Programme Director Report for Executive Delivery Group

Sheffield Accountable Care Partnership Board
19 June 2018

Paper A

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

1. Purpose

1.1 To provide headlines from the progress of the Accountable Care Programme.
1.2 To provide an overview of ACP Programme Activities.

2. Introduction / Background

2.1 A short written overview of the Programme activities is provided by the Programme Director for the purpose of the Executive Delivery Group.

2.2 This is the report for the June 2018 ACP Board.

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

Paper prepared by: Rebecca Joyce, Programme Director, ACP

On behalf of: Kevan Taylor (Chair of EDG)
Date: 12 June 2018

Programme Director Report – June 2018
ACP Board

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

1. Strategic Development of the ACP

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

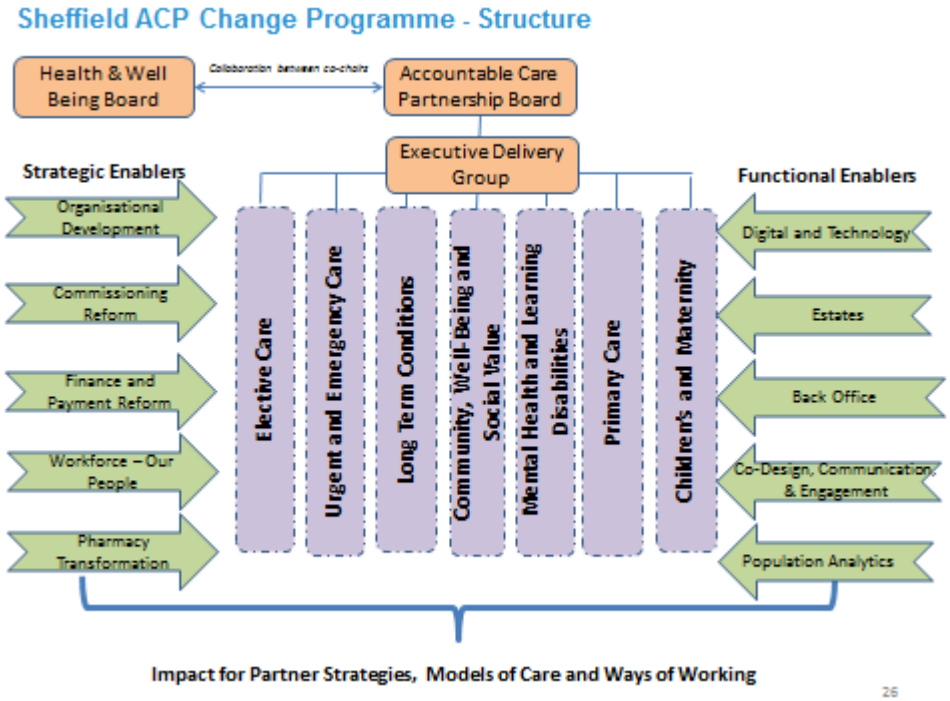
The Cabinet Member and CCG Chair, PH Director and ACP Programme Director have committed to ensuring Health and Wellbeing Board and ACP Programme Board are as joined up as possible. The common chair arrangements were an issue raised by the CQC and by partners. The system committed through the ACP Governance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



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 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 I.T which has 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 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 presented to ACP Board today in a full paper.
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.

EDG Schedule

The EDG schedule is as follows:

	Programme 1	**Programme 2**	**Other**
16 April	Community, Wellbeing and Social Value	Pharmacy Transformation Programme	
10 May	Children's and Young People	Finance and Payment Reform	
12 June	Primary Care	Population Management Health	
19 July	Urgent and Emergency Care	Patient Centred Care	ICS Digital Work Stream
8 August	Elective Care	Estates	Organisational Development Finance and Payment Reform

5 Sept	Commissioning Reform	Long Term Conditions	
9 October	Mental Health and LD		

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 need and 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.

