



Annual Report 2016-17

A picture of health!

Foreword by Maddy Ruff, Accountable Officer and Dr Tim Moorhead, Chair

What a difference a year makes! It's often said but none the less true as we look back at all that we've achieved as a CCG during 2016-17.

Crucially for us, that difference is all about how we improve care and services for people living in Sheffield. Despite the considerable challenges and pressures the NHS is facing, that continues to be our focus and how we judge our success.

Over the past year, we've reduced waits for treatment, improved care for people with cancer and increased support for people experiencing mental health and wellbeing issues. We've worked to tackle the health inequalities in our city and to help keep people well and independent.

We've continued to focus on bringing more services into local communities so that people do not have to go to hospital unless they really need to. Strong primary care is at the heart of this approach and supporting our GP colleagues to work in different ways and investing in our excellent practices is essential to achieve this aim.

This has been achieved against a backdrop of significant challenges, as demand for services continues to increase and put even more pressure on areas such as A&E and primary care. As a CCG, we have also faced significant financial pressures this year and some difficult decisions about how we can use resources to best effect for people in Sheffield.

However, everything we do comes back to how we can make sure people get the best outcomes and experience. As our Chief Nurse Penny Brooks says on page 13, quality is the watchword and part of every discussion we have to keep the focus on what's best for patients.

And it's very much a shared focus in Sheffield as we are increasingly taking a team approach to achieving this. We've long had a strong team spirit in the city and this is at the fore of how we are working to maintain the quality and financial stability of the excellent health and care services we have in Sheffield, both now and for the future.

To do this, we need to think and work differently. This goes beyond joining up services more effectively to having a truly integrated approach and using our collective resources to the



Maddy Ruff



Tim Moorhead

greatest effect. We have made considerable progress on this, including working with Sheffield Council to integrate commissioning for mental health and children and young people.

During the year, we led the development of a single shared plan for Sheffield, that brings together work being done across the city to improve health and wellbeing and sets out shared priorities for transforming health and care.

Our plans for Sheffield have also helped inform the development of the Sustainability and Transformation Plan for South Yorkshire and Bassetlaw, which outlines how we will work as a region to deliver the reforms and efficiency savings set out in the NHS's Five Year Forward View.

These important strategies are our 'blueprint' for health and social care for the next five years and in this report you'll see more about the work that has taken place to develop them and what they will mean for Sheffield.

They say a picture is worth a thousand words so we hope our 'album' of 2016-17 will help show you the many ways we are working to make sure people in Sheffield get first class health care. A huge thank you is due to everyone involved in achieving these - our staff and clinicians, our members and our provider and council colleagues, our partners in the voluntary sector and local communities. Team Sheffield has a lot to be proud of!



Shaping Sheffield

During 2016-17, over 60 organisations in Sheffield joined together to commit to a single plan for improving health and wellbeing in the city.

Shaping Sheffield brings together and joins up the work we are all doing across the city, as well as looking at new ways of working to improve care and make services sustainable.

We already work together closely in many ways but this will rub out the boundaries between our organisations and mean managing our resources for health and care as a single account for the city. This will save time and money, and get things done quickly and effectively for people.

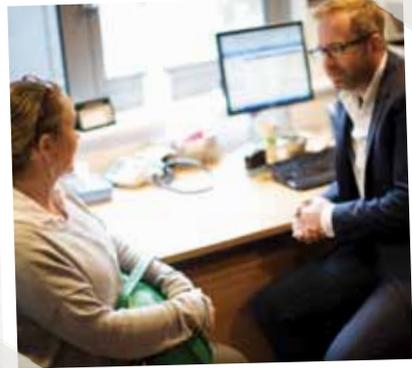
Priorities for 2017 to 2019 have been agreed based on discussions that have taken place with you over the last few

years on what we need in Sheffield. Areas we will be investing in include preventing ill-health, helping people back to work, community support to promote independence and self-care, primary care and tackling inequalities by greater investment into our communities with greatest needs.

Work is continuing to agree how this will look, including regular planning events with partners and local community groups. Some will mean very minor changes, some will be on a bigger scale – we will share the details as they develop and give everyone an opportunity to influence the plans.

To get involved contact us at
sheccg.engagementactivity@nhs.net

About us: a quick guide to NHS Sheffield CCG



Who we are

We are an NHS organisation made up of the 81 local Sheffield GP practices and led by GPs and other healthcare professionals. Our Governing Body is a mixture of NHS clinicians, experienced NHS managers and lay members.

What we do

We are responsible for planning, buying and monitoring (otherwise known as commissioning) many of Sheffield's healthcare services. This includes hospital services and mental healthcare, as well as services that people receive in a community setting, such as district nursing. From April 2016, we also became responsible for working with NHS England to commission local GP services.

We are passionate about helping people to live healthier lives and work with other clinicians, healthcare professionals, patients and the public to improve the health and wellbeing of people in Sheffield and make sure they have high quality and cost effective healthcare services.

Our vision

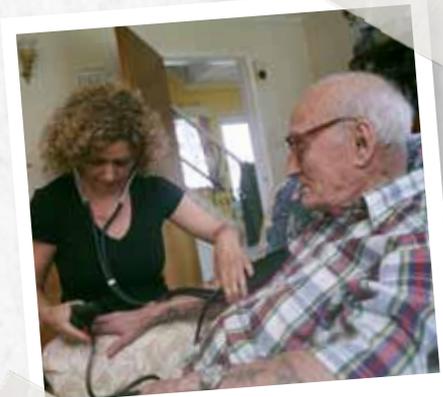
By working together with patients, public and partners, we will improve and transform the health and wellbeing of our citizens and communities across Sheffield.

We intend to fundamentally change the balance of healthcare provided in hospital and in the community, so that many more patients receive care closer to home when that is the best place for them.

Our four key priorities

- To improve patient experience and access to care
- To improve the quality and equality of healthcare in Sheffield
- To work with Sheffield City Council to continue to reduce health inequalities in Sheffield
- To ensure there is a sustainable, affordable healthcare system in Sheffield

To find out more about us and our work, please visit www.sheffieldccg.nhs.uk





Prescribing better health

Over 7,000 people in Sheffield benefitted from a social prescription last year to help tackle the root cause of their ill-health.

Social prescribing is a 'prescription' for non-medical support or services that address a wide range of social, emotional or practical needs that can affect people's health and wellbeing. Coping with bereavement, trying to find a new job or struggling with carer's responsibilities can all impact on someone's health. In these situations, people often turn to their GP for help but usually, it's a 'more than medicine' approach that's needed.

