BOARD OF DIRECTORS MEETING (Open)

Date: 12 September 2018		**Item Ref:**	06

TITLE OF PAPER	Accountable Care Partnership (ACP) Board, Programme Director Update
TO BE PRESENTED BY	Kevan Taylor, Chief Executive
ACTION REQUIRED	N/A

OUTCOME	For Information
TIMETABLE FOR DECISION	Receive at Board of Directors Meeting, September 2018
LINKS TO OTHER KEY REPORTS / DECISIONS	

STRATEGIC AIM STRATEGIC OBJECTIVE
 	
 BAF RISK NUMBER & DESCRIPTION
	Future Services:
	 A302: Collaborate and work with partners to support shared aims of delivering quality care and support
	  A3O2 v.1
	  Lack of a Trust framework and a lack of understanding of the Trust's model for collaborative working.

LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Accountable Care Partnership
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	N/A
CONSIDERATION OF LEGAL ISSUES	N/A

Author of Report	Rebecca Joyce
Designation	Programme Director, ACP
Date of Report	September 2018

SUMMARY REPORT

Report to:	**BOARD OF DIRECTORS**
Subject:	**Accountable Care Partnership Board, Programme Director Update**
Author:	Rebecca Joyce, Programme Director, ACP

.   **Purpose**

For Approval	For a collective decision	To report progress	To seek input from	For information	ther lease state below)
				x	

- To provide headlines from the progress of the Accountable Care Programme.
- To provide an overview of ACP Programme Activities.
- To provide a specific update on SHSC role's in the partnership and the strategic opportunities it offers SHSC.

.   **Summary**

A short written overview of the Programme activities is provided by the Programme Director for the purpose of the SHSC Board.

This is the report for the September 2018 SHSC Board. A presentation will support the paper.

Next Steps
To note

Required Actions
- Consider and discuss the report on the overall activities of the ACP.
- Consider the strategic role of SHSC within the Sheffield system and the strategic opportunities that the ACP offers the organisation.

Monitoring Arrangements
Monthly progress updates to Board

Contact Details
Rebecca Joyce, Programme Director, ACP

Programme Director Report for SHSC Board

Sheffield Accountable Care Partnership
12 September 2018

Author(s)	**Rebecca Joyce**
Sponsor	**Kevan Taylor (Chair of EDG)**

1. Purpose
1.1 To provide headlines from the progress of the Accountable Care Programme. 1.2 To provide an overview of ACP Programme Activities. 1.3 To provide a specific update on SHSC role's in the partnership and the strategic opportunities it offers SHSC.

2. Introduction / Background
2.1 A short written overview of the Programme activities is provided by the Programme Director for the purpose of the SHSC Board. 2.2 This is the report for the September 2018 SHSC Board. A presentation will support the paper.

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

4. Recommendations / Action Required by Accountable Care Partnership

5. Other Headings
N/A

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

Paper prepared by: Rebecca Joyce, Programme Director, ACP   **On behalf of: Kevan Taylor (SHSC CEO)** **Date:** 6 September 2018

This brief report for the SHSC Board will fall into four sections on the overall progress of the ACP: Strategic, Delivery, Development and Next Steps.

Finally a short report will be provided on how SHSC is interfacing with the ACP and the opportunities for SHSC within the developing ACP.

1. **<u>Strategic</u>**

National/ Regional

- NHS England has launched a consultation on the contracting arrangements for Integrated Care Providers (ICPs) link
- The ICS are commencing work on MOUs which will define the relationship between ICS and individual organisations and places.
- NHS England have issued a consultation on the long term plan for the NHS https://improvement.nhs.uk/resources/developing-long-term-plan-nhs/. A discussion guide has been created, with a series of questions, requesting organisation and place views by the end of September.

Sheffield CEOs Strategic Time Out

CEOs met on 21st August for a 3 hour Time Out. The following points were agreed:
- There was agreement to review the **current architecture of the ACP** and make sure it is as streamlined as possible and is in line with helping us deliver the vision, identified priorities and will help us shift key system metrics. We need to develop Executive Delivery Group to operate as effectively as possible to deliver this.

