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

ACP Director Report

Sheffield Accountable Care Partnership (ACP)

Executive Delivery Group

21 June 2019

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1. Purpose

- To provide headlines from the progress of the Accountable Care Programme.
- To provide an overview of ACP Programme Activities.

2. Introduction / Background

A short written overview of the Programme activities is provided by the ACP Director for the purpose of the June 2019 ACP Executive Delivery Group.

It is important to note that whilst the document displays workstreams as discrete piece of work for simplicity, there is much overlap and interdependency between them. It is expected that members of the ACP Executive Delivery Group who are leads for each workstream work, together with system partners, to ensure that these interdependencies are understood as the programme moves towards delivery.

3. Is your report for Approval / Consideration / Noting

For noting

4. Recommendations / Action Required by Accountable Care Partnership

Key points to note:

- Shaping Sheffield Plan developed with good cross system engagement is now ready for final formal sign off by ACP Board and Health and Wellbeing Board

- Re-visioning work underway for LTC Board

- Note risk log at end of the report.

5. Other Headings

N/A

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

N/A

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Summary ACP Director Report

June 2019

1. Strategic Update

A final draft of the **Shaping Sheffield**: The Plan' is being presented to ACP Board on 21st June for sign of, before being submitted to the Health and Wellbeing Board on 24th June for formal ratification.

A review of **chief executive sponsorship** of the ACP and the workstreams is ongoing, taking into account recent changes in CCG leadership.

The ACP team continue to work closely with the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) to inform the development of the **SYB response to the NHS Long Term Plan**. An initial meeting was held on 23rd May 2019 bringing together strategic leads from across SYB, looking to identify where delivery at an SYB level would be most beneficial. The timeline for submission outlined at the meeting was that expected a draft to be ready by August 2109 with final submission to NHSE&I in October 2019 but this is still to be confirmed centrally. Next planning meeting scheduled for 21st June.

Work continues to develop closer alignment of **Joint Commissioning** and ACP and bring strategic and clinical leaders from the provider organisations into the work. Focussed work this month has taken place to develop a single narrative for joint commissioning, illustrating the relationships and responsibilities of the different committees and their relationship to the ACP.

Two day development session for workstreams was held 10-11th June which was facilitated by NHS Improvement. This gave workstreams opportunity to focus on developing their delivery plans and to make connections between their areas of work. It has identified the need for additional work by the ACP to ensure workstreams have sufficient opportunity to work as a system rather than driving work forwards in their individual work spaces.

ACP Director now attending City **Strategic Estates** Group, several workstreams have identified access to estates a potential limiting factor in their development of services and community based working. The group has a key role as an enabler to many of the ACP work areas.

ACP Programme Director recruitment ongoing. Shortlisting w/c 17th June, interviews planned for 12th July.

2. Delivery

2.1 Elective Care
- Participation in the ACP transformational change event (10-11th June) assisted in the development of the Ear Nose and Throat (ENT) plans.
- Cardiology plans are progressing with training and development plans to support use of ECG in community in place – have identified need to link with strategic estates group re: accessing void space in LIFT buildings

2.2 Urgent and Emergency Care
- The communications and engagement report of the Urgent Care Review has been compiled. A final workshop with public and partners was held on Thu 6 June, agreeing with our partners and public reference group the final set of problems.

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- 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. Ongoing discussion with Chief Operating Officers regarding the governance of the Active Recovery integration
- Significant decreases in both delayed hospital days and numbers of delayed patient since early 2018. Independent sector have increased the number of pick up's which is significantly contributing to the increase in flow.

2.3 Long Term Conditions and New Model of Care

- The LTC Delivery Group attended the 2 day workshop (10-11 June) led by NHS Improvement on insights into System Transformation. The group utilised the workshops to develop the LTC mission. This included building a new vision with underpinning guiding principles. During the two day workshop the group developed their vision for 'Prevent, reduce and delay multi-morbidity' with a particular focus on people with one or more health conditions'. A future time out session has been proposed to develop a second strand of work for 'care outside of hospital. The group's proposals will be presented to LTC Board on the 24th of June.

2.4 Mental Health and Learning Disabilities

- The 2019/20 transformation programme has been refreshed. The programme is based on a Lifespan approach, ensuring that there is a seamless continuum of care in Sheffield. Appropriate governance processes are currently being established to reflect this new approach.
- Work has commenced on the 'expert by experience' led 'stress test workshops' to support the Transitions Project. It is envisaged that the outcome(s) of these workshops will help inform the mandate for the project.
- Funding has been secured for the development of a Home Intensive Treatment Service for children and young people (CYP). We are now about to enter the 'design and implementation' stage.
- Expressions of interest are being invited from organisations to develop a robust and sustainable framework of coproduction. The deadline for responses is 10th June 2019.
- A specification (and funding envelope) for a 'Voluntary, Community and Faith Sector Conduit' post has been agreed with the Mental Health Partnership Network. This will be advertised within the next two weeks and will be hosted by Sheffield MIND.
- A project manager (PM) post is currently 'out to advert'. The post holder will project manage the Dementia and Physical Health projects.