GPs and other primary care professionals can refer people to a range of local, non-clinical services, which are often provided by voluntary and community organisations. Prescriptions cover a wide range of activities and support, from advice and guidance to help accessing local activities to improve physical or mental wellbeing.

The benefits? Social prescribing helps people to get control back and improve their health and wellbeing, which also reduces demand on health services as Mick's story shows.

Mick's story*

Mick's GP referred him to Sheffield's Community Support Worker Service as she was concerned around the 73 year old's mobility and that this could lead to falls. The community support worker worked with Mick to tackle his mobility problems, including sorting aids and adaptations for his home and helping him use community transport so he could get to the supermarket. Thanks to social prescribing, Mick has regained the independence he loves. His risk of falling is much lower and he feels far less isolated, both of which have helped to prevent further health issues or an avoidable hospital admission.

*Name changed to protect anonymity

A team effort

Firm believers in 'no CCG being an island', we work closely with a wide number of other organisations and agencies to deliver our agenda. These include:

- The three NHS foundation trusts that provide our excellent services in Sheffield, as well as a range of other providers, including nursing and residential homes, NHS providers outside of Sheffield, independent sector providers and voluntary organisations.
- Our local practices and primary care organisations, such as the local professional committees and Primary Care Sheffield (PCS), an organisation with shareholding membership from local GPs which provides services and support for practices.
- Sheffield City Council, who we work jointly with to commission a large number of services.
- Sheffield's active community and voluntary sector, which makes a major contribution to the local health agenda.
- Patients and patient groups – see page nine
- NHS England, who we worked with from April 2016 to co-commission GP services.



Strategic partnerships

We are members of a number of partnership boards and planning groups, some of which focus on particular health services and health conditions. Our main strategic partnerships are:

- The Sheffield Health and Wellbeing Board (HWBB) is a strategic partnership between the CCG and Sheffield City Council to improve health and wellbeing in the city. It brings together local GPs, councillors, senior managers in the local authority and NHS, and Healthwatch Sheffield and encourages integrated working and commissioning between health and social care to get the best offer for people in Sheffield. The HWBB is responsible for assessing the current and future health, care and wellbeing needs of local people, which is known as a Joint Strategic Needs Assessment. You can find out more about our work on page 25.
- In 2016-17, system resilience groups (SRGs) reformed as executive led A&E Delivery Boards to help implement improvement initiatives at a greater pace and progress five nationally-mandated improvement initiatives. The Sheffield A&E Delivery Board is chaired by our Accountable Officer, Maddy Ruff.
- The Sheffield Transformation Board was set up during the year to oversee the delivery of our place-based plan, Shaping Sheffield. Initially, this comprised the chief officers from health and social care partner organisations who met from December 2016 to discuss our progress towards developing a system-wide approach for delivering services in Sheffield. The priority for 2017/18 will be to formalise the governance arrangements and remit of the Transformation Board, including reviewing its membership.



We're on the CASE!

A simple new system has brought great benefits for hundreds of patients - and for your local NHS.

CASES stands for Clinical Assessment Service, Education and Support. In six areas of care we have introduced a process where, if a GP feels a patient needs to be referred to hospital or a specialist clinic, the patient's case is reviewed by a GP with particular expertise in that area. Because of their knowledge and interest, the second GP may be able to suggest an alternative treatment, or confirm that the referral is the best way forward, helping patients get the most appropriate care as quickly as possible.

The benefits? Avoiding unnecessary outpatient appointments for patients and reducing avoidable referrals to hospital - so better streamlined care for patients and hundreds of thousands saved for your NHS. The approach is also providing valuable information to help us identify areas where we can develop more services in the community for patients and support GP education for the benefit of patients.

A team effort (continued)

Sustainability and Transformation plan (STP)

A big focus for 2016/17 has been developing our STP for South Yorkshire and Bassetlaw. This is plan for delivering the reforms and efficiency savings set out in NHS England's Five Year Forward View in local areas. Essentially, it is about how we can best meet people's changing needs and keep improving care while managing increasing demand for services.

This means looking at how we provide services in our local areas and also across the region. The emphasis is on bringing more services out of hospitals and into communities and also considering how hospitals can work together to provide specialist care.

Our STP sets out our shared vision and priorities for health and care in South Yorkshire and Bassetlaw, with a goal of everyone having a great start in life and support to stay healthy and live longer. Prevention is at the heart of our plans, which focus on how we can help people to stay well in their own communities, introduce new services and improve coordination between those that exist, and have staff working in the best way to meet people's needs. It also includes factors affecting health and wellbeing, such as education, employment and housing.

As well as reshaping and strengthening primary and community services, we want to improve access to specialist hospital care by working as a network, so that no matter where people live, they have excellent, high quality care and experiences.

Between February and April 2017, we discussed the plan with local people and staff, working with Healthwatch and Voluntary Action Sheffield. Feedback from these conversations is being used to help shape how we deliver these plans, with further engagement planned.

At the end of March 2017, South Yorkshire and Bassetlaw was identified as one of nine 'early adopter areas' for developing an accountable care system, recognising the strength of our relationships and joint working. These are systems in which all NHS organisations, often with local authorities, take on collective responsibility for local resources and population health. During 2017/18, we will

be working with NHS England and NHS Improvement to develop an individual model that meets the needs of our region, incorporating local place-based arrangements.

For more information about the STP or how to get involved, please visit www.smybndccgs.nhs.uk

Working Together

Before developing our STP, we were already working with other CCGs across South and Mid Yorkshire, Bassetlaw and Derbyshire to look at areas where we could take a wider approach to commissioning to get the best results for patients.



These were subject to a formal consultation between 3 October 2016 and 14 February 2017 and feedback is being used to inform a final decision later in decision in the summer.

We also worked on a project with Macmillan Cancer support in April 2016 to help improve the experience of people living with and beyond cancer and develop services to support them.

For more information visit:
www.smybndccgs.nhs.uk.





Battling type 2 diabetes

We were one of 27 places in England selected to offer the world's first nationwide Diabetes Prevention Programme. This targets people at high risk of Type 2 diabetes and aims to help them avoid developing the condition by changing their lifestyles.

People referred by their GP get tailored, personalised support including education on healthy eating and lifestyle, help to lose weight and bespoke physical exercise programmes, all of which together have been proven to reduce the risk of developing type 2 diabetes.

Starting in October 2016, there were 650 referrals by the end of March 2017, with numbers growing every month. Of these referrals, 60% have resulted in patients taking part in the programme – far above the national prediction of a 25-40% take-up rate.

