



ACP Director Report

Sheffield Accountable Care Partnership (ACP)

ACP Board January 2020

Author(s)	Mark Tuckett
Sponsor	Kirsten Major
1. Purpose	
<ul style="list-style-type: none"> • To provide headlines about strategic developments relevant to the partnership and the ACP programme of work • To highlight issues and risks escalated from the ACP workstream Boards which require decisions / actions by EDG • To provide an overview of other key ACP Programme Activities of interest to the Group • To also consolidate a number of other items, including the ACP performance and finance updates 	
2. Is your report for Approval / Consideration / Noting	
For noting / action	
3. Recommendations / Action Required by Accountable Care Partnership	
Key actions required: <ul style="list-style-type: none"> • Agree actions noted in workstream escalation section of the report (section 2) • Note and raise any questions regarding the system performance report, and the finance update 	
Are there any Resource Implications (including Financial, Staffing etc.)?	
N/A	

Summary ACP Director Report

January 2020

1. Strategic Update

Integrated model of care

There was a discussion at EDG on 18th December about how to take forward the **integrated model of care work** that was started in late 2018 and into early 2019.

There is a consensus that the work done earlier this year took us a long way towards describing an overall model of care, and particularly helpfully, had substantial clinical involvement throughout. It is also recognised that further work can now be done to both a) broaden this into a more over-arching model of care, and doing this with input from other organisations and parts of the health and care system; and b) add detail about work that is already happening in support of this model of care. These two strands of work will help us to identify and celebrate some of the successes of what's happening in Sheffield; and also identify particular elements where the ACP could most helpfully be supportive to accelerate and scale work happening in Sheffield, or introduce new aspects of a more integrated model of care.

As we seek to broaden the model, and the input and ownership, this work will involve discussions with a wide range of people; several workstreams of the ACP, and groups outside of the ACP, over the next 3-6 months. It will be a key focus for the ACP core team, and the Executive Delivery Group.

Workforce

Following ACP Board approval of the system workforce strategy in October, the Workforce and OD Transformation Board are on track with establishing a series of workstreams to implement the strategy. These are planned to be up and running in January, with their first task to develop a comprehensive implementation plan with associated metrics. In addition to the workforce strategy, we need to be mindful that there are a number of other critical workforce connections and priorities with areas such as the Mental Health and Primary Care workstreams, to ensure a cohesive approach to workforce without duplication or gaps in the system.

The second cohort of *Leading Sheffield* concluded in November, with excellent feedback from participants and a range of guests who attended the '*Landing Event*', where each of the Challenge Groups presented back their learning and recommendations. Invitations were extended (and accepted) to contribute to a number of existing system-wide groups.

The NHS Leadership Academy has confirmed that they will fund 4 cohorts of 'Collaborate'; the front-line system leadership programme aligned with Leading Sheffield delivered through community organisations.

Communications and website

The ACP website launched in December and is accessible at <https://www.sheffieldacp.org.uk>. This is a publicly accessible site, and so interested members of the public will be able to understand what we are doing across the ACP. It is also where we publish our Shaping Sheffield strategy. In addition to some public interest, we expect that a larger proportion of people using the site will be people who are already working in our health and care organisations, and probably also people with some involvement in the ACP. It will allow us to communicate what is happening in different parts of the ACP (for instance, the focus of different workstreams); and can form part of our work to improve connections between different parts of the ACP, and the health and care system more generally.

Meetings

- **Quarterly ICS review meeting** took place in November: There were some organisational specific discussions about urgent and emergency care; elective care, RTT, and waiting lists; mental health core standards; and a longer and positive discussion about the development of primary care and PCNs in Sheffield.
- **The King's Fund (Director of Policy) and Nuffield Trust (Chief Executive) visited Sheffield on 16 January 2020** – they had a busy day and a wide-ranging set of discussions. We presented a good account of the breadth of activity that is happening across Sheffield; outlined ambition and future developments in a number of areas; and were frank about some of the challenges, including with the implementation of national policy. We intend to continue discussion with both organisations, and to welcome their reflections and feedback.
- **An LGA facilitated discussion about system integration, flow, intermediate care** – provided a helpful opportunity clarify the relationships, responsibilities and distinctions between i) work to address and mitigate in-year winter pressures at the interface between health and social care; ii) work to identify what needs to be in place at the start of the 2020/21 financial year to ensure a sustainable position on delayed transfers of care; and, iii) work to develop a longer term approach on intermediate care.

Reports, publications

The Nuffield Trust published a helpful, relevant, and short report on Evaluating Integrated Care – available at <https://tinyurl.com/t3ftheb>

Team news

Esme Harvard has joined as Project Support Officer in the core ACP team; and Ellen Foley will be joining as Business Manager in early February

2. Workstream Board updates and escalations

Workstream	Escalated Item	Action Required
Elective	<p>Skin work is progressing well and a work plan has developed for Neurology with good engagement</p> <p>Agreement to hold a workshop in February to align working aims and objectives across the city</p>	None
Urgent and Emergency Care	<p>The social marketing campaign (to improve access and understanding of urgent care services) launches on Monday 20th January and to note the need for longer term financial commitment from ACP partners to fund the campaign post May</p> <p>All partners agreed to collectively agree and then share a set of common flu messages for Sheffield for 20/21 (so all providers promote public as well as staff messages about flu vacs),</p> <p>To note the Urgent and Emergency Care Board discussed priorities and agreed will aim to sign off the priorities and 20/21 deliverables in February 2020</p>	To note updates and consider future financial commitment to fund social media campaign post May 2020
Ageing Well	<p>Intermediate care requires analytical support to bring together multiple sources of data to inform this specification and this has been highlighted as a current gap. An outline of the support required will be submitted to the Ageing Well Board on the 21st of January for consideration. EDG to note that each work stream has started to highlight the need for analytical support and data intelligence to inform decisions and provide based line data to measure change and success. We realise this will have resource implications and aim to quantify the 'ask' for each work stream in the next few months.</p>	To Note

All Age Mental Health	<p>The Mental Health Transformation Programme has been genuinely welcomed by Primary Care. Concern about how the recurrent funding to expand across the whole city has been raised and the associated impact for Primary Care resilience if, after the patient expectation is changed, the longer term funding is not aligned. The programme is intending expand across additional networks within the life of the 'pilot period and NHSE are expected to reassess recurrent funding levels based on findings from the next two years.</p>	<p>EDG is asked to consider the future recurrent funding implications if current funding allocation is not deemed sufficient at the end of the two years.</p>
Primary care and PHM	<p>New Specifications to the Primary Care Network DES were issued in December 2019. The areas of concentration are relevant to the Primary Care Strategy and fit well with the ACP priorities and programmes. However, there are massive implications for General Practice regarding the workload in these contracts and there is an inherent risk that the contract is undeliverable. As such, there is a concern that practices will not sign the PCN DES contract for year 2.</p> <p>EDG are asked to note the implications of our streams of work which are built around the PCN infrastructure including the Neighbourhood transformation programmes, Mental Health transformation programme, additional workforce roles, strategic direction and Clinical Director leadership.</p> <p>Formal feedback has been sent to NHSE and the GPC and are contributing to the ICS collated response.</p>	<p>To note</p>

<p>Starting well (Children and Maternity)</p>	<p>The Inclusion Strategy for Sheffield is currently out for consultation. The closing date is 26th January and you can find a copy of the draft strategy and consultation documents here: http://www.sheffield.gov.uk/home/schools-childcare/inclusion-consultation.html .</p> <p>EDG members are asked to ensure their respective organisations are sighted on the SEND and inclusion action plans where a system response is essential. EDG are also asked to ensure their organisations respond to the consultation</p> <p>Mental health transitions work is owned and led through the mental health and LD/Dementia Transformation Board. However, no one group in the city that is taking a lead and responsibility for improving transition pathways across education, health and social care. It would be helpful if EDG could consider where the remit would sit to ensure action on this.</p> <p>There continues to be challenges relating to increased demand for emotional wellbeing and mental health services. There is a requirement for LA, CCG and NHSE to work collaboratively and flexibly to meet the needs of vulnerable and complex cases</p>	<p>Members are asked to ensure their organisations respond to the inclusion strategy consultation and contribute to the system response to the SEND implementation plan</p> <p>EDG is asked to consider ownership and appropriate lead for the transitions work</p> <p>To note</p>
<p>Workforce and OD</p>	<p>The potential for duplication with ICS activity remains a risk. We have established close links with the ICS workforce hub and have several standing items on the Workforce and OD Board agendas to mitigate this. With the crossover of membership between ACP and ICS meetings we urge all those attending ICS meetings to ensure that feedback is passed back to the ACP about workforce activities in the ICS, and vice versa.</p>	<p>To note</p>

Prevention	No items forwarded for escalation	None
Pharmacy Transformation	<p>Ongoing risk of closures of community pharmacies leading to destabilisation of local supply of medicines to people. Update already gone to Primary care board and CCG execs about the risks. Need EDG to ensure that the role of medicines professionals within the system is considered and use the pharmacy group for advice.</p> <p>SYB ICS are establishing a sharing bank staff for pharmacy, building on the established bank for nurses linked to NHS professionals who will directly employ people if there is sufficient demand. SHSC currently do not use NHS Professionals and are looking into this to enable the whole system to benefit and increase system resilience</p>	<p>EDG to note</p> <p>To Note</p>
Communications and Engagement	No items forwarded for escalation	None
Finance	<p>Links to the digital workstream and support to the development of the OBC/FBC for the Sheffield Care Record have been made</p> <p>Links to the ICS to understand the opportunities for Transformation funding to support ACP objectives/financial plans are improving</p> <p>Agreed work to be undertaken to support network of finance staff across organisations – development opportunities.</p> <p>Development of single, simple narrative of the place financial challenge and the expected contributions from workstreams is under development. The Directors of Finance have identified that there is a risk that a lack of ownership of the system financial challenge will limit the ability of the ACP to deliver its overarching objectives.</p>	EDG asked to note the highlighted risk in relation to ownership of the financial challenge and support the dissemination of the narrative (once available) and the ownership within the different workstreams

