

Quality & Outcomes Report: Month 12 2015/2016

Governing Body meeting

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5 May 2016

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Is your report for Approval / Consideration / Noting	
Consideration	
Are there any Resource Implications (including Financial, Staffing etc)?	
Potential additional funds via achievement of Quality Premium measures for 2014/15 and subsequently 2015/16 Quality Premium measures.	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
<ol style="list-style-type: none"> 1. To improve patient experience and access to care 2. To improve the quality and equality of healthcare in Sheffield 	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached? No if not, why not?</i> None necessary	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
It does not directly support this but as a public facing document is part of keeping the public informed.	
Recommendations	
<p>The Governing Body is asked to discuss and note:</p> <ul style="list-style-type: none"> • Sheffield performance on delivery of the key NHS Outcomes • Sheffield performance on delivery of the NHS Constitution Rights and Pledges • Key issues relating to Quality, Safety and Patient Experience • Assessment against measures relating to the Quality Premium 	

Quality & Outcomes Report

2015/16: Month 12 position

For the May 2016 meeting
of the Governing Body

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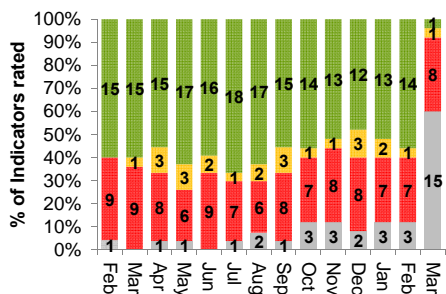
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(Quarterly update from the Policy, Performance and Communications Service, Sheffield City Council)

Highest Quality Health Care

NHS Constitution - Rights & Pledges



Our commitment to patients on how long they wait to be seen and to receive treatment

The chart shows how CCG delivery of the 25 NHS Constitution Rights & Pledges for 2015/16 is progressing, month-on-month. The number of rights and pledges being successfully delivered is indicated by the green sections of the bars. Amber shows those which are close to being delivered, red those where significant improvement is needed. Grey indicates areas where data is not yet available for the current month.

PLEASE NOTE: There will always be at least 9 greys (Cancer Waits) in the most recent month, as data for these is a month behind.

For those areas where delivery of pledges is not currently on track - as identified in the table below - further information is given in the NHS Constitution - Rights & Pledges section of this report (pages 4 - 10).

Pledges not currently being met:

	Diagnostic 6+wk waits, Ambulance response times (RED 1 and RED 2) within 8mins, Ambulance response times within 19mins, Ambulance handover delays (30min+ and 1hr+), Ambulance crew clear delays (30min+), Mixed Sex Accommodation, Operations cancelled and offered another date within 28 days (QUARTER 3 POSITION)
	Ambulance crew clear delays (1hr+)

2015/16 Headlines

NHS Constitution

These pledges to patients on how long they wait to be seen and to receive treatment remain an important aspect of what we are committed to delivering for the people of Sheffield during 2015/16. Currently, **10 of the 15** core rights and pledges are being successfully delivered.

In respect of the pledges not currently being met for Sheffield patients, further information on [the action being taken by the CCG and providers to improve performance - along with expected timescales for delivery of improvement and any action requested from the CCG Governing Body](#) - are set out in the NHS Constitution section (pages 4 - 10).

Key areas to note are:

A&E waiting times: Although Sheffield Children's NHS Foundation Trust (SCHFT) continued to meet the pledge for 95% of patients to be seen/treated within 4 hours as at the end of March - and so achieved this for 2015/16 - their performance for March and into early April this year, falls short of the levels seen in the same period in 2015. The CCG is exploring this with the Trust to ensure any underlying cause is understood and can be addressed.

The nationally reported year to date position for Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) remained just under the 95% standard as at the end of August (full September to March data not yet available, as detailed in the note below). Sheffield is experiencing similar pressures on A&E to those being seen nationally and the CCG continues to work closely with STHFT to ensure patients continue to receive a high quality service.

Waiting times for Diagnostic tests:

- **STHFT** - Provisional March data indicates that the Trust did not meet the standard (Diagnostic patients seen within 6 weeks) for Sheffield patients.
- **SCHFT** - Provisional March data indicates that SCHFT met the Diagnostic waits pledge for Sheffield patients.

Ambulance response times: As forecast previously, the NHS Constitution service standards for RED 1 and RED 2 8 minute performance have not been achieved for 2015/16. In addition, the measure for Category A 19 minute response also fell just short of the standard (year to date position, as monitored) for 2015/16.

PLEASE NOTE: Sheffield Teaching Hospitals NHS Foundation Trust data - due to the implementation of a new information system, the Trust will not be able to produce 4 hour waiting times data in Quarter 4 of 2015/16. The date for the resumption of the data flow has not yet been agreed. In the absence of 4 hour waiting times data, the Trust is providing the CCG with a number of related data items that give an indication of A&E department performance. A programme of site visits to A&E, by CCG Executive and Clinical Leads, have been implemented to provide assurance with regard to quality of care and patient experience. From an operational perspective, the CCG is represented at Director level on the STHFT Board which is addressing issues related to Lorenzo implementation. Additionally, 18 weeks and Diagnostic waiting times data has been submitted, although data quality reconciliation is ongoing.

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2015/16 Headlines - continued

Mental Health - access and waiting times standards

Equally, pledges to patients on access to - and waiting times for - psychological therapies are an important element of what we are committed to delivering for the people of Sheffield. Nationally reported data indicates that one of the two 2015/16 national standards is not being fully delivered.

Further information on the underlying issues, action being taken by the CCG and providers to improve performance - along with expected timescales for delivery of improvement and any action requested from the CCG Governing Body - are set out in APPENDIX B: Mental Health Trust Performance Measures.

Quality and Safety

Our commitment to ensure patients receive the highest quality of care, and to listen to and act on their feedback and concerns

Nationally, the focus on improving outcomes around the quality, safety and patient experience of health care is described in two specific areas, or 'domains' - headlines are shown below:

Treating and caring for people in a safe environment and protecting them from avoidable harm - reducing the number of patients getting Clostridium Difficile (C.Diff) & MRSA:

- **C.Diff** - In 2015/16 (full year as at the end of March), 206 cases attributable to the CCG were reported, which is slightly above the forecast for the year of 194. STHFT reported 78, compared to a forecast for the year of 87. SCHFT reported 8 cases, compared to a total forecast for the year of 3.
- **MRSA** - 1 case was assigned to the CCG in 2015/16 (3 others attributed to the CCG have, following Post Infection Review/arbitration, been assigned to a third party). No cases were reported for STHFT or SCHFT in 2015/16.

Ensuring that people have a positive experience of care: Patient experience information will be provided in this report for those meetings of the Governing Body that are held in public (alternate months). Each update will focus on a different provider, rotating Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Sheffield Health and Social Care NHS Foundation Trust. The updates will also include Friends and Family Test published results for that provider (FFT - identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care).

Best Possible Health Outcomes

Our commitment to ensure the commissioning decisions and actions we take improve health care for the people of Sheffield

In its Commissioning Intentions for 2015-2019, the CCG set out five key ambitions. Progress against these ambitions during Quarter 4 will be provided as part of a 2015/16 update in next month's Quality and Outcomes Report.

CCG Assurance - NHS England Assessment

2015/16 CCG Assurance Framework

The NHS England assurance 2015/16 full-year review for Sheffield will take place on 26 April 2016. The outcome of the assessment will be shared in the Quality and Outcomes report to Governing Body and published on the CCG website at: <http://www.sheffieldccg.nhs.uk/our-information/how-are-we-doing.htm>

Quality Premium

The Quality Premium is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reducing inequalities. To be eligible for a Quality Premium payment, a CCG must manage within its total resources envelope for the year. A percentage of the Quality Premium will be paid for achievement of each of the agreed improvement measures. The amount paid will be reduced for each relevant NHS Constitution measure not met.

2016/17 - Quality Premium

The identified areas for improvement in 2016/17 are:

- Proportion of cancers diagnosed at stages 1 and 2
- Patient reported experience (via GP Patient Survey) of making a GP appointment
- Proportion of GP referrals made by e-referrals
- Antibiotic prescribing in primary and secondary care
- Three locally selected measures (and levels of improvement) from areas of opportunity in the CCG Right Care Commissioning for Value pack. Locally selected measures are expected to offer the potential for CCGs to drive improvement and aim to deliver improved health and wellbeing for their local population.

Following work with Clinical Portfolios, Public Health colleagues and the CCG Executive Team to confirm appropriate local measures for Sheffield, proposed measures (still subject to final agreement with NHS England) were submitted and these focus on the following areas:

- Delivering improvements in the use of the Care Planning Approach in Mental Health services
- Reducing unnecessary admissions to hospital for patients age 65+, via use of an 'assess to admit' approach
- Improved cost effectiveness and sustainable use of resources in Gastroenterology related prescribing

The full Quality Premium guidance can be accessed at: <https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/qual-prem/>

2015/16 Quality Premium

Details of the measures for 2015/16 and current available data on CCG progress against each measure can be found in the Quality Premium section (page 16).

Public Health Quarterly Report

As noted previously, the former quarterly Public Health Outcomes Framework (PHOF) dashboard of public health indicators (the value of which is limited by the time-lag in the data) has been replaced with a more timely narrative, structured around key public health topics and/or areas of progress on public health outcomes in the City.




The latest quarterly update, supplied by the Public Health Intelligence Team in Sheffield City Council, is shown in APPENDIX E.

NHS Constitution - Rights & Pledges

Our commitment to patients on how long they wait to be seen and to receive treatment

The NHS Constitution - Rights & Pledges for 2015/16 are the same as those monitored in 2014/15, with the addition of the re-established Ambulance Crew Clear delays measures and, with effect from October 2015, revised RTT measures.

Key to ratings:

-  Pledge being met
-  Close to being met
-  Area of concern

The relevant data period for each measure is noted above the indicator; if no time period is present, data relates to the current financial year 2015/16.

NOTE: "Supporting measure" = NHS Constitution support measure specified by NHS England

Referral To Treatment (RTT) waiting times for non-urgent consultant-led treatment

Patients referred to see a specialist should be seen and, where necessary, receive treatment in a timely fashion, whether admitted to hospital for treatment or treated without being admitted. The majority of patients should be seen and start any necessary treatment within 18 weeks from their referral. No patient should have to wait more than 52 weeks.

Issues & Actions:

Although STHFT and SCHFT are meeting the RTT standard overall, STHFT continue to experience challenges in some specific specialities. Remedial action plans and improvement trajectories for each underperforming speciality at STHFT have been requested to enable monitoring during 2016/17 against expected speciality recovery dates as part of contract monitoring.

Additionally, as part of the requirements to access System Transformation Funding, Trusts must agree improvement trajectories for RTT (at overall Trust level) with the CCG, Monitor and NHS England. On receipt of the STHFT speciality level improvement trajectories, further information on all the trajectories referenced above - and progress by STHFT against these - will be shared as part of this report.

Action requested of Governing Body: To endorse the approach of monitoring STHFT remedial action plans and improvement trajectories for each underperforming speciality through monthly Contract Management Board meetings with STHFT.

PLEASE NOTE: Due to a delay in the reporting of STHFT RTT waiting times for March 2016, it has not been possible to update the overall CCG performance position.

Data for SCHFT for March 2016 indicates that they have met the standard for Sheffield patient, with 94.75% of patients currently waiting less than 18 weeks for treatment to start.

92% of all patients wait less than 18 weeks for treatment to start



Supporting measure:

No patients wait more than 52 weeks for treatment to start



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Diagnostic test waiting times

Prompt access to diagnostic tests is important in ensuring early diagnosis and so is central to improving outcomes for patients e.g. early diagnosis of cancer improves survival rates.

Issues & Actions:

STHFT: The Trust did not meet the diagnostic waiting time standard for Sheffield patients in March (based upon provisional data) with 96.45% of patients seen within 6 weeks, which is a similar level to the February position of 96.38%. This equates to 264 patients waiting longer than 6 weeks for diagnostic tests at STHFT. The majority of these breaches were for Colonoscopies (an increase from 75 to 109), Gastroscopies and Flexi Sigmoidoscopies. There has been a significant reduction in the numbers of breaches within Peripheral Neurophysiology and Sleep Studies. The Trust is implementing plans to increase capacity in all of these areas.

It should also be noted that following the implementation by STHFT of a new patient administration system (Lorenzo) towards the end of September, reconciliation to ensure the quality of Diagnostics reporting under the new system is still being completed.

Action being taken: STHFT plans to increase capacity across the key areas identified by increasing staffing (consultant recruitment) and creating additional capacity for tests.

The CCG is working with the Trust, through the remedial action plan process, to understand key issues preventing achievement of the standard and identify any steps that can be taken to support delivery. The need to improve diagnostic waiting times as part of the overall 18 week referral to treatment pathway is recognised in CCG planning of capacity for 2016/17. Once trajectories for improvement have been signed off, these will be included in the contract, achievement will be monitored and any necessary mitigating actions agreed with STHFT on a monthly basis. Diagnostics trajectories for improvement will also be reflected in the revised elective Referral to Treatment waiting times remedial action plan (currently being developed by the Trust) and incorporated within the CCG contract monitoring.

Expected timeframe for improvement: As part of the requirements to access System Transformation Funding, the Trust must agree and achieve an improvement trajectory for diagnostics with the CCG, Monitor and NHS England. Discussions are being progressed by the CCG regarding agreement of the trajectories and timescales for achievement. Once this is finalised, further information on the trajectory - and STHFT progress against trajectory - will be shared as part of this report.