The benefits? Giving people the opportunity to help reduce their risk of developing type 2 diabetes - good for them and good for your NHS.

Patient power!

Working with patients and local people is essential to make sure we commission services that meet the needs of everyone living in Sheffield. Patient involvement has been central to many of the achievements featured in this report and we use a wide variety of ways to work with our local communities and make sure they have chance to influence our work.

And of course it's not just about asking you for your views, it's about really listening and responding to what people tell us. As well as reporting views and feedback for specific engagement projects, we produce a quarterly summary of the key themes arising from all our engagement work to help inform wider planning and decision-making. Outcomes from engagement work are also shared so that you can see how we've used your experiences and feedback to shape services.

Our work in these areas is overseen by our Patient Experience, Engagement and Equality Group (PEEEG), which includes representatives from Healthwatch and partner organisations. The group is responsible for ensuring engagement is carried out to a high standard and that feedback is used to influence planning and decision-making.

Our engagement snapshots

Patient Participation Groups (PPG) network

We launched a new network for members of GP patient groups to give them opportunity to be more involved in our work and find out about local healthcare developments, as well as helping them to share learning and ideas on their work to support their practices. This is open to all groups from the 81 practices in Sheffield and topics discussed at the three meetings held so far included our primary care strategy, prescribing and the Sustainability and Transformation Plan. Feedback from attendees has been very positive, and at their request, we are holding a PPG conference in summer 2017.

Urgent care

Our urgent care strategy was informed by feedback from people in Sheffield, which we worked with Healthwatch to capture. During the year, we carried out further engagement to inform the development of options for how urgent primary care services are provided. This focused on vulnerable groups and deprived communities and we worked with local support groups to get a wide range of valuable feedback on how people use current services and their specific needs.

Cancer

An intensive engagement process was carried out to inform our cancer five year plan. This focused on screening and living beyond cancer, and targeted the more vulnerable communities identified in the equality impact and health needs assessments. A key part of the approach included training volunteers to carry out peer conversations to capture views, helping to support the development of skills in local communities.

Prescription Order Line

Patients also helped us to develop the Prescription Order Line service, which is featured on page 18. Two representatives were part of the team that developed the pilot and also helped to develop a user survey to evaluate its success.

Shaping Sheffield

We are working with Sheffield Council, Healthwatch, Voluntary Action Sheffield and SOAR to develop plans for engaging local communities in delivering our Shaping Sheffield plans. Views from patients and the public have already played a key part in shaping the overall plan and we want to work in partnership with people in Sheffield to develop the detail and take forward the different programmes it comprises.





Streamlining care

An improved service for patients needing urgent medical assessment is helping to avoid unnecessary time in hospital and getting people home as quickly as possible. Sometimes patients can end up being admitted to hospital when they really don't need to be – or stay in hospital for longer than was necessary. Very often these are older patients with complex conditions. We have been working with our partners to stop this happening wherever possible.

The Medical Assessment Centre is playing a key role in tackling this problem, following a redesign of the service. The new service brings together all related services and has introduced a number of changes to make sure people get the help they need. This includes making sure a senior clinician sees patients

as soon as possible so they can decide whether they need to be admitted onto a ward or treated and safely returned home.

GPs can refer patients directly to the unit instead of them needing to go via A&E and patients able to do so make their own way to the unit, rather than waiting to be taken by a non-emergency ambulance. This has reduced waiting time for patients and helped them get straight to where they need rather than having to go through A&E first.

The benefits? Patients get to hospital faster, are seen more quickly by senior clinicians, and are admitted or treated and returned home. The number of patients sent home instead of being admitted has increased to around 30%, improving their experience and helping to make sure beds are available for those that need them.

Patient power! (continued)

Community conversation group

We have established a 'conversation' group with graduates from the Introduction to Community Development and Health course run by Sheffield Council. The group provides a direct link with many of Sheffield's communities to help facilitate discussions on health and local health services. Meetings so far have discussed the role of the group, key areas of interest and Shaping Sheffield.

Patient Transport Service

Sheffield CCG led the engagement for the procurement of a new patient transport service for South Yorkshire. Three patient representatives worked with us to evaluate the bids from providers, after receiving training, helping to ensure patient needs were reflected in the process.

Regional projects

We've worked with our partner organisations in South Yorkshire to make sure people in Sheffield have chance to influence work we are doing at a regional to level, namely developing the Sustainability and Transformation Plan and consultations on stroke care and children's anaesthesia services. More information about this can be found on page seven and at www.smybndccgs.nhs.uk

In the hot seat!

We used our annual public meeting last year as an opportunity to hear directly from people in Sheffield about key issues for them and answer questions about the work we do. Sheffield Star editor, Nancy Fielder, quizzed our governing body about the challenges and opportunities facing us, along with questions from Star readers and the 100 people who attended the meeting. The event received very positive feedback – and lots of requests for more similar meetings!



Involve me

Involve Me is our network of patients and the public who want to hear more about what we do or get involved in our work. We have over 700 members; some choose just to receive our electronic newsletters and updates; others play a more active role, such as representing patient views on a particular group or committee. We also have a Readers' Panel who review documents and information we produce to help make sure it is clear and easy to understand.



If you would like to be part of Involve Me or the Readers' Panel, email us at sheccg.engagementactivity@nhs.net. You can also find out more about our work and get involved via social media – find us on twitter @NHSSheffieldCCG and Facebook/Sheffield CCG.

A big thank you to all of our patient and public participants

We really appreciate the time people have given to find out about our work and give us their views. We are also lucky to have a number of patient and public volunteers who give lots of time and energy to working with us on a regular basis as patient and public representatives. Your involvement really makes a difference and helps us to get services right for people in Sheffield – thank you!

Making sure we consider everyone's needs

People have different needs and access services in different ways. We want to ensure there is equality of access and treatment for all the services that we commission, both as a matter of fairness and as an essential part of our drive to reduce health inequalities and improve health and wellbeing.

We consider equality and diversity in all our commissioning, as well as how we can best engage with the diverse communities in Sheffield. To make sure equality and diversity is embedded in our work we also:

- Carry out equality impact assessments on plans and policies to make sure all communities and groups of people have been considered
- Provide training for our staff so that we all understand the diverse population we serve and our equality duties
- Chair the Sheffield Equality Engagement Group, which supports local NHS organisations to meet their equality duties.

'In line with our statutory duty as a CCG, we publish equality information annually. Find this on our website, along with the five equality objectives that we are working towards, at:

www.sheffieldccg.nhs.uk/our-information/equality.htm



Everybody needs good neighbours!