<p>Digital</p>	<p>The Shared Care Record Programme has progressed well since EDG endorsement of the SOC. Agreement at Digital Delivery Board to hold a workshop for reviewing 2015/16 local digital roadmap to align city wide objectives to the Boards work.</p> <p>The Digital Delivery Board has agreed in principle to use monies available this financial year to test/expand the use of the existing STH portal to primary care (and potentially other sectors) with an additional 250 licenced users. A proposal for this investment has been shared with the Directors of Finance for consideration.</p> <p>EDG are asked to consider the ongoing programme management resource needed to support the Digital Workstream (including but not exclusive to the programme management of the development of the shared care record). Current funding</p> <p>EDG members are asked for their support in conveying their endorsement of the Shared Care Record strategic aims to their organisational executive teams to filter down within the organisation. This would help with the requests for information and participation, and also help with discussions with finance leads.</p>	<p>To note</p> <p>To note the proposed expansion of the STH sharing portal to primary care and other settings</p> <p>EDG Members are asked to convey their endorsement of the Shared Care Record strategic aims to action in own organisational Executive Teams</p>
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ACP Progress Report

Sheffield Accountable Care Partnership Board

January 2020

Author(s):	Kathryn Robertshaw (ACP Deputy Director for Delivery)
Sponsor :	Mark Tuckett (Director Sheffield ACP)
4. Purpose	
<ul style="list-style-type: none"> a. To provide a detailed assessment of progress against the agreed indicators and measures b. To improve understanding and awareness around key system themes and related experiences 	
5. Introduction / Background	
<p>In order to determine whether the ACP has achieved its vision and has had the intended impact on the wider health population of the people of Sheffield, a set of key progress indicators were developed. The process included a consultation with representatives from all of the ACP workstreams as well as each of the partner organisations on the proposed indicators and the development of the dashboard. These key indicators are measured against local or national targets, or if no target has been set then the indicator is compared against the national figure. Information on targets can be seen in the glossary.</p> <p>The development of this progress report continues as we work to obtain measures for the remaining areas and the individual workstream outcome measures are finalised.</p>	
6. Is your report for Approval / Consideration / Noting	
For noting	
7. Recommendations / Action Required by Accountable Care Partnership	
<p>The Board is asked to:</p> <ul style="list-style-type: none"> a. Receive the Integrated Progress Report for January 2020. b. Note the progress standards that are being achieved and the areas highlighted in the executive summary as areas requiring attention 	
8. Other Headings	
N/A	
9. Are there any Resource Implications (including Financial, Staffing etc)?	
N/A	

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1.17 Suicide rate	10	6.1 Children's & Maternity	TBC
1.18 Alcohol specific deaths	10	6.2 Community, Wellbeing & Social Value	TBC
2.0 Health & Care Outcomes - Service Users	11	6.3 Elective Care	TBC
2.1 A&E 4 hour wait	11	6.4 Long Term Conditions	TBC
		6.5 Mental Health & Learning Disability	TBC
2.2 A&E Attendances	11	6.6 Primary Care	TBC
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Executive Summary

Areas Performing Well

The following areas and measures are performing well:

- a. The upward trend in the **number of admissions to care homes**, seen over 2018/19 has shown a reversal in the last quarter and remains below target.
- b. **Good work continues on DTOC** with the number of delayed patients being below the target at the time of the report (despite difficult period over Christmas. Worth noting the comparison with number of delayed bed days compared to 2018/19 in section 2.4.1. (54.8 % improved)

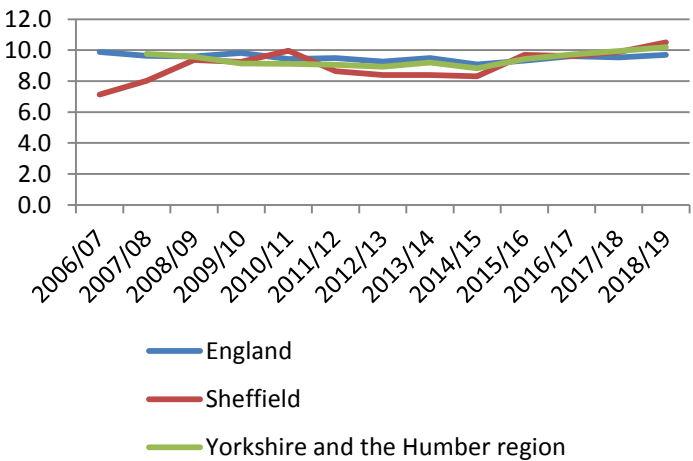
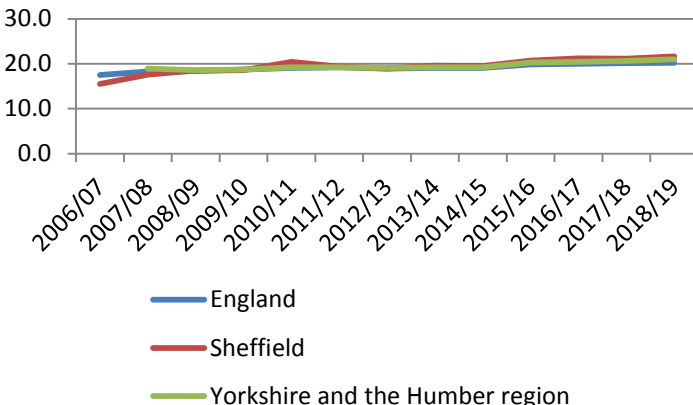
Areas Requiring Attention

The key areas and measures requiring attention are:

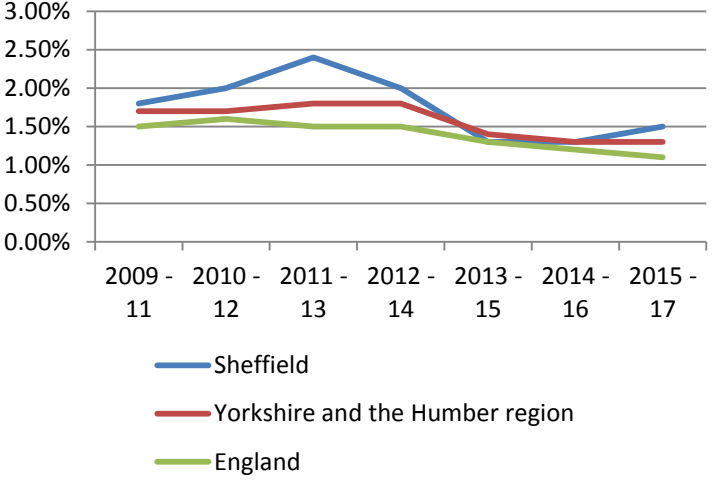
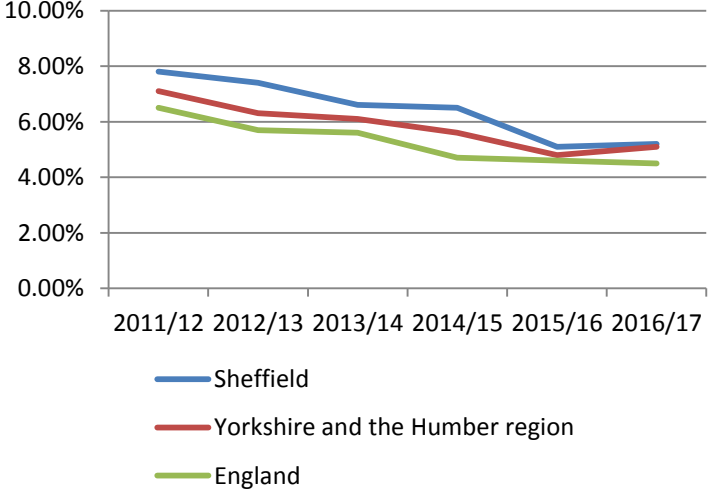
- a. **A&E four hour waits** continue to remain consistently below target at STH with the current (December) position worse than the previous two years at the same point. SCH which normally achieves the four hour wait dropped below the target for the first time (in the span of this report) in November 2019.
- b. There has been a marked increase in **Children's A&E attendances** since the last quarter, with an unusually high number (over 6000) in Nov 2019 which is between 600-700 higher than the previous two Novembers.
- c. The percentage of patients starting treatment within **18 weeks of referral** continues to show a downward trend for Sheffield Children's Hospital, Sheffield Teaching Hospitals are also beginning to show a worsening position but remain above the national target.

Metric Description	Sheffield Position	Regional Position (Y&H)	National Position	Trend	Comments & Actions
<div>1.1 Under 18 Conception</div> <p>Rate of conceptions per 1,000 females aged 15-17 in Sheffield.</p> <p>Workstream: Starting & Developing Well</p>	18.0	20.6	17.8	<p>Sheffield</p> <p>Yorkshire and the Humber region</p> <p>England</p>	Conception rates in 15-17 year olds nationally has reduced year on year since 2007. Conception rates in Sheffield have also been reducing but remained higher than the national average. In 2017 these were only slightly greater than the national average with no significant difference.
<div>1.2 Infant Mortality</div> <p>Rate of deaths in infants aged under 1 year per 1,000 live births in Sheffield.</p> <p>Workstream: Starting & Developing Well</p>	4.85	4.12	3.92	<p>Sheffield</p> <p>Region (Y&H)</p> <p>England</p>	Rate of deaths in infants in Sheffield is higher than the regional and national figures. Rates in Sheffield fluctuate and although did decrease from 2014-16 to 2015-17 still higher than preceding 3 reporting periods.
Metric Description	Sheffield Position	Regional Position (Y&H)	National Position	Trend	Comments & Actions

