Report to Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Report of: Cllr Christine Peace - Cabinet Member for Health and Social Care and Dr. Tim Moorhead, Chair of the CCG

Subject: Update on the work of the Accountable Care Partnership

Author of Report: Rebecca Joyce - ACP Programme Director

Summary:

The Sheffield Accountable Care Partnership (ACP) comprises seven partner organisations in the City (Sheffield City Council, NHS Sheffield Clinical Commissioning Group, Sheffield Children's NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, Primary Care Sheffield Ltd, Voluntary and Community Sector). The ACP vision, signed by the original 6 partners in September 2017 (with VCSE offered and accepting full membership in June 2018) is as follows:

> *"Improving the health and wellbeing of Sheffield's residents through the promotion of a health and wellbeing culture in all we do and the development and delivery of a world class health and care system"*

This report is the first of a 6 monthly report to Scrutiny. It therefore provides an overview of the strategic and operational development of the ACP and will take the following structure:

1. Introduction and context
2. Strategic Background to the Development of the ACP
    a. National context
    b. Regional and City Strategic Context
    c. Fit of the ACP within the overall Health and Care System
3. What is the ACP and what does it do?
4. ACP Transformation Approach
5. Progress Made by an ACP way of working
    a. Outcomes already achieved
    b. Work currently underway
6. What's next for the ACP
7. What does this mean for the people of Sheffield
8. Recommendations for the Scrutiny Committee

In the final section Scrutiny will be invited to debate what it wants to achieve from the 6 monthly updates and how it can best scrutinise the work of the ACP.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	X
Other	

SCC Scrutiny Committee is asked to note and consider:

- National, regional and local strategic background to the development of the Sheffield ACP, progress and key next steps.
- Key next steps towards developing “Shaping Sheffield: The Plan” and supporting delivery plan to bring together the work of the ACP.
- The importance of the CQC Local System Review work to the overall direction of the ACP
- The progress on public accountability to the development of the ACP.
- The ACP team acknowledges the unique position of elected members on Scrutiny to represent their community and the people within them. Therefore we ask Scrutiny colleagues to debate what it wants to achieve from the 6 monthly updates and how it can best scrutinise the work of the ACP.

Background Papers:

There are a number of wider city and regional documents which provide strategic context to the work of the ACP:

- State of Sheffield Report 2018, produced by the Sheffield Partnership Board LINK
- The work of the Health and Wellbeing Board LINK
- Shaping Sheffield Plan LINK
- The Joint Strategic Needs Assessment (which provides over-arching information on the current and future health and wellbeing needs of Sheffield people) LINK to website
- The wider vision and plans of the South Yorkshire and Bassetlaw Integrated Care System LINK

At national level, the following reports provide important strategic background:

- Social care: the forthcoming Green Paper (England) House of Commons Library Briefing Paper, No 8002 (published 14 December 2018) LINK
- The NHS Long Term Plan (January 2019) LINK

Category of Report: OPEN

Report of the Cabinet Member for Health and Social Care and the Chair of the CCG

An Update on the Accountable Care Partnership

1. Introduction/Context

The ACP is a partnership comprising seven partners in the City (Sheffield City Council, NHS Sheffield Clinical Commissioning Group, Sheffield Children's NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, Primary Care Sheffield Ltd, Voluntary and Community Sector).

The ACP vision, signed by the original 6 partners in September 2017 (with VCSE offered and accepting full membership in June 2018) is as follows:

> *"Improving the health and wellbeing of Sheffield's residents through the promotion of a health and wellbeing culture in all we do and the development and delivery of a world class health and care system"*

This vision statement is being reviewed as part of the extensive consultation taking place to refresh and build on Shaping Sheffield: The Plan.

This report is the first of a 6 monthly report to Scrutiny. It therefore provides an overview of the strategic and operational development of the ACP and will take the following structure:

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8. Recommendations for the Scrutiny Committee

Finally a set of recommendations will be made with Scrutiny invited to debate what it wants to achieve from the 6 monthly updates and how it can best scrutinise the work of the ACP.

