

Board of Directors - Public

SUMMARY

Meeting Date: 24 November 2021
Agenda Item: 06

Report Title:	Chief Executive Briefing	
Author(s):	Jan Ditheridge, Chief Executive	
Accountable Director:	Jan Ditheridge, Chief Executive	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	N/A
	Date:	N/A
Key points/recommendations from those meetings	-	

Summary of key points in report

For the Board to consider issues in relation to our strategic priorities and Board Assurance Framework risks.

The Board are asked to consider and discuss the implications, opportunities and risks of the Autumn Budget and Spending Review for Sheffield Health & Social Care NHS FT and our system partnerships.

The Board are asked to reconsider the H2 planning priorities and if there is anything further we need to do to ensure we are focussed on the right things to contribute to the achievement of them.

The Board are asked to consider the Care Quality Commission Report “The State of Health & Adult Social Care in England 2020/21”, what can we learn from it and are there any further considerations for our own priorities and risks?

Recommendation for the Board/Committee to consider:

Consider for Action	X	Approval		Assurance		Information	X
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Please identify which strategic priorities will be impacted by this report:

Covid-19 - Recovering effectively	Yes	X	No	
CQC Getting Back to Good – Continuous improvement	Yes	X	No	
Transformation – Changing things that will make a difference	Yes	X	No	
Partnerships – working together to make a bigger impact	Yes	X	No	

Is this report relevant to compliance with any key standards?					State specific standard
Care Quality Commission Fundamental Standards	Yes		No	X	
Data Security and Protection Toolkit	Yes		No	X	
Any other specific standard?					
Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	Yes	X	No		Planning guidance focus on pressures/ experience post CoVid.
Financial (revenue & capital)	Yes	X	No		Spending review will impact on funding streams.
Organisational Development /Workforce	Yes	X	No		Vaccination legislation.
Equality, Diversity & Inclusion	Yes	X	No		Planning guidance focus on inequalities should influence our service plans.
Legal	Yes		No	X	

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Purpose

The purpose of this report is to inform the Board of current national, regional and local policy and issues that require consideration in relation to our strategic priorities and Board Assurance Framework risks, and to stimulate Board strategic discussion.

1. National Publications

1.1 Autumn Budget and Spending Review October 2021

The Chancellor of the Exchequer Rishi Sunak delivered the Autumn budget and spending review on 27th October, with the aim to “begin the work of preparing for a new economy post CoVid”.

The speech focussed on the government’s “levelling up” agenda, providing increased support for early years education and infrastructure funding.

Key points from the Review

- a. It was reported that the UK economy is expected to grow by 6.5% in 2021, by 6.0% in 2022 and 2.1% in 2023. Unemployment is expected to rise 5.25% during the winter, much lower than originally predicted.

While this is good news for society it does make recruitment for the National Health Service and Sheffield Health & Social Care NHS FT challenging with significant competition, particularly for non-registered professional roles.

- b. *Revenue Funding*

The Department of Health & Social Care (DHSC) revenue budget will grow from £147.1bn in 2021 to £177.4bn in 2024/25 – an increase of 4.1% annually. NHS England/Improvement budget will grow from £136.1bn to £162.6bn in 2024/25 – an increase of 3.8%.

The Health Education England (HEE) budget was not specifically mentioned other than the government promise to spend “millions of pounds” additional funding on the workforce over the next three years.

The Public Health grant will be maintained up to 2024/25 and the additional investment to support people to achieve a healthy weight will be maintained. There will be an additional £66m by 2024/25 to support the Start for Life offer for families.

The funding includes the £8bn over the next three years to tackle the elective waiting list backlog increased significantly through the pandemic, with the aim to be delivering 30% more elective activity by 2024/25 than before the pandemic.

- c. *Capital Funding*

The Department of Health & Social Care capital budget will rise by 3.8% a year to 2024/25 to £11.2bn. This is the highest capital budget since 2010. The NHS will receive £5.9bn over the next three years to support elective recovery and digital technology transformation including, for example, new surgical hubs, transforming diagnostic services and improved digital solutions to enhance connectedness and effectiveness.

