Review of the CQC Local System Review Action Plan

Sheffield Accountable Care Partnership (ACP) Board

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Author(s):	**Jane Ginniver, ACP Deputy Director (Development)**
Sponsor:	**Mark Tuckett, ACP Director**
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1. Purpose

This paper identifies progress made since the CQC Local System Review (LSR) on Older People's Care in Spring 2018.

2. Introduction / Background

The action plan following the CQC LSR on Older People's Care was approved by the ACP Board in July 2018, and quarterly updates tracking progress against this action plan have been regularly completed. This review is more in-depth than previous quarterly updates, and refers back to the original CQC recommendations, noting what achievements have been made over the intervening period, what work is still in progress and continuing challenges.

The report identifies significant achievements made over the past 12-18 months, including:
- A marked improvement in DToC figures; this stood at 34 for w/c 8th October 2019, compared with 99 for w/c 23rd October 2018. This is the result of concentrated working at system and organisational levels, which has become embedded in many areas, and with new processes now being established to ensure that this is sustained
- A sustained reduction in the number of people being admitted to care homes in the city. This stood at 988 per 100,000 population in 2015/16, reduced to 824 per 100,000 in 2016/17, then again to 750 per 100,000 in 2018/19
- Co-production and public engagement in the development of new services and pathways are becoming increasingly viewed as the 'norm' at system level. This has been seen across the work of the Mental Health and Learning Disabilities Board, during the development of both Shaping Sheffield and the ACP Workforce Strategy and in the establishment of the 'Integrated Accountable Care Forum' – the ACP's public advisory body run by Healthwatch
- Progress in embedding the voluntary sector as a key strategic partner. They have joined the ACP as a formal partner, now have named members of all workstreams and the ACP's EDG has approved funding of £50,000 to further embed this work
- A comprehensive workforce strategy has been developed, which will be discussed separately on this Board agenda. Systems leadership development work completed covers

- various levels and roles of staff across the sector
- The establishment of the Joint Commissioning Committee will simplify and strengthen commissioning across the city around frailty and other areas
- A system level focus on mitigating winter pressures, including the engagement of voluntary sector services.

Some challenges continue. These primarily relate to information sharing arrangements and technologies. While these are being addressed through the ACP's Digital Workstream, they are not likely to be quickly resolvable and are likely to continue for some time.

On 24th October, the ACP's EDG will be asked to consider how these recommendations and outstanding actions can be best addressed over the coming 12 months.

3. Is your report for Approval / Consideration / Noting

Noting

4. Recommendations / Action Required by Accountable Care Partnership

The ACP Board is asked to note the contents of this report

5. Other Headings

N/A

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

No

Review of the Action Plan following the CQC Local System Review on Older People's Care

1. System leaders must continue to engage with people who use services, families and carers and undertake a review of people's experiences to target improvements, bringing people back to the forefront of service delivery.		
Achievements to Date	**Work in Progress**	**Challenges**
• A lot of engagement work done by the ACP on the development of key strategies over the past 12 months. Eg extensive consultation during the development of Shaping Sheffield and the workforce strategy. • The importance of involving Sheffield citizens in service design and delivery is embedded within our leadership development programmes. • A cross-organisational group has been established to collaboratively investigate and address system-level complaints, with learning being shared to establish a common process to be used by all ACP partners. • A contract with Healthwatch has led to the establishment of the 'Integrated Accountable Care (IAC) Forum'; a public advisory group with whom the ACP and its workstreams have consulted on the development of numerous pieces of work.	• A longitudinal study tracking a number of patients from the ward for a period of 6-9 months, to review experiences across their patient pathway. • Continued investigation of system-level complaints to ensure that new ways of working become embedded. • A recent workshop facilitated by Healthwatch brought together ACP workstreams with members of the public, the outputs from which will create some principles around public engagement for ACP partners to use when developing new work.	• Data sharing restrictions have inhibited the extent to which information can be shared across the ACP with a view to improving people's experiences.

2. System leaders must work together to create the required culture and conditions to support integrated care delivery.		
Achievements to Date	**Work in Progress**	**Challenges**
• A vision for the Ageing Well Board is articulated within Shaping Sheffield, with a shift in focus to 'prevent, reduce and delay multi-morbidity', rather than frailty or older age. This is appropriate and in line with the wider system prevention and integrated focus. • The Joint Commissioning Committee has identified frailty as one its 3 priorities. • Work to develop a person-centred city is progressing at pace. For the first time, a system-wide approach to 'What Matters to You' day was adopted in 2019, and STH held a dedicated personalised care conference. The person-centred city group has commissioned research into how we embed person-centred approaches and this is integral to the ACP workforce strategy, with £60k secured from HEE for cross-system frontline staff training. • 'Leading Sheffield' is our system leadership development programme which is now in its second cohort. An ACP Shadow Board has been funded through the NHS Leadership Academy. 'Collaborate' is a frontline-staff equivalent of Leading Sheffield led by	• Work to develop a shared Quality Improvement (QI) language is progressing, with Sheffield City Council staff now engaging with the microsystems approach. More work needs to be done to embed this and to ensure that the wider system benefits from shared QI approaches. This is captured within the ACP workforce strategy.	• Limitations around digital interoperability inhibit integrated working. This is being addressed to some extent through the digital workstream but this will take time to be implemented. • Individual organisational policies around access to premises, staff inductions and staff access also inhibit the opportunities for integrated delivery.

the community group SOAR, with plans to extend this more widely across the city.