Our new neighbourhood approach is helping people to stay well and get the care they need as close to home as possible. GP practices have joined together to form 16 groups across the city – known as neighbourhoods – along with their ‘neighbours’ from hospital, community, mental health, social care and housing services, and local voluntary groups. Each neighbourhood covers a population of around 30-50,000 people.

The practices work together to coordinate health and social care for people in their area, and consider how services should best be provided. The aim is to make the best use of resources for local communities, tackling the biggest health and social challenges facing their particular area. There is also a strong focus on reducing unnecessary hospital admissions and

supporting people to keep well and to remain at home where possible.

Whilst still in development, early successes are already happening in some neighbourhoods, including setting up specialist hospital clinics in the community and more proactive, joined-up care for older people returning home after a stay in hospital.

The benefits? People won’t have to go into hospital unless they really need to as more clinics and services become available in the community. More people will be supported to take control of their own health and wellbeing through closer working between GP practices and the voluntary sector.

Quality: our main talking point

Quality has to be – and is – our watchword. Every conversation we have should focus on quality, whether it's a discussion about a new service, or finance, or a complaint – anything. What's best for the patient and for good outcomes for health is considered in everything we do. We want patients to get a great experience not just a service.



Chief Nurse Penny Brooks

"We talk about quality all the time: how people receive services, the quality of the environment, the quality of the staff, how they are spoken to – it all makes a huge difference.

"Our main challenge is ensuring that all our providers reach and maintain high quality standards in their services, particularly around infection control, so that patients get the best possible care. This includes a whole range of services including general practice, care homes, mental health and hospital trusts. Close working with healthcare providers is a key part of our work to support improvement wherever we can and make sure they get the support they need to give the highest quality service for patients and clients.

"We look at everything from infection control to how medicines are being dispensed, to the experience patients are getting and complaints received. We also work very closely with Sheffield City Council and Police on safeguarding both adults and children."

Quality guaranteed

We assess performance against key local and national quality measures every month and report these to our Governing Body. This includes CCG and provider performance on patient experience, the prevention of infections resulting from medical care or treatment in hospital and serious incidents. We also provide quarterly reports on Safeguarding and Compliments and Complaints, as well as a monthly report on Serious Incidents and related learning.

Our Quality Assurance Committee oversees this work and monitors progress on any areas identified for improvement. All reports and committee minutes are available on our website in the Governing Body Meetings section: www.sheffieldccg.nhs.uk/

Our quality snapshots

- We have worked closely with GP practices across the city providing advice and support where needed, including helping two practices improve their Care Quality Commission ratings to 'good'.
- Our team has worked with care homes across the city to help them improve infection prevention and control. All the care homes were audited and support provided as required, including training and advice.
- The work we have done to manage health assessments for children in the care of the local authority, known as Looked After Children, has been adopted as national best practice.
- Whooping cough can be very dangerous for young babies and we worked with NHS England to increase vaccination rates in pregnant women. A 'pop up' has been installed on GP IT systems to flag the vaccination for any pregnant women, which has increased uptake by 20%.





A boost for a Healthy Start

In the last six months of 2016/17, we managed to double the uptake of Healthy Start vitamins, helping to improve the health of children, pregnant and breast-feeding women. This is thanks to a collective approach with health visitors, midwives, colleagues in Public Health and many more of our professional partners.

The Healthy Start scheme provides vouchers for people on lower incomes to help them eat a healthy diet, as well as free vitamins for pregnant and breastfeeding women and growing children. These contain vitamins A, C and D for children aged from six months to four years, and folic acid and

vitamins C and D for pregnant and breastfeeding women. As well as helping to make sure these groups get the nutrients they need to keep healthy, the scheme helps to improve health inequalities by supporting families most in need.

The benefits? More children, pregnant and breast-feeding women are getting the vitamins recommended for healthy development and wellbeing.

Our Quality snapshots (continued)

Listening to the experience of patients and their families is a powerful way for healthcare staff to look again at the services they deliver and make sure quality is at the front of their mind.

One family's story has been shared to do just that. Sue's husband Peter sadly died of multiple sclerosis in 2016. In the last years of his life, he experienced care in a variety of settings and from a wide range of professionals and his family are keen to use their and Pete's experiences to make a difference across the health and social care system. "As his family we could see clearly the small things that some people did for him that made such a big difference to his dignity and to his quality of life," explains Sue. "This could be a cup of tea, taking time to listen, ensuring he was comfortable, checking his radio was working or switching 'Pointless' on because they knew he loved listening to it."

Our Continuing Healthcare team is using Pete's story to help reinforce these messages and approach, and emphasise the importance of listening to patients and carers and learning from feedback to support new ways of working. As Clinical Head of Service Debbie Morton says: "The main thing is to encourage people to put themselves in 'Pete's' shoes and think about the small changes that can make such a big difference."

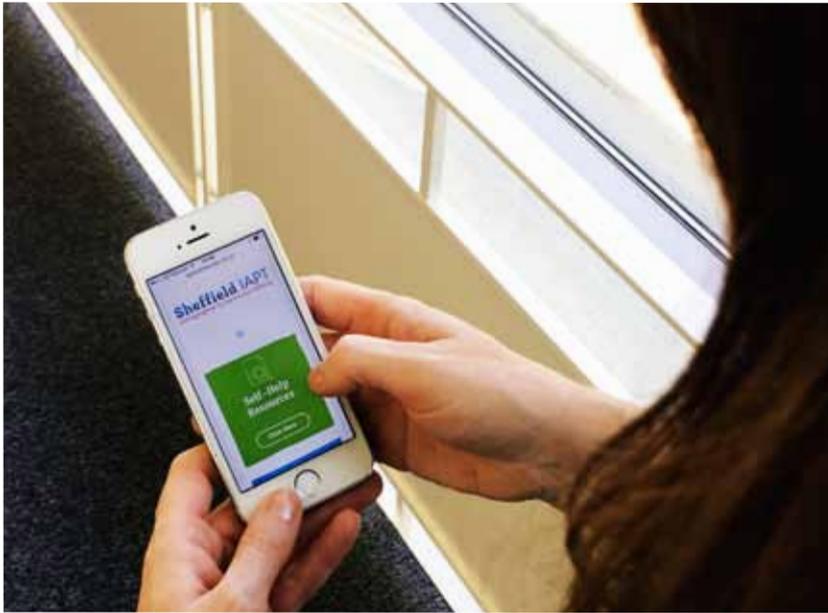


Listening to the experts



Working together to reduce risk of suicides

Our safeguarding team worked with Sheffield City Council and other partners to develop a new suicide prevention strategy for young people. A number of young people from across the city were also involved in its development, including 20-year-old 'Becky', who wanted to use her own experience to help others. The strategy is aimed at frontline practitioners to help them support young people at risk of suicide. It is part of a raft of new local initiatives supporting children and young people's mental health, including developing a better link between child and adolescent mental health services and schools, creating a one-stop-shop for advice and setting up a counselling service for young people up to the age of 25, as well as providing training for schools on a range of mental health issues. As Becky says: "Suicide is a scary thing to talk about but this strategy will help to make sure that children and young people's needs are taken seriously."