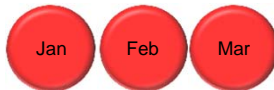
Action requested of Governing Body: To endorse the approach of monitoring STHFT achievement of diagnostic waiting times and any necessary mitigating actions, through monthly Contract Management Board meetings with the Trust.

SCHFT: The Trust met the Diagnostic waits pledge for Sheffield patients in March, with 99.84% seen within 6 weeks. Their internal performance report indicates that this is also the case at a Trust-wide level (all patients) with 99.2%.

Once the 2016/17 improvement trajectory for diagnostics submitted by SCHFT is finalised, further information on the trajectory, and SCHFT progress against trajectory, will be shared as part of the Quality & Outcomes report.

PLEASE NOTE: For the measure below, the most recent month's data is provisional/pre-sign off and therefore may be subject to a slight change once published.

99% of patients wait 6 weeks or less from the date they were referred



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A&E waits

It is important that patients receive the care they need in a timely fashion and within 4 hours of their arrival at A&E. Patients who require admission need to be placed in a bed as soon as possible and those who are fit to go home need to be discharged safely and rapidly, but without their care being rushed.

Issues & Actions:

A&E 4hr waits: The position towards the end of September was still meeting the pledge for the CCG (and for SCHFT) but the STHFT position remained just under the 95% standard. Full validated data is not yet available from the end of September onwards for STHFT - and therefore also for the full CCG position, as STHFT constitutes the majority of this. However, indications (from the use of related datasets) are that the position has deteriorated since the last available data was received.

Action being taken: The CCG has issued STHFT with a contractual performance notice to ensure all key actions are being taken to improve performance. The STHFT A&E Improvement Board, on which the CCG is represented, formally reviews progress and this is supported by a number of other bilateral discussions.

A programme of site visits to A&E, by CCG Executive and Clinical Leads, has been implemented to provide assurance with regard to quality of care and patient experience.

Expected timeframe for improvement: As part of the requirements to access System Transformation Funding, the Trust must agree and achieve an improvement trajectory for the A&E 4 hour standard with the CCG, Monitor and NHS England. Once this is finalised, further information on the trajectory - and STHFT progress against trajectory - will be shared as part of this report.

Action requested of Governing Body: To endorse the approach of monitoring STHFT achievement of the A&E standard and any necessary mitigating actions through monthly Contract Management Board meetings with the Trust, in line with the contractual performance notice.

95% of patients are admitted, transferred or discharged within 4 hours of arrival at A&E (YTD position)



Supporting measure:

No patients wait more than 12 hours from decision to admit to admission



PLEASE NOTE: National A&E data has changed from a weekly to a monthly collection and changes to the process mean this will now be published a month later than previously.

For the A&E 4hr waits measure, September's rating is an estimated position based on local, daily figures from STHFT and SCHFT and will be replaced by the national data when this becomes available.

*The latest available data for STHFT is as at 25th September 2015 - **see note regarding the Trust's data on page 1.***

The supporting measure remains at August's position, as this cannot be calculated from the local data.

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Cancer waits

It is important for patients with cancer or its symptoms to be seen by the right person, with appropriate expertise, within two weeks. This is to ensure early diagnosis and so is central to improving outcomes. If diagnosed with cancer, patients need to receive treatment within clinically appropriate timeframes to help ensure the best possible outcomes.

Issues & Actions:

Although STHFT are meeting the pledges for the year to date for Sheffield patients, they continue to experience some challenges with regard to monthly performance for 62 day maximum wait from Urgent GP referral; 31 day wait for first treatment; 31 day wait for subsequent treatment (Surgery).

There is ongoing dialogue with STHFT to enable delivery of their internal improvement plan, within which key areas have been identified (for example, capacity within Urology) and actions are being undertaken to address these.

The STHFT improvement plan is accompanied by the work to improve shared care pathways across the region via a Cancer Network task and finish group, tasked by the Cancer Strategy Board. Collectively these actions should ensure improvement is delivered.

Based on delivery of the improvement on timeliness of referrals from other hospitals into STHFT, STHFT plan to deliver the standard for 62 day maximum wait from GP referral from April. As part of the requirements of System Transformation Funding, the Trust must agree an improvement trajectory for the 62 day maximum wait with the CCG, Monitor and NHS England. New national guidance (operational from October) on the allocation between Trusts of cancer waiting times breaches will have an impact on achievement of the trajectory. Once finalised, further information on the trajectory - and STHFT progress against trajectory - will be shared as part of this report.

Action requested of Governing Body: To endorse the approach of continuing to monitor improvement plans and trajectories for Cancer waiting times via the Cancer Network task and finish group, whilst ensuring any necessary escalation to Contract Management Board as and when appropriate.

From GP Referral to First Outpatient Appointment (YTD)

93% of patients have a max. 2 week (14 day) wait from referral with suspicion of cancer



93% of patients have a max. 2 week (14 day) wait from referral with breast symptoms (cancer not initially suspected)



From Diagnosis to Treatment (YTD)

96% of patients have a max. 1 month (31 day) wait from diagnosis to first definitive treatment for all cancers



94% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is surgery



98% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is anti-cancer drug regimen



94% of patients have a max. 1 month (31 day) wait for second/subsequent treatment, where treatment is radiotherapy



From Referral to First Treatment (YTD)

85% of patients have a max. 2 month (62 day) wait from urgent GP referral



90% of patients have a max. 2 month (62 day) wait from referral from an NHS screening service



Patients having a max. 2 month (62 day) wait following a consultant's decision to upgrade the priority of the patient



NOTE: The Consultant Upgrade indicator on the left does not have a national target so, for indicative purposes, is rated against previous performance (i.e. whether worsening or improving).

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Ambulance response times

Category A calls are for immediately life threatening conditions. RED 1 calls are the most time-critical and include cardiac arrest, patients who are not breathing and do not have a pulse, and other severe conditions such as airway obstruction. RED 2 calls are serious but less immediately time-critical conditions such as stroke and fits.

Issues & Actions:

Ambulance response times: As forecast previously, the NHS Constitution service standards for RED 1 and RED 2 8 minute performance have not been achieved for 2015/16; although April and May (the first 2 months of 2015/16) saw levels of response above those at the end of 2014/15, both RED 1 and RED 2 performance has generally worsened since then. In addition, the measure for Category A 19 minute response also fell just short of the standard (year to date position, as monitored) for 2015/16.

Please see APPENDIX B: Ambulance Trust Performance Measures for further information on YAS performance, including numbers for the 2 most recent months.

Action being taken: During 2015/16, commissioners of the 999 service from YAS have invested in three key demand management schemes for 2015/16 to help ensure that calls are directed to/addressed by the most appropriate service: additional clinicians in the 111 call centre to reduce calls through to 999; mental health nurses in the 999 call centre to reduce the number of avoidable responses; frequent caller management to reduce the number of avoidable 999 calls.

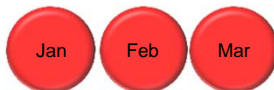
Commissioners have indicated to YAS that they wish to carry these forward into 2016/17. YAS have provided commissioners and NHS Improvement with an indicative trajectory for 2016/17. This trajectory does not show YAS performance returning to NHS Constitution standards and requires investment of additional resource. Commissioners have not accepted the trajectory. Discussions are continuing between commissioners and YAS regarding the 2016/17 contract settlement and YAS have been asked for a new trajectory for 2016/17.

Wakefield CCG, as the lead contractor for the 999 contract, is currently exploring the range of issues with YAS as part of the 2016/17 contract negotiation process. As agreed by Yorkshire & Humber CCG Accountable Officers in November 2015, the Governing Body of Sheffield CCG should address all concerns directly with Wakefield CCG.

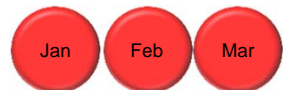
Expected timeframe for improvement: Discussions are continuing between commissioners and YAS, with input from NHS England and NHS Improvement, regarding the 2016/17 contract settlement and performance trajectory; therefore no timescale has yet been agreed.

Action requested of Governing Body: To support the action being taken through discussions between commissioners and YAS, with input from NHS England and NHS Improvement, with respect to 2016/17 contract settlement and performance trajectory.

75% of Category A (RED 1) calls resulting in an emergency response arriving within 8 minutes (YTD)



75% of Category A (RED 2) calls resulting in an emergency response arriving within 8 minutes (YTD)



95% of Category A calls resulting in an ambulance arriving within 19 minutes (YTD)



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Ambulance handover times

Issues & Actions:

Ambulance Handover and Crew Clear delays: The number of ambulance handover delays significantly increased once again in March for both those over 30 minutes and those over 1 hour and therefore these remain well above expected levels. The number of crew clear delays again decreased slightly for those over 30 minutes but those over 1 hour saw a significant increase; both are also still above expected levels.

It is important to note that delayed handovers are occurring across the geographical area served by YAS, not just in Sheffield.

PLEASE NOTE: There are sometimes good reasons why there is a 'delay' recorded for hospital handover, for example 'resus patients' who have special needs. Locally, hospitals can find that their data is skewed, depending on whether they are a specialist centre. It should be noted however that, where possible, any issues are dealt with on the day with acute trusts through normal routes.

Please see APPENDIX B: Ambulance Trust Performance Measures for further information on YAS performance, including numbers for the 2 most recent months.

Action being taken: The CCG Urgent Care portfolio, in conjunction with STHFT and YAS, have worked together to address this important performance and patient experience issue. This work has been assisted by tripartite calls with Monitor, the Trust Development Authority and NHS England. Based on best practice at a number of other Yorkshire & Humber providers, STHFT has developed and implemented escalation plans (jointly agreed with YAS) to ensure that additional on-site senior management support is provided at times of high demand to further support operational flow and reduce delays. Performance is reviewed daily by the Urgent Care team and is discussed at regular city-wide teleconferences.

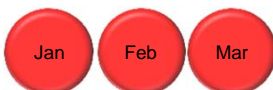
Local data on delayed handovers at STHFT is now being used to complement the YAS level data (which covers all Trusts served by YAS). The use of local data will support monitoring of performance and any necessary mitigating actions through monthly Contract Monitoring Group meetings with the Trust.

Expected timeframe for improvement: Although an expected timeframe for improvement is yet to be agreed, recent local data indicates that improvement is now being seen at STHFT level - to date in April (as at 21st April) at STHFT A&E, there have been only 188 delayed handovers over 30 minutes and 19 over 60 minutes, in comparison with the number for March of 540 delayed over 30 minutes and 107 over 60 minutes.

Action requested of Governing Body: No action requested this month.

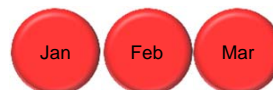
Supporting measure:

Ambulance Handover - reduction in the number of delays over 30 minutes in clinical handover of patients to A&E



Supporting measure:

Ambulance Handover - reduction in the number of delays over 1 hour in clinical handover of patients to A&E (subset of measure to left)



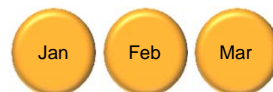
Supporting measure:

Crew Clear - reduction in the number of delays over 30 minutes from clinical handover of patients to A&E to vehicle being ready for next call



Supporting measure:

Crew Clear - reduction in the number of delays over 1 hour from clinical handover of patients to A&E to vehicle being ready for next call (subset of measure to left)



NOTE: Data for the supporting measures is taken directly from YAS reports. As with the Response Times measures, ratings are based on all hospitals across the YAS footprint, not just the two Sheffield acute trusts.

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Mixed Sex Accommodation (MSA) breaches

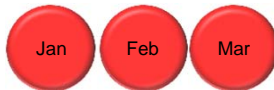
Being in mixed-sex hospital accommodation can be difficult for some patients for a variety of personal and cultural reasons. Therefore, mixed-sex accommodation needs to be avoided, except where it is in the overall best interest of the patient or reflects their personal choice.

Issues & Actions:

There was 1 breach at a non-Sheffield provider in September that has been attributed to Sheffield CCG and, as this measure is for 2015/16 as a whole, the pledge has therefore not been met for the year.

Supporting measure:

Zero instances of mixed sex accommodation which are not in the overall best interest of the patient



Cancelled Operations

It is distressing for patients to have an operation cancelled at short notice. If an operation has to be cancelled at the last minute for reasons which are not clinical reasons, then patients should be offered another date which is within 28 days of the original date.

PLEASE NOTE: There is no published threshold for these measures. NHS England have, however, noted that success for a Provider (Trust) would be a reduction in the number of cancelled operations. The position reported below is based on the combined total reported positions for both Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Children's NHS Foundation Trust, to give an indication of performance. A green rating will be based on a continuing reduction of cancelled operations.

Issues & Actions:

Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days: As noted previously, 4 such cancelled operation (where the patient was not subsequently offered another binding appointment for surgery within 28 days) were reported by STHFT in Quarter 3 2015/16. This is an increase from the 1 reported in Q2 15/16.

SCHFT did not report any patients not offered another appointment within 28 days in Q3.

Supporting measure:

Operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days



Supporting measure:

No urgent operation to be cancelled for a 2nd time or more



Mental Health

When patients are discharged from psychiatric inpatient care, they should be followed up by Mental Health Services within 7 days, to ensure that they have appropriate care and support.

Supporting measure:

95% of people under adult mental illness specialties on CPA to be followed up within 7 days of discharge (YTD)



NOTE: CPA = Care Programme Approach. This is a particular way of assessing, planning and reviewing someone's mental health care needs.

