

**Minutes of the Sheffield Accountable Care Partnership Meeting
 held in Public on 31 October at 10.30am to 12.10pm
 in the Boardroom, NHS Sheffield CCG**

Present: Dr Tim Moorhead, Chair, NHS Sheffield CCG **(Co-Chair)**
 Cllr Chris Peace, Cabinet Member for Health & Social Care, Sheffield City Council **(Co-Chair)**
 Mrs Jayne Brown, Chair, Sheffield Health & Social Care Trust (NHS) Trust
 Ms Sarah Jones, Chair, Sheffield Children's Hospital (NHS) FT
 Mr John Mothersole, Chief Executive, Sheffield City Council.
 Mr Tony Pedder, Chair, Sheffield Teaching Hospitals (NHS) Trust.
 Ms Maddy Ruff, Accountable Officer, NHS Sheffield CCG
 Mr John Somers, Chief Executive, Sheffield Children's Hospital (NHS) FT
 Ms Yvonne Elliot, Deputy Chief Executive, Primary Care Sheffield (representing
 Dr Andy Hilton, Chief Executive, Primary Care Sheffield)
 Mr Clive Clarke, Deputy Chief Executive, Sheffield Health & Social Care Trust
 (NHS) (representing Mr Kevan Taylor)
 Mr Brian Hughes, Director of Commissioning and Performance, Sheffield CCG
 Ms Eleanor Rutter, Consultant in Public Health, (representing Mr Greg Fell)
 Ms Maddy Desforges, Chief Executive, Voluntary Action Sheffield

The Chair declared the meeting was quorate.

In Attendance: Dr Alastair Bradley, (Vice Chair, Sheffield Local Medical Committee
 Ms Rebecca Joyce, Programme Director, ACP
 Ms Margaret Kilner, Chief Officer, Healthwatch Sheffield (representing Ms Judy
 Robinson)
 Ms Julia Newton, Director of Finance, CCG (agenda item 30/18)
 Ms Cat Arnold, Sheffield City Council Policy and Improvement Officer (agenda item
 31/18)
 Ms Jane Ginniver, Deputy ACP Director – Development
 Ms Debbie Gay, Interim PA to ACP Director

ACTION

21/18 Welcome

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

22/18 Apologies for Absence

Apologies for absence had been received from:
 Sir Andrew Cash, Chief Executive, Sheffield Teaching Hospitals (NHS) FT

& SY&B ICS Lead.

Dr Andy Hilton, Chief Executive, Primary Care Sheffield

Mr Kevan Taylor, Chief Executive, Sheffield Health & Social Care (NHS)
FT

Greg Fell, Director of Public Health, Sheffield City Council

Mr John Boyington CBE, Chair, Primary Care Sheffield

Ms Kirsten Major, Interim Chief Executive, Sheffield Teaching
Hospitals (NHS) FT

The Chair declared the meeting was quorate

23/18 Declarations of Interest

None raised

24/18 Questions from Members of the Public

None raised

25/18 Minutes of the meeting held on 19 June 2018

Spelling error on attendees. STH representative should read "Tony Buckham".

P4 – should read voluntary and community (not voice) sector

P5 –the £1m figure regarding total capital bids was questioned. Should this be £1bn?

Subject to these amendments, the minutes can be accepted as the formal public record.

Post- meeting note: *the figure in the minutes should read approximately £1 billion.*

Matters Arising – verbal

P4 – Maddy Desforges has accepted the invitation to join the Board

26/18 Programme Directors Report

Strategic development.

There is learning for Sheffield from the Kings Fund report 'A Year of Integrated Care Systems' – Sheffield is comparable in population terms to the featured regions.

Most partners contributed to the place response for Sheffield to the NHS Long Term Plan consultation. ACP team with strategy leads are planning a set of workshops in January bringing together staff from each partner to discuss priorities and the vision for the ACP, recognising the importance of having wider conversations beyond leadership circles around what a refreshed place plan should look like and how it should be delivered. Conversations with strategy leads have commenced to get these priorities embedded within organisations. The question of organisational ownership is key.

In relation to the CQC LSR Response – we are tracking delivery of the plan across the system.

