Programme Director Report

For Partner Boards

Sheffield Accountable Care Partnership (ACP)

For the Sheffield Health & Social Care NHSFT Board- May 2019

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Sponsor	Kevan Taylor (Chair of EDG & Chief Executive of Sheffield Health & Social Care NHSFT)

1. Purpose
a. To provide headlines from the progress of the Accountable Care Programme. b. To provide an overview of ACP Programme Activities.

2. Introduction / Background
A short written overview of the Programme activities is provided by the Programme Director for the purpose of each partner board.

3. Is your report for Approval / Consideration / Noting
For noting

4. Recommendations / Action Required by Accountable Care Partnership
See attached actions within the report.

5. Other Headings
N/A

Are there any Resource Implications (including Financial, Staffing etc.)?
N/A

Summary Programme Director Report

Sheffield Health & Social Care NHSFT Board- May 2019

1. Strategic Update

The ACP team continue to work with partner organisations and workstream leads to draft the refreshed '**Shaping Sheffield**: The Plan' document. The plan is being presented to EDG in April and partner executive teams in May as per the agreed schedule.

Chief Executives had an **away day** at the beginning of April. Items discussed at that session included:

- All Age Mental Health Integration
- The future of the Place Partnership
- Joint Commissioning
- Development of Primary Care Networks
- Partnership with the Voluntary, Community and Faith Sector (VCF)
- Future of the ACP Team – Programme Director (Becky Joyce) scheduled to leave at the end May. Job description to be reviewed and recruited to on a permanent basis.

The ACP is working increasingly closely with **Joint Commissioning** to ensure alignment of projects and workstreams and avoid duplication.

Work is underway to understand the underlying Sheffield **financial position** and pressures from 18/19, the efficiency requirement for 19/20 and the schemes/ideas in place to understand the impact over the next few years.

2. Delivery

There has been a positive response from many of the ACP workstreams to the offer of the 2 day '**Transformational Change and System Leadership' course** scheduled for the 10th and 11th June 2019. The session aims to give workstreams opportunity to develop their work plans and make linkages to the other ACP workstreams present at the event. Any workstreams that have yet to provide names of attendees are asked to provide them to Jane Ginner (jane.ginniver@nhs.net).

2.1 Elective Care

The 2019/202 work plan was signed off at the March Elective Board meeting. The priorities identified are:

- Implementation of Integrated Skin (lesions) Community Service Test of Concept
- Implement Tele-dermatology Test of Concept
- Implement Integrated Cardiology (Heart Failure) Community Service Test of Concept
- Implement Primary Care ECG Test of Concept
- Implement ENT Integrated Community Service Test of Concept
- Define and implement integrated care pathway for sustainable allergy services.

- A range of cross-cutting themes as outlined in the plan on a page.

2.2   Urgent and Emergency Care

- Ongoing work to review outcome measures and dashboard development
- Delayed Transfers of Care position remains positive. Key components of the Why Not Home Why Not Today Transformation programme are having an impact on Care Home Sector capacity and flex, Integrating Active Recovery pathways and processes, improving decision making and day to day responsiveness.
- Urgent Care Review engagement process ended and being written up. Large number of responses (3000+) has meant need to elongating timescales. Planning a workshop in May to feedback engagement report.

2.3   Long Term Conditions and New Model of Care

- Nat Jones (natalie.jones47@nhs.net) joined the ACP team on 2nd April to provide 3 days per week of programme management to the workstream.
- LTC Board agreed eight areas of work linking to the 3 objectives (Patients and carers experience/slowing and managing multi-morbidity/integrated models of care) and aligning to joint commissioning.

2.4   Mental Health and Learning Disabilities

- The 2019/20 Programme has now been finalised and will include 36 projects in total, including 10 projects that are focused on Children's and Young Peoples (CYP) services. The concept of a 'Lifespan' approach to mental health has been largely welcomed.
- Additional project management resource has been identified, specifically to lead on Dementia Strategy, Neighbourhood Health and Wellbeing Service and Better (physical health) Care.

