

Board of Directors - Public

SUMMARY

Meeting Date: 23 November 2022
Agenda Item: 06

Report Title:	Chief Executive Briefing	
Author(s):	Jan Ditheridge, Chief Executive	
Accountable Director:	Jan Ditheridge, Chief Executive	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	N/A
	Date:	N/A
Key points/recommendations from those meetings	-	

Recommendations

To consider the items discussed in this report in relation to impact and opportunity on our strategic priorities and risks.

Recommendation for the Board/Committee to consider:

Consider for Action	X	Approval		Assurance	X	Information	X
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Please identify which strategic priorities will be impacted by this report:

Covid-19 - Recovering effectively	Yes	X	No	
CQC Getting Back to Good – Continuous improvement	Yes	X	No	
Transformation – Changing things that will make a difference	Yes	X	No	
Partnerships – working together to make a bigger impact	Yes	X	No	

Is this report relevant to compliance with any key standards? State specific standard

Care Quality Commission Fundamental Standards	Yes	X	No		
Data Security and Protection Toolkit	Yes		No	X	
Any other specific standard?	Yes		No	X	

Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	Yes	X	No		CQC Reports Strategic Priorities Community Services Review
Financial (revenue & capital)	Yes	X	No		Executive Focus Strategic Priorities
Organisational Development /Workforce	Yes	X	No		Strategic Priorities CQC Reports
Equality, Diversity & Inclusion	Yes	X	No		Working Together Conference Strategic Priorities
Legal	Yes	X	No		Changes in Government Target Operating Model
Environmental Sustainability	Yes		No	X	-

Title	Chief Executive Briefing
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Purpose

The purpose of this report is to inform the Board of current national, regional and local policy and issues that require consideration in relation to our strategic priorities and Board Assurance Framework risks, and to stimulate Board strategic discussion.

NATIONAL

1. Governance

1.1 Changes to the Cabinet

The Board will be aware that Rishi Sunak became Prime Minister on the 25th October 2022. Jeremy Hunt remained as Chancellor and Steve Barclay has been reappointed Secretary of State for Health & Social Care after a short period in the role in the summer.

NHS Providers have helpfully produced biographies of the Prime minister and key cabinet ministers as well as all the new health and social care ministers. This summary is attached as an appendix for Board to read and consider.

1.2 CoVid-19 Public Inquiry

October 4th saw the first preliminary meeting to agree scope and procedures for the first phase or module 1 of the CoVid-19 Inquiry Hearing. Module 1 will look at government planning and preparedness, including resourcing, risk management, pandemic readiness and lessons from previous pandemics, and simulations and modelling.

Deborah Lawrenson, Director of Corporate Governance, is the Executive lead and Terry Geraghty, our Emergency Preparedness Resilience and Response (EPRR) lead, is the project lead responsible for ensuring we are gathering required information, preparing staff and being ready to respond when we are required to submit evidence.

We do not expect much activity for Sheffield Health & Social Care NHS FT before Spring 2023. The Board will be kept updated through the Governance Report on what is required of us and our response as the Inquiry progresses.

1.3 New NHS England Operating Framework – October 2022

This Framework sets out how the NHS will operate in the new structures created by the 2022 Health & Care Act. It explains how NHS England (NHSE), integrated care Boards and providers will work together in the new statutory framework.

This framework, previously called the Operating Model has four core foundations, which define NHSE's purpose, areas of value, leadership behaviours and accountabilities and medium-term priorities and long term aims.

NHSE's role is to lead the NHS in England to deliver high quality services for everyone. They will set the national direction, allocate resources, ensure accountability, set the national approach to supporting and developing people, give support to drive improvement, deliver services such as the national procurement and digital services and create the national approach to transformation.

They are accountable to Parliament and government for national NHS performance and transformation, supporting local decision making, empowering local leaders to make good decisions for their local populations.

Integrated Care Boards (ICBs) will provide effective system leadership, balancing immediate and longer-term priorities. They will work with providers, local authorities and other partners to create local integrated care strategies and deliver joint five year forward plans for their system.

