

NHS Sheffield Clinical Commissioning Group

A summary of our year 2017-2018



NHS Sheffield Clinical Commissioning Group Annual Report 2017-18

Message from Maddy, our Accountable Officer.

This is a special year for the NHS as it marks its 70th anniversary and we thought it would be a great opportunity to celebrate the many good things going on with our partner organisations for the people of Sheffield.

Throughout this report you will find facts and highlights about the CCG, as well as information on what we do, our performance over the last year and the challenges we face. I believe through working with our partners over the last 12 months we are bringing about real benefits for local people.

Developing services in local communities is still a key priority for us. We are continuing to develop our neighbourhood model, whereby GP practices have joined together to form 16 groups across the city in order to make the best and most effective use of our local services.

Primary care services such as your GP practice, community pharmacist and optician are your first point of call. We want to see more services delivered locally to you and will be supporting primary care professionals with training, development and finance to make this happen.



GP receptionists are being trained as Care Navigators helping to steer patients towards the best services to meet their needs. The pilot has been very well received by patients and is currently being rolled out across the city. You can read more about this in the report.

Our Active Support and Recovery Programme aims to provide joined-up services in the heart of each Sheffield community, aiming to prevent avoidable hospital admissions, making sure those patients with ongoing complex health care needs can be supported to live at home and maintain their independence for as long as possible.

In December last year I was proud to open the Sheffield cancer information hub which is a service provided from a market stall in the Moor Market. The aim of the hub is to offer a 'front door' into local cancer services to people who might not access traditional health care services.

The cancer hub is a place where people can pick up information and talk to a friendly, knowledgeable person. It is a non-clinical environment that does not duplicate the support they can get from their GP or clinical team, but instead offers a place to go to for advice and to speak to someone who understands the impact of a cancer diagnosis. It can help the person navigate their way through the different services they might benefit from.

In mental health, the council, CCG and Sheffield Health and Social Care NHS Foundation Trust have started to work in an integrated way, breaking down the traditional commissioner and provider split to work together to plan and deliver services, which is what we are aiming to achieve with the Accountable Care Partnership.

This year we've worked with our partners to provide more support for young people in our city schools, through an innovative approach to emotional well-being and mental health. We also worked together to develop a new suicide prevention strategy for young people and we are delivering more treatment at home for people with mental health problems, instead of in hospital.

I'm proud to say that we are also among the best performers in England, meaning that people in Sheffield have some of the lowest waiting times in the country for elective (planned) treatment.

The main measure of performance for elective (non-urgent) treatment is the incomplete waiting list which measures the numbers of people still waiting for treatment and the length of time they have waited from the date they were referred. At the end of February 2018, 95.6% of Sheffield CCG patients still waiting for treatment had waited less than 18 weeks. This is the best performance in England, with Sheffield patients also having the second lowest average (median) waiting time at 4.6 weeks. You can read more about our performance in the performance analysis section of this report.

Of course, this has been a challenging year financially mainly due to the rising costs of healthcare, an ageing population and we are also seeing a rise in people with long term conditions. We need to make sure we spend every penny wisely and don't spend more than we have available - and this means having to make some difficult decisions.

This makes us work even harder to see how we can continue to reduce waste and be more efficient, as well as looking at different ways of working with some other organisations in the city.

We hope the city will soon start to see the benefits of stronger partnership working and a true team effort to further improve health and well-being for all the people of Sheffield.

Maddy Kniff

HAPPY 70TH BIRTHDAY TO THE NHS

Looking back at general practice



Now we start at 8.30am and usually do a straight 12-hour day. More people are living longer now but often with one or more long-term conditions - there are more interventions we can make now and more medications, some of which require intense monitoring.

Over the years the illnesses and conditions I have seen have also changed. In the early days we used to see a lot of emergency cases such as heart attacks but people know now to call an ambulance.

These days it is also common to see diagnosis of attention deficit hyperactivity disorder (ADHD) in children, whereas when I first started there wasn't any diagnosis of this. One theory is that ADHD itself is not becoming more common, but that we are just more aware of it now and have the skills to recognise it.

When I first started it was remarkable to have a patient reaching 100, but it is not that unusual now. Due to the ageing population, and other lifestyle factors, we are seeing more cancer but as people are more likely to talk about symptoms and go and see a doctor and with more advanced detection and treatment we are seeing an improvement in cancer survival rates.

Mental health diagnosis and treatment has also improved over the years with more talking therapies and effective medication with fewer side effects available. It has always been a feature of general practice but people spoke less about it, particularly men. We still have a way to go and it will be a challenge for us over the coming years.

We've also seen a big change when it comes to smoking. When I first started it was not unusual for some doctors to smoke during consultations! People are much more aware of the health risks of smoking now so it is less prevalent and one of the reasons why people are living longer.

To celebrate the NHS 70th birthday this year our Chair Dr Tim Moorhead talks about the developments he has seen in general practice since he started 20 years ago and how working as a GP has changed over the years. Tim is a GP and Senior Partner at Oughtibridge Surgery.

I think many GPs would agree that the most overwhelming difference to being a GP in 2018 compared to 20 years ago is how much busier it is now. When I first started, a typical day would be doing a morning surgery, finishing at 11am and making my house calls. Then I would go home to spend some time with the children and be back at the practice for evening surgery.

When I started we had more of an extended primary health care team working with health visitors, district nurses, midwives and psychiatric nurses. Because of reorganisations and how fragmented health services have become a lot of this has become lost and is more distant from primary care now.

This is one of the reasons why we have launched our 'neighbourhoods' way of working as it will help us rebuild our teams, as well as addressing the increase in workload.

The single biggest innovation in my time as a GP is the computer which has changed everything we do in primary care including patient records, prescribing and contractual arrangements such as how we are paid. All of this now depends on IT.

Also when I first started, practice management was in its infancy. Now it's essential to have a good practice manager as they oversee everything from running the practice, preparing us for Care Quality Commission inspections to employment law.

For most people the GP practice is their first port of call, and this has always been the same. It's a well-established, trusted model that patients like and rely on and it has been a great success in Sheffield. It's now important that we build on and invest in this.