- The CEOs want us to be **focused on key priorities, whilst keeping the pace on enabling work** (i.e. digital, workforce, population analytics, payment reform). There will be many other projects we need to keep on the radar in an effective way without losing sight of the core priorities we want to focus on. It is important the ACP finds a means to keep those wider change projects outside of the top 5 priorities on the radar without overwhelming the leadership agenda and focus.

- The CEOs agreed we need to make sure that the changes that take place collectively add up to the impact that we need to make. We therefore need to identify key system metrics that we aim to change – effectively 'shifting the dial'.

- The CEOs want to take responsibility for driving forward some big changes and approaches on agreed priorities. This is within the context of the ACP vision and high level quadruple objectives of the ACP, which are embedded within all of the priorities listed below. The CEO team proposed **five priorities** for the system.

  - Building community resilience through effective neighbourhood working
  - Reducing smoking prevalence
  - Reducing obesity and promoting physical activity
  - Improving the experience of Older people in the care system
  - Early years – developing more resilient families and communities

To take these forward EDG will need to develop proposals on impact, mobilisation etc. - to test these are the right priorities and can deliver. We then need to reshape the system approach to help us deliver these priorities. We want to understand what really matters for our staff, patients and the population within each of these priorities.

- We agreed we need to be more **strategic in our positioning** as a Sheffield place when operating within the Integrated Care System. The CEO appointed leadership roles on work streams in the ICS put us in a strong position to do this. However, we want to be clear and consistent as the CEO team on "the Sheffield position" when required to harness influence and resources for Sheffield.

- Over time we will need to start **reshaping the system** to build capacity for ACP working across the current organisations.

Legal Advice on Conflicts of Interest

On 15 August, Tim Moorhead, Cllr Chris Peace, Kevan Taylor, Julia Newton (CCG), Sue Laing (CCG) and Rebecca Joyce met with Eleanor Tunnicliffe, legal advisor from Hill Dickinson regarding managing conflicts of interest in the ACP.

- It was agreed that **the ACP should adopt a bespoke policy,** rather our current agreement to follow the CCG policy. This would aim to **maximise the participation** of ACP members while **ensuring that member organisations have confidence** that the recommendations made by the ACP Board/ Executive have been made in a robust way.

- The ACP policy needs to emphasise the importance of **transparency**. When work is being carried out in Work Stream Groups interests should be identified and declared. A set of simple governance tools needs to be developed so conflicts of interest can be tracked robustly.

- The ACP policy will need to recognise that the representatives who sit on the Board/ Executive/Work Streams will all have to follow the conflicts of interest policy of their employing/host organisation. For example, councillors will still have to comply with the local authority's conflict of interest policy. **The ACP policy will need to work alongside member policies**.

Sue Laing (CCG) will be coordinating the work on behalf of the Programme Director to develop bespoke conflicts of interest guidance, in liaison with SCC. Sue Laing will pick up with each partner corporate governance lead during this process.

A full note from the lawyer is being prepared and will be circulated to relevant parties in September.

2. Delivery

i. Overview of Programmes

The Programme Director will review overall ACP architecture in line with the CEO Away Day decision, in conjunction with work stream teams.

Highlights from programmes

- The Elective work stream has refreshed its focus and has a planned system workshop on 13th September to consider a **future Skin Service.**

- As part of the Urgent and Emergent Care Work Stream, two clinical ACP workshops between CCG and STHFT are planned in early October on the topic "**Developing Improved Services for Patients at Risk of Unplanned Hospital Admission**". The intention is to reach the principles of a transformational vision for the future, with in principle commitment from both organisations to a new supporting contractual framework.

- The **Pharmacy Work Stream** is making good progress, with a clear focused set of priorities on medicines management, maximising the contribution of pharmacy within primary care and developing shared care. Improved digital inter-operability, matching prescribing pharmacist to system demand and developing community pharmacy provision are key foundations. The team will have crystallised the vision & headline programme plan by November 2018 when they will report back to EDG.

- MH & LD are planning a **programme workshop stock-take** in September 2018 and considering how this takes an all-age focus. The workshop will review progress and plan key next steps for the next stage of the programme.

- The **population analytics pilot** commences on 1st September. This will provide good learning for the longer term requirements for the future. John Soady is attending an ICS event on this topic on behalf of Sheffield.