ICBs will bring the local NHS together to ensure the health needs of their populations are met and together with Local Authorities act as stewards of the local population health outcomes and equity. ICBs will oversee the and support delivery of these strategies and plans including system delivery of NHS planning objectives and the Long-Term Plan priorities.

They will oversee system health budgets and will account for the NHS system allocations. Oversight and performance management arrangements in each integrated care system area will be proportionate and streamlined to avoid duplication and unnecessary bureaucracy.

Providers, NHS Trusts and Foundations Trusts, will be responsible for meeting their statutory responsibilities for the delivery of safe, effective, efficient, high-quality services now and in the longer term. They will be responsible for their contribution to effective system working and delivery of ICS strategies and plans.

Providers will be responsible for meeting the finance and performance requirements set out in the NHS planning guidance, complying with their Provider Licence and the Care Quality Standards. Providers will be expected to reduce unwarranted variation, for example by participating in provider collaboratives.

The key change for Providers is the emphasis on contribution to system working, be that with all partners at ICS level, specialist partnerships through the collaboratives or at Place with local partners and communities. Providers will also increasingly be part of system and place decisions about resources including Capital encouraging transformation solutions that support areas of most need or development.

The Board are still responsible and accountable for their statutory responsibilities and will need to navigate this effectively as we move to more system and partnership arrangements. Our Partnership priority should focus our attention on this balance and opportunity.

The Operating Framework is available at this link:

<https://www.england.nhs.uk/wp-content/uploads/2022/10/B2068-NHS-England-Operating-Framework.pdf>

1.4 Winter Resilience - Going Further Faster

NHSE wrote to all Providers and system leaders setting out further preparations in readiness for winter. This refreshes the communication in August which set out plans to boost capacity, increase resilience and improve patient flow across systems ensuring patients get access to timely high-quality care.

The refreshed communication focusses on four areas:

- Better support for people in the community
- Optimise bed capacity and support ambulance services
- Ensure timely discharge and support for people leaving hospital
- Establishment of a national clinically led winter collaborative

The communication also included instructions about:

- Elective care
- Cancer waiting times
- Infection Prevention and Control measures

- Oversight and incident management arrangements

Beverley Murphy, Executive Director of Nursing, Professions & Operations, our Executive lead for Winter planning and implementation will continue to share plans with the Board under our CoVid-19 Recovering Effectively priority and the Board will be able to monitor performance through our Urgent & Emergency Care dashboard in the IPQR.

2. Quality & Safety

2.1 Learning from Edenfield – Addressing Closed Cultures

The Board have discussed in some detail the content of the two recent documentaries on national television exposing extremely poor care of vulnerable individuals in in-patient settings in different parts of the country.

We have reviewed our own arrangements and considerations regarding the potential for “Closed Cultures”, our quality improvement approach and our Board contribution to ensuring that our service users are safeguarded and can expect a high-quality experience in our care. We recognise that this requires constant attention and review.

We have contributed to the Provider Collaborative, ICB and national discussions and reviews to understand how we work at all levels to maintain and improve high quality care.

Our response and action will be reported in more detail under our “CQC Getting Back to Good – Continuous improvement” priority on our agenda.

2.2 Independent Investigation into East Kent Maternity Services October 2022

Dr Bill Kirkup published his report investigating serious concerns about the quality and outcomes of maternity and neonatal care in East Kent Hospitals. The report “Reading the Signals: Maternity & Neonatal Services in East Kent” is about maternity services but has far reaching learning that is relevant to our services.

The key identified areas which our Quality team are considering and mapping against our own arrangements are:

- Monitoring safety performance – finding signals among the noise
- Standards of clinical behaviour - technical care is not enough care and compassion are critical
- Flawed team working – pulling in different directions
- Organisational behaviour – looking good while doing badly

All these areas resonate with the Edenfield findings and map against some of our learning from our Inadequate rated wards in 2020 and at our Learning Disability Unit in 2021.