Quality and Safety

Treating and caring for people in a safe environment and protecting them from harm

Patient Safety - Health Care Acquired Infections (HCAIs)

Preventing infections resulting from medical care or treatment in hospital (inpatient or outpatient), care homes, or the patient's own home.

Clostridium Difficile: The 2015/16 commitment for Sheffield CCG is to have no more than 194 reported C.Diff cases during 2015/16. For STHFT and SCHFT, this commitment is 87 and 3 respectively. Of the 13 cases reported in March (3 fewer than the previous 3 months - all 16) for Sheffield CCG:

- 3 were STHFT (of a total 7 STHFT-reported cases)
- 4 were community associated, with a hospital admission in the last 56 days
- 6 were community associated, with no recent hospital contact/admission

The total number of cases recorded in 2015/16 is slightly over the expected amount (206 vs 194) but is less than the total recorded in 2014/15 (213 vs 193).

All 7 STHFT cases occurred on separate wards with no other cases. The total number of cases recorded in 2015/16 is within the expected amount (78 vs 87) and is also lower than the total recorded in 2014/15 (93 vs 94).

SCHFT did not record any cases in March. The total number of cases recorded in 2015/16 exceeded the expected amount (8 vs 3) and was higher than the total recorded in 2014/15 (6 vs 4).

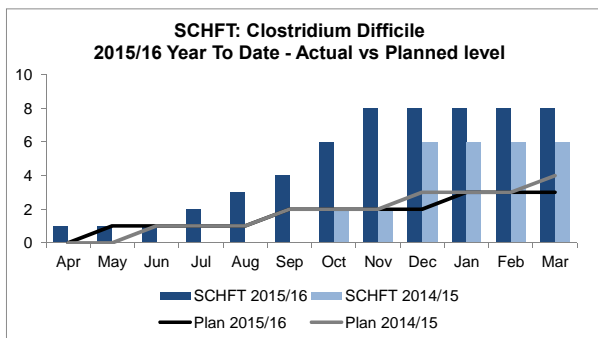
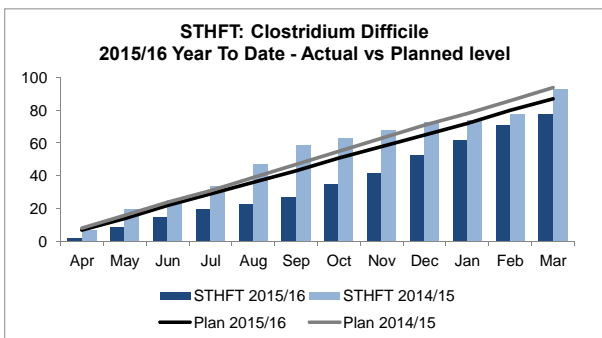
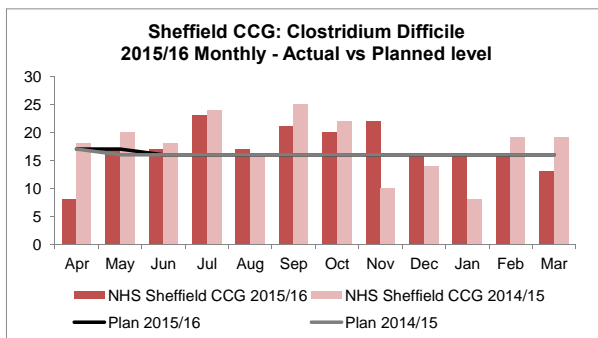
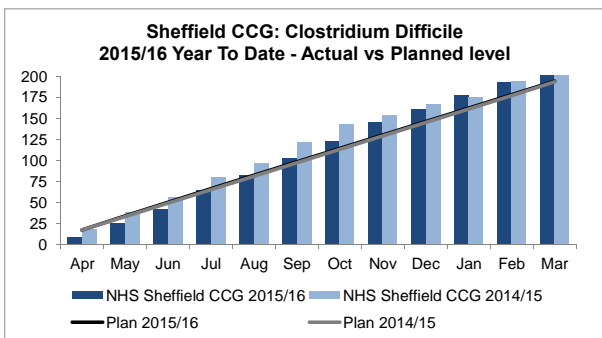
MRSA: No cases were reported in March for the CCG.

PLEASE NOTE: Although 4 cases were attributed to the CCG (i.e. the patient was a Sheffield resident) in 2015/16, only 1 case was assigned to the CCG. Assignment of a case following a Post Infection Review is the important factor because the organisation that has been assigned the case takes responsibility for it and any shared learning that is identified.

No cases were reported in March for STHFT or SCHFT, meaning that neither Trust recorded any cases in 2015/16.

This table compares the number of cases of infection reported by the CCG/Trust against their commitment for the current month and 2015/16 so far.

	MRSA Bacteraemia			Clostridium Difficile		
	CCG	STHFT	SCHFT	CCG	STHFT	SCHFT
Number of infections recorded during Mar-16	0	0	0	13	7	0
Number of infections forecast for this month	0	0	0	16	7	0
Number of infections recorded so far in 2015/16	1	0	0	206	78	8
Number of infections forecast for this period	0	0	0	194	87	3



Treating and caring for people in a safe environment and protecting them from harm

- continued

2016/17 Commissioning for Quality and Innovation (CQUIN) scheme

The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals. The CQUIN scheme is available to any provider of healthcare services commissioned under an NHS Standard Contract. The scheme is intended to deliver clinical quality improvements and drive transformational change, and impact on reducing inequalities in access to services, the experiences of using them and the outcomes achieved.

The national CQUINs were published on 10th March for the 2016/17 contract.

The national indicators are:

1. NHS staff health and wellbeing
2. Identification and early treatment of Sepsis
3. Improving the physical health for patients with severe mental illness (PSMI) (Mental Health only)
4. Cancer 62 day waits
5. Antimicrobial resistance

We are currently reviewing the requirements for Trusts but on first look the Sepsis indicator is extremely challenging and it is anticipated that this will apply to STHFT and SCHFT. The majority of the indicators in the scheme are broken down into sub-indicators. The progress with local schemes is good, with the three Foundation Trusts having agreed a scheme in principle.

Regulations

Care Quality Commission (CQC) Regulatory Reviews

There are no updates to report this month.

Ensuring that people have a positive experience of care

It is important that patients experience good care in all services whether at their GP Practice, via out-of-hours services, in hospital or in the community.

The following section is concerned with experience of care across health services, including eliminating mixed sex accommodation and GP In-hours/Out-of-hours services (bi-annual update - next is due around July 2016).

For the CCG Governing Body meetings held in public (which, from February 2016, occur in alternate months) this section will also include a focus on patient experience (including FFT published results) at one of the three Sheffield Trusts: Sheffield Teaching Hospital NHS Foundation Trust, Sheffield Children's NHS Foundation Trust or Sheffield Health and Social Care NHS Foundation Trust - these will be on rotation. SCHFT's update is provided overleaf.

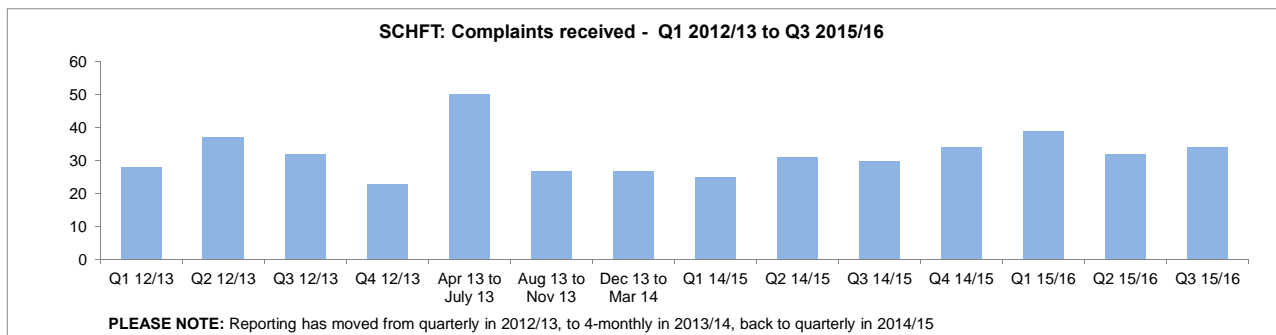
Eliminating Mixed Sex Accommodation

There were no breaches in March at any of the Sheffield-based Trusts, nor attributed to the CCG from other Trusts. However, as this measure is based on the whole year, due to the breach at a non-Sheffield provider in September that had been attributed to Sheffield CCG, the pledge has therefore not been met for 2015/16.

Please see the NHS Constitution - Rights & Pledges section of this report (page 10) for monitoring of the MSA measure.

Patient Experience of NHS Trusts: Focussing this month on SCHFT

PLEASE NOTE: Figures quoted below are the latest available data for each area of Patient Experience



Complaints in Quarter 3 2015/16

34 formal complaints were received during Quarter 3 of 15/16. 85% of complaints were acknowledged within the statutory timeframe of 3 working days. 89% of complaints that were closed, were closed within the Trust's target of 25 working days: 37% of complaints were not upheld, 19% were partially upheld and 44% were upheld.

7 complaints related to values and behaviour - primarily in consultants - and 8 complaints related to poor communication with families.

Patient Advice and Liaison Service (PALS)

PALS responded to 420 enquiries during Quarter 4 of 2015/16. Parking continued to be a major theme, with 41% of PALS contacts relating to this. There are currently no car parking facilities at the main Children's Hospital site due to construction work. 100 parking spaces have been secured in the Q Park car park adjacent to the SCHFT site; this opened in March 2016. 19% of PALS contacts related to care and treatment.

Patient and service user experience surveys

The Trust conducts regular service user experience surveys. Since 1st April 2015, 110 service evaluation or patient/staff experience projects have been registered, with improvements made across a range of services. Action plans are monitored in conjunction with the Division/Project Leads until the actions are completed.

Patient Opinion

10 stories about SCHFT have been posted on Patient Opinion since 1st April 2015. 6 of the stories were primarily positive, 4 were primarily negative. Positive themes included staff being polite, friendly and kind, good communication and high standards of care. Negative themes included poor communication, lack of information sharing, waiting times in A&E.

Friends and Family Test

The response rates and results of the Friends and Family Test are shown in the charts overleaf.

SCHFT analyse the comments that are received. Negative comments related to appointments, attitude, communication, facilities, staff noise at night, waiting times and parking. A new appointment system is being trialled in Outpatients and, as noted above, new parking spaces have been secured. It is intended that predominant themes will have action plans drafted by the relevant ward manager, with feedback on progress provided at monthly ward managers' meetings.

A task and finish group has been established to improve response rates. SCHFT intends to develop a Patient Experience Strategy and further work will be undertaken to triangulate FFT data with other patient feedback.

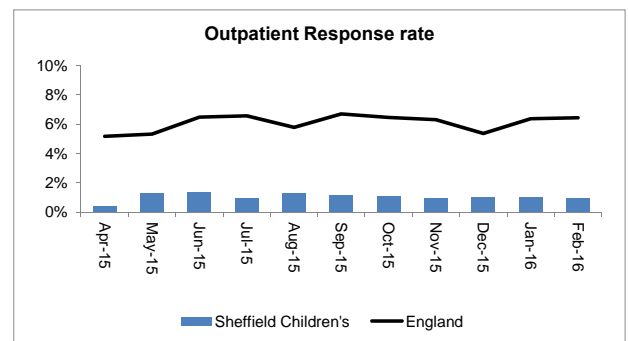
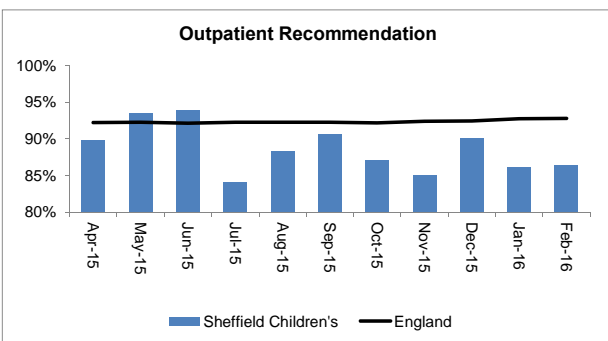
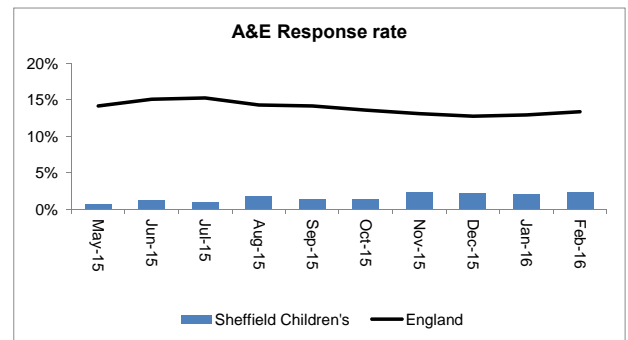
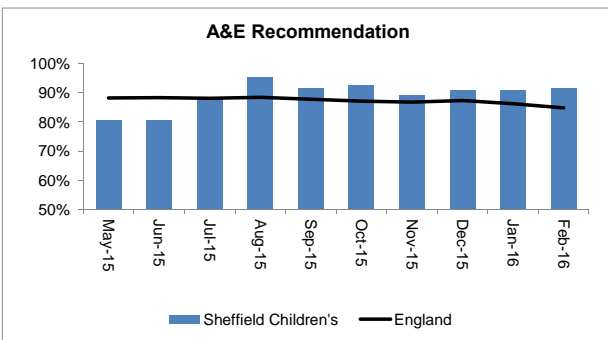
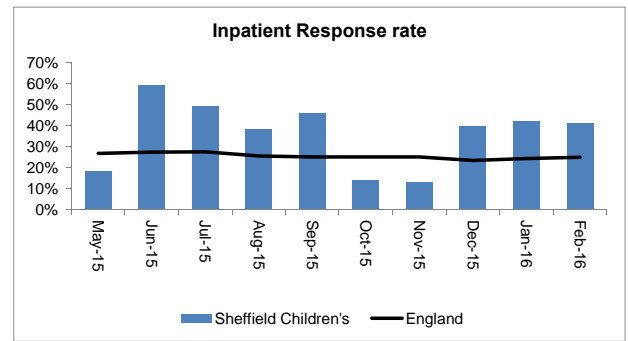
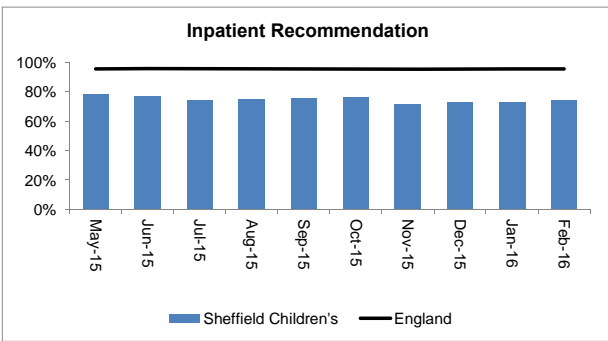
Highest Quality Health Care