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 tabling a proposal for 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 ACP Board 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
Date:	13 June 2018

APPENDIX A

Feedback from Partners on ACP Governance Changes

All partners have formally confirmed their approval of the changes through their Boards or equivalent. Specific feedback was received from STH, SCCG, SHSC and PCS and is included below.

STH – Feedback from Sandi Carman on behalf of the STH Board

"The attached document was approved by the Sheffield Teaching Hospitals Board of Directors on the 22 May 2018.

We are also keen to ensure that business as usual and individual provider organisation improvement continues alongside the move to wider system working. Some of our conversations focused on the need to ensure deliver of local performance whilst engaging in wider system work. We hope this makes sense and I would be happy to discuss further as required."

PCS – Feedback provided by Michelle Saffer on behalf of the PCS Board

The Board agreed the papers and changes but raised some points for consideration which have been informally fed back to the Programme Director:

- Single Chair – the PCS Board felt this would provide better governance and is perhaps an issue for revisiting in the future.
- There was discussion regarding a preference for an independent chair of the ACP.
- The Board raised the point that further clarity on the link between the ACP Board and the Health and Wellbeing Board was required.

Governance Review of Accountable Care Partnership Board (SHSC)

Members received the outcomes of the governance review for information. Three key points were highlighted; the first to note fundamental governance remains unchanged, reiterating the ACP is a partnership of sovereign bodies. The issues of voting are addressed and desire for greater transparency with specific proposals in relation to the function of the board including, representation by Healthwatch and third sector, meetings to be held in public, board minutes published and a section for questions. The third key point which, had generated debate and a range of views, was in relation to the proposed appointment of independent lay members to the ACP Board, it was agreed that as the Chairs and Cabinet Members act as lay members it was unnecessary to create further positions.

The Chair has also attended this meeting and believed this was the correct decision, noting the ACP Board have no "powers". Mr. Taylor noted there had been discussion regarding the parallel relationship between the ACP and Health and Wellbeing Boards. The consensus reached was to retain the status quo and review following the Care Quality Commission (CQC) System Review relating to older people.

The Board accepted the revised governance arrangements.

Minute From CCG Governing Body Discussion on 3rd May 2018

61/18 Accountable Care Partnership (ACP) Governance Arrangements

The Accountable Officer presented this report which reported on the outcome of the review of governance arrangements of the ACP Board and the decisions they had taken to improve public trust and transparency, accountability and representation of the ACP Board. She reminded members that they had discussed this in private a number of times and advised that the majority of members' requests for proposed changes had been adopted.

She advised that the key issues for Sheffield had been: that Healthwatch and the

voluntary sector representatives should be invited to attend meetings of the ACP Board, that the Board would meet in public, part of the agenda for the meeting in public to have a managed questions and answers section, the ACP to have its own website, and that the Integrated Care System (ICS) would have a place on the Board.

With regard to Lay Membership, the ACP Board had considered options around this and had not supported the addition of Lay Members as yet as it was not a decision making body at this time. The Board had also agreed that the current shared Chair arrangements would continue for the present time, and that trust and transparency were the most important issues to address.

The Chair reminded Governing Body that the ACP Board did not take any decisions at this point, and advised that the discussion at the last Board had been around them not doing the statutory things that each of the individual organisations has to do. He explained that the aims of the ACP Board were very high level, and work was underway to turn them into some objectives for how we could define success.

The Chair of Healthwatch Sheffield welcomed the inclusion of Healthwatch and voluntary sector representatives on the ACP Board, the engagement, and the question and answer section which she hoped would move beyond people just asking questions each time to having different ways of talking to people. Professor Gamsu, Lay Member, asked that the ACP Board look at how it would ensure that there were additional resources for the 'different' voices, which were in the minority, to be heard effectively. He also advised that we was impressed with the energy and clarity that the new Sheffield ACP Programme Director had brought into the system.

