Sheffield Children's NHS Foundation Trust
Sheffield Clinical Commissioning Group
Sheffield Health and Social Care NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust

Programme Director Report

Sheffield Accountable Care Partnership (ACP)

For SHSCFT Board, 13.2.2019

Date of Report 31.1.2019

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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 the SHSCFT Board Meeting on February 13th 2019

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

Programme Director Report – January 2019
SHSCFT Board, 13.2.2019

This brief report will fall into three sections: Strategic Development, CQC Local System Review, ACP Programme Delivery.

1. Strategic Development

National/Regional

A. The Long Term Plan was published in January 2019 and builds on the commitment of the 5 year Forward View to "make the biggest national move to integrated care of any major western country" (from the 5 Year Forward View Update, 2017). It provides very consistent context to the work of the ACP with themes from the Plan including:

- A greater focus on prevention and primary and community services
- The development of "genuinely integrated teams of GPs, community health and social care staff"
- A move to a more home based model of care as an alternative to hospitalisation.
- A focus on reducing demand on the emergency pathway and turning patients around through ambulatory care more quickly.
- A greater focus on prevention programmes (smoking, reducing obesity, etc) and an intention to direct resources to areas of greater need.
- Greater focus on digital enablement of care for patients and carers to better manage their own conditions and to improve inter-professional communication (through integrated e-health records etc).
- The need to redesign workforce to better attract and retain staff and to enable more general, integrated roles to support the new models of care.
- A continued move to deliver "triple integration of primary and specialist care, physical and mental health services, and health with social care."
- A changing organisational infrastructure with more integrated provision, integrated "place based" commissioning and increasingly shared decisions between commissioners and providers on population health and service redesign.
- The roll out of ICSs everywhere by April 2021.

The intent for legislative change to accelerate progress in line with these aims is outlined. The extent to which the finances provided supports these ambitions can be debated. Specifically the report outlines that investment in mental health and primary medical and community services, will grow at a faster growth rate than the increase in the overall NHS budget.

In terms of timetable for next steps, the report states its expectation that by April 2019 there will be publication of local plans for 19/20 and by Autumn 2019 the publication of 5 year plans. This timetable fits with the agreed timetable for Sheffield of reaching a draft "Shaping Sheffield: The Plan" for April 2019.

From an ACP perspective it remains disappointing that this is not yet a joined up national report for NHS and Social Care given the emphasis on integration.

The forthcoming Green Paper on Social Care will be crucial strategic context. The paper was promised around the same time as the NHS Long Term Plan, but will now be published "at the first opportunity in 2019". The Government has said that the proposals in Green Paper will "ensure that the care and support system is sustainable in the long term". We can expect other topics that will be included to include integration with health and other services, carers, workforce, and technological developments, among others (Dec 2018 House of Commons Briefing Paper on Forthcoming Green Paper on Social Care, LINK).

B. The 'Shaping Sheffield: The Plan' workshops are 5 events taking place at the end of January / early February 2019, as part of the staff and public consultation to feed into an action plan, which will outline the work of the Sheffield Accountable Care Partnership for the next 5 years. This action plan will underpin the existing Shaping Sheffield document, providing tangible outcomes to focus on our agreed aims and priorities. Concerted efforts have been made to ensure that staff / representatives from all the ACP partner organisations have had the opportunity to attend one of the workshops, and a breakdown of the distribution of workshop participants is shown below. We have also worked closely with Healthwatch to ensure that service users have also had the opportunity to attend a workshop. In addition to these 5 events, there are also other ways that people are able to contribute:

- An online survey
- Specific service user focus groups
- One-to-one meetings with staff and service users
- Healthwatch are also undertaking a detailed public consultation process on the long term plan and all of this will inform Shaping Sheffield: The Plan.

a) Learning from external systems is informing our approach. This has included learning from a King's Fund system network (3 days now completed) alongside learning from areas such as Wigan Council which shared their learning of the "Wigan Deal" with Sheffield Council colleagues.

2. CQC Local System Review

A report was provided to ACP Executive Delivery Group on 30th January regarding progress against the CQC Local System Review submitted in July 2018. This same report was discussed at Health and Well-Being Board on 31/ 1/ 2019.

This is the third quarterly update of progress, with the first considered at the September Executive Delivery Group on 5/9/2018. The full report has been shared with the executive lead for the CQC LSR at each organisation with appropriate dissemination within each organisational governance structure. This includes a line by line progress report against the plan and the Why Not Home Why Not Today (WNHWNT) Dashboard – which is being developed to also incorporate staff and patient feedback metrics alongside the key flow metrics it reviews. A summary is provided below, with full papers available on request. ACP EDG considered the following highlights and areas of concern:

Areas of the Plan Progressing Well

A. The system has achieved **significant improvement on DTOC** through close collaborative working and efforts of all parties comprising the Why Not Home Why Not Today group. The WNHWNT metrics shows significant improvement on the trajectory with several weeks under the 45 DTOC target. CEOs have met with Operational Leads and understand the recent improvement, summarised in a short report. This was discussed at EDG alongside views on how sustainable the improvement was. CCG, STH and SCC CEOs had met with Director of Adult Social Care (SCC), Chief Operating Officer (STH) and Director of Out of Hospital Care (CCG) on Monday 28th January. A short paper summarises a collective understanding of the position and this has reassured colleagues that the progress should be something that can be sustained. This will be kept under close review by CEO and COO colleagues.

