

Sheffield Accountable Care Partnership Update

Item 15g

Governing Body meeting**4 November 2021**

Author(s)	Mark Tuckett, ACP Programme Director, Kathryn Robertshaw, ACP Deputy Director for Delivery, Jane Ginniver, ACP Deputy Director for Development
Sponsor Director	Brian Hughes. Deputy Accountable Officer
Purpose of Paper	
To provide Governing Body with an update of key pieces of work across the partnership	
Key Issues	
<p>The three attached reports are submitted to Governing body in lieu of the ACP Programme Director's report which is produced every two months. The next Director Report is scheduled for November 2021.</p> <p>The three reports provide an overview of the last 12 months work of the partnership in relation to the three elements of the vision (Inequalities, Integration and People).</p>	
Is your report for Approval / Consideration / Noting	
For noting	
Recommendations / Action Required by Governing Body	
The Governing Body is asked to note the report	
What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?	
<p>Which of the CCG's Objectives does this paper support? The work of the partnership supports all five of the CCG objectives</p> <p>Description of Assurances for Governing Body The work of the partnership works could arguably play a partial role in mitigating against all the risks identified in the GBAF.</p>	
Are there any Resource Implications (including Financial, Staffing etc)?	
n/a	
Have you carried out an Equality Impact Assessment and is it attached?	
n/a	

Have you involved patients, carers and the public in the preparation of the report?

n/a

Integration Operational Update

Sheffield Accountable Care Partnership (ACP) Board

Date: 8th September 2021

Author(s):	Kathryn Robertshaw
Sponsor:	Mark Tuckett
Date:	2nd September 2021
1. Purpose	
This paper presents context for and detail about the current activities and progress across the ACP's integration agenda to the Board for assurance.	
2. Introduction / Background	
<p>Our ACP draft vision states our ambition for health and care services in Sheffield to be “<i>integrated, joined up and seamless</i>” by 2030. The draft vision describes a variety of areas of integration which, as a partnership, we will focus on. In summary these include:</p> <ul style="list-style-type: none"> • The bringing together of Primary and community-based services with a wide range of different disciplines from across mental and physical health and social care, together with the voluntary and community sector, working with children and young people, their families, individuals, carers and communities. • Increasingly blurring the distinction between primary care and other specialists. • Ensure the integration between commissioners and providers strengthens, based on joint development of pathways with a strong emphasis on outcomes. • We will enhance integration and reduce “handoffs” between our different organisations so that service users and our workforce can navigate with ease to receive and provide support. • Working constructively and supportively within the SY&B Integrated Care System/Board. <p>This paper outlines activities that have both been taking place over the past 12 months and are planned for the near future, which will help us to realise these ambitions</p>	

3. Is your report for Approval / Consideration / Noting
Noting
4. Recommendations / Action Required by Accountable Care Partnership
Board to note progress, challenges and future plans related to the integration priorities and wider integration work of the ACP.
5. Other Headings
N/A
6. Are there any Resource Implications (including Financial, Staffing etc)?
N/A

Sheffield ACP Integration Operational Update

1. Introduction

Our ACP draft vision states our ambition for health and care services in Sheffield to be “integrated, joined up and seamless” by 2030. The draft vision describes a variety of areas of integration which, as a partnership, we will focus on. In summary these include:

- The bringing together of primary and community-based services with a wide range of different disciplines from across mental and physical health and social care, together with the voluntary and community sector, working with children and young people, their families, individuals, carers and communities.
- Increasingly blurring the distinction between primary care and other specialists.
- Ensure the integration between commissioners and providers strengthens, based on joint development of pathways with a strong emphasis on outcomes.
- Enhanced integration and reduced “handoffs” between our different organisations so that service users and our workforce can navigate with ease to receive and provide support.
- Working constructively and supportively within the South Yorkshire Integrated Care System/Board (ICS)

This paper outlines how the areas of integration have been developed over the last 12 months and updates Board on the key activities that have been taking place and are planned for in the near future, which will help us to realise these ambitions.

2. Background Context

Much of the Accountable Care Partnership (ACP) programme of integration and transformation work that was underway in March 2020 was put on hold through the first wave of the pandemic, workstreams were stood down and focus was shifted to the operational pressures of dealing with the pandemic.

