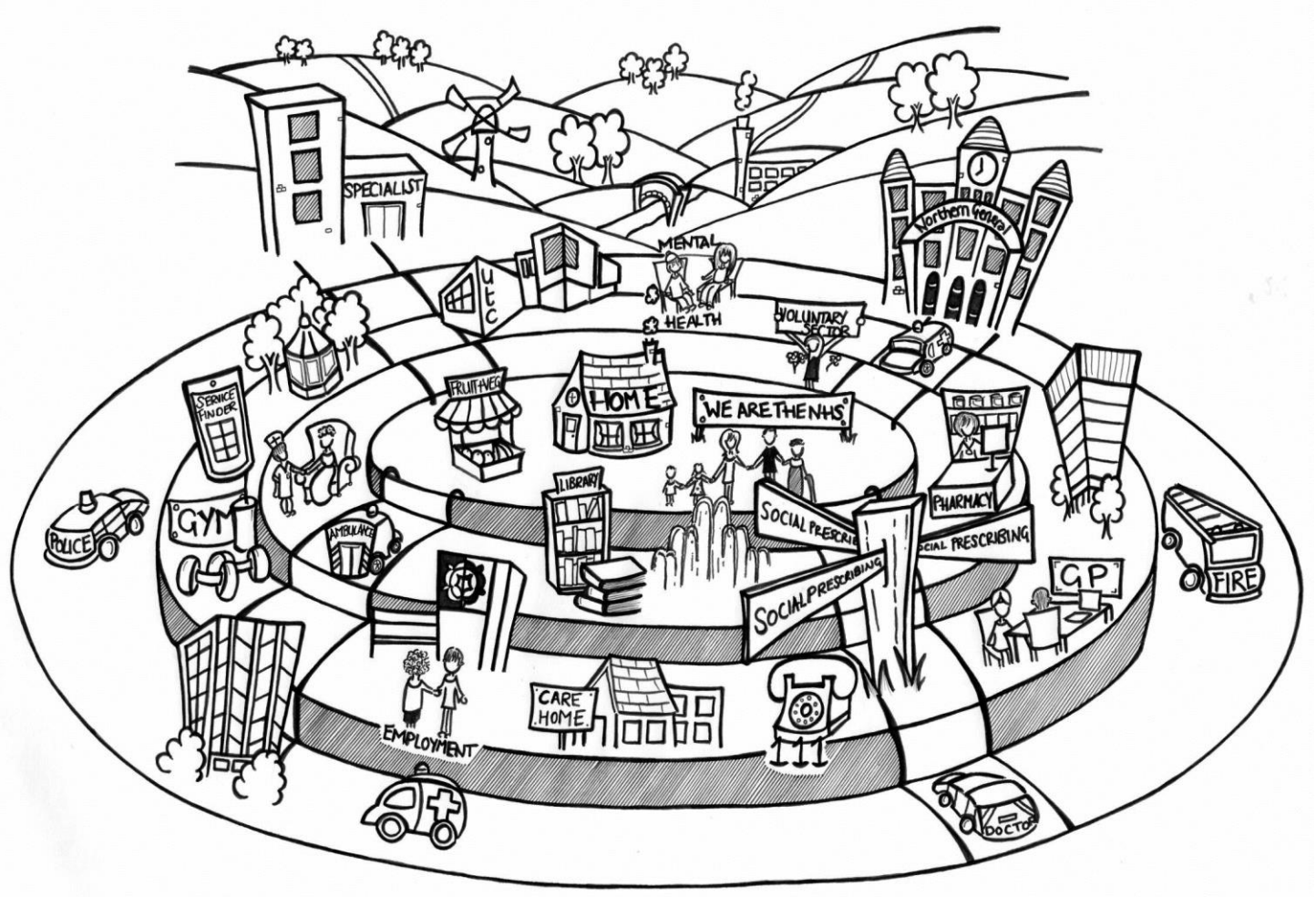
Shaping Sheffield: The Plan

Place Based Leads: Maddy Ruff (CCG), John Mothersole (SCC)
Executive Director Lead: Peter Moore (CCG/SCC)

Created By: Nicki Doherty
Illustrated by: Kate Woods



Shaping Sheffield: The Plan

Shaping Sheffield Stakeholders:

Burton Street Foundation
Carers' Centre
Cavendish Centre
Chesterfield Royal Hospital FT
Citizen's Advice
Common Purpose
Community Pharmacy Sheffield
Creative Pathways
Creative Sheffield
Darnall Wellbeing
Disability Sheffield
Equalities and Involvement
HealthWatch Sheffield
Heeley City Farm
Heeley Development Trust
Horizon Care
Imam Sheikh Mohammad Ismail
Inspire UK
Manor and Castle Development Trust
Meadowhall
Mixim
PACES
Primary Care Sheffield
Public Health
Reach South Sheffield
Sheffield 50+
Sheffield Age UK
Sheffield CCG
Sheffield Chambers of Commerce
Sheffield Children's Hospital FT
Sheffield Churches Council for Community Care
Sheffield City Council
Sheffield City Counsellors
Sheffield City Primary Care Localities
Sheffield Equality Hub
Sheffield Hallam University
Sheffield Health and Care Trust
Sheffield Health and Wellbeing Board
Sheffield International Venues
Sheffield Jesus Centre
Sheffield Local Medical Committee
Sheffield Mencap
Sheffield Mind
Sheffield Save Our NHS
Sheffield Teaching Hospitals FT
Sheffield Walk In Centre
Sheffield Young Carer's Project
Shipshape Community Health
SOAR
South Yorkshire Fire and Rescue
South Yorkshire Housing
South Yorkshire Passenger Transport Executive
South Yorkshire Police
St Luke's Hospice
St Mary's Community Centre
St Wilfred's Centre
Survivors of Depression in Transition
The Key Fund
The Rock Christian Centre
University of Sheffield
University Technical College (UTC)
Voluntary Action Sheffield
We Love Life and Recovery Enterprises
Yorkshire Ambulance Service
Zest Community

Contents

Foreword

The Sheffield Plan has been developed through partnership across public sector, commercial sector, voluntary sector organisations and members of our public.
It draws on inputs through the engagement and design of our health and care services as well the priorities set out in key documents including the Sheffield Health and Wellbeing Strategy, the Five Year Forward View, GP Forward View, Mental Health Forward View, Community Pharmacy Forward View, Facing the Future and National Cancer Strategy.
The development of the plan has been overseen and driven via the Transforming Sheffield Programme Board:

Insert quote from John Mothersole, CEO Sheffield City Council

Insert quote from Julie Dore, Chair Sheffield HWB

Insert quote from Maddy Ruff, AO Sheffield Clinical Commissioning Group

Insert quote from Tim Moorhead, Chair Sheffield HWB and SCCG

Insert quote from Sir Andrew Cash, CEO Sheffield Teaching Hospitals Foundation Trust

Insert quote from Greg Fell, Sheffield DPH

Insert quote from Dr Andy Hilton CEO Primary Care Sheffield

FIRE?

Insert quote from Kevan Taylor, CEO Sheffield Health and Social Care Trust

POLICE?

Insert quote from Simon Morritt CEO Sheffield Children's Hospital Foundation Trust

Healthwatch?

Plan on a Page

About Sheffield

- This city is confident about its future, but knows that it must also face up to and deal with its challenges for that future to be successful and fair.
- A record of and commitment to systems leadership
- A successful city with established record of partnership working
- A cultural city
- The UK's first National City of Sport
- Three hospitals offering specialist services
- Primary Care Sheffield: unifying primary care
- Two Universities
- Two University Technical Colleges

The Sheffield Challenge

- The people of Sheffield are not living lives that are as long and as healthy as they could be.
- Projections show that the money that we have to spend on supporting people when they become ill and to help them live long and healthy levels will not be enough to keep everything that we do now in place.
- If we can better help people to live longer healthy lives then there will be less ill-health, less demand for medical and care services and therefore more money for those services that will still be needed.
- There are inefficiencies in how money is currently spent,
- We need to find the money and actions that see people living longer and healthier lives

What We Are Going To Do

- Invest in our future generations: early years and families, education and building and supporting aspiration
- Invest in prevention, with a focus on cardiovascular disease and diabetes
- Help more people back to work, with stronger health and employment connectivity
- Strengthen Primary Care to meet todays needs and future needs
- Help more people to stay at home through self-care, support in the community, and pathway coordination
- Design an infrastructure that supports this that evolves in support of the way of working that we design

What Does Success Look Like?

- Fewer people going to hospital
- Reduced inequalities across the city
- Measureable improvement in health and wellbeing, including education and employment
- Improved experience, including good access to services when people need them
- Services that demonstrate value for Sheffield people
- Efficient use of estate and back office functions

Governance

We will have a structure that assures Sheffield that we will deliver what we have set out to.