- The workforce strategy includes 'culture' as its primary theme, with an organisation development focus to enable the development of the culture required to support integrated care and delivery.

3. Health and social care leaders across Sheffield should work together to align their transformation delivery programmes and strategies. Health and social care must be equal partners in the system transformation programme and strategic direction.	

Achievements to Date	Work in Progress	Challenges
• System wide improvement programmes have been applied to the End of Life (EoL) and CHC pathways. EoL is a priority within the city's Health and Wellbeing strategy and is embedded within the ACP Ageing Well priorities. • Governance arrangements of the Health and Wellbeing Board and ACP Board changed to ensure separate chairing arrangements. • The Shaping Sheffield Plan developed to outline the priorities and delivery intent of the ACP workstreams. All workstreams now have clear membership and leadership arrangements. • The successful bid for NHS England funding to	• An EoL needs assessment is progressing at pace • CHC processes are a key part of the ongoing care programme • The development of clear action plans for all ACP workstreams • Investment through the Social Outcomes Fund currently being finalised to support the Ageing Well Board priorities. • A draft integrated model of care has been developed. This is now in the process of wider consultation across the ACP workstreams and the IAC Forum prior to implementation.	

transform community mental health provision was a result of sustained and embedded partnership working within the Mental Health and Learning Disabilities team.		

4. System leaders should undertake evaluation of the actions taken by teams and individuals during times of escalation and learning should be shared with system partners to encourage learning and continuous improvement.

Achievements to Date	Work in Progress	Challenges
• The 'Operational Resilience Group' (feeds into the ACP's Urgent and Emergency Care Board) have progressed a range of activities in this area. This includes the daily dashboard, winter resilience planning and pathway reviews.	• This needs to be on ongoing action following all periods of escalation.	

5. System leaders should plan more effectively for winter and demand pressures throughout the year, ensuring lessons are learned and applied when planning for increased periods of demand.

Achievements to Date	Work in Progress	Challenges
• EMG agrees the utilisation of winter funding, in line with plans agreed by the Operational Resilience Group following a review of learning from the previous year/s.	• A process is currently being established, reporting directly to the relevant Chief Executives to embed this learning and to ensure we are more strategic and proactive in managing periods of increased demand.	

6. System leaders should continue to implement the recommendations of the Newton Europe review and evaluate their effectiveness. This needs to inform strategic planning and delivery.		
Achievements to Date	**Work in Progress**	**Challenges**
• The Local Government Association (LGA) has recently evaluated the 'Why Not Home, Why Not Today' programmes, and hosted a seminar to feedback the outcome. • The task, flow and COO escalation process has been reviewed to ensure it remains fit for purpose. • Weekly charts are shared with system leaders and operational staff to ensure a clear understanding of all levels of flow and delays.	• Further actions are recommended to maintain grip on the system and to ensure the reduction in DToC is sustained (to link with the action in 5 above).	

7. System leaders should develop a more proactive approach to market management in adult social care. They should continue to focus on domiciliary care to ensure that the proposed changes are effective. Strategic conversations must take place with people delivering services when these services are being recommissioned to establish the impact on service delivery.		
Achievements to Date	**Work in Progress**	**Challenges**
• Remodelled contracting and commissioning service to provide clearer focus on brokerage and quality assurance in independent sector, plus restructured team to better support. • Draft propositions on outcome based homecare	• Ongoing development of links between housing and care at SCC • Capital requirements for housing being developed. • Joint development of supported housing	

developed which will help develop a different longer term approach.	focusing on key schemes where health, housing and care can be better aligned.	

8. System leaders should develop a workforce strategy across health and social care and include providers in the VCSE sector to ensure a competent, capable and sustainable workforce.		
Achievements to Date	**Work in Progress**	**Challenges**
• A workforce strategy has been developed in consultation with all ACP partners, including voluntary organisations and members of the public. • £60k funding from HEE secured to support the implementation of training for frontline staff on person-centred approaches. • £370,000 secured from HEE to support innovation in the development of training placements across Sheffield, plus an additional £50k each to STH, SCH and SHSC to support organisational placement initiatives.	• The strategy now needs to be developed into a comprehensive implementation plan. • 5 priorities identified within the strategy for 2019-20 action are underway.	

9. To ensure there is robust evaluation supported by data to inform commissioning decisions, system leaders should have a more coordinated approach to running pilots and developing innovations; it should be clear how they will fit in with the wider strategic plan and how quality information will be used to evaluate them against identified focuses for improvement.		
Achievements to Date	**Work in Progress**	**Challenges**
• The 'Why Not Home, Why Not Today' (WNHWNT) Board delivered 7 programmes of transformation, including the off-site beds initiative. The programmes were evaluated and plans are in place to progress those that are successful. • BCF funded schemes are evaluated and continuation considered on an annual basis.	• Work is progressing to undertake a deeper dive of all services that support flow in order to support the 20/21 BCF planning process • The Joint Commissioning Committee will hold officers to account to ensure joint commissioning intentions support new models of care and better patient experience. • The Joint Commissioning Committee will be supported by EMG to establish a joint commissioning plan to deliver new models of care and support the shift in investment focus to prevention.	