The report is available at this link:

<https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report>

The Board is recommended to read the full report, consider its findings and learning for our organisation.

2.3 Care Quality Commission

There are three important and recent reports published by the Care Quality Commission all of which our Quality Assurance Committee will consider in more detail.

2.3.1 CQC report on the state of health and care in England 2021/22

The annual report describes a system that is “gridlocked” and while the CQC acknowledge that health and care staff are doing their best to provide safe effective and compassionate care, and

that most people are receiving good care the report describes chronic challenges in the health and care system. It particularly points to lack of strategic workforce planning and long-term underinvestment.

The report identifies increasing levels of dissatisfaction of the NHS amongst both service users and staff.

The report goes on to identify key areas of concern which include:

- Access to elective and urgent care
- Inequalities in care – identifying regional, population and community levels of inequality
 - Specific areas of concern included:
 - Maternity services
 - Care for people with a learning disability and or Autism
 - Care of children and young people with mental health needs
 - The Deprivation of Liberty Safeguards process
- Recruitment, retention and staff absences get a particular mention as one of the key causes of the rising challenge posing significant risk to both service user and staff safety and experience.

The Board will recognise the areas of focus for Sheffield Health & Social Care NHS FT and where we are making improvements.

The report is available at this link: <https://www.cqc.org.uk/publications/major-report/state-care>

The Board are asked to consider the implications of this report on our priorities and risks.

2.3.2 CQC report on the care of people with a learning disability and autism in acute hospitals - Who I am Matters

This CQC review was part of a series of recommendations from the multi-agency review into the death of Oliver McGowan.

The key findings include:

- People with a learning disability or Autism are not receiving the quality of care they should expect when in hospital
- They found a lack of effective system for identifying people, particularly those with Autism when admitted to hospital
- Ill-prepared hospital environments, and staff without the right skills and knowledge are having a negative impact on people with a learning disability or autism
- There are pockets of excellence and individuals doing great things and the report shares this observed good practice

They concluded that, while leadership and oversight was not a focus of this review, there are indications that that a system wide strategic approach is required if things are to change and improve.

The report is available at this link: <https://www.cqc.org.uk/publication/Who I am Matters>

2.3.3 CQC Community Mental Health Survey

This annual survey reported that the majority of people said that they had received good care. However access, crisis care, being involved in care, support and wellbeing and communication are areas for improvement.

Sheffield Health & Social Care NHS FT has received our survey results, and these have been received by the Quality Assurance Committee alongside the progress report for our community recovery teams transformation programme.

The survey is available at this link: www.cqc.org.uk/cmhsurvey

Some improvements have been noted and acknowledged that the CMHT transformation project speaks to the issues service users have talked about in their report.

3. Strategy

3.1 Mental Health Learning Disability & Autism (MHLDA) - National Priorities

The national MHLDA team led a workshop targeted at ICB leaders and extended invitations to Provider senior teams. It was an opportunity to refresh focus on national priorities, as the ICBs develop, and for people to clarify and discuss MHLDA with the senior team leads.

Our strategy and plans are developed taking into full account the promises of the Long-Term Plan and national priorities for people with a Learning Disability or Autism.

Appendix 1 provides a reminder to the Board of those promises and priorities.

NORTH EAST YORKSHIRE & HUMBER; SYSTEM (SOUTH YORKSHIRE) AND PLACE (SHEFFIELD)

1. Governance

1.1 Target Operating Model

The ICB have developed their Operating Model which will support their staff (circa 900) to focus on the delivery of the quadruple aims and emerging strategy expected at Christmas. It also describes the values and associated behaviours that have emerged from their conversations with staff and stakeholders.

2. Strategy

Sheffield, the MHLDA, and the ICB are developing or refreshing priorities in line with national priorities and imperatives. There are connections in place to ensure that they are aligned.

The region have also engaged with MHLDA colleagues to discuss how they can support transformation, improvement and delivery.