- Shaping Sheffield will bring the city partners together to shape our direction as we transform and to align our work to support transforming
- Transforming Sheffield will deliver the programmes of work under the direction of the Chief Executives across Health and Care
- The Health and Wellbeing Board will have oversight of progress in delivering our Health and Wellbeing strategy
- Planning will be done collaboratively through a Strategic Planning Group responsible for a co-production agenda
- Significant service decision will have public consultation and go through the overview and scrutiny committee

The Sheffield Pound

- Single health and care account for Sheffield
- Payment mechanisms that incentivise the behaviours needed to make our transformation work
- Investing in prevention and primary care

Sheffield Now

'We have one of the greatest opportunities available to us to make Sheffield a person-centred, healthy and successful city'

Sheffield is a city and metropolitan borough in South Yorkshire. We have a strong track record for working in partnership across all public sectors through well established networks, for example the Working Together Programme. This partnership approach has been recently strengthened by the established Sustainability and Transformation Plan (STP) agenda.

With the Peak District on our doorstep, excellent culture through our theatres, museums, parks and activities, and nationally prominent organisations with a track record for success (Fig 1), and a wealth of national leaders across our public and voluntary sectors, we have one of the greatest opportunities available to us to make Sheffield a person-centred, healthy and successful city. Collectively we spend circa £1.2bn on health and care for the city.

In spite of this Sheffield has consistently lagged behind the England average for health and social care outcomes. We know that Sheffield has for the last ten years not delivered its potential to reduce the substantial gap in healthy life expectancy:

- Over 20 years between the most and least deprived men; 25 years for women; up to 20 years for people with serious mental illness or learning disability
- 40% of current illness in the city is either preventable or 'delay-able' and the financial benefit of reducing this matches the moral imperative to do so
- We know why; because no one organisation has it in its power to deliver this, it requires whole system solutions where every member understands their role.

The Sheffield Plan

This plan, under the umbrella of Shaping Sheffield and the Transforming Sheffield Programme addresses that. By developing our whole systems leadership at the most advanced level and by working with national partners and regulators we will ensure we deliver real change and close the gaps that we have previously been unable to fully address.

Fig 1. Sheffield Strengths

Co-terminus citywide council and CCG: citywide commissioning
A strong city council with a Devolution agenda
Two acute hospitals also providing specialist tertiary services to South Yorkshire and Bassetlaw and beyond
Sheffield Health and Social Care Trust
Primary Care Sheffield
Track record of strong partnership Transforming Sheffield Programme
Two major universities: training; research and development
Two University Technical Colleges, one for Health and Wellbeing
Shortlisted to be the first city designated as UK City of Culture
The UK's first National City of Sport
Innovation: Vanguards, Test Bed, Prime Minister's Challenge Fund
Meadowhall

The Sheffield Vision

Mission

The mission is simple. It is for the people of Sheffield to live long and healthy lives with affordable and quality support in place to help them do that.

Vision

To be recognised nationally and internationally as a person-centred city that has created a culture which drives population health and wellbeing, equality, and access to care and health interventions that are high quality and sustainable for future generations.

We will have a reputation for working in partnership to co-produce, improve outcomes, experience and inclusion and to influence national policy and regulation; this will be visible in our success.

Aims

- Develop Sheffield as a healthy and successful city
- Increase Health and Wellbeing
- Reduce Health Inequalities
- Provide people with the help, support and care they need and feel is right for them
- Design a Health and Wellbeing System that is innovative, affordable and offers good value for money
- Be employers of caring and cared for staff with the right skills , knowledge and experience and supported to work across organisational boundaries
- Deliver excellent research, innovation and education
- To develop and expand specialised services for children and adults across the region

Challenge

At one level, our challenge is clear. At present, and on average, the people of Sheffield are not living lives that are as long and as healthy as they could be. At the same time, projections show that the money that we have to spend on supporting people when they become ill and to help them live long and healthy levels will not be enough to keep everything that we do now in place. If we can better help people to live longer healthy lives then there will be less ill-health, less demand for medical and care services and therefore more money for those services that will still be needed.

We also know that there are inefficiencies in how money is currently spent, sometimes because we spend money on the symptom and not the cause and sometimes because we don't join-up enough to get the best value.

Our challenge now is to find the money and actions that see people living longer and healthier lives and also to change how we do things and what we do to get more out of what we spend, and to design this approach in a way that enables our communities to support the plan. We need to start doing this now and with a sense of urgency.

New Models of Care

'Increasingly we need to manage systems – networks of care – not just organisations' – NHS Five Year Forward View (FYFV)

Overview

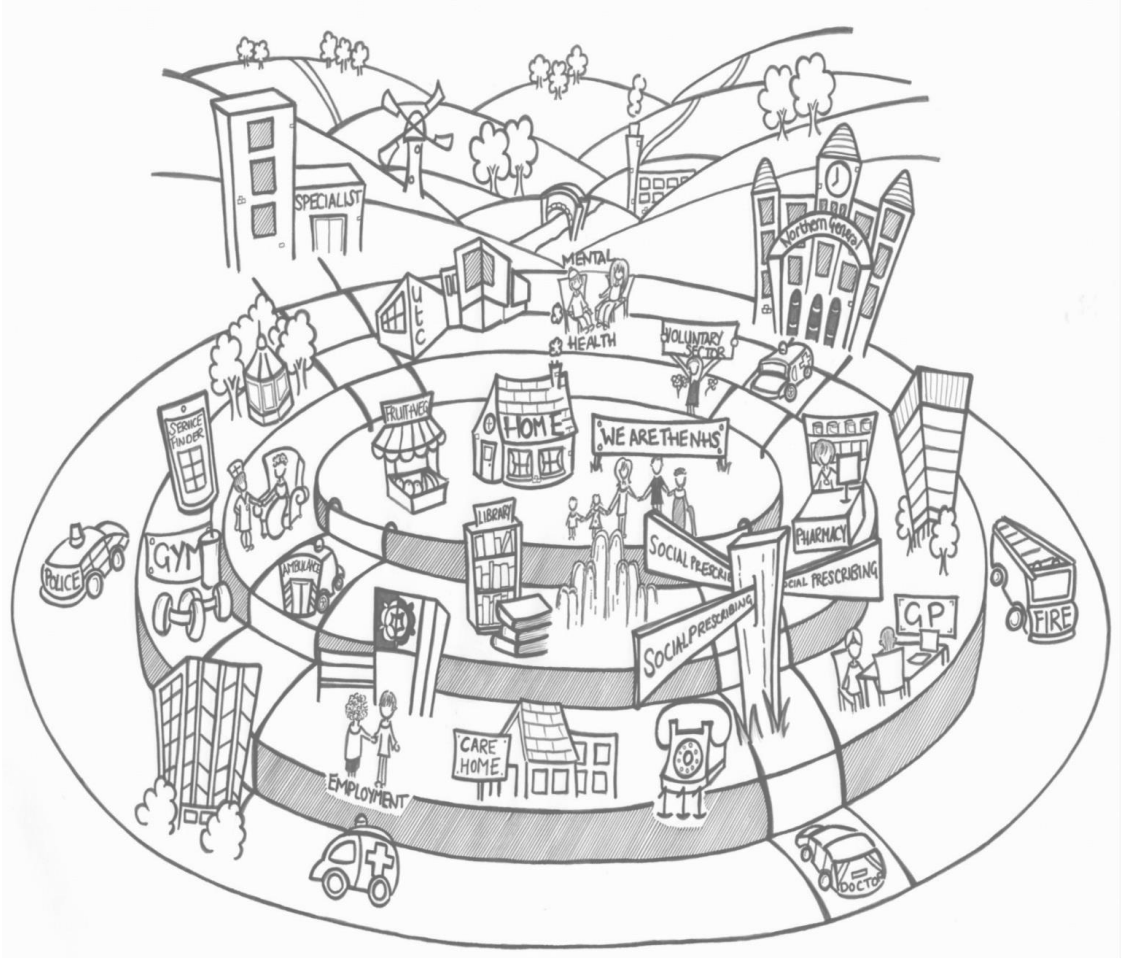
More care will be provided closer to home with services designed around the person and will work in levels depending on need. These levels are:

1. Person, Household, Family and Friends – for example care assessments, self-care
2. Neighbourhood (30k-50k population) – for example employment advice and support groups
3. Locality (120-150k population) – for example urgent care centres
4. City – for example the services provided in hospital
5. Beyond City – for example ambulance services

Each level requires increasing expertise/input and has less demand per head of population than for services in the levels below

How

In order for this to work existing providers will need to work differently, with workforce working flexibly across organisational boundaries and services being delivered collaboratively. An Accountable Care System model will be used to enable this, supported by the established Memorandum of Understanding. At locality level we will see Multispecialty Community Providers delivering services.



Overview

By using our collective strengths, resources and expertise we will work jointly to remove the barriers that have historically prevented us from realising the full benefits of our programmes. Success will be evidenced through measurably achieving our aims and ambitions.