Finally, there's a much greater awareness now of the cost of care to the tax payer. It's not just doctors and nurses who are aware but patients too. Even though there is more money going into the NHS now than when I started, compared to the increase in need and the additional services we provide, there is just not enough to go round. Because of this we have to keep examining how we spend the money and we have to make sure we spend it in the most effective way.

Tim Moorhead

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HAPPY 70TH BIRTHDAY TO THE NHS

We are NHS Sheffield Clinical Commissioning Group (CCG)

- **Clinical:**
We are made up of GPs and other healthcare professionals who know your health needs and how to meet them.
- **Commissioning:**
On your behalf, we plan, buy and monitor the majority of local health services that you need and use, such as those from hospitals and community services.
- **Group:**
We are an NHS organisation working on behalf of 82 Sheffield GP practices, accountable to you, the taxpayer.

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 well-being 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 well-being 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 organisational aims

- To improve patient experience and access to care.
- To improve the quality and equality of healthcare in Sheffield.
- To work with our partners to continue to reduce health inequalities in Sheffield.
- To ensure there is a sustainable, affordable healthcare system in Sheffield.
- Organisational development to ensure we meet organisational health and capability requirements.

It's impossible to capture all the work we have done at the CCG with our partners and stakeholders across the city but we want to give you a flavour - a quick look-back at some of the achievements of 2017/18.

Sheffield's Springboard Cafés

"I was made very welcome. I love it; it feels like a new start for me, the people are fantastic and make me feel welcome."

Café user from the Parsons Cross Learning Zone.

In collaboration with Sheffield City Council, we supported the launch of three 'Springboard Cafés' across the city. They are designed to help people who are feeling low, isolated, anxious or struggling to manage their mental well-being.

David Luck, Mental Health Commissioning Officer for Sheffield City Council, said:

"Our 'Springboard Cafés' offer a safe and positive place for people with low level mental health conditions to access friendship and support. At the heart of the cafés are trained, volunteer recovery coaches, often with lived experience. Sean is one of these recovery coaches - the cafés moved him from severe depression (which led him to consider suicide), to a place of hope for his future."

Reducing social isolation

We have been working closely with the 'Age Better Programme' in Sheffield, a National Lottery funded initiative, which is helping to reduce social isolation and loneliness for thousands of older people in the city.

Local volunteers are working with isolated and lonely people over the age of 50 and by 2021 we aim to empower over 25,000 people to reduce their social isolation and loneliness.

Social isolation and loneliness are two of the biggest public health challenges facing our society. The National Lottery funded 'Age Better in Sheffield' Programme, led by South Yorkshire Housing Association, has been set up to reduce this by intervening early so people will be less isolated and more actively involved in their communities. Visit the Age Better in Sheffield website www.agebettersheff.co.uk

Putting patients at the heart of decisions

There is a lot of work going on in Sheffield to promote Person Centred Care, which sees patients as equal partners in planning and developing their care. It involves putting patients and their families at the heart of all decisions to make sure the care is the best it can be and fits individual's needs.

We encourage people to think about what really matters to them and using a questionnaire called the 'Patient Activation Measure' we help people to identify their own knowledge, skills and confidence to manage their own health and well-being. This helps us to tailor and adapt our support to meet their individual needs - moving away from a 'one size fits all' approach.

Last year 69 of the city's practices took part in the local scheme aimed at developing this approach. Working with colleagues from across the NHS, voluntary services and social care 17,000 people have benefitted from this approach.

Empowering patients

A new telephone service puts patients through to fully-trained receptionists, who are able to point them towards the best and quickest service for their specific health needs.

Chapelgreen Practice (Burncross Surgery and High Green Health Centre) introduced the new care navigation system for 2017. We provided both online and face-to-face training citywide for staff, and now it is up and running at half of the city's practices.

Through the new system, receptionists are able to advise whether patients can access healthcare directly (through opticians, pharmacies, nurses, family services, support groups etc.) without having to see a GP first. This means that as well as patients receiving the care they need more quickly, the care navigation system aims to

reduce GP waiting times, for when seeing a GP is the appropriate course of action.

Kathy Peasegood, Deputy Manager of Chapelgreen Practice, said:

"We've received a positive response from patients and we are passionate about improving the service based on patient and staff comments as we move forward. One of the most positive outcomes has been building better relationships with patients, who no longer see receptionists as a barrier to accessing healthcare, but as facilitators."



• Care Navigation Champion Melanie Pickering.

A new point of contact for families

Just over a year ago we commissioned a new service for children called a rapid access clinic. The clinic at Sheffield Children's Hospital is a point of contact for GPs when they are concerned about a child, and would like the opportunity for them to be seen by a team that includes a senior general paediatrician.

The rapid access clinic is for conditions that might otherwise have needed seeing on the acute

assessment unit, and would have possibly led to a short stay in hospital. GPs have welcomed the new service where children can be assessed and monitored.

The types of illnesses and conditions they are referred for include non-surgical stomach pain, persistent diarrhoea with weight loss, faints and funny turns. It ensures that children are seen in the right place at the right time by the right health professional.

In many cases, children referred to the clinic do not need to be admitted after they have been assessed and monitored - but it gives their families the reassurance they need. It also helps avoid adding extra pressure onto A&E and unnecessary admissions into hospital.



• Consultant Paediatrician Elizabeth Allison with Ellie May Flather and parents Sharnna and Shawn Flather.



Julie Lingard

Advanced Nurse Practitioner - Dovercourt Surgery & Handsworth Medical Practice

Advanced Nurse Practitioners

Julie Lingard is one of the new Advanced Nurse Practitioners in the city. They are trained to determine exactly what a patient needs (a process called triage), and have the skills and expertise to diagnose and provide treatment where appropriate. They can also refer patients to GP and other services if necessary.

The result of having more Advanced Nurse Practitioners is that people can get the care they need as quickly as possible, often

without having to wait to see a doctor. This also frees up doctors, so they can spend more time with patients who need a greater level of support.

Julie splits her work between Dovercourt Group Practice and Handsworth Medical Practice, making sure her time is well spent and that she helps as many patients as possible.

"Every day is different - I've been nursing a long time, but I'm learning something new every day. A lot of the time, the patients I see I can treat myself, rather than referring on to a GP."

Supporting our practices

Dhaval Shah is one of 16 new Practice Pharmacists in Sheffield. Patients can now get expert advice on taking medication quickly and easily from these Practice Pharmacists, instead of doctors. This is making sure patients get one-to-one support with their medication, with the added benefit of reducing GP waiting room times.