£150m has been identified for investment into mental health facilities associated with Accident & Emergency and to enhance patient safety in mental health units, building on the £300m to eradicate dormitories in mental health units.

The government also recommitted to invest £3.1bn on the New Hospital programme and £1.1bn on the Hospital Upgrade programme first announced in 2020.

d. Social Care

Local government will receive a 3% increase in core funding as well as a new grant funding for all services including adult social care.

In September the government announced the health and social care levy which will fund the £4.5bn that the social care sector will receive over the next three years.

e. Public Sector Pay

The public sector pay freeze will end and there will be a return to the independent pay setting process. It is expected that public sector workers will see pay rises over the next three years.

f. Apprenticeships

Funding will increase by 2.7bn by 2024/25 to support Apprenticeships.

This budget and spending review clearly has significant implications and opportunities for SHSC to continue to improve its offer to our communities.

The availability of capital is critical to us and well-rehearsed by the Board. We should welcome the public health focus on healthy weights and early life starts as important preventative activities for the people we serve.

The focus on elective recovery is palpable, evident in the recent planning rounds and focus at performance discussions nationally, regionally and at system level. This priority is primarily focussed on physical healthcare, although it is important mental health, learning disability and substance misuse services continue to focus on recovery, understanding what may have changed during the pandemic and how we respond to that.

National leaders are promoting the mental health recovery agenda which may be tackled through the proposed refreshed mental health strategy, sponsored by the Secretary of State for Health & Social Care, Sajid Javid. We will continue to focus locally through our strategic priority (CoVid - Recovering Effectively) and the work we are developing with the South Yorkshire Mental Health Alliance.

The Board are asked to consider and discuss the implications, opportunities and risks of the Autumn budget and spending review for SHSC and our system partnerships.

The outputs from this budget will be closely monitored and considered in our planning, discussions with commissioners and system colleagues and looked at in detail where relevant through our Board committees.

Full details are available here: [Autumn Budget and Spending Review October 2021](#)

1.2 2021/22 Priorities and Operational Planning Guidance: October 2021/March 2022

On September 30th NHS England/Improvement set out the plan for the second half of the year (H2) reaffirming the priorities set out in March 2021.

These priorities, by way of a reminder are:

- Support the wellbeing of staff and act on recruitment and retention
- Deliver the CoVid and Flu vaccination programmes and continue to meet the needs of our patients with CoVid
- Transform delivery of services, taking the learning from CoVid
- Accelerate the restoration of elective and cancer care and manage the increase in demand in mental health care services

- Expand primary care capacity to improve access, local health outcomes and address health inequalities
- Transform community urgent and emergency care to reduce Emergency Department demand, improve timely admission to a hospital bed and reduce length of stay
- Demonstrate partnership working at Place and System to deliver these priorities.

Focus on mental health has been enhanced with further detail in H2 to include a focus on improving access to services for people with mental health and learning disabilities and or Autism, ensuring face to face appointments are available, reducing out of area placements and long stays in hospital and increasing access to talking therapies, perinatal services and employment support.

We will continue to monitor these areas in our Integrated Performance and Quality Report.

Tackling inequalities is reinforced, continuing to focus on the five key areas of:

- Restoring NHS services inclusively
- Mitigate against digital exclusion
- Ensure data sets are accurate and timely – this area is attracting significant focus because of its importance to influence change by focussing on “communities” most at risk
- Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes
- Strengthen leadership and accountability

SHSC has been building our operational plan in line with this guidance and will continue to do so. This will be agreed and monitored through our committees with Board oversight and sign off.

Some of the timescales regarding funding streams and data requests for submission remain challenging. However, the Board have discussed and agreed our plans that directly relate to the delivery of our key priorities.

There are indications that there are plans to increase the planning scope beyond 6 months now that we have budgets and financial plans set until 2024/25.

The Board are asked to reconsider the planning priorities and if there is anything further we need to do to ensure we are focussed on the right things to contribute to the achievement of them.

