**Programme Director Report for CEO Public Board Report for
Sheffield CCG Governing Body**

Sheffield Accountable Care Partnership

June 2018

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1. Purpose
1.1 To provide headlines of progress of the Accountable Care Programme.

2. Introduction / Background
2.1   A short written overview of the Programme activities is provided by the Programme Director for the purpose of the Governing Body Report. 2.2 This is the report for the June 2018 Governing Body meeting.

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

4. Recommendations / Action Required by Accountable Care Partnership
N/A

5. Other Headings
N/A

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

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**Update on the Work of the Accountable Care Partnership
Programme Director Report**

This brief report will update on the strategic, delivery and developmental agenda of the ACP. Finally, next steps will be identified.

1. <u>Strategic Development of the ACP</u>

i. "Where are We Now" – Strategic Themes for the ACP and Developing a "Tangible Strategy" for the Future

On 29 March 2018, the Board accepted the key strategic themes from the **"Where are We Now"** report as a baseline from which we need to move forward. EDG has also considered this and meetings with executive and director level teams at partner organisations have taken place. The SCH discussion is planned for 9 August. Key themes from these discussions are:

- There is a shared feeling we need to **move beyond positive strategic conversations** to real action and add **"grit" to the partnership.**

- There is a feeling we need **a stronger plan and clearer system metrics for all work streams** and the ACP as a whole.

- There are concerns we are **not yet adequately resourcing** a number of work streams, if we are serious about achieving our ambitions. However, this is in a context of financial constraint and, therefore, we need to consider shifting dedicated resource to work streams from other priorities.

- Some partners raised the need to start **reshaping the system (and people and investment)** in line with our ambitions to create a more prevention-orientated system.

- The **cultural and developmental** challenge is recognised by all partners as a critical part of the agenda. There is further work to develop ownership of the vision by frontline staff.

- The need to have a **fundamentally different commissioning** approach was raised by a number of partners.

- **Workforce** was raised by many partners as a theme we need to make greater city wide progress on.

- Alongside the strategic themes and aims, some partners talked about the need to use the ACP as a vehicle to make progress on some **"knotty system issues"**– i.e. transitions, CHC, Dementia, Older People's care.

- Some partners discussed the need to build **resilience** in the city for community wellbeing to support a cohesive approach to self-management. Some partners felt their **confidence needed to be greater** on the proposal of the ACP that shifting resources to the preventative agenda would achieve the reduction in secondary care demand anticipated.

- Some partners discussed the need to reshape how **we work with the voluntary sector** strategically and operationally.

- There was a shared sense amongst partners that **we need to raise the profile for children and families** in how we approach our system overall.

- Partners felt progress was being made with **relationships and collaboration** across the city. Partners have been curious about perceptions of their own organisations and how other partners work.

Building on this, there are a set of key strategic questions which the ACP EDG needs to consider over the coming months to refine the direction of travel and develop a specific, overall system-wide programme plan. This needs to complement broader vision-based workshops which bring together frontline staff from across the system with service users and leaders to consider the future shape of the Sheffield health and care system.

ii.   Governance of the ACP Board

All partner organisations of the ACP have formally confirmed their support of the changes proposed by the ACP Board on the governance of the ACP. The changes to the Board improve our public accountability, deliver a more inclusive membership and improve how we manage potential conflicts of interest.

- **The comments received from SHSC, STH, CCG and PCS are attached as Appendix A**
- **The final refreshed Terms of Reference are attached as Appendix B**

The Cabinet Member and CCG Chair, PH Director and ACP Programme Director have committed to ensuring Health and Wellbeing Board and ACP Programme Board are as joined up as possible. The common chair arrangements were an issue raised by the CQC and by partners. The system committed through the ACP Governance Review to a watching brief on this issue.

EDG has agreed

- **To focus discussions at EDG around a set of challenging transformational questions drawn from the diagnostic (schedule of topics agreed).**

- **A set of vision-based workshops to create wider understanding and ownership of the ACP vision and goals (to be scheduled for autumn).**

- **The need to focus the work of the EDG and Programme Board around some key system metrics for the population as a whole. This will then frame EDG discussions on how individual programmes are helping deliver the vision and metrics of the ACP. Work is now focused on this to develop those metrics for future meetings.**

2.   Delivery

i.   The programme structure is as summarised below:

Sheffield ACP Change Programme - Structure
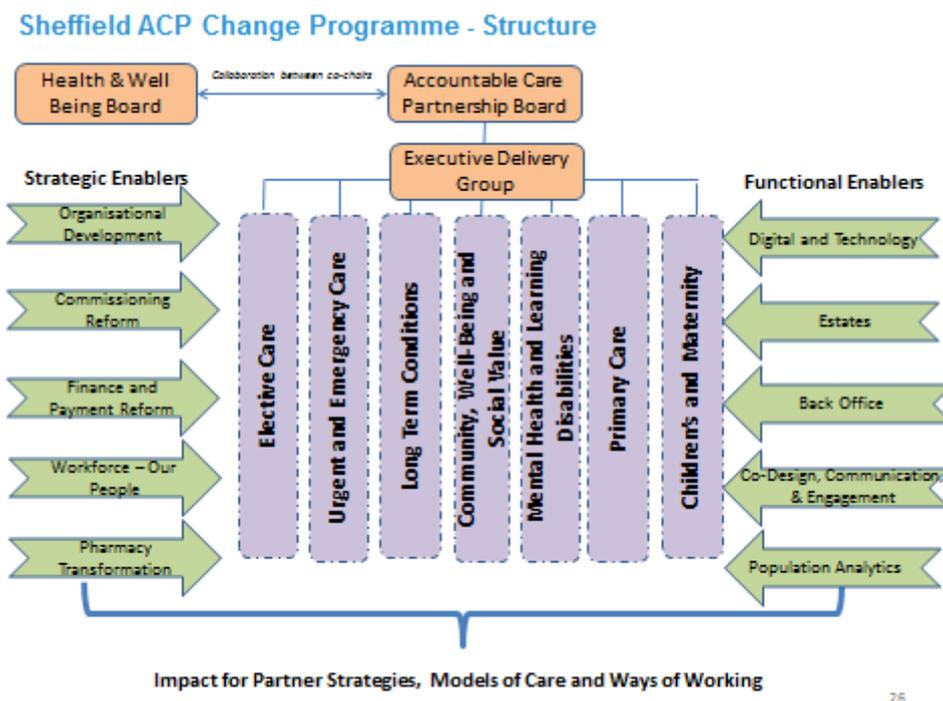
The Programme Director has undertaken a simple assessment on where each programme is. Significant work has taken place over recent months on getting a number of the programmes established and running.

	Programmes Not Yet Meeting	Programmes in Development Stage	Programmes with Credible Programme Plan, Governance & System Team	Programmes Delivering System Benefits	Programmes fully aligned with ACP strategic and cultural goals & "Value Add" of ACP Clear
Core Programmes		• Elective care • Primary Care • Community, Wellbeing and Social Value • Long Term Conditions	• Urgent and Emergency Care	• Mental Health and Learning Disabilities • Children's and Maternity	
Strategic & Functional Enablers	• Workforce	• Organisational Development • Finance and Payment Reform • Pharmacy Transformation • Co-Design, Communication and Engagement • Population Analytics			
Programmes being driven through other means – active but need aligning to ACP		• Digital and Technology • Estates • Commissioning Reform			

ii. Programmes are reporting through a highlight report to the EDG each month. The PMO arrangements will be further strengthened once the Programme Director's team is in place.

iii. EDG is now undertaking detailed strategic topic reviews or deep dives on programmes through its monthly meetings. A summary of decisions since the last ACP Board is provided below:

	Summary of EDG Discussion/Decisions
Communities, Wellbeing and Social Value (April EDG)	• EDG agreed this is the key work stream for the ACP. Strong support to accelerate progress and raise profile of work across the system. • EDG agreed the extra ask for each Board via the ACP should be – what is your story on primary, secondary, tertiary prevention, to reorient around a preventative approach. • Cross-city Director Group and Terms of Reference agreed. Meetings commence on 20 June.
Pharmacy Transformation (April EDG)	The most senior pharmacists across the city have identified the opportunity to improve the approach to seamless medicines management across the city to improve outcomes for patients and reduce medicines-related hospital admission. The current investment in medicines and pharmacy in Sheffield is more than £250M with over 1200 staff. The work stream will: • Focus on better use of the pharmacy resource, for instance via role extension and integrated working. • Focus on an enhanced medicines management service at neighbourhood level bolting onto the citywide services. This provides an opportunity to identify and address any gaps in relation to medicines and pharmaceutical care. • Deliver effective medicines optimisation through an integrated approach including social care and use of IT. This will have the potential to deliver

	improved safety, greater efficiency savings, independence for patients and reduce medicines-related avoidable admissions. EDG supported the proposal to establish a citywide pharmacy transformation group. The group is now meeting monthly, with executive leadership from Dr Mike Hunter and CEO support from Maddy Ruff.
Children's and Maternity (May EDG)	• Four programmes of work have been incorporated into the ACP framework. Because it builds on previous work, the team have identified there is further opportunity to develop bolder transformational work. • Strong support from EDG to prioritise children and young people in our system orientation. • Senior programme team met to better shape governance etc. in early May and have determined the need for an Executive Delivery Group. • A programme director post to lead the work across the system is being appointed and clinical leadership strengthened. • A workshop sponsored by the ACP has been agreed to crystallise the city-wide vision and build on the energy.
Primary Care (June EDG)	• Paper outlined transformational objectives of primary care work stream and recommendations from EDG are to be presented to ACP Board on 19/6/2018.
Population Health Management Systems (June EDG)	• International and national evidence indicate population health management systems are a foundation of integrated care systems. • Enables population view of care needs to deliver operational, continuous improvement and performance information at frontline and strategic level. • Enables more sophisticated risk stratification for different population segments, provides a foundation for complex case management and provide population-based data for use at frontline right up to strategic level. • The system will enable us to deliver sophisticated case management and help design local services to meet local need. Helps build a "platform" for population analysis, rather than the status quo which relies on a small group of highly skilled analysts to undertake complex queries. • Will help us build strategic system-wide understanding of how we currently allocate our total Sheffield resource and "what good looks like". • Pilot explored with CCG funding to support. John Soady (Public Health Principal) leading implementation. • EDG supported the need for a full business case to look at the longer term need and investment. This will be a "system" investment to underpin our approach. • Cross-city oversight group involving Information Leads from each partner being established.