2. Strategic Background to the Development of the ACP

2.1 National Context

2.1.2 On 7 January 2019, the Long Term Plan for the NHS was published. A 1 page summary is provided in the appendix. The main chapters of the report focus on the following topics:

- Chapter 1 Strategic intent to develop a more integrated care model
- Chapter 2 Strengthening prevention, focusing on health inequalities
- Chapter 3 NHS priorities for care quality and outcomes improvement
- Chapter 4 Transforming and supporting workforce
- Chapter 5 Technology and digitally enabled care
- Chapter 6 Financial settlement & performance and payment systems
- Chapter 7 Next steps for implementation

The Long Term Plan 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)

It is useful to note the seven guiding principles for the forthcoming Green Paper, confirmed by The Health and Social Care Secretary, Matt Hancock:

- Quality and safety embedded in service provision
- Whole-person, integrated care with the NHS and social care systems operating as one
- The highest possible control given to those receiving support
- A valued workforce
- Better practical support for families and carers
- A sustainable funding model for social care supported by a diverse, vibrant and stable market
- Greater security for all – for those born or developing a care need early in life and for those entering old age who do not know what their future care needs may be.

This national context will inform the developing "Shaping Sheffield: The Plan".

2.2 City and Regional Strategic Context

At city wide and regional level, there are a number of wider city and regional documents which provide strategic context to the work of the ACP:

- The work of the Health and Wellbeing Board LINK
- Shaping Sheffield LINK
- The Joint Strategic Needs Assessment (which provides over-arching information on the current and future health and wellbeing needs of Sheffield people) LINK to website
- The Director of Public Health Report LINK

Scrutiny will be familiar with this strategic context from a city perspective.

At a regional level, South Yorkshire and Bassetlaw are one of 10 vanguard Integrated Care Systems nationally. The wider vision and plans of the South Yorkshire and Bassetlaw Integrated Care System can be found here LINK

2.2.3 There are five “places” across SYB which have set up ACP arrangements; Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. Workstreams are taking place at both place level and SYB level to co-ordinate care in the most effective way.

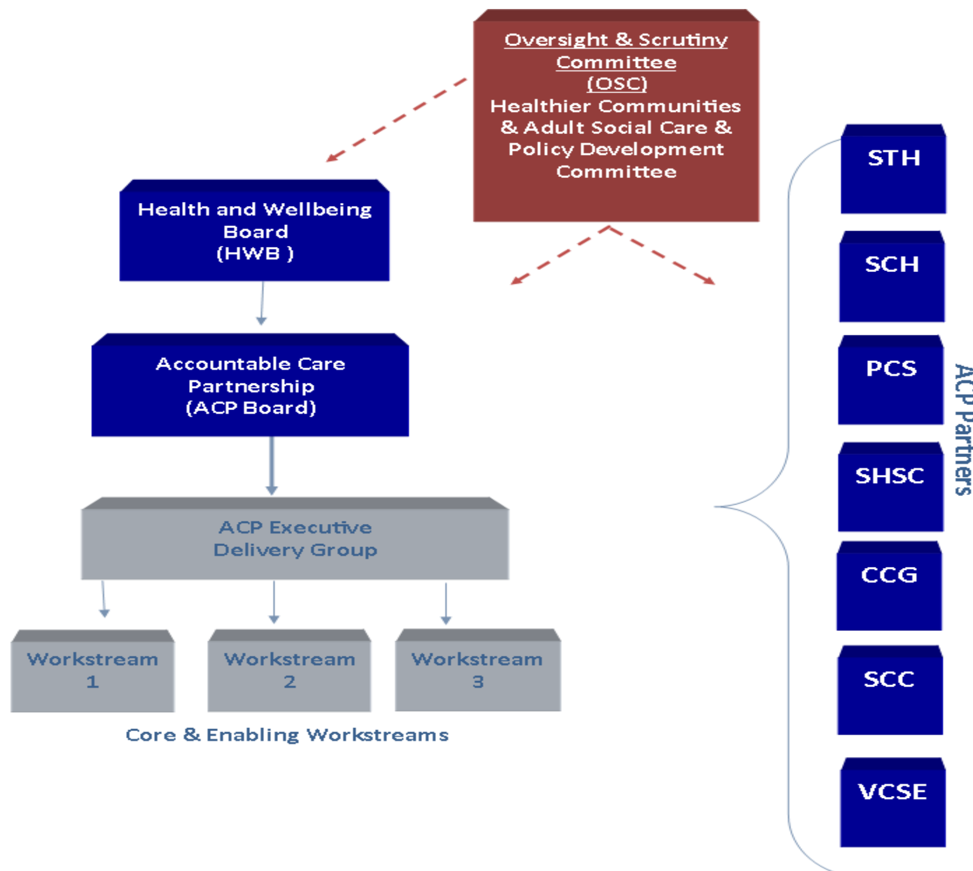
2.2.4 The ICS works on a principle of subsidiarity with around 80 % of transformation intended to be driven at place level. The ICS takes a lead for areas of work that naturally require a larger geographical footprint (for example the Hospital Service Review). A number of Sheffield NHS CEOs have leadership responsibilities at ICS level as well as within the Sheffield ACP.