Our Director of Special Projects (Strategy) and Executive Director of Finance continue to lead on this work and bring relevant elements to the Board’s attention in a timely way.

1.3 Vaccination as a Condition of Employment for all Healthcare Workers

On the 9th November the DHSC formally announced that individuals undertaking CQC regulated activities in England must be fully vaccinated against CoVid no later than April 1st 2022 to protect patients, regardless of their employer. This announcement is subject to Parliamentary process.

This means that unvaccinated individuals will need to have their first vaccine dose by 3rd February 2022 to be fully vaccinated by April 1st 2022.

The government policy considers those who are medically exempt, under 18, do not have contact with service users or are participating in clinical trials.

SHSC are committed to ensuring that all our service users and staff are protected and safe in line with all measures available to us. We will continue to actively promote the vaccine, listening to and providing information to those who are hesitant and risk-assessing those who are unable to have it.

The Board are aware that care home staff are already subject to this policy and other than a very small number most of our staff working in our care homes have received the vaccines and continue to

work in those areas. Those not able to have the vaccine or who have chosen not to have been risk-assessed and redeployed accordingly.

The Board will be updated through the standing agenda item and priority “CoVid – Recovering Effectively”.

1.4 Development of the Integrated Care Boards (ICB)

Following the recruitment and appointment to the Chair and Chief Executive roles, NHS England & Improvement published example role profiles for the ICB executive roles. ICBs are required to have as a minimum a finance director, medical director, and director of nursing. The design framework also specifies the requirement for a named Senior Responsible Officer for workforce and digital transformation.

The role profiles align with the six ICB leadership competency domains which are:

- Setting the strategy and delivering long term transformation
- Building trusted relationships with partners and communities
- Leading for social justice and health equality
- Driving high quality sustainable outcomes
- Providing robust governance and assurance
- Creating a compassionate and inclusive culture

The Chair and Chief Executive of the ICBs will use these profile examples to support their recruitment strategies.

The appointments are expected to be made by 31st December 2021.

The leadership competencies will be reflected as appropriate in our own Leadership Development Framework to support the development of a pipeline of system leaders and promote competent partnership working.

1.5 The State of Health Care and Adult Social Care in England 2020/21

The Care Quality Commission have published their annual assessment of the quality of health and care in England.

The key themes include:

- The impacts of CoVid on people’s experience of care and how many are struggling to access the care they need due to the strain on health and care services
- Significant pressures in social care due to workforce challenges and warnings of a “Tsunami of unmet need if this is not addressed”
- Some groups face greater challenges of access
- Services are keen to tackle waits with a focus on health inequalities

The report recognises the rising demand for mental health services.

The report pays particular attention to the significant quality concerns that arise from Closed Cultures, noting a higher risk of occurrence within mental health services.

Finally of note, the CQC referred to the challenges for integrated care systems, including the need to better understand health inequalities, better integration of health and social care and the urgent need to prioritise workforce planning.

The Board can read the full report at <https://www.cqc.org.uk/publications/major-report/state-care>

The Board are asked to consider this report, what can we learn from it and are there any further considerations for our own priorities and risks.

1.6 System and Place

Development of the new arrangements for Integrated Care Systems (ICS) and Place based health and care continue to develop.

The Board will discuss our contribution in more detail during our development element of the Board in the confidential session. Progress of the ICS development will be shared during our Transformation section

1.7 Urgent Care

a. Demand for all services across the health and care sectors continues to be high and workforce vacancies and fatigue exacerbate the challenges.

b. *Children & Young People*

Our regional colleagues have convened a Risk Summit with Sheffield Teaching Hospitals, Sheffield Children's Hospital and Sheffield Health & Social Care NHS FT senior leaders to consider how the pathway for young people with a mental health problem and particularly when in crisis and need a bed can be improved. While the numbers are small, the impact of the experience is significant for the service user, their families and staff when an inpatient stay is required, and a bed is not readily available.

The Board will know that our teams support and assess young people under the age of 18 when they arrive at the Emergency Department with mental health problems. Our Sheffield Children's Hospital Children & Adolescent Mental Health colleagues provide the community, home treatment and inpatient services. They are presently only able to provide limited support to our adult teams for the assessments.