As the first wave came to an end in the summer of 2020 an extended session of the Health and Social Care Covid cell was convened. The aim of the session was to agree how we would work together and address the priorities likely to affect health and care in Sheffield over the next 6-9 months, moving from the urgent tactical approach that had been in place since March 2020 towards enabling the longer-term strategic transformations currently being discussed through the ACP.

Discussions about a future operating model for the place partnership identified we should focus on small number of delivery challenges, not the governance and structures. It was therefore agreed that as a partnership we continue to work with named leads, to work

with small teams of people to drive work forwards (as this had worked well through Covid). Governance was to be as streamlined as possible with no new groups established where existing forums could be used.

The output from this session was a set of priorities, each with named leads and agreed measures of success. Over the last 12 months, these areas of work have developed into the existing programme of work of the ACP and some key priorities which the ACP Executive Delivery Group (EDG) focus on. These are aligned to the recently developed and agreed Joint Commissioning intentions and cover:

- **Planned Care**
- **Community Model of Delivery** - Local Care Coordination and Team Around a Person
- **Crisis Mental Health Provision (all ages)**
- **Children and Young People's Mental Wellbeing**
- **Urgent Care**

The remainder of this paper provides updates on the work taking place for those key priority areas and some other recent pieces of work. It does not give an exhaustive overview of all the integration work taking place across our partners.

3. Planned Care

The Planned Care Board, having reviewed data and information about different clinical specialties, has agreed its areas of focus on shared, cross-system opportunities and challenges.

A Joint Executive Group has been established and the broader programme structure and working groups have been agreed and, in many cases, inaugural meetings held. Work will include:

- Rather than focus on individual diagnoses, it has been agreed that the programme will focus on one or two symptoms which cut across multiple specialties, and across different settings of care (primary, secondary). These are breathlessness (incorporating cardiology and respiratory), and transient loss of consciousness (TLOC, incorporating neurology and cardiology). A 'Flow' approach to the work has been agreed and work due to commence in September 2021.

- Roll out of some core initiatives for all specialities– including patient initiated follow up (PIFU), strengthening the CASES model and enhancing triage arrangements, telephone and video-based consultations
- Development of enabling workstreams will include work on a new community phlebotomy model, diagnostics and training. A cross system community diagnostics hub workshop was held, with prioritisation of community phlebotomy, spirometry, and Portable Oxygen Concentrator (POC) and blood gas testing as early areas where we will seek to develop community-based diagnostics, including to form part of a funding bid to the Spending Review
- Development of a parallel programme of work for planned care systems for children

The work is closely linked to the ICS Accelerator programme and the Cancer Network

4. Community Model of Delivery - Local Care Coordination and Team around the Person (TAP)

The Team around the Person model continues to be developed and is currently live across most of the East of the city, in particular the Primary Care Networks (PCNs) of Townships, SAPA, 7 Hills & N2/Foundry are involved, however referrals are accepted from other parts of the city.

The trial of the model has to date been very successful. There are currently 187 cases being actively managed by the Team around the Person Coordinators, 56 additional cases have been closed. The future development of the model will be closely linked into the Adult Social Care Review and the development of the Multi Agency Safeguarding Hub (MASH).

A detailed business case, based on the findings of the current trial, is being developed. Different funding models to enable roll out to the whole city on a longer term basis are being explored (including potential contributions from the ICS). Early financial modelling suggests that the savings potential more than pays for the infrastructure that would be required for a city wide service.

A conference is planned for the Autumn led by the Director of Adult Social Care – to link this work to the broader safeguarding developments in the city.

Additional connections are being developed with the Primary Care Networks and the Sheffield Local Area Committees, though due to operational pressures in primary care and the time and breadth of coverage of the LACs, it is likely to take some time for the benefits of these connections to be fully realised.

5. Crisis Mental Health (all ages)

Following a summit with NHSE about **mental health crisis care** in the city, a system action plan has been agreed and is being led by executives from across the partnership. The Crisis Mental Health Transformation Board has been briefed on this work and will take the learning into the wider crisis MH transformation work and we hope to demonstrate impact over the next 6-12 months.