RJ to check
this figure

Workstream updates – considerable time spent shaping workstreams over the past few months. There has been lots of progress and a lot more to do. Some examples of progress include

- Developing new care models in skin and cardiology
- Work developing a new care model for patients at risk of admission is ongoing.
- Neighbourhood development is reported by a number of workstreams to be hugely important across the system. We have held two workshops to refresh the approach and there is a shared view we need to strengthen the system leadership approach to this.
- Transitions in MH&LD from child to adult care and those with complex needs has been agreed a further focus by EDG. The first discussion is scheduled for November.

In terms of the enabling workstreams:

- There has been good progress on the Sheffield Care Record. There is a good offer from ICS linked with this.
- Considerable work has taken place on population analytics and pharmacy workstream.
- The workforce workstream is focusing on developing the older people strategy and the Primary Care workforce strategy.
- Healthwatch have been appointed as the voice partner following a tendering exercise – this contract will be mobilised from 12th November.

The Programme Director has been appointing to a small ACP team. Both deputy directors are now appointed, with Jane Ginniver, the Deputy for Development having commenced in October. Kathryn Robertshaw will commence as the deputy for Delivery in January. A finance post is being recruited to and a workforce post will be re-advertised shortly.

Jayne Brown questioned why the Sheffield Care Record is linked to Barnsley hospital and whether any delay this creates can be mitigated.

Action: RJ to provide update

Discussion around Neighbourhoods: feeling they need to be tasked with specific work to progress e.g. screening and delivering on hypertension, and good engagement through integrated leadership of all partners e.g. secondary care and Voluntary Sector. Would like to see progress around the greater involvement of the Voluntary Sector by the next meeting.

Conversation around whether the place plan should continue to be known as 'Shaping Sheffield' or to move to 'Sharing Sheffield'. **The Board agreed to retain the 'Shaping Sheffield' brand.**

The group discussed the importance of seeing more progress around workforce and talking to people on the ground. Four priorities have been identified by the workforce workstream, including developing a strategy and plan for the care of older people. Currently working with GE Finnermore on this with the first workshop planned for 18th December. All

Rebecca Joyce to check

Maddy Desforges to report on progress

Rebecca Joyce to provide update to Jayne Brown

partners are identifying names to be involved. The outcome will be a system wide workforce strategy and plan for Older People.

Action: Trade Unions need to be included in preparatory discussions.

Jane Ginniver (Deputy Director) to pick up

27/18 CQC Local System Review – Final Action Plan and System Performance

Submitted plan in July to CQC based around nine themes. Progress against plan headlines – some progressing well, others need more pace. DToC – need to deliver on this as the core issue. Need to ensure the action plan is a vehicle for change – are we really making a shift in the care we deliver for older people in the city?

Challenge is going into winter at a higher level. Detailed action plan is in place, which is a key part of this overall action plan. We need to ensure the actions have an impact and that we monitor this impact. If not having impact, is something else happening in the system that needs addressing?

The group discussed the need to address this on various levels:

- Planning for next winter and the involvement of the VCSE needs to be much longer term – preferably nine months in advance to have real impact.
- We need to embed the changes around new care models into expectations within commissioning
- The need to support GP practices to understand their roles as providers – any additional work here will need extra resource. Investment going into neighbourhoods should address this – it was noted this was not just about GP practices, neighbourhood development will create a helpful route back to community and home settings.

There was a sense that the system had improved since last year with the involvement of the VCS, the development of a winter plan through the CCG, extended access hubs which have offered extended capacity, detailed review of flow in and out of A&E and the use of winter pressure money to fund additional capacity. More plans for the year ahead to make further improvements, including shifting resource through the Primary Care workstream and the commitment for integrated commissioning for this April.

28/18 CQC Local System Review – Interface and Chair Arrangements – Health and Well-Being Board and ACP Board

Agreement that this was the challenge from the CQC was reasonable. The same paper around alternative chair arrangements has been discussed with the HWBB. A useful discussion had taken place with a unanimous vote to recommend that the ACP has an independent Chair.

The Board discussed the relationship between the ACP and the HWBB.