Shaping Sheffield:

- Brings together the city with a shared goal to improve the Health and Wellbeing of our Sheffield citizens
- Listens to the city's voice using patients, citizens, business and service providers to shape the strategic direction and plans to deliver it
- Agrees key actions and jointly commits to making them happen; this is not just for health and care to solve

Click here for videos and packs for the Shaping Sheffield Programme

Transforming Sheffield Programme

The Transforming Sheffield Programme Board represents the Chief Executives of our Health and Social Care organisations . It has signed up to the principles below to secure our collective success in realising our vision, our aims and our ambitions.

Transforming Sheffield Programme Board Principles:

- Collectively committed to a single plan for Sheffield and for its successful delivery
- Transparency and openness about organisational challenges, risks and development
- No unilateral changes without understanding the wider system impact
- Solving system problems will be a collective responsibility
- Provide a collective and united front to external policy and regulation development
- Seek to be ambitious, learning from each other and our partners

South Yorkshire and Bassetlaw Sustainability and Transformation Programme (STP)

This plan is an regional plan that brings together opportunities for better ways of:

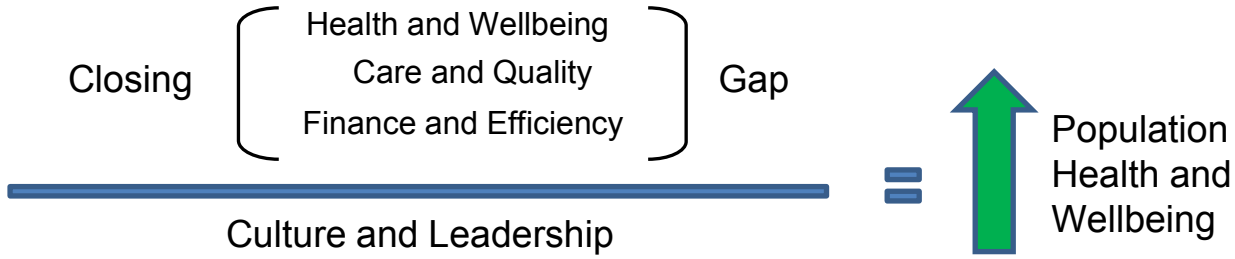
- The radical upgrade in prevention
- health and care services that increase quality in care (for example where the is specialist expertise required)
- services that offer greater value for every pound spent (for example back office functions)

This over arching STP sets out high level expectations for local service provision and therefore the Sheffield Plan, and in turn the Sheffield Plan sets out expectations of the STP

Why Sheffield Has to Change

Health and Wellbeing System Challenge

In Sheffield we have defined four key system challenges to improving population health and wellbeing and to providing high quality sustainable services to our population. This plan needs to address each of these four areas. We will specifically set out what each of theses challenges mean.



The scale of the challenge demands:

- a significant step change in the scale and pace in service transformation
- importantly the way we work in order that we are able to provide affordable and sustainable services

This will depend upon us working together as a city in a partnership of:

- Patients
- Public
- Voluntary sector
- Commercial sector
- Religious sector
- Public sector

The means planning for the future through:

- a radical upgrade in prevention
- streamlining and aligning services that work independently of organisational boundaries
- tackling the broader determinants of health and wellbeing.

The NHS Five Year Foreword View reinforces this approach and provides us with an opportunity to genuinely transform the way we work

The Case for a Radical Upgrade in Prevention

'If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness.' Simon Stevens, FYFV

Why take prevention seriously?

- Illness is driving the growth in demand for services, not ageing
- Therefore prevention is the only long-term sustainable solution to:
  - reducing need of individuals for state-funded care; AND
  - reducing cost
- Our current models of health and social care are not meeting population health needs or delivering prevention
- Current incentives are misaligned – despite the Wanless Review recommendations in 2002, the investment in prevention has not moved beyond the 'slow uptake' scenario
- Continuing with this status quo is financially and clinically sub-optimal and harms future populations through avoidable illness and complications
- At least 40% of illness is preventable or 'delay-able' but only 5% of the total healthcare budget is spent on prevention
- Contrast this with the fact that the direct healthcare costs of treating diseases caused by smoking have been estimated at 6.5% of the total healthcare budget
- Prevention can contribute to reduced healthcare demand and costs in the short term e.g. reduction in smoking prevalence reduces hospital admissions for heart attacks and strokes over 5 years

What Does the Radical Upgrade in Prevention Do?

1. Improve life chances by expanding and developing employment pathways for people furthest from the labour market

2. Achieve healthier lives by developing a 'Heart of Sheffield' programme to deliver healthy public policies and services at scale

3. Enhance neighbourhood and GP services by developing comprehensive local services that support people to better manager their own health and stay well in their communities

The Health and Wellbeing Challenge

Overview

Over the last 10 years, Sheffield's position relative to the rest of the country has remained virtually unchanged for most health and wellbeing indicators.

Sheffield continues to lag behind the England average on most outcomes including life expectancy, healthy life expectancy, educational attainment, unemployment and housing.

The gap in healthy life expectancy in Sheffield is substantial: over 20 years between the most and least deprived men; 25 years for women; and up to 20 years for people with serious mental illness or learning disability.

Wider Determinants of Health

- Almost 23% of all Sheffield children live in poverty compared with 18.6% nationally.
- 69.9% of Sheffield children in Year 1 achieved the 'school readiness' standard compared to 74.2% for England. Children with free school meal status achieved only 57.1% in Sheffield compared to 61.3% for England
- 6.6% of Sheffield's 16-18 year olds were not in education, employment or training in 2013 compared with 5.3% for England
- 11.3% of households (26,604) in Sheffield experienced fuel poverty, compared with 10.4% in England
- 11.4% of Job Seekers Allowance claimants in Sheffield are long term claimants (greater than one year), compared to 7.1% for England

Health Improvement

- Smoking, physical inactivity, poor diet and alcohol misuse make up the four main health risk behaviours responsible for the four main causes of early death (cancer, cardiovascular disease, respiratory disease and liver disease)
- The proportion of Sheffield mothers smoking at the time of the birth of their baby is consistently higher than the national average (15.1% in 2014/2015)
- Despite an overall reduction in teen pregnancies, Sheffield's rate remains significantly higher than the national average (24.3 per 1000)
- The number of alcohol related hospital admissions is increasing and in 2012/2013 was 706 per 100,000 population, significantly higher than the England rate of 637

Health Protection

- Just over half of all patients newly diagnosed with HIV in Sheffield are diagnosed late (51%), which is significantly higher than the figure nationally (45%). Late diagnosis is associated with poorer patient outcomes and higher healthcare costs
- The incidence of TB in Sheffield has increased from 10.5 new cases per 100,000 population in the early 1980s to 16.7 per 100,000 in 2011-2013 (approximately 100 new cases per year); significantly higher than the England average

The Care and Quality Challenge

Demand

- Aging population with increased diagnosis of long term conditions as well as co-morbidity
- Increased patient expectation
- With more people working longer those able to care for their relatives are reducing, putting more pressure on care and support services
- Significantly high number of delayed transfers of care
- Variation in rates of cancer mortality across the city
- We have more long-term admissions to care homes per 100,000 population
- We have fewer people at home 91 days after leaving hospital

Value

- The Better Care Better Value Tool (Fig 1) identifies areas where there is an opportunity for us to redesign services to reduce hospital based activity that is either better provided in another setting or not at all:
  - Reducing length of stay
  - Reducing emergency readmission within 14 days
  - Managing the number of follow-up; appointments
  - Patients not attending appointments
- The Right Care tool identifies procedures that offer limited clinical value; these need review

Access

- Access to adult services, against national targets, is challenged (Fig 2)
- Access to children's services meets or exceeds national thresholds (Fig 2)
- The proportion of people receiving IAPT moving into recovery is a new measure and plans are in place to improve
- Cancer Screening coverage for the Sheffield population is above national average for all programmes

Experience

- Poor experience can happen when multiple agencies are involved
- Complaints feedback indicates themes including communication and values and behaviours.
- The Annual Healthwatch report also identifies themes including:
- Waiting too long for a service, or not getting help early enough
- Physical and mental needs treated separately