Mr Taylor, Lay Member, welcomed the changes but felt that there should be a further review sooner than in 12 months' time as this was too far away for more discussion, and also that minutes of the ACP Board should be presented to Governing Body as part of its main agenda, not in the pack of papers circulated for noting.

Finally, Governing Body noted that a change needed to be made to the name of the Local Medical Committee representative on the ACP Board, details of which would be fed back to the ACP Programme Director. **ND (CRH)**

The Governing Body:

- Ratified the decisions reached by the ACP Board.
- Agreed to provide final feedback to the ACP Board (via the Programme Director) by the end of May. **TM/MR**
- Noted that the ACP Board would again review governance arrangements in 12 months, recognising that arrangements around the ACP would continue to evolve.

APPENDIX B

Sheffield Accountable Care Partnership

ACP Board
Terms of Reference (May 2018)

1. Context

The six main health and care organisations in Sheffield have commenced a programme of work to develop an Accountable Care Partnership (ACP) in Sheffield, in line with the ambitions outlined in the place-based plan 'Shaping Sheffield'. The six organisations are:

- Primary Care Sheffield
- Sheffield Children's NHS Foundation Trust
- Sheffield City Council
- Sheffield Clinical Commissioning Group
- Sheffield Health and Social Care NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust

Each of these organisations brings a different perspective, opportunities and constraints derived from, for example, their form, regulation and membership. However, all six organisations have committed to the development of the ACP.

The parties have agreed to work together in:

> *"Improving the health and wellbeing of Sheffield's residents through the promotion of a health and wellbeing culture in all we do and the development and delivery of a world class health and care system"*

This will be achieved though the following aims:

1. Delivering tangible improvements in local health and wellbeing
2. Tackling persistent inequalities in health and wellbeing
3. Improving public engagement and empowerment
4. Ensuring the sustainability of the Sheffield health and care economy
5. Supporting a motivated and high-performing workforce

Key to delivering this will be the overarching governance framework and the roles and responsibilities across its various tiers. These Terms of Reference (ToR) outline the arrangements for the **ACP Board**, which represents one of three tiers in the overarching governance structure. Separate ToRs exist for the other governance tiers.

Where possible, all parties agree to act in good faith to support the aims, objectives and priorities of this ToR for the benefit of all Sheffield residents, subject to their specific legal/statutory obligations and constraints.

The parties recognise that, in coming together as an ACP, the individual accountabilities and governance constraints of each organisation must be respected and may take precedence. They also recognise that the operational day-to-day delivery of health and care will remain within organisations and that this is not the purpose of the ACP. This does not undermine the determination of the participants to seek to effect the beneficial changes which this Partnership is seeking. This document is, as a consequence, not legally binding on the participants.

2. Purpose of the ACP Board

The purpose of the ACP Board has been clarified in relation to the statutory Health and Wellbeing Board, which falls within the Council's jurisdiction. It is set out in this context:

a. Role of the Health and Wellbeing Board

A discussion in November 2017 at the Health and Wellbeing Board (HWB) broadly focused on the role of the HWB to:

- Set the mission and overall scope of the approach in Sheffield to improving **health inequality, wellbeing and supporting our population to remain independent.**
- Fulfil the statutory requirement to develop the **joint strategic needs assessment** for the city and to work in partnership to develop a joint strategic approach.

N.B: The outcomes of the November 2017 discussion at Health and Wellbeing Board have not yet been formalised.

b. Role of the ACP

The purpose of the ACP Board is two-fold:

- To provide strategic oversight and drive to shape the vision and ambition of the Accountable Care Partnership, paying due regard to the Health and Wellbeing Board mission for Sheffield and the wider regional and national context;
- To hold the ACP Executive Delivery Group to account for delivering the vision of the Accountable Care Partnership.

The ACP Board should pay due regard to the mission of the Health and Wellbeing Board and the Joint Strategic Needs Assessment.

c. Role of the ACP Executive Delivery Group

The role of the ACP Executive Delivery Group is to provide a collaborative forum across partners to:

- Deliver the vision of the Accountable Care Partnership.