2.3. Strategic Fit of the ACP within The Overall Health and Care System in Sheffield

The Sheffield ACP focuses on partnership working and integration within the Sheffield context. In late 2018 the relationship between the Health and Well-Being Board and Strategy and the ACP was clarified.

All partners are clear that the Health and Well-Being Board sets the overall strategic direction for Health and Well-Being in the city. The ACP, then, is the delivery vehicle for health and care aspects of that strategy.

The diagram below summarises the relationship between the HWB, ACP and partner Boards and indeed the scrutiny function:



It should be noted that the ACP currently has no legislative framework. Therefore any decisions made by the ACP Board needs to be referred to individual member boards for support.

Following its inception, the ACP was criticised for a lack of public transparency and indeed this was criticised by the CQC in their Local System Report. In 2018, the concern was addressed and the ACP Board was made a public meeting

3. What is the ACP and what does it do?

3.1.1 The ACP is a partnership comprising seven partners in the City (Sheffield City Council, NHS Sheffield Clinical Commissioning Group, Sheffield Children's NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, Primary Care Sheffield Ltd, Voluntary and Community Sector).

3.1.2 The ACP vision, signed by the original 6 partners in September 2017 (with VCSE offered and accepting full membership in June 2018) is as follows:

> *"Improving the health and wellbeing of Sheffield's residents through the promotion of a health and wellbeing culture in all we do and the development and delivery of a world class health and care system"*

3.1.3 This vision statement is being reviewed as part of the extensive consultation taking place to refresh and build on Shaping Sheffield: The Plan.

3.1.4 The high level objectives of the ACP originally agreed are:

- Improve population health
- Improve care and quality
- Close the finance and sustainability gap
- Deliver a person-centred approach

3.1.5 Specifically the partners have outlined their intent to:

- Deliver tangible improvements in local health and wellbeing
- Tackle persistent health inequalities
- Ensure the sustainability of the Sheffield care economy
- Support a happy, motivated and high-performing workforce
- Improve public engagement and empowerment

3.1.6 The partnership works in the context of the general national move towards greater health and care integration set out in the NHS 5 Year Forward View and consolidated by the Long Term Plan as outlined above.

3.1.7 In October 2018 it was agreed that an independent chair should chair the ACP. In the interim before appointment it was agreed by both the ACP B and HWB that the current joint chair arrangements in which the CCG Chair and the Cabinet Member jointly chair both the HWB and ACP Board should be changed. The interim arrangement will be that the Cabinet Member chairs the Health and Wellbeing Board and the CCG Chair chairs the ACP Board. This

was in response to feedback from the CQC in their Local System Review that suggested the clarity of this relationship could be improved.

