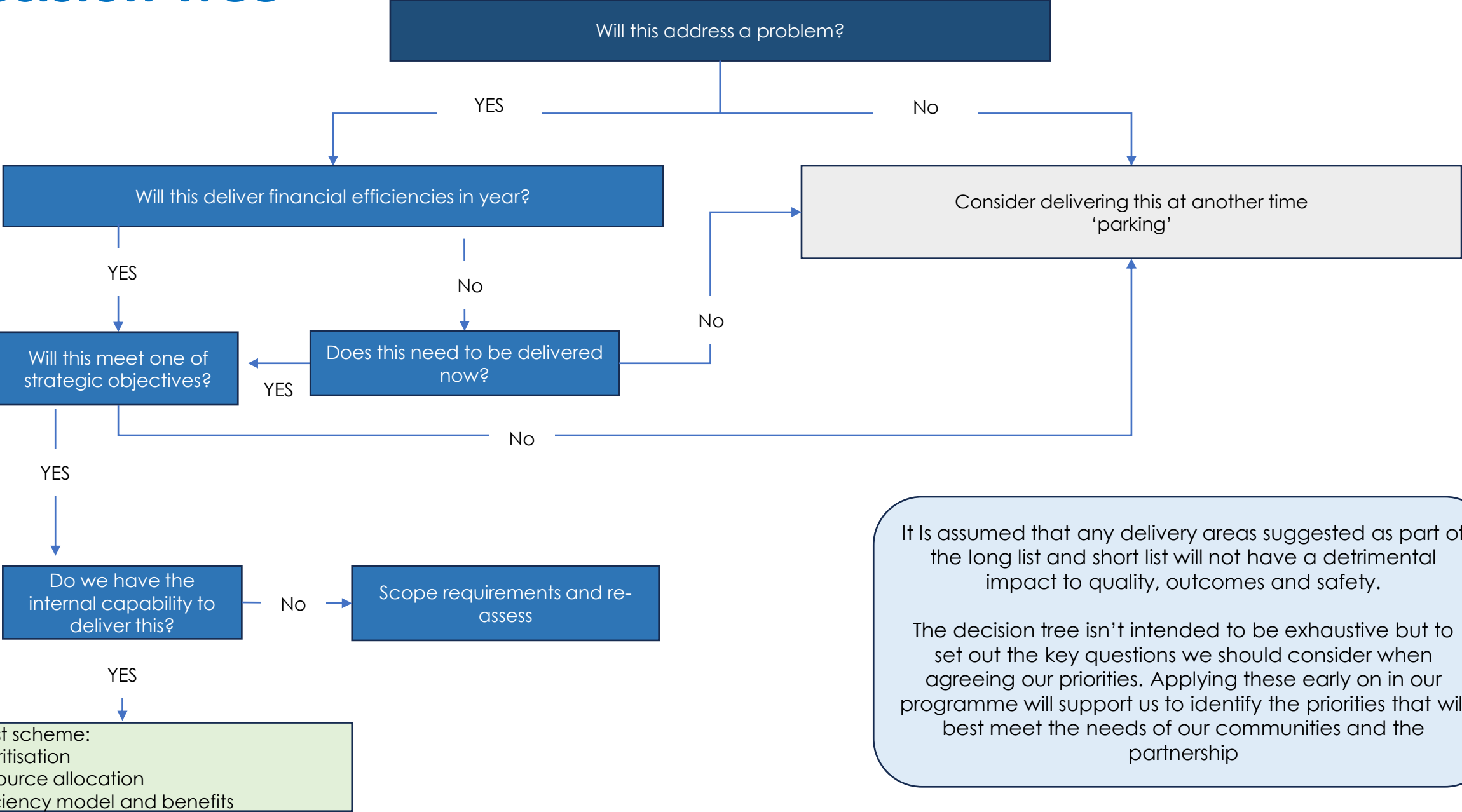
Developing our criteria

Area	Considerations
Level of efficiency this will deliver	<ul style="list-style-type: none">• What is the potential level of savings?• Is there a required investment?• Does the effort required to deliver this programme balance with the benefit?
Level of current challenge	<ul style="list-style-type: none">• Does this fall in to your current top issues as a partnership?• Will delivering this programme support you to address that key challenge?• Is there a potential future challenge that you can see becoming an issue and this will support mitigation?
Alignment with strategic objectives including: <ul style="list-style-type: none">• Improved outcomes• Improved experience• Reducing health inequalities	<ul style="list-style-type: none">• Will this support us to improve health outcomes for local people?• Does it have the potential to address health inequalities?• Will we involve local people in the approach?• Would this help us improve the experience of local people in accessing our services?• Will it improve capacity or support demand management?• Have we heard from local people that this is an issue?• Would this have the potential to support our staff in their day-to-day roles?