3. ACP development process

As noted in the Memorandum of Understanding (MOU), there are three Phases in the development of the ACP:

- The Development Phase
- The Shadow Phase
- The Operational Phase

The work streams are at different levels of development, with a number already working to change operational service delivery on the ground. Others are at an earlier stage of development.

It is apparent that a rolling review of the Terms of Reference will be required, due to the evolving nature of the ACP, the complexity of governance arrangements and the changing national picture. Therefore, the Board has made a commitment to review the terms of this document:

- On a 12 monthly basis or subject to requests from any partners at any time

In line with the **Memorandum of Understanding**, all Board members are expected to shift from an 'organisationally focused mindset' to a 'system-focused mindset', in which they collaborate with partners to address challenges and improve the health of the population of Sheffield. It is acknowledged that the partnership is currently established through a "coalition of the willing" and whilst all partners will strive to achieve the spirit of cross-system working, the individual accountabilities and governance constraints of each organisation must be respected and may take precedence in the current legislative and regulatory framework.

The Board is responsible for the deliverables described in section 4.

4. Key responsibilities

The main focus of the ACP Board will be to provide strategic system leadership to the delivery of the Accountable Care Partnership arrangements, hold the Executive Delivery Group to account for the successful delivery of the ACP and support new ways of collaborative working and cultural development. Specific responsibilities include:

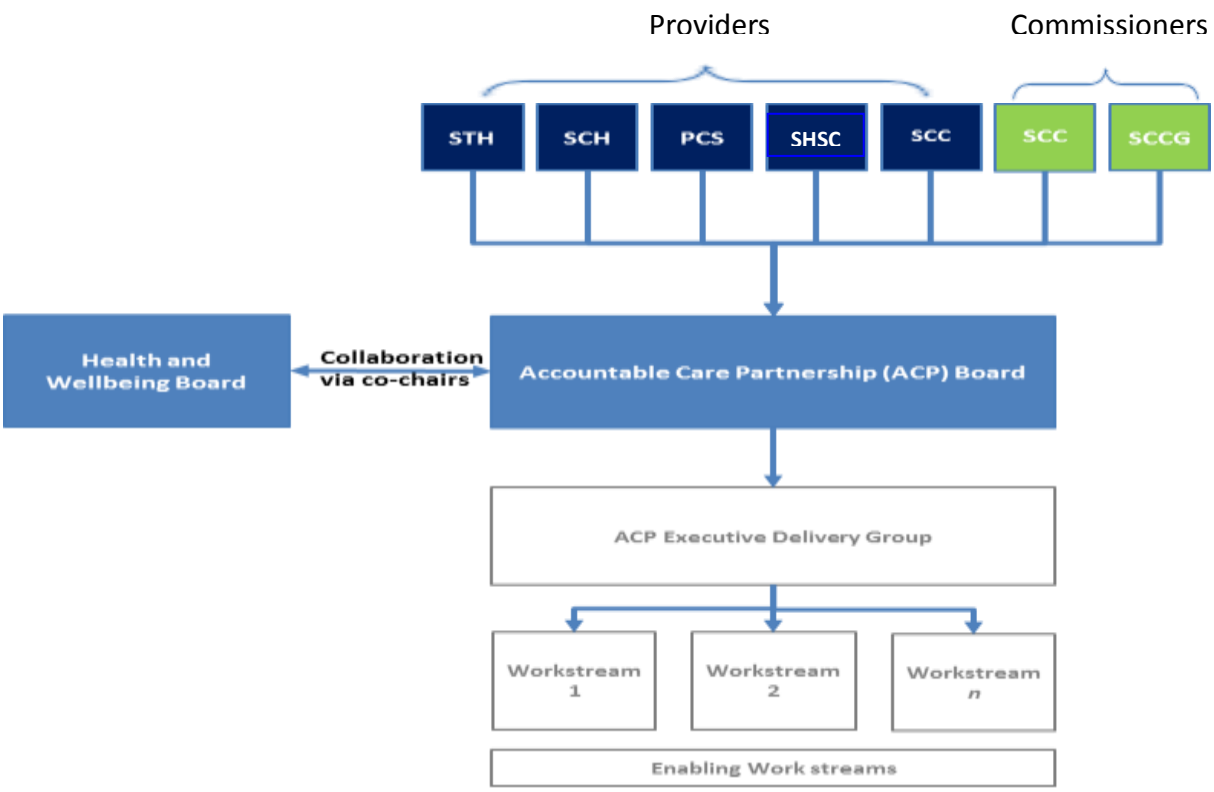
- Setting strategic direction of the ACP
- Ensuring public accountability and transparency of the ACP
- Crystallising and driving forward the ACP vision, strategy and design principles
- Agreeing system level outcomes
- Overseeing the delivery of the Sheffield Place Based Plan
- Supporting, enabling and ensuring effective partnership working across the statutory and third sector
- Ensuring a focus on transformation rather than business as usual
- Removing organisational barriers or other blockages as appropriate
- Providing assurance to constituent organisational Boards
- Obtaining the necessary engagement and support from the wider membership of each organisation
- Providing assurance and a dynamic interface with South Yorkshire and Bassetlaw Integrated Care System