2.5 Primary Care and Population Health Management

- Primary Care Strategy has been refreshed and submitted to CCG Primary Care Commissioning Committee (PCCC) for sign off before submission to the ICS.
- 15 Primary Care Networks have been established. Clinical Directors across PCN's have been appointed.
- Continued support and review of transformation projects across neighbourhoods
- Work to establish a South East hub to support the Early Help Strategy is ongoing
- Continued work around Data Sharing and Information Governance across Primary Care and the digital work streams to support population health management

2.6 Children's and Maternity

- SEND Written Statement of Action submitted and approved by Ofsted and CQC. Highlight reporting process developed to ensure appropriate governance and oversight for the operational management of the action plan.
- Undertaken stakeholder engagement, established steering group and identified proposed project starting point for the community nursing model.
- Working group established for the Community Paediatric Pathway ASD and ADHD with strong representation from school, SCH, local authority. Aim is to move to delivery of care in locality "hubs".
- Eating Disorders Integrated pathway designed and developed. Key elements include a focus on prevention, single point of access accompanied by a virtual service offer. Workforce modelling commenced and Executive Group established , all providers effectively engaged and fulfilling tasks within redesign
- Great Start in Life Strategy consultation has taken place with key stakeholders. A revised draft of the strategy has now been developed. This will be considered at a further stakeholder meeting with the view to the Strategy then being endorsed.
- Timeline agreed for Children and Young People's Strategy for 2020-2023 engagement process and development. Aim to have Strategy finalised by April 2020.
- Ongoing to work across ACP workstreams to ensure with Children and Young People priorities are represented across ACP Programme

2.7 Digital

- The Strategic Outline Case for a shared care record development is ongoing. On track to issue a draft document end of June-19
- Engagement with Directors of Finance is ongoing, to confirm organisational digital allocations and potential affordability of the unified record.
- The NHS England funding position has been confirmed and the NHS England lead has been updated through the ICS Digital Board.
- Engagement with and learning from the Yorkshire and Humber Care Record and Barnsley is ongoing
- GovRoam connectivity project is being progressed through SY&B ICS, plan to establish reciprocal connectivity across all partner sites by end Sept 19. Issues anticipated where sites currently supported by outsourced IT contracts.
- John Soady (Public Health) has agreed to be the Population Health Management lead within the ACP Digital strand, providing the link into the ACP Primary Care Workstream.

2.8 Workforce/Organisational Development

- Engagement event for children, hard-to-reach and vulnerable adults scheduled and promoted
- First Shadow Board module held, first Shadow Board meeting scheduled for 20th June
- 'Leading Sheffield' cohort one concluded and immediate evaluation completed, planning started for cohort two
- 'What Matter to You' day 6/6/19: system wide co-ordinated approach raised awareness of this
- Ben Chico and Nat Jones from the ICS have met and shared workforce priorities
- Identified system-wide human resource issues that this group could / should address for EDG discussion

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2.9 Pharmacy Transformation

- Participation in the ACP transformational change event (10-11th June) assisted in the identification of gaps in the programme
- Pharmacists participating in joint working pilot have been briefed and mobilised
- Workstream continues to contribute to locality events about the role of pharmacy workforce in emerging PCNs

2.10 Communications and Engagement

- Meetings held with representatives from Sheffield Children's Hospital and Sheffield Teaching Hospitals to discuss ACP patient and public engagement and plans to involve the voluntary sector in engagement activity.
- Survey for care home residents has been developed so that residents can share their experiences around disabled access to optician and dental services. Eight surveys have been completed to date.
- Interviews to capture older people's experiences around hospital stays are ongoing. The interviews are aim to capture experiences of returning home with a social care package in place. Separate interviews to capture people's journey from prior to the hospital stay through to present days are also taking place.
- Improving Accountable Care Forum met 4th June. They discussed person centred care, 'what matters to you?' isolation, joined up-working across the system and reviewed a draft of the Shaping Sheffield lay summary.

2.11 Payment Reform
- The Payment Reform Workstream will re-issued offer to work with Delivery Groups and Boards to allow financial and contracting issues to be resolved at the same pace as the programmes develop and provide support from their wider system knowledge in the context of the Better Care Fund and Joint Commissioning. Elective Care keen to take up the offer

3. Risks

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

Risk	Score	Mitigation
Revenue Affordability for Shared Care Record Project	20	1. ACP Finance Lead has been identified to support activity across the ACP on this. 2. Strategic Outline Case will include costs-benefits estimates and must gain endorsement from ACP partners if project is to be viable. 3. By Outline Business Case a more robust cost estimates and a detailed benefits realisation plan will be completed for assurance.

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Shared Care Record Project Capacity of Clinical and IT/Digital Leaders @ ACP Partners Due to the operational pressures on Sheffield ACP Partners and their Clinical and IT/Digital leadership, there is a risk that insufficient capacity exists to drive this programme at requisite pace to secure funding and then deliver against it.	20	1. ACP Digital Delivery Board established and all Partner leads are to be confirmed by end May '19. 2. Programme lead resource is currently funded through SYB ICS and also other ACP Digital leads are working with Sheffield to input and ensure shared learning. 3. Resource requirements to build OBC will need to be stated in the SOC and consideration then given to fund through monies already drawn down from NHS England.
Active CCG Leadership Capacity for Shared Care Record Project. Successful care record schemes across the country have typically been driven through CCG and primary care leadership, and central funding is typically sourced from national primary care allocations.	16	Sheffield CCG to review capacity and inputs to the programme, including GP leads also.
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
The risk of not having sufficient workforce capacity in primary care to deliver the primary care programme's ambition.	16	Ongoing discussions with the South Yorkshire Workforce hub and LWAB to deliver sustainable staffing and to develop an investment strategy that is required to support growth.
Potential systemic issues mean change to transitions processes is resisted or cannot be enacted.	15	ACP EDG has been asked to assume 'ownership' of the issue. Project mandate will be informed by experts by experience and service users via 'stress test workshops' that have been arranged.
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