It's good to talk

People experiencing mental health problems are finding it easier to get help, thanks to an improved online service.

We worked with Sheffield Health & Social Care Trust and Sheffield Council on a successful bid for national funding which was used to develop an improved website for the Sheffield IAPT service. The IAPT service – which stands for Improving Access to Psychological Therapies – provides a variety of talking therapies and advice and support to help people with conditions such as stress, anxiety and depression or who are experiencing emotional distress.

The new site is much more interactive and has increased choices available for patients, providing a range of advice and resources for self-help, as well as access to talking therapies.

We were also successful in a bid for further funding which will be used to develop tailored support for people with medical conditions, such as respiratory or heart problems or medically unexplained symptoms.



A place of safety



Transforming care



Reducing hospital stays

We have doubled capacity for supporting people detained by the police for suspected mental health concerns by opening a second section 136 suite. These are designated places where people can be supported and assessed in a safe environment rather than held in police cells.

More people with severe learning disabilities and complex needs are being helped to live more ordinary lives by providing community-based alternatives to hospital care. We exceeded the target for discharging patients into supported living and residential care under the national Transforming Care agenda.

We have continued to reduce the amount of time people needing inpatient care have to spend in hospital. Over the past four years, this has decreased from an average stay of a year to six months.

How we measure up

Making sure that the services we commission meet local needs and national standards around quality, safety and access is a key part of our work. We monitor our performance against a variety of measures covering areas such as access to services and waiting times, effectiveness of services and quality standards, such as the rates of healthcare associated infections. These include:

- The patient rights and pledges set out in the NHS Constitution
- The NHS Outcomes Framework, which looks at a wide range of areas including health outcomes for people with long term conditions, premature mortality and patient experience;
- Financial management and sustainability;
- The NHS staff survey, to consider how well we perform as an employer
- The CCG Improvement Assessment Framework, which we are rated against annually by NHS England

We also use these performance monitoring systems to influence our planning and priority setting, identify clinical learning opportunities and inform service re-designs.

How we measure others

Effective performance management and contract monitoring are vital to ensuring that our patients have timely access to quality services. We hold our providers to account through our contracts, which follow a nationally agreed format, and use local data on activity, finance and quality measures to ensure that we are delivering high quality care for patients and value for money. We have a Contract Management Board (CMB) for each provider which is led by an executive director and meets every month to review performance and all other aspects of the contract. Any concerns regarding performance are addressed with the provider and actions to ensure improvement are agreed and monitored. From 2016/17, we included a new CMB for primary care to support our new responsibilities for commissioning these services in partnership with NHS England.

The CCG uses a rigorous programme management approach to ensure that our decision-making processes are recorded, progress on projects can be tracked, risks identified and

Key successes

- Waiting times for elective care – patients being seen within the standard times for their diagnosis and treatments.
- Waiting times reduced for psychological therapies.
- Meeting national standards overall for cancer treatments.
- Rated as a “Top Performer” for dementia care, with good performance around diagnosis in primary care and a high proportion of patients who have annual reviews of their care plans.
- Our one year cancer survival rate, and the proportion of people whose cancer is picked up early, contributed to our being assessed as “Performing Well” in this area.

remedial action taken. During the year, we developed a staff training programme to support this approach and help us to work as effectively as possible.

The CCG Improvement and Assessment Framework (IAF)

CCGs are assessed annually by NHS England and rated for how well they are fulfilling their function of commissioning safe, good quality, sustainable services and compassionate care. A new approach for assessing CCGs was introduced for 2016/17 - the CCG Improvement and Assessment Framework (IAF) – which rates CCGs as either “Outstanding”, “Good”, “Requires Improvement” or “Inadequate”.

The framework covers three domains - better health and healthcare; quality of leadership; and financial sustainability – and also assesses CCGs against six clinical priority areas. To date, we have achieved ‘green’ for quality of leadership as at the end of quarter 2 and our baseline assessment against the clinical areas is on page 19. Our full year-end assessment for 2016/17 will be available from July 2017 on the My NHS website at www.nhs.uk/service-search/Performance/Search.



A great prescription!

A new prescription ordering line is helping patients get advice and help with their medication, as well as reducing waste. The telephone service is provided by trained healthcare staff who can discuss patients' needs and medications with them and help make sure that only items needed at that time are re-ordered. Initially tested at nine practices across the city, the service has received a big thumbs up from patients and saved over £200,000, so is now going to be rolled out more widely. Patients using the service have commented on its convenience and welcomed the chance to discuss any queries, with one even commenting that it was "the best idea the NHS has had in ages!"

The benefits? A convenient way for patients to get their repeat prescriptions and advice from healthcare professionals. It helps give patients more control over their health care needs and also reduces waste - saving money for your NHS.

"Fantastic idea, I get such a back log of medicines, this must be saving a fortune."

"Lovely to have someone listen to me properly and help."

"This new service is brilliant, and gave very clear advice."

The CCG Improvement and Assessment Framework

Clinical priority area	Baseline assessment (September 2016)	Comments
Cancer	Performing well	Good one year survival rates for people with cancer
Dementia	Top performer	Sheffield has a high rate of diagnosis i.e. finding the people with the condition and ensuring they receive care
Diabetes	Performing well	Good rate of people with diabetes taking part in self-management education programmes, and receiving NICE based interventions
Learning disabilities	Needs improvement	The second half of the year saw accelerated progress towards fulfilling the "Transforming care Programme, which ensures that people are no longer cared for in institutional style settings, but supported in the community
Maternity services	Needs improvement	The CCG is working with the Local Authority to address two of the key areas of underperformance: tackling the underlying causes of still births and neonatal deaths, and commissioning a new stop service for pregnant women.
Mental health	In greatest need of improvement	We have improved on our recovery rate for people in IAPT and on access to early interventions since the baseline rating was issued.