A shared sense of the "how" of the aspirations in this statement of intent will be outlined in the forthcoming vision document for the ACP, which will be set in the context of the Shaping Sheffield Plan and the Health and Wellbeing Board mission.

5. Reporting Arrangements

The ACP Board will hold authority for the strategic oversight of the vision and ambitions of the Accountable Care Partnership, on behalf of its key stakeholder organisations. It will secondly hold the Executive Delivery Group to account for delivering the vision of the Accountable Care Partnership.

It is fully recognised that decisions requiring individual organisational sign off will be pursued through each work stream group, as determined by the work stream chair. The ACP Board Chairs and Chief Executives will report to organisational Boards for decisions that require this legislatively.



The **ACP Board** will receive a single, overarching highlight report from the **Programme Director** on behalf of the **Executive Delivery Group** on a quarterly basis.

A monthly report will feed the Executive Delivery Group. The report will contain a progress update and will escalate any risks or issues, as required, appropriate to the group.

Frequency

- The ACP Board will meet quarterly.
- The Executive Delivery Group will continue to meet on a monthly basis.

6. Membership

The membership of the ACP Board will consist of representatives from the ACP partner organisations, the voluntary sector, Healthwatch and the LMC. Other attendees may be invited periodically when additional expertise or input is required.

There will be two forms of membership:

- *Core Membership*

This refers to the six statutory bodies in Sheffield.

- *In Attendance*

This refers to members of the Board who represent additional viewpoints or bring other expertise to the ACP Board.

Responsibilities for members of the group are as outlined below:

	Organisation & Membership Type	Title	Function
Councillor Chris Peace **Dr Tim Moorhead**	Sheffield City Council Sheffield CCG **Core Members**	**Co-chairs**	• To lead the strategic development and delivery of the ACP through effective leadership of the ACP Board. • To ensure effective, collaborative partnerships across the ACP. • To ensure an effective connection between the Health and Well-Being Board and the ACP Board. • To maintain continuity of on-going integrated programmes of work. • To ensure that the ACP has proper governance arrangements in place and that the ACP and all Board members operate with the utmost probity at all times. • To ensure the voice of the public and service users are heard. • To work with the Chief Executives in discharging the delivery of the ACP.
Mr Tony Pedder **Ms Sarah Jones** **Ms Jayne Brown** **Mr John Boyington**	Sheffield Teaching Hospitals NHS FT Sheffield Children's NHS FT Sheffield Health & Social Care NHS FT Primary Care Sheffield **Core Members**	Partner Chair Members	• To hold to account executive teams of all system partners for ACP development and delivery. • To lead the strategic development and delivery of the ACP in collaboration with partners. • To deputise for the chairs during absence or where a conflict of interest is identified. • To act as a conduit to their boards/memberships as relates to the progress of the ACP. • To support system working and ACP outcomes. • To work with the Chief Executives in discharging the delivery of the ACP.

