

**Minutes of the Sheffield Accountable Care Partnership Meeting
 Held in Public on 19 June 2018 at 12 noon
 in the Boardroom, NHS Sheffield CCG**

Present: Dr Tim Moorhead, Chair, NHS Sheffield CCG (**Chair**)
 Cllr Chris Peace, Cabinet Member for Health & Social Care, Sheffield City Council (**Co-Chair**)
 Ms Maddy Ruff, Accountable Officer, NHS Sheffield CCG
 Mr Kevan Taylor, Chief Executive, Sheffield Health & Social Care (NHS) FT
 Ms Sarah Jones, Chair, Sheffield Children's Hospital (NHS) FT
 Dr Andy Hilton, Chief Executive, Primary Care Sheffield
 Mr Greg Fell, Director of Public Health, Sheffield City Council
 Ms Sarah Jones, Chair, Sheffield Children's Hospital (NHS) FT
 Ms Kirsten Major, Deputy Chief Executive, Sheffield Teaching Hospitals (NHS) FT (representing Sir Andrew Cash, STH)
 Will Cleary-Gray, Chief Operating Officer, SY&B ICS (representing Sir Andrew Cash, SY&B ICS)
 Mr Tony Buckham, Non-Executive Director, Sheffield Teaching Hospitals (NHS) FT (representing Tony Pedder)

In Attendance: Dr Alastair Bradley, (Vice Chair, Sheffield Local Medical Committee)
 Ms Rebecca Joyce, Programme Director, ACP
 Ms Maddy Desforges, Chief Executive, Voluntary Action Sheffield
 Ms Margaret Kilner, Chief Officer, Healthwatch Sheffield
 Ms Emily Morton, Chief Executive, Disability Sheffield
 Ms Susan Hogg, PA to Rebecca Joyce (Note Taker)

ACTION

13/18 Welcome

The Chair welcomed members of the Accountable Care Partnership, members of the public and those in attendance to the meeting.

14/18 Apologies for Absence

Apologies for absence had been received from Mr John Somers, Chief Executive, Sheffield Children's Hospital (NHS) FT, Mr John Mothersole, Chief Executive, Sheffield City Council, Sir Andrew Cash, Chief Executive, Sheffield Teaching Hospitals (NHS) FT & SY&B ICS Lead, Mrs Jayne Brown, Chair, Sheffield Health & Social Care Trust, Mrs Annette Laban (Vice Chair), Sheffield Teaching Hospitals (NHS) Trust, Mr John Boyington CBE, Chair, Primary Care Sheffield, Mr Tony Pedder, Chair, Sheffield Children's Hospital (NHS) FT.

The Chair declared the meeting was quorate

15/18 Declarations of Interest

There were no declarations of interest down to item 7 of the agenda.

16/18 Questions from Members of the Public

There were four members for public in attendance. A member of public had submitted questions before the meeting, a further raised a question at the meeting and one offered a patient's story to the Board. The Chair thanked them for their input. The questions and the ACP Board's responses to these are attached at Appendix A.

17/18 Programme Director's Report

The ACP Programme Director highlighted three key sections from the report:

- Strategic Development of the ACP
- Delivery Framework
- Developmental aspects of the ACP programme

Firstly, at the last meeting the Board discussed the "Where We Are Now" strategic stock-take of the ACP. The Board had accepted these themes. Since then, the ACP Programme Director had had discussions with all partner executive teams to get a feel from them individually on those themes. The headlines from across partners are:

- A need to move to more delivery across the partnership;
- A need to move to re-shaping the system to a prevention orientation;
- It was felt that the cultural challenge was very significant and how people work together across the system;
- The need for workforce was raised by all partners as a key theme and a need to do some collective work across the city on key workforce issues;
- A real sense from all partners of the need for the ACP to make genuine progress on some of the knotty system issues that we have e.g. on transitions between different parts of care, the continuing healthcare process and also older people's care;
- A need to re-shape how we work with the voluntary sector; and
- The need to get a real child and family orientation in the ACP.

Secondly, at the last Board meeting, governance arrangements were refreshed. All partners have now considered those at their individual Boards and have now confirmed that they are happy with the new Terms of Reference and the improvements around public transparency and a wider membership for the ACP Board. The comments received from the different organisations are included in the appendix to the report.