NHS Constitution core rights and pledges

The NHS Constitution sets out a number of pledges to patients on how long they wait to be seen and to receive treatment. We have worked hard to deliver these for people in Sheffield and we have performed well against 11 of the 15 core rights but need to make improvements in four areas (the full year data on the Improving Access to Psychological Therapies standards will not be available until June).

Our position as of May 2017 is shown below – the final data is not available until July and will be updated on our website.

NHS Constitution Rights and Pledges which we met in 2016/17	Comparison with 2015/16	
Waiting times for elective treatment <ul style="list-style-type: none"> 92% of all patients should wait less than 18 weeks for their treatment to start 	✓	↑
Diagnostic waiting times <ul style="list-style-type: none"> 99% of patients wait should 6 weeks or less for their test/s from the date they were referred 	✓	↑
Waiting time for Cancer treatments and diagnostic tests <ul style="list-style-type: none"> There are 9 separate waiting time pledges for Cancer which address how long patients should wait for various parts of their treatment journey 	✓	↑7 ↓2
Mental Health <ul style="list-style-type: none"> 95% of patients discharged from psychiatric inpatient care followed up by Mental Health Services within 7 days, to ensure that they have appropriate care and support. 50% of people referred to the Early Intervention in Psychosis Services should be seen within 2 weeks Proportion of Sheffield's population who are accessing local IAPT services (Improving Access to Psychological Therapies, i.e. talking treatments). This is about the expected number of our local residents experiencing conditions such as depression, and who could benefit from IAPT. 75% of people referred to IAPT should wait 6 weeks or less until their first appointment; 95% of people should be seen within 12 weeks. 	✓ ✓ ✓ ✓	↓ ↑ ↑ ↑ <small>(measure introduced Dec '15)</small> <small>(as at Dec '16)</small> <small>(as at Dec '16)</small>



Healthy minds for Sheffield's school children

Hundreds of Sheffield's pupils are set to benefit from an innovative approach to supporting emotional wellbeing and mental health.

One in 10 young people will suffer from some form of mental health concern in their adolescence. The 'Sheffield Healthy Minds' project aims to raise awareness and improve knowledge of mental health and wellbeing issues and help to identify and support children and young people at risk. We worked with Sheffield City Council and Sheffield Children's Hospital Trust to pilot the approach with 10 schools during 2016 and, following its success, we are now rolling it out to an additional 40 schools.

Work carried out with the schools piloting the project included staff training, developing stress-busting support groups, putting advice on dealing with stress in student planners, and assemblies highlighting signs that suggest someone might be suffering from stress.

The benefits? We can spot problems earlier and identify where support is needed for mental health and emotional wellbeing to help prevent problems becoming more serious and difficult to deal with later in life.

How we measure up (continued)

Areas where we need to improve

Mental Health

- 50% of people who receive IAPT services are moving towards recovery from their mental health condition.

Our service treats a higher than average number of people with complex and long-standing needs. The more severe nature of their problems can mean that it takes longer for them to improve, and that they may be less likely to complete the whole course of treatment. This impacted on achieving the standard but we still met it for over half the year and achieved 46-48% on the months where we did not meet it.

Treating and caring for people in a safe environment (healthcare associated infections)

- MRSA – aiming for zero bloodstream infections
- Clostridium difficile - ongoing reduction required, and no more than 194 cases in year

In 2016/17, one case was assigned to NHS Sheffield CCG. During the year, 218 cases were reported, meaning we exceeded our agreed commitment. Each case is investigated and any learning shared. We are continuing to support education for GPs around antibiotic prescribing, which is a key part of reducing Clostridium difficile

Waiting time in Accident and Emergency departments

- 95% of patients who attend an A&E department are to be admitted to a hospital bed, discharged from the department or transferred to another hospital within four hours of arrival.

This target was our toughest performance challenge in 2016/17, similar to many other areas. Sheffield Children's Hospital met the standard but despite the best efforts of partners across the city, Sheffield Teaching Hospitals NHS FT's performance was below the 95% standard. In March 2017, the Trust were achieving 87.9%. This remains a significant area of focus for the CCG and partners to ensure all parts of the system are working effectively to enable the standard to be delivered.

Improving A&E performance

We have faced a number of challenges around delivering the A&E four hour wait standard including: higher numbers of people presenting with complex needs (which can contribute to ambulance handover delays); and pressures in social care delaying discharges and reducing bed availability for patients who needed admitting to hospital.

We have worked with partners in health and social care to make every possible effort to address this and support STHFT to meet the target. This has included initiatives to create greater efficiency and produce more capacity in primary care, such as providing urgent appointments at evenings and weekends through our GP "hubs" to help reduce the number of unnecessary A&E attendances. Our clinicians and managers have worked closely with STHFT to improve performance and also led the system-wide approach for Sheffield through the A&E Delivery Board and the weekly 'Flow Group' which oversees the safe and timely transfer of patients from hospital to other care settings or their homes.

In the later part of the year, we moved the GP out-of-hours service to be based alongside A&E, helping to make sure patients who could be more appropriately treated by a primary care clinician were seen as quickly as possible.

This has been supported with public campaigns around the theme of "Choose Well", signposting members of the public to the right source of information or treatment, ranging from local pharmacies, NHS Choices, 111 and walk in services.

Supporting a sustainable Sheffield

The CCG is a member of the city's Green Commission, which was set up to recommend how to make the city more sustainable. This has developed a blueprint covering four key areas transport and travel; energy efficiency; Sheffield as a green city; and continuous learning about improving sustainability.

We also work as an individual organisation to support these aims in a range of ways.

Our over-arching approach of bringing services closer to people's homes will help to reduce travel and this will also be supported by greater use of technology to deliver care and support to patients in their homes.

We have worked with NHS England to support surveys of primary care premises, which included assessments of energy efficiency ratings, and findings will be used to develop recommendations for improvements. We also continue to support recycling and measures to reduce use of paper in our office

As well as our environmental impact, the CCG has developed a social value strategy, which is a way of thinking about how resources are used and looking at benefits to a community when awarding contracts or delivering a service. Our strategy aims to ensure the contracts we commission not only deliver the required health provision but also help us to contribute to reducing health inequalities in Sheffield by addressing the wider determinants of health.



Productive General Practice

Fifty of our GP practices are taking part in a special programme to help them work as effectively as possible and support the delivery of high quality services to patients.

We successfully secured funding for practices to take part in the Productive General Practice programme, which aims to improve efficiency and release more time to invest in patient care. It also helps practices to develop services to meet local needs and to improve patient experience.

