NHS
North Yorkshire
Clinical Commissioning Group

Title of Meeting:	**NY CCG Governing Body**	**Agenda Item: 7.1**
Date of Meeting:	**22 April 2021**	
Paper Title:	**Operational Planning 2021/22**	

Session (Tick)	
Public	X
Private	
Development Session	

Responsible Governing Body Member Lead	**Report Author and Job Title**
Wendy Balmain, Director of Transformation and Integration	Wendy Balmain, Director of Transformation and Integration

Purpose – this paper is for:

Decision	Discussion	Assurance	Information
			X

Has the report (or variation of it) been presented to another Committee / Meeting?
If yes, state the Committee / Meeting: No.

Executive Summary

The purpose of this report is to provide the Governing Body with an update on priorities and operational planning for 2021/22.

The 2021/22 priorities and operational planning guidance, published by NHS England and Improvement, sets the priorities for the year ahead, against a backdrop of the challenge to restore services, meet new care demands and reduce the care back logs that are a direct consequence of the pandemic, whilst supporting staff recovery and taking further steps to address inequalities in access, experience and outcomes.

Recommendations

The Governing Body is being asking:

- To note the priorities and operational planning for 2021/22
- To note key dates detailed within the report.

Monitoring

Through the Finance, Performance, Contracting and Commissioning Committee.

CCG Strategic Objectives Supported by this Paper

	CCG Strategic Objectives	X
1	**Strategic Commissioning:** • To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice. • To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care. • To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.	**X**
2	**Acute Commissioning:** We will ensure access to high quality hospital-based care when needed.	**X**
3	**Engagement with Patients and Stakeholders:** We will build strong and effective relationships with all our communities and partners.	**X**
4	**Financial Sustainability:** We will work with partners to transform models of care to deliver affordable, quality and sustainable services.	**X**
5	**Integrated / Community Care:** With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.	**X**
6	**Vulnerable People:** We will support everyone to thrive [in the community].	**X**

7	**Well-Governed and Adaptable Organisation:** In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.	**X** **X**

CCG Values underpinned in this paper

	CCG Values	X
1	Collaboration	**X**
2	Compassion	**X**
3	Empowerment	**X**
4	Inclusivity	**X**
5	Quality	**X**
6	Respect	**X**

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES		NO	X

Any statutory / regulatory / legal / NHS Constitution implications	The CCG must submit an operational plan to NHS England and Improvement.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public & Patient Engagement	N/A
Financial / resource implications	Financial implications are detailed within the paper.
Outcome of Impact Assessments completed	N/A

Wendy Balmain, Director of Strategy and Integration

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2021/22 Priorities:
Operational Planning Guidance and Financial Arrangements

April 2021

Priorities for the Year Ahead

Supporting the health and wellbeing of staff and taking action on recruitment and retention
Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
Expanding primary care capacity to improve access, local health outcomes and address health inequalities
Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
Working collaboratively across systems to deliver on these priorities

Health Inequality Priorities for the Year Ahead

Restore NHS services inclusively
Mitigate against digital exclusion
Ensure datasets are complete and timely
Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes
Strengthen leadership and accountability

Significant focus on the impact of Covid-19 on health inequalities

Submission Requirements

Activity and Performance
Single system level collection incorporating CCG and provider level breakdowns as appropriate
Workforce
Single system level collection across acute, community and primary care, incorporating provider level breakdown
Dedicated mental health collection at system and provider level
Finance
System financial planning template
Provider financial planning template
Mental health CCG financial planning template
Supporting Narrative
A single system level template covering: • The actions and assumptions that underpin the trajectories within the activity and workforce numerical submission; and • Other critical actions that systems will take over the next 6 months to address the priorities set out in 2021/22 operational planning guidance including health inequalities and maternity

North Yorkshire and York Plan Development

Managed through System Delivery Executive (SDE) for North Yorkshire and York
Sign-off of North Yorkshire and York plans through the System Leadership Executive (29 April 2021)
Sector/priority led workshops underway with leads from across the system identified for key sections of narrative and initial drafts being prepared
Co-ordinated through planning and finance leads for North Yorkshire and Vale of York CCGs
Weekly joint planning meetings with all HCV planning leads and ICS leads
Focus on restoration and recovery but also signalling transformation requirements that support immediate delivery and enable longer term collaboration across sectors and in place
Key issues to be aware of as part of the check and challenge approach include recognising the importance of workforce resilience and the impact of continued infection prevention and control measures on capacity