A small number of young people have experienced really long waits to access on-going care and end up waiting in the Acute setting. The Board will remember that in the past SHSC admitted young people waiting for a bed to our Decisions Unit which attracted significant criticism and regulatory action from the CQC because of the inappropriateness of the setting for a young person. Despite many attempts it has not been possible to find a suitable solution to ensure that this group are placed in a timely way into environments suitable for their age and needs with staff who are suitably trained and qualified to care for them. There are a number of things in place to mitigate this position, but it is not a good experience for the young person or the people trying to care for them.

Our teams and Directors are committed to contributing to the solution and are keen in the longer term to develop a pathway for young people that goes beyond the age of 18 to ensure all young people have optimal care and we reduce the chance that they will transition appropriately to adult services.

We will report back to the Board and Quality Assurance Committee following the Risk Summit hopefully having made some progress.

c. *Adult Crisis Services*

Earlier in the year flow issues were creating long delays and on occasion breached the 12-hour target for adult service users requiring a bed having presented at A&E. While flow is still a challenge driven by our bed closures for essential improvement work and increased demand, long waits in A&E have significantly improved and there have been no breaches due to adult mental health waits in the recent past. This is as a direct result of the consistently hard work of our acute and crisis teams, working in partnership with our Acute colleagues to find the best options for the service user.

1.8 Statutory Inquiry into COVID-19

The Prime Minister has announced that the Government will launch an independent Public Inquiry into the Government and public sector response to the COVID-19 pandemic. Any organisation could be required to provide evidence to the inquiry and NHSE/I notified local NHS organisations that they must start preparations. The inquiry is not due to start until next year but we are taking steps to preserve potentially relevant documents including records of decisions, the process by which decisions were reached and the evidence and data used to support them. The Director of Corporate Governance will lead this process.

2. Local Issues

2.1 Involving, Engaging, Learning

There have been a series of CoVid safe events to engage and involve all our staff in the activities and priorities of Team SHSC and to provide them with the headspace to think, reflect and enjoy some different and pleasant surroundings.

It has been an opportunity to share information, bust myths, generate ideas and views and for staff to ask their leaders “anything” face to face.

The events have included:

- **Autumn Away Days** – exploring our strategy, culture and values, anti-racism, estate plans and wellbeing - with focussed workshops for our Administrative, Clinical & Social Care staff and our Corporate staff
- **Working Together Conference** – our annual gathering organised by our Ethnically Diverse Staff Network Group exploring many of the themes and work being undertaken to improve our inclusive programme and eradicate racism
- **Restrictive Practice Conference** – sharing learning, good practice and progress in our aim to significantly reduce the use of restrictive practice in SHSC
- **Safeguarding Conference** – building on the work to improve our safeguarding approaches, sharing learning and good practice across a wide range of our staff

Many Board members have been involved and been able to listen, learn and share. We will take feedback from all these sessions and learn so we can build on them to create more opportunities to involve engage and learn in this way as long as it is safe to do so.

2.2 Service Quality Reviews

As part of our improvement journey (Getting Back to Good) our Improvement Directors agreed to organise a range of service visits to many of our services, to test out our quality arrangements and where we are against the CQC standards. This was done in full co-operation with the services and the visiting teams consisted of NHSE/I improvement colleagues (national and regional), colleagues with lived experience, commissioning colleagues, and our own staff acting as peer reviewers – 27 people in all visiting 12 services over a very busy two-day period.

The team have given very high-level initial feedback to the teams, Quality Executives and the Chief Executive, and the team leaders intend to produce a written report and further verbal feedback to aid learning.

Initial feedback has been very positive, well received by our teams and while there are things to pay attention to there was nothing that required urgent attention or of immediate concern.

The Board will of course receive comprehensive feedback once available.

I would like to thank everyone involved in this activity, it is a great way to learn, hear what our service users are experiencing and see our organisation through fresh eyes. It's really pleasing to know that the teams were received well, and staff felt able to be open and proud about the services they deliver.