There are several initiatives in place and underway. By way of example, these include:

- Improving Alternative Crisis Care Provision (including for 16-17 year olds)
- Improvements to access to formal services and development of 24/7 crisis mental health offer in the city and reviewed and reworked crisis pathways
- Improvements to the quality of the care through development of improved communication and information (e.g. through the development of the mental health passport and improved data and intelligence)

There is however, a shared frustration that we are not making progress as quickly as we would like in some key areas in particular the care of 16-17 year olds in mental health crisis and transitions between children's and adult services.

Additional capacity to move the development of the 16-17 year old offer at pace has been identified through the Service Improvement Leads across the partnership. The Flow Coaching Academy have also agreed to support the work. This work is expected to get underway in September 2021.

6. Children and Young People's Update

The Children and Young people's programme of work continues to make good progress.

- A pilot to improve the overall experience and support for children and young people (and their families) with **neurodevelopmental needs** and provide support based on need, not on a diagnosis has been undertaken in a school in Locality B (Fir Vale area). The pilot involved a Community Paediatrician joining stage 1 education panel meetings to provide senior clinical input to early intervention/decision making. This resulted in individual improvements in attendance and engagement in education, new working relationships, improved links between services and sharing of information. We are now

exploring how we can expand this into more localities).

- A new education and training offer on neurodevelopmental conditions (including Autism) for staff who work with and families of children with neurodevelopmental needs has been co-developed and co-delivered to 216 staff working in Early Years to help early identification of neurodevelopment needs. Attendees reported feeling more confident about discussing concerns with parents and signposting to right support. To support families a myth buster on autism reached over 4000 on Parent Carer Forum Facebook and a new/improved Autism Spectrum Disorders (ASD) resources on SCFT website had over 13,000 hits in first 9 months
- Whilst the emphasis of the work is on improving our whole system response to need, we know waiting times for assessments are longer due to the pandemic. Hard work continues to address this within the service. We are also widening our work from autism to encompass wider developments in Developmental Language Disorder, Learning Disabilities and Attention Deficit and Hyperactivity Disorder.
- The team were successful in a bid for the Autism in Schools programme to improve the physical environments within schools as well as provide additional support to parents and children. A project team is being established to implement the schools project which will start in late September across 10 schools.
- Measuring the impact of these improvements is being developed and will inform the ongoing work
- **Healthy Minds programme** continues to be rolled out across the city. Commissioners are working with locality leads to develop a more robust approach to locality funding that builds on current good practice.
- **The Great Start in Life plan** is now complete with leads identified for each area of development and timescales agreed. The purpose of the strategy is to maintain a culture of partnership working within Early Years with a focus on prevention so that all families achieve the best outcomes for their children and to work with our communities to find opportunities to provide earlier support and further improve our service offer to families by sharing and developing good practice

- Sheffield has been successful in getting ICS funding for another Mental Health Support Team (MHST) in schools - starting training in Jan 2022
- A proposal for a more integrated offer from to support **infant mental health and wellbeing** is in the early stages of development. The work is currently being led by teams within Sheffield Children's Trust (SCT) but there is an ambition to develop this work to become a cross organisational offer. The aim of the offer would be to create an integrated care pathway to deliver efficient and effective service across Sheffield Children's Trust (paediatrics, speech and language therapy, health visiting) and ideally with other agencies including perinatal and adult mental health services (Sheffield Health and Social Care NHS FT), midwifery (Sheffield Teaching Hospitals NHS FT), Early years (Sheffield City Council), Primary care and Voluntary sector. This would facilitate early identification of vulnerable infants at risk, deliver evidence based interventions at all levels of care and develop our workforce.

7. Urgent Care

A clinical summit to develop our urgent primary care offer was held in June 2021, with attendance from primary care and community providers as well as commissioners across Sheffield. The meeting built on workshops in July 2020 and October 2020. At the summit participants discussed opportunities relating to primary care provision and the possibility of developing a General Practice 24/7 model. Specifically, this looked at what the current extended access model might look like in the future (with the national Primary Care Networks Directed Enhanced Service (DES) contract being the funding mechanism from April 2022) as well as the opportunity for a more integrated approach across our services.

