Item 22e(i)

Programme Director Report

For Partner Boards

Sheffield Accountable Care Partnership (ACP)

For NHS Sheffield CCG Governing Body Meeting- April 2019

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1. Purpose
a. To provide headlines from the progress of the Accountable Care Programme.   b. To provide an overview of ACP Programme Activities.

2. Introduction / Background
A short written overview of the Programme activities is provided by the Programme Director for the purpose of each partner board.

3. Is your report for Approval / Consideration / Noting
For noting

4. Recommendations / Action Required by Accountable Care Partnership
See attached actions within the report.

5. Other Headings
N/A

Are there any Resource Implications (including Financial, Staffing etc.)?
N/A

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Summary Programme Director Report

March 2019

1. Strategic Update

The ACP team are working alongside partner organisations and workstream leads to draft the refreshed 'Shaping Sheffield: The Plan' document. The plan is on schedule for a draft to be presented to EDG in April and partner boards in May. The plan will reflect the key themes from the Shaping Sheffield Engagement workshops held in Jan/Feb 2019. The plan will include the following sections:

- The ACP vision
- The national and local context
- The current health and wellbeing of the population of Sheffield
- A changing commissioning context
- Objective and Priorities
- The Finance and Sustainability Challenge
- Leadership, workforce and Culture Change
- Engagement and Coproduction of change
- Delivery plans and governance
- Outcome measures and evaluation

2. Delivery

PMO arrangements for the ACP have been strengthened. The ACP Deputy Director for Delivery has commenced in post and will be supporting workstreams to ensure robust delivery plans are in place to support Shaping Sheffield priorities.

A bespoke 2-day '**Transformational Change and System Leadership' course** (delivered by NHS Improvement) is being deigned to support the workstreams with defining and implementing their action plans in line with the Shaping Sheffield plan. This is scheduled for the 9th and 10th June 2019.

2.1 Elective Care

Focus of the work remains development of community based resources (upskilling staff and development of community clinics). Implications of the new GP contract are under consideration. There is clear acknowledgment that there are IT and workforce issues that could constrain the work going forwards. Linkage to the workforce and digital workstream are being made.

2.2 Urgent and Emergency Care

- Care Homes - 31 care homes completed the DSPT to enable to register for NHS Mail for 2018-19 CQUIN. 13 care homes now have a secure NHS email address.

- A phased implementation and transition to the new four quadrant model will take place during March & April 2019. Contract with existing providers / Woodhill extended until new model in situ.
- Two workshops have taken place to refine understanding of the problems and issues in relation to urgent primary care. There has been continued outreach engagement to specific communities with specific characteristics and two online surveys (one to general public and frontline staff) to feed into this work.
- Positive ongoing work on Why Not Home Why Not Today, DTOC is stabilising around 50-55 patients.
- Workstream agreed a focused look at the growing number of people presenting with severe mental health needs at STHFT, to consider how SHSC/ STHFT can build on their collaboration for this group.

2.3   Long Term Conditions and New Model of Care
The workstream has improved its delivery approach and in March the LTC Board agreed that
- A social prescribing group would be established under the auspices of LTC
- Social Outcomes Funds Investment this should be focused for LTC on a changing homecare model and patient activation. This will be shared with EDG as part of the new model of care/ integrated commissioning priority focused on frailty in April.

3 days per week of additional programme management resource to support this work has been secured and will start from 2nd April 2019.

2.4   Community Wellbeing and Prevention
Work is ongoing through the Food and Wellbeing Board, Tobacco Control Board and the National Centre for Sports and Exercise Medicine Board to deliver on the key prevention approaches. It was agreed at EDG in March that the workstream would focus on supporting ACP partner organisations and the other ACP workstreams to develop their prevention approach and work towards embedding prevention in all health and social care policies and strategies.

2.5   Mental Health and Learning Disabilities
The MH&LD Group are working with Challenge Sheffield, SODIT and Healthwatch to adopt the 4PI framework for patient engagement. Should this go well, the ACP will look at adoption throughout the other workstreams.
Work is ongoing to develop an all age approach to MH&LD services.