10. The discharge process should be evaluated incorporating the views and experiences of people using services, their families and carers. During this process system leaders must consider the multidisciplinary approach, clarity of the process, the three routes to discharge from hospital, the choice policy and the quality and consistency of the information provided. Following this evaluation, revised processes must be implemented and evaluated.		
Achievements to Date	**Work in Progress**	**Challenges**
• Services commissioned from the voluntary sector to engage with patients on the wards and to provide support to carers with choices on discharge. • The 3 routes out of hospital and all of the services available within these routes have been mapped. Staff were engaged with to share this information, gaps have been identified and work is progressing to add capacity in these areas. • The WNHWNT Board ran a therapy programme, ensuring that all patients are offered a core assessment and that a triage tool is on all wards. • The WNHWNT 'Safer' programme implemented gold level ward rounds on all high DToC wards. • 'Red to green' is embedded on elderly wards and is providing intelligence on delays to support flow.		

11.There must be a review how people flow through the health and social care system, including a review of pathways so that there are not multiple and confusing points of access. Specific focus should be given to prevention, crisis and return. Pathways should be well defined, communicated and understood across the system.		
Achievements to Date	**Work in Progress**	**Challenges**
• Links to the achievements under recommendation 10, specifically the review around the 3 routes out of hospital and the services commissioned from the voluntary sector. • A CCG-funded pilot run by Age UK Sheffield, the Sheffield Carers Centre and SCCCC to support the quality of transfers, focusing on mitigating winter pressures.	• Link with the action in 5 above.	• Improving the sharing of information across organisations to improve the flow of patients and to ensure they are accessing the most appropriate services.

12.There must be an evaluation of health and social care professionals' skills in communication and interaction with people to establish where improvements are needed.		
Achievements to Date	**Work in Progress**	**Challenges**
	• Developing this training, particularly aimed at frontline staff, is a stated priority for 2019-20 within the workforce strategy and we have secured £60k from HEE to implement it.	

13. Housing support services should be included within multidisciplinary working, especially in relation to admission to, and discharge from, hospital, to enable early identification of need and referrals.		
Achievements to Date	**Work in Progress**	**Challenges**
• Closer relationships between housing and ASC leading to better delivery of equipment adaptations		

14. There should be a review of commissioned services to consider outcomes, design and delivery to improve the effectiveness of social care and CHC assessments.		
Achievements to Date	**Work in Progress**	**Challenges**
• The 'Ongoing Care' programme has evaluated the CHC process, values and integrated work.	• New values are currently been embedded. Plans are progressing to agree integration in the longer term.	

15. There should be a review of the methods used to identify carers eligible for support so that they are assured that carers are receiving the necessary support and have access to services.		
Achievements to Date	**Work in Progress**	**Challenges**
• The CCG has invested in a range of voluntary sector services to support carers, this included a particular service to work with carers in hospital to provide	• Work is ongoing with carers' organisations through the workforce strategy implementation work, as carers are included within the remit of	

advice and support prior to discharge.	this strategy.	

16. *The trusted assessor model should continue to be embedded.*		
Achievements to Date	**Work in Progress**	**Challenges**
	• This work is being continued – this will be an ongoing action.	

17. *The criteria for the re-ablement services should be evaluated and reviewed.*		
Achievements to Date	**Work in Progress**	**Challenges**
	• A single specification for this service is being developed for implementation in 2020/21	

18. *There should be a specific focus to bridging the gap between the single point of access and First Contact, community and acute preventative services and rehabilitation. Social care providers should also be part of this process to align services and develop collaboration between all system partners.*		
Achievements to Date	**Work in Progress**	**Challenges**
	• A draft integrated model of care has been developed and it is going to be a particular focus for Chief Executives and the Executive Delivery Group of the ACP . This is now in the process of wider consultation across the ACP workstreams	• There will inevitably be ongoing challenges with this as we implement a more integrated model of care – some foreseen, others not.

and the IAC Forum prior to implementation.	

19. Engagement and partnership working with the VCSE sector should be reviewed to improve utilisation.		
Achievements to Date	**Work in Progress**	**Challenges**
• VAS was made a formal partner of the ACP in 2018. • Several services were piloted with the voluntary sector to support flow during winter 18/19 and summer 19/20. Inclusive of a project to review all existing schemes and recommend services for the future. • VCF representatives have been identified for all workstreams. • The benefits of working together in the workstreams has been evidenced through MH and access to funds this way. Likely to be further opportunities coming down from ICS / NHSE in this way.	• Commitment of £50k made in summer 2019 through EDG & Board, and acknowledged this is just a starting point.	• Still need to work on developing the strategic position of VAS within the ACP.