Following the Clinical Summit, STH and Primary care Sheffield colleagues have worked together to shape a proposal that responds to the design needs identified by the clinicians and managers who attended the events. A high-level version of the proposal has been tested out with the Primary Care Network (PCN) Clinical Directors in early August followed by the CCG's Citywide Locality Group. It was received well by both and included feedback to further inform the emerging detailed proposal. Further conversations are planned with provider partners in relation to how we develop a General Practice 24/7 offer for the city through an integrated model of delivery.

In addition, the Extended Access contract, which is due to be contracted directly via PCNs from April 2022, is a key component of the model being proposed. There is a planned workshop with Network Managers, Network Clinical Directors, STH Community Services and PCS on September 22nd to present the proposed model and secure commitment from the networks to the integrated citywide approach (*note - the publication of the NHS*

England Extended Access specification has been pushed back to September, this may impact on the above timeframes)

8. Digital Developments

Sheffield City Council are leading on work to improve **digital inclusion** (DI) across the city. The first city wide Digital Inclusion Summit was held in January 2021 and was a great success. Over 100 people attended, representing over 50 different organisations. There were discussions on the subjects of outreach, digital skills, equipment and connectivity. The feedback from these discussions was shared with those who attended, and it has guided our recent activity.

Collectively, we identified the following 3 priorities at the summit:

- Establishment of leadership and direction at a city level - cross sectoral governance of the Digital Inclusion agenda;
- Continuity and coordination - so we know who is doing what, how to collaborate, how to avoid duplication, so we can identify gaps, be more joined-up, and achieve more together than the sum of our parts; and,
- Identify, fund and manage strategic projects - the big stuff, arguably beyond the capability or capacity of smaller groups, projects could include devices and connectivity

The work lost momentum earlier in the year through the election period but is now being picked back up.

Information Sharing across partners continues to be an area where progress has been slow in Sheffield, largely due to lack of dedicated resource and operational pressures (e.g. procurement of new electronic patient record systems in Trusts) leading to a lack of capacity to take this work forwards at pace. Sheffield CCG are working closely with the ICS to develop a roadmap, showing what systems are in place, under development and where the gaps are. It will also put some timescales around the potential to remedy those areas of weakness. Although this is currently being developed with a CCG focus it is envisaged that this could and should develop into a system roadmap.

9. End of Life Care (EOLC)

The Sheffield Citywide End-of Life-Care Group was established in April 2020. It is a collaborative group of professionals from health and social care providers and commissioning organisations working to provide high quality palliative and end-of-life care, 24 hours a day, 7 days a week for people in Sheffield.

The collaborative efforts of group members, and especially all of the frontline clinical staff in the delivery of palliative and end of life care in the community during the first phase of the pandemic are recognised and should be acknowledged. Throughout the pandemic, the group worked through command and control structures to respond to issues through a combination of agile working, increasing capacity in community services, communicating new guidance and up to date information, guided by an action plan aligned to national policy.

In more recent months discussions have moved to development of a bereavement collaborative, £177k has been secured for bolstering and boosting bereavement care in Sheffield.

Other future plans of the group include:

- Focussing on complexity, care planning, carer administration of medication, specialist medications at the end of life and management of enteral feeding in the community.
- Leading national research into the experiences of primary care in EOLC during the pandemic, and building links for more research with the University of Sheffield and Sheffield Hallam University
- Developing a commitment in Sheffield to public health approaches in palliative care and community engagement in palliative care, and the role of professional organisations in a Compassionate City.

10. Discharge pathways and patient flow

Flow of people through the health and care system continues to undergo scrutiny and development with work being led through the Sheffield Strategic Discharge Group (SSDIG). Performance on discharge would – in any other year – have been our best performance ever; testament to a huge amount of work done across the system.

As Covid numbers start to rise again, a costed plan across community, social care, independent provision and from the voluntary sector for ‘surge’ capacity through the rest of the year, including anticipated winter demand is being developed. This plan will take advantage of additional national funding as well as existing budgets.