General practices are facing significant pressures, with increasing demand and fewer GPs. Supporting them to manage these challenges and maintain strong primary care services for Sheffield is a priority for the CCG and the

programme helps equip practices with a variety of tools to save both time and money, while improving patient care.

Mill Road Surgery is one of those taking part. Practice Manager Angi Hartley says: "As part of the programme we focused on reception and back office functions, looking at how we can best manage patient related correspondence, such as hospital and physio letters. We reviewed the process to understand what letters the GPs need to see and which ones can just be filed. This was then streamlined, with staff given a protocol to follow and training given to all involved. This has been a great benefit to the practice as staff are working in a uniformed way and GPs only see what they need to, allowing better use of GP time."

Making it all happen: our staff

Our greatest asset is without doubt our superb staff. Throughout a very pressured, fast-paced year, they have remained committed to ensuring people in Sheffield get high quality care that meets their needs.

Supporting staff to carry out their work and deliver the many things asked of them is really important to us and we want to make sure the CCG is a good place to work. We offer a wide range of training and development opportunities for staff at all levels, including coaching skills and programme management training. Our management and leadership training scheme – MALTS – has proved extremely popular and is helping us equip staff with the skills they need to manage people effectively.

Working together

Staff views are hugely important and we have a range of ways to ensure staff are kept up to date on key issues and have chance to influence the way we work. Our Joint Staff Consultative Forum (JSCF) brings together CCG management and trade unions together to discuss initiatives or policies that involve or affect staff. We also have our Staff Forum, with representatives from all our teams, which acts as a sounding board for issues affecting staff, as well as helping to support staff health and wellbeing.

Keeping well

We run a lot of activities to support health and wellbeing, including pilates classes, lunchtime walks, resilience training, trained mental health first aiders, a weight management programme and an annual health and wellbeing month, organised by the Staff Forum.

What our staff say

“The CCG is full of committed and talented people working to improve healthcare in the city.”

The latest results of our annual staff survey highlighted a number of areas where we are performing well as an employer. Staff rated the CCG highly for teamworking, feeling valued and embedding our values into our appraisal system. There were also a number of areas where we didn't score as highly as we would have liked including staff feeling clear about the responsibilities and having enough staff to carry out the work required. We will be working to improve these areas during 2017/18, as well as making sure we build on the strengths identified.



Michelle Oakes

Health Hero

Our very own Business Manager, Michelle Oakes, was named a 'health hero' when she won the Operational Services Support Worker category in the Yorkshire and Humber Our Health Heroes Awards 2016. The regional awards recognise the contribution staff make to the health sector and Michelle was nominated for her work to improve staff health and wellbeing at the CCG. This included working with the Staff Forum to introduce an annual health and wellbeing week for staff.





Getting healthcare in a hurry

More out-of-hours GP appointments have been made available during the year to help people needing urgent healthcare.

Often people turn straight to A&E for help at weekends or evenings, when they could have been treated more quickly by a GP. To help people get the care they need as quickly as possible – and relieve the pressure on A&E - we moved the GP out-of-hours service next to the A&E department at Northern General Hospital. Patients arriving at A&E at weekends or evenings who can be treated by a GP are sent to the service, which means they get the help they need as quickly as possible and A&E can focus on the more seriously ill patients.

We also provided extra out-of-hours GP appointments over the Christmas and Easter periods to help manage demand at these busy times, and also piloted a scheme to offer patients at A&E who need primary care treatment transfers the city centre walk-in-centre.

Improving urgent care services in Sheffield has been a major focus throughout the year, as we set out our aim to simplify the system and make it easier for people to get the help they need as quickly as possible. We worked with practices, providers and the public to develop options for delivering urgent primary care services, which we will be consulting on in 2017/18.

Bridging the divide

Reducing health inequalities is a key priority for us as a CCG. People living in deprived areas in Sheffield experience far poorer health outcomes than those in more affluent neighbourhoods. Within the city there is a healthy life expectancy gap of almost 20 years for men and 25 years for women between the most and the least deprived areas. There are also inequalities relating to mental health, with a difference in life expectancy of 20 years for people with serious mental illness or learning disabilities.

Tackling this challenge is factored into our commissioning approach, and we also work on a range of specific initiatives that aim to reduce health inequalities, in close partnership the Public Health team at Sheffield Council. Some of our key achievements in 2016/17 include:

- Leading Sheffield's 'General Practice at the Deep End' programme, which brings together GPs working in the most deprived parts of the city and local voluntary sector anchor organisations to tackle health inequalities. This work has helped inform our primary care strategy and is shaping the inequalities agendas of our 16 neighbourhoods.
- Expanding the Healthy Start programme to help more families on low incomes (see page 14 for more information)
- Increasing social prescribing across the city to support mental and physical wellbeing.

We will continue to embed health inequalities work through our place-based plan, Shaping Sheffield, which has set out the aim of distributing resources differently to prioritise communities with the greatest needs.

Planning for health and wellbeing

Our Joint Health and Wellbeing Strategy is a five year plan to ensure that local services meet the health and wellbeing needs of Sheffield people. It is based on the evidence of needs assessments and consultation with people in Sheffield. The strategy sets out our plans for improving health and wellbeing in the city. The five main outcomes we are working to achieve are:

- Making Sheffield a healthy and successful city
- Improving health and wellbeing
- Reducing health inequalities
- Making sure people get the help and support they need and feel is right for them
- An innovative and affordable health and wellbeing system that provides good value for money.

The strategy and a summary overview are available at www.sheffield.gov.uk in the Health & Wellbeing Board section.

Health inequalities

Health inequalities are the unfair differences in health between different populations or individuals that are caused by differences in where people live and their social and economic conditions. These factors have a huge impact on people's health and wellbeing, as well as affecting how they use services, with people who are worst off experiencing poorer health and shorter lives. CCGs have a legal duty to have regard to the need to reduce inequalities between patients in access to health services and the outcomes achieved.





A one-off treatment with major benefits

One of the biggest causes of severe vision loss and blindness in people over 60 is Wet Age Related Macular Degeneration. People who have this condition need regular injections of a drug into the eye. Of course this is not pleasant for them and means frequent trips to outpatient clinics, which can be difficult and stressful for some older people. So we have worked with Sheffield Teaching Hospitals to provide Oraya therapy for patients, a one-off treatment which delivers painless, highly targeted, low-energy X-rays to the eye and

reduces the number of eye injections needed. Since introducing Oraya therapy at the end of 2015/16, this has meant up to 45% fewer injections for patients.