3.1.8 The small central ACP team, which is funded and works on behalf of all partners (and hosted by the CCG) has three aims:

- To help **shape the vision, strategy and direction** of the ACP on behalf of the 7 CEOs and the system as a whole;
- To **support and strengthen the delivery of the overall transformation plan** working collaboratively across the system;
- **To develop our system's culture and leadership** to develop a more integrated, preventative, system approach.

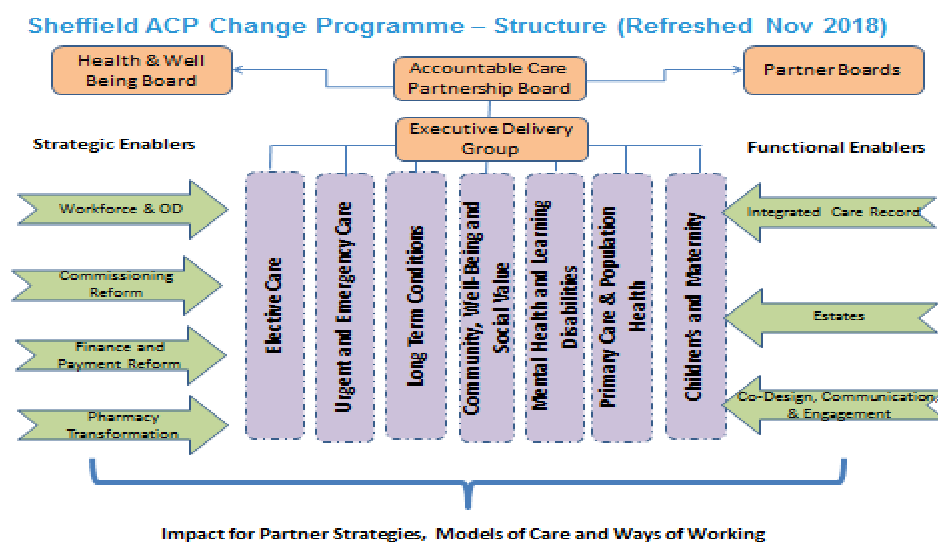
3.1.9 It is acknowledged that the cultural challenge of system working, is as great as the delivery challenge. Therefore the structure of the team reflects this, with one Deputy Programme Director supporting system wide development, and the other delivery.

3.1.10 **Healthwatch** have been appointed as the **ACP VCSE partner on public and service user voice** and is funded to support the ACP on this work, whilst retaining that important independent focus. This arrangement commenced from November 2018 for a period of 12 months. This provides a great opportunity to build the public and service user voice to the strategic and operational development of the ACP, alongside focusing on agreed priorities, such as Older People's experience.

3.1.11 In terms of accountability for the ACP team, the CEO of Sheffield Health and Social Care FT acts on behalf of the CEOs to chair the ACP and line manage the Programme Director.

4. Transformation Approach within the ACP

4.1.1 The ACP's transformation structure is as follows:



4.1.2 The focus over the last 12 months has been getting these workstreams set up, identifying priorities and establishing effective delivery and governance.

4.1.3 In August 2018, the CEOs reviewed the ACP in a Time Out session, and alongside streamlining some architecture, agreed the following five priorities:

- Building community resilience through effective neighbourhood working
- Reducing smoking prevalence
- Reducing obesity and promoting physical activity
- Improving the experience of Older people in the care system
- Early years – developing more resilient families and communities

4.1.4 The ACP also coordinates the system wide response to **the CQC Local System Review** which reviewed care for Older People in the city in March 2018, with a report published in summer 2018 LINK.