11. Outcomes Framework

The Sheffield Health and Wellbeing Outcomes will provide a strategic framework for the planning and delivery of health and social care services, focusing on improving the experiences and quality of services for people using those services, carers and families.

The development of the outcomes framework is being led by the Joint Commissioning Office in partnership with the ACP . The framework is being developed through September, in consultation with the staff and the public. We will work with public health teams, providers across the statutory and voluntary sector, and service users to capture their feedback on the differences services have had on their lives.

This will inform the creation of a dashboard that identifies key indicators of current position, short, medium and longer term impact, with an emphasis on ensuring we can assure ourselves we are having an impact. It is likely we will need to widen our methods of capturing feedback to ensure we measure impact.

12. Post lockdown arrangements:

The lifting of most Covid guidance and legal restrictions in England is planned for 19 July 2021. Health and care settings are expected to continue to maintain appropriate infection prevention and control processes as necessary and this will be continually reviewed following the lifting of most lockdown restrictions through July and August 2021.

As an ACP, we agreed that we would align approaches where possible and appropriate and support each other in. Sheffield partners shared their latest plans, policies and thinking about working practices and came together to discuss organisations' positions in relation to ongoing infection control requirements for staff and service users (e.g. home working arrangements, social distancing and the wearing of face coverings in health and care settings and in council buildings) post 19th July. The session ensured consistency of approach across our ACP where appropriate and where differences existed between organisational positions, these were understood by each partner.

13. Conclusion

As stated at the beginning of this paper, the work described above doesn't capture the whole breadth of work that is underway across our partnership. This set is an intentionally short set of delivery-focussed areas demonstrating where Chief Executive level leadership and a partnership focus are adding value.

Communication about the work on these integration priorities and the wider work across our partnership will be an important consideration for us going forwards. We therefore intend to share successes and the impact of wider transformational work beyond these priority areas through our newsletters, website content and social media presence.



‘Tackling Inequalities’: Operational Update
Sheffield Accountable Care Partnership (ACP) Board
Date: 8th September 2021

Author(s):	Jane Ginniver, ACP Deputy Director (Development)
Sponsor:	Mark Tuckett
Date:	2nd September 2021
1. Purpose	
This paper presents current activities and progress across the ACP’s ‘inequalities’ agenda to the Board for assurance.	
2. Introduction / Background	
<p>Our draft ACP vision states that ‘<i>working to reduce and remove health, racial and structural inequalities will be central to our partnership</i>’, pledging to:</p> <ul style="list-style-type: none"> • Place increased emphasis on preventing and reducing key physical and mental health inequalities, particularly in early years • Enhance the capability of primary care and community based services • Expand the involvement of voluntary sector organisations, and • Supporting the city’s sustainable economic regeneration. <p>Some integral pieces of work to enable the above are already underway, although there is still much to do across the ACP if we are to have a genuine impact in addressing our city’s health inequalities and realising our vision. This paper outlines progress to date and areas of challenge.</p>	
3. Is your report for Approval / Consideration / Noting	
Noting	
4. Recommendations / Action Required by Accountable Care Partnership	
NA	

5. Other Headings

N/A

6. Are there any Resource Implications (including Financial, Staffing etc)?

No

1. Introduction

Our draft ACP vision states that *'working to reduce and remove health, racial and structural inequalities will be central to our partnership'*, pledging to:

- Place increased emphasis on preventing and reducing key physical and mental health inequalities, particularly in early years
- Enhance the capability of primary care and community based services
- Expand the involvement of voluntary sector organisations, and
- Supporting the city's sustainable economic regeneration.

Some integral pieces of work to enable the above are already underway, although there is still much to do across the ACP if we are to have a genuine impact in addressing our city's health inequalities and realising our vision. This paper outlines progress to date and areas of challenge.