The Practice Pharmacists are based in the GP practices themselves, and can help with all medication queries. They can also keep in touch with patients who have a long term illness or a regular need for advice and information.

Dhaval is passionate about sharing his skills to benefit both patients and GPs:

"Before I started at Sothall Medical Centre, the GPs often didn't go home until 10pm. Introducing Practice Pharmacists like me has increased the variety of skills available, and now doctors are able to go home at a normal time. I think that's a big benefit for everyone in the surgery, as well as for patients. Freeing up doctors' time for more complex appointments is how we see the future."



Dhaval Shah

Practice Pharmacist - Dovercourt Surgery & Sothall Medical Centre



Dawn Russell

Practice Nurse & Nurse Mentor - Birley Health Centre

Developing inspirational mentors

Dawn Russell is one of 20 new Nurse Mentors in the city. The Mentor role involves teaching and supporting student nurses, ensuring that the next generation feel confident in supporting GP practices and delivering excellent patient care. Their role is vital to the future of nursing.

Bringing students into GP practices, Nurse Mentors help them to translate theory into practice, and turn what is learned in the classroom into reality.

They are required to create great relationships with student nurses, empower their learning, and provide a positive space for feedback.

Dawn has found becoming a Nurse Mentor a rewarding and natural addition to her everyday role:

"I do a lot of practical work, and students used to sit in with me anyway. I thought that I might as well become a mentor - I'm already teaching, I'm encouraging, I'm supporting, so I did it."

Thanks to Dawn and her colleagues, GP practices are helping to make sure future nurses are confident in their skills and feel encouraged to get involved in general practice when they graduate.

In your neighbourhoods

The healthcare services in Sheffield are linked to 16 separate neighbourhoods, responsible for developing tailored services to meet the specific needs of the population living within them.

The GP practices in a neighbourhood are the key coordinators of primary health and care needs, and will develop services in partnership with community nursing, social work and voluntary sector groups.

Some of the services developed so far include enhanced case management in the community, promoting digital literacy for people with long term conditions, social prescribing and the 'Dance to Health' scheme, that supports people who are at risk of falling.

There is evidence that these partnerships between primary, community, social and voluntary care groups are creating a year-on-year reduction in inappropriate admissions to hospital. The amount of care delivered comfortably in people's homes is increasing.



• Aesop and Helen Murray.

Dancing to health

'Dance to Health' is a new health and fitness programme for older people, with sessions led by fully trained professionals and tailored to the needs and requirements of those taking part.

Falls are extremely traumatic for older people and the 'Dance to Health' programme helps to prevent

the risk of falling by improving participants' balance and flexibility. Combining evidence based exercise with the creativity and energy of dance, these gentle exercise classes also aim to provide an engaging, sociable way of staying fit and mobile.

After each session there is an opportunity to relax and catch up with other members over a cup of tea. Developed by Aesop, an arts charity and social enterprise, 'Dance to Health' is working in partnership with our CCG and Yorkshire Dance.

DNA Man combats missed appointments

Is it a bird? Is it a plane? No it's DNA Man - Sheffield's very own superhero sent to combat people not turning up for their GP appointments.

Missed appointments cost the NHS money and drive up waiting times for other patients. Staff from Chapelgreen GP practice, together with children from Ecclesfield School, came up with DNA Man as a fun campaign to raise awareness about this important problem that affects all practices from time to time.



DID YOU KNOW - MISSED APPOINTMENTS & THEIR IMPACT

Missed appointments - known as Did Not Attends (DNAs) - waste NHS resources and drive up waiting times for other patients. Below is a snapshot of how missed appointments affect access to GP appointments and patient care in Sheffield. **These figures were taken from just ten practices over a three-month period (Jan-Mar 2018).** For a more accurate representation, we chose practices of varying sizes and demographics.

OVER 90,000 APPOINTMENTS AVAILABLE BUT OVER 5,600 OF THEM MISSED

6,700 HOURS
OF GP TIME
LOST

AVERAGE DNA RATE ACROSS SHEFFIELD PRACTICES: 6 PER CENT



CAN'T MAKE IT? CANCEL IT

REMEMBER...DNAS ARE BAD FOR YOUR HEALTH

Patients with long term health conditions such as asthma or diabetes need regular check ups with a nurse or healthcare assistant. These are often booked well in advance but when forgotten could lead to flare-ups and needing more urgent treatment.

OVER 2,200 HOURS
OF NURSE &
HEALTHCARE
ASSISTANT
TIME LOST

NHS
Sheffield
Clinical Commissioning Group

Early signs show that DNA Man's message of 'Can't make it? Cancel it!' is already having a positive impact so much so that the campaign has gone citywide. Sharing Chapelgreen's hard work to tackle these challenges across all Sheffield practices saves money and means all patients can benefit from better access to local care.



• DNA Man Launch Staff at Chapelgreen Practice, Students at Ecclesfield School, Members of the PPG and School Staff.

Supporting young people

We have helped develop a suicide prevention 'pathway' for young people this year, which establishes better links between child and adolescent mental health services and schools. The pathway has also introduced training for schools, support for those affected, tools for practitioners and a one-stop shop advice and counselling service for young people up to the age of 25.

Dr Steve Thomas, Clinical lead for mental health, Learning Disabilities and Dementia said:

"We recognise how important it is to promote good mental health early in peoples' lives. Providing an easily accessible, safe place to talk and to get help is a vital part of our work with young people."

Keeping patients in their communities

A simple new system has meant around 2,500 patients have been treated in their local community, instead of having to go to hospital.

In seven areas of care, the elective care team 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 interest in that area. It's known as CASES - Clinical Assessment, Services, Education and Support.

Because of their knowledge and interest, the second GP may be able to suggest an alternative treatment, further investigation or confirm that the referral is the best way forward, helping patients get the most appropriate care as quickly as possible.

The best thing about this is that it is clinically led, designed by doctors for doctors, and gives GPs feedback they can use next time they see someone with the same problem.

The benefits we are seeing so far include avoiding unnecessary hospital appointments and reducing avoidable referrals to hospital - so better care for patients and resources better used for your NHS.