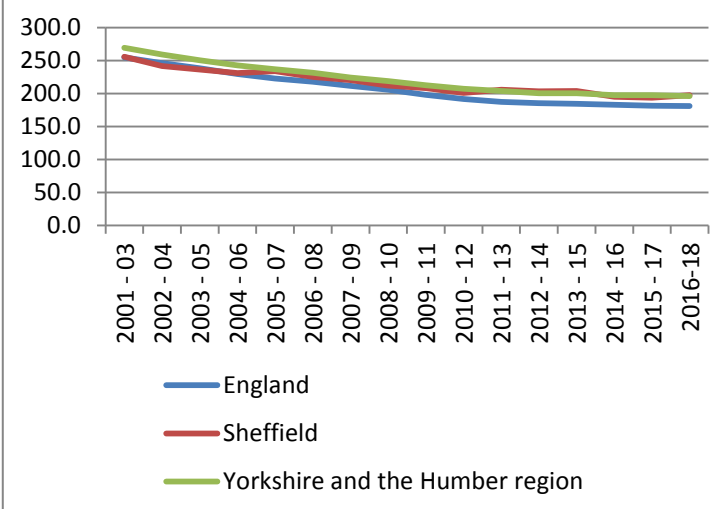
<div><div>1.3 Smoking During Pregnancy</div><div>Percentage of woman who smoke at time of delivery</div><div>Workstream: Starting & Developing Well</div></div>	<div><div>12.0%</div><div>14.2%</div><div>10.8%</div></div>	<div>Target: None set Reporting Period: 2017/18</div> <div>Updated: Jun-19 (no new data)</div>	<div><div><div><div><div>20.0</div><div>15.0</div><div>10.0</div><div>5.0</div><div>0.0</div></div><div><div>2010/11</div><div>2011/12</div><div>2012/13</div><div>2013/14</div><div>2014/15</div><div>2015/16</div><div>2016/17</div><div>2017/18</div></div></div><div><div>Sheffield</div><div>Yorkshire and the Humber region</div><div>England</div></div></div></div> <div>Percentage of woman smoking at time of delivery has remained higher in Sheffield than the rest of England since 2010/11 but there is a downward trend nationally. The percentage in Sheffield is lower than the regional percentage and reduced from 2016/17 to 2017/18.</div>		
<div><div>1.4 Child Development</div><div>Percentage of children achieving a good level of development at 2-2½ years</div><div>Workstream: Starting & Developing Well</div></div>	<div><div>88.8%</div><div>87.9%</div><div>84.1%</div></div>	<div>Target: None set Reporting period: 2017-18</div> <div>Updated: Apr-19 (no new data)</div>	<div>This metric was first recorded in 2017/18</div> <div></div>	<div>The percentage of children at or above the expected development level is higher in Sheffield compared to both the national and regional averages.</div>	
Metric Description	Sheffield Position	Regional Position (Y&H)	National Position	Trend	Comments & Actions

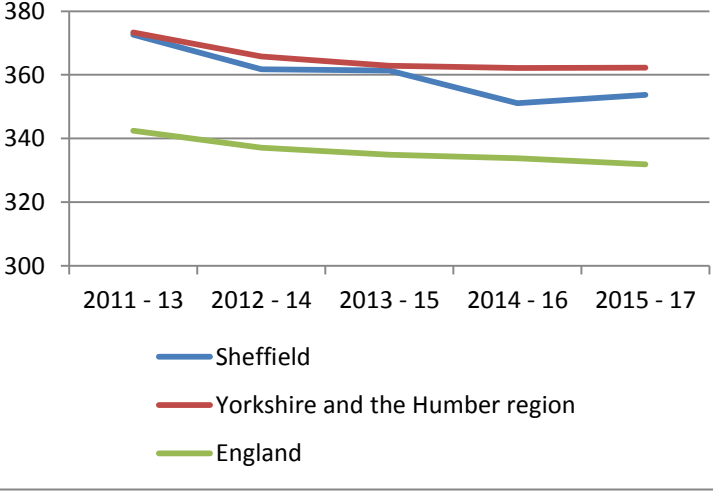
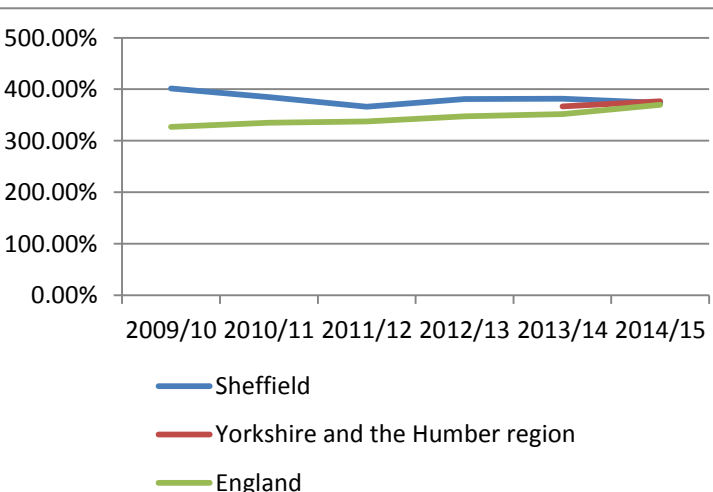
<p>1.5 Obesity: Reception Class</p> <p>Prevalence of obesity (including severe obesity) among children in Reception (ages 4-5 years)</p> <p>Workstream: Starting & Developing Well</p>	10.5%	10.2%	9.7%	 <p>Target: None set Reporting period: 2018/19 Updated: Jan 20</p>	<p>The prevalence of obesity in reception was the same in Sheffield as for England in 2016/17 but since 2017/18 it is becoming slightly greater than the England figure and is a worsening position.</p>
<p>1.6 Obesity: Year 6</p> <p>Prevalence of obesity (including severe obesity) among children in Year 6 (ages 10-11 years)</p> <p>Workstream: Starting & Developing Well</p>	21.6%	21%	20.2%	 <p>Target: None set Reporting period: 2018/19 Updated: Jan-20</p>	<p>The prevalence of obese children aged 10—11 years is higher in Sheffield than the regional and England averages. Prevalence overall, has increased since 2006-07 and is a worsening trend.</p>
Metric Description	Sheffield Position	Regional Position (Y&H)	National Position	Trend	Comments & Actions

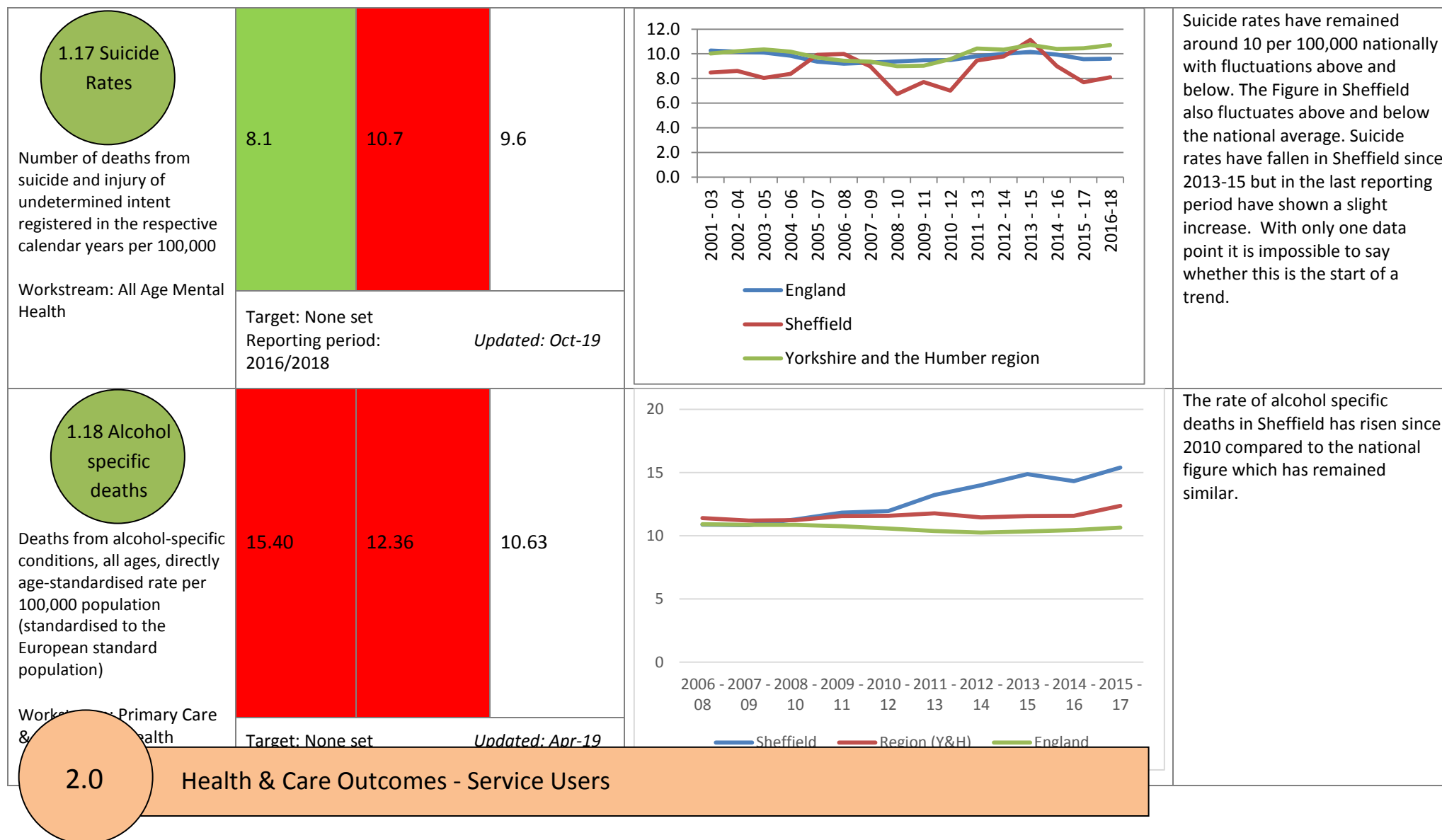
<div>1.7 Mental Health & Employment</div> <p>Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate</p> <p>Workstream: All Age Mental Health</p>	64.4%	64.5%	68.2%	 <p>Target: being corrected Reporting period: 2017/18</p> <p>Updated: Jun-19 (no new data)</p>	<p>The gap in employment is increasing nationally. Although the percentage gap in Sheffield is lower than the national figure it is still high and increased from 2016/17 to 2017/18. This large gap in employment means the Sheffield employment rate for people in contact with secondary mental health services is 6% and the national average is 7%.</p>
<div>1.8 Learning Disability & Employment</div> <p>Percentage gap in the employment rate for those in contact with a learning disability and the overall employment rate.</p> <p>Workstream: All Age Mental Health</p>	66.9	66.1	69.2	 <p>Target: being corrected Reporting period: 2017/18</p> <p>Updated: Jun-19 (no new data)</p>	<p>The percentage gap is increasing nationally. Sheffield has had a smaller gap in employment since 2015/16 but the gap remains high and increased from 2016/17 to 2017/18. The large gap means that in the Sheffield employment rate for those in contact with a learning disability is 3.5% which is lower than the national average of 6%.</p>
Metric Description	Sheffield Position	Regional Position (Y&H)	National Position	Trend	Comments & Actions