Fig 1. Better Care Better Value Tool: The Sheffield Opportunity

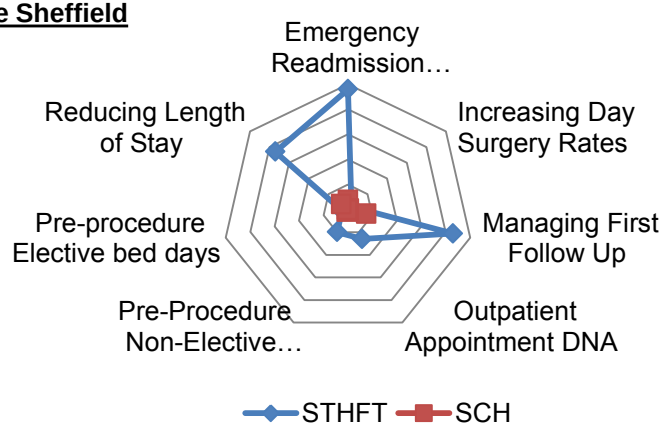
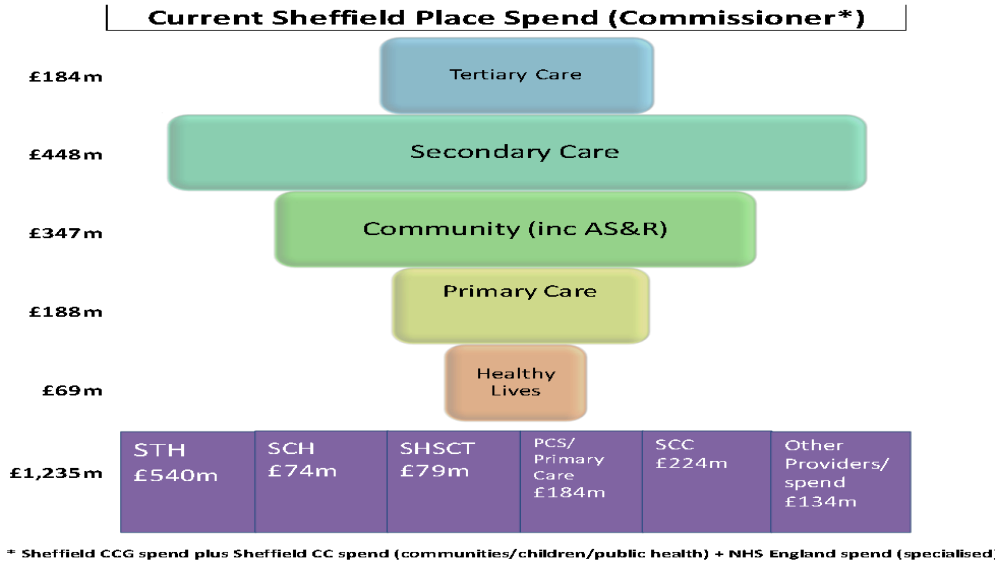


Fig 2. Sheffield Healthcare Provider Performance

The Finance and Efficiency Challenge

STP process requires NHS organisations to calculate per national rule set

- CCGs – Compares our allocation with projected expenditure.. Thus includes price and demand led cost pressures, together with investment to meet FYFV national priorities in primary care and mental health. Gap (or efficiency target) is derived by assuming we meet business rules eg 1% surplus each year as well as pressures/investment requirements.
- Sheffield CCG has allocation uplift which is well below average in all years to 20/21 as adjudged to have existing funding more than 5% above "fair shares" target funding, which means our financial gap likely to be higher than average.
- Trusts – Gap comprises any historic deficit plus the 2% efficiency requirement pa embedded in national NHS prices and as a result of expected loss of other non activity based income eg national education & training grants.
- Following new guidance ALL organisations are assumed to deliver 2016/17 control totals and hence deliver QIPP/CIP (ie efficiency) programmes in full and recurrently. Hence the Gap now looks at 4 years from 2017/18.
- No guidance on how Local Authorities calculate their Gap. Currently confirming approach across the 4 South Yorkshire LAs covering adult & Children's social care and PH grant
- No organisation able to assume any share of national STP funding. Sheffield Trusts should receive c£22m sustainability funding non recurrently in 2016/17. Trusts will similarly receive non recurrent support in 2017/18 and 2018/19 but amounts to be confirmed. For 2020/21 the South Yorkshire and Bassetlaw STP area has an indicative allocation of £105m. The element which Sheffield might receive as part of this will play out as part of resolving SY&BL system wide STP plan.



Solutions have to be mapped to NHS efficiency programme headings for STP but broadly fall into 3 categories:

- Individual organisational business as usual (BaU) efficiencies – Trusts must deliver min 2% either through Carter workstreams e.g. rationalisation of back office functions and estates or other actions; for CCGs main area of BaU is GP prescribing; LAs to identify efficiency proposals
- Reduction in demand in particular for acute hospital care (urgent and elective) but also long term nursing and social care. Modelling continues as to whether we can simply reduce the growth in activity or are actually able to reduce activity below 2016/17 levels. This is important particularly as the first avoids the need to increase capacity etc. but the second requires a reduction in workforce, estate etc and likely therefore modelling suggest can't expect to release 100% of costs in short-medium term. The Local health & social care Place Based Plans are seen as primary source of identifying solutions to reduce demand, including enhancing out of hospital capacity, self care and prevention actions.
- Reconfiguration of acute services where these could lead to consolidation of the number of sites from which selected services are provided. This is to ensure resilience and quality of service as well as potentially reduce costs for providers. Costs for commissioners assumed to stay the same if volume of activity remains the same.

Deficit Summary (Do Nothing)	2017-18	2018-19	2019-20	2020-21
	£m	£m	£m	£m
CCG	-£30	-£49	-£64	-£75
STH	-£36	-£53	-£68	-£85
SCH	-£6	-£10	-£14	-£18
SHSC	-£4	-£6	-£8	-£11
SCC	-£21	-£30	-£38	-£46
Headroom*				tbc
Total Health and Social Care	-£96	-£147	-£191	-£235

* additional savings targets to deliver prevention investment/allow for slippage

The Culture and Leadership Challenge

'Like the Hungarian soldiers, Academy participants found that having the 'map' (the theory of large scale change) and using it to guide their actions, made them more confident, competent and effective in their ability to achieve their goals for change'

— Helen Bevan; Leading Large Scale Change

Overview

- We often don't fully understand the pre-conditions needed in order to really make change happen
- By not defining causal links and behavioural drivers we often don't see the full benefit or impact of planned changes and therefore in spite of can feel like successful implementation of a transformational project we still face the same problem
- Often the timeframes we set ourselves for designing and implementing change are challenging and taking time to understanding the theory behind it is compromised
- We need to be clearer on how we get from where we are to where we plan to be (really be)

Leadership and Behaviours

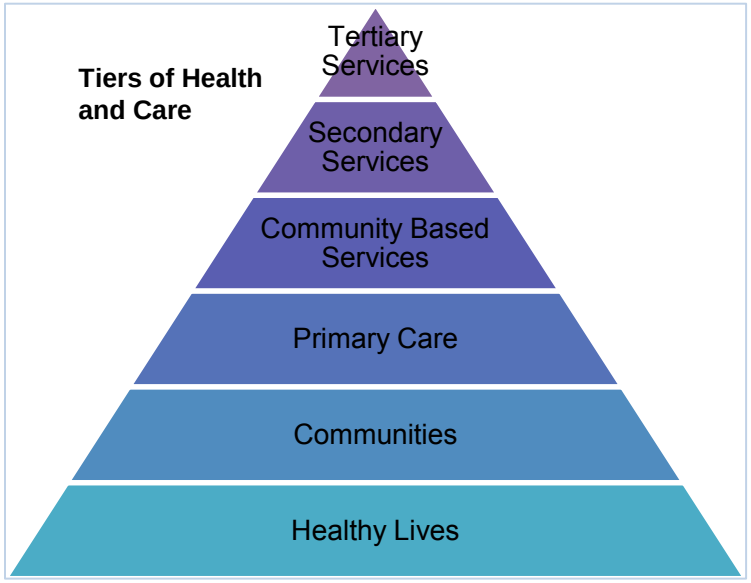
- To drive the innovation, creativity and socio-economic development required to close the health and wellbeing, care and quality and finance gaps we must first close our leadership gap
- As a system we have been experiencing significant and rapid change, and there is more ahead. This kind of changing environment requires the leadership capacity needed to adapt and succeed in the future.
- Our challenges are multi-dimensional as we face a range of complex needs.
- We need to develop strong and consistent leadership across our system using shared strategies and behaviours. This in turn will shape the behaviours across the system both in our workforce and in the Sheffield people
- The challenge to create the space to do this has never been greater

What Are We Going To Do?

Overview

The plan draws together key programmes of work across the city that are focussed on improving health and wellbeing in a sustainable way. It uses tiers of health to set out how each of those programmes impacts across the system.

This page summarises the key programmes that Sheffield is committed to over the next 5 years. We then describes the timeframes and then how these look against each of the tiers of health (where there is also more detail about what sites within each programme. (See page 36 for detailed outcomes)



IMPACT

- Improved Health and Wellbeing
- More People Working
- More Children Ready for School
- More Care Provided in Communities
- Reduced Demand for Hospital Based Services
- More People Staying at Home for Longer
- Integration of Physical and Mental Health Support and Care
- Better Use of our Shared Resource

Sustainable Health and Care Services for Sheffield

How Are We Going To Do It?