HAPPY 70TH BIRTHDAY TO THE NHS



'Pop-up' cancer information hub

This new hub brings together a host of the city's best loved good causes including Age UK Sheffield, Cavendish Cancer Care and the Cancer Support Centre to provide much needed information to customers.

Maddy Ruff, our Accountable Officer said:

"We are delighted to be supporting the pop up cancer information hub. By having it in this busy area of the city centre we hope

it will raise awareness of the services available to people affected by cancer amongst communities that would not typically access them but who face some of the worst experiences of cancer."

The Moor Market innovation was the brainchild of Macmillan Nurse Louise Metcalfe:

"Having the shop at the Moor Market is an ideal place for people to talk about cancer and find out about some of the fantastic services available across Sheffield. People can feel intimidated walking into a GP surgery or hospital

• From left Tony Oxley, Health Walk Leader from Step Out Sheffield, Maddy Ruff, our Accountable Officer, Suzy Chomer from Sheffield Occupational Health Advisory Service and Louise Metcalfe, Macmillan primary care quality lead nurse.

setting and asking for help. Our shop is completely informal and we just want people to pop in for a chat with us while they're picking up their shopping."

Funded by a Macmillan Cancer Bid, the cancer hub aims to empower all patients across the city to live the best lives possible at all stages of their cancer journey.

Coordinating services closer to home

The virtual ward is a team of health, care and community professionals linked to a specific group of GP practices who work together to coordinate care for people in their local community. The core team includes a GP, service coordinator (ward manager), community nursing, community support workers and the voluntary sector.

The team works together to identify the patients in their local community who will benefit from the virtual ward way of working and then identifies the level of care they need for their needs. The work started as a pilot at Dovercourt Practice off City Road, and has been rolled out to another 21 practices in central Sheffield. Working together to support these patients with complex care needs means we can help ensure that they are supported to stay at home wherever possible and avoid the distress of hospital admissions again and again and often for long periods of time.

For a person with complex health conditions, a virtual ward is about better self-care, self-awareness and confidence to handle common flare ups at home. For GP practices, a virtual ward provides a consistent, active approach to caring for people with the most complex medical and social needs in the community, rather than reacting to problems when they happen and at a point where it could lead to multiple hospital admissions. This is good for the patients and good for the NHS.

Did you know?

Sheffield Hallam University and The University of Sheffield medical centres are working in partnership to hold a bi-monthly clinic for students with type 1 diabetes. The clinics bring essential check-ups and tests into the student neighbourhood, making these services easier to get to.

HAPPY 70TH BIRTHDAY TO THE NHS

How we performed in 2017/18

Key successes in 2017/18

- We continue to deliver the 18 week waiting time from referral to first treatment standard, as required by the NHS Constitution.
- We are delivering more treatment at home for people with mental health problems than the target we had planned for (as an alternative to a hospital setting).
- We continue to deliver the standards around the two week wait for suspected cancer (wait from referrals to first appointment).
- NHS England assessed us as a "Good" CCG, based on our performance in the previous year (2016/17).
- There have been no cases of MRSA attributable to the CCG in year, and Sheffield Teaching Hospitals NHS Foundation Trust has maintained a very low number of cases, as well as significantly reducing the number of cases of Clostridium Difficile in the hospital.
- In line with national requirements, we have made significant progress on carrying out assessments for Continuing Health Care outside a hospital setting (evidence shows that where patients are assessed in hospital, this can often give an

inaccurate picture of their ongoing care needs and ability to make progress in rehabilitation after their hospital stay).

Delivering on our performance standards

We are responsible for ensuring that the services we commission (plan, buy and monitor) meet local needs and national standards around quality, safety and access (how long patients wait to be seen and treated). We make sure that we work within the frameworks set out by NHS England, for example the priorities set out for us in the annual Planning Guidance, and the national standards set out in the NHS Constitution.







Quality standards are written into our service specifications and we monitor our providers against these, using our contract processes which follow a nationally agreed format. Our Intelligence and Performance Assurance teams use national and local data sets to monitor activity, achievement of targets and to highlight quality issues. Any concerns regarding performance are addressed with the provider and actions to ensure improvement are agreed and monitored.

Did you know?









NHS Sheffield CCG was awarded a rating of "Good" for the year 2016/17. The CCG was assessed as in the top 25% of performers for a number of indicators, including education support for people newly diagnosed with diabetes, diagnosis of dementia in primary care, providing local care for people with complex mental health problems, patient experience of cancer care, waiting times for hospital treatment and the quality of our leadership.







NHS Constitution

The NHS Constitution sets out a number of pledges to patients about their care. We hold our providers to account on their delivery of these pledges and we work with them to create remedial plans when there are shortfalls. More information is available in our full annual report at www.sheffieldccg.nhs.uk

NHS Constitution Rights and Pledges overview for 2017/18	Did we meet the standard?	Comparison with how we performed in 2016/17	Commentary
Waiting time in Accident and Emergency departments <ul style="list-style-type: none"> • 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. 			<p>Delivery of the A&E waiting time standard for adults at Sheffield Teaching Hospitals NHS Foundation Trust (STH NHS FT) continues to be our most challenging issue (in common with many other communities). The winter period saw high numbers of seriously ill patients presenting at A&E, with complex needs. We have worked closely with the Trust, with primary care and colleagues in the City Council to find "whole system" solutions to ensure patients can access unscheduled care in other settings as alternatives to hospital (eg the primary care "hubs"), as well improving the flow of patients into the hospital from A&E, and timely discharge, which frees up beds for further admissions.</p> <p>Sheffield Children's NHS Foundation Trust has delivered the four hour standard in 2017/18.</p>
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. • No patients wait more than 52 weeks for treatment to start. 	 	 	<p>We remain in a strong position on delivery of this target.</p> <p>A very small number of Sheffield patients (fewer than 10) waited longer than 52 weeks for their treatment; in some cases this may have been partly due to patient choice.</p>

