



HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

Report of: Rebecca Joyce, ACP Programme Director

Date: Thursday 28 March

Subject: Quarterly Update Against the Care Quality Commission Local System Review

Author of Report: Rebecca Joyce, ACP Programme Director

Summary:

This report aims to provide an update on progress against the Care Quality Commission (CQC) Local System Review submitted in July 2018.

This is the third quarterly update of progress. An earlier version of the report was by the Health and Well-Being Board on 31/1/2019 and Accountable Care Partnership (ACP) Board on 27/2/2019. It has been considered by various partner boards through February and March.

Alongside system ownership through the ACP, each organisation has identified an executive lead for their organisation. That individual is responsible for ensuring actions for each partner are appropriately governed within organisations.

Questions for the Health and Wellbeing Board:

Health and Well-Being Board are asked to consider whether this provides sufficient assurance on progress against the CQC Local System Review Action Plan.

Recommendations for the Health and Wellbeing Board:

We need to be sure this action plan is a vehicle for change, rather than a process we move through. In particular this requires bold action to tackle the areas of concern outlined.

HWB Board are asked to debate the points outlined and:

- Note the areas of good practice

- Outline any further points they wish the ACP to consider relating to how they are addressing the areas of concern.

Background Papers:

In 2018, Sheffield was one of twenty areas chosen by CQC for a Local Area Review because performance was not as good as many other parts of the country on a number of measures, including delayed transfers of care.

The action plan focuses on improving and accelerating progress on the following themes:

- 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 our Voluntary, Community and Faith sector (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)

The CQC have indicated their intention to return to care economies to review whether their recommendations have been implemented and care has improved.

Two appendices accompany this report:

Appendix 1 – Line by line progress report against CQC LSR Action Plan

Appendix 2 - Why Not Home Why Not Today Dashboard

The original report from the CQC can be found here:

<https://www.cqc.org.uk/news/releases/sheffield-cqc-publishes-its-review-how-local-health-social-care-systems-work-together>

What outcome(s) of the Joint Health and Wellbeing Strategy does this align with?

- This paper fits with the “Ageing Well” chapter of the refreshed Health and Well-Being Strategy

Who have you collaborated with in the writing of this paper?

- Members from all 7 partners of the ACP, responsible for individuals actions within the action plan

Quarterly Update on Progress Against the CQC Local System Review – Health and Well-Being Board

1.0 SUMMARY

This report aims to provide an update on progress against the CQC Local System Review submitted in July 2018.

An earlier version of the report was by the Health and Well-Being Board on 31/1/2019 and ACP Board on 27/2/2019. It has been considered by various partner boards through February and March.

Alongside system ownership through the EDG, each organisation has identified a director lead for their organisation. That individual is responsible for ensuring actions for each partner are appropriately governed within organisations

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?

In 2018, Sheffield was one of twenty areas chosen by CQC for a Local Area Review because performance was not as good as many other parts of the country on a number of measures, including delayed transfers of care.

The report highlighted that the experience older people receive in the care system in Sheffield could be improved. All partners have accepted the recommendations of the report and are working collaboratively to make improvements.

3.0 MAIN BODY OF THE REPORT

3.1 The action plan focuses on improving and accelerating progress on the following themes:

- A. 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).
- B. 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).
- C. Developing clearer governance arrangements to ensure stronger joint-working between organisations and greater involvement for our Voluntary, Community and Faith sector (sections 5 and 6 of the action plan).
- D. A meaningful shift to prevention at scale, supported by clear commissioning arrangements and digital interoperability (sections 7 and 8 of the action plan).

- E. 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)

3.2 The CQC have indicated their intention to return to care economies to review whether their recommendations have been implemented and care has improved.

Two appendices accompany this report:

Appendix 1 – Line by line progress report against CQC LSR Action Plan

Appendix 2 - Why Not Home Why Not Today Dashboard

The summary below outlines where good progress is being made, and areas of the action plan which require further focus.

3.3 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 Why Not Home Why Not Today Board look at a wide set of metrics, to track their progress, a short summary is shown in Appendix 2. The charts show improvement with DTOC performance both in terms of delayed patient and delayed day volumes. Chart 1 in Appendix 2 demonstrates volumes of delayed days are now only marginally above the NHS England target of 3.5% of beds being occupied by DTOCs. DTOC actual numbers are at 55 (as at 18.3.2019), above the 45 NHS England target but with plans to bring down these increases to below 45, a position sustained from mid-December to end of January. Slight increases have continued to be effectively managed to ensure lower numbers than the same period last year. Additional system wide patient experience data (via the Healthwatch ACP work) will be built into this report, building on the patient stories shared by clinicians. Workforce metrics will also be incorporated as the workforce strategy work further develops.
- 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 Finnermore. Good progress is being made, 2 large scale workshops with patients and staff were held in December and January. Next Steps
- Modelling of Band 2 (or equivalent) staff and using the WRAPT workforce modelling tools to do some projections for the future.
 - All partners are working together to develop the strategy for the April deadline.
- 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 the city wide ACP strategy, the workforce strategy for Older People and the changes to the system care model that we have committed to within the CQC action plan.

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

3.4 Areas of Concern

The key areas of concern considered by the ACP Board in February 2019 are:

- A. Whilst good progress has been made on DTOC (see all tasks under section 9 of the action plan) the ACP Board needs to consider confidence levels on sustainability. At EDG in January the CCG, STH and SCC CEOs acknowledged there was a greater degree of confidence in the sustainability of DTOC improvement linking back to key pieces of work such as utilising off site beds since the Robert Hadfield wing closure and good liaison with the private sector. A 2 page summary has been developed outlining a shared system understanding behind the improvement. It was recognised that Easter may represent the next significant challenge and CEO and COO leaders plan to pay close attention to this position.
- 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 CQC 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 Frailty/ Older People/ “Patients at Risk of Admission” – EDG agreed it should explicitly confirm next steps to bringing these conversations together & reaching decisions). This discussion took place on 25/2/2019 at EDG and is being further built upon.
 - 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).
- 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. CEOs have committed to consider both leadership and capacity arrangements for this across the system.
- D. In the plan we committed to reviewing digital inter-operability in the city. This business case is underway, but will require commitment from all partners and needs close ACP Executive Delivery Group (EDG) attention. EDG in January agreed to develop a proposal outlining what a broader digital workstream needs to look like, with digital leadership for the ACP to be fully considered. There is a particular

challenge on how we mobilise these cross system digital developments, alongside often significant internal operational digital agendas.

- 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 reached agreement on what this looks like.

3.0 RECOMMENDATIONS

We need to be sure this action plan is a vehicle for change, rather than a process we move through. In particular this requires bold action to tackle the areas of concern outlined. HWB Board are asked to debate the points outlined and:

3.1 Note the areas of good practice

3.2 Outline any further points they wish EDG to consider relating to how they are addressing the areas of concern.