Overview

IN DEVELOPMENT

We have identified a number of programmes of work spanning the tiers of health that will deliver the impact/outcomes described on page 16.

Success requires prioritised programmes agreed and owned by the whole system. The Transforming Sheffield Programme Board has had a session working through the detail of the plan as it stands and will be convening again to agree what this needs to look like. Broadly the areas on the right are the programmes of work that the plan sets out, with year one describing the priorities identified as part of the first Transforming Sheffield Programme Board timeout.

Additionally PWC is doing a piece of work to develop the detail behind our financial strategy that includes investment and savings and a year by year outline of how we will shift spend from acute to community services. This will also contribute to informing where we focus our efforts to ensure maximum impact on shaping Sheffield in a way that transforms our services using models that are sustainably fit for the future.

Development timeline:

Programmes	***Year 1***
Early Years and Families	We will empower parents, families and carers to provide healthy, stable and nurturing family environments
Education and Aspiration	We will Implement a new Vulnerable Young People's Service We will Increase the proportion of school ready children
Heart of Sheffield	We will recognise the link between employment and physical and mental health and help more people into work
Helping More People into Work	
We Are The NHS (self-care and social prescribing)	We will agree a single risk stratification process for our population and agree how we use this so that we can then target our resources so we can help those most at risk We will invest heavily into the development of neighbourhood working We will work with our staff and teams to promote flexibility, to promote patient centred services and to promote a culture in Sheffield where staff across organisations are enabled to resolve difficult issues which impact on patients and communities
Strengthening Primary Care	
Care Planning and Person Activation	
Help to Stay at Home	
Accountable Care System with MCPs	
Referral and Pathway Coordination	We will tackle inequalities head on by making disproportionate investments in effort and resources into those communities with most need

Timeframes for Delivery

IN DEVELOPMENT

See commentary on page 17

1. People Living Healthy Lives

Why Is This A Priority?

The cost to Sheffield of avoidable illness and disease is in the region of £m.
The broader determinants of health and wellbeing need to be a key part of our plan as they will both reduced preventable illness and disease and close the inequalities gap. If left unaddressed the increasing demand for more expensive health and care interventions will continue with costs exceeding what we are publicly able to afford.
A radical upgrade in prevention is essential and the Sheffield Plan sets out strong ambitions for making this a reality.

What Does Feedback Tell Us?

"Sport activities/interests could be used for education and screening awareness in men. Different types of methods need to be used for different communities."
"Work with other departments such as education, housing, transport, town planning, police etc. to work on the wider determinants of health. Security and safety are essential to good health."

Outcomes/Impact

- Reduced gap in healthy life expectancy from 20 to 15 years between best and worst off
- Children healthy and 'learning ready' at age 4 increase from 66% to 75%
- Fewer young people not in employment, education or training
- more people moving into economic activity or meaningful employment
- Reduced impact of social isolation

Heart of Sheffield

A radical upgrade in prevention. We will
- Scale up smoking and alcohol brief interventions at all points of patient/client interactions; done at scale. Includes National Diabetes Programme
- Implement a model of life style services that scales up an affordable level off support; targeting those groups that will benefit most
- Implement healthy public policy initiatives, making the healthy choice the default and easiest
- CVD risk factor management at scale

Helping More People Into Work

Supporting people moving into meaningful economic activity or meaningful employment. We will:
- Put in place new and expanded employment pathways will enable referrals from health into employment and from employment into health; keeping people well at work and helping people back into work
- Have mentally healthy workplaces through implement the Mindful Employer Programme across all organisations
- Support people in their return to work

Education and Aspiration

Supporting children and young people in education and to achieve their aspirations we will:
- Implement a new Vulnerable Young People's Service; targeted multi-agency early intervention and prevention ; improving key outcomes and life changes for c. 1000 teenagers and young adults per year
- Increase the proportion of school ready children through a programme of initiatives including targeted early learning initiatives and partnership development and children and family hubs to support health and wellbeing locally

"Insert a quote from one of TSPB/HWB/CB members"

People Being Well

Sheffield people will get support they need to stay well by:
- Promote Five Ways to Wellbeing to reduce the impact of social isolation on people with learning disabilities, mental ill-health, autism and dementia
- Providing more emotional wellbeing and mental health support through schools and localities
- Single point of contact for health professionals to make patients' houses warmer
- Falls Preventions Service (reducing number of elderly fallers – top callers for ambulances

Working in Partnership

- Work with Age UK to reduce social isolation and loneliness in older people
- Work with voluntary and commercial partners to align prevention, health and wellbeing agendas and maximise impact through aligned priorities and work
- Feed into and draw upon the South Yorkshire and Bassetlaw Chief Fire Officers Health and Wellbeing Programme
- Improve the standard of private rented sector housin; focus on the key impacts of poor housing on health and wellbeing.

The Sheffield Pound

PWC bit
We will invest £x over the next x years to support these programmes
We will take opportunities through existing programmes by making every contact count and service contracts will include requirements to proactively promote the city's prevention and wellbeing agenda (MH EoLC)
Return on Investment:…
Commissioning for Social Value
SIBs/Commercial partnerships
Looking at portfolio of Social Investment to create a single sig. fund for Sheffield

2. Strengthening Communities

Why Is This A Priority?

Strong communities are essential to good health and wellbeing and building individual resilience and independence . By strengthening our communities we will improve physical, emotional and mental wellbeing, we will promote healthier lifestyles and we will provide clear and simple signposting to services and support that enables people to take control of their health. People will feel supported and able.

What Does Feedback Tell Us?

"Need to celebrate community/voluntary support as they take on more care responsibilities."
"Rural communities seem to have a stronger bond. How do we create that spirit in pockets of a city? Communities used to be built around churches or pubs, could health centres be made into community hubs."
" 'Walter' used to call 999 all the time and an ambulance would come and he would be admitted to hospital. He was supported by a Community Support Worker. Avoided 999 calls and hospital admittance. He was just a lonely man."

Outcomes/Impact

- Reduced demand on the secondary care system (elective and non-elective admissions and attendances)
- More People Cared for at Home
- Increased level of Person Activation
- Best Start metrics?

We Are The NHS

- Major shift to supporting people to take ownership and control of their own health and wellbeing - e,g, referral to info, advice, community activities and support.
- Peer support **will be an assertive first response** to presenting issues such as low level depression, obesity, aches and pains; a social prescribing approach.
- Development of the mental health support in schools to role out the healthy minds framework

People Keeping Well

- Radical upgrade to emotional and mental health wellbeing services (e.g. increased access to talking therapies and peer support groups, mental health services coordinated with other services at neighbourhood level)
- New Home Care support arrangements: local, responsive, flexible and personalised
- Improve Health Literacy In Sheffield
- Improve support to carers, reducing carer stress and ill-health

Early Years and Families

- Improve access to health and wellbeing initiatives for children and families
- Empower parents, families and carers to provide healthy, stable and nurturing family environments
- Engage families in local communities to influence and play a positive role in shaping activities and services
- Reach into our communities and ensure that service provision is accountable to local communities and response to community

"Insert a quote from one of TSPB/HWB/GB members"

Successful Young People

- **Successful Young People -** targeted support for 1,000 at risk teenagers and young adults though integrated, multi-agency teams combining youth and health workers, police officers and a range of advice and support services. Zero Tolerance approach to suicide prevention

Working in Partnership

- Working with Voluntary Sector, Religious Sector and Commercial Sector partners to align community and neighbourhood programmes giving a consistent message, consistent support and creating the greatest opportunities for communities to take full advantage of the support and activities available to them
- Linking across established programmes such as Learn Sheffield . Healthy Minds Framework and Move

Making the Money Work

PWC bit
We will invest £x over the next x years to support these programmes
We will take opportunities through existing programmes by making every contact count and service contracts will include requirements to proactively promote the city's prevention and wellbeing agenda
Return on Investment:…
Commissioning for Social Value

3. Primary Care For Now and For the Future

Why Is This A Priority?

General practice is under significant pressure. With more care moving to local primary and community settings both General Practice and Primary Care (including pharmacy, optometry, dentists) in general need to be redesigned to meet demand, provide the right services by the right professionals and support patients to manage their own health and wellbeing as well as more easily navigate the services available to them.
The GP Forward View sets out a case for practices working at scale, at a neighbourhood level.
Additionally as we move more care into community settings primary care services will need to be configured to respond to this; recognising that people with long term conditions need a more holistic approach.

What Does Feedback Tell Us?

"Health Centres should be designed as community hubs with newsagents, other services, libraries."
"Continuity of care and access to care for people with mental health problems and disabilities.."

Outcomes/Impact

- Strong and sustainable General Practice as part of Primary Care through access to services and that supports continuity
- Reduced demand on the secondary care system (elective and non-elective admissions and attendances)
- More People Cared for at Home
- Increased Access to Primary Care across the week
- Best Start metrics?