HAPPY 70TH BIRTHDAY TO THE NHS

Diagnostic waiting times <ul style="list-style-type: none"> 99% of patients should wait six weeks or less for their test/s from the date they were referred. 			Unfortunately there have been issues with a small number of diagnostics tests at STH NHS FT which have led to some patients waiting longer than the six-week standard. Some of these problems relate to national staff shortages. We have been working with the Trust to remedy this.
Waiting time for Cancer treatments & diagnostic tests <ul style="list-style-type: none"> There are nine separate waiting time pledges for cancer which address how long patients should wait for various parts of their treatment journey. 			We continue to deliver well on seven out of the nine standards, as per the previous year. There continue to be challenges around the 62 day pathways, which often reflect more complex cases and transfer between providers. We are working with partner CCGs and neighbouring Trusts in South Yorkshire and Bassetlaw to improve performance in this area.
Mental Health <ul style="list-style-type: none"> 95% of patients discharged from psychiatric inpatient care followed up by Mental Health Services within seven days, to ensure that they have appropriate care and support. <p>IN ADDITION TO THE STANDARD ON SEVEN DAY FOLLOW UP, WE ALSO MONITOR FOUR OTHER KEY INDICATORS IN MENTAL HEALTH SERVICES.</p> <ul style="list-style-type: none"> 50% of people referred to the Early Intervention in Psychosis Services should be seen within two weeks. 			Year to date performance in February 2018 was 92.79% compared to the standard of 95%. The CCG's mental health team and Clinical Director are working with Sheffield Health and Social Care NHS Foundation Trust to explore how this can be improved.
			This target has not been met consistently every month this year. Additional investment has been made by the Trust and this will be continued by the CCG in 2018/19, in order to boost capacity in this service. New posts have been created.

<ul style="list-style-type: none"> Proportion of Sheffield's population who are accessing local Improving Access to Psychological Therapies (IAPT) 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. 			Sheffield remains in a strong position on this indicator.
<ul style="list-style-type: none"> 75% of people referred to IAPT should wait six weeks or less until their first appointment; 95% of people should be seen within 12 weeks. 			Sheffield remains in a strong position on these indicators.
<ul style="list-style-type: none"> 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.





We bring the voice to life at our Governing Body meetings which now start with a patient story - an opportunity for us to reflect on the journey some of our residents have experienced during their care. It also helps us continually focus on the patient as we make decisions as a group on behalf of the city.

And as we work more closely in partnership with other organisations, we can collectively look at an individual's needs and understand how we can jointly support them in their lives.

To do this we also need a skilled and knowledgeable workforce both within the CCG and across the wider system, and education and development continues to be an important part of this, and using research and best practice identified at a national level to design high quality services for Sheffield.

Mandy Philbin Chief Nurse

Ensuring high quality care is at the very heart of what we do. We want our city's residents to have a positive experience of care when they need it.

I became a nurse in the mid-1980s and throughout our training it was emphasised how important it was to listen to the patient's needs and to offer appropriate care and support as it was needed.

We collect lots of information to understand the quality of care we deliver but the patient voice has to be paramount. Hearing their experiences, both good and bad, helps us address individual needs and also to plan, buy and monitor high quality services for the city's residents.

Did you know?

Our medicines management team was highly commended in national awards for their patient safety work ensuring the correct use of new blood thinning medication.

For Pete's Sake



'For Pete's Sake!' is a campaign that reminds all NHS staff, no matter what they do, to put themselves in the patient's shoes every step of the way.

Our Continuing Health Care team was inspired to develop the campaign by listening to the experiences of Pete, a father and husband who sadly died in 2016. Pete had multiple sclerosis and in the later stages of his illness used a wide range of local health and care services.

His experiences helped him to identify some simple, small actions that can make significant differences to patients' quality of life. He was passionate about improving experiences for other people and his wife Sue is now campaigning to make this his legacy.



In every care setting 'For Pete's Sake!' calls on health care professionals, commissioners and business support teams to take steps to make sure they're delivering the highest quality support.

Taking the time to listen to patients, thinking about the small things which can make a difference to each individual and using this information to improve experience for patients and carers to make a great difference.

Tackling antibiotic resistance

Health services in Sheffield have reduced the number of antibiotics prescriptions by nearly 12%. The reduction is an effort to combat antibiotics losing their effectiveness, which is happening at an increasing rate.

It is estimated that at least 5,000 deaths are caused every year in England because antibiotics no longer work for some infections, and this figure is set to rise.

Ian Hutchinson, Medicines Management Pharmacist, said:

"To tackle antibiotic resistance, we've worked very hard to minimise the prescribing of antibiotics in situations where the use of them is likely to be of no or limited value. The number of prescribed antibiotic courses has been reduced by over 12% since 2012. This is a healthy reduction, which is in line with overall progress across the rest of the country."



• Health Care Assistant Sahid Ahmed and pharmacist Karen Allison.

Enhancing Care Homes

We have been working with care homes to develop a digital service to measure the health and well-being of elderly residents in care homes.

Using the new service, care home staff will be able to record a resident's nutrition, hydration, mobility, social activity and mental health. They will then be able to use the data at an individual level to monitor a resident's health and well-being. For example, we know that being dehydrated can lead to falls so this is a way of helping to prevent that from happening. By preventing falls or other health problems it can also avoid residents having to go to hospital.



• Care Homes Nurse Azim Awan and CHC Nurse Sue Course.

Did you know?

Our dietitians support care home staff to improve the treatment of malnutrition in care homes and to help staff provide appropriate texture modified diets to those who need them.

Electronic bed system

Working with the council, hospitals and care homes we have developed a new care home bed capacity portal - an online system where care homes can share their bed vacancies with social care teams and hospital discharge teams at the touch of a button. In the past these teams had to call round care homes asking for bed availability.

Now they have the information at their fingertips and can search for the most appropriate bed for the individual. This means that people can get out of hospital quicker, ensuring they get the care they need in the community and freeing up hospital beds for people who need them more.

It will also save staff time, cutting down on unnecessary calls to care homes so the staff can focus on caring for residents instead.

Did you know?

With the support of our patients, this year we have achieved £2.3million in prescribing savings to be invested back in local healthcare provision.

Did you know?

The Primary Care Development Nurse team worked with practices to optimise management of patients with diabetes. This helped to improve blood pressure, cholesterol and blood sugar control.

This was part of a national project run by NHS England. The project included the general population and various community groups including taxi drivers.

• Primary Care Development Nurse Vicki Fiddler.



