

**Minutes of the Sheffield Accountable Care Partnership Board Meeting  
Held in Public on 27 February at 10.00am to 11:30am  
in the Boardroom, NHS Sheffield CCG**

**Present:** Dr Tim Moorhead, Chair, NHS Sheffield CCG (**Co-Chair**)  
Cllr Chris Peace, Cabinet Member for Health & Social Care, Sheffield City Council  
Mrs Jayne Brown, Chair, Sheffield Health & Social Care Trust (NHS) Trust  
Ms Sarah Jones, Chair, Sheffield Children's Hospital (NHS) FT  
Mr John Mothersole, Chief Executive, Sheffield City Council.  
Ms Maddy Ruff, Accountable Officer, NHS Sheffield CCG  
Mr John Somers, Chief Executive, Sheffield Children's Hospital (NHS) FT  
Ms Maddy Desforges, Chief Executive, Voluntary Action Sheffield  
Mr Kevan Taylor, Chief Executive, Sheffield Health & Social Care (NHS) FT  
Mr Greg Fell, Director of Public Health, Sheffield City Council  
Mr John Boyington CBE, Chair, Primary Care Sheffield  
Dr Andy Hilton, Chief Executive, Primary Care Sheffield  
Ms Anne Gibbs, Director of Strategy and Planning, Sheffield Teaching Hospitals (NHS) FT

**In Attendance:** Ms Rebecca Joyce, Programme Director, ACP  
Ms Margaret Kilner, Chief Officer, Healthwatch Sheffield  
Ms Julia Newton, Director of Finance, CCG  
Mr Alastair Bradley, Chair, LMC  
Ms Nicki Doherty, Director of Delivery, Care Outside of Hospital, NHS Sheffield CCG  
Mr Ryan Ealand, Business Manager to ACP Director

**ACTION**

**1/19 Welcome**

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

**2/19 Apologies for Absence**

Apologies for absence had been received from:  
Sir Andrew Cash, SY&B ICS Lead.  
Dr Andy Hilton, Chief Executive, Primary Care Sheffield  
Mr Tony Pedder, Chair, Sheffield Teaching Hospitals NHSTrust.  
Ms Kirsten Major, Interim CEO, Sheffield Teaching Hospitals NHS Trust

**3/19 Declarations of Interest:**

None raised

**4/19 Questions from Members of the Public:**

None raised

**5/19 Minutes of the meeting held on 31 October 2018:**

The minutes of the previous meeting were agreed as an accurate record with the exception of a point of accuracy around Sir Andrew Cash's job title which needs amending from Sheffield Teaching Hospitals to South Yorkshire and Bassetlaw Integrated Care System.

There were two miscellaneous actions in margins which would also be removed from the final set of public minutes.

**6/19 Matters/Actions Arising- Verbal:**

Updates were provided and noted from the previous ACP Board in October 2018, key updates including the Health & Wellbeing Board strategy, including wording on the ACP and expectations of other sectors, it was noted there is an interim arrangement for both the Health & Wellbeing Board and ACP Board until the time an independent chair is appointed to this meeting.

It was also noted documents around universal credit had been circulated as previously agreed and that other actions would be picked up under the Programme Director Report item later on the agenda.

Rebecca Joyce updated the group regarding the Sheffield Care Record and its links to Barnsley Hospital. It was outlined that the original business case submission from the ICS to NHS E to secure capital had been joint in order to gain economies of scale. It was confirmed these links were historic and both were progressing independently from one another. However, the messy process around the development of this case more broadly was noted and it was noted Kevin Connolley, CIO at SCH had offered to develop a strategic outline for the digital workstream. It was discussed that there was likely to be a need to invest in system wide digital leadership capacity.

It was noted that the action around including trade unions in discussions around workforce development had been taken forward via the HR Directors. However, given the importance of this stakeholder relationship, Rebecca Joyce again committed to following up to ensure engagement was sufficient.

**7/19 ACP Programme Director Report:**

Shaping Sheffield:

**Rebecca  
Joyce**

The Programme Director updated the group on the Shaping Sheffield Events which were held across the city between January 28<sup>th</sup> and February 8<sup>th</sup>, which included staff and service user attendance in excess of 350 individuals from across the city and system. It was noted the events involved group work where discussions were held around the tangible details on delivery of the ACP's 5 key objectives.

The board were informed that the next stage involves developing a refreshed Shaping Sheffield plan and developing strengthened delivery plans. The board were asked to note that detailed plans were being worked through with each of the ACP's workstreams and that meetings would be held with exec teams in the coming months to refine the overall Shaping Sheffield plan and ensure shared ownership across partners. It was noted that a system dashboard had now been developed and would be launched alongside the refreshed plan.

Key updates linked to delivery:

It was noted there was significant positive work taking place. These included:

- The recent All Age Mental Health Workshop leading to an agreement in principal for a joint board across C &