Primary Care Services

- Targeted and increased sexual health provision available and offered across primary care settings
- **Midwife led care in every community** – new family centres to support new mums and dads to make a healthy and happy start to family life. Strong focus on those at risk of struggling with family life
- Supporting self-care and independence through promoting healthy living and sign posting to community support
- Increased use of tele-health to support self-care
- Develop child and adult community clinics

A Multi-Disciplinary Approach

- Neighbourhoods working across health, social care, voluntary sector, police, education and housing to design and coordinate services that meet the needs of that neighbourhood
- Use of care plans for those with long term conditions, increasing patient confidence, knowledge and skills for them to manage their own health and wellbeing as well as providing informed and smooth handover of care over of care between partners.
- Increasing person activation in their own health using the Person Activation Measure (PAM) as a tool

A Consistent Offer

- A Sheffield-wide locally accepted model of care with agreed and followed pathways. For primary care this means referral guidelines, adhering to prescribing policy and reducing variation in clinical practice
- Access – extended access through 111 and local clinical hubs ,offering consistent access across all localities
- Clinical Assessment s, Services , Education and Support (CASES) will support GPs to manage patients in primary care

"Insert a quote from one of TSPB/HWB/GB members"

Estate and Infrastructure

- Greater use of technology to enhance patient care and experience (e.g. online booking and appointment management, online access to your healthcare record)
- Support practice development and Quality Improvement processes and expertise
- One Public Estate Programme
- A fit for purpose estate for now and in future for core and expanded services, aligned to practices working at scale
- Maximising void LIFT space

Working in Partnership

- Secondary care consultants support primary care to deliver strategic outcomes
- Working at scale: where demand is less services will be provided at neighbourhood or locality level
- Support practices to become key stakeholders in developing the neighbourhood working approach alongside all other health and social care providers and 3rd

Making the Money Work

PWC bit
We will invest £x over the next x years to support these programmes
We will take opportunities through existing programmes by making every contact count and service contracts will include requirements to proactively promote the city's prevention and wellbeing agenda
New funding models for local collaborations that release time for patients
Explore potential of local MCP approach as per contractual

4. Community Based Services Providing Care Closer to Home

Why Is This A Priority?

There is national and international recognition of the need to integrate services outside of hospital in order to provide safe, effective and efficient care for the increasing number of people living with multiple long term conditions. It would be unthinkable for numerous providers, with largely unconnected specifications, separate management arrangements with different objectives and plans and with different contractual arrangements, to be working within a single hospital. But health and social care services provided to the same communities, households and individuals outside of hospital are currently provided in this way.

What Does Feedback Tell Us?

"Rapid response care in people's homes/care settings instead of an ambulance taking someone to A&E because support services aren't in place."
"There should be a clear plan of what to do in a crisis."

Outcomes/Impact

- Reduced demand on the secondary care system (elective and non-elective admissions and attendances)
- More People Cared for at Home
- Reduced Readmissions
- Increase the number of people who are supported to die in their own home
- Reduce from 23 to 6 people with Learning Disability/Autism cared for in a specialist hospital

Care Planning and Coordination

- A single care plan for patients with long term conditions , at increased risk of admission or end of life that supports staying at home
- Core focus on person-centred care principles that increase and enable population level of activation across health and care
- Prevention approach to reduce incidence of common reasons for admission in frail elderly and people with dementia
- The GP will be the expert generalist and lead clinician for their patients regardless of the service providing care

Help to Stay at Home

- Primary Care supported step-up and step down provision: development of X beds and Y home support capacity to intensively support for short spells
- Model for step-up/down provision to include access to short stay Learn Disability and Mental Health placements (e.g. Section 136 beds/PDU/short breaks/respite/Intensive Home Support)

Multi-Disciplinary Working

- Multidisciplinary team working with patient centred care approach at neighbourhood level
- Multidisciplinary team meetings to agree interventions to provide support, keyworker and coordination, including links across adult, family and child services and across physical and mental health
- Where diagnostics are better provided in a community setting services will be set up accordingly
- An upgrade to psychiatric liaison services

"Insert a quote from one of TSPB/HWB/GB members"

Urgent and Planned Care in the Community

- Make more services available at community and neighbourhood level to support people remaining at home (e.g. community IV administration and diagnostic services)
- New Primary Care led Urgent Care Centre(s) to enable diversion from and demand reduction for secondary care, with one in front of A&E
- Develop "Assess to Admit" approach in the person's own home
- Emergency Care Practitioners providing in situ treatment

Signposting and Partnership

- 111 Clinical Advisory Service partnered with local clinical hubs managing care pathways; directly booking GP appointments
- Paramedic Pathfinder supporting alternatives to hospital
- The Single Point of Access will directly access all relevant services
- As well as education the CASES service will direct patients where onward referral is needed to the most appropriate services

Making the Money Work

PWC bit
We will invest £x over the next x years to support these programmes
We will take opportunities through existing programmes by making every contact count and service contracts will include requirements to proactively promote the city's prevention and wellbeing agenda
Return on Investment:…
Integrated Personal Commissioning
Personal Health Budgets

5. Hospital Based Services When Hospital is The Right Place

Why Is This A Priority?

We know that we have too many people receiving both planned and urgent care in a hospital setting. Whilst this is often the right thing there is a significant proportion of care that is either better provided in a community setting or not needed at all. We need to ensure that the hospital services work in harmony with community and primary care based services, enabling earlier discharge and a reduction in demand (new , follow-up and readmission) for hospital based services. By doing this our model of care will become affordable, people will receive care closer to their homes and we will be able to support hospital based delivery with the right workforce

What Does Feedback Tell Us?

"People are thrown off a cliff edge when they finish their treatment. There needs to be an intermediary."
"Links need to be made by the out of hours service with the relevant consultants in hospital which allows for the out of hours service to speak to the on call Registrar when they think one of their long term patients should be admitted to them directly."

Outcomes/Impact

- Reduction in follow-up
- Reduction in inpatient surgery
- Reduction in non-elective admissions
- Reduced Length of Stay
- Reduced morbidity
- Reduction in variation

Care Planning and Coordination

- Every patient admitted to have a clear plan for care and discharge from decision to admit
- Involvement of carers in assessment, care planning and care delivery
- Social prescribing infrastructure to be accessible from secondary care

Driving Value

- We will review services to ensure that they that offer value and quality. Where this is not found to be true we will work with the public to decide on which services need to be redesigned and which we should no longer provider. We will use tools such as Right Care to support this.
- Through internal and external benchmarking we will drive down unexplained variation in practice, supported by "whole journey" care pathways

Diagnostics

- Agreed "whole journey" care pathways for diagnostics and assessment, including direct access from primary care
- Radical upgrade to diagnostic access and turnaround times to reduce patient anxiety and improve outcomes through earlier intervention
- Results to be appropriately communicated directly to the patient
- **Where diagnostics (eg histopathology) are better provided on a regional STP footprint we work with partners and public to design them**

"Insert a quote from one of TSPB/HWB/GB members"

Doing Only What Hospitals Can Do Best

- Ambulatory Care Sensitive Conditions to be managed out of hospital, supported by clear pathways of care
- Increased self-care and patient initiated follow-up, supported by clear pathways and timeframes
- Pre-operative assessment outside of hospital unless clinically indicated
- Increased access to specialist advice through a range of approaches (telephone, video-call, face to face)
- Preparation before hospital attendance

Getting People Home

- Advanced surgical and enhanced recovery techniques
- Implement and embed the "Discharge to Assess" model; care needs assessed in an alternative setting to hospital
- Patients supplied with min. 7 days medications or discharge
- Electronic discharge summary sent to GP within 24 hours of A&E, Inpatient or Day case Care

Making the Money Work

PWC bit
We will invest £x over the next x years to support these programmes
We will take opportunities through existing programmes by making every contact count and service contracts will include requirements to proactively promote the city's prevention and wellbeing agenda
Return on Investment:…
Move away from payments like PbR that incentivise more rather than less hospital activity

6. Specialised Services

Why Is This A Priority?

What Does Feedback Tell Us?

"If we had to travel to go to a specialist place, then it wouldn't bother us, as long as they know what they are doing and get her better"

Outcomes/Impact

- Increased proportion of specialist activity in Sheffield
- Improved outcomes through increased expertise

Tiering of Services

Concentration of specialist elective care on sub-regional sites

Care Bundles

Ambulance

Awaiting STP Plan Detail

"Insert a quote from one of TSPB/HWB/GB members"

Sheffield as a Tertiary Centre

Working With Partners

- Associate STPs

Financial Strategy

PWC bit
We will invest £x over the next x years to support these programmes
We will take opportunities through existing programmes by making every contact count and service contracts will include requirements to proactively promote the city's prevention and wellbeing agenda
Return on Investment:…
Personalised Commissioning
Personal Health Budgets

What We Need to Make This Happen

Why Is This Important

The programme under each of our priorities will not deliver themselves. There are several enabling programmes that cut across each of the priorities and are fundamental to their success.. There are:

- Business Intelligence and Analytics
- Information Technology
- A Strategy for Estates
- Organisational Development (OD) and Workforce
- Research and Development
- Governance
- Our Digital Roadmap
- Communications and Engagement
- Finance and Resource

Investment/Financial Strategy

To be populated by PWC work??