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Support and advice over the phone

Our Prescription Order Line has expanded this year, and now offers a centralised telephone line for patients registered at 14 GP practices across Sheffield - serving around 130,000 patients. This telephone line allows people to order their repeat prescriptions over the phone, and aims to reduce the amount of unwanted medicines, improve patients' safety and promote health across Sheffield. A recent patient satisfaction survey highlighted that 93% of patients would recommend the service to friends and family.

In October, the team achieved another milestone for the service by managing over 125,000 calls since the service started in April 2016. Support Assistant Lizzie Hilbert said:

Safeguarding

It can be a difficult topic to talk about, but our safeguarding team undertakes the important task of ensuring standards of care are met throughout the group and the wider health community.

They advise colleagues and safeguarding boards around child and adult protection, and have also expanded their support into the areas of domestic abuse, Prevent (safeguarding people and communities from the threat of terrorism), modern slavery and human trafficking.

The team has also trained lots of staff, running two hugely successful events with over 400 colleagues from GP practices attending. They've provided advice and support to manage cases, both within the organisation and outside - including working with banks.

"As a team we feel really proud to have achieved this milestone, and to have given all these patients a quality service."

A team effort for Sheffield

We know we are stronger together - and this is key for the future development of health and social care services for the people of Sheffield. We work closely with our partners and are constantly working hard to break down barriers and team up wherever we can for our city.

NHS70 One person, one team, one health and care system

The NHS is adapting to profound shifts in patterns of ill-health

People are living longer than ever

There are half a million more people aged over 75 than there were in 2010 - and there will be two million more in ten years' time.



People spend more years in ill health

Between 2015 and 2035, the numbers of older people with 4 or more diseases will double and a 1/3 of these will have mental ill health



There is almost a 20 year difference in healthy life expectancy for people living in the most deprived areas



51.9 years in the most deprived areas compared to 70.4 in the least deprived areas



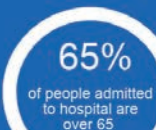
51.8 years in the most deprived areas compared to 70.7 in the least deprived areas

Almost two thirds of outpatient appointments and 7 out of 10 inpatient bed days are as a result of a long-term condition



£7 out of every £10

of total health and care spending in England is spent on long-term conditions



A person over 80 who spends more than 10 days in hospital will lose 10% muscle mass



That's equivalent to 10 years of aging

To be great in future the health and care system needs to be:

- JOINED UP, not fragmented, on caring for people with multiple and long-term conditions
- PROACTIVE, not passive, on preventing illness
- EMPOWERING, not paternalistic, on helping people look after themselves

Each person will need support from health and care professionals that act as one team and work for organisations that behave as one system

This is why the NHS in England is making the biggest national move to integrate care of any major western country. For further information visit www.england.nhs.uk/systemchange

#futureNHS

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Accountable Care Partnership

Partnership working is well developed in Sheffield across the six organisations involved in providing and commissioning health and care services. In 2017 this was further enhanced through the establishment of the Accountable Care Partnership Programme Board. All partners have signed up to a vision of:

"Improving the health and well-being of Sheffield's residents through the promotion of a health and well-being culture in all we do and the development and delivery of a world class health care system."

The Accountable Care Partnership for Sheffield aims to deliver improved health and care outcomes, improved health and well-being and close the financial and efficiency gap across the Sheffield system. Underpinning these aims are the following ambitions:

- To support tangible improvements in local health and well-being.
- To tackle persistent health inequalities.
- To ensure the sustainability of the Sheffield care economy.
- To support a happy, motivated and high-performing workforce.
- To improve public engagement and empowerment.

Getting hospital patients home

We have worked with partners in the city to tackle the issue of delayed transfers of care - this is when patients are still in hospital when they don't need to be, but can't get home or into social care for a variety of reasons. This isn't good for the patient, their family or for the NHS. Jointly, the CCG has looked at the reasons behind the delays and developed systems to make sure big improvements are made. This has moved everyone away from working as separate teams in organisations, and towards working as a single team to get the right solutions for patients.

It is thanks to many dedicated staff from across our CCG, Sheffield City Council, Sheffield Teaching Hospitals NHS Foundation Trust, and Sheffield Health and Social Care NHS Foundation Trust that this important work has begun, and is ongoing:

there's still more to do.

Reducing health inequality

Did you know?

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.

Reducing health inequalities is one of our main priorities. We work on a range of specific initiatives that aim to reduce health inequalities, in close partnership the Public Health team at Sheffield City Council. Some of our key achievements in 2017/18 include:

- The development and maturity of our 16 neighbourhoods which supports a more targeted local approach according to need.
- Continued investment in social prescribing across the city to support well-being.

- Significant investment for Improving Access to Psychological Therapies (talking therapies) leading to a new health and well-being service helping people manage their long term conditions or ongoing physical symptoms, alongside stress, anxiety and depression. It's provided in primary care clinics in areas of high prevalence and demand and people can self-refer to the service.



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Health and well-being strategy

Our Joint Health and Well-being Strategy is a five-year plan to ensure that local services meet the health and well-being needs of Sheffield people. The strategy sets out our plans for improving health and well-being in the city. The five main outcomes we are working to achieve are:

- Making Sheffield a healthy and successful city.
- Improving health and well-being.
- 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 well-being system that provides good value for money.

The strategy and a summary overview are available at www.sheffield.gov.uk in the Health and Well-being Board section.

Accountable Care System

We are a partner in Health and Care Working Together in South Yorkshire and Bassetlaw, developed from the previous Sustainability and Transformation Partnership, which in June 2017 was named as one of the first Accountable Care Systems in the country. As a partnership of 25 organisations, we are responsible for looking after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

Working together, the local ambition is to be better able to join up GPs and hospitals, physical and mental healthcare, social care and the NHS to give patients seamless care. Through partnership working, we all aim to make real and long-lasting improvements to the health of local people which individuals and organisations working alone would not be able to achieve.

From April 2018 the newly named Integrated Care System will begin to operate as a Shadow ICS, which means taking on additional responsibilities from NHS England and NHS Improvement around local system performance and transformation indicators.

Our staff

Keeping healthy and well

We are committed to staff health and well-being and run a number of activities to support this, including a lunchtime pilates class, mental health first aiders, mindfulness sessions and an annual health and well-being week, organised by our Staff Forum.

Did you know?