2. Working with our BAME-led community organisations

Within the first month of the COVID-19 pandemic, it became quickly apparent that there was a disproportionate impact of the virus across Sheffield's minority ethnic populations, with indications of higher rates of virus transmission, infections, severe disease and death. We were concerned about both the impact this would have on ethnic minorities across our 38,000 workforce *and* the impact across our diverse communities. Data from numerous sources backed up this disproportionality:

- Nationally, COVID-19 diagnosis was highest (649 and 486 per 100,000) in black males and females respectively, and lowest in white males and females (224 and 220 per 100,000). People of colour had between 10 and 50% higher risk of death compared with white British citizens.
- In Summer 2020, whilst overall rates of infection were low, 75% of all cases were concentrated in poorer communities with larger BAME populations. Working age adults in more deprived and ethnically diverse areas have had continued exposure to COVID, reflected in the high rates over time.

COVID highlighted structural inequalities in economic, social and health domains. BAME groups were (and still are) less able to isolate effectively to reduce spread, less likely to see timely impact from interventions, and slower to recover from high rates of infection with cumulative infection rates 1.6 times higher in the most deprived communities than the least deprived areas. In addition, a South Yorkshire Community Foundation report in June 2020 stated that >50% of our community organisations did not think they were financially sustainable beyond 6 months, and a further 25% beyond 9 months. The scale of collapse of the VCS would be devastating for our citizens' health and wellbeing and the capacity of our statutory services, through the pandemic and beyond.

This combination of factors led to the rapid establishment of our Racial Equity and Inclusion Group (REIG) in May 2020, to bring together senior leaders from our partner organisations with community leaders focused on supporting ethnic minority communities. This 'communities' group has made significant impact over the past 16 months and has recently been shortlisted for a CIPD (Chartered Institute of Personnel and Development) award for 'Best Community Initiative'.

As a direct result of this work we have seen:

- Sheffield leading the way for core cities (outside London, which is measured separately by borough) for numbers of first and second doses administered
- Much less of a difference between those vaccinated in wealthy and deprived areas than we were expecting to see, and significantly different to typical flu vaccine take-up
- Vaccine hesitancy across our communities of colour has reduced over time, and vaccination rates amongst ethnic minority citizens is above the national average.

3. Embedding the VCS within our partnership

In June, the ACP Board approved proposals for further developing the relationship between the VCS and the ACP. Since June, a full project plan with tangible actions has been developed, with a project group pulled together comprised of colleagues from across the ACP, committed to enabling a sustainable voluntary and community sector within the city.

4. Our role as anchor institutions

We recognise that there is much we can do collectively in our roles as anchor institutions. Through the creation of opportunities within the Kickstart programme we aim to target our recruitment on those more deprived parts of Sheffield, offering the opportunity to progress beyond Kickstart placements onto one of the many apprenticeships our partner organisations have available. Our workforce steering group and HR Directors have also identified recruitment as a priority area for them, focusing our combined efforts on recruitment in the areas experiencing the greatest health inequalities.

This work is in its very early stages and there is much to do, but we hope to be able to demonstrate impact over the next 6-12 months.

5. Population Health Management

Good quality, co-ordinated population health data is critical for us to be able to focus our efforts to address inequalities on those areas where we can have the greatest impact. The absence of this data has hindered (and continues to hinder) work in this area. Numerous conversations are happening across the ACP, the universities and the ICS to enable a shared and meaningful dataset. Chris Gibbons has recently been appointed within Public Health to focus on this area, and he is aligning closely with the core ACP team.



'People at the heart of our vision': Operational Update
Sheffield Accountable Care Partnership (ACP) Board
Date: 8th September 2021

Author(s):	Jane Ginniver, ACP Deputy Director (Development)
Sponsor:	Mark Tuckett
Date:	2nd September 2021
1. Purpose	
This paper presents current activities and progress across the ACP's 'people' agenda to the Board for assurance.	
2. Introduction / Background	
<p>Our draft ACP vision talks about '<i>involving people, experiences and communities at the centre of our work</i>', pledging to:</p> <ul style="list-style-type: none"> • Consider how we can significantly grow and expand the successful 'What Matters to You' and other person-centred approaches that already exist in Sheffield. • Work to break down organisational siloes through joint learning/sharing experiences. • Work closely across our communities and with education providers; to increase the appeal and reach of healthcare as a career choice, and to develop new training pathways. <p>The commitments articulated in the vision build upon those approved within the ACP's workforce strategy, which was approved by ACP Board in October 2019. This paper outlines activities that have both been taking place over the past 18 months and are planned for the near future, which will help us to realise these ambitions.</p>	
3. Is your report for Approval / Consideration / Noting	
Noting	
4. Recommendations / Action Required by Accountable Care Partnership	