4.1.5 The city's action plan is coordinated by the ACP and this work is embedded within workstream with actions against the 5 key themes of the Sheffield action plan:

- A way of working that is built around acknowledging and improving older people's views and experiences and which drives a citywide vision (sections 1 and 2 of the action plan).
- A shared citywide workforce strategy to support front-line staff in delivering this vision and in particular further develops multi-agency working (sections 3 and 4 of the action plan).
- Developing clearer governance arrangements to ensure stronger joint-working between organisations and greater involvement for VCSE (sections 5 and 6 of the action plan).
- A meaningful shift to prevention at scale, supported by clear commissioning arrangements and digital interoperability (sections 7 and 8 of the action plan).
- A strong system focus on enabling the right support from the right person in the right place at the right time, to give the best possible experience (section 9 of the plan, covering the Why Not Home Why Not Today Work)

4.1.6 There is considerable work taking place in response to this plan with a quarterly update coordinated by the ACP team provided to the ACP Board and ultimately the Health and Well-Being Board.

5. Progress Made by an ACP Way of Working

5.1 Outcomes Already Achieved

5.1.1 The city has demonstrated outcomes through an ACP way of working across the city, which has been developing for a number of years. There are a number of excellent **models of commissioning and provision** which illustrate excellent partnership working, a population focus and more innovative payment and contracting models, underpinned by strong public and patient co-design and an outcomes focus. Examples include:

- 5.1.2 **Musculoskeletal care model** (SCCG, STHFT, VCSE, SHSC) – over recent years the city has transformed its model of care, developing an integrated virtual triage through greater inter-professional working across primary, community, voluntary and secondary services, enabling the patient to be directed to the right service on receipt of referral. The model was co-designed with patients, carers and local patient groups, alongside staff from across community, primary secondary, independent and voluntary sector. Access to secondary care services has significantly improved through the changes, alongside genuinely integrated working across departments and sectors, to ensure patients get to the right place, first time. A patient reported outcomes framework and virtual care record, "My Pathway" has been implemented, improving patient management of their pathway. The Improving Access to Psychological Therapies (IAPT) team have integrated with Physioworks within the MSK care model, providing integrated advice on managing pain and supporting individuals back to employment. This is hugely important given MSK is one of the leading causes for sickness absence from employment in the city. This joint work has been cited as a good practice example by NHS-England.
- 5.1.3 **Psychiatric Liaison Service** (STH/ SHSC) ensures patients attending A&E and wards with mental health needs are quickly supported and directed to the right place, improving access and diagnosis. The joint protocols and joint working across STH and SHSC staff has been crucial to this successful delivery.
- 5.1.4 **For children's care** (SCC, SCH, SCCG, VCSE) the city is moving forward to establish integrated and locality based working using 'Ryegate in the Community' as a model. This is providing parents/cares with a trusted NHS service title to bring care closer to home using integrated teams. There is progress in the establishment of a citywide emotional wellbeing and mental health offer in primary and secondary schools. Healthy Minds has demonstrated positive impact through its evaluation. In addition there is a newly designed 'all age' Eating Disorders pathway and steps are being taken to develop an 'all age' mental health service. Integrated children's pathways have been developed through partnership working for sleep, continence, allergy, challenging behaviour and advice and guidance.
- 5.1.5 **Sheffield IAPT** is a wave 2 site for IAPT-Long Term Condition expansion, and city's new 'Health and Wellbeing Service' (HWS) commenced in October 2017. The CCG, primary and secondary care, city council and community partners are working together to deliver an ambitious and transformational service across ten condition based pathways
- 5.1.6 **Sheffield Dementia Strategy Programme** (SHSC, STHFT, SCC, SCCG, Sheffield Dementia Action Alliance, Age UK Sheffield, Alzheimer's Society, St Luke's Hospice) – There are approximately 7,000 people currently living with dementia in Sheffield. Sheffield is already one of the leading areas in the country for detection and diagnosis of the disease but more can be done to diagnose people at an earlier stage of the disease and to support people post diagnosis. A Dementia Strategy Implementation Group has been established under the governance of the Accountable Care Partnership which is led jointly by senior responsible officers from both the CCG and Sheffield City Council. This group has been established to oversee the development

and implementation of a new strategy for dementia in Sheffield. These improved relationships between providers and commissioners have enabled the testing of new dementia assess to care beds in the city and the development a draft set of citywide commitments. These commitments are currently out for public engagement and can be found here LINK.