165 of our staff had their annual flu jab this winter protecting themselves, their families and their patients against the illness. It is important that as many staff as possible are protected against the virus, to reduce staff sickness and to make us as productive - and protect others.



• Flu fighter Lisa Lowe.

Supporting Student Nurses

Our Continuing Health Care Team Leader Diane Holley and her colleagues have received awards for inspirational mentoring this year. As part of their Annual Mentor Conference, Sheffield Hallam University asked current students and academics to nominate inspirational, outstanding and supportive mentors from within their placements and departments.

Diane was selected as Inspirational Mentor for her work creating great relationships with student nurses, encouraging their learning and providing good feedback and leadership. The Continuing Health Care team also received an Inspirational Award for their work mentoring students as a whole.



• Diane Holley (left) receives the award from Jo Benn, Deputy Head for Nursing and Midwifery.

Nurse Practitioner at Birley Health Centre, Sarah Newton, won the 2018 Yorkshire and the Humber Nurse Mentor of the Year award. Presented by NHS England, the award recognises the vital contributions of practice nurses to training and educating the future workforce.



HAPPY 70TH BIRTHDAY TO THE NHS



Celebrating staff on the front line

Infection, Prevention and Control Nurse Lisa Renshaw was invited down to Buckingham Palace in March. The reception, held in the presence of HRH The Prince of Wales, celebrated and recognised the everyday work of nursing staff.

The Prince of Wales praised the “unsung and unseen” hard work of Lisa and her colleagues who are engaged in front line nursing across the country.

Developing innovation for Primary Care

Our Prescription Order Line (POL) team received accolades for their work at The Association of Pharmacy Technicians National Conference in July. The conference offers the opportunity for hospital trusts, community pharmacies and CCG pharmacy technicians to display new, innovative ideas that they have implemented.

The POL team presented information on the telephone line’s success in reducing the amount of medicines waste across the city and in supporting patients to get the best outcomes from their medicines.

Working with our local communities

- Development Nurse Collette McDermott at the Breathe Easy patient group.



Did you know?



During the year, we set up a new committee of our Governing Body to strengthen our approach to engagement and demonstrate our commitment to ensuring the voice of patients, carers and the public is integral to our decision-making.

Did you know?

Our Governing Body lay members have a lead role in championing patient and public involvement.

Working with patients and local people is a central part of the way we commission services and essential to make sure we understand and meet the needs of everyone living in Sheffield. We use a wide variety of ways to work with our local communities and make sure they have chance to influence our work.

Our Strategic Patient Engagement, Experience and Equality Committee (SPEEC) is responsible for overseeing work in these important areas and assuring not only that we are carrying out our statutory duties to a high standard but that we are responding effectively to the feedback we receive and using this to inform and influence our commissioning.

As well as senior executives and Governing Body members, the committee includes representatives from Healthwatch, Sheffield Council and two members of the public.

During the last year, we have worked with people in Sheffield on a wide range of issues and service areas.

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Below is a quick overview to show the difference this is making and how local people are helping to shape the city's health services.

Cancer services - Our recently opened cancer information at the Moor Market has shown us there are other areas where we can do more - including providing more information for carers associated with palliative care and end of life services. The hub has also had requests from the homeless which has led to us working with the Archer Project to identify accommodation for the homeless who are undergoing palliative treatment.

Work with the 'hard to reach' groups has led to the setting up of a social movement project in Sheffield where we are trying to recruit 3,500 volunteers from those hard to reach communities to educate communities on screening and early warning signs.

We are responding to patients' needs to have follow ups closer to home by implementing monitoring of prostate, breast and colorectal cancer in the community so that they do not need to attend hospital.

Sheffield's demographic data has shown significant inequalities across different communities particularly in relation to late presentation with cancer symptoms and low uptake of screening services. In order to rectify this, a range of events have been organised to raise

awareness of cancer and to support people and carers living with and beyond cancer to try to engage those communities most at risk, such as hard to reach groups.

Children's short-breaks (respite) - Extensive work was carried out with families of children with complex healthcare needs during the year to understand their needs and consider how we could improve services. Their views informed the development of options to make services fairer, easier to access and more flexible, which were consulted on during February and March.

Hospital Services Review - We supported engagement work for the South Yorkshire and Bassetlaw hospital services review, ensuring that people in Sheffield had the opportunity to give their views and help shape plans for the future delivery of the region's hospital services. More information about this can be found at www.healthandcaredtogethersyb.co.uk

Adult short breaks - Along with Sheffield City Council we have been working with families and carers of patients using short break services to develop a clear and consistent approach to allocating short breaks and make sure that we are using the resources we have in the best way to meet people's needs. Feedback from families is being used to develop a city-wide policy and consider any improvements that could be made to the services offered.

Renal patient transport procurement - Two members of the public were trained and supported to take part in the procurement, including assessing the bids from possible providers and being part of the decision making team.

Delivering our priorities under financial pressure - We involved people in discussions around the financial challenges we face and approaches to managing them. This provided valuable information to help Governing Body members decide on the best approach to take.

Find out more in our full annual report and accounts at www.sheffielddccc.nhs.uk

Consultations

Where we have looked at making changes to services, we have run formal consultations to get people's views on the proposals and make sure we fully understand the impact any changes would have on different communities.

Urgent care - We consulted on proposals to improve urgent care services in the city between 26 September and 31 January. A wide range of activities took place to give people opportunity to contribute their views, including public meetings, drop in sessions at local libraries and we reviewed response rates on a weekly basis to identify and target any communities that we weren't hearing from. The consultation succeeded in generating an excellent response rate of over 4,000 responses. All the feedback has been independently analysed to identify key themes and is being carefully considered to ensure that we find the best solution for delivering urgent care services in Sheffield.



Gluten-free prescribing - We ran a public consultation on proposed guidelines to suspend the prescribing of gluten-free products for adults. In response to comments about improving availability of advice and information for people with coeliac disease, a number of actions were also identified and agreed to ensure that people with coeliac disease and those newly diagnosed have access to a range of advice and support.

Children's short-breaks (respite) - We consulted on proposals to improve short break services for children with complex health needs. This was primarily targeting those currently using the services and those who might be eligible to use them in the future and we worked with the carer's forum to help get families' views on the proposals. At the time of writing, feedback was being analysed and will be used to inform the decision as to whether the proposals should go ahead.