- The Workforce programme has issued a commission for consultancy support with GE Finnamore for the **Older People's workforce strategy**. This is a core part of the CQC Action Plan.

ii. Cross-Cutting Risks

A set of key themes around programme risks are taken from the highlight reports:

Risk	Mitigation
Workforce Development – identified as top risk within Primary care work stream, and within pharmacy programme. Programme resourcing for the Workforce Programme is raised as a key risk.	Essential to have the 2 day a week ICS funded appointment in place to ensure system plans move forward at pace.
MH & LD, Primary Care work streams alongside other groups around the system have raised the importance of a robust system approach and leadership to neighbourhood development. It is identified as a key risk area by two work streams.	This requires greater system focus and is an identified priority by the CEOs. An ACP meeting took place on 3 September to explore this with headline outcomes below.

Digital requirements is also identified as a key enabler from a number of work streams (including pharmacy)	CIOs are working on Terms of Reference for this. It will be essential the digital work stream assesses the needs of each change programme.
Some programmes need still to develop greater clarity of focus and direction. The Long Term Conditions Programme in particular is identified by the Programme Director as a particular risk at this time.	LTC team taking a series of steps to address this but EDG will need reassurance on the approach.

iii. **System Metrics**

As the overall population analytics work progresses EDG requires some system metrics to determine whether progress is being made. Sandi Buchan (Head of PMO, CCG) is coordinating a group of information leads across partners to develop this approach. She is linking with work stream leads to ensure work streams connect into this. This links to the wider Population Health work. This will report back to EDG during the autumn.

iv. **CQC Local System Review Action Plan – Progress**

EDG on 5th September 2018 received the first of quarterly reports on progress against the CQC Local System Review. Sheffield was one of twenty areas chosen by CQC for a Local Area Review because performance was not as good as many other parts of the country on a number of measures. All ACP partners have accepted the report and want to use it as a vehicle to improve the care and experience of Older People in Sheffield.

The progress report is attached as appendix to this report. Executive Delivery Group asked for confirmation that:

- Ensure partner has robust internal partner governance arrangements to manage this – at the most senior level and more operational governance arrangements within the organisation.

- Confirmation from each partner that they are ready to release the necessary internal resource (time and people) to enable the actions they are leading on/ involved with to deliver.

- Confirmation from each workstream lead that they are embedding the relevant actions, plans and metrics from the CQC Plan into their workstream plans.

Confirmation from each partner is expected by 21st September 2018.

v. **Neighbourhood Working**

Following feedback from around the system, a workshop of around 30 people was held on 3/9/2018 to consider neighbourhood working. There were a number of themes that were identified as valuable to discuss. These included:
- Boundaries across the council and different NHS partners
- Mental health provision within neighbourhoods
- Social service input into neighbourhoods

- Workforce
- System leadership of this development
- Delivery approach and governance

Alongside specific consideration of the above themes, the key messages were a request for:

- A re-clarification of system ambition around neighbourhoods from CEOs as a key building block for the future to help us deliver whole person centred care, better outcomes and better value.
- Clarification of system wide leadership and governance for neighbourhoods, and planned timescales. Further engagement from all partners was required to strengthen plans.

On 5/8/2018 Executive Delivery Group requested a proposal to build on the initial thinking from this city wide meeting. This feels a crucial development of the ACP as a whole and is recognised by the CEOs as a top 5 priority.

vi. **ACP Team Recruitment**

- A 1 year fixed term workforce post for Sheffield was appointed to on 30/8/2018, funded through the ICS (with some matched ACP funding). Discussion with current employer taking place.
- Jane Ginniver starts in post as Deputy ACP Programme Director for Development on 17th September. She is currently Head of Organisational Development and Leadership for Sheffield University.
- The Deputy Director for Delivery post is currently being re-advertised.
- A shared finance post for the ACP is also being developed by the Finance Directors.

3. Development

A joint approach to population and patient/ service user engagement has been discussed with partners around the city, and was a key commitment in the CQC Action Plan. As a principle we have agreed the importance of using the networks and reach of the VCSE as well as the statutory sector. A request for 3 quotes for this work has been issued w/c 3rd September with intention to mobilise in October. There will be an early focus on supporting the development of the Older People's work for the CQC, as committed to in the CQC Action Plan.