Mr John Mothersole **Ms Maddy Ruff** **Mr John Somers** **Mr Kevan Taylor** **Dr Andy Hilton** **Ms Kirsten Major (deputising for Sir Andrew Cash, until new STH CEO appointed)**	Sheffield City Council NHS Sheffield CCG Sheffield Children's NHS FT Sheffield Health & Social Care NHS FT Primary Care Sheffield Sheffield Teaching Hospitals NHS FT **Core Members**	Partner Chief Executive Members	• To lead the strategic development and delivery of the ACP in collaboration with partners. • To act as a conduit to their boards/memberships as relates to the progress of the ACP. • To support system working and ACP outcomes. • To ensure the workforce of each partner organisation is fully engaged, consulted and involved in the development and delivery of the ACP. • To ensure the voice of the public and service users from each partner organisation are heard.
Sir Andrew Cash	South Yorkshire Accountable Care System **In Attendance**	ICS System Leaders	• To provide strategic ICS context to the development and delivery of the ACP. • To provide a national and regional perspective. • To ensure a dynamic interface between the ACP and ICS.
Dr Alastair Bradley	Local Medical Committee **In Attendance**	Vice-Chair	• To represent individual GPs' core contract, and the workforce they employ, acknowledging the different contractual relationship compared to the workforce represented by partner providers
Maddy Desforges	Voluntary Action Sheffield (VAS) **In Attendance**	Chief Executive	• To lead the strategic development and delivery of the ACP in collaboration with partners. • To act as a conduit to their boards/memberships as relates to the progress of the ACP. • To ensure the voice of the public and service users are heard. • To support system working and ACP outcomes.

Ms Margaret Kilner	Healthwatch **In Attendance**	Chief Officer	• To lead the strategic development and delivery of the ACP in collaboration with partners. • To act as a conduit to their boards/memberships as relates to the progress of the ACP. • To ensure the voice of the public and service users are heard. • To support system working and ACP outcomes.
Mr Greg Fell	Sheffield City Council **In Attendance**	The Director of Public Health	• To provide leadership and expertise to ensure that the ACP is focused on the development and delivery of improved health and wellbeing outcomes for the population of Sheffield.
Ms Rebecca Joyce	Working on behalf of all partner organisations **In Attendance**	Programme Director	• To provide an over-arching system view working on behalf of all partner organisations. • To ensure the voice of the public and service users from each partner organisation are heard. • To support system working and ACP outcomes. • To coordinate the operation of the Board in conjunction with the Co-Chairs and CEOs.

7. Membership and Quoracy

- **Chair:** The Board will be co-chaired by the Council Cabinet Member for Health & Social Care and the Chair of the CCG, with chairing of meetings generally alternating between them.

- **Attendance at meetings and deputies:** Each member will need to nominate an appropriate deputy to attend in their absence and changes to the membership must be agreed by the Co-Chairs. Nominated deputies will need to be authorised to act on behalf of the organisation they represent. No single organisation will be permitted to send more than one deputy to any given meeting.

- **Quorum:** The meeting will be quorate only in the presence of a core member (Chair or Chief Executive or deputy) from each of the core member organisations.

- **Delegated Function:** As agreed in the MoU, the ACP Board will not initially have any delegated functions from the Boards/Governing Bodies of its members, which remain separate organisations. Therefore, there should be no requirement for voting at this time.

- **Authority of representatives:** It is accepted that some decisions will need to be made in accordance with the governance procedures of the organisations represented on the Board and as set out in the Memorandum of Understanding.