<div data-bbox="123 183 315 379"> <p>1.9 Working days lost through sickness</p> </div> <p>Percentage of working days lost due to sickness absence.</p> <p>Workstream: Workforce and OD</p>	1.3	1.2	1.1	 <p>Percentage of working days lost due to sickness has decreased nationally since 2009-2011. Sheffield figures dropped from 2011-13 to 2013-15 but have since been increasing each reporting period.</p>	<p>Percentage of working days lost due to sickness has decreased nationally since 2009-2011. Sheffield figures dropped from 2011-13 to 2013-15 but have since been increasing each reporting period.</p>
<div data-bbox="123 708 315 904"> <p>1.10 Self-reported wellbeing</p> </div> <p>The percentage of respondents scoring 0-4 to the questions "Overall, how satisfied are you with your life nowadays"</p> <p>Workstream: all workstreams</p>	5.2%	5.1%	4.5%	 <p>The percentage of people with low life satisfaction has decreased since 2011/12. In Sheffield this trend has been followed overall but increased slightly in the last reporting period.</p>	<p>The percentage of people with low life satisfaction has decreased since 2011/12. In Sheffield this trend has been followed overall but increased slightly in the last reporting period.</p>
Metric Description	Sheffield Position	Regional Position (Y&H)	National Position	Trend	Comments & Actions

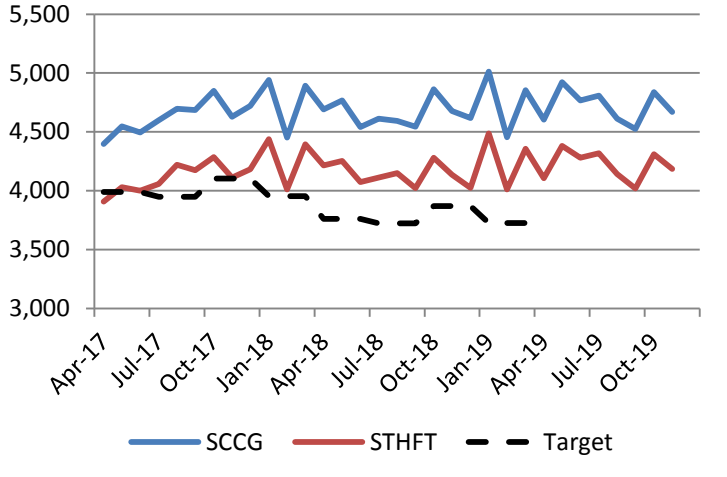
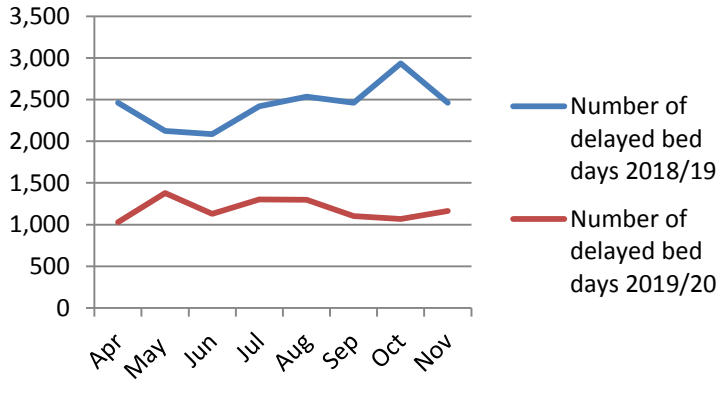
<div data-bbox="136 199 331 395"> </div> <p>Prevalence of smoking among persons 18 years and over as a proportion of the population.</p> <p>Workstream: Primary Care & Population Health</p>	<div data-bbox="409 347 472 379">12.5</div>	<div data-bbox="580 347 642 379">16.7</div>	<div data-bbox="768 347 848 379">14.4%</div>		<p>Smoking prevalence has decreased nationally since 2011. Sheffield has a similar trend over recent years but has seen a significant decrease in the last year. Smoking prevalence increased from 2016 to 2017.</p>
<div data-bbox="136 722 331 919"> </div> <p>Inequality in life expectancy at birth for females (Slope Index of inequality in years). Difference between most and least deprived areas for males and females.</p> <p>Workstream: all workstreams</p>	<div data-bbox="409 767 504 831">Female 8.3 yrs.</div>	<div data-bbox="580 767 674 831">Female 8.4 yrs</div>	<div data-bbox="768 767 907 831">Female:7.4 yrs</div>		<p>The difference in life expectancy at birth for females and males has been increasing nationally. In Sheffield the female gap has also increased and has remained above the national average. For males the gap has decreased and in 2015-17 was slightly lower than the national average.</p>
Metric Description	Sheffield Position	Regional Position (Y&H)	National Position	Trend	Comments & Actions
	Target: None set Reporting period: 2018		Updated: Oct-19		
	Male: 9.3 yrs	Male: 10.3 yrs	Male: 9.4 yrs		
			Updated: Apr-19 (no new data)		

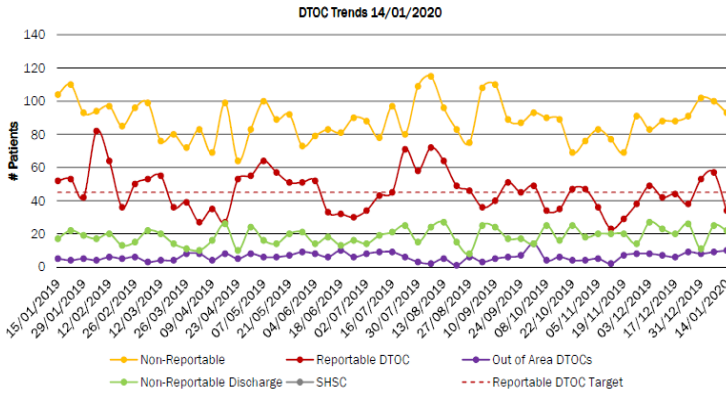
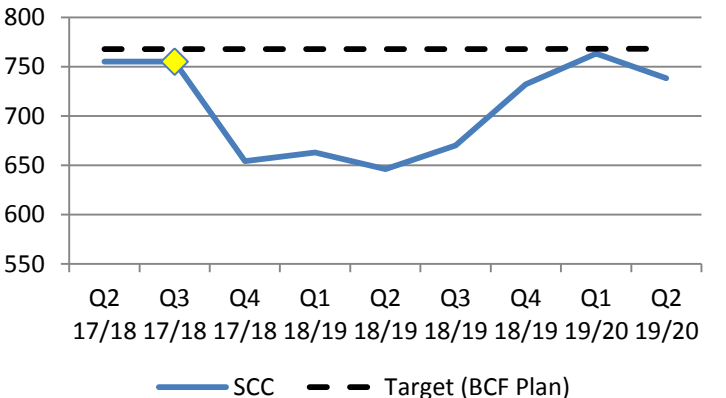
<div><div>1.13 Healthy Life Expectancy Inequality</div><div>Inequality in healthy life expectancy at birth (Slope Index of inequality in years). Difference between most and least deprived areas.</div><div>Workstream: all workstreams</div></div>	<div>Females: 19.7yrs</div> <div>Males: 18.8yrs</div> <div>Target: None set Reporting period: 2009-13</div> <div>Updated: Apr-19 (no new data)</div>			<div>Only one time point measured</div>	<div>The inequality in healthy life expectancy is greater in females and is greater for both males and females than the inequality in life expectancy for the same time period (see section 1.12). Out of the measured areas the gap in Sheffield was second greatest in the Yorkshire and Humber region, and within the top ten in England for females and males.</div>																																																																				
<div><div>1.14 Preventable years of life lost</div><div>Mortality rate from causes considered preventable per 100,000 population</div><div>Workstream: all workstreams</div></div>	<div>197.3</div> <div>Target: None set Reporting period: 2016-18</div>	<div>196.1</div> <div>Updated: Jan 20</div>	<div>180.8</div>	<div><table><caption>Mortality rate from causes considered preventable per 100,000 population (2001-03 to 2016-18)</caption><thead><tr><th>Period</th><th>England</th><th>Sheffield</th><th>Yorkshire and the Humber region</th></tr></thead><tbody><tr><td>2001 - 03</td><td>250.0</td><td>260.0</td><td>270.0</td></tr><tr><td>2002 - 04</td><td>240.0</td><td>250.0</td><td>260.0</td></tr><tr><td>2003 - 05</td><td>230.0</td><td>240.0</td><td>250.0</td></tr><tr><td>2004 - 06</td><td>220.0</td><td>230.0</td><td>240.0</td></tr><tr><td>2005 - 07</td><td>210.0</td><td>220.0</td><td>230.0</td></tr><tr><td>2006 - 08</td><td>200.0</td><td>210.0</td><td>220.0</td></tr><tr><td>2007 - 09</td><td>190.0</td><td>200.0</td><td>210.0</td></tr><tr><td>2008 - 10</td><td>180.0</td><td>190.0</td><td>200.0</td></tr><tr><td>2009 - 11</td><td>170.0</td><td>180.0</td><td>190.0</td></tr><tr><td>2010 - 12</td><td>160.0</td><td>170.0</td><td>180.0</td></tr><tr><td>2011 - 13</td><td>150.0</td><td>160.0</td><td>170.0</td></tr><tr><td>2012 - 14</td><td>140.0</td><td>150.0</td><td>160.0</td></tr><tr><td>2013 - 15</td><td>130.0</td><td>140.0</td><td>150.0</td></tr><tr><td>2014 - 16</td><td>120.0</td><td>130.0</td><td>140.0</td></tr><tr><td>2015 - 17</td><td>110.0</td><td>120.0</td><td>130.0</td></tr><tr><td>2016 - 18</td><td>100.0</td><td>110.0</td><td>120.0</td></tr></tbody></table></div>	Period	England	Sheffield	Yorkshire and the Humber region	2001 - 03	250.0	260.0	270.0	2002 - 04	240.0	250.0	260.0	2003 - 05	230.0	240.0	250.0	2004 - 06	220.0	230.0	240.0	2005 - 07	210.0	220.0	230.0	2006 - 08	200.0	210.0	220.0	2007 - 09	190.0	200.0	210.0	2008 - 10	180.0	190.0	200.0	2009 - 11	170.0	180.0	190.0	2010 - 12	160.0	170.0	180.0	2011 - 13	150.0	160.0	170.0	2012 - 14	140.0	150.0	160.0	2013 - 15	130.0	140.0	150.0	2014 - 16	120.0	130.0	140.0	2015 - 17	110.0	120.0	130.0	2016 - 18	100.0	110.0	120.0	<div>The mortality rate from causes considered preventable per 100,000 has been gradually decreasing since 2001-03 but the rate of this decrease has slowed since 2010-12. The rate in Sheffield has consistently been above the national rate since 2004-06 and continues to worsen.</div>
Period	England	Sheffield	Yorkshire and the Humber region																																																																						
2001 - 03	250.0	260.0	270.0																																																																						
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Metric Description	Sheffield Position	Regional Position (Y&H)	National Position	Trend	Comments & Actions																																																																				