Business Intelligence & Analytics

A single cross city Business Intelligence (BI) function that:

- optimises the BI expertise and resource
- supports 'a single version of the truth' to inform measurement, assessment and future planning

Information Governance and record sharing agreement

Information Technology

A single cross city IT function working collaboratively to:

- optimise the IT expertise and resource
- provide capacity to support implementation of the Digital Roadmap as well as providing responsive systems support to users
- implement the Digital Roadmap and Test Bed

Estates

Sheffield Public Sector Estate Vehicle

As part of the National One Public Estate Programme we will:

- Plan for integration and co-location of services where possible
- Purposefully create voids in LIFT assets, and positively relocate services to them ('Strategic Hubs'); using these to enable new service delivery models for care closer to home,
- Agree a strategy to accelerate and promote Agile Working across the Sheffield First strategic partnership members

OD and Workforce

- Task shifting: tasks moved where appropriate to less specialised workers
- Working in partnership with the universities and the colleges to develop skills across multi-disciplinary teams to support new roles and delivery of new models of care (particular focus on mental health and communications skills)
- A workforce passport that enables seamless working across organisational boundaries
- Leadership development (esp. primary care)
- Values based recruitment

Research & Development

- Development of risk stratification models for predicting health and social care use
- New contractual models that remove any perverse incentives to reducing use of medical interventions and support management of demand
- Combined models for personal health and care budgets
- New technology and treatments that improve patient outcomes and reduce spend in hospital settings
- Developing healthy public policy approach

Governance

- A single joined up communications and engagement plan to ensure a consistent and reliable message about plans and what they mean
- Clear citywide governance and leadership to oversee implementation, delivery and future planning
- A single income and expenditure account for the city

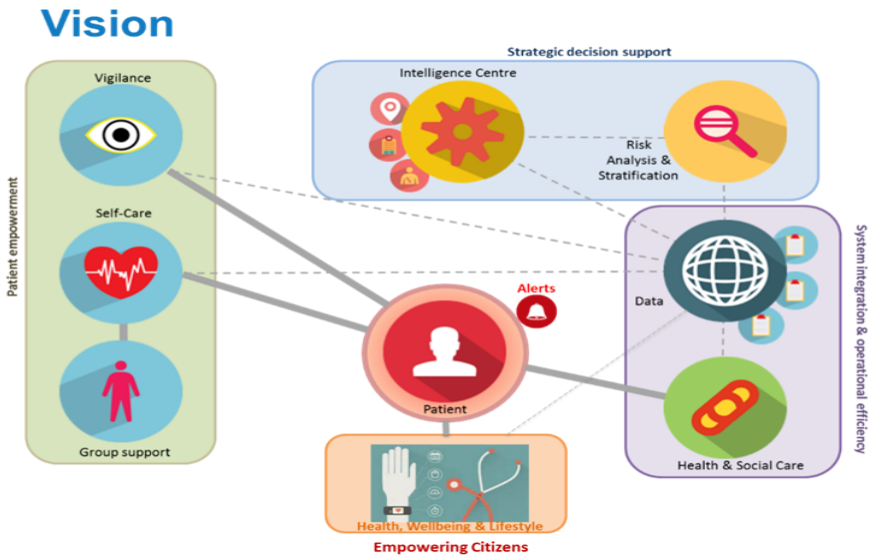
How Will Digital Technology Help?

Overview

Through the Test Bed and working collaboratively across our wider health and care region we will drive innovation and deliver cost effective digital and technology enabled solutions. Strategic infrastructure development, generating better inter-organisational interoperability and data sharing across our community, combined with innovation in patient focussed digital solutions will accelerate our ability to respond to local challenges and drive efficiencies in the delivery of high quality services to patients across our city and our region

Citizen and Patient Empowerment

Through the Test Bed and working collaboratively across our wider health and care region we will drive innovation and deliver cost effective digital and technology enabled solutions. Strategic infrastructure development, generating better inter-organisational interoperability and data sharing across our community, combined with innovation in patient focussed digital solutions will accelerate our ability to respond to local challenges and drive efficiencies in the delivery of high quality services to patients across our city and our region



System Integration and Operational Efficiency

The Sheffield health and care community have a shared commitment to achieve the 10 Universal Capabilities and 7 PF@PoC capabilities. Supplemented by shared governance arrangements this will rapidly result in system interoperability and integration. Key developments will include:

- Shared records (including N3 link to the Child Protection Information System))offering increased access to relevant, real time, information about a patient by health and care providers.
- Improved interoperability to enable more effective and efficient transfer of care across providers (e.g. through e-referral and discharge processes) supporting reduced waiting times and access to appropriate support
- Promote mobile working of practitioners through Wi-Fi accessibility and roll-out of remote working solutions for practitioners
- Promotion of remote monitoring, new forms of consultation (e.g. video, phone) and mobile health (mHealth) will also support care based in the citizen's own home, reducing the burden of routine care on patients, their carers and families, and health professionals
- Better tracking and scheduling of staff and resources will enhance operational efficiencies (e.g. via OrderComms, e-rostering, e-prescribing etc.)

Strategic Decision Support

- Use population data to help identify and provide evidence for best practice and quantitatively assess quality outcomes
- Ensure better informed clinical decisions enabling more appropriate cost effective and safe care (e.g. avoiding drug contra-indications) as well as support for safeguarding
- Increased reliance on validated risk stratification and population analytics will enable more efficient case finding and targeted intervention
- Digital solutions to measuring benefits and outcomes (e.g. collecting Patient Reported Outcomes Measures)
- Social prescribing referral system
- Improved data flows supporting more efficient resource deployment (e.g. care coordination hub)
- Population analytics to support supply/demand modelling in response to changes in population health and care needs

Communications and Engagement

IN DEVELOPMENT WITH SUPPORT OF COMMS and STP COMMS

- ***Tiers of Communication***
- ***Key Messages***

Available by 30th Sept

The Sheffield Pound

Our financial strategy IN DEVELOPMENT WITH SUPPORT OF PWC.

Available by 30th Sept

Governance and Delivery

Overview

We need a way of working that assures Sheffield that we will deliver what we have set out to.

•Shaping Sheffield will bring the city partners together to shape our direction as we transform and to align our work to support transforming

•Transforming Sheffield will deliver the programmes of work under the direction of the Chief Executives across Health and Care

•The Health and Wellbeing Board will have oversight of progress in delivering our Health and Wellbeing strategy

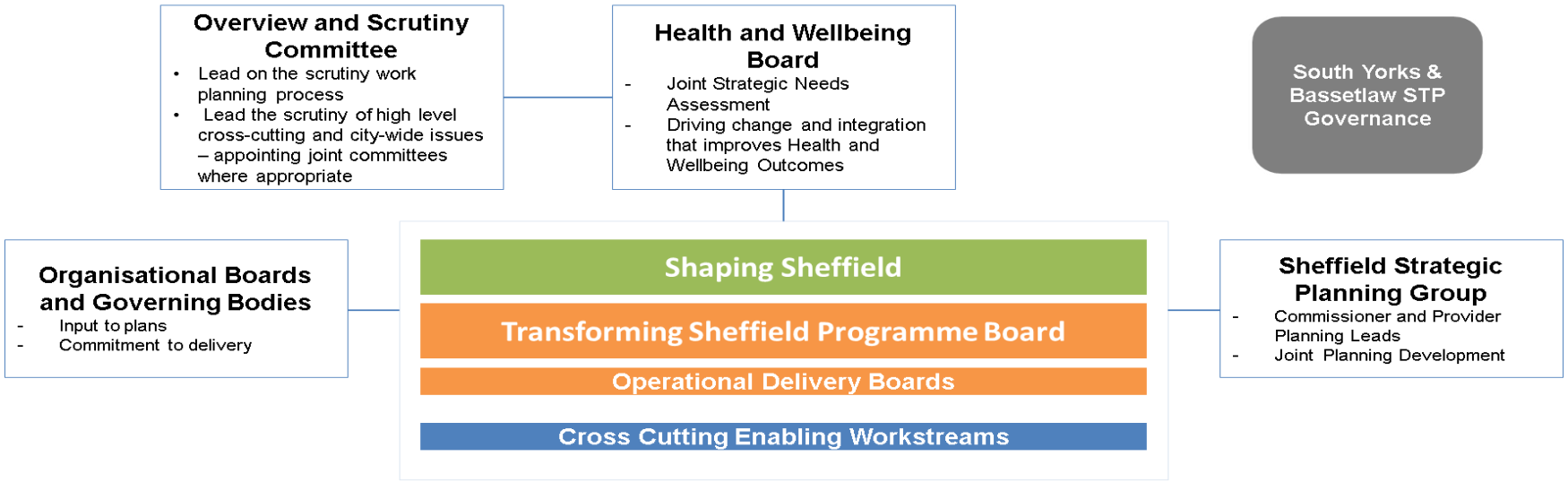
•Planning will be done collaboratively through a Strategic Planning Group responsible for a co-production agenda