- **Accountability and scrutiny:** The Board reports to the individual partner Boards and the Health and Wellbeing Committee. Its work may be subject to scrutiny by any of the Council's relevant scrutiny committees.

- **Relationship to other groups:** The Board has formally agreed a Memorandum of Understanding between all formal partners and is developing relationships with other bodies in the city such as the Council's scrutiny committees, Healthwatch, other partnership and commissioning boards, the voluntary sector etc.

- **Communication through partner organisations:** Members will be responsible for ensuring that appropriate personnel within their own organisation are fully briefed on any group discussions and decisions.

- **Clinical Leadership:** Each work stream will have a designated senior clinical lead which will ensure clinical input in all planning and decision-making processes.

8. Accountability

The ACP will demonstrate transparency and accountability to local people, partners and stakeholders in the following ways:

- Publishing these Terms of Reference and the ACP Memorandum of Understanding;
- Holding ACP Board meetings in public (with a private session covering only items which the ACP Board considers would not be in the public interest, according to clear criteria);
- In addition, members of the public are invited to ask questions at the formal public meetings related to the published agenda of the Accountable Care Partnership. An answer may take the form of:

    - An oral answer
    - A written answer to the member of the public, circulated to the Board and placed on the ACP website
    - Where the desired information is contained in a publication, a reference to that publication.

- The Board's chairs will restrict the length of time given to answering public questions at any meetings held to 15-30 minutes. Questions should relate to the published agenda of the ACP;
- Publishing each year an annual report sharing the work, achievements, challenges and future focus of the ACP;
- Complying with local authority health and scrutiny requirements.

9. Engagement and Co-Design

A principle of co-design with the public and users underpins the cultural ethos of the ACP and its ambition to embrace a person-centred approach.

The ACP Board is committed to sustained and significant public and service user engagement process at neighbourhood, ACP and where required Integrated Care System level, to support transformation that benefits the population of Sheffield. Building on shared principles, the ACP Board will be responsible for ensuring that all partners are involved in shaping the future of health and care across the City of Sheffield. This will include the public, users of services, carers, health and care commissioners, providers, the Health and Wellbeing Board, Healthwatch and the voluntary sector.

The Board will hold a range of engagement events every year, open to the public and/or providers. These events will be in addition to the formal, public meetings of the Board and events organised for the health and care workforce and will be a means of:

- Providing an avenue for members of the public to impact on the Board's discussions and work;
- Engaging the public and/or providers in the development of the ACP;
- Developing the Board's understanding of local people's and providers' experiences and priorities the development and delivery of the ACP;
- Communicating the work of the Board in developing and delivering the vision of the ACP for Sheffield;
- Developing a shared perspective of the ways in which the public can contribute to the development and delivery of the ACP.

The Board will maintain a website with up-to-date information about the work of the ACP, including information on how the public can get involved.

A full communication, engagement and co-design strategy will be developed in 2018/19.

10. Principles of Good Governance

In accordance with Section 14L (2) (b) of the 2006 Act, the ACP will at all times observe "such generally accepted principles of good governance" in the way it conducts its business. These include:

a. The Highest Standards of propriety involving impartiality, integrity and objectivity, in relation to the overall stewardship of public funds (recognising the sovereignty of each partner organisation in decision making) and the management and conduct of the ACP;
b. The Good Governance Standard for Public Services;
c. The standards of behaviour published by the Committee on Standards in Public Life (1995) known as the Nolan Principles;
d. The seven key principles of the NHS Constitution;
e. The Equality Act;
f. Probity and Governance: it is acknowledged that the ACP Board will need to navigate a challenging governance route in this new landscape of system working, in the absence of statutory responsibilities and with enhanced potential for conflicts of interest. Therefore, there will be a 12 monthly review with an agreed representative of the Audit Committee Chairs from across partner organisations.