There was broad agreement that the HWBB sets the strategy that goes beyond health – 5, 7, 10 year strategy. The ACP Board is the delivery vehicle, translating that strategy into a 1-2 year plan.

Full discussion around the options proposed, with majority agreement for the recruitment of an Independent Chair for the ACP Board.

Action: Need to recommend review of the membership of the HWBB – shared membership with the ACP partnership creates conflict if one holds the other to account.

Action: Need to recommend interim arrangements to the HWBB.

Cllr Chris Peace to pick up with HWBB

RJ/ KT to organise chair advert liaising with TM/ CP

29/18

Urgent Primary Care Review of Strategic Objectives – Next Steps

The CCG went to public consultation around views on reconfiguring urgent primary care and have reviewed the feedback. A final report and recommendations were taken to the CCG's Primary Care Commissioning Committee in September 2018. Whilst public feedback was supportive of the vision, more urgent care in practices, a Children's Urgent Treatment Centres and there was no negative evidence associated with the concept of an Adult Urgent Treatment Centre – many did not agree with the way the CCG were proposing to achieve the options and felt the options were not communicated clearly. There was considerable opposition to the siting of a UTC at NGH and a number of alternatives were put forward. The CCG have evaluated approach this far and identified lessons learned. The CCG want the engagement of the system in developing future options, using the vehicle of the ACP.

Rachel Dillon, Strategic Programme Manager presented slides summarising the learning from the consultation.

A broad spectrum of information had been received from the public. CCG have reflected that they didn't provide enough data and information and that the language could have been clearer – some concepts were confused through the consultation.

The CCG had been trying to address the lack of satisfaction with access to Primary Care and the ineffective use of urgent care resources. The board discussed that all partners need to understand their role in delivering on this. The CCG have reflected on the need to use language that is transparent and understandable for all parties including most importantly the public.

Concern was raised that we have lost momentum on areas of the proposals that were widely accepted by the public and stakeholders during the consultation, especially the sections related to children's services and mental health. John Somers raised whether it was possible to progress some areas pragmatically (such as children's) ahead of the overall agenda where further public consultation was required. Brian Hughes indicated that the links with other areas need to be considered and he would come back to the group on this request.

Progress to be reported as a recurring agenda item with specific actions followed up.

Action: Brian Hughes to review the request and respond to EDG.

Action: Group agreed a regular item on the ACP agenda for urgent primary care.

Action: Request for the Urgent Care and Primary Care workstreams to work together through joint ownership of this and feedback progress to the partnership. EDG to consider how this would work.

30/18 System Financial Update

The financial update was presented by Ms Julia Newton.

The report summarised the position of the 6 partner organisations which work to 4 different regimes and therefore different reporting requirements. This report does not cover the VCSE.

In month 6 the NHS was broadly on track, forecasting forward to year end. All partners reported they will deliver against plan but flagging a number of risks. At least £9m of risk to deliver those conditions. There was a c £80m efficiency requirement across the system, with a projected delivery of c 78%.

All organisations are working really hard to deliver relevant statutory positions for the year. The payment reform part of the work-stream will gain much more pace over coming months.

31/18 Universal Credit Implications

Presented by Cat Arnold, SCC Policy and Improvement Officer

Cat Arnold reported the particular concerns about implementation of universal credit on the most vulnerable in the city and the preparations the council and partner organisations are making. She reported an expectation that UC will exacerbate poverty and have a particular impact on those with disabilities and mental health conditions. The health and social care impacts that have been identified were outlined and the particular link between mental ill-health and poverty.

It was agreed that the briefing and supporting documents should be circulated around organisations to share information about what UC is and how service users can access help.

The Board discussed their concerns and agreed they had an obligation to feed back the reality of implementation and impact on the health of vulnerable groups. This will be done in conjunction with the HWBB.

By the next meeting, it is expected that some of early impact of implementation in Sheffield will be felt.

**Circulate
Universal
Credit
briefing
document**

**Schedule
follow-up for
the next
meeting for
full
discussion**

32/18 Any other business
None raised

**Date and Time of next meeting: 27 February 2019 10am to Noon,
Boardroom, NHS Sheffield CCG.**

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