•Significant service decision will have public consultation and go through the overview and scrutiny committee

Each of our priorities will have a series of robust delivery plans drawn up (where they do not already exist)

The Programme Management Offices will work in partnership to drive implementation

Governance



- Each of the delivery plans will have dashboards aligned to the outcomes described under measuring success
- These will be reviewed on a monthly basis to:

1. Measure implementation progress and map through any impact from faster or delayed implementation
2. Measure impact after implementation to provide assurance that our identified benefits are realised, make any adjustments or inform future transformation

Risks

Organisational Behaviour

Description: Each organisation has financial and delivery targets to deliver that system wide transformation may put at risk over the transformational period. Individual organisational approaches to managing that risk will potentially compromise the system wide delivery and Place Based Plan

Mitigation: Transforming Sheffield Programme Board ownership of and commitment to the plan with a risk share approach
Memorandum of Understanding in place to support development of services outside of hospital and based around neighbourhoods

Contractual and Payment Mechanisms

Description: Acute providers are currently paid by results using a tariff based system, this incentives acute activity (particularly with the hospital provider financial pressures) and therefore disincentives the intention within the Sheffield Plan to increase the proportion of care outside of hospital

Mitigation: Review of contractual and payment mechanisms with a move towards capitated budgets and a supply chain approach

Transformational Funding

Description: Funding is required that enables the investment that will be needed to deliver the transformation change before the longer term funding is available through savings made as a result of the new models of care

Mitigation: Develop Commercial Partnerships
Develop approach to using non-recurrent innovation and research funds through the Transforming Sheffield Programme Board to support transformational change.
External expertise and additional capacity from Price Waterhouse Cooper to support a robust financial mapping of investment and saving

Resource to Deliver

Description: This plan is ambitious and a real opportunity to genuinely transform the way we work in Sheffield to make a real impact for our population in a sustainable, affordable way; it will make real improvements to quality of care and health outcomes. This will not be achieved if we try and deliver it on top of “Business as Usual”.

Mitigation: Develop and support a realistic and targeted resource plan that is aligned to the Sheffield Plan in a way that is responsive to 5 year delivery programme and that supports the Transforming Sheffield Programme governance structure

Regulation and Policy

Description: There will be regulations and nationally imposed policies that will not support new ways of working

Mitigation: Work with statutory and regulatory bodies to develop approaches that allow testing of the new ways of working and inform development of revised policy/regulation that support the new models of care.

Public Consultation

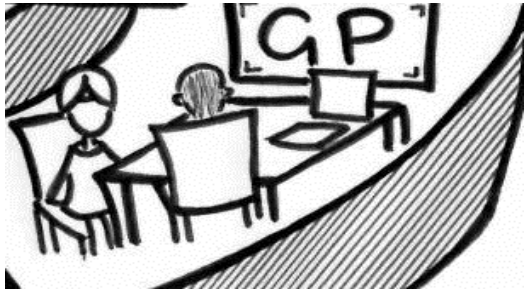
Description: The public response to the development and change to services required as part of this transformational approach may delay progress if not well managed. The public need to be part of the transformational work from the beginning.

Mitigation: Co-production of plans with the public
Using the collective communications and engagement resource to ensure a robust and well managed approach to co-production, engagement and consultation

Appendices

Commissioning Intentions 17/18, with provider job cards

Clinical Priorities as Described in the Forward View



The planning guidance " Delivering The Forward View" makes specific reference to delivering six clinical priorities. These are woven through each of our priority areas, but for ease we have drawn them out specifically in this section

Cancer

- Gap analysis against the National Cancer Strategy
- Active members of South Yorkshire Cancer Strategy Group and developing Cancer Alliance
- Optimise cancer screening programmes
- Implementation of the new NICE suspected cancer referral guidelines
- Suspected cancers will be diagnosed within 28 days of GP referral
- Risk stratified pathways and recovery packages for people living with and beyond cancer

Dementia

- Further develop the post diagnostic support offer in Sheffield
- Better support people with dementia and their carers to live well at home
- Maintain / continue to improve the diagnostic rate
- Dementia prevention programme
- Sheffield as a centre for dementia related research
- Improve experience of people with dementia (and their carers) at the end of life
- Develop new care pathways and services

Diabetes

- Sheffield has been selected as a first wave site to become one of the early deliverers of the National Diabetes prevention Programme
- We will deliver NHSE procured weight reduction, exercise and lifestyle change interventions targeted at people or are at risk of developing Type 2 diabetes
- There will also be joint action between the CCG and the City Council to reduce obesity in adults and children

Learning Disabilities

- Reduction in number of people requiring specialist hospital placement
- Integrated working to improve physical health of people with LD & SMI.
- Radical upgrade in psychiatric liaison.
- Set requirement for providers to have Easy Read documentation.
- Annual health checks for this population.
- Re-commission autism diagnostic and post diagnostic service with a new specification

Maternity

- Personal Health Budgets
- Clear service specification with aligned payment pathway for maternity care.
- Stimulate the market and consider the development of alternative providers of maternity care within community settings.
- Introduce new standards and reporting for improving outcomes of care within maternity services.
- Deliver the national care bundle and new quality schedule for maternity care services

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Mental Health

- Improved access for children, young people and adults to emotional and mental health wellbeing services; providing early intervention
- Expand method of access to mental health services through wider digital/IT opportunities and different talking therapy interventions being made available.
- Mindful employer programme
- Developing an integrated Primary Care Mental Health Service

What Success Looks Like

The plan sets Sheffield ambitious measureable 5 year goals as set out here. Though ambitious they are also tested and there is confidence across the system that by working in strong partnership to deliver the programmes set out they are achievable.

These are ambitious programmes of work, underpinning a commitment to measurably demonstrate achievement of our aims and ambitions through closing each of the four gaps set out in the Case for Change.
To do this each of our Transforming Sheffield programmes of work will have clear and defined metrics. These metrics will be used to assess impact as well as to feed into on-going transformation, adjusting programmes where the actions are not successful (learning from each other and our work as we go) and embedding them where they have clearly added value and had an impact.

Collectively these will achieve improved population health and wellbeing, improved patient access and experience (developing a consistent offer so that people know what to expect), and significant reductions in demand for acute services (through preventing ill health as well as providing more appropriate alternatives where hospital isn't the right care setting).

Fewer People Going to Hospital

- Increased average level of 'activation' for people with Long Term Conditions
- Fewer falls in the homes
- 5% reduction in births requiring intensive care
- Reduction from 23 to 6 people with Learning Disability/Autism requiring specialist hospital admission
- More people still at home 90 days after discharge
- 30% less non-elective admissions
- 20% less elective admissions
- 30% less new outpatient activity (adults)
- 35% less follow-up activity (adults)

Reduced Inequalities

- Overarching long term strategic outcome (20 year timescale): an improvement in overall healthy life expectancy, with greater and faster improvement n those with the poorest healthy life expectancy. Measured by reducing the gap in healthy life expectancy from 20 years to 15 years between best and worst off
- Fewer people not in employment, education or training by 2021
- 5000 more people who are currently long term unemployed moving into meaningful employment

Improved Health and Wellbeing

- Improve school readiness at the end of reception and entry into Year 1 at four: from 66% to 75%
- More people reaching national standards of physical activity
- Reduced conception rates in under 18s from 27.9 to 9 per 1000 females
- Full access for all cancer patients to all elements of the Living With and Beyond Cancer 'Recovery Package'

Driving Value

- Reduction in prescribing costs
- Greater proportion of Ambulatory Care Sensitive Conditions managed without admission
- Reduce volume of Delayed Transfers of Care to below national Benchmark
- Clinical services able to demonstrate clinical value

Experience

- More people who are mostly or completely satisfied with the health (National Wellbeing)
- More people who are satisfied with their life overall (National Wellbeing)
- Increase in children's' emotional wellbeing reported through the ECM survey
- Increase in average score reporting positive statements of feelings and thoughts (Short Warwick-Edinburgh Mental Well0Being Scale)
- Improved access as measured through the nationally set performance indicators
- More people supported to die in their own home

Back Office Efficiency

- Reduction in administrative and management overheads
- Reduction and more efficient use of public sector estate
- More efficient running of services across the South Yorkshire and Bassetlaw STP footprint in relation to procurement and diagnostics (e.g. pathology)