Timetable

Key Tasks	Date
Publication. • 2021/22 priorities and operational planning guidance • Guidance on finance and contracting arrangements for H1 2021/22 • Implementation guidance • Technical definitions	Thursday 25 March 2021
Templates issued. • Non-functional activity, workforce • Narrative	Friday 26 March 2021
System financial planning template and SDF schedules issued	Monday 29 March 2021
Organisation (provider) capital and cash plan submission	Monday 12 April 2021
• System finance plan submission. • Mental Health finance submission **Draft plan submission deadline.** • Draft activity, workforce (primary and secondary care) and MH workforce numerical submission • Draft narrative plan submission	Thursday 6 May 2021
Non-mandated provider organisation finance plan submission	w/c 24 May 2021
Final plan submission deadline. • Final activity, workforce and MH workforce numerical submission • Final narrative plan submission	Thursday 3 June 2021

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Part 1
Operational Planning Guidance

A: Workforce

- Systems to review and refresh their people plans and show greater progress on equality, diversity and inclusion; progress on compassionate and inclusive cultures; and increasing workforce supply
- Workforce plans cover all sectors – mental health, community health, primary care and hospital services.
- Trusts to allow staff to carry over all unused annual leave and offer flexibility for staff to take or buyback unused leave
- National investment to roll out mental health hubs in each ICS and to expand.
- Develop improvement plans based on the latest workforce race equality standard (WRES) findings
- Accelerate the delivery of the model employer goals.
- Maximise the use of and potential benefits of e-rostering
- Flexibility and staff movement across systems - staff digital passports.
- Develop and deliver a local workforce supply plan
- Introduce medical support workers (MSWs)
- Support the major expansion and development of integrated teams in the community, with primary care networks (PCNs) serving as the foundation

B: Vaccinations

- First dose to all of the adult population by the end of July
- PCN groupings having the option to vaccinate cohorts 10-12 (18-49 year olds) where they can also fulfil the requirements of the GMS contract.
- Being prepared for a COVID-19 re-vaccination programme from autumn
- Possibility of COVID-19 vaccination of children
- Continued use of home oximetry, alongside hospital-led ‘virtual wards’, proactive care pathways delivered virtually in people’s homes
- NHS to continue national funding to maintain the dedicated Post COVID Assessment clinics

C: Recovery

- Additional £1bn funding has been made available.
- Maximise available physical and workforce capacity across each system (including via Independent Sector- IS).
- Incorporate clinically led, patient focused reviews and validation of the waiting list on an ongoing basis (drawing on both primary and secondary care).
- Focus on analysis of waiting times by ethnicity and deprivation.
- Systems that achieve activity levels above set thresholds will be able to draw down from the additional £1bn Elective Recovery Fund (ERF).
- Threshold level is set against a baseline value of all elective activity delivered in 2019/20. For April 2021 it will be set at 70%, rising by 5 percentage points in subsequent months to 85% from July.
- National contracts between NHS England and acute independent sector providers end on 31 March.
- Improve performance in: cardiac, musculoskeletal (MSK) and eye care with support via the National Pathway Improvement Programme.
- Where outpatient attendances are necessary, at least 25% should be delivered remotely.
- National data collection and counting methodology. In future we will use this to inform the way in which the payment system further supports implementation of these reforms.
- Passporting to allow flexible working of employed and bank staff between organisations.
- All systems are expected to work with regions to deliver increased capacity to meet the diagnostic needs for their population.