Friends and Family Test - summary: *The FFT identifies whether patients would recommend the NHS service they have received to friends and family who need similar treatment or care. Use of the FFT aims to help identify poor performance and encourage staff to make improvements, leading to a more positive experience of care for patients.*

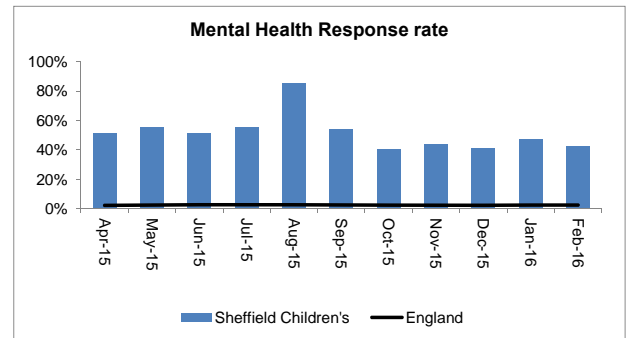
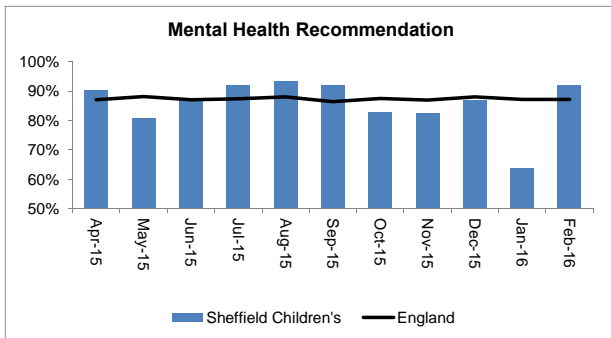
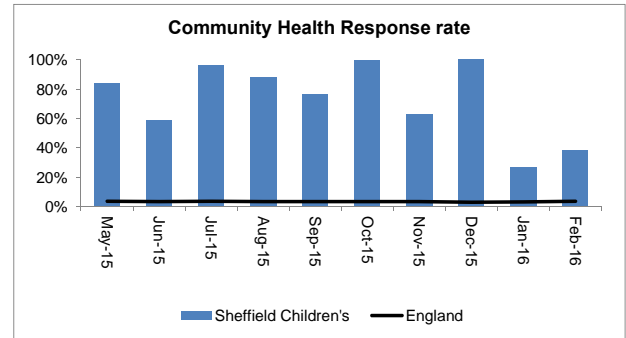
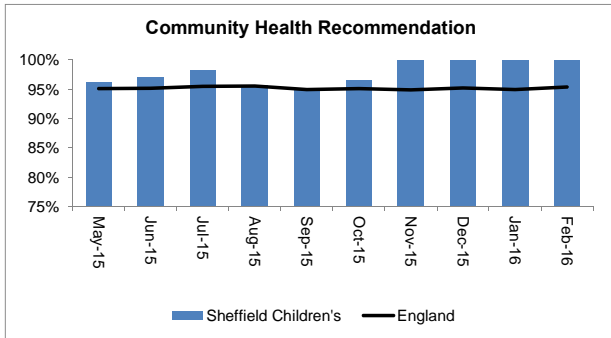
Patients have a choice of 5 responses as to whether they'd recommend the service where they received their care and treatment: "Extremely likely", "Likely", "Neither likely nor unlikely", "Unlikely" or "Extremely unlikely". There are two key measures from the FFT: % of positive responses (i.e. 'Extremely likely' or 'Likely') and % response rate.

Notes:

- Whilst the percentages for England are shown in the charts below/overleaf for information, direct comparison does not provide a true reflection and is not recommended
- The Outpatient FFT commenced in April 2015
- The Community Health FFT commenced in January 2015, with all Trusts reporting by April/May 2015
- The Mental Health FFT commenced in January 2015, with all Trusts reporting by April/May 2015



continued overleaf



Quality Premium

Composition of 2015/16 Quality Premium

* RAG (red, amber, green) rating for the measure's components - where applicable - and for the overall measure

Area	Quality Premium measure	Part *	Overall *	Proportion of QP
Reducing premature mortality	Reducing potential years of life lost	-	Grey	10%
Urgent and emergency care	Avoidable emergency admissions - composite measure of: a) unplanned hospitalisation for chronic ambulatory care sensitive conditions	Amber	Green	20%
	b) unplanned hospitalisation for asthma, diabetes and epilepsy in children	Green	Green	
	c) emergency admissions for acute conditions that should not usually require hospital admission	Green	Green	
	d) emergency admissions for children with lower respiratory tract infection	Green	Green	
	Increase in the number of patients admitted for non-elective reasons, who are discharged at weekends or bank holidays	-	Grey	10%
Mental health	Reduction in the number of patients attending an A&E department for mental health-related needs who wait more than 4hrs to be treated and discharged, or admitted, together with a defined improvement in the coding of patients attending A&E	-	Grey	10%
	Reduction in the number of people with severe mental illness who are currently smokers	-	Grey	15%
	Increase in the proportion of adults in contact with secondary mental health services who are in paid employment	-	Grey	5%
Patient safety	Improved antibiotic prescribing in primary and secondary care - composite measure of: a) reduction in the number of antibiotics prescribed in primary care	Green	Green	10%
	b) reduction in the proportion of broad spectrum antibiotics prescribed in primary care	Green	Green	
	c) secondary care providers validating their total antibiotic prescription data	Green	Green	
Local measures	5% reduction (vs 2013/14 baseline) in the volumes of "Not Normally Admitted" under 75s (including children) at the two local hospitals	-	Green	10%
	A rise to 17% (FOT 14/15 8% ,2012/13 baseline 11.4%) of all GP referred routine out-patient firsts being booked by electronic means	-	Green	10%
NHS Constitution requirements	Constitution measure			Reduction applied to QP if not achieved
NHS Constitution measures affecting Quality Premium	Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral *	-	Green	30%
	Patients should be admitted, transferred or discharged within 4hrs of their arrival at an A&E department **	-	Grey	30%
	Max. 2 week (14 day) wait from urgent GP referral to 1st outpatient appointment for suspected cancer	-	Green	20%
	Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes	-	Red	20%

NOTE: Measures in grey are awaiting further clarification or data availability

* **RTT Incomplete waits:** Currently as at Feb-16 - please see data note in the NHS Constitution section (page 4)

** **A&E 4hr waits:** Please see data note re: STHFT in the Summary (page 1) and info in the NHS Constitution section (page 6)

Patient Safety - Improved Antibiotic Prescribing: As noted last month, local data for Quarter 3 of 2015/16, in comparison to the baseline year (2013/14) indicates good progress continues to be made and, if this is maintained over the year, we are on track to achieve the Quality Premium measure.

Measures not currently being met

Red 1 ambulance calls resulting in an emergency response arriving within 8 minutes: See NHS Constitution section - Ambulance response times (page 8).

Our commitment to ensure the commissioning decisions and actions we take improve health care for the people of Sheffield

Nationally decided measures:

An overview of current CCG progress against all of these measures, categorised by CCG clinical portfolio, is shown in APPENDIX A: Health Economy Performance Measures Summary.

Sheffield CCG Commissioning Intentions:

Sheffield CCG Commissioning Intentions for 2015-2019 set out five key ambitions for improving health outcomes for the population of Sheffield. Progress against these ambitions during Quarter 4 will be provided as part of a 2015/16 update in next month's Quality and Outcomes Report.

Appendices

Quality & Outcomes Report

APPENDIX A: Health Economy Performance Measures Summary

The tables below highlight measures from NHS England's Five Year Forward View, as recorded in the document 'The Forward View Into Action: Planning For 2015/16' divided, where appropriate, into portfolios.

Red, amber and green (RAG) ratings represent the latest known position for performance against each relevant measure. **Where possible, the RAG rating is against March 2016 performance as at the 22nd April 2016 - year to date where appropriate.**

PLEASE NOTE: Some targets are made up of several measures. Also, Referral to Treatment and Diagnostic Waits data is non-published data and is therefore subject to change once the final, published data is available.

Key

* - Data is currently not available for the measure YTD - Year To Date QTR - Quarterly
 N/A - Measure is not applicable to this organisation WIP - Method/format of measurement is work in progress

Acute Services Portfolio - Elective Care	<i>NOTE: STHFT & SCHFT figures here (bar Referrals and Cancelled operations) are their Sheffield CCG cohort; it is <u>not</u> the Trust total position</i>		
Referral to Treatment - from GP to seen/treated within 18 weeks	CCG	STHFT	SCHFT
% still not seen/treated within 18wks - Incomplete pathway	93.20%	92.87%	94.75%
Number waiting 52+ weeks - Incomplete pathway	0	0	0
	SCHFT = Mar-16, CCG/STHFT = Feb-16		
Diagnostic Waits - receiving a diagnostic test within 6 weeks			
% receiving a diagnostic test within 6wks	96.65%	96.45%	99.84%
Elective Care			
Total elective spells: All specialties (YTD) ¹	77691	68730	3790
Ordinary elective spells: All specialties (YTD) ¹	15473	12639	1379
Daycase elective spells: All specialties (YTD) ¹	62218	56091	2411
Total elective spells: G&A specialties (YTD) ¹	73004	64080	3790
Ordinary elective spells: G&A specialties (YTD) ¹	12039	9237	1379
Daycase elective spells: G&A specialties (YTD) ¹	60965	54843	2411
First outpatient attendances: All specialties (YTD) ¹	233679	206462	15530
First outpatient attendances: G&A specialties (YTD) ¹	209761	184375	14818
First outpatient attendances following GP referral: All specialties (YTD) ¹	105105	96148	3240
First outpatient attendances following GP referral: G&A specialties (YTD) ¹	99765	91071	3231
Total referrals for a first outpatient appointment: G&A specialties (YTD) ¹	198784	176727	9649
GP written referrals for a first outpatient appointment: G&A specialties (YTD) ¹	123314	111498	3734
Other referrals for a first outpatient appointment: G&A specialties (YTD) ¹	75470	65229	5915
All subsequent (follow-up) outpatient attendances: All specialties (YTD) ¹	503714	457076	18644
Cancelled operations offered another date within 28 days (QTR)	*	4	0
GP services			
Patient overall experience of GP services (Good - rate per 100)	76.36		
Patient overall experience of GP services (Poor - rate per 100)	8.91		
Quality Premium 2015/16: Locally selected measure			
Increase in all GP referred routine first outpatient appointments being booked by electronic means	25.53%		

continued overleaf (inc. all footers / notes)

APPENDIX A: Health Economy Performance Measures Summary

Urgent Care

NOTE: STHFT & SCHFT Non-elective spells figures are their Sheffield CCG cohort; it is not the Trust total position

Non-elective Care

	CCG	STHFT	SCHFT
% seen/treated within 4 hours of arrival in A&E (YTD) ²	95.78%	94.85%	97.89%
LOCAL: % seen/treated within 4 hours of arrival in A&E (YTD) ²	-	94.87%	97.67%
Trolley waits in A&E (patients waiting over 12 hours to be seen/treated)	*	0	0
Non-elective spells: All specialties (YTD) ¹	66116	59350	2967
Non-elective spells: G&A specialties (YTD) ¹	52048	45720	2967
A&E attendances - Type 1 A&E departments (YTD) ³	158986	50774 *	50699
A&E attendances - All A&E departments (YTD) ³	188254	65363 *	50699
Unplanned hospitalisation for chronic ambulatory care sensitive conditions ⁴	944.3	N/A	N/A
Emergency admissions - acute conditions that should not require admission ⁴	1372.0	N/A	N/A
Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s ⁴	188.6	N/A	N/A
Emergency admissions for children with lower respiratory infections (LRTI) ⁴	395.9	N/A	N/A
LOCAL: Unplanned hosp for chronic ambulatory care sensitive conditions ⁴	716.30	N/A	N/A
LOCAL: Em admissions - acute conditions that should not require admission ⁴	1086.96	N/A	N/A
LOCAL: Unplanned hosp for asthma, diabetes and epilepsy in under 19s ⁴	189.85	N/A	N/A
LOCAL: Em admissions for children with lower respiratory infections (LRTI) ⁴	324.29	N/A	N/A
Urgent operations cancelled for the second time	*	0	0