B. The efforts to develop a **system wide workforce strategy** with staff and patients are developing well. Partners have come together in a Steering Group, working with GE Finnamore. Good progress is being made, 2 large scale workshops with patients and staff were held in December and January, outputs are being collated, alongside data drawn from each organisation. We will be using this information, alongside workforce modelling approach to outline the strategy and supporting delivery plan.

C. Patient experience leads are coming together across the system to **take a more holistic view of the user** experience through our system. Practical actions have been implemented, supported by Healthwatch now working 3 days into the ACP. Actions taken include: a patient panel has been recruited to for the ACP, a number of workshops have been held with service users and the public and a process of "semi structured interviews" are commencing to get whole system service user view on an ongoing basis. All of this will inform city wide ACP strategy and specifically the workforce strategy for Older People.

D. All **governance actions** are now completed – including clarification of role of ACP with Health and Wellbeing Board & decision around an independent chair.

Areas of Concern

The key areas of concern are:

A. Whilst good progress has been made on **DTOC** (see all tasks under section 9 of the action plan) the system needs to keep this under close review to ensure the good progress is maintained.

B. There is considerable **ambition around the implementation of new models of care**, following the move towards integrated commissioning (see tasks references 7.1 – 7.4 in the plan). In the plan we have committed to an end of March deadline for agreeing recommendations for the new model of care and being ready to mobilise by April 2019. This includes scaling up successful pilots etc. This timescale is very ambitious and risks not being achieved. There are several actions we need to agree

- Bringing provider and commissioner discussions together on new models of care for multi-morbidity (we are variously calling this "Older People", "Patients at Risk of Admission". EDG agreed in January to bring these conversations together at its February meeting).
- We then will need to quickly make decisions on resourcing implementation and acting quickly to mobilise these models for winter 19/20.
- The larger strategic commitment to joint commissioning across CCG and SCC is also cited in the action plan (reference 8.2) – again the timescale committed to within the place are challenging (April 2019).

C. Whilst the workforce strategy for Older People is going well, we are not yet set up to be confident on the delivery of an **integrated workforce strategy**. This is a major undertaking and needs full engagement of universities, schools and colleges, plus transformational workforce strategic leadership and capacity across the city. CEOs have committed to consider both leadership and capacity arrangements for this.

D. We committed to reviewing **digital inter-operability** in the city. This business case for an integrated care record is underway, but will require commitment from all partners and needs close EDG attention.

E. We committed to a **new relationship with the voluntary sector** in our action plan (see tasks 5.1-5.3). We agreed to consider how to "enable the VCF to have capacity to provide strategic leadership to the ACP and be a full partner". We have not yet reached agreement on what this looks like.

3. ACP Programme Delivery

A. MH & LD and Children's and Maternity workstreams held a **joint programme** workshop on 7 December 2018 and developing an **all age mental health care model.** The workshop was an excellent event with very high levels of engagement from all stakeholders. The outputs relating to overall vision, priorities, and first steps are being pulled together by the programme teams. CEOs are discussing how to take this work forward through the possible establishment of a joint board.

B. **The Long Term Conditions** leadership team have held a series of sessions, to re-clarify shape and priorities of the programme. Core messages for EDG from the January meeting include the team are increasing practical programme management for delivery, working up an integrated care model for multi-morbidity (through group of clinicians, CCG/ STH), identifying how Person Centred Care can be threaded throughout the ACP, and reviewing COPD and Frailty Sheffield Outcome Fund cases.

C. There are parallel discussions taking place on potential **new models of care for multi-morbidity / admission prevention from a provider perspective**. Similar discussions are taking place from a **commissioning perspective**, with this population group expected as the first priority for joint commissioning between CCG/ SCC. There is an opportunity to bring this work more formally together and CEOs have committed this full discussion should take place at February EDG.

D. **Pharmacy Transformation:** A hypertension business case has been developed – for a community pharmacy led shared care hypertension service. This needs to be viewed in the context of the overall new care model being developed.

E. The **"Primary Care and Population Health"** workstream is mobilising against its 5 priorities. The overall programme manager, Mel Myhill, has commenced in post which will accelerate progress. The first system wide neighbourhood task and finish group took place, with representatives from all part of the system and operational colleagues across CCG and SCC are coming together to mobilise a single system approach. Operational colleagues from community will join this team, and the mental health team have identified they want to increase support for this mobilisation team.