5.1.7 From a commissioning perspective innovative contracting arrangements underpin these new models of care for patients – for example MSK Sheffield CCG and STHFT have moved away from Payment by Results to an outcomes based approach. Our city wide mental health approach is underpinned by pooled budgets and commissioning arrangements across SCCG and SCC and involve a risk and benefit share agreement with SHSC. This has moved to collective accountability and "shared issues" across the system. Examples of genuine collaborative working delivered through this include a city wide approach to perinatal, liaison and primary care mental health services. All examples have delivered better outcomes and better value for the population.

5.1.8 The ACP is about building on this work, making it more widespread across the system and strategically developing that "triple integration of primary and specialist care, physical and mental health services, and health with social care" that the NHS long term plan outlines.

5.2 Work currently underway

5.2.1 The highlights below given a flavour of progress currently being made through the ACP and areas for the future:

- 5.2.2 The importance of effective **neighbourhood/ locality development** is a key theme in many programmes, and a joined up system approach that draws together current system work is essential. A crystallised neighbourhood collaborative proposal is being finalised & builds on Sheffield wide multiple workshops and meetings in autumn 2018. It is essential this strengthened approach reflects a single "system" approach.
- 5.2.3 MH & LD and Children's and Maternity workstreams held a **joint programme** workshop on 7 December 2018 with the strategic aim of developing **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.
- 5.2.4 The **"Primary Care and Population Health"** workstream is mobilising against 5 priorities:
    - Sheffield brand of General Practice
    - Local first: supporting the shift to a person centred, community and prevention focused system
    - Centre of excellence in primary care workforce, research and development
    - Neighbourhood delivery
    - Population health
- 5.2.5 Developing effective population health systems will be a key foundation of integrated care, learning from international case studies. It will

help us understand and plan for our population needs (at whole city and local neighbourhood level) and then planning appropriate interventions. The **population analytics pilot** commenced on 1st September & remains on track & will inform the longer term requirements for the future. 7 pilot neighbourhoods have been recruited to a pilot, with a co-design workshop taken place in November as part of Neighbourhoods Learning Network event.

- 5.2.6 The **Why Not Home Why Not Today** programme works as part of the Urgent and Emergency Care workstream is aiming to improve flow through the system and ultimately reduce the number of delayed transfers of care, alongside a set of other key metrics. This underpins a key theme of the CQC LSR Action plan.
- 5.2.7 **The Long Term Conditions** leadership team have articulated three priorities as part of their vision and approach:
    - Patients an carers as experts (with person centred care for the ACP being hosted here)
    - Slowing multi-morbidity
    - Developing an integrated model of care for LTC

Significant work is taking place on the integrated model of care, to improve our overall approach to admission prevention across the system. Care provider conversations and joint commissioning discussions are taking place on this topic, and this work will be brought together during quarter 4 of 2018/19. This is particularly important part of our strategic response to the Older People CQC Local System Review.

- 5.2.8 The **Elective work stream** is achieving significant momentum for developing a new model of care for skin care across primary and secondary care. Work has also commenced across primary and secondary care on Cardiology and ENT.
- 5.2.9 The **Children's Work Stream** has agreed integrated pathways for sleep, continence, allergy, challenging behaviour and advice and guidance.