GP Out-of-hours services

Patient overall experience of out of hours GP services (Good - rate per 100)	67.43
Patient overall experience of out of hours GP services (Poor - rate per 100)	15.53

Yorkshire Ambulance Service (YAS)

	CCG	STHFT	SCHFT	YAS
Category A response in 8 mins (RED 1 most time-critical e.g. cardiac arrest YTD) ⁵	74.94%	N/A	N/A	70.94%
Category A response in 8 mins (RED 2 less time-critical e.g. strokes and fits YTD) ⁵	74.47%	N/A	N/A	71.35%
Category A response in 19 mins (YTD) ⁵	97.82%	N/A	N/A	94.99%
Ambulance handover delays - of over 30 minutes ⁶	N/A	666	1	4033
Ambulance handover delays - of over 1 hour ⁶	N/A	114	0	1082
Ambulance crew clear delays - of over 30 minutes ⁶	N/A	34	0	529
Ambulance crew clear delays - of over 1 hour ⁶	N/A	10	0	51

Quality Premium 2015/16: Locally selected measure

Reduction in emergency admissions for acute conditions that should not usually require hospital admission for under 75s (including children) at STHFT and SCHFT (YTD variance from plan)	-479.05
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Active Ageing, Cancer, End of Life Care and Long Term Conditions

The National measures on unplanned admissions for chronic ACSC monitored by this portfolio ultimately relates to Urgent Care, so are summarised in that section, above

	CCG	<i>NOTE: STHFT & SCHFT Cancer waits figures are their Sheffield CCG cohort; it is <u>not</u> the Trust total position</i>
Potential years of life lost (PYLL - rate per 100,000) ⁷	1976.3	
Proportion of people feeling supported to manage their condition	64.6%	
Health-related quality of life for people with long-term conditions	72.0	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	76.5%	

Cancer Waits (YTD)

	CCG	STHFT	SCHFT
% seen within 2 weeks - from GP referral to first outpatient appointment	94.10%	94.08%	100.00%
% seen within 2 weeks - as above, for breast symptoms	97.13%	97.31%	N/A
% treated within 31 days- from diagnosis to first definitive treatment	97.81%	98.03%	95.00%
% treated within 31 days - subsequent treatment (surgery)	95.96%	95.81%	100.00%
% treated within 31 days - subsequent treatment (drugs)	99.86%	99.85%	100.00%
% treated within 31 days - subsequent treatment (radiotherapy)	99.75%	99.74%	N/A
% treated within 62 days - following an urgent GP referral	88.33%	88.45%	N/A
% treated within 62 days - following referral from an NHS screening service	96.20%	96.39%	N/A
% treated within 62 days - following Consultant's decision to upgrade priority	85.26%	85.43%	N/A

continued overleaf (inc. all footers / notes)

APPENDIX A: Health Economy Performance Measures Summary

Mental Health, Learning Disabilities and Dementia

	SHSCFT
Care Programme Approach (CPA) 7-day follow up by MH services after psychiatric inpatient care (YTD)	98.32%
Proportion of people entering psychological treatment against the level of need in the general population (YTD)	15.62%
Proportion of people who are moving to recovery, following psychological treatment (YTD)	40.72%
Proportion of people that wait 6 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment	67.39%
Proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment	92.39%
Estimated diagnosis rate for people with dementia ⁸	81.4%

Children, Young People and Maternity

The 2 National measures monitored by this portfolio

- *Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s*

- *Emergency admissions for children with lower respiratory infections (LRTI)*

ultimately relate to Urgent Care and so are summarised in that portfolio section; please see previous page.

Quality Standards

Patient Safety

	CCG	STHFT	SCHFT	SHSCFT
MRSA bacteraemia infections (YTD)	1	0	0	N/A
Clostridium Difficile (C Diff) infections (YTD)	206	78	8	N/A
Mixed Sex Accommodation (MSA) breaches (YTD)	1	0	0	0
Hospital deaths attributable to problems in care	WIP	WIP	WIP	WIP

Patient Experience

	WIP	WIP	WIP
Patient experience of hospital care	WIP	WIP	WIP
Friends and Family test: Inpatient - Response rate ⁹		30.93%	
Friends and Family test: Inpatient - % Recommended ⁹		95.73%	
Friends and Family test: A&E - Response rate ⁹		22.56%	
Friends and Family test: A&E - % Recommended ⁹		80.81%	

* CCG data is not collected and so is estimated from provider data submissions

FOOTNOTES OVERLEAF

Footnotes:

Acute Services Portfolio - Elective Care and Urgent Care

¹ Activity (Elective, Non-elective and Outpatient) measures:

These measures cannot be interpreted directly in conjunction with Trusts' contract/activity monitoring reporting

- Trusts' Contract Activity monitoring - as summarised in APPENDIX C of this report - is the agreed Sheffield CCG-purchased plan for STHFT and SCHFT respectively - for all (i.e. not just G&A*) activity
- The measures here relate to progress against outline plans which the CCG were required to submit nationally, for all activity that might be attributed to the CCG - that is, the majority of activity would be expected from STHFT and SCHFT but there will be Sheffield CCG registered patient activity at other Trusts around the country, for which an estimate has been factored in to the total
- The majority of the activity measures will be monitored against nationally submitted SUS (secondary uses service) data
GP Referrals data is not available via SUS and so will, as per previous years, continue to be monitored via the Monthly Activity Return (MAR) or Quarterly Activity Return (QAR) submitted to the Department of Health
- Measures on the number of referrals will not be rated for STHFT or SCHFT as plans are not provided for these by CCG
- * G&A specialties = General & Acute - does not include, for example, Obstetrics, Mental Health and Community services

² % seen/treated within 4 hours of arrival in A&E: CURRENTLY AS AT END OF SEPTEMBER, APART FROM SCHFT

- CCG position = total reported from any provider on the national A&E SITREP collections - allocated to CCGs using proportions of each provider's A&E activity data submitted to SUS for that CCG - mapping provided by the Department of Health (as per NHS England source guidance)
- STHFT & SCHFT positions = total reported from the provider on the national A&E SITREP collections
- LOCAL: STHFT & SCHFT positions = total provider position from their daily A&E data
*As national SITREP data is a month behind, local position is provided for a more up-to-date/timely position for the Trusts
It is not accurate to provide a % for the CCG from these but an overall picture of performance can be estimated*

³ Number of attendances at A&E departments:

- CCG position = total reported from any provider in nationally submitted SUS data (as per NHS England source guidance)
- STHFT & SCHFT positions = total reported from the provider on the national A&E SITREP collections
- SCHFT has a Main A&E department only, so all attendances are Type 1 in nature
- * **NOTE:** STHFT position remains as at the end of August 2015, as official data is not yet available (see note on page 1)

⁴ Emergency Admissions/Unplanned Hospitalisation:

- Position shown here is the latest published figure (Oct-14 to Sep-15 PROVISIONAL)
This figure is the Directly standardised rate (DSR) per 100,000 registered patients (the 2 children's measures use <19s only)
- LOCAL position shown here is the latest YTD position taken from nationally submitted SUS (secondary uses service) data
This figure is the indirectly standardised rate per 100,000 registered patients (the 2 children's measures use under 19s only)

⁵ Category A responses:

- CCG position has been included for information, but all CCGs are officially measured against the YAS total position

⁶ Ambulance handover/crew clear times:

- Whilst official data source and data quality is determined, CCG position reported is as per the YAS total position

Active Ageing, Cancer, End of Life Care and Long Term Conditions

⁷ PYLL:

- 2014 position; RAG in Quality Premium section is greyed out because this will be the 2015 position and this will not be published until c.Sep-16 - direction of travel/expected position is therefore not yet known for certain

Mental Health, Learning Disabilities and Dementia

⁸ Dementia diagnosis rate:

- Mar-16 position from NHS England (informed by Health and Social Care Information Centre - HSCIC - data)

Quality Standards

⁹ Friends and Family Test:

- Rated against improvement on previous period

APPENDIX B: Mental Health Trust Performance Measures

Sheffield Health and Social Care NHS Foundation Trust

Crisis Resolution / Home Treatment

As at the end of March (so completing 2015/16) there were 1,418 home treatment interventions against the 12-month target of 1,202; this equates to 17.97% more patients benefiting from this service than originally planned during 2015/16.

CPA 7 day follow up

March's monthly performance was 95.65%, as 1 patient was not followed up within 7 days. A visit/attempts to contact the patient were made during the 7 days; the patient has subsequently received their follow-up. Given this occurrence, along with the 2 follow-ups over 7 days recorded in December and the ones in November and July, the final 2015/16 YTD position stands at 98.32%; this does, however, remain above the national target of 95%.

Psychosis intervention

During 2015/16 the focus of performance reporting for the EIS (Early Intervention Service) pathway is changing to reflect the new national standards relating to access to treatment within 2 weeks of referral. A new collection commenced in January 2016 (to cover December 2015 data). This access target needs to have been achieved by 1st April 2016.

The nationally submitted data for these first few months shows the SHSCFT position fluctuates quite widely; due to small numbers, a change in 1 person not seen can have a big effect on the percentage seen within 2 weeks. The CCG continue to receive weekly updates on the position and discussions are ongoing around improving and sustaining delivery of the new standard, including staff recruitment, staff retention and delivery of full range of NICE (National Institute for Health and Care Excellence) approved care packages.

Psychological therapy services (Improving Access to Psychological Therapies - IAPT)

** Nationally published data is now available for these measures and so has replaced the local data - provided directly from Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) - that was being used until we could replicate these. Please note that, although this data is several month's behind the locally available data, this is the most appropriate reporting, being the official data source quoted in national guidance.*

The number of people who received psychological therapy and are moving to recovery: The Sheffield IAPT service has an open approach to accepting referrals and therefore often works with both severe and complex patients plus patients whose needs are considered below the threshold of other IAPT services. This is regarded positively by the CCG and referrers. However, this adversely impacts on the local 'recovery rate'.

IAPT 6 week / 18 week waiting times: These access targets need to be achieved by 1st April 2016. With discussions around these continuing between the CCG and the trust - and the position from local, estimated data - the CCG has had assurance from SHSCFT that they will achieve both the 6 week and the 18 week standard.

SHSCFT Indicators				
	Target	February	March	Change
Crisis Resolution / Home Treatment (YTD)	1202	1294	1418	▲
Psychosis Intervention - new cases (YTD)	75	197	228	▲
Psychosis Intervention - maintain capacity (YTD)	270	249	255	▲
CPA 7 day follow up (YTD)	95%	98.54%	98.32%	▼
		December	January	
% receiving Psychological Therapy (IAPT) (YTD) *	18.04%**	13.91%	15.62%	▲
% IAPT patients moving to recovery (YTD) *	50%	40.77%	40.72%	▼
% waiting 6wks or less, from referral, for IAPT *	75%	72.73%	67.39%	▼
% waiting 18wks or less, from referral, for IAPT *	95%	94.32%	92.39%	▼

*** CCG's 15/16 plan/ambition, as per 14/15, is to achieve 18.04%*

APPENDIX B: Ambulance Trust Performance Measures

Yorkshire Ambulance Service

*Percentages quoted in the narrative below are as at 31st March
2016 - full 2015/16 position*

Across the Yorkshire & Humber region, the final 2015/16 year to date (YTD) RED 1 and RED 2 combined 8 minute performance worsened to 71.32% against the service standard of 75%. RED 1 and RED 2 combined 19 minute performance worsened very slightly to 94.99% and therefore ends the year just below the 95% service standard. For CCG Quality Premium purposes, YAS RED 1 overall 8 minute performance is measured; YTD performance currently stands at 70.94%, the same as earlier in the month, against the NHS Constitution standard of 75%. (Sheffield CCG's YTD RED 1 and RED 2 combined 8 minute performance stands at a slightly decreased 74.49% against a (non-contractual) service standard of 75%.) Of the 21 CCGs served by YAS, Sheffield had the 5th best 2015/16 combined 8 minute performance level; performance varied widely, from around 47% to around 81%.

For 2014/15 and 2015/16, commissioners agreed with YAS to maintain the 95% performance standard across GREEN calls but introduce a lower 'floor' in respect of performance within individual months, to be contract managed in accordance with General Condition 9 of the contract, including potential withholding of payment for breach of remedial action plan.

YAS YTD GREEN performance is still below the minimum level for GREEN 2, GREEN 3 (30 min) and GREEN 4 response (expected service standard - 'floor' target - in brackets): GREEN 1 (20 min response) - 82.92% (80%), GREEN 2 (30 min response) - 75.89% (85%), GREEN 3 (20 min triage) - 84.14% (80%), GREEN 3 (30 min response) - 79.56% (80%), GREEN 4 (60 min triage) - 94.70% (95%), GREEN 4 (60 min response) - 94.49% (95%).

NOTE: RED 1 - most time-critical, covers cardiac arrest patients who aren't breathing & don't have a pulse and other severe conditions such as airway obstruction; these make up less than 5% of all calls. RED 2 - serious but less immediately time-critical; covers conditions such as stroke and fits. GREEN 1 & 2 - serious but non life-threatening. GREEN 3 & 4 - non life-threatening.

Actions to address performance issues: Please see the NHS Constitution - Rights & Pledges section of this report (Ambulance response and handover times - pages 8 and 9) for information on issues and actions for RED measures.

