

**Sheffield Accountable Care Partnership (ACP) Board  
Progress Update on CQC Report  
Date: 31/10/2018**

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| <b>Sponsor</b>   | <b>Sheffield CEOs/AOs</b>                    |
| <b>Date</b>  | <b>23<sup>rd</sup> October 2018</b>          |
| <b>1. Purpose</b>  |  |
| <p>This report aims to provide an update on progress against the CQC Local System Review submitted in July 2018.</p> <p>This is the second update of progress, with the first considered at the September Executive Delivery Group on 5/9/2018. SCC Scrutiny and Health and Well-Being Board are also scrutinising progress.</p>   |  |
| <b>2. Introduction / Background</b>  |  |
| <p>As at October 2018, Sheffield remains under the spotlight in terms of its performance for delayed transfer of care. Earlier in the year, 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.</p> <ul style="list-style-type: none"> <li>• Higher than average numbers of older people being admitted to hospital</li> <li>• Once there, many older people having to wait a longer time than should be expected before returning home</li> <li>• Where they needed support in their own home to be able to leave hospital, it too often took significant time to arrange this</li> <li>• When they received support at home to help them recover after being in hospital, after three months had passed they were more likely than older people in many other areas to be back in hospital, or perhaps having to be supported in a care home.</li> </ul> <p>The Care Quality Commission took Sheffield's recent performance against these national measures to be a strong sign that more could be done to improve the CQC's key lines of enquiry regarding how health and care organisations worked together to:</p> <ul style="list-style-type: none"> <li>• Maintain the well-being of a person in their usual place of residence.</li> <li>• Respond to crisis, for example in the event of illness or injury that created a sudden need for treatment, care and support.</li> </ul> |  |

- Facilitate step down, the return to a person's usual place of residence and/ or admission to a new place of residence.

All local partners have accepted the conclusions that the Care Quality Commission have drawn and have had a series of meetings to develop a clear, city wide approach. All organisations have both an individual and a collective responsibility to improve the experience of Sheffield's older people when they need NHS or social care support. We are working closely together to do that, as set out in our action plan.

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

1. 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).
2. 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).
3. 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).
4. A meaningful shift to prevention at scale, supported by clear commissioning arrangements and digital interoperability (sections 7 and 8 of the action plan).
5. 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.

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

Consideration

### **4. Recommendations / Action Required by Accountable Care Partnership**

A high level summary of progress against plan is provided below:

1. Some actions are progressing well, others need more focus and pace. There is good progress on developing a workforce strategy and developing an improved approach to embedding the service user voice in our approach to delivering and planning care. We are changing the conversation and relationship with the VCSE as outlined – although need to ensure we deliver on these good strategic intentions.
2. There is considerable ambition around the implementation of new models of care, following the move towards integrated commissioning and SCC/ SCCG leaders need to ensure this delivery timescale is met. However, good progress is being made.
3. The largest risk is around whether we can truly deliver on our system wide target to reduce delayed transfers of care to 45 as a system. Whilst against a number of metrics the Why Not Home Why Not Today programme is showing good progress, we need collective confidence this will deliver sustained reductions in delayed transfers of care. This is an area of current focus for system CEOs.
4. All organisations have outlined internal governance arrangements. A system

Steering Group comprising each partner's Executive Lead has been established.

5. A dashboard has been established for this work. It is the Why Not Home Why Not Today dashboard covering a number of metrics around delayed transfers of care. Additional metrics around patient experience will be built in – and a more comprehensive approach to this developed through our partnership with Healthwatch. Over time, we will need to add metrics related to workforce as our strategy and implementation plans develop here.
6. A focus on Older People must be built into our overall system plans to deliver a transformed, integrated of care, with supporting systems and a person-centred approach. This will be at the heart of our refreshed ACP strategy and delivery plan to be brought together by end of March 2019.

**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 delayed transfers of care. Unless we deliver on DTOC, the delivery of the supporting themes of the plan will be undermined.**

**ACP Board are asked to consider the high level themes and consider whether our current approach will deliver the improvement we need to the timescale required.**

#### **5. Other Headings**

N/A

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

N/A