



**EXECUTIVE SUMMARY**

**REPORT TO THE BOARD OF DIRECTORS**

**HELD ON 31<sup>ST</sup> JULY 2018**

|                              |   |
|------------------------------|---|
| <b>Subject</b>               | CQC Local System Review 2018: report and agreed action plan |
| <b>Supporting TEG Member</b> | Dr David Throssell  |
| <b>Author</b>                | Dr David Throssell  |
| <b>Status<sup>1</sup></b>    | N & D   |

**PURPOSE OF THE REPORT**

1. To brief the Board of Directors on:
  - the key findings of the CQC Sheffield Local System Review (2018)
  - the action plan drawn up to address the report's recommendations.
2. To set out the agreed process for the implementation and oversight of the agreed action plan.

**KEY POINTS**

1. The 2018 CQC Sheffield Local System Review was one of 20 targeted reviews of Local Authority areas commissioned jointly by the Secretaries of State for Health and Social Care, and for Housing, Communities and Local Government under Section 48 of the Health and Social Care Act 2008.
2. The review focused on three areas relating to the care of older people in the city, examining how health and care organisations worked together to:
  - ensure wellbeing so that older people could live happily and healthily at home for as long as possible.
  - respond to crisis for example in the event of illness or injury that created a sudden need for treatment, care and support.
  - help older people to recover after crisis.
3. The review was informed by:
  - a local data profile drawn from nationally available data supplemented by CQC's own data
  - a System Overview Information Request (SOIR) compiled by relevant authorities and providers within the city and submitted to the CQC in advance of their inspection visit
  - a relational audit completed electronically and anonymously by 230 Health and Social Care staff in advance of the inspection visit
  - a CQC information flow tool designed to analyse the effectiveness of information flows when older people are discharged from secondary care health services into adult social care
  - an inspection visit from 5<sup>th</sup> – 9<sup>th</sup> March, when inspectors visited a range of health and social care facilities across the city, and met or formally interviewed:
    - system leaders from Sheffield City Council; Sheffield Clinical Commissioning Group; Sheffield Teaching Hospitals NHSFT; Sheffield Health and Social Care NHSFT; Primary Care Sheffield; Yorkshire Ambulance Service NHST; Sheffield Health and Wellbeing Board and Healthwatch Sheffield.
    - health and social care professionals
    - voluntary, community and social enterprise sector representatives
    - people using services, their families and carers during visits to day centres and support groups.

4. Key findings of the review, which are set out in detail in the attached report (Appendix 1), were as follows:
- a) Purpose, vision and strategy for health and social care:
- Relationships between elements of the system were progressively strengthening, and there was a strong commitment to achieve the best outcomes for people in Sheffield.
  - There was a lack of alignment of strategies set out by the Health and Wellbeing Board, Accountable Care Partnership (ACP) and in the 'Shaping Sheffield' plan.
  - The visions set out in the Joint Strategic Needs Assessment (JSNA) and the refreshed Health and Wellbeing Strategy had resulted in a vision amongst system leaders for the transformation and delivery of services in Sheffield, however this had not yet been clearly articulated as a strategy that was understood across all partners in the system.
  - The desire to scale up innovations was compromised by weakness in the system's approach to evaluation.
  - Workforce challenges and the maintenance of a skilled and sustainable workforce were recognised as an ongoing challenge for the city.
- b) Delivery of interagency processes:
- In parts of the city, there are differences in the geographical boundaries used by health and social care organisations which resulted in some challenges to the delivery of interagency working in these neighbourhoods.
  - There were some examples of shared agreements and approaches, such as the Active Recovery Integration project and the joint NHS and LA CICS, and these were having a positive outcome on people's experiences.
  - System leaders recognised that health and social care integration was not understood by all staff.
- c) The experience of frontline staff:
- Some staff reported a disconnection between health and social care services.
  - The incompatibility of IT systems was a common problem.
  - System leaders and senior managerial staff were visible and accessible, though staff felt that more effective engagement was needed to make them feel part of the vision and to be able to influence and shape service design and delivery.
- d) The experience of people receiving services:
- Most people were treated with kindness and the majority of frontline staff provided person-centred care.
  - Some older people were not always seen in the right place, at the right time, by the right person.
  - People were not always communicated with effectively when there were delays in their care and treatment.
  - People faced delays when waiting for a long term care package on discharge from hospital.
  - The proportion of people receiving reablement or rehabilitation on discharge from hospital was higher than the England average, but the proportion of people still in their own homes 91 days after discharge had decreased.
5. An LSR summit attended by senior representatives from organisations involved in the review, and facilitated by the Social Care Institute for Excellence with input from the CQC, took place on 7<sup>th</sup> June. After a summary of the LSR findings by the CQC, and a presentation from senior colleagues from the Local Authority, STH and the ACP, a workshop took place which informed the drawing up of the system-wide action plan, which after further iteration was submitted to the CQC on 6<sup>th</sup> July. The action plan is attached as Appendix 2.
6. It has been agreed that the Accountable Care Partnership will provide the framework for delivery of the required actions, which will be overseen by the Health and Wellbeing Board. The action plan was discussed at the Executive Delivery Group of the Accountable Care Partnership on 19<sup>th</sup> July, and will

also be discussed at the next meeting of the Healthier Communities and Adult Social Care Scrutiny Committee.

## IMPLICATIONS<sup>2</sup>

| AIM OF THE STHFT CORPORATE STRATEGY 2017-2020 |  | TICK AS APPROPRIATE |
|---|--|---------------------|
| 1   | Deliver the Best Clinical Outcomes                 | ✓                   |
| 2   | Provide Patient Centred Services                   | ✓                   |
| 3   | Employ Caring and Cared for Staff                  | ✓                   |
| 4   | Spend Public Money Wisely                          | ✓                   |
| 5   | Deliver Excellent Research, Education & Innovation |                     |

## RECOMMENDATIONS

The Board of Directors is asked to note and discuss:

- the findings of the CQC LSR
- the associated action plan
- the plans for implementation and oversight of actions arising from the review

## APPROVAL PROCESS

| Meeting | Date | Approved Y/N |
|---------|------|--------------|
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<sup>1</sup> Status: A = Approval  
A\* = Approval & Requiring Board Approval  
D = Debate  
N = Note

<sup>2</sup> Against the five aims of the STHFT Corporate Strategy 2017-20