<p>1.15 Deaths under 75 years of age</p> <p>Directly age-standardised mortality rate for all deaths registered in the respective calendar years, in people aged under 75 per 100,000</p> <p>Workstream: all workstreams</p>	<p>354</p>	<p>362</p>	<p>332</p>	 <p>Target: None set Reporting period: 2015-17 Updated: Apr-19 (no new data)</p>	<p>The number of deaths per 100,000 in under 75s has decreased since 2011-13 but not steadily in Sheffield. Figures in Sheffield are higher than the England average and increased from 2014-16 to 2015-17.</p>
<p>1.16 Deaths under 75 years of age with mental illness</p> <p>Excess under 75 mortality rate in adults with serious mental illness: ratio of observed to expected mortalities (expressed as a percentage)</p> <p>Workstream: All Age Mental Health</p>	<p>373.6%</p>	<p>376.9%</p>	<p>370.0%</p>	 <p>Target: None set Reporting period: 2014-15 Updated: Apr-19 (no new data)</p>	<p>The ratio of observed to expected mortalities in under 75 with severe mental illness have increased Nationally. Sheffield figures have reduced since 2009/10 but were still greater than the National figures in 2014/15. Sheffield figures were lower than the regional figures.</p>
Metric Description	Sheffield Position	Regional Position (Y&H)	National Position	Trend	Comments & Actions



Metric Description	SCC	SCCG	SCH	STH	SHSC	National Position	Trend	Comments & Actions
<div>2.1 A&E four hour wait</div> <p>Percentage of patients seen/treated within 4 hours of arrival in A&E Workstream: Urgent & Emergency Care</p>		85.68	96.18	82.59		81.8	<p>Target: 95% Reporting period: Dec 19 <i>Updated: Jan 20</i></p>	SCCG figure is consistently below the A&E 4 hour wait target but typically better than the national figure. SCH normally consistently achieves the target (one dip below in Nov 2019). STH consistently does not achieve the target. The figures for Dec 19 are below the rates of December in both 2017 and 2018 does not.
<div>2.2 A&E attendance</div> <p>Number of all types of attendances at A&E Workstream: Urgent & Emergency Care</p>		18867	6067	19842			<p>Target: 17107 Reporting period: Nov 19 <i>Updated: Jan 20</i></p>	<p>Number of A&E attendances has been above target for SCCG since Dec-17. Figures dropped to below target this month.</p> <p>There has been a marked increase in Children's A&E attendances since the last quarter, with an unusually high number (over 6000) in Nov 2019 with is between 600-700 higher than the previous two Novembers.</p> <p><i>NB. SCCG number of attendances underestimated by the amount of WIC data from STH (c.6-7k).</i></p>
Metric Description	SCC	SCCG	SCH	STH	SHSC	National Position	Trend	Comments & Actions

<div data-bbox="107 188 300 379">2.3 Non Elective Admissions</div> <p>Number of non-elective admissions.</p> <p>Workstream: Urgent & Emergency Care</p>		4669		4184			 <p>Target: 3726 Reporting period: up to Nov 19 <i>Updated: Jan 20</i></p>	<p>The total number of non-elective admissions for SCCG is consistently above our target and is higher this December compared to 2018.</p>
<div data-bbox="107 777 300 968">2.4.1 Delayed transfers of care - Days</div> <p>DTOC - Workstream: Urgent and emergency care</p>		1,162					 <p>Target: Reporting period: up to Nov 19 <i>Updated: Jan 20</i></p>	<p>As at the end of November, there were 1,162 delayed days recorded, 52.8% fewer than at this point last year</p>
Metric Description	SCC	SCCG	SCH	STH	SHSC	National Position	Trend	Comments & Actions

<p>2.4.2 Delayed transfers of care - Patients</p> <p>DTOC – Delayed patients</p> <p>Workstream: Urgent and emergency care</p>				34				<p>The number of reportable delayed patients fluctuates but has achieved target or been close to the target for most of 2019. The numbers increased above target over the Christmas period but have returned to below target in January 2020 and are a more positive position than the same period in 2019.</p>
<p>2.5 Admissions to care homes</p> <p>Number of admissions to care homes per 100,000 population.</p> <p>Workstream: Ageing Well</p>	738							<p>The upward trend in the number of admissions to care homes, seen over 2018/19 has shown a reversal in the last quarter however remains significantly higher than the rates of the same quarter in 2018/19.</p>
Metric Description	SCC	SCCG	SCH	STH	SHSC	National Position	Trend	Comments & Actions

<p>2.6 Reablement offered</p> <p>The proportion of older people (65+) offered reablement services following discharge from hospital</p> <p>Workstream: Ageing Well</p>	8.0%				2.9%		<p>Target: None set Reporting period: 2017-18 <i>Updated: Apr-19 (no new data)</i></p>	<p>The proportion of people aged 65 and over offered reablement in Sheffield fluctuates but has been greater than the national average since 2014-15 and has been increasing overall. The number increased from 2016/17 to 2017/18.</p>
<p>2.7 Reablement 91 days after discharge</p> <p>The proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>Workstream: Ageing Well</p>	82.2%						<p>Target: 80.0% Reporting period: Q1 19/20 <i>Updated: Jan 20</i></p>	<p>The proportion of older people still at home after 91 days from discharge has decreased each quarter from Q1 to Q2 19/20. The proportion of people still at home is consistently above the target and for each quarter in 2018/19 was higher than the previous year.</p>
Metric Description	SCC	SCCG	SCH	STH	SHSC	National Position	Trend	Comments & Actions

<p>2.8 Referral to treatment</p> <p>Patients starting treatment within 18 weeks of referral (%).</p> <p>Workstream: Elective care.</p>	<div> <div>92.82</div> <div>87.27</div> <div>92.46</div> </div> <div>84.37</div> <p>Target: 92% Reporting period: up to Nov 19 <i>Updated: Jan 20</i></p>	<p>Line chart showing the percentage of patients starting treatment within 18 weeks of referral for SCCG, SCHFT, STHFT, NHS North (Y&H), and England from Jul-17 to Oct-19. The target is 92%.</p>	<p>The percentage of patients starting treatment within 18 weeks of referral is above target for SCCG.</p> <p>The figure for STH is slightly above the target for this period but the beginnings of a possible downward trend can be seen.</p> <p>For SCH the percentage dropped below target in Spring 2019 and has continues to show a worsening position.</p>
<p>2.9 Cancer Pathways</p> <p>The percentage of patients treated within 2 months (62 days) of an urgent GP referral.</p> <p>Workstream: Elective care.</p>	<div> <div>79.13</div> <div>73.46</div> </div> <div>77.84</div> <p>Target: 85% Reporting Period: Q2 19/20 <i>Updated: Jan 20</i></p>	<p>Line chart showing the percentage of patients treated within 2 months (62 days) of an urgent GP referral for SCCG, STHFT, England, and Target from Q1 17/18 to Q2 19/20.</p>	<p>The overall SCCG percentage of cancer patients treated within 2 months of urgent GP referral has been below target for the whole of the previous year. The first quarter of 2019 however, saw an upward trend which seems to have reversed in the second quarter of the year</p>
Metric Description	SCC SCCG SCH STH SHSC National Position	Trend	Comments & Actions

<p>2.10 Blood Pressure</p> <p>The percentage of patients with hypertension in whom the last blood pressure reading (measured in the previous 12 months) is 150/90 mmHg or less</p> <p>Workstream: Ageing Well</p>		81.1				79.7	 <p>Target: None set Reporting period: 2018/19 <i>Updated: Jan 20</i></p>	<p>The percentage of hypertension patients with controlled blood pressure at 150/90 or less is consistently slightly better in Sheffield compared to England. This percentage has seen a slight improvement over the last year.</p>
<p>2.11 Patient Activation Measure</p>								
Metric Description	SCC	SCCG	SCH	STH	SHSC	National Position	Trend	Comments & Actions

<div><div>2.12 IAPT Recovery Rate</div><div>IAPT percentage completing treatment and moving to recovery.</div><div>Workstream: All Age Mental Health</div></div>	<div><div></div><div>48.85</div><div></div><div></div><div>48.3</div><div></div></div>					<div><div><div><div>52.00%</div><div>50.00%</div><div>48.00%</div><div>46.00%</div><div>44.00%</div><div>42.00%</div></div><div><div>Q1 17/18</div><div>Q2 17/18</div><div>Q3 17/18</div><div>Q4 17/18</div><div>Q1 18/19</div><div>Q2 18/19</div><div>Q3 18/19</div><div>Q4 18/19</div><div>Q1 19/20</div><div>Q2 19/20</div></div><div><div>SCCG</div><div>SHSCFT</div><div>Target</div></div></div></div>	<div>The percentage of IAPT patients completing treatment and moving to recovery was a great deal below the target in Q3 2017-18 but this was brought above/around the target in through17/18 and 18/19. The first quarter of 19/10 saw the highest position for a significant period; however the rates in Q2 have fallen below the national target.</div>	
	<div>Target: 50%</div> <div>Reporting period: Q2 19/20</div> <div>Updated: Jan 20</div>							
<div><div>2.13 CAMHS</div><div>Percentage of patients seen for first appointment within 18 weeks of CAMHS non-urgent referral.</div><div>Workstream: All Age Mental Health</div></div>			<div>73.48</div>				<div><div><div><div>120.00%</div><div>100.00%</div><div>80.00%</div><div>60.00%</div><div>40.00%</div><div>20.00%</div><div>0.00%</div></div><div><div>Apr-18</div><div>Jun-18</div><div>Aug-18</div><div>Oct-18</div><div>Dec-18</div><div>Feb-19</div><div>Apr-19</div><div>Jun-19</div><div>Aug-19</div><div>Oct-19</div></div><div><div>SCHFT</div><div>Target (SCHFT Local)</div></div></div></div>	<div>The percentage of patients seen within 18 weeks of non-urgent CAMHS referral has been falling since Jan-19 and from Apr-19 has been below target. A slightly improved position was reported in the last couple of months.</div>
Metric Description	SCC	SCCG	SCH	STH	SHSC	National Position	Trend	Comments & Actions