General considerations:

- Scoping and prioritisation
- Resource allocation
- Efficiency model and benefits tracking

Decision Tree



It is assumed that any delivery areas suggested as part of the long list and short list will not have a detrimental impact to quality, outcomes and safety.

The decision tree isn't intended to be exhaustive but to set out the key questions we should consider when agreeing our priorities. Applying these early on in our programme will support us to identify the priorities that will best meet the needs of our communities and the partnership

Draft options assessment (high level)

Draft options assessment (high level) (1/2)

Long list	Current challenge this will address	Efficiency	Strategic alignment	SRO and Delivery Team	Shortlist / Parked / BAU
Estates	Estate cost (high?) and footprint	TBC	Alignment with VFM and sustainability	Identified SRO and Lead (JM)	Shortlist
High-Cost Placements and Care Packages	High unit cost	£3m-£6m	Alignment with VFM and sustainability	Joint Efficiency Group	Shortlist?
Phlebotomy	Housebound provision	N/A	Improving access	New Pilot planned	BAU
Access to primary care	Maximize efficient use of primary care capacity to deliver effective management of LTC	TBC	Improving access and outcomes	-	Park
Advanced Care Planning	Further develop our approach to person centred care	TBC	Improving experience and potential to improve outcomes	Park (assess if can be delivered under UEC and Discharge)	Park
Reducing patients with no criteria to reside (Acute & MH)	Challenges in our discharge pathways	See discharge	Improving access and outcomes	SRO and Lead in place via Discharge priority	Shortlist
ID areas for Joint Care/Primary Care Leadership e.g. PSA	-	-	-	-	Park
Review Inpatient capacity for MH	Capacity challenges in our MH inpatient bed base	See MH and Crisis	Improving access and outcomes	SRO in place for MH and Crisis	Shortlist (as part of MH and Crisis)
Renal disease prevention	Reducing requirement of Renal dialysis by working with primary care	Potential for cost avoidance	Improving access	-	Park
Fluoridation	reducing oral health inequalities and tooth decay rates	-	Improving outcomes	-	Park
Public Stewardship e.g. DNAs					Park

Draft options assessment (high level) (2/2)

Long list	Current challenge this will address	Efficiency	Strategic alignment	Delivery	Shortlist / Parked
Reduce avoidable admissions (focus on adults in most deprived areas)	Current LOS and occupancy	TBC	Improving access	Discharge included	Shortlist
High-cost provision, identify current spend and how to create sustainable provision	Current costs related to specialist provision	TBC	VFM and sustainability	-	Park (scope further)
Joint approach to community based integrated delivery model	Current use of estate	(see estates)	VFM and sustainability	SRO and Lead (JM)	Shortlist (estates)
Shift to primary/community care	Link to Primary care Access				Park
Employment	Opportunity to improve current employment rates	-	Improved outcomes	-	Park (delivery via SYMCA IPS)
Housing (post General Election)	Quality of housing?	300k	Socio-economic development	-	Park (post GE)
Collective approach for specific communities	To address the health inequalities across our communities	-	Reducing health inequalities	SRO and Lead identified	Shortlist
Reducing escalation of care needs <ul style="list-style-type: none"> Planned care demand management working with primary care Frailty 	Support to manage increasing demand in OP referrals and elective activity		Improving access	TBC	Shortlist
Early Years	To support the best start in life and reduce inequalities	-	Strategy alignment early years	-	Park
Dementia care	Diagnosis and support	-	Improving access and outcomes	-	Park (re scope)
Medicines Spend	Prescribing spend	£3m-£5m	Alignment with VFM and sustainability	Identified SRO and Lead TBC	Shortlist

Proposed deliverables 2024/25

The following priorities have been identified through discussion and assessment. Where priorities have been short listed, they either form new priority areas or will be included as part of the broader five programmes of work as already set out in our priorities .

Our next steps include:

- Detailed scoping, delivery plans and associated benefits mapping and realisation timetable
- Efficiency modelling
- Commence delivery

HCP Priorities	Current Position	SRO	Finance Lead	Efficiency
Discharge Home First	Current priority	Alexis Chappell	Louisa Cowell	9.5
		Michael Harper		
		Ian Atkinson		
Urgent Same Day	Current priority	Ian Atkinson	Laura Pattman	3
Neurodevelopment	Current priority	Ian Atkinson	John Williams	
		Craig Radford		
Mental Health Crisis	Current priority	Ian Atkinson	Phill Easthope	
Model Neighbourhood	Current priority	Emma Latimer	Philip Gregory	
Medicines	New		Jackie Mills	1
Estates	New	Jackie Mills	Jackie Mills	1.9
Reducing escalation of care needs	New	TBC	TBC	TBC
				15.4