5.2.10 **Enabling Workstreams**

- 5.2.11 Positive progress is being made for the delivery of **a Sheffield Care Record** and improved Patient Flow and a business case is being developed.
- 5.2.12 The **Pharmacy Work Stream** is making good progress, with a focus on 3 areas; improving medicine management across the interface, maximising the contribution of pharmacy within primary care and developing shared care. A business case for a hypertension shared care model working into neighbourhoods is being developed. Digital inter-operability is another key requirement for GPs/ Pharmacists and primary care and this is linking into the wider integrated care record work.
- 5.2.13 The **Workforce and Organisational Development programme** is working on four priorities, Older People's Workforce, Primary Care workforce strategy, Education and Skills, the Future Workforce. The 12 week planning rapid planning cycle for an Older People's workforce strategy commenced in December with over 100 staff involved from across the system, with a follow up at the end of January 2019. This is a core part

of the CQC Action Plan. A set of specific organisational development initiatives have been agreed to support this new way of working. Of note, an agreed "system leadership development course" has been trialled (Liminal Leadership) with the second course running from March 2019.

- 5.2.14 The **Payment Reform workstream** met on 3rd December. Directors agreed aims and objectives and agreed the priority of Older People for 19/20 which fits with other key work alluded to earlier in this report.

5.2.15 In addition there are a series of risks and these are reported to the Executive Delivery Group on a monthly basis, with quarterly risks reported to the ACP board.

6. What's Next for the ACP?

6.1.1 As outlined above, significant activity is now taking place across most ACP workstreams to build on the outcomes we have already achieved through an ACP style of working. There are considerable links between all of the programmes, and the overall strategy and vision needs to be developed, with the solid delivery plan underneath. The key steps are:

6.1.2 **Developing the Shaping Sheffield - The Plan (positioned in the context of the overall HWB Strategy)**: This will be a key focus of ACP work from now until the end of the financial year resulting in the "Refreshed Place Plan". The steps to this are:

- A set of workshops for staff, stakeholders and the public between 28 January and 8th February to widen the reach of discussion on the ACP and key priorities for health and care in Sheffield.

  Members of scrutiny are invited to book onto one of the events via this link:

  https://www.eventbrite.co.uk/e/shaping-sheffield-the-plan-tickets-52391317842

- This will be brought together with the work taking place on developing a Children's refreshed Health and Well-Being Strategy for Sheffield, working to a similar timescale.
- Strategy Leads from across the city have emphasised the importance of ensuring the core priorities of the plan are fed into partner business planning processes to ensure system aspirations are tied into organisational plans and become "real".
- It is intended the draft ACP – Shaping Sheffield plan will be produced by the end of March. In February and March it will be important there is opportunity for executive, Board and political leadership teams to feed in to ensure this is a genuinely shaped and owned plan by all partners.

6.1.3 **Developing credible underpinning delivery plans**: whilst considerable progress is being made there are workstreams which need further help to increase pace and the strength of their approach.

6.1.4 **Agreeing key system metrics** which define the outcomes we want to achieve and our progress towards them will be a crucial part of this.

6.1.5 Learning from external systems is informing our approach. This has included learning from a King's Fund system network alongside learning

from areas such as Wigan Council which shared their learning of the "Wigan Deal" with Sheffield Council colleagues.

7 .What does this mean for the people of Sheffield?

7.1 Through this partnership, health and care partner organisations in Sheffield are committed to the delivery of improved health outcomes and improved ways of working together.

7.2 The forthcoming Shaping Sheffield: The Plan plan will refresh the overall approach and importantly put that together with a "nailed down" delivery plan and approach.

8.Recommendations

SCC Scrutiny Committee is asked to note and consider:

8.1 National, regional and local strategic background to the development of the Sheffield ACP, progress and key next steps.

8.2 Key next steps towards to a high level Shaping Sheffield: The Plan strategy and supporting delivery plan to bring together the work of the ACP.

8.3 The importance of the CQC Local System Review work to the overall direction of the ACP

8.4 The progress on public accountability to the development of the ACP.

8.5 The ACP team acknowledges the unique position of elected members on Scutiny to represent their community and the people within them. Therefore we ask Scrutiny colleagues to debate what it wants to achieve from the 6 monthly updates and how it can best scrutinise the work of the ACP.