<div>2.14 End of Life Plan</div> <p>Percentage of people who die with an end of life plan.</p> <p>Workstream: Ageing Well</p>								

3.0

Service User Experience

Metric Description	SCC	SCCG	SCH	STH	SHSC	National Position	Trend	Comments & Actions																								
<div><div>3.1 Friends & Family Test</div><p>Average number of respondents who would recommend services to a friend or family member.</p><p>Workstreams: all workstreams</p></div> <div></div>	-	-	-	-	-	-	Reporting mechanism under review	Friends and Family Test reporting section under review. Will be updated for next quarterly report.																								
	Target: Reporting period: Updated: Oct 19																															
<div><div>3.2.1 GP Patient Survey</div><p>The percentage of people who described their overall experience of their GP practice as good</p><p>Workstream: Primary care & population health</p></div> <div></div>		84%				83%	<div><table><caption>GP Patient Survey Data (Estimated from Graph)</caption><thead><tr><th>Time Point</th><th>SCCG (%)</th><th>NHSE (%)</th></tr></thead><tbody><tr><td>Jan-15</td><td>85</td><td>85</td></tr><tr><td>Jul-15</td><td>84</td><td>85</td></tr><tr><td>Jan-16</td><td>84</td><td>85</td></tr><tr><td>Jul-16</td><td>85</td><td>85</td></tr><tr><td>2017</td><td>85</td><td>85</td></tr><tr><td>2018</td><td>83</td><td>84</td></tr><tr><td>2019</td><td>84</td><td>84</td></tr></tbody></table></div>	Time Point	SCCG (%)	NHSE (%)	Jan-15	85	85	Jul-15	84	85	Jan-16	84	85	Jul-16	85	85	2017	85	85	2018	83	84	2019	84	84	The percentage of people rating the overall experience at their GP practice as good is typically either the same as or 1% below the national average. Sheffield figures remain consistent around 83-85%.
Time Point	SCCG (%)	NHSE (%)																														
Jan-15	85	85																														
Jul-15	84	85																														
Jan-16	84	85																														
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2017	85	85																														
2018	83	84																														
2019	84	84																														
	Target: 85% Reporting Period: Aug 2019 Updated: Oct 19																															
Metric Description	SCC	SCCG	SCH	STH	SHSC	National Position	Trend	Comments & Actions																								

<div>3.2.2 PAM Scores</div>								

4.0

Workforce Satisfaction

Metric Description	SCC	SCCG	SCH	STH	SHSC	National Position	Trend	Comments & Actions
<div>4.1.1 Staff Survey - Engagement</div> <p>Overall organisational position for staff engagement from staff survey</p> <p>Workstream: Workforce & OD</p>		7.1	7.1	7.0	6.7	7.0 CCGs 7.1		<p>All organisations apart from SHSC above or same as their benchmark average for staff engagement at last reporting period. SCH consistently above since 2014. SHSC below since 2015. SCCG has been the same since 2017. SCH and SHSC figures improved in 2018 compared to 2017 whereas STH dropped.</p> <p><i>NB: SCC data not comparable with NHS data.</i></p>
<div>4.1.2 Staff Survey – Health & Wellbeing</div> <p>Overall organisational position for staff health & wellbeing from staff survey</p> <p>Workstream: Workforce & OD</p>		6.5	5.9	5.9	5.8	5.9 CCGs 6.5		<p>Overall position for staff health & wellbeing at SCCG has been dropping since 2015 but has remained consistent with benchmark. STH and SCH have remained same or above benchmark since 2015 and 2016 respectively but SHSC has been below since 2017.</p> <p><i>NB: SCC data not comparable with NHS data.</i></p>
Metric Description	SCC	SCCG	SCH	STH	SHSC	National Position	Trend	Comments & Actions

<div>4.2 Health & Wellbeing</div> <div>Sickness absence rate percentage</div> <div>Workstream: Workforce & OD</div>	<div>TBC</div> <div>3.354.464.746.844.77</div> <div>Target: None set Reporting period: Jan-19</div> <div>Updated: Jun-19 No new data</div>						<div><table border="1"><caption>Sickness Absence Rates (Estimated %)</caption><thead><tr><th>Month</th><th>SCCG</th><th>SCH</th><th>SHSC</th><th>STH</th><th>England</th></tr></thead><tbody><tr><td>Apr-17</td><td>3.5</td><td>4.5</td><td>5.5</td><td>3.8</td><td>3.8</td></tr><tr><td>Jun-17</td><td>3.8</td><td>4.8</td><td>5.7</td><td>3.8</td><td>3.8</td></tr><tr><td>Aug-17</td><td>2.8</td><td>4.8</td><td>5.7</td><td>3.8</td><td>4.0</td></tr><tr><td>Oct-17</td><td>4.0</td><td>4.5</td><td>5.0</td><td>3.8</td><td>4.0</td></tr><tr><td>Dec-17</td><td>3.2</td><td>4.5</td><td>5.8</td><td>4.2</td><td>4.2</td></tr><tr><td>Feb-18</td><td>4.0</td><td>4.5</td><td>7.5</td><td>5.0</td><td>5.0</td></tr><tr><td>Apr-18</td><td>2.8</td><td>3.5</td><td>5.8</td><td>4.0</td><td>4.0</td></tr><tr><td>Jun-18</td><td>5.5</td><td>3.8</td><td>5.5</td><td>4.0</td><td>4.0</td></tr><tr><td>Aug-18</td><td>5.2</td><td>4.0</td><td>6.5</td><td>4.0</td><td>4.0</td></tr><tr><td>Oct-18</td><td>3.8</td><td>4.2</td><td>6.3</td><td>4.2</td><td>4.2</td></tr><tr><td>Dec-18</td><td>3.5</td><td>4.5</td><td>7.0</td><td>4.5</td><td>4.5</td></tr></tbody></table></div>	Month	SCCG	SCH	SHSC	STH	England	Apr-17	3.5	4.5	5.5	3.8	3.8	Jun-17	3.8	4.8	5.7	3.8	3.8	Aug-17	2.8	4.8	5.7	3.8	4.0	Oct-17	4.0	4.5	5.0	3.8	4.0	Dec-17	3.2	4.5	5.8	4.2	4.2	Feb-18	4.0	4.5	7.5	5.0	5.0	Apr-18	2.8	3.5	5.8	4.0	4.0	Jun-18	5.5	3.8	5.5	4.0	4.0	Aug-18	5.2	4.0	6.5	4.0	4.0	Oct-18	3.8	4.2	6.3	4.2	4.2	Dec-18	3.5	4.5	7.0	4.5	4.5	<div>All sickness rates are lower than the national figure apart from SHSC which consistently has higher sickness rates than other organisations. Sickness rates in Jan-19 are comparable to rates in Jan-18.</div>
	Month	SCCG	SCH	SHSC	STH	England																																																																										
Apr-17	3.5	4.5	5.5	3.8	3.8																																																																											
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Dec-18	3.5	4.5	7.0	4.5	4.5																																																																											
<div>4.3 Vacancy</div> <div>Vacancy rate across all organisations</div> <div>Workstream: Workforce & OD</div>																																																																																
Metric Description	SCC	SCCG	SCH	STH	SHSC	National Position	Trend	Comments & Actions																																																																								

<div>4.4 Integration</div> <div>Neighbourhoods MDT collaboration</div>								

Metric Description	Individual Measure	£'m	Trend							Comments & Actions																					
<div>5.1 2019/20 Financial Position</div> <p>A combined organisational year to date financial position</p> <p>()= deficit</p>	Planned Outturn	1.2								The business as usual ytd position as at M08 is an overspend of £2.1m, including an under performance against the overall savings target by £4.4m.																					
	Actual Outturn	(2.1)																													
	Outturn Variance	(3.2)																													
	Planned Savings	51.0																													
	Actual Savings	46.6																													
	Savings Variance	(4.4)																													
	Reporting period: Q1 2019/20 Updated: Oct-19																														
<div>5.2 2019/20 Forecast Position</div> <p>A combined organisational projection of outturn and required savings.</p> <p>()= deficit</p>	2019/20 Planned Outturn	(1.4)	<table><thead><tr><th></th><th>Planned Outturn</th><th>Forecast Outturn</th><th>Outturn Variance</th><th>Savings Planned</th><th>Savings Outturn</th><th>Savings Variance</th></tr></thead><tbody><tr><td>2018/19</td><td>12.0</td><td>42.0</td><td>30.0</td><td>80.0</td><td>78.0</td><td>(2.0)</td></tr><tr><td>2019/20 Forecast</td><td>0.6</td><td>1.7</td><td>1.1</td><td>78.9</td><td>63.8</td><td>15.1</td></tr></tbody></table>								Planned Outturn	Forecast Outturn	Outturn Variance	Savings Planned	Savings Outturn	Savings Variance	2018/19	12.0	42.0	30.0	80.0	78.0	(2.0)	2019/20 Forecast	0.6	1.7	1.1	78.9	63.8	15.1	The forecast position includes £11m of non-recurrent internal funding applied by the Council. Business as usual and non-recurrent funding is assumed to offset the underperformance against savings plans.
		Planned Outturn								Forecast Outturn	Outturn Variance	Savings Planned	Savings Outturn	Savings Variance																	
	2018/19	12.0								42.0	30.0	80.0	78.0	(2.0)																	
	2019/20 Forecast	0.6								1.7	1.1	78.9	63.8	15.1																	
	2019/20 Forecast Outturn	(0.3)																													
	2019/20 Forecast Outturn Variance	1.1																													
	2019/20 Savings Planned	78.9																													
Forecast Savings Outturn	62.6																														
Forecast Savings Variance	(16.3)																														
Reporting period: June-19 Updated: Jun-19																															