Thirdly, the ACP Executive Delivery Group has agreed a specific work schedule for a number of transformation programmes and this is set out in

the report and a lot of good work has been done to develop these programmes. However, most programmes are still in the development phase. The Communities, Wellbeing and Social Value work stream is now up and running and all partners are involved. There is a Pharmacy Transformation Programme which has recently started work and senior pharmacists feel that there is a lot that can be done to enhance medicines management in support of integrated care across the city. A discussion took place at the ACP EDG meeting in May on Children's and Maternity and there was strong support for prioritising this work stream in line with the recognition we need to increase our child and family orientation as a system.

A further update to the Board was on population health management systems which national and international evidence indicates is a key foundation of integrated care system working. A strategic outline case was put to the ACP EDG and, following their support on 12 June 2018, this will progress to a full business case.

Two key risks were raised:

- Delivery capacity around some programmes is a key risk. ACP EDG requested a specific plan from each of the 3 programmes highlighted;
- Mental Health and Learning Disabilities work stream have raised a specific question for wider system support about improving care for transition for patients from child to adult mental health care. A full report will be put to ACP EDG in October.

On the developmental work of the ACP, there is full recognition that this is a crucial part of the ACP work and an Organisational Development work stream, led by the Accountable Officer, Sheffield CCG, is now being scope with good engagement from all organisations.

A discussion took place on resources for the work streams. It was discussed that we need to have clarity on what we are trying to achieve. The Chief Executive, Sheffield Health & Social Care (NHS) FT (Chair of the ACP EDG) confirmed that the expectations of EDG to work streams was that there would be a senior lead plus delivery support on each programme.

The Cabinet Member for Health & Social Care, Sheffield City Council said that one issue picked by the recent CQC review was that staff who work on the frontline do not understand what the vision of the ACP is and, in terms of workforce, we have a long way to go. She indicated the need to liaise with the Trade Unions on this question. The CEO of VAS indicated the need to involve the voluntary sector in these discussions.

ACTION: It was agreed sharing and developing the vision with frontline staff (across the NHS, council and voluntary sector) and patients and public needs to be built into the ACP. The ACP Programme Director will provide an update at the next Board.

RJ

18/18 Re-shaping the strategic relationship with the voluntary and community sector

The Chief Executive of Voluntary Action Sheffield and the Chief Executive of Disability Sheffield gave a presentation to the board. The main recommendations to the ACP were:

- Facilitating better understanding between sectors, for example a leadership exchange;
- Representation at formal boards/governance;
- Involving the sector in decisions about strategic choices and direction;
- Investing time and money in supporting the sector to thrive;
- Prioritising volunteering and support for volunteers, for example ensuring service design and commissioning incorporates volunteering, encouraging and enabling staff to volunteer, use of the Sheffield volunteer standard.

The Chair thanked the Chair of Voluntary Action Sheffield and the Chief Executive of Disability Sheffield for their presentation and said that the Board agreed that the voluntary sector are very valuable but also under-utilised and that we needed to look at how to get a more effective interaction between the statutory organisations and the voluntary sector. The Chief Executive, Sheffield Health & Social Care (NHS) FT felt that a leadership exchange would be useful to address this. The Cabinet Member for Health & Social Care, Sheffield City Council said that that we need to recognise what the voluntary sector does in Sheffield that the local authority is very dependent on what they provide. In terms of going forward, tackling inequality across the city is vital, outcomes for people should be at the forefront of our minds and, thirdly, sustainability which is much harder for smaller voluntary organisations. The ACP Programme Director said that the three things that had struck her during her induction with the voluntary sector were:

- Reach – the extent of the reach of the voluntary sector and how many thousands and thousands of people across the city were helped by the voluntary sector;
- Talent and experience – the talent and experience of leadership across the sector; and
- The level of challenge around the financial environment,

On the recommendations for the ACP, the Chair asked the Board if they agreed that a representative from the voluntary sector should be invited to become a full partner of the Accountable Care Partnership, building on the recent invitation to attend the Board each time. The Board were in agreement.

ACTION: CEO of VAS to consider this invitation and confirm response to the ACP Board.