5. Other Headings

N/A

6. Are there any Resource Implications (including Financial, Staffing etc)?

1. Introduction

In October 2019 the ACP Board approved our workforce strategy, which identified 7 core themes and areas of focus:

- i. Culture
- ii. Person-centred approaches
- iii. Staff wellbeing
- iv. Valuing the unpaid workforce
- v. New ways of working
- vi. Recruitment and retention
- vii. Learning and development

In June 2020, a desktop review of the strategy was completed in light of the Covid-19 pandemic, to determine whether or not the strategy was still relevant given the seismic shifts to the way we work and changed priorities. This review concluded that the strategy was still relevant, although identified that 4 areas should be given greater emphasis, including creating a more strategic link with the ICS around workforce and taking explicit action related to equality, diversity and inclusion.

2. Changes to Governance, Leadership and Resourcing

Pre-covid, the Workforce and OD Transformation Group was developing plans to implement the workforce strategy. In June 2020, EDG agreed not to re-establish this group, but instead to establish a 'workforce steering group', made up primarily of senior clinicians and social work leaders. This group agreed a helpful set of priorities to focus on, to work towards the ambitions articulated in the workforce strategy. Significant progress has been made (outlined below) against these priorities, and the ACP's HR Directors have now agreed to work collectively to drive and support this work. Mark Bennett, HR Director (HRD) at Sheffield City Council, has agreed to act as lead HRD for the ACP.

Connections with the ICS workforce hub have been strengthened over the past 12 months. In Autumn 2020, the ACP Deputy Director (Development), Jane Ginniver, became a member of the ICS Strategic Workforce and OD Group as a representative of all SYB places and in January 2021 a new 'Place-Based Workforce Lead', Maggie Blair, started in post with an increase in funding from the ICS to enable a 0.8 WTE post (compared to 0.4WTE previously). This has enabled stronger connections between the workforce hub and the ACP; there is still work to do to share information, increase connectivity and eradicate duplication, but some good practice examples have already started to emerge, eg:

- Regular meetings between the ICS' Social Care Integration lead and the ACP
- The ACP and the ICS worked in partnership on a national project to evaluate the effectiveness of the NHS Volunteer Responder Programme, to inform the future of this service
- Sheffield will now benefit from funding and consultancy to improve primary care workforce planning to support specific pathway transformation programmes
- Providing support for the ICS Kickstart participants

3. The Draft Vision

The ACP draft vision builds upon the ambitions articulated in the workforce strategy with the explicit addition of *'citizens, families and communities as partners'*, redesigning services through co-production.

4. Current and Planned Workforce Activity

The table below highlights workforce-related activity that has been completed or underway over the past 12 months, as well as planned activity. Areas of concern and challenges are also highlighted.

Key successes over the past year have been:

- ✓ Two pieces of work have been shortlisted for CIPD (Chartered Institute of Personnel and Development) awards; Leading Sheffield (Best Learning and Development Initiative, public / 3rd sector) and the work of the communities' subgroup of the Racial Equity and Inclusion Group (Best Community Initiative). Winners will be announced on the 28th September.
- ✓ The establishment and work of the Racial Equity and Inclusion Subgroup, and its two subgroups; communities and staffing. This includes the launch of a Reciprocal Mentoring Programme between the ACP's Executive Delivery Group and leaders of BAME-led community organisations.
- ✓ More than 200 people from across all ACP partner organisations have been trained in the 'what matters to you?' approach. In addition, 6 people have completed a 'train the trainer' course and are now rolling this training out further across the ACP. We have now received additional funding to increase the numbers of 'trained trainers' to 30.
- ✓ A system leadership community has been launched, comprised of a series of short events to continue to build cross-system understanding and relationships and develop system leadership capability.
- ✓ Online learning and development resources on system leadership, project management and person-centred approaches have been added to the ACP website ([here](#)).
- ✓ A Memorandum of Understanding (MoU) was signed off by all our NHS Foundation Trusts, Sheffield CCG, Sheffield City Council and a number of other city-based anchor organisations (including both universities), to create flexibility in staff transfer across organisational boundaries to support the covid response work.