4. **Next Steps for the ACP**

Further **priority actions** for the Programme Director and the Executive Delivery Group will be:

- Developing a **communication and engagement plan** for the ACP with Communication Leads.
- Developing **networks** with the South Yorkshire ICS, Place Programme Directors (across SY&B initially) and the national team.
- Refreshing the **architecture of the ACP** to ensure it is as streamlined as possible and makes best use of leadership time – and helps workstreams prioritise.
- Continuing to develop the **programmes**

- Refreshing the overall Place plan with a **series of engagement events** into Q 4 with both service users, the population and staff from across the system.

Continuing to develop and foster **relationships** across the system to aid and facilitate learning and more integrated working will continue to be an underpinning foundation of the ACP.

5. <u>The Role of SHSC in the Sheffield ACP</u>

SHSC plays a crucial role in the Accountable Care Partnership, in a number of different ways:

- CEO Leadership of the Executive Delivery Group and leadership of the MH and LD workstream alongside involvement in all workstreams.

- The system and partnership focus of the organisations and senior leadership team is noticeable in how colleagues work across the system.

- There are many good examples of collaborative working delivering results that SHSC is involved with including the psychiatric liaison service with STH and the collaborative commissioning arrangements. The ACP is about further developing this collaboration throughout the system.

<u>Opportunities for SHSC and the Mental Health Agenda in the ACP</u>

There are a set of strategic opportunities for SHSC within the system.

1. Primary Care Mental Health and Wellbeing

Through the ACP there is the opportunity to embed mental health and wellbeing more clearly into neighbourhood development.

This would meet with the strategic intent of SHSC – within the context of national policy guidance - to ensure Mental Health is **at the heart of** primary care/neighbourhood working, clearly integrated with physical health, the concepts of social prescribing and person centred care.

Within this there are significant opportunities to plan and commission mental health care in a more preventive and targeted way that bridges the 'gap' between current GP/Primary Care and traditional 'secondary' care services whilst continuing to capitalise on the existing excellent work with Sheffield IAPT . There is considerable global learning in this area which SHSC and SCCG leads have recently shared from the Sweden International Initiative in Mental Health Leadership conference.

2. All age

Through the ACP, there may be better opportunity to take an all age mental health approach through Sheffield and provide more seamless transition and collaboration. SHSC Board are asked to consider what opportunities there are here and how this can be developed further.

3. More holistic care

The national focus on Mental Health has been reflected in the ACP intentions, with a commitment to more holistic care throughout the system, and less silo'd physical and mental health working. There is opportunity for SHSC to shape this agenda on a whole system basis, and to influence individual organisations.

There are specific pathways which the system has identified as requiring further system development where SHSC plays a particularly key role – dementia is one example. The ACP should help SHSC make progress on priorities such as this.

4. Opportunity to shape the future landscape of health and care

As one of three "live" Integrated Care Systems, the Sheffield ACP, as part of this, is at the forefront of the move to move integrated working. This offers a significant strategic opportunity to shape the future shape of care in Sheffield, working as a trusted partner across Sheffield.

5. Opportunities for better value through collaborative working

There are many ways in which greater collaborative working through the ACP offer opportunities to SHSC. A number of opportunities for collaboration in relation corporate services or tools and approaches are being actively discussed in the ACP. A few examples are offered below:

- The future workforce - how can organisations work collaboratively to better engage with schools, colleges and universities to help develop the future NHS organisation?

- What resources can SHSC draw on from the system (as well as what can it offer?) There are specific areas of strengths that offer organisations offer, for example in aspects of leadership development that may benefit from a system wide approach, rather than organisation specific.

- There is good strategic intent to pursue digital inter-operability through the ICS and Place digital workstreams. This would offer significant benefit to frontline SHSC teams, with a significant complaint from SHSC staff (and staff in all organisations) about the difficulty of sharing care information – which currently hinders multi-discplinary working.

- There is a real focus on developing effective population analytics within the ACP and ICS more generally. This is a core foundation of integrated care system around the world. This would help us better understand the mental health (and other health) needs of different communities and help us direct resource and approaches in a more tailored way. This system wide approach offers specific opportunity for SHSC as well as all partners in the ACP.

The Board are requested to:
- **Consider and discuss the report on the overall activities of the ACP.**
- **Consider the strategic role of SHSC within the Sheffield system and the strategic opportunities that the ACP offers the organisation.**