C: Recovery

- **Cancer:** return the number of people waiting for longer than 62 days to the level we saw in February 2020 (or to the national average in February 2020 where this is lower)
- Meet the increased level of referrals and treatment required to address the shortfall in number of first treatments by March 2022
- Cancer Alliances are asked to draw up a single delivery plan on behalf of their integrated care systems(s) ICSs) for April 2021 to September 2021
- Extend bowel cancer screening to include 50-60 year olds, with rollout to 56 year olds from April 2021
- Meet the new Faster Diagnosis Standard from Q3, to be introduced initially at a level of 75%
- **Mental Health:** delivery of physical health checks for people with Serious Mental Illness (SMI), noting that GPs will be incentivised to deliver the checks in 2021/22 via a significant strengthening of relevant QOF indicators
- Systems investing in community mental health, including funding for new integrated models for Serious Mental Illness
- Enable all NHS Led Provider Collaboratives to go live by 1 July 2021
- Have a strategy and effective leadership for digital mental health, and ensure that digitally-enabled models of therapy are rolled out in specific mental health pathways
- **Maternity:** Local maternity systems (LMSs) should be taking on greater responsibility for ensuring that maternity services are safe for all who access them, and should be accountable to ICSs for doing so
- Responding to the recommendations of the Ockenden review (separate guidance)

D: Primary Care and PHM

- All systems are expected to support their PCNs to:
  - Achieve PCN roles to be in place by the end of the financial year
  - expand the number of GPs towards the 6,000 target
  - continue to make progress towards delivering 50 million more appointments in general practice by 2024.
- National funding for general practice capacity also continues through an additional £120m in first half of the year, which will taper in the second quarter as COVID pressures decrease.
- All practices are delivering appropriate pre-pandemic appointment levels.
- All practices offering face-to-face consultations
- Systems should support their PCNs to work closely with local communities to address health inequalities
- Re-introduction of QOF indicators from April.
- Community Pharmacy Consultation Service (CPCS) Local pharmacy contractors, PCNs and GP practices should be working with their local LPC, LMC and regional teams to agree implementation of this service locally

D: Primary Care and PHM

- **PHM:** NHS England and NHS Improvement will continue to work with systems to develop the real-time data tools and techniques at a granular local level

- Systems to develop robust plans for the prevention of ill-health, led by a nominated SRO, covering both primary and secondary prevention deliverables as outlined in the Long Term Plan . These plans should set out how ICS allocations will be deployed in support of the expansion of smoking cessation services, improved uptake of the NHS diabetes prevention programme and CVD prevention.

- NHS digital weight management services will also be made more widely available

- Review their plans and make progress against the LTP high impact actions to support stroke, cardiac and respiratory care.

- Delivering the NHS Comprehensive Model for Personalised Care Implementation will be supported by recruitment to three additional roles funded through the ARRS: Social Prescribing Link Workers, Health and Wellbeing Coaches, and Care Coordinators.

E: Urgent and Emergency

- Accelerate the rollout of the 2-hour crisis community health response at home to provide consistent national cover (8am-8pm, seven days a week) by April 2022. Additional transformation funding will be released subject to those plans
- NHS will continue to fund the first six weeks of additional care after discharge from an NHS setting during the first quarter and first four weeks from the beginning of July.
- Systems to promote the use of NHS 111 as a primary route into all urgent care services
- Adopt a consistent, expanded, model of SDEC provision, including associated acute frailty services, within all providers with a type 1 emergency department
- Systems are asked during Q1 to roll out the Emergency Care Data Set (ECDS) to all services

F: System

- ICSs will be asked to set out, by the end of Q1, the delivery and governance arrangements that will support delivery of the NHS priorities set out in a memorandum of understanding (MOU).
- Develop the underpinning digital and data capability to support population-based approaches
- Systems should commence their procurement of a shared care record so that a minimum viable product is live in September and roadmap for development to include wider data sources and use for population health is ready for April 2022.
- Implement ICS-level financial arrangements.
- For the six-month period to 30 September 2021, we will be issuing system envelopes based on the H2 2020/21 funding envelopes and including a continuation of the system top-up and COVID-19 fixed allocation arrangements.
- Total quantum will be adjusted to issue additional funding for known pressures and key policy priorities (including inflation, primary care and mental health services).
- System envelopes will also be adjusted to reflect an efficiency requirement increasing through the second quarter and with an increased requirement for those systems that had deficits compared to 19/20 financial trajectories at the end of 2019/20.
- Will be developing specific system productivity measures to align with the focus on clinical pathway transformation and the reduction in unwarranted variation.