iv. **Key ACP portfolio risks** reported in June EDG are:

Risk	Mitigation
Programme capacity – a number of work streams not set up to deliver with dedicated system team. The three highest risks at this point are the Elective Care work stream, Primary Care and Long Term Conditions. Further work streams have raised this issue, but either have taken a decision to address this, or are still in the early days of establishing their work stream and capacity requirements and are hence are not cited here.	EDG requested action plans from 3 highest risk areas to demonstrate how the capacity need will be addressed by next EDG.
MH&LD work stream have raised the risk of needing system support to help unlock transition issues for 16-18 year olds	EDG requested full report and ask to be described of the wider ACP from MH&LD in October 2018

• There are a further set of potential strategic risks linked to achieving the system and resource shift we have described. However, detailed plans and business cases need to be developed before these can be fully assessed.

- EDG has agreed a small programme team to support the Programme Director and a funding split across organisations has been agreed. This comprises 2 Agenda for Change Band 8B roles and 1 Band 5 post and will further the strategic, delivery and developmental work of the ACP. Recruitment is commencing in June.

- The CQC have issued their final report on integration for Older People across the city and can be found here:

  https://www.cqc.org.uk/files/local-system-review-sheffield.

  There was a system summit on 7th June with the CQC. Phil Holmes (Director of Adult Social Care, SCC) is coordinating a system action plan for early July.

3. Developmental Work of the ACP

The Sheffield ACP has committed to an equal focus on:

- Transforming Ways of Working
- Transforming Outcomes

The system organisational development agenda is recognised therefore as crucial to the agenda and a progress report is summarised below:

i. An exploratory workshop of the **Organisational Development Work Stream** will take place on 4 July. Maddy Ruff (CCG Accountable Officer) is providing CEO sponsorship, with Paula Ward (STHFT Organisational Development Director) providing executive leadership.

ii. All partners have emphasised the need for a **high impact workforce programme** across the system, with a greater collective focus on educational liaison and a wider workforce strategic review for Sheffield. This work stream is not yet operational in the ACP but a meeting took place on 12 June with HR Directors who will return with a proposal on city-wide priorities to the ACP EDG. This has also been raised as part of the CQC Report and the system has committed to making progress on this agenda.

iii. The **Liminal Leadership course** is taking place with representation from all 5 NHS partners, the Council and the Voluntary Sector. Informal feedback has been very positive and there should be learning for wider system leadership plans, which will be taken forward by the Organisational Development work stream.

iv. A strategic discussion on **"Reshaping the relationship with the voluntary and voice sector"** is planned for the ACP Board on 19 June. The need for a different strategic relationship has also been raised by the CQC in their report on integration and is emerging in documents guiding system working from national NHS bodies. Maddy Desforges (CEO of VAS) will be leading the discussion.

v. A team of 7 representatives from the system (ACP Programme Director plus 1 representative from each partner) will be attending the **King's Fund System Development Network (**LINK**)** which brings together up to 8 systems to learn from each other, as well as receiving expert content from the King's Fund. There are 4 dates commencing 4 October 2018.

   It is intended that, in return for this development and investment, this group works as a strategic "engine room" network to support the Programme Director and EDG in building strategic and delivery momentum for the ACP as a whole.

3. Priorities and Next Steps for the Executive Delivery Group

i. Further **priority actions** for the Executive Delivery Group will be:

- Develop **system metrics** to guide the work of the ACP EDG and Board.
- Further shape the **strategic direction of the ACP,** working with the Board and EDG and bringing best practice from national and international learning.

- Ensuring a strong, robust programme plan, with realistic delivery capacity attached to it – and which brings together frontline continuous improvement with strategic goals.
- With CEO Sponsors and key stakeholders, developing the vision and aims of each of the system **enabling work streams** (i.e. workforce, digital) and driving this work forward.
- Developing a **communication and engagement plan** for the ACP with Communication Leads.
- Identifying resource from across the system to develop the **ACP dashboard** in line with identified priorities and the overall vision of the ACP.
- Developing the **central ACP PMO arrangements** and ensuring links into organisational, governance and PMO structures.
- Developing **networks** with the South Yorkshire ICS, Place Programme Directors (across SY&B initially) and the national team.

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.

Conclusions and Recommendations

The Governing Body is asked to note the above report.

Paper prepared by: Rebecca Joyce, ACP Programme Director
On behalf of: Kevan Taylor, CEO Chair of the Executive Delivery Group and Maddy Ruff, Accountable Officer, Sheffield CCG.

Date: 18 June 2018