F. November EDG supported greater ownership from the ACP on next steps relating to **urgent primary care,** following the CCG consultation between September 2017 and January 2018. Current workshops taking place across the system to understand the problem, and consider ownership and next steps in light of this.

G. In relation to the question as to whether the **children's UTC should be "decoupled"** from the overall urgent care consultation, representatives from the Children's Trust and CCG have had a constructive meeting following the agreement at the 14th December 2018 meeting to outline what decoupling would look like and make an informed view on the way forward having considered the risks. The teams explored some of the practicalities of decoupling, the concerns around the associated risks to both organisations. The teams reiterated their commitment to maintain a good working relationship as they have a shared aim to provide the best possible care for children and young people. The Trust subsequently confirmed that it will not progress its request for paediatrics to be decoupled from the adult process following the outcome of the first consultation. The Trust will commit to taking part in the second consultation, subject to the setup of time to engage on seeking views on time to paediatrics specifically (staff and public) and confirmation from the CCG that the process will enable adults and paediatrics to be de-coupled if required at the decision point in May 2020. The Trust will progress to the next stage of architect plans for our ED and AAU to ensure its timetable for any other requirement (e.g. colocation of UTC patients) sits with the consultation/decision process the CCG have outlined i.e. decision known by May 2020.

H. The **Children's Work Stream** has agreed integrated pathways for sleep, continence, allergy, challenging behaviour and advice and guidance. A joint OFSTED/ CQC inspection took place in November, with some critical informal feedback for the system. Formal outcome awaited. A project manager, Leonie Redfern, has been appointed in November and will help drive forward this programme when she commences in post in Q4 2018/ 2019.

I. **Organisational Development** – The Sheffield Leader Cohort 2 (formerly known as Liminal Leadership) commences in March. Participants are currently being recruited from across all partners.

J. **Integrated Care Record:** Despite positive progress in the last period, the project remains at Amber/Red status. An outline business case (OBC) for a Sheffield Care Record and Patient flow has been draft but is not yet complete. Further clinical engagement is required to ensure the user needs and requirements are understood and endorsed by clinical leaders, prior to finalising any solution appraisal and selection. This will build on the positive clinical / service lead and supplier engagement across all ACP Partner organisations. The current plan is to complete 2 workshops in March-19 to develop and endorse the user needs and requirements, and to demonstrate a number of potential solutions. The output of these activities will enable the OBC to be finalised for assurance at each organisation and with the ACP. Costs, benefits and the risks of losing capital from NHS England have been fully assessed. A full update is provided in the highlight report.

4. Cross-Cutting Risks

A set of key themes around programme risks are taken from the highlight reports:

Risk	**Mitigation**
UEC have raised the risk of operational pressures impeding transformation work.	Review of links between transformation and performance aspects of workstream taking place
Primary care workforce as a key risk to deliver the ambition of the primary care workstream.	Team linking with SY Workforce Hub and LWAB on this issue.
Financial constraints that may impede setting up a true population health approach	Deputy Programme Director for Delivery – ACP to work with team to build business case and understand need.
Project/ programme management support to help drive programmes forward identified as risk in a number of programmes (MH & LD- for dementia, psychiatric decision unit, neighbourhood health and wellbeing service).	Overall, this risk has reduced with the appointment of a number of posts, but risk still apparent and is slowing progress in some areas. We need to start re-shaping some of our collective resource in line with ACP priorities in order to accelerate the system wide work
There are a number of risks associated with the integrated care record. - Potential loss of capital funding allocated by NHS England This follows SHSC stating they wish to use this 'EVIE' product as their shared record viewer and patient flow capability. Moreover, the clinical engagement and solution appraisal work planned for March, should support utilising the entirety of the allocated funding in Q1 2019/20. - Insufficient engagement from partner organisations and ownership of option to be selected	NHS England have indicated there is some flexibility to utilise a proportion of the funding I Q1 2019/20 but the ACP partners need to use a proportion of the funding in 2018/19. Priority activity is ongoing to find a resolution to this, with SHSC having potential to utilise a proportion of the funding to develop the capability (known as EVIE) they are deploying as part of being a fast follower to Worcester Acute Trusts Global Digital Exemplar. - Engagement events planned Feb/ March to inform final solution selection - All EDG Executives/ CEOs agreed to ensure appropriate organisational representation at events – and agreed to follow this up with CIOs.

5. Other

Most additional members of the central ACP team started in post in January. The team is as follows:

- Rebecca Joyce, Programme Director
- Jane Ginniver, Deputy Programme Director – Development
- Laura Cook, Health watch Patient and Public Engagement Lead
- Ryan Ealand, PA to the Programme Director
- Kathryn Robertshaw, Deputy Programme Director – Delivery
- Steve Roney, Project Support Officer
- Judith Town, Finance Lead
- HEE Workforce / Programme Manager (post being appointed to on 7th February)