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

For Partner Boards

Sheffield Accountable Care Partnership (ACP)

For Health & Wellbeing Board on March 29th 2019

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Sponsor	**Cllr Chris Peace, Cabinet Member for Health and Social Care, SCC and Dr Tim Moorhead (Joint Chairs of the ACP Board and HWB Board)**

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

1

1. **Strategic Update**

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 included:

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.

Full feedback will be shared with delegates and other stakeholders.

b) The ACP team are working with colleagues 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. This will be supported by refreshed delivery plans. Each partner executive team will meet with the ACP team through April to feedback on the draft plan and ensure a set of shared goals. A system dashboard to measure progress has been agreed and will track progress.

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. Joint governance arrangements across the progammes are now being discussed.

2

b) EDG and ACP Board at their February meetings considered a summary of proposals to establish a **Joint Commissioning Committee** between Sheffield City Council (SCC) and the Clinical Commissioning Group (CCG). The paper summarised proposals for a joint commissioning plan, and identified the priority areas for commissioning new preventative services that will seek to reduce inequalities, increase the capacity of community based services and reduce demand on acute services. ACP partners were fully supportive of the plan.

c) The **new models of care for multi-morbidity / admission prevention** was supported in principle by all ACP partners and work will now commence on mobilising this. This will underpin the joint commissioning priority of "frailty".

d) The **Quarterly CQC Local System Review** update was considered by Board, with good progress noted. All partners should be considering this report within their agreed internal governance routes.

e) 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. This will return to EDG in April.

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 and Digital Agenda:** The Integrated Care Record project remains at Amber/Red status. 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. Kevin Connolley, CIO at SCH, has offered to prepare a proposal outlining what a digital workstream could look like on behalf of the CIOs.

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.	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
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.

4