Workforce Strategy Theme	Achieved	In Progress	Planned	Challenge
Culture	<ul style="list-style-type: none"> Recently renamed and relaunched our Racial Equity and Inclusion Group (REIG), with new co-chairs and currently 2 sub-groups focused on communities and staffing. Both Leading Sheffield and the REIG's communities' subgroup have been shortlisted for CIPD awards, in the 'best L&D initiative – 3rd/public sector' and the 'best community initiative' categories respectively. 	<ul style="list-style-type: none"> Developing a community of system leaders, providing the opportunity to share good practice, build cross-system understanding and relationships and develop system leadership capability. Programme developed offering one event every month. 	<ul style="list-style-type: none"> We have the ambition of being a proactively anti-racist partnership. Work to identify what we need to do to achieve this is due to begin in the Autumn. 	<ul style="list-style-type: none"> Leading Sheffield, our cross-place leadership programme is currently on Covid-related hold.
Person-centred approaches	<ul style="list-style-type: none"> 200+ participants have completed the WMTY ½ day programme over the past year, plus 6 people as 'trained trainers'. 		<ul style="list-style-type: none"> A bid has been submitted to the ICS for further train-the-trainer places Using co-production for the development of an ACP 'equity charter' 	<ul style="list-style-type: none"> This face-to-face course had to be quickly converted to an online course. We had originally hoped for 1000 participants in the first year, but this was not possible once the pandemic hit.
Staff wellbeing	<ul style="list-style-type: none"> Sheffield Psychology Board has secured funding to commission a service supporting VCS staff 		<ul style="list-style-type: none"> In conversation with the ICS about extending their commissioned services across the broader (non-NHS) health and care workforce ACP HRD's have identified this as a priority area for their attention. Currently pulling together information about what is currently available to all staff across the ACP. 	<ul style="list-style-type: none"> A lot of funding is being committed to staff health and wellbeing from NHSE/I and the ICS is leading a comprehensive programme available to staff across the majority of health and care. Ensuring people know what they can access is difficult.
Valuing the unpaid workforce				

New ways of working	<ul style="list-style-type: none"> • A Memorandum of Understanding (MoU) was signed off by all our NHS Foundation Trusts, Sheffield CCG, Sheffield City Council and a number of other city-based anchor organisations (including both universities), to create flexibility in staff transfer across organisational boundaries to support the covid response work. 	<ul style="list-style-type: none"> • Funding secured from the Institute for Voluntary Action Research for an 18-month facilitation package, focusing on strengthening VCS-primary care relationships across the city • Through a series of conversations with ACP partners' Chief Executives, we are exploring how we can strengthen partnership working at the most senior levels • Working with the ICS team to implement the 'Whole Systems Partnership' project in Sheffield for primary care workforce planning 	<ul style="list-style-type: none"> • Pilot of the Wessex Model of job shadowing between primary and secondary care agreed 	<ul style="list-style-type: none"> • Primary care and community-based services are key areas of focus for this part of the strategy with an intent for more people to receive support closer to their usual place of residence. Current extreme pressures on these parts of the system, which are unlikely to abate any time soon, make it difficult to progress some of these plans.
Recruitment and retention		<ul style="list-style-type: none"> • Kickstart programme underway across Sheffield. Once recruited, we will offer place-based induction, coaching sessions and support around follow-up placements. 	<ul style="list-style-type: none"> • Schools engagement has been identified as a priority area for focus by our HRDs. 	<ul style="list-style-type: none"> • We are keen to recruit young people particularly from disadvantaged backgrounds. Remote working is not ideal for this cohort, so we are currently waiting until it is safer to have people working more of their time in a face to face environment.
Learning and development	<ul style="list-style-type: none"> • Online learning and development resources updated to the ACP website on system leadership, project management and person-centred approaches, with links to relevant training courses 		<ul style="list-style-type: none"> • In the early stages of conversations to open access to organisational learning and development offers. 	