

# Agenda Item 4

## Progress Update on CQC Local System Review Report

**Sheffield Accountable Care Partnership**

**For Health and Wellbeing Board**

**Date of Report: 18/6/2019**

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### **1. Purpose**

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

This is the fourth quarterly update of progress, with the first considered at the September Executive Delivery Group on 5/9/2018. The report has been considered by ACP EDG (28/5/2019) and at various governance meetings in partner organisations.

**Colleagues are requested to:**

- Consider progress and areas of focus as a system team
- Consider progress and areas for focus for individual organisations

### **2. Introduction / Background**

In 2018, Sheffield was one of twenty areas chosen by CQC for a Local System 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. 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)

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

### **Areas of the Plan Progressing Well**

- A. Good work continues on DTOC** through close collaborative working and efforts of all parties comprising the Why Not Home Why Not Today group. The WNHWNT metrics shows DTOC performance in early April continues to show significant improvement with number of delayed patients being below the target of 45 for 4 weeks. Slight increases have continued to be effectively managed to ensure lower numbers than the same period last year overall.
- B. We have now a draft integrated workforce strategy for Older People which will be considered at ACP EDG on 27/5/2019.** This galvanises significant public and staff engagement and considerable work by a Steering Group comprising leads from across the system. This is a significant development. However, the mobilisation of this will be a major undertaking and needs full engagement of universities, schools and colleges, plus transformational workforce strategic leadership and capacity across the city. Hence the actions in the plan around this are marked amber to signal the significant implementation challenge.
- C. Work continues to take a more holistic view of the user experience** through our system. A number of inter-agency complaints have now been managed using a system wide approach across system partners. A draft protocol for handling NHS/Social Services inter-agency complaints produced by the patient experience group is awaiting comments from organisational Complainants Managers.

This is supported by the wider work led by Healthwatch working 3 days into the ACP and now embedded into the ACP. Actions taken include: ACP patient panel established and actively contributing to development. The ACP is in the process of establishing a representative from this group for each workstream, a number of workshops have been held with service users and the public and “semi structured interviews” are ongoing to get whole system service user view informing plans and discussions. Interviews evaluating route 2 beds and end to end experiences for unplanned hospital stays conducted and findings have been shared with those involved in evaluating Route 2 beds, and at the WNHWNT Board in May.

- D. Joint Commissioning Committee** formally commenced in April '19. This meets the obligations we set out in our action plan. Frailty is one of three key priorities. This, once fully aligned with the Shaping Sheffield priority of “Healthy Ageing” will provide a clear city wide strategic focus. There is further work to fully align these areas, as articulated below.

### **Areas of Concern**

The key areas of concern are:

- A. We committed to a new relationship with the voluntary sector** in our action plan (see tasks 5.1-5.3) but we have not yet reached agreement on what this looks like. The importance of contracting differently and supporting sustainability in this sector has been discussed and a proposal developed for a role to develop this further was approved by

ACP's EDG on 27/5/2019 - pressure needs to be kept on this programme of work.

- B. Although the Shaping Sheffield plan is under consultation and will provide **the strategic plan across providers and commissioners for “Ageing Well”**, there is further work required to fully align the integrated commissioning focus on frailty with the Shaping Sheffield priority of “Healthy Ageing”. All partners are committed to making this alignment and Chief Executives agreed a set of actions in their May 2019 meeting. The timescales in mobilising the shared narrative and approach to delivery have gone beyond the initial target of March '19 – however, agreed actions between Chief Executives outline a clear focus on the key next steps to ensure the required alignment. A system wide delivery plan will need to follow to mobilise this vision.
- C. Reviewing **digital inter-operability** in the city remains behind schedule as set out in the action plan. However, we have strengthened leadership arrangements for this area, with the SCH Chief Information Officer taking leadership for the development of a business case for an integrated care record planned for the end of June '19. The workstream approach to achieve this has been fully refreshed and agreed by ACP EDG. There is now better CIO ownership and system support for the approach, but will require commitment from all partners and needs ongoing close EDG attention.

### **3. Is your report for Approval / Consideration / Noting**

Consideration

### **4. Recommendations / Action Required**

**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.**

**Health and Wellbeing Board is asked to debate the points outlined and:**

- Note the areas of good practice
- Agree specific next steps for the key areas of concern.
- Consider the specific involvement of each organisation in all themes of the action plan and in particular on the highlights and areas of concern noted in this report.

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**On behalf of:** CEOs/ AOs

**Date:** 20/5/19

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