YAS Indicators	Target	February	March	Monthly Change
Category A (RED 1) responses within 8mins (YTD)	75%	71.20%	70.94%	▼
Category A (RED 2) responses within 8mins (YTD)	75%	71.54%	71.35%	▼
Category A (RED combined) responses within 19mins (YTD)	95%	95.12%	94.99%	▼
Ambulance Handovers - delays over 30mins as a % of total arrivals with a handover time	Minimise -	3088 9.32%	4033 11.46%	▲
Ambulance Handovers - delays over 1hr as a % of total arrivals with a handover time	Minimise -	812 2.45%	1082 3.07%	▲
Crew Clear - delays over 30mins as a % of total arrivals with a handover time	Minimise -	535 1.62%	529 1.50%	▼
Crew Clear - delays over 1hr as a % of total arrivals with a handover time	Minimise -	36 0.11%	51 0.14%	▲

Data is available for the quality indicators and shows there is a varying degree of fluctuation month-on-month. As target levels have not yet been published, RAG ratings are not reflected in the table below.

Quality Indicators	Target	January	February	Monthly Change
Re-contact after discharge (Phone)		2.16%	5.52%	▲
Re-contact after discharge (Treatment at scene)		1.42%	2.77%	▲
Re-contact after discharge (Frequent Caller)		2.00%	2.56%	▲
Time to answer call (Median)	5 seconds	1	1	◀▶
Time to answer call (95th Percentile)		25	22	▼
Time to answer call (99th Percentile)		75	69	▼
Time to treatment (Median)		6.37	6.05	▼
Time to treatment (95th Percentile)		15.88	15.26	▼
Time to treatment (99th Percentile)		23.80	23.00	▼
Call closed with advice (Phone advice)		8.24%	7.92%	▼
Call closed with advice (without Transport)		30.67%	29.76%	▼
Clinical Indicators		October	November	
Outcome from Cardiac Arrest (CA) All		21.92%	26.10%	▲
Outcome from CA Utstein Group (UG)		45.16%	54.17%	▲
Outcome from acute STEMI Angioplasty		89.32%	79.28%	▼
STEMI Care Bundle		87.63%	74.36%	▼
Outcome from Stroke 60 min to Stroke Unit		53.59%	51.07%	▼
Stroke - Appropriate Care Bundle		98.81%	98.04%	▼
Outcome from CA - Survival to Discharge All		8.88%	7.52%	▼
Outcome from CA - Survival to Discharge UG		26.67%	29.17%	▲
Service Experience		N/A	N/A	

APPENDIX B: NHS 111 Performance Measures

NHS 111 Activity

Performance against National Target at Month 12, March 2016
Compared, where possible, to National data

PLEASE NOTE: Due to data availability, National data will usually be 1 month behind Local data

Sheffield Activity

Chart 1: Calls received

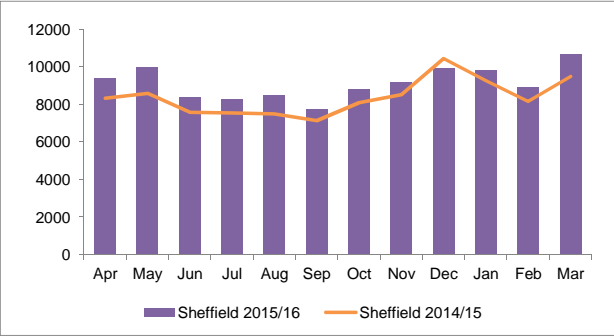


Chart 2: Clinical Calls completed within 10 minutes

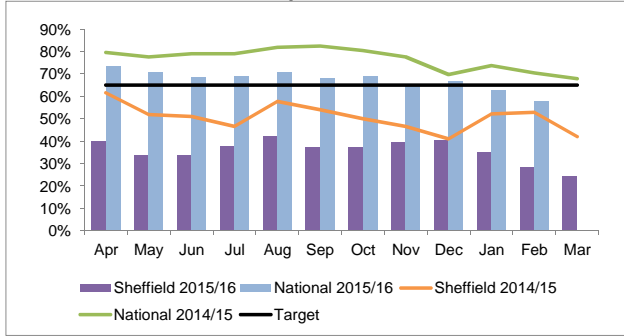


Chart 3: % of Clinical call-backs within 10 minutes ≥ 98%

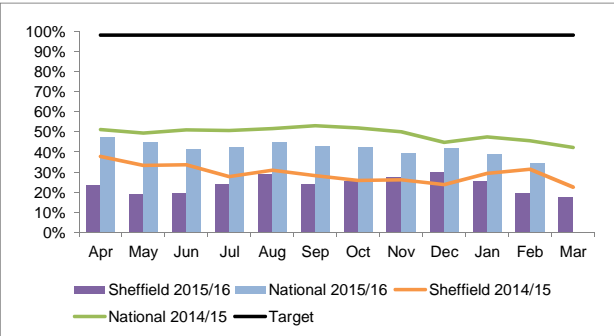
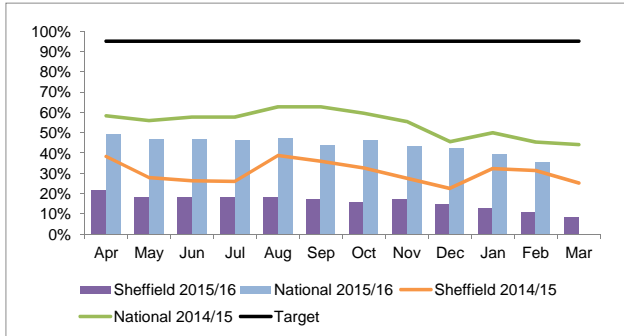


Chart 4: % of warm transfers* ≥ 95%



* A warm transfer is where the call handler transfers the call to a clinical advisor within the same telephone call

Yorkshire Ambulance Service (YAS) Activity (Yorkshire & Humber NHS 111 service provider)

Chart 5: Calls received

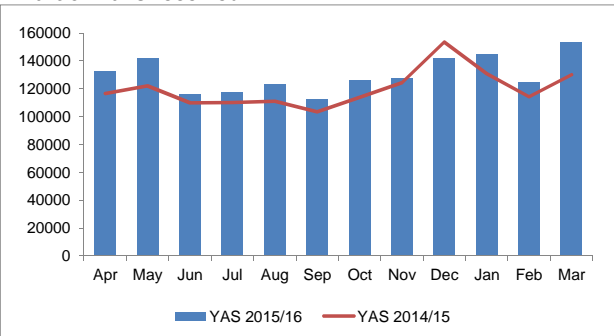


Chart 6: Calls answered within 60 seconds ≥ 95%

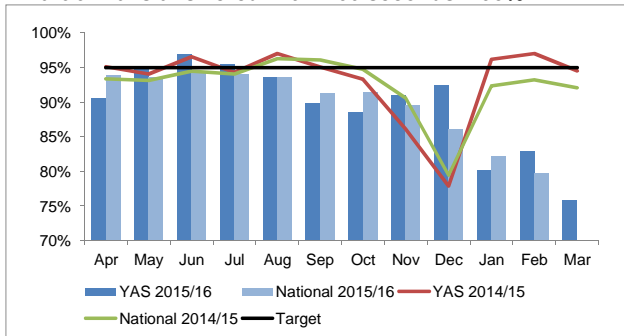


Chart 7: Calls abandoned after 30 seconds ≤ 5%

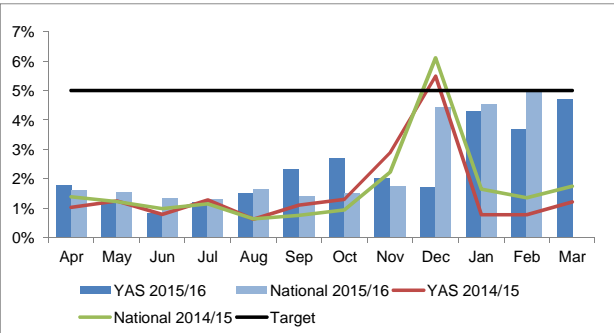
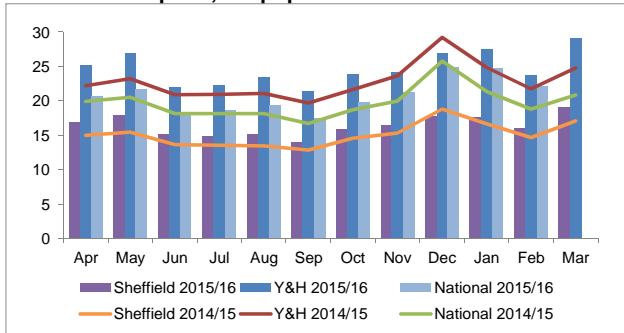


Chart 8: Calls per 1,000 population



Data sources: YAS / Sheffield data - YAS minimum data set (MDS)
National data - NHS England minimum data set (MDS)

APPENDIX B: NHS 111 Performance Measures

YAS Activity: NHS 111 Calls by Disposition Type (Disposition = where calls are directed to)

Chart 9: Calls by Disposition Type: Rolling year

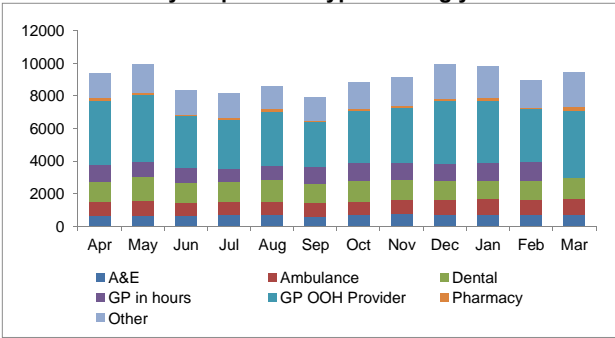


Chart 10: % Calls by Disposition Type: Rolling year

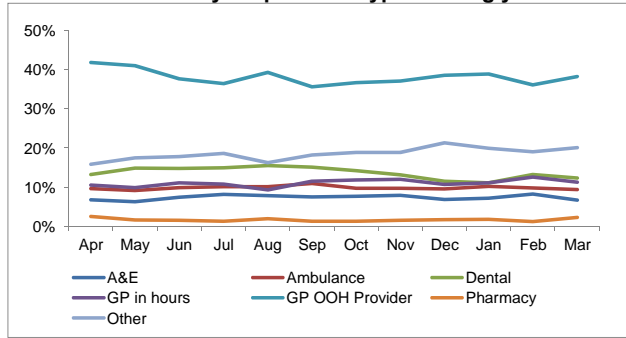


Chart 11: Proportion of Calls by Disposition Type: % change on previous year - from October 2014 *

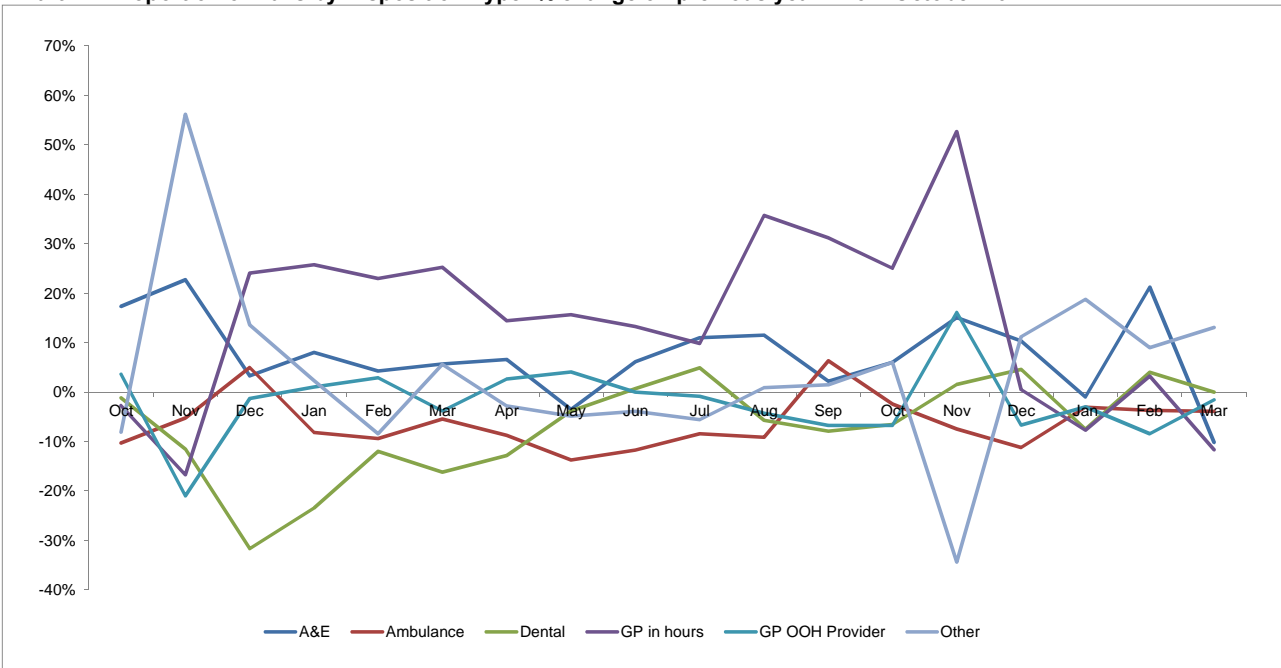


Chart 11 notes:

* Following the introduction of 111 there was a phased handover of services into the 111 Directorate. 111 did not cover all services until October 2014 and any data before this date does not accurately reflect demand.

Other = 111 Calls that are not triaged (i.e. wrong number) or result in dispositions of Primary Care (largely Walk-in Centre), Other Service or Self Care, excluding calls referred to GP In-Hours, GP OOH, Dental or Pharmacies.