Sheffield Accountable Care Partnership

ACP Dashboard
15th January 2020

Health & Care Outcomes - Population

Health & Care Outcomes - Population			Reporting Period	Target	Sheffield Position	Regional Position	National Position
Under 18 Conception	Under 18 conception rate per 100,000 population		2017	TBC	18.0	20.6	17.8
Infant Mortality	Infant Mortality rate per 100,000 population		2015-17		4.85	4.12	3.92
Smoking during pregnancy	Smoking status at time of delivery		2017-18		12.0%	14.2%	10.8%
Child Development	% of children at or above expected level of development in all 5 areas of development at 2 1/2 years		2017/18		87.5%	86.0%	83.3%
Prevalence of obesity: Reception Class	% of children in reception classified as obese by PCH		2018/19		10.50%	10.20%	9.70%
Prevalence of obesity: Year 6	% of children in Year 6 classified as obese by PCH		2018/19		21.6%	21.0%	20.2%
Mental Health & Employment	Gap in the employment rate between those in contact with secondary mental health services and the overall employment rate		2017/18	TBC	64.4	64.5	68.2
Learning Disability & Employment	Percentage point gap in the employment rate for those in contact with a learning disability and the overall employment rate		2017/18	TBC	66.9	66.1	69.2
Working days lost through sickness	% working days lost due to sickness absence		2015-17		15	13	1.1
Self-reported wellbeing	% People reporting low life satisfaction		2016/17		5.2%	5.1%	4.5%
Smoking Prevalence	Smoking prevalence in adults - current smokers		2017		17.0%	17.0%	14.9%
Life Expectancy Inequality	Inequality in life expectancy at birth. Difference between most and least deprived areas for...	Females	2015-17		8.3 yrs		7.4 yrs
		Males	2015-17		9.3 yrs		9.4 yrs
Healthy Life Expectancy Inequality	Inequality in healthy life expectancy at birth. Difference between most and least deprived areas for...	Females	2009-13		13.7 yrs		
		Males	2009-13		18.8 yrs		
Preventable years of life lost	Mortality rate from causes considered preventable per 100,000 population		2016-18		137.3	136.1	180.8
Deaths under 75 years of age	Under 75 mortality rate (all causes)		2015-17		354	362	332
Deaths under 75 years of age with mental illness	Excess under 75 mortality rate in adults with serious mental illness		2014/15		373.6	376.9	370.0
Suicide rate	Suicide rate over 100,000 population		2016-2017		8.1	10.7	9.6
Alcohol specific deaths	Alcohol specific mortality rate per 100,000 population		2015-17		15.4	12.36	10.63

Key	
Compared with National Benchmark	Same, or Better
	Worse
	Not Compared

Key	
Target Achievement	Achieved
	Not Achieved
	No Target

Health & Care Outcomes - Service Users

Reporting Period	Target	SCC	SCCG	SCH	STH	SHSC	National Position
A&E	A&E 4 hour wait %	Dec-10	95%	85.60%	96.16%	85.93%	81.80%
A&E Attendances	Number of all types of attendances at A&E	Nov-19	17,107	18,667	6,067	19,842	
Non Elective Admissions	Number of non-elective admissions	Nov-19	3,726	4,663		4,184	
Delayed transfers of care	Delayed Days	Nov-19		1162			
Admissions to care homes	Delayed patients	14.01.20	45			34	
Reablement	Number of admissions to care homes per 100,000 population	Q2 19/20	767.7	738			
Referral to Treatment	Proportionate of people offered reablement	2017-18	8.0%				2.9%
Cancer Pathways	Proportionate of people still at home 31 days after discharge	Q1 19/20	80%	82.2%			
Blood Pressure	All patients wait less than 18 weeks for treatment to start	Nov-19	92%	92.82%	87.27%	92.46%	84.37%
PAM	The percentage of patients treated within 2 months (62 days) of an urgent GP referral	Q1 19/20	85%	73.13		73.46	77.84%
IAPT Recovery Rate	The percentage of patients with hypertension in whom the last blood pressure reading (measured in the previous 12 months) is 150/90 mmHg or less	2018/19		81.10%			79.70%
CAMHS	Patient Activation Measure score	Q2 19/20	50%	48.85%		48.30%	
End of life plan	IAPT % completing treatment and moving to recovery	Nov-19	92%		73.48%		
	Percentage of patients seen for first appointment within 18 weeks of CAMHS non-urgent referral						
	% of people who die with an end of life plan						

Service User Experience

Reporting Period	Target	SCC	SCCG	SCH	STH	SHSC	National Position
Friends & Family Test	Average number of respondents who would recommend services to a friend or family member	Q1 19/20		81%	80%	82%	62%
Primary Care	GP patient Survey - The percentage of people who described their overall experience of their GP practice as good	2018	85%	84%			83%
	PAM scores						

Workforce Satisfaction

Workforce Satisfaction		Reporting Period	Target	SCC	SCCG	SCH	STH	SHSC	National
Staff Survey	Overall organisational position for staff engagement	2018		7.1	7.1	7.0	6.7	7.0	
	Overall organisational position for staff health & wellbeing	2018		6.5	5.9	5.9	5.8	5.9	
Health & Wellbeing	Sickness %	Jan-19		3.35	4.46	4.74	6.84	4.77	
Vacancy	Vacancy rate across all organisations								
Integration	Neighbourhood MDT collaboration								

Financial Sustainability

Reporting Period	Target	SCC	SCCG	SCH	STH	SHSC	National
2019/20 Financial Position	Planned Outturn	2019/20	(4.4)				
	Actual Outturn	2019/20	(4.9)				
	Outturn Variance	2019/20	(0.5)				
	Planned Savings	2019/20	22.9				
	Actual Savings	2019/20	17.4				
	Savings Variance	2019/20	(4.5)				
Projected Position	2019/20 Planned Outturn	Oct-19	6.6				
	2019/20 Forecast Outturn	Oct-19	17				
	2019/20 Forecast Outturn Variance	Oct-19	11				
	2019/20 Savings Planned Forecast	Oct-19	78.9				
	2019/20 Savings Outturn Forecast	Oct-19	63.8				
	2019/20 Savings Variance	Oct-19	(15.1)				

ACP Workstreams

Reporting Period	Target	SCC	SCCG	SCH	STH	SHSC	National
Children's & Maternity							
Community, Wellbeing & Social Value							
Elective Care							
Long Term Conditions							
Mental Health & Learning Disability							
Primary Care							
Urgent & Emergency Care							

ACP Dashboard Glossary

Health & Care Outcomes - Population		Measure and target sources
Under 18 Conception	Under 18 conception rate per 100,000 population	Data from Finger tips developed by Public Health England. No target but compared with national average
Infant Mortality	Infant Mortality rate per 100,000 population	Data from Finger tips developed by Public Health England. No target but compared with national average
Smoking during pregnancy	Smoking status at time of delivery	Data from Finger tips developed by Public Health England. No target but compared with national average
Child Development	% of children at or above expected level of development in all 5 areas of development at 2 1/2 years	Data from Finger tips developed by Public Health England. No target but compared with national average
Prevalence of obesity: Reception Class	% of children in reception classified as obese by PCH	Data from Finger tips developed by Public Health England. No target but compared with national average
Prevalence of obesity: Year 6	% of children in Year 6 classified as obese by PCH	Data from Finger tips developed by Public Health England. No target but compared with national average
Mental Health & Employment	% Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Data from Finger tips developed by Public Health England & NHS Digital No target but compared with national average
Learning Disability & Employment	% Gap in the employment rate for those in contact with a learning disability and the overall employment rate	Data from Finger tips developed by Public Health England & NHS Digital No target but compared with national average
Working days lost through sickness	% working days lost due to sickness absence	Data from Finger tips developed by Public Health England. No target but compared with national average
Self-reported wellbeing	% People reporting low life satisfaction	Data from Finger tips developed by Public Health England. No target but compared with national average
Smoking Prevalence	Smoking prevalence in adults - current smokers	Data from Finger tips developed by Public Health England. No target but compared with national average
Life Expectancy Inequality (Female)	Inequality in life expectancy at birth for females. Difference between most and least deprived areas for females and males	Data from Finger tips developed by Public Health England. No target but compared with national average
Preventable years of life lost	Mortality rate from causes considered preventable per 100,000 population	Data from Finger tips developed by Public Health England. No target but compared with national average
Deaths under 75 years of age	Under 75 mortality rate (all causes)	Data from Finger tips developed by Public Health England. No target but compared with national average
Deaths under 75 years of age with mental illness	Excess under 75 mortality rate in adults with serious mental illness	Data from Finger tips developed by Public Health England. No target but compared with national average
Suicide rate	Suicide rate over 100,000 population	Data from Finger tips developed by Public Health England. No target but compared with national average
Alcohol specific deaths	Alcohol specific mortality rate per 100,000 population	Data from Finger tips developed by Public Health England. No target but compared with national average
Health & Care Outcomes - Service Users		
A&E	A&E 4 hour wait %	Data from SCCG Info, Performance & PMO A&E Monthly SITREP Pivot. Target is set nationally by NHSE
A&E Attendances	Number of all types of attendances at A&E	Data from NHSE / SCCG Info, Performance & PMO A&E Monthly SITREP File. Target from SCCG submitted plans (Total exc. planned follow-ups)
Non Elective Admissions	Number of non-elective admissions	Data from SCCG Info, Performance & PMO A&E Monthly SITREP Pivot. Target from Better Care Fund (BCF) 2018/19 submitted plan
Delayed transfers of care	Delayed Days (rate per 100,000 18+ population)	Data from NHS improvements then derived based on Sheffield population. Target from Better Care Fund (BCF) 2018/19 submitted plan
	Delayed patients	
Admissions to care homes	Number of admissions to care homes per 100,000 population	Data from STH DTOC Dashboard Updates Data from SCC. Target from Better Care Fund (BCF) 2018/19 submitted plan
Reablement	Proportionate of people offered reablement	Data from Adult Social Care Outcomes Framework (ASCOF). No target but compared with national average
	Proportionate of people still at home 91 days after discharge	Data from SCC. Target from Better Care Fund (BCF) 2018/19 submitted plan
Referral to Treatment	All patients wait less than 18 weeks for treatment to start	Data from SCCG Info, Perf & PMO RTT PowerPivot with most recent from NHSE. Target is set nationally by NHSE
Cancer Pathways	The percentage of patients treated within 2 months (62 days) of an urgent GP referral	Data from NHSE. Target is set nationally by NHSE
Blood Pressure	The percentage of patients with hypertension in whom the last blood pressure reading (measured in the previous 12 months) is 150/90 mmHg	Data from Finger tips developed by Public Health England. No target but compared with national average
PAM	Patient Activation Measure score	TBC
IAPT Recovery Rate	IAPT % completing treatment and moving to recovery	Data from SCCG Info, Perf & PMO Team PQOR with most recent from NHS Digital. Target is set nationally by NHSE
CAMHS	Percentage of patients seen for first appointment within 18 weeks of CAMHS non-urgent referral.	Data from SCHFT CAMHS Performance Report - Overview. Target set by SCH locally
End of life plan	% of people who die with an end of life plan	TBC
Service User Experience		
Patient Experience	Overall satisfaction of people who use services with their care and support	TBC
Friends & Family Test	Average number of respondents who would recommend services to a friend or family member	Data from NHSE Friends & Family Test results (average of scores used) No target
Primary Care	GP patient Survey - overall satisfaction	Data from GP Patient Survey. No target but compared with national average
	PAM scores	TBC
Workforce Satisfaction		
Staff Survey	Overall organisational position for staff engagement	Data from NHS staff surveys. TBC for SCC.
	Overall organisational position for staff health & wellbeing	No target but compared against national average
Health & Wellbeing	Sickness %	Data from NHS Digital. No target but compared against national average
Vacancy	Vacancy rate across all organisations	TBC
Collaboration	Neighbourhoods MDT collaboration	TBC
Integration		TBC
Financial Sustainability		
2018/19 Financial Position	A combined organisational financial position	ACP Finance team
Projected Position	A combined organisational projected position	ACP Finance team