Appendix: Summary of NHS Long Term Plan (published 7 Jan 2019)

Chapter 1: Moving to a more integrated care model

- Commitment to greater investment in primary medical and community services, at a faster growth rate than the overall NHS budget
- Redesign of outpatient service model with commitment to reduce OP attendance by 1/3, increase online digital consultations for GP appointments
- Development of "genuinely integrated teams of GPs, community health and social care staff."
- Requirement for expanded community health teams "to provide fast support to patients in their own homes as an alternative to hospitalisation and to ramp up NHS support for people living in care homes."
- Commitment to reducing pressure on the emergency system, through developments such as urgent treatment centres, "same day emergency care" (with a commitment to roll out the latter across all acute hospitals).
- Further commitment to reduce Delayed Transfers of Care through joint working between councils and NHS.

Chapter 2: Strengthened contribution to prevention and health inequalities

- Specific focus on evidence based NHS based prevention programmes to cut smoking, reduce obesity, in part by doubling enrolment in the Type 2 Diabetes Prevention Programme, to limit alcohol related A&E admissions & to lower air pollution
- NHS E to base its 5 year funding allocations to local areas on more accurate assessments of health inequalities and unmet need. Each local area will be required to set out measurable goals and mechanisms by which they will contribute to narrowing health inequalities over next 5 and 10 years – ie by cutting smoking in pregnancy, and by people with LT mental health issues

Chapter 3: NHS priorities for care quality and outcomes improvement for the next decade

- Further focus on cancer, mental health, diabetes, multi-morbidity, and healthy ageing, including dementia
- Extends focus to children's health, cardiovascular and respiratory conditions and learning disability and autism, amongst others.

Chapter 4: How current Workforce Pressures will be tackled and staff supported

- Outlines expansion of nursing and other undergraduate places
- New routes into nursing and other disciplines including apprenticeships, nursing associates, online qualification and "earn and learn" support
- International recruitment to be expanded and workforce implementation plan for shortage specialities.
- More flexible rostering to become mandatory across all trusts, increasing funding for CPD, and greater action to support diversity and a culture of respect and fair treatment.
- New roles and inter-disciplinary credentialing programme will enable more workforce flexibility across an individual's NHS career and between individual staff groups.
- Doubling of number of volunteers
- Workforce plan expected later in the year

Chapter 5- Upgrading technology and digitally enabled care across the NHS.

- Vision is for digital access to services to be widespread to enable patients and carers to better manage their health and condition and to enable clinicians to access and interact with their patient records and care plans, with ready access to decision support and Artificial Intelligence.

Chapter 6 —Financial settlement & performance and payment systems

- **NHS funding settlement of 3.4%**
- Plan states it has provided for demand growth from ageing and growing population, longstanding unmet need and increasing opportunity through science and innovation.
- Plan states it has provided for hospital funding if trends over last 3 years continue
- New financial architecture outlined, payment systems and incentives alongside new turnaround process with stated aim of returning the NHS as a whole to financial balance.
- Ongoing commitment to reducing administrative costs alongside reducing unwarranted variation (clinical and non clinical)

Chapter 7 – Next Steps

- Establishment of new NHS Assembly to strengthen ability of patients, professionals and the public to contribute
- 19/20 to be a transitional year, as the local NHS and its partners have the opportunity to shape local implementation for their populations.
- Detailed national implementation programme by autumn will take account of wider Government Spending Review decision on workforce education & training, social care, councils' public health services and NHS capital investment.
- Intent to make legislative change to support changes to accelerate progress – in meantime expectations that ICSs will be created everywhere by April 2021 to deliver "triple integration of primary and specialist care, physical and mental health services, and health with social care."
- Timetable in report states that by April 2019 there will be publication of local plans for 19/20 and by Autumn 2019 the publication of 5 year plans.

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