The Pharmacy cohort has been removed from Chart 11 (% change year-on-year); this proportion of calls has only just begun to level out, as use of this disposition code has only recently started to be consistently applied in the call recording - therefore previous proportions skew the overall chart position.

APPENDIX C: Contract Activity

Sheffield Teaching Hospitals NHS Foundation Trust

Performance against Sheffield CCG Activity Target at Month 12, April 2015 - March 2016

PLEASE NOTE: DUE TO IMPLEMENTATION OF A NEW PATIENT ADMINISTRATION SYSTEM (LORENZO) AT THE END OF SEPTEMBER IT IS BELIEVED THAT THE FULL VOLUME OF ACTIVITY HAS NOT YET BEEN REPORTED. ACTIVITY FOR M6-M12 (GREY BARS) MAY THEREFORE CHANGE IN FUTURE MONTHS.

Outpatient First Attendances: 4.4% below plan
 Outpatient Follow-ups: 6.8% below plan
 (Outpatients includes OP procedures)

Inpatient Elective Spells: 2.3% below plan
 Inpatient Non-elective Spells: 2.1% above plan
 A&E Attendances: 2.4% below plan

Figure 1: Referrals¹

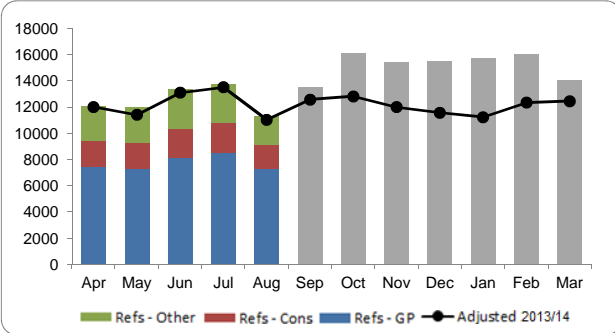


Figure 4: Electives

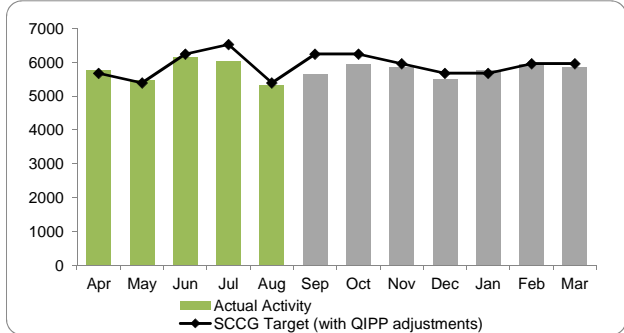


Figure 2: Firsts²

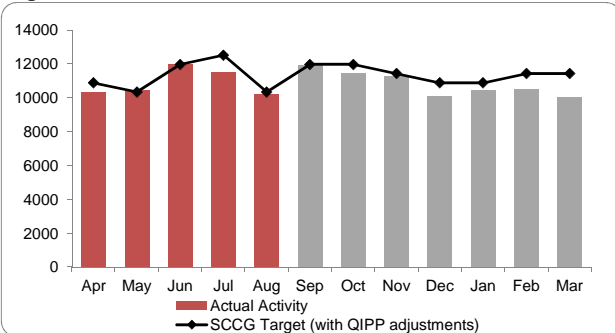


Figure 5: Non-Electives

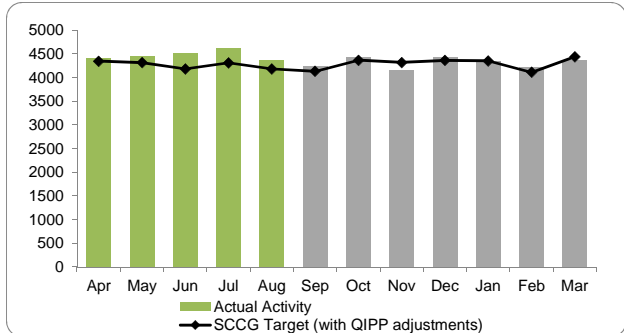


Figure 3: Follow-ups³

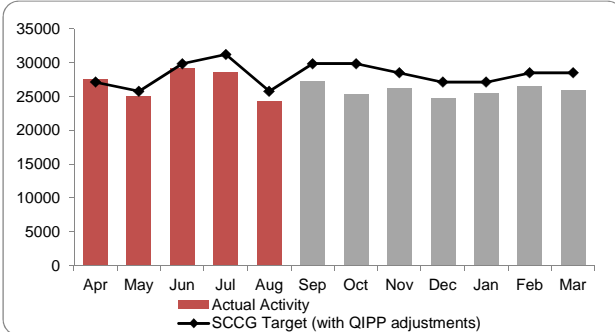


Figure 6: Accident and Emergency

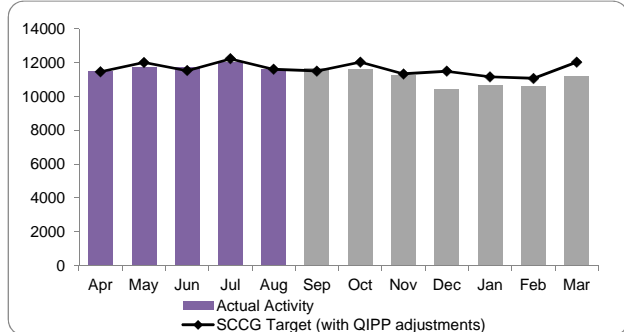


Table 1. Outpatient Activity

Activity	2015/16	Target	Var	% Var
Firsts	130,140	136,101	-5,961	-4.4%
Follow-ups	316,207	339,111	-22,904	-6.8%
Follow-ups:First Ratio	2.43	2.49	-0.06	-2.5%

Source: STHFT Contract Monitoring

Notes:

Additional non-recurrent activity to achieve 18WW has been phased across the year. This is currently being reviewed and phasing may change in-year

¹ Referrals compared to 2014/15, adjusted for working days and counting changes.

Includes all Sheffield activity (CCG and NHS England) for specialties >50% CCG commissioned.

All remaining data is Sheffield CCG only (i.e. excluding NHS England commissioned activity - specialised and dental).

Outpatient attendances exclude Clinical Psychology, Diabetes, Hearing Services, Palliative Medicine and Obstetrics.

² First outpatient attendances exclude CDU (Clinical Decision Unit). CDU Attendances are overperforming by 1634 (6%).

³ Unallocated OP attendances have been attributed to follow-ups.

Excess Bed Day Costs include MFF (Market Forces Factor).

Table 2. Inpatient and A&E Activity

Activity	2015/16	Target	Var	% Var
Electives	69,319	70,944	-1,625	-2.3%
Non Electives	52,462	51,396	1,066	2.1%
Excess Bed Day Costs (£000s)	£ 8,191	£ 7,069	£ 1,122	15.9%
A&E	136,100	139,424	-3,324	-2.4%

APPENDIX C: Contract Activity

Sheffield Children's NHS Foundation Trust

Performance against Sheffield CCG Activity Target at Month 12, April 2015 - March 2016

PLEASE NOTE: The financial performance is reported separately in the Finance Report

Outpatient First Attendances: 7.4% above plan
 Outpatient Follow-ups: 10% above plan
 Outpatient Procedures: 132.9% above plan

Inpatient Elective Spells: 17.4% below plan
 Inpatient Non-elective Spells: 8.3% above plan
 A&E Attendances: 3% above plan

Figure 1: Firsts

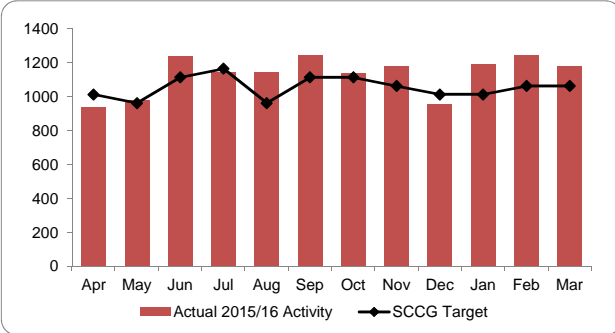


Figure 4: Electives

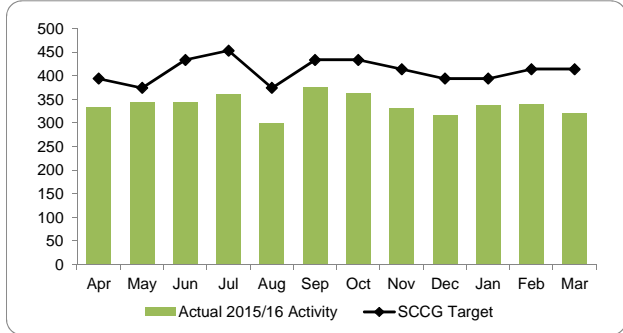


Figure 2: Follow-ups

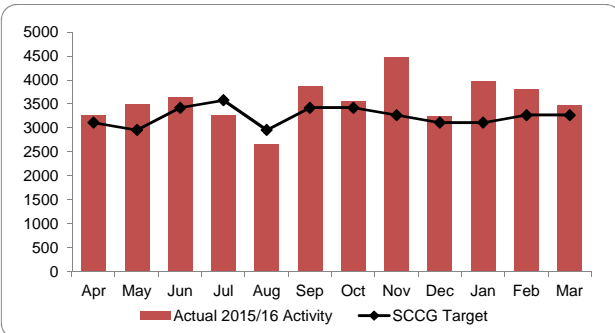


Figure 5: Non-Electives

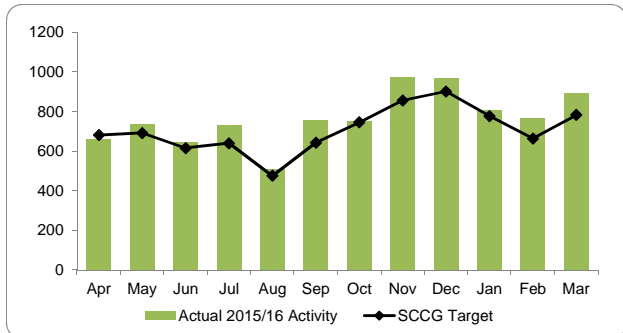


Figure 3: Accident and Emergency

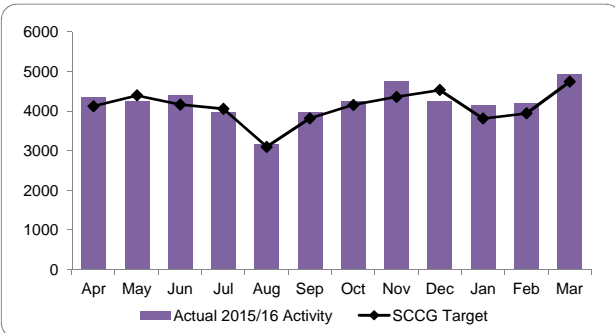


Figure 6: Excess Bed Days

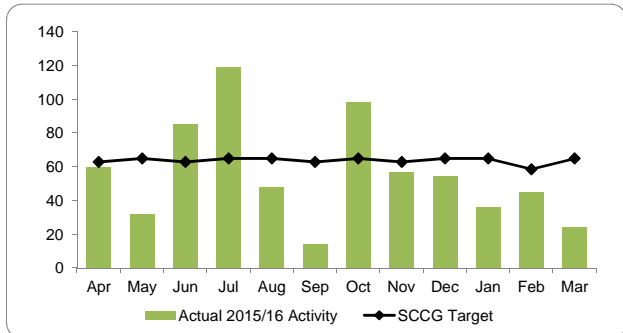


Table 1. Outpatient Activity

Activity	2015/16	Target	Var	% Var
Firsts	13,575	12,642	933	7.4%
Follow-ups	42,769	38,888	3,881	10.0%
OP Payable Procedures	16	7	9	132.9%
Follow-ups:First Ratio	3.15	3.08	0.07	2.4%

Table 2. Inpatient and A&E Activity

Activity	2015/16	Target	Var	% Var
Electives	4,067	4,925	-858	-17.4%
Non Electives	9,171	8,469	702	8.3%
Excess Bed Day Costs (£000s)	£ 205	£ 222	-\$ 18	-8.0%
A&E	50,664	49,210	1,454	3.0%

Source: SCHFT Contract Monitoring (SLAM)

Notes:

Sheffield CCG Activity Only

APPENDIX D: Previously Unassessed Periods of Care (PUPOC)

Previously Unassessed Periods of Care (PUPOC)

Background information

NHS England now requires CCGs to publish progress on "PUPOCs". A "PUPOC" is a previously unassessed period of care.

Historically, all CCGs received requests from patients (or their representatives) for a 'retrospective' assessment, for eligibility for continuing healthcare (CHC). This meant the CCG had to look at whether the patient should have been eligible for CHC for a period in the past and if so, reimburse the patient for the cost of their care. In 2012, NHS England introduced a programme of cut-off dates for making such requests. No further requests can now be made for such PUPOCs, for care that occurred before March 2013 (unless there are exceptional circumstances).

Nationally, over 59,000 PUPOC applications were made. Sheffield received 499 such requests within that deadline. There are a range of complexities in dealing with PUPOCs - the volume of requests and the required work has presented a challenge for many CCGs. Sheffield CCG's PUPOCs are being assessed by a team now hosted by Doncaster CCG, which also provides this service to 11 other CCGs. The Chief Nurse at Doncaster CCG discusses performance on PUPOCs with senior colleagues at NHS England each month.