The emerging work will be considered and reported through our Transformation Report, but it is hopefully helpful to identify the agreed areas for each element of the system below.

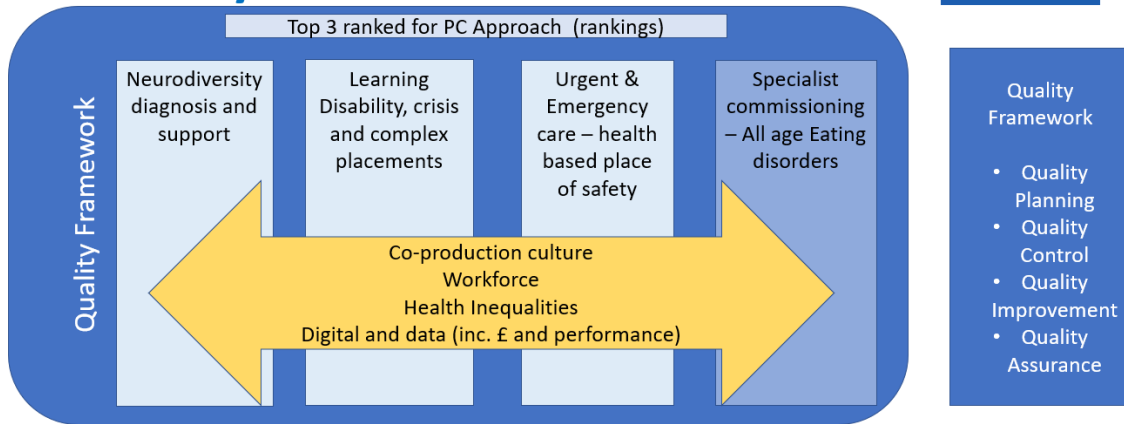
2.1 Sheffield Priorities

The MHLDA group are presently reviewing the strategy developed in 2019. This is led by the Health and Well-being Board and we are represented in the discussions. We are keen to ensure that it links to the Provider Collaborative and South Yorkshire priorities and that it reflects what has changed since its first draft in 2019.

2.2 Provider Collaborative Priorities

Following several workshops and MHLDA Board meetings, the following diagram illustrates the agreed areas of focus.

Summary



South Yorkshire

Working Together

Mental Health, Learning Disability & Autism Provider Collaborative

The next stage is to understand the scope and leadership required. This is already in place for Health Based Place of Safety and Learning Disability crisis and complex placements.

2.3 Regional Support and Focus

Following a workshop with all Mental Health Chief Executives in the region, it was jointly agreed to:

- Focus on patient safety and quality improvement – provide support for regional quality framework development.
- Ensure that service user, carer, and family are central to all regional activity.
- Secure regional support for further development of data, information and benchmarking that focuses on priorities and risks.

While it may appear that there are numerous points where we are engaged in priority setting and there is a risk we may not all be focussing on the same things, there are purposeful interventions to ensure that strategies and plans connect from national to local. This is probably the first time there has been a concerted effort to do this and will therefore hopefully reflect the true priorities for local communities and support joint working where appropriate across wider footprints.

SHEFFIELD HEALTH & SOCIAL CARE NHS FT

1. Executive Focus

Executives and their teams have been involved in the strategy and priority development described in the previous section.

Over and above this, the Executive have been focussed on:

- Performance reviews of all operational and corporate services
- Planning for next year
- Cost Improvement plans – in year
- Winter Planning

2. Working Together Conference – 2nd November 2022

A number of the Executive Team joined Non-Executive colleagues at the Working Together Conference.

It was a well-attended event, stimulating positive and often emotional conversations about being ethnically diverse in our health and care organisations and more broadly within our communities. This year we saw a broader focus addressing issues of being ethnically diverse and LGBTQ. It was good to see many of our Rainbow staff network in attendance too.

Key messages Executives took from the conference included an observation that the conversations are changing, everyone recognising progress against the actions taken over the past three years to address racism at work, and acknowledgement there is more to do and that's not the burden of the ethnically diverse group although they have a part to play.