2.5   Primary Care and Population Health Management

- Ongoing programme of communications and support to general practices in relation to New GP Contract.
- Transformation Bid Monies Released to Successful 6 Neighbourhoods
- Sheffield City Council South East hub engagement commenced, with next engagement event planned for w/c 22nd April.
- Two volunteers to become primary care champion from the ACP Advisory Group
- Sheffield CCG Primary Care Strategy is being reviewed to ensure this reflects ACP priorities

2.6   Children's and Maternity

- Ongoing work scoping workstreams and priorities for the Children's Health and Wellbeing Board for 2019/20.
- Linkage into Mental Health (all age) and Workforce workstreams made

- Continue to deliver and implement key areas of work, in relation to the Special Educational Needs and Disability (SEND) action plan and Future in Mind guidance.

2.7   Digital

- Kevin Connelly (Chief Information Officer – Sheffield Children's Hospital) presented a digital workstream proposal to EDG 23rd April 2019. EDG agreed to the development of a Strategic Outline Case for an integrated care record by end June, which will include assessment of viable procurement routes.

2.8   Workforce/Organisational Development

- The draft 'Ageing and Dying Well' chapter of the workforce strategy was published for consultation week commencing 22nd April 2019. Conversations to extend this work to become an all-age strategy by the end of September have begun. Plans are in place to gain input from those working with hard-to-reach and vulnerable groups to incorporate into the 'Living and Working Well' chapter.
- The Shadow ACP Board will begin in May, with nominations from all partners now in.

2.9   Pharmacy Transformation

- Community pharmacy led hypertension business case approved at Sheffield CCG Clinical Commissioning Committee in March 2019. IT infrastructure installed and operational for GP/Pharmacist pairs

2.10   Communications and Engagement

- The ACP Advisory Group members have renamed their group the **'Improving Accountable Care (IAC) Forum'**. Activities at last meeting included discussing a draft of the Shaping Sheffield plan, putting forward ideas regarding the design and content of the ACP website, and sharing ideas about what patient and public engagement at neighbourhood level could look like. All workstreams have a potential patient champion from the IAC Forum to work with more closely when the time is appropriate.
- A total of 12 'Listen and Learn' Route 2 bed Interviews have now been carried out; 11 patients aged 65+ and 2 relatives have participated. Interviews with patients in a ward setting (Brearley 2) will commence on 18th April.
- Arrangements are in place to collaborate with Broomgrove Nursing Home and Ben's Centre as part of work to increase the voice and influence of less well heard groups. This will involve staff and service users helping to develop, trial and assess engagement method/s, therefore giving people voice on a topic that matters to them whilst providing the wider health and care system with guidance on engaging with these specific groups

2.11 Prevention

- Date agreed for Dir of Public health to meet with ACP organisational leads to discuss further embedding the prevention approach into each organisation. A framework for these discussions is being developed based on work ongoing within Sheffield City Council.
- Through the Sheffield Partnership Board potential city wide anchor institutions development pilots are being explored

3. Risks

Key risks for each can be found in the workstream highlight reports.   Below is an extract of the high level risks (scored 10 or more on risk matrix)

Risk	Score	Mitigation
Primary care workforce – The risk of not having sufficient workforce capacity to deliver the programme's ambition.	16	Discussion with the South Yorkshire Workforce hub and Local Workforce Action Board to deliver sustainable staffing. Investment strategy required to support growth.
Lack of funding for pharmacist prescriber training, places on courses, mentor capacity	16	Pursue national support through Pharmacy Integration Fund; lobby HEE for increased course capacity; promote benefits to local GPs to encourage mentor sign up
System digital transformation cannot progress due to lack of system wide capacity or dedicated leadership working on this adequately. Insufficient engagement from partner organisations and ownership of option to be selected.	15	Kevin Connolley (SCH CIO) working on behalf of CIOs to lead development of business case
System pressures may delay or halt urgent care transformational changes throughout the winter period	12	Plans agreed with providers to minimise service disruptions where possible at times of system pressure.
Elective programme of work does not deliver against plan due to inadequate resource or lack/lack of capacity	12	New resource identified to support elective Care workstream, expected to commence in May 2019, hosted by SCCG