The benefits? Fewer injections and attendances at outpatient clinics for patients and a reduction in the use of expensive drugs, which saved more than £250,000 in 2016/17.

Maintaining sound financial health

2016/17 has proved a successful year in terms of compliance with our statutory duty of delivering financial balance against the resources allocated to the CCG by NHS England. Taking both our allocation for programme (commissioned) expenditure and our Running Cost Allowance (RCA) we reported a surplus of £11.6m or 1.4%. As set out in the 2016/17 NHS Planning Guidance, CCGs were required to hold a 1 percent reserve uncommitted from the start of the year, created by setting aside the monies that CCGs were otherwise required to spend non-recurrently. This was intended to be released for investment in Five Year Forward View transformation priorities to the extent that evidence emerged of risks not arising or being effectively mitigated through other means. In the event, the national position across the provider sector has been such that NHS England has been unable to allow CCGs' 1% non-recurrent monies to be spent. Therefore, to comply with this requirement, NHS Sheffield CCG has released its 1% reserve to the bottom line, resulting in an additional surplus for the year of £8.1m (which when added to our planned surplus of £3.5m resulted in a total surplus of £11.6m). This additional surplus will be carried forward for drawdown in future years. The current expectation is that the £8.1m will start to be available for use locally towards the end of the current planning cycle, which extends to 2020/21.

Our programme allocation, which we use to commission health care services for the people of Sheffield was £823m. For the first time in 2016/17 this included c£75m for the CCG to co-commission primary care core services with NHS England.

Our running cost allowance was £12.7m. This is used to fund the commissioning and governance costs and clinical engagement activities of the CCG and its Localities. As a large CCG, Sheffield benefits from economies of scale. The allowance remained similar to the previous year and we were able to maintain our policy of underspending against the RCA, allowing the balance to be spent on patient care. In 2016/17 our actual spend was £11.4 m (£19.79 per head of population).

How did the CCG spend its Programme (Commissioning) Budget?

Overall, we spent an average of £1,388 per person on health care for the people of Sheffield including on primary care through the co-commissioned budget. If the latter is excluded the spend was £1,261 per person compared to £1,253 for 2015/16 on the same calculation basis, which reflects the small increase in funding and a very small change in GP registered population. The table below provides an analysis of how we invested our total resources in 2016/17. It includes spend against external income as well our revenue resources received from NHS England. The distribution is similar to 2015/16 if the figures are adjusted for the primary care co-commissioned budget.

Where did we spend our programme money in 2016/17



The CCG publishes monthly details about any spend that is over £25,000.00. All organisations who provide services over this cost will be listed on this document: www.sheffieldccg.nhs.uk/about-us/spending-over-25k.htm



Mental healthcare close to home

We have been working hard to ensure that people with mental health problems who need inpatient care (a stay in hospital) don't need to go out of the area – and wherever possible don't need to be admitted to hospital at all. Sheffield has a good track record in this area and we have worked with Sheffield Health and Social Care Trust and other partners to continue developing the support people need to be able to get the care they need at home. This has reduced the

demand for inpatient beds in the last year and we have also secured funding to further develop the support and care available in the city for people with complex needs.

The benefits? Stops people being transferred out of the city wherever possible and get care in their own homes when appropriate.

Maintaining sound financial health (continued)

Better Payment Practice Code

This requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The NHS aims to pay at least 95% of invoices within 30 days of receipt, or within agreed contract terms. The CCG has not formally signed up to the payment code but details of our compliance are in the notes to the financial statements and reproduced below.

	2016-17 Number	2016-17 £000	Prior Year Comparator	
			2015-16 Number	2015-16 £000
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	14,714	£206,139	13,168	£107,909
Total Non-NHS Trade Invoices Paid Within Target	14,511	£205,339	13,011	£107,233
% of Non NHS Trade Invoices Paid Within Target	98.62%	99.61%	98.81%	99.37%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	4,179	£563,685	3,447	£574,025
Total NHS Trade Invoices Paid Within Target	4,171	£563,636	3,418	£573,952
Percentage of NHS Trade Invoices Paid Within Target	99.81%	99.99%	99.16%	99.99%

Looking to the Future

CCGs were notified of their financial allocations for the 5 year period 2016/17 – 2020/21 in January 2016 and we have already started to plan for an increasingly challenging financial environment. For 2017/18 the cash uplift to general programme allocation is only 1.6%. This is lower than the national average 2.14% because Sheffield CCG is deemed to have historic funding in excess of its “fair shares” target. In order to deliver a planned surplus of £5.1m (0.7%) as part of an overall financial control total for the five South Yorkshire and Bassetlaw CCGs as part of the new STP arrangements in 2017/18 and to address areas of growth in activity and allow some investment in out of hospital services, the CCG has set itself an efficiency target of over £21 million (2.6%) which is greater than the target set and achieved in 2016/17.

From 2017/18 we will be working more closely with local CCGs as part of the STP arrangements particularly where joint strategic commissioning is required to deliver improvements and changes to services across the local region. At the same time, the CCG will be working with a range of key local partners in Sheffield to deliver the key outcomes set out in our Sheffield Placed Based Plan, which includes ensuring financial sustainability for our local health and care system.

Recognition for our work

An innovative scheme which has changed the way community pharmacists and general practices in Sheffield work together received the GP Partnership of the Year Chemist and Druggist award in 2016.

The scheme, which involves over 70 of the city's 81 general practices, is delivered in partnership with Primary Care Sheffield and supported by Community Pharmacy Sheffield. It brings together community pharmacists and pharmacy technicians with GPs and local practices, enabling pharmacy colleagues to undertake some of the tasks which have otherwise been delivered by a GP.

This has eased the pressure on GP time, releasing them to focus on patients with more complex needs. And, most importantly, it is benefitting patients, making sure they get expert support from pharmacists to improve their care.



Pharmacy boost for primary care



Our fantastic Primary Care Development Nurses

The CCG's specialist nursing team was recognised for their work in the General Practice Awards 2016.

The Primary Care Development Nursing team works closely with GP practices in Sheffield to reduce inequalities in care, improve the quality of long term conditions management and support the reduction of unplanned admissions.

They have specialist skills and knowledge in hypertension, respiratory disease, diabetes, heart disease and stroke, including reducing stroke risk in patients with atrial fibrillation.

The team were finalists in two of the awards categories, for Nursing Team of the Year and Clinical Team of the Year – Respiratory.

Stay Informed

For more information about anything in this report contact us:

 www.sheffieldccg.nhs.uk

 sheccg.comms@nhs.net

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