We have discussed how we ensure leaders within the organisation at ward manager and team leader level are supported to attend to hear and contribute to the conversations and the staff network agreed to support other SNGs to design and produce conferences.

JD/jch
November 2022

Mental Health, Learning Disability and Autism

NATIONAL PRIORITIES

Learning Disability and Autism Priorities

People with a learning disability and autistic people continue to experience very significant health inequalities

There are approximately 1.5 million people with a learning disability in the UK (from Mencap UK)

LeDeR 2021 report tells us that:

- People with a learning disability have higher rates of death from avoidable causes than for the general population (49% vs 22%) (pg64)
- For people with a learning disability, 8% of avoidable deaths were linked to cancer, 14% to hypertension, 17% to diabetes and 17% to respiratory conditions (pg 64)
- People with a learning disability have, on average, 2.45 long-term conditions (pg 20)

There are approximately 1 million autistic people in the UK

- Between 20 and 30% of autistic people also have a learning disability.
- Approximately half of autistic people have a diagnosable psychiatric condition at some point in their lifetime
- Next year (2023) will be the first year that LeDeR is able to report the deaths of autistic adults who have no learning disability

Learning Disability and Autism are a strategic priority for the NHS



[Building the Right Support Action Plan](#), published by DHSC in July 2022 builds on existing work underway, including the objectives set out in [NHS Long Term Plan](#) including:

- Reduce the numbers of people in mental health hospitals by supporting people to live in their **community** (with the right accommodation, support and care), meeting the commitments:
 - By March 2024, for every one million adults, there will be no more than 30 people with a learning disability and/or autism cared for in an inpatient unit and more than 12-15 children with a learning disability, autism or both in an inpatient setting per million children
- Improve physical health, the **quality** and experience of care (including inpatient care), make **reasonable adjustments** and tackle health inequalities to make sure people with a learning disability and autistic people get **equal access**, experience of and outcomes from care and treatment. Meeting the below commitments:
 - By 2024, 75% of people on a GP learning disability register with a health check in the previous 12 months
 - Delivery of LeDeR in every local area: 100% completion of reviews; 35% focused review, applying learning to service improvements
- Ensuring **workforce, investment and leadership** are aligned in new architecture and increasing **employment opportunities** for people with a learning disability and autistic people.
- Improving **autism diagnostic waiting times**
- Improving outcomes for **Children and Young People** including:
 - keyworker pilots and hearing, sight and dental checks to children and young people with a learning disability, autism or both in special residential schools
 - focus on statutory duties for children with Special Educational Needs and Disabilities (eg: input into health education care plans) .

Learning disability and autism in the NHS Long Term Plan



LTP commitment	National metric
Reducing reliance on mental health inpatient care: adults	By Mar 2024, for every one million adults, there will be no more than 30 people with a learning disability and/or autism cared for in an inpatient unit
Reducing reliance on mental health inpatient care: children and young people	By Mar 2024, no more than 12-15 children with a learning disability, autism or both in an inpatient setting per million children
Improving community services	Development of intensive support, forensic and crisis services in each ICS area in line with the National Service Model
Improving outcomes for Children and Young people	Keyworker pilots Hearing, sight and dental checks to children and young people with a learning disability, autism or both in special residential schools
Annual health checks (AHC) for people with a learning disability	By 2024, 75% of people on a GP learning disability register with a health check in the previous 12 months
Stopping over medication of people with a learning disability autism or both and Supporting Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP)	Expand STOMP STAMP to stop the overmedication of people with a learning disability, autism or both.
Learning from the lives and deaths of people with a learning disability and autistic people	Delivery of LeDeR in every local area: 100% completion of reviews; 35% focused review, applying learning to service improvements
Autism	Improving autism diagnostic waiting times
Workforce	Learning disability and autism training; workforce for community development

