Sheffield Children's NHS Foundation Trust
Sheffield Clinical Commissioning Group
Sheffield Health and Social Care NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust

Programme Director Report

Sheffield Accountable Care Partnership (ACP) Board

27 February 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 the February 2019 ACP 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

<p style="text-align:center"><u>Programme Director Report</u></p>

<p style="text-align:center">ACP Board – 27 February 2019</p>

1. <u>Strategic Update</u>

a) The 'Shaping Sheffield: The Plan' workshops took place late January/ early February as part of the staff and public consultation to feed into an action plan, which will outline the work of the Sheffield Accountable Care Partnership for the next 5 years. This action plan will provide tangible outcomes to focus on our agreed aims and priorities. Over 300 staff and members of the public attended across the ACP partner organisations. The events focused on the 5 priorities for 19/20. Key themes from these workshops were:

Workforce: staff capability to work differently and the capacity to implement new ways of working, morale and culture, leadership and management capabilities, empowering and listening to staff were all raised multiple times across the 5 workshops. A strong message from the smoking and obesity & physical activity groups in particular, was around maximising the opportunity to focus on supporting staff across the system in stopping smoking and becoming more physically active.

Funding: there was a strong call for integrated commissioning and an investment in prevention activities, including support for the voluntary sector. The issue of short term funding and concerns around the short-term thinking this promotes was raised multiple times.

Person-centred approaches: incorporating flexibility to tailor approaches and support as appropriate at the individual and community levels, addressing issues around access and lack of awareness and using co-production techniques to ensure that care models and future plans have the public at their centre.

Integrated working: a lot of references to silo working and 'inward looking' practices, with a call for more holistic, better-coordinated services. Co-location was cited numerous times, along with the need for digital interoperability and the development of trust between organisations.

b) The ACP team will agree a plan with EDG workstream leads on 25/2 to ensure we reach a draft Shaping Sheffield: The Plan for the end of April. This will bring the work together into a more coherent whole, acknowledging that the overall fit is not yet transparent. For note:
   a. This will include refreshing delivery plans.
   b. Each partner executive team will meet with the ACP to ensure organisational plans align.
   c. A system dashboard to measure progress has been agreed.
   d. The Deputy ACP Director for Delivery has commenced in post, meaning more capacity to support workstreams to ensure robust plans. This will strengthen PMO arrangements, oversight and reporting.

2. Delivery

a) MH & LD and Children's and Maternity workstreams held a **joint programme** workshop on 7 December 2018 around developing an **all age mental health care model.** The workshop was an excellent event with very high levels of engagement from all stakeholders. CEOs are discussing how to take this work forward through the possible establishment of a joint board.

b) There are parallel discussions taking place on potential **new models of care for multi-morbidity / admission prevention from a provider perspective**. Similar discussions are taking place from a **commissioning perspective**, with the potential priority of Frailty expected as the first priority for joint commissioning between CCG/ SCC. EDG is considering Integrated Commissioning and this new model of care work on 25/2.

c) The **"Primary Care and Population Health"** workstream is mobilising against its 5 priorities and making good progress. The first system wide neighbourhood task and finish group took place, with representatives from all parts of the system and operational colleagues across CCG and SCC coming together to mobilise a single system approach.

d) November EDG supported greater ownership from the ACP on next steps relating to **urgent primary care,** following the CCG consultation between September 2017 and January 2018. There is a question as to whether this is CCG led or ACP owned. Current workshops are taking place across the system to understand the problem, and consider the next steps in light of this.

e) In relation to the question as to whether the **children's UTC should be "decoupled"** from the overall urgent care consultation, representatives from the Children's Trust and CCG have had a constructive meeting following the agreement at the 14th December 2018 meeting to outline what decoupling would look like and make an informed view on the way forward having considered the risks. The teams explored some of the practicalities of decoupling, the concerns around the associated risks to both organisations. The teams reiterated their commitment to maintain a good working relationship as they have a shared aim to provide the best possible care for children and young people. The Trust subsequently confirmed that it will not progress its request for paediatrics to be decoupled from the adult process following the outcome of the first consultation. The Trust will commit to taking part in the second consultation, subject to the setup of time to engage on seeking views on time to paediatrics specifically (staff and public) and confirmation from the CCG that the process will enable adults and paediatrics to be de-coupled if required at the decision point in May 2020.

f) **Organisational Development** – The Leading Sheffield Cohort 2 (formerly known as Liminal Leadership) commences in March and NHS Leadership Academy funds have been secured for a Shadow Board.

g) **Integrated Care Record:** Despite positive progress in the last period, the project remains at Amber/Red status. An outline business case (OBC) for a Sheffield Care Record and Patient Flow has been draft but is not yet complete. Further clinical engagement is required to ensure the user needs and requirements are understood and endorsed by clinical leaders, prior to finalising any solution appraisal and selection. This will build on the positive clinical / service lead and supplier engagement across all ACP Partner organisations. The current plan is to complete 2 workshops in March-19 to develop and endorse the user needs and requirements, and to demonstrate a number of potential solutions. The output of these activities will enable the OBC to be finalised for assurance at each organisation and with the ACP. Costs, benefits and the risks of losing capital from NHS England have been fully assessed. System digital transformation is a key risk of the programme and we do not currently have system wide

capacity or dedicated leadership working on this adequately. CEOs have committed to getting underneath this as a priority. Whilst it is acknowledged that there are busy operational organisational digital agendas, Sheffield is losing pace on the system wide agenda compared to a number of other care economies.

Cross-Cutting Risks

A set of high level programme risks are taken from the highlight reports:

Risk	Mitigation
UEC have raised the risk of operational pressures impeding transformation work.	Review of links between transformation and performance aspects of workstream taking place
Primary care workforce as a key risk to deliver the ambition of the primary care workstream. More broadly, whilst we are developing some integrated workforce approaches, we are not yet set up to mobilise workforce strategy effectively across the system in terms of strategic leadership or capacity.	Team linking with SY Workforce Hub and LWAB on this issue. CEOs have agreed to review this theme through their monthly private meetings.
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).	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
There are a number of risks associated with the integrated care record. - Potential loss of capital funding allocated by NHS England. This follows SHSC stating they wish to use the 'EVIE' product as their shared record viewer and patient flow capability. Moreover, the clinical engagement and solution appraisal work planned for March, should support utilising the entirety of the allocated funding in Q1 2019/20. - Insufficient engagement from partner organisations and ownership of option to be selected.	NHS England has indicated there is some flexibility to utilise a proportion of the funding Q1 2019/20 but the ACP partners need to use a proportion of the funding in 2018/19. Priority activity is ongoing to find a resolution to this, with SHSC having potential to utilise a proportion of the funding to develop the capability (known as EVIE) they are deploying as part of being a fast follower to Worcester Acute Trusts Global Digital Exemplar. - Engagement events planned Feb/ March to inform final solution selection

System digital transformation is a key risk of the programme and we do not currently have system wide capacity or dedicated leadership working on this adequately.	CEOs have committed to getting underneath this as a priority. Whist it is acknowledged that there are significant organisational operational digital agendas, Sheffield is losing pace on the system wide agenda compared to a number of other care economies.