CEO, VAS

The Accountable Officer, Sheffield CCG said that the CCG were currently working with Sheffield City Council on what commissioning arrangements

need to look like as we move towards working as an Accountable Care Partnership. When the paper being produced from this work comes to the Board, she reflected her personal commitment for it outlining how we are going to work differently when commissioning the voluntary sector. Secondly, on volunteering, this is very satisfying for staff and the CCG is currently producing a volunteering policy for their staff. This will have two benefits (i) supporting the voluntary sector and (ii) valuing and supporting staff.

National and Regional Update

19/18

The Chief Operating Officer, SY&B ICS (representing Sir Andrew Cash, SY&B ICS) gave the national and regional update.

Firstly, on the Health Select Committee report. In February, the South Yorkshire & Bassetlaw ICS supported the Committee with evidence and a visit which involved looking at one of the neighbourhoods in Bassetlaw, also the integration work between primary care and secondary care, followed by a focused session in Sheffield. This was evidence of what we were trying to achieve in South Yorkshire & Bassetlaw and the Select Committee were looking at the range of evidence around emergency and accountable care. We were able to share the good work across South Yorkshire & Bassetlaw, particularly on integration and the work that is taking place in neighbourhoods.

It is also important to note the report found no evidence of accountable care as a move towards privatisation, which has been a key concern of the public.

The report cited South Yorkshire & Bassetlaw as a good example of an integrated care system and relationships were working well together. The report described the work being done as challenging. Secondly, as part of developing next steps for the Integrated Care System, we were confirmed recently at level 2 which means that there is recognition for how we have developed as a system, particularly in terms of the relationships that we have developed across each of the five places and across South Yorkshire & Bassetlaw. Also, how well we are managing our local system comparatively across the country which is testament to how well we have been working collaboratively over a number of years. Thirdly, on the capital approach, we have been invited as part of a national process to develop bids for capital which will be able to underpin some of the transformation work. Finally, the Hospital Services Review report which was commissioned by South Yorkshire & Bassetlaw partners was published in May and is now going through local organisations' Boards and Governing Bodies for discussion and consideration of the independent recommendations that have been made. Feedback will be looked at in July and a decision made on how to take this forward. The Cabinet Member for Health & Social Care, Sheffield City Council enquired as to the value of capital bid. The Chief Operating Officer, SY&B ICS explained that there were a range of bids totalling approximately £1 billion and span all sectors and are currently working to ensure that the bids are as strong as they can be to maximise the opportunity for South Yorkshire and there is still some considerable work to be done on this.

CQC Review on Integration

20/18 The Director of Public Health, Sheffield City Council, gave an update to the Board. The report was published in May and the key themes in the report were:

- The voice of older people;
- The link between the strategy and the shop floor;
- A preponderance of pilots and the need to scale up;
- Developing a more system wide approach to workforce;
- Flow of people through a system.

The CQC presented these themes in their report and verbally presented them at the summit held recently. They were recognised by stakeholders in Sheffield as valid and coherent and not disputed. We had a very positive and constructive feedback session and it was clear that they were of the opinion that, although there are problems and work still to do, the direction of travel was right and their view was that we need to accelerate our path of improvement. In terms of next steps, the Director of Adult Social Services is leading on an action plan to respond directly to the themes in the report and he has the support of all officers in the organisations involved. The action plan will be fed into all Boards and Governing Bodies within the next month which will be publicly available and owned by all of the partner organisations.

This discussion concluded the public meeting and the Chair thanked the members of public in attendance.

Question from Ms Deborah Cobbett, Sheffield Save Our NHS to the ACP Board 19 June 2018

Could the Partnership Board comment whether or not it is possible, in principle, that the main management contract for any new Accountable Care Organisation (ACO) in this area could be awarded to a private company including, in theory, a private health insurance company?

ACOs have been the subject to 2 Judicial Review (JR) processes. As far as we are aware, the JR processes, and any subsequent appeals have not finished yet.

Whether it is possible for a private health company to be awarded an ACO contract (an insurer or provider) may be a legal judgement and it would be wise to wait until after the judicial review processes have concluded before drawing a judgement.

There is no aspiration to move to an ACO contract in Sheffield. In Sheffield, the Accountable Care Partnership (ACP) which has been established is all about trying to develop better, more integrated working across the NHS and Sheffield City Council (SCC), as set out in our Statement of Intent.