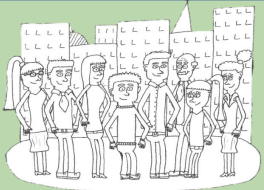
Learning Disability and Autism Programme



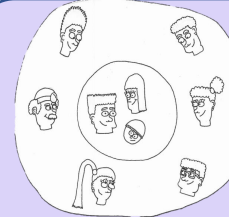
Improving quality of care for people in hospital settings



Reducing the number of people in hospital



Improving provision of community services



Improving outcomes for children & young people



Improving health outcomes and access to health care



Improving outcomes for autistic people



Building a capable workforce

Improving quality of care for people in hospital settings



- Our Improving Quality team focuses upon people's experience of being in a mental health hospital on making sure that people get good quality care; have reasonable adjustments to their care; their care meets their needs.
- This year, work has included:
 - National programme of Safe and Wellbeing Reviews for ICBs to check people are safe and receiving good care
 - Undertaking reviews for all people currently in long term segregation (ICETRS)
 - Lived experience focus groups with people in hospital
 - Refreshing the Care (Education) and Treatment policy with the DSR policy (due to be published) -strengthened accountability and ICS oversight

Reducing the number of people in mental health hospital

The **NHS** Long Term Plan says that by **March 2024**:

- For every one million adults, there will be no more than 30 people with a learning disability and/or autism cared for in an inpatient unit. **There has been a net reduction of 565 adults between March 2017 and March 2022 (from 2470 in March 2017).**
- For every one million Children, there will be no more than 12-15 children with a learning disability, autism or both in an inpatient setting. **The number of under 18s in a mental health inpatient setting as at June 2022 was 230 compared to high of 290 in March 2019.**

Mental Health Priorities

Our Mental Health Promises

Mental health is the largest transformation programme within the NHS. By 2023/24, mental health services will receive an additional £2.3 billion to deliver on important promises aiming to improve access and quality of mental health services for all communities. All promises are listed in [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#)

345,000 more CYP will access help via NHS funded mental health services and school or college-based Mental Health Support Teams.

Better community mental health support will be provided to 370,000 people with SMI via new and integrated models of primary and community care.

24,000 additional women will access specialist perinatal mental health services. The period of care will be extended from 12 months to 24 months post-birth.

Anyone experiencing a mental health crisis will be able to contact NHS 111 and have 24/7 access to urgent mental health support.

380,000 more people will access NICE-approved IAPT services each year.

Length of stay in units will be reduced to the national average of 32 days.

The parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support.

The geographical coverage of NHS services for people with serious gambling problems will be expanded

The existing suicide reduction programme will be rolled out in ICSs in the country.

Our Mental Health Promises

These promises link directly with Integrated Care Systems' aims, and will support ICSs to deliver better care for their whole population:



Delivering on our promises

Huge successes have been achieved within the sector, with system-wide collaboration and strong partnership working supporting progress across the country:

Increasing access to talking therapies with 1.2m people starting treatment in 2021/22.



68% of people experiencing their first episode of psychosis accessed specialist care within two weeks of referral, against a target of 60%.



Establishing specialist community perinatal mental health services in all parts of England, which saw 43,500 women in 2021/22.



A record 670,000 children and young people aged 0-17 accessed NHS mental health support in 2021/22 (160,000 above the LTP baseline)



Children and young people eating disorder teams now cover all parts of England. 12,500 patients started treatment in 2021/22, compared to 10,700 in 2020/21.



Dedicated NHS mental health support teams are in place at 4,700 schools/colleges across the country.



Published first Advancing Mental Health Equalities Strategy.



Achievements during the pandemic

COVID-19 became the catalyst for existing commitments to be realised sooner than planned, and to establish new services in response to patient need which are demonstrating ongoing value:



Rapid roll-out of 24/7 all age mental health crisis lines, supporting a quarter of a million people a month.

Rapid shift to remote working, providing care more flexibly and overcoming access barriers.



Mental health and wellbeing offer for NHS staff impacted by the pandemic, underpinned by 40 new hubs across England.