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Part 2
Financial Arrangements

Financial Arrangements

- The following services will continue to be funded outside of system envelopes
  - ✓ specialised high cost drugs and devices
  - ✓ specific COVID-19 services
  - ✓ non-clinical services contracted by NHS England and NHS Improvement that are transacted via invoicing
  - ✓ allocations of national Service Development Funding
- Signed contracts between NHS commissioners and NHS providers (NHS trusts and NHS foundation trusts) are not required for the H1 2021/22
- Where non-NHS providers are being commissioned, a written contract in the form of the 2021/22 NHS Standard Contract must be in place and signed.
- Local subcontracts required in place for IS acute capacity from 1 April 2021 onwards.
- No drawdown of historic underspends available during the H1 period. This position will be reviewed for H2 2021/22 and will remain subject to affordability.
- Cumulative historic under and overspends will continue to be reported at a CCG level; however, any future access to historic underspends will additionally take into consideration the net position of the system.

Primary Care Funding (1)

- Funding for the updated GP contract for 2021/22
- Additional allocations for the GP contract, on top of the published primary medical allocations, will be issued to fund:
  - ✓ £20m practice contract funding, continuing to fund the impact of changes in the 2020/21 GP contract
  - ✓ £24m for the new QOF indicator for mental health – severe mental illness (new for 2020/21)
  - ✓ £58m for the new QOF indicators for vaccinations and immunisations, previously funded from public health budgets (new for 2020/21)
  - ✓ the first tranche of the Impact and Investment Fund (IIF) indicators are introduced in April, valued at £50.7m.
- In addition to the £50.7m above, CCGs to be funded up to a further £99.3m for the IIF during 2021/22. The profile of this funding will be subject to further discussions on the IIF indicators.
- Allocations for Improving Access funding will continue to be transacted through the same mechanism as in 2020/21, which comprised funding already embedded in CCG core allocations and additional service development fund (SDF) allocations to give a total of £6 per head.

Primary Care Funding (2)

- £746m for the Additional Roles Reimbursement Scheme (ARRS):
- Published primary medical care allocations already include
  - ✓ £415m of the total £746m funding available for ARRS
  - ✓ the remaining £331m will be held centrally by NHS England and NHS Improvement. Once the PCNs in a CCG area have claimed the total of the CCG's allocated share of the £415m, and ongoing claims will cause the CCG to exceed this amount, a CCG can access additional funding based on need.
- £134m support for PCNs, comprising:
  - ✓ £91m for the £1.50 per head from published CCG core allocations
  - ✓ £43m for the clinical director roles from CCG primary medical care allocations
  - ✓ £55m Care Home Premium funding to support PCN delivery of the Enhanced Health in Care Homes services – to be allocated to CCGs separately
  - ✓ £87m for the PCN Extended Access DES from CCG primary medical care allocations.

Gateway Criteria to Access the ERF

Detailed criteria in five key areas as shown below. These will be assessed on a monthly basis by NHS regional teams:

1. **Health Inequalities:** Systems to demonstrate how they are addressing health inequalities
2. **Transforming outpatient services:** Systems are expected to take all possible steps to avoid outpatient attendances of low clinical value and redeploy that capacity where it is needed.
3. **System-led recovery:** Systems are required to set out how management of Patient Tracking Lists (PTLs), including for cancer patients, will be undertaken at a system level and how NHS and IS capacity will be used to the benefit of the whole system population.
4. **Clinical validation, waiting list data quality and reducing long waits:** Plans should be built on robust, system-level processes.
5. **People recovery:** Systems are required to demonstrate how they will monitor and safeguard staff health and wellbeing to ensure people recovery is taken into account when considering available workforce capacity.

Other items

- Annual Leave – carry forward or buy back
- COVID – system prepare for revaccination programme during Autumn, possible childhood programme and high flu vaccine ambition
- Independent Sector – looking to explore possible 2-3 year relationships
- Cancer priorities:
  - ✓ Return the number of people waiting for longer than 62 days to the level we saw in February 2020 (or to the national average in February 2020 where this is lower) and
  - ✓ meet the increased level of referrals and treatment required to address the shortfall in number of first treatments by March 2022.
- Community Diagnostic Hubs – Capital and revenue available
- Free car parking for staff to continue during pandemic, also funding provided for a number of patient groups
- PPE will continue to be procured nationally, funded and overseen by DHSC and available for free for COVID related activities