Helping to give people a voice Hearing from all our communities

"Thank you for the opportunity to get voices and needs of refugees heard and reflected in your commissioning process, it feels like a real privilege to have that access for these clients."
The Refugee Council

A key focus of our engagement work this year has been reaching diverse groups across Sheffield to ensure that the voices of our most vulnerable communities are heard in our commissioning. This has been made possible by working with specialist groups across the city, including The Cathedral Archer Project, the Deaf Advice team, Sheffield Talking News, Roshni Sheffield, the Chinese Community Centre and the Refugee Council.

We are very grateful for their support and for helping us make sure that people from all our communities have the opportunity to give their

HAPPY 70TH BIRTHDAY TO THE NHS

views, which has helped make a number of improvements to services we commission and to make sure we have a better understanding of people's needs across the city.

Patient Participation Groups (PPG) network

- We have continued to run our network for members of GP patient groups to help them to share learning and ideas for supporting their practices. Meetings also focus on work we are doing and gives PPGs an opportunity to be more involved.

Our amazing volunteers - We have a number of volunteers, who kindly give their time to work on specific projects or serve on committees. During the year, they contributed over 250 hours of their time to making sure the views of local people are represented - an amazing contribution, which we really appreciate.

Community conversation group

- The 'conversation' group we set up with graduates from the Introduction to Community Development and Health course run by Sheffield City Council has continued to meet to share their experiences of how other aspects of life has impacted on their health and discuss key topics affecting healthcare services in Sheffield. The group provides a direct link with many of Sheffield's communities to help facilitate discussions on health and local health services.

The voice of young people! - Our annual public meeting focused on children and young people - 'the future of Sheffield' and students from Sheffield College and Chilypep (The Children and Young People's Empowerment Project) grilled our Governing Body about key issues for them. We also heard directly from Chilypep about some of the work they are doing with us and what they feel is important for young people in Sheffield as we look at the future of healthcare for our next generation.

Supporting volunteers - We continued to work closely with Voluntary Action Sheffield and other partners to influence the development of the city-wide volunteering strategy. This aims to provide a platform to encourage individuals, communities and organisations to realise the benefits of volunteering and strengthen the approach across Sheffield.

And finally... 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. Hopefully the information in this section shows what a difference your involvement makes and how it's helping us to get services right for people in Sheffield.

If you would like to find out more about what the CCG does or get involved in our work, we'd love to hear from you. Our Involve Me network has 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. Contact us at sheccg.engagementactivity@nhs.net to join or find out more.

Taking different needs into account - Equality and diversity considerations form a key part of our commissioning. 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 part of our commitment to reducing health inequalities.

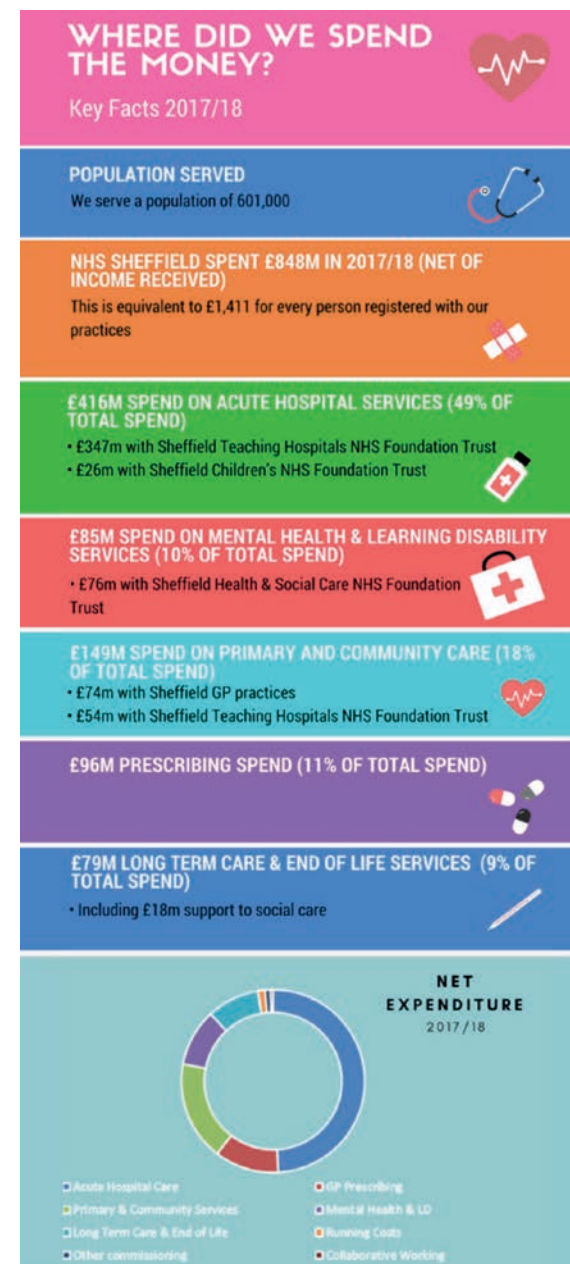
We carry out equality impact assessments on our plans and policies to make sure all communities and groups of people have been considered. This also informs our engagement work, helping us to tailor our activities to hear from all communities across Sheffield, including those most likely to be impacted by specific plans. We also provide training for our staff to help make sure everyone understands our equality duties and the diversity of our local population, and chair the Sheffield Equality Engagement Group, which supports local NHS organisations to meet their equality duties.

In line with our statutory duties, we publish equality information annually, demonstrating how we have met our duties in regard to both our staff and the Sheffield population. This is available on our website, along with the equality objectives that we are working towards. www.sheffieldccg.nhs.uk/our-information/equality.htm

Tell us about it! - When we do something well or could do something better, we want to hear about it. If something has gone wrong or you are unhappy about your care, you can contact us to raise your concerns or to make a formal complaint. Equally, please do let us know when things go really well so we can learn from your good experiences too to help us commission services that meet your needs.

Finances at a glance

Here's a snapshot - for our full detailed annual accounts please go to www.sheffieldccg.nhs.uk



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Our full annual report and accounts is available at
www.sheffieldccg.nhs.uk

If you need this report in a different language, audio, large print
or braille, please email us at
sheccg.comms@nhs.net or call 0114 305 1088