Appendix 2

Sheffield Accountable Care Partnership (ACP) Board

System Financial Update

24th January 2020

Author(s)	Judith Town, ACP senior Finance Manager and Jackie Mills, Director of Finance, SCCG on behalf of Sheffield Directors of Finance
Sponsor	John Somers, as Chief Executive sponsor to F& PR Work Stream
10. Purpose	
Purpose of the paper is to provide a high level system financial update to members of the Sheffield ACP Board, together with a brief update on the work being led by the finance and payment reform work stream of the ACP.	
11. Introduction / Background	
The report highlights that the actual to Month 8 of 2019/20 for the organisations within the ACP, together with information to about the anticipated forecast outturn position for 2019/20.	
12. Is your report for Approval / Consideration / Noting	
Consideration	
13. Recommendations	
The Accountable Care Partnership Board is asked to consider the update of the Month 8 2019/20 financial position, the forecast outturn for 2019/20 and the work of the Finance and Payment Reform work stream of the ACP.	
14. Other	
N/A	
Are there any Resource Implications (including Financial, Staffing etc)?	
N/A	

Sheffield Accountable Care Partnership (ACP) Board

System Financial Update

24th January 2020

1. Introduction

This paper provides members with an update on the 2019/20 Month 8 financial position against the combined financial plans of the six key partner organisations within the Sheffield ACP (with a total budget of £1.8bn), the forecast outturn against target and delivery of the £79m efficiency requirement.

The South Yorkshire and Bassetlaw Integrated Care System team (ICS) continue to receive monthly reports from the ACP NHS organisations. While this allows the ICS to track progress against the individual organisational control totals and produce a wider ICS system financial position their published summaries do not include all the partners within the Sheffield ACP.

This paper will also provide a brief summary of the work undertaken to date by the Finance and Payment Reform work stream.

2. System wide Financial Position at Month 8

At the time of writing this paper each organisation is still completing their Quarter Three positions to their respective Boards or equivalent and making an assessment of their forecast outturn positions. The most up to date comparable quarter of data available is the position to Month 8.

Tables One and Two on the attached **Appendix A** provide an overview of the year to date position at the end of Month 8 and then the forecast outturn position for 31 March 2020 based upon current understanding. It should be noted that for Sheffield City Council (SCC) the position only relates to the £248m budgets for adult and childrens' social care and public health grant budgets.

In summary, Table One (position at Month 8) shows that based on the profiles included in organisational plans, the system planned to be at a £1.2m surplus. The actual reported position is showing a £2.1m deficit, a negative variance of £3.2m. This is a movement of £2.6m from the last reported position as at Quarter One. There remains a variable movement split across NHS provider organisations, reflecting a complex range of pressures and mitigations by each organisation, with the £2.5m year to date pressure at Sheffield Teaching Hospitals and £1.5m year to date pressure at Sheffield Children's being in part offset by other NHS providers and Primary Care Sheffield. At Month 8 there is a reported £4.4m shortfall in efficiency programme savings, with £5.6m relating

to SCC. These efficiency shortfalls are being offset to date by underspends on other budgets or use of contingency reserves.

Table Two presents the forecast outturn position for 31 March 2020. Each of the ACP organisations is forecasting to achieve their planned outturn or achieve a more favourable position by yearend, working to mitigate the identified in year delivery risk through use of business as usual underspends or through non-recurrent use of contingency reserves. SCC are reporting a likely £16.2m shortfall in their efficiency programmes against the budgets within the scope of the ACP, which is being offset by the wider budget management arrangements of SCC and non-recurrent use of their reserves. SCC have an identified pressure of £2m relating to budgets within their People Portfolio which are not included within the ACP budgets which are also being non-recurrently mitigated. Whilst at Month 8, Sheffield Children's NHSFT are reporting a forecast outturn in line with plan, this is likely to change at Month 9. The trust are currently reviewing the in-year position and risks and will be updating their likely forecast as part of finalising the Month 9 position.

It should be noted that the Sheffield NHS Provider organisations are planning to receive Provider Sustainability Funding (PSF) within their forecasted positions, although given the likely change in the reported and forecast position at Month 9, there is a risk that Sheffield Children's will not hit their target for receipt of Q3 And Q4 PSF.

The forecast positions assume that all the available contingency funding is fully utilised to manage risks known at the time of writing this report. All partners are working closely together to monitor achievement of activity and efficiency plans to ensure early identification of further possible pressures.

3. Finance and Payment Reform Work Stream Update

The Payment Reform Work Stream is responsible for ensuring that the partner organisations continue to work together at a level above the minimum requirements dictated by NHS financial guidance to understand the impact of pressures, decision making and financial challenges at a system wide level.

The ACP partners are continuing to triangulate financial plans and create 5 year trajectories including where possible impact of the proposals being created by the ACP work streams to understand the pace of transformation being designed and whether these changes to future demand for health and social care provision can be achieved in line with longer term financial sustainability.

The system will continue to use the existing mechanisms in place, such as the blended tariff for urgent and community services as well as risk pool arrangements to manage and mitigate individual organisation financial risks in the short term.

4. Recommendation

The Accountable Care Partnership Board is asked to consider the update of the Month 8 2019/20 financial position, the forecast outturn for 2019/20 and the work of the Finance and Payment Reform work stream of the ACP.

Paper prepared by: Judith Town, ACP Senior Finance Manager and Jackie Mills on behalf of the Sheffield ACP Directors of Finance

Paper sponsored by: John Somers, Chief Executive Sponsor for Finance & Payment Reform work stream 24th January 2020

Appendix A

Table One

FINANCIAL POSITION AS AT MONTH 8 2019/20							
		OVERALL year to date				Efficiency Target Delivery	
ACP Key Partners	Notes	Per Plan Profile () = deficit	Actual YTD () = deficit or overspend	Variance + = better than plan		Per Plan Profile	Actual YTD Variance + = better than plan
		Note 1 £'m	Note 1 £'m	£'m		£'m	£'m
Commissioners							
Sheffield CCG	2	0.0	0.0	0.0		9.8	9.8
Sheffield City Council	3	0.0	0.0	0.0		23.2	17.6
Providers							
Sheffield Teaching Hospitals NHS FT	4	5.5	3.0	(2.5)		13.5	14.2
Sheffield Childrens NHS FT	5	(4.5)	(6.0)	(1.5)		2.3	3.2
Sheffield Health & Social Care NHS FT	6	0.3	1.0	0.6		2.1	1.8
Primary Care Sheffield Ltd		(0.2)	0.0	0.2		0.0	0.0
TOTAL		1.2	(2.1)	(3.2)		51.0	46.6

Table Two

FORECAST POSITION AS AT MONTH 8 2019/20 AGAINST FULL YEAR PLAN							
		Forecast Yearend Outturn Position for 2019/20			Forecast Efficiency Target Delivery		
ACP Key Partners	Notes	PLAN () = deficit	FORECAST () = deficit or overspend	Variance + = better than plan	Per Plan Profile	Forecast Out-turn	Variance + = better than plan
		Note 1	Note 1				
		£'m	£'m	£'m	£'m	£'m	£'m
Commissioners							
Sheffield CCG	2	0.0	0.0	0.0	15.2	13.9	(1.3)
Sheffield City Council	3	0.0	0.0	0.0	32.0	15.8	(16.2)
Providers							
Sheffield Teaching Hospitals NHS FT	4	0.0	0.9	0.9	20.6	21.8	1.2
Sheffield Childrens NHS FT	5	(2.4)	(2.4)	0.0	7.9	7.9	0.0
Sheffield Health & Social Care NHS FT	6	1.0	1.2	0.2	3.2	3.2	0.0
Primary Care Sheffield Ltd		0.0	0.0	0.0	0.0	0.0	0.0
TOTAL		(1.4)	(0.3)	1.1	78.9	62.6	(16.3)