11. Managing Conflicts of Interest

It is acknowledged that the governance around managing conflicts of interest is more complex due to the multi-partnership arrangements of the ACP.

a. Individual members of the ACP Board, Executive Delivery Group or individual work stream board and any individual directly involved with the business or decision making of the ACP will comply with the arrangements determined by the CCG for managing conflicts of interest.

b. The process for managing conflicts of interest will be:

- Conflicts of interest should be declared in advance of the meeting to the Programme Director once agenda is published;
- The Programme Director will seek advice from the Chair of the meeting and/or the Lead Director at the CCG regarding appropriate management of this in relation to the meeting;
- Where required, advice from the Chair of the CCG Audit Committee will be sought.

c. For every interest declared, it will be the responsibility of the Programme Director, working with a nominated representative for corporate governance from across partner organisations to manage the conflict of interest or potential conflict of interests, to ensure the integrity of the ACP's decision making processes.

d. In the immediate term, the ACP will follow the policy of SCCG for managing conflicts of interest of all Board members which is in line with statutory guidance, as outlined in Standards of Business Conduct and Conflicts of Interest Policy and Procedure, available on its website: http: www.sheffieldccg.nhs.uk/our-information/documents and policies.htm. As a next step, local government and NHS corporate leads will work together to review local government and the NHS policies and ensure the ACP is appropriately informed by both policies.

12. Meetings, agendas and papers

a. The Board will normally meet **every quarter** with a public and private session, interspersed with engagement events and private strategy development meetings if required. There will be no fewer than 4 meetings per financial year.

b. Dates, venues, agendas and papers for public meetings will be published in advance on the planned ACP's website (to be launched during 18/19). In advance of website launch, dates will be published primarily through the CCG website with a link provided on each partner websites.

c. The co-Chairs will agree the agenda for each meeting, supported by the Programme Director.

d. A formal record of the meeting will be documented and an action log will be maintained to record actions and outcomes from the meeting and identify action owners.

e. Agendas and papers will be circulated to all members and be available on the CCG's website, 7 days in advance of the meeting. A link will be provided on each partner's website.

f. Minutes will be circulated to all members, and published on the CCG's website when they have been signed off at the subsequent ACP Board. A link will be provided on all partner organisations' websites to the ACP papers.

g. It is expected that those who write papers will work collaboratively with others to provide a city-wide perspective on any given issue.

13. Review

These Terms of Reference will be reviewed every 12 months. The Terms of Reference are informed by:

- The CCG Constitution
- The SCC Health and Wellbeing Board
- Partner Board Terms of Reference and Conflict of Interest Policies

Appendix 1

NOLAN PRINCIPLES

The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties. The seven principles are:

a) **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

b) **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

c) **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

d) **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

e) **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

f) **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

g) **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Source: *The First Report of the Committee on Standards in Public Life* (1995)9

Appendix 2

NHS CONSTITUTION

The NHS Constitution sets out seven key principles that guide the NHS in all it does:

1. **The NHS provides a comprehensive service, available to all** - irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population

2. **Access to NHS services is based on clinical need, not an individual's ability to pay** - NHS services are free of charge, except in limited circumstances sanctioned by Parliament.

3. **The NHS aspires to the highest standards of excellence and professionalism** - in the provision of high-quality care that is safe, effective and focused on patient experience; in the planning and delivery of the clinical and other services it provides; in the people it employs and the education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion and conduct of research to improve the current and future health and care of the population.

4. **NHS services must reflect the needs and preferences of patients, their families and their carers** - patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.

5. **The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population** - the NHS is an integrated system of organisations and services bound together by the principles and values now reflected in the Constitution. The NHS is committed to working jointly with local authorities and a wide range of other private, public and third sector organisations at national and local level to provide and deliver improvements in health and well-being

6. **The NHS is committed to providing best value for taxpayers' money and the most cost-effective, fair and sustainable use of finite resources** - public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves

7. **The NHS is accountable to the public, communities and patients that it serves** - the NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose

Source: *The NHS Constitution: The NHS belongs to us all* (March 2012)10
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http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132961