2.6   Primary Care and Population Health Management
- Discussions initiated around New GP Contract and impact on both GP and neighbourhoods
- Six Neighbourhood Transformation Bids were successful and being mobilised
- SCC are working with South East Neighbourhood to create a community hub
- Population Health Management – illustration of data flows developed. Initial conversations around refreshing of data sharing agreements scheduled

- Improved links between other ACP workstreams (in particular workforce, digital engagement and mental health)

2.7 Children's and Maternity
- Focussed work on scoping the workstreams and priorities for the Children's Health and Wellbeing Board for 2019/20. Identifying links to ACP priorities.
- Sheffield Health and Wellbeing Strategy presented to the Children's H&WB Board on 7 March.
- Service Improvement/Project Manager now in post.

2.8 Digital

Kevin Connelly (Chief Information Officer – Sheffield Children's Hospital) is developing a proposal for the establishment of the ACP digital workstream. This will be presented to ACP EDG in April. The workstream would have three areas of focus:

- Connectivity across Sheffield
- Data sharing agreements and consent models
- Integrated record development

The work of this group would be led by the outputs from the Shaping Sheffield workshops and will require senior clinical leadership.

2.9 Workforce/Organisational Development

The Leading Sheffield Cohort 2 (formerly known as Liminal Leadership) commenced this month.

The draft workforce strategy for Older People's Care in on track for circulation by mid-April. Consultation with all key partners and the public (via the Patient and Public Advisory Board established through Healthwatch) is planned, to enable a final version to be signed off by the end of June. We have now agreed to extend this work to an all-age workforce strategy and have begun conversations with the Children's to enable this.

2.10 Pharmacy Transformation

Work is on-going to develop a pilot of interoperability between GP practices and community pharmacy. Ten GP/Pharmacist pairings are being mobilised with associated equipment and support.

The proof of concept, community pharmacy led shared care hypertension service business case was not approved at the Sheffield CCG Clinical Commissioning Committee in February 2019. The proposal had strong clinical supported however; some questions were raised in relation to the funding model proposed. Next steps are to adjust and re-submit business case in April.

2.11 Communications and Engagement

First meeting of the ACP Advisory Group was held on Tuesday 5th March. About 15 members of the public attended the group. This group will provide ongoing support to the ACP workstreams, offering the chance to have a patient champion involved more closely with each area of the ACP.

Following on from the Shaping Sheffield workshops, additional public engagement sessions have been held by Healthwatch at social cafes and medical centres in a variety of locations across the city.
A specific piece of work to interview patients and relatives who have recently been discharged from hospital to intermediate care is in the design phase.

3. Risks

Key risks for each can be found in the attached highlight reports. A revised programme level risk register and issues log are currently under development. Each workstream will be offered support through the ACP PMO to develop their risk registers over the next two months. Below is an extract of the high level risks (scored 10 or more on risk matrix)

Risk	Score	Mitigation
Primary care workforce – The risk of not having sufficient workforce capacity to deliver the programme's ambition.	16	Discussion with the South Yorkshire Workforce hub and LWAB to deliver sustainable staffing. Investment strategy required to support growth.
Lack of funding for pharmacist prescriber training, places on courses, mentor capacity	16	Pursue national support through Pharmacy Integration Fund; lobby HEE for increased course capacity; promote benefits to local GPs to encourage mentor sign up
System digital transformation can not progress due to lack of system wide capacity or dedicated leadership working on this adequately. Insufficient engagement from partner organisations and ownership of option to be selected.	15	Development of the digital workstream with attached senior clinical and operational leadership
System pressures may delay or halt urgent care transformational changes throughout the winter period	12	Plans agreed with providers to minimise service disruptions where possible at times of system pressure.
Project/ programme management support to help drive programmes forward identified as risk in a number of programmes (MH & LD- for dementia, psychiatric decision unit, neighbourhood health and wellbeing service).	12	Overall, this risk has reduced with the appointment of a number of posts, but risk still apparent and is slowing progress in some areas. We need to start re-shaping some of our collective resource in line with ACP priorities in order to accelerate the system wide work