Nationally, the Health and Social Care Select Committee reported on integrated care and this issue on 23 May 2018. They stated

“We recognise the concern expressed by those who worry that ACOs could be taken over by private companies managing a very large budget but we heard a clear message that this is unlikely to happen in practice. Rather than leading to increasing privatisation and charges for healthcare, we heard that using an ACO contract to form large integrated care organisations would be more likely to lead to less competition and a diminution of the internal market and private sector involvement.” (para 16, p 86)

Locally, in Sheffield, from an SCC perspective, moving to an accountable care organisation would be contrary to the Labour May 18 manifesto and there has been no assessment of the benefits or risks of such a move.

The CCG has had no discussions about an ACO contract.

NHSE will be releasing a new draft of the ACO Contract and supporting documentation alongside a forthcoming public consultation. The consultation on the draft ACO Contract will be launched following the two current Judicial Reviews, so as to allow the NHS to take account of the outcome of both processes.

Ultimately, technically and legally this is a national question rather than local to Sheffield. The intentions of the ACP in Sheffield are, as stated in our vision, to develop better partnership working to “improve the health and well-being of Sheffield’s residents”.

Our discussions as a Board have only focused on better partnership working to achieve this, rather than potential moves to an integrated care organisation.

Question from Ms Deborah Cobbett, Sheffield Save Our NHS to the ACP Board 19 June 2018

What effect does the Partnership Board think the new financial regime for integrated care systems soon to be imposed by NHS England will have on health and social care in Sheffield?

Firstly it is important to highlight that each NHS organisation, whether NHS trust or CCG, that are formally a partner member of any Integrated Care System (ICS) continue as separate statutory organisations and that none of their individual statutory financial responsibilities or duties are changed by being a member of an ICS.

A series of detailed and complex discussions have taken place between the potential 10 vanguard ICSs including SY&BL and NHS Improvement and NHS England on various options relating to a single financial control total and principally how this impacts on the ability of NHS trusts to earn a proportion of their eligible Provider Sustainability Funding (PSF). There is no direct impact on the funding for CCGs in SY&BL. Following the conclusion of the discussions, NHS Improvement and NHS England wrote to shadow ICS leaders on 15 May setting out various options.

ICSs are being offered transformation funding to support their development and service transformation. In summary for SY&BL ICS as a whole the offer is £7m of transformation funding if collectively all organisations agree to signing up to be part of the ICS arrangements. The SY&BL ICS team's recommendation on which option to pursue with regard to trusts earning PSF puts a maximum £5.7m PSF at risk, if the ICS as a whole does not deliver the single control total. Thus the opportunity for transformation funding exceeds the PSF risk.

Individual NHS organisations' boards and governing bodies are being asked to consider and respond to the SY&BL ICS team on the proposals by the end of June. Local Authorities are not being asked to consider the proposals as they are not formally members of an ICS and there are no direct financial implications for Local Authorities.

The ACP Board will consider the impact for Sheffield ACP as a whole if the recommended option for SY&BL ICS is approved by all NHS member organisations. This will be included in the first financial update paper for 2018/19 to the next ACP board meeting. The Sheffield ACP is about strengthening partnership working to "improve the health and well-being of Sheffield's residents" and the ICS financial framework proposals for 2018/19 as set out above, may provide further encouragement for partners to work together to manage our collective priorities, risks and challenges in 2018/19.

Questions from Ms Teresa Pursall, Sheffield Save Our NHS to the ACP Board 19 June 2018

Through looking at all the paperwork about this organisation, it does appear to me to be just another layer of bureaucracy which is draining money away from the frontline where it is needed most. You said on 29 March that you wanted to improve public transparency. How do you intend to do that? How do you intend to involve the general public so that they can participate in these huge decisions which are being taken supposedly on their behalf?

The Board has listened to concerns about the public transparency and accountability of the Accountable Care Partnership. A review of the governance arrangements of the Accountable Care Partnership Board has taken place over recent months. A number of immediate decisions were made to improve transparency:

- Firstly, we have agreed to undertake as much of our business as possible in public and we have published our Terms of References and will publish each set of minutes of the public session of the Board once approved.
- Secondly, we have invited Sheffield Healthwatch to be a member of the Board and Margaret Kilner, Healthwatch's CEO, joined the Board from 19 June 2018.

As discussed at the meeting, the ACP Board is committed to a principle of wider engagement and involvement with the public. Rebecca Joyce, Programme Director, is currently exploring the approach we should take and will be making a number of recommendations about how we meaningfully involve the public on a much wider basis.