The Parliamentary and Health Service Ombudsman (PHSO) has set an expectation that all cases will have had an initial assessment and decision letter by March 31st 2017. Of note is the fact that the PHSO's deadline does not include any subsequent appeals that may arise.

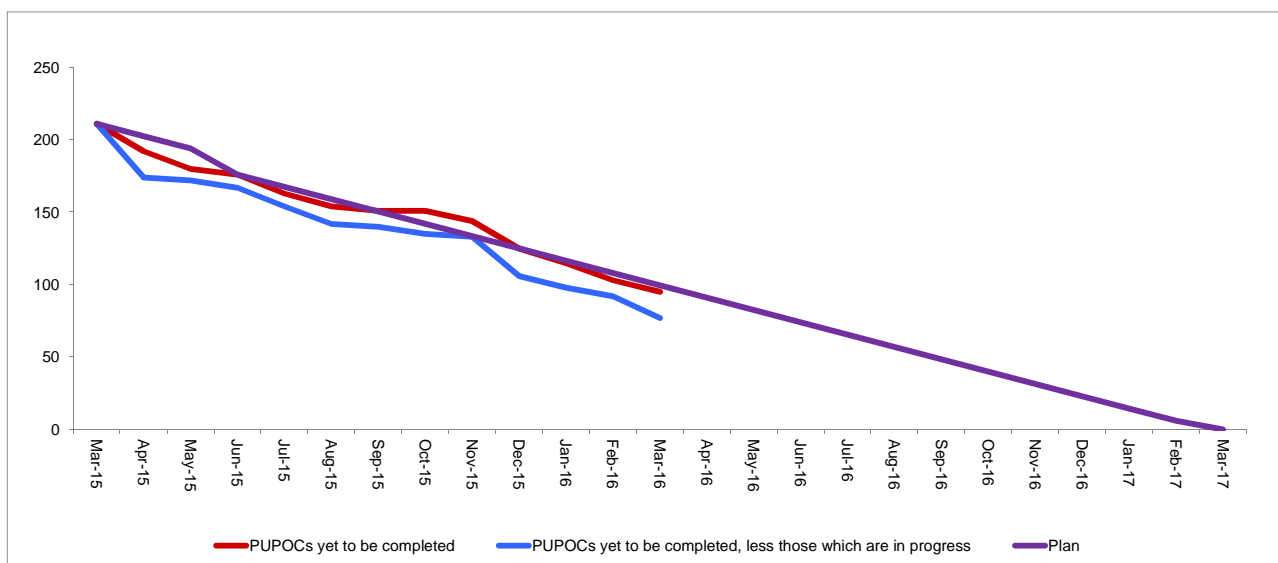
In every case, a patient or their family is significantly affected by PUPOCs. In some cases, patients (or their family) have paid significant sums for care for their loved ones. Sheffield CCG's intent is to complete every PUPOC within timescale. The CCG is conscious of both the desire for 'closure' that patients and families will have and also the need to ensure that appropriate decisions are made and to ensure that the CCG does not fund care when the patient was not eligible.

Monitoring

NHS England has now set trajectories for each CCG, to ensure completion by the required date. NHS England is also RAG rating performance of each CCG. Where other CCGs being supported by Doncaster CCG have amber or red ratings, this and other pressures may lead to calls for resources to be diverted away from Sheffield CCG's PUPOCs. Recruiting and retaining nurses in this team has and continues to be problematic and represents a risk to delivery.

Doncaster CCG has reported an increase in performance within March 2016. They expect to continue to recover the position given the number of cases due to be completed in April/May, along with other cases which are likely to be reclassified as not PUPOCs.

The chart below shows progress to date on PUPOCs.



Public Health Quarterly Report to Sheffield CCG Governing Body

18th April 2016

This is a narrative report structured around key public health topics and/or public health outcomes in the City which are of relevance and importance to the CCG, including required improvement actions.

People presenting with HIV late stage infection

The proportion of people newly diagnosed with HIV presenting with late stage infection is increasing in Sheffield, running counter to the national trend. An STI strategy group has been established to consider our response to late diagnosis of HIV and Chlamydia screening. This group met for the first time earlier this month and has a membership which includes the STHFT Sexual Health Service, the GP lead for Sexual Health, PHE (Public Health England) and Council Public Health. The first area of priority is using the data to identify specific areas for increasing testing across primary and secondary care. An audit of late HIV diagnosed patient records will also be undertaken to identify missed opportunities for earlier diagnosis.

Implementation of latent TB (Tuberculosis) testing and treatment

The incidence of TB in Sheffield increased from 10.5 new cases per 100,000 population in the early 1980s to 16.1 per 100,000 in 2012-2014 (approximately 90 new cases per year). We are in the process of implementing latent TB testing and treatment, funded by NHS England. The two GP practices serving university students have begun testing, with over 150 people tested so far. Patients who test positive are referred to STHFT for treatment and follow up. Further roll out of testing and treatment to other practices is starting, with the next phase of implementation being the ten practices with the highest numbers of the eligible population.

Right Care

The Council's Health Care Public Health Team is supporting the CCG through a 'Right Care' process championed by NHS England. A holistic view of all national benchmarking data was taken to identify key areas where Sheffield shows significant variation. Gastrointestinal spend was identified as an outlier and as a result Public Health are now leading a programme of work to look across the healthcare system at gastro care pathways and work collaboratively with both primary and secondary care providers to propose innovative improvements. A summit meeting in early May 2016 will clarify further details on the outcomes we can expect to achieve from this process.

Homeless health needs audit

Public Health, in partnership with officers from the Housing Independence Service, Housing Solutions Service, the DACT (Drug and Alcohol Commissioning Team) and the CCG, have recently completed the Homeless Health Needs Audit. The Audit documents the health needs of homeless people in Sheffield and was undertaken during August-September 2015. The full report will be presented to the CCG shortly. Key findings include:

- Sheffield is **similar** to the national picture
- We have a strong **Local Partnership**
- Just under half of all respondents considered themselves to have a **disability**. This is greater than the national homeless audit of 36%. 70% of those who had a disability reported **mental health** as the contributor
- Homeless people are **frequent users of acute health services**; on average four times greater than the general population
- **High levels of stress, anxiety and other signs of poor mental health** are experienced by this group with the proportion of homeless people with diagnosed mental health problems (63%) over double that of the general population and higher than the national audit of homeless people (44%), particularly for depression
- For **substance misuse**, we see a similar pattern as that reported nationally except for the percentage using crack/cocaine where the percentage is higher in Sheffield
- **20% of respondents reported that they had been tested for TB**. In comparison, the national audit found that 30% had been tested
- A notable proportion of the group surveyed are **in contact with two or more services**
- Supporting homeless people to **change risky health behaviours and support recovery** is an identified need
- Many of those surveyed **face multiple-disadvantage** and there was a clear relationship between **debt, homelessness and poor health**

continued overleaf

Public Health Quarterly Report to Sheffield CCG Governing Body - continued

Learning Disability Health Needs Assessment

A Health Needs Assessment exploring Learning Disability in Sheffield has recently been completed and will be published as part of the Sheffield JSNA (Joint Strategic Needs Assessment) shortly. The HNA will be used to inform the direction of local strategy, commissioning and development work to improve outcomes for people with learning disabilities and learning difficulties in the City. Content is derived from national and local indicators, informed by key stakeholder involvement and feedback and covers the following themes:

- Population and prevalence
- Wellbeing, assets and resilience
- Wider determinants, health, mental health and long term conditions
- Vulnerability and exploitation

Key recommendations to the CCG and Council commissioners include: ensuring that they commission for wellbeing indicators as part of their LD service specifications; ensure all their providers redouble efforts to remove recognised disabling barriers; build the role and contribution of carers into LD service planning; and promote more effective management at primary care and community level including vaccination, support for self-management of long term conditions, case management and lifestyle interventions.

Sheffield Practice Champions Programme

In 2013 *Altogether Better* invited Sheffield's Community Wellbeing Programme to participate in a Big Lottery funded venture to engage community members and General Practices in creating new ways to provide patients with non-clinical support. This programme was originally delivered in 4 GP practices in Sheffield. Although the Lottery funding finished in July 2015, the CCG and the Council continued the funding and supported the extension of the programme to two further practices.

The Practice Champions programme complements the success of the Health Trainer programme (which is available in over half of all General Practices in Sheffield). The Practice Champions lead on the development of group activities that are identified by the champions themselves, practice staff and patients. These activities help patients to improve their own health, reduce isolation, develop self-management techniques, increase confidence, raise self-esteem and become more self-reliant. Evaluation of the four original practices shows that both champions and patients benefited in terms of their confidence, social connections and knowledge about health and wellbeing. Practice Champions have also helped patients to make better use of their GP practice; they have connected people to existing groups and activities in their local communities; and they have provided a range of groups and activities themselves where they identified a need.

There is now a good quality evidence-based case for the programme to continue and build on the learning that has been acquired to date. We are keen to disseminate this learning and ask the CCG to consider how we might sustain and roll out the programme to other practices in the City.

Smoking prevalence

Overall the prevalence of smoking in Sheffield is reducing but concern remains with regard to persistently high rates among routine manual workers, people with mental health problems and pregnant women.

For example, a co-ordinated programme of targeted interventions continues to be offered to women ante-natally and post-natally in order to reduce maternal smoking rates. A particularly positive development for 2016/17 has been the establishment of a maternal smoking service specification as part of the 2016/17 maternity services contract. Referrals into the community based maternal relapse prevention service (commissioned by the Council in 2015/16) were very low and as a result this contract was ended. A number of alternative service models are currently being considered, in partnership with maternity and health visiting services, based on a smoking in pregnancy champion being appointed to support the development of individual care packages. The proposed target for the service is for smoking rates at 14 days post-delivery to be sustained at 6-8 weeks.

The Sheffield Tobacco Control programme is also being reviewed and will be re-commissioned later this year. It is essential that the CCG are key partners at the Tobacco Control Board and are fully engaged in the future commissioning of related services for the City.

continued overleaf

Public Health Quarterly Report to Sheffield CCG Governing Body - continued

Alcohol Strategy 2016-2020

The strategy was signed off at the Health and Wellbeing Board in March 2016 and will soon be progressed through the Council for ratification. The strategy covers five main themes which address the different ways in which alcohol related harm impacts on individuals, communities and agencies. The five themes are:

- Alcohol and health
- Alcohol, treatment and recovery
- Licensing, trading standards and the night time economy
- Alcohol and crime
- Vulnerable individuals and communities

Activity resulting from implementation of the strategy will require support from and joint working between the CCG and the Council to address priorities through the services they commission.

Licensing 10 year statement

The Council has asked the Licensing Service to develop a 'citywide licensing strategy' with the intention of setting a 10 year vision for licensing provision in Sheffield. Included in the vision for the strategy are cross cutting aims and themes which cover a number of areas relating to alcohol and health, including; meet the needs of an increasing population of Sheffield; promote health and wellbeing; and provide training and education. The Drug and Alcohol Commissioning Team (DACT) and Public Health representation through the consultation phase will ensure the themes of health and alcohol related harm are strong in the statement and that it supports the aims and proposals of the Alcohol Strategy 2016-2020.

Screening and early intervention in primary health care settings - alcohol / drugs

A key agreed strategy for addressing substance misuse in Sheffield is the need for widespread screening and identification in universal services and primary health care settings so that individuals may be appropriately referred into the service best placed to meet their needs and prevent increased risk and harm and further severity of substance misuse. Locality Managers in the CCG have been contacted in order to meet and discuss how best to take this forward as a joint approach relating to primary health care settings. The support of the CCG in facilitating screening for drug and alcohol misuse at all stages of primary care contact through education and information, screening, brief interventions and advice, and referrals to treatment will ensure this agenda is prioritised. A Health and Wellbeing Board member will be responsible for monitoring progress against these actions and assist with any pathway issues.

Drug related deaths

The Office of National Statistics reported a 17% rise in England's drug misuse related deaths in 2014 which was mirrored by an increase in drug related deaths in Sheffield. The analysis highlights a number of factors including the complex needs of older opioid users, an increase of a decade in the average age of death and a trend towards recorded poly substance use in those dying. The report suggests being in treatment is a protective factor due to the physical health needs of drug users being addressed and monitored through engagement in treatment. However, the locally reported deaths have shown a similar trend to those nationally, i.e. average older age at death and a significant proportion of individuals dying from the chronic physical health conditions caused by long term drug misuse and injecting. It is especially important for agencies to work together to safeguard the physical health of substance misusers and, for those not in treatment, screening and signposting to both specialist substance misuse and health services via primary care is key (see above on screening and referral).

Tooth decay in 5 year olds

A range of information and help is being made available for parents to promote oral health and reduce tooth decay. Health visitors currently provide all families with children aged 0-5 with an oral health pack consisting of a toothbrush, fluoride toothpaste and information on oral health. Further opportunities to extend the role of health visitors in delivering information, advice and encouraging dental registration are currently being explored. Schools also give information and all primary schools have been provided with a copy of Sheffield's 'Top Teeth' DVD created to support this work. Supervised tooth brushing clubs are running in nurseries in areas where there are higher levels of tooth decay.

0-19 Community child health services pathway integration

Progress is being made with health visiting and school nursing services to develop an integrated model of community services which is more accessible for families, better connected with other local services (such as primary care) and delivers improved health outcomes. Plans are underway to align health-visiting with the Best Start early years' structures to improve early identification of need and service uptake. By taking a whole family approach, the aim is to streamline assessment processes, reduce overlap and improve parents' experiences. In developing the pathway, we need jointly to identify key points where relationships with primary care can be strengthened in order to improve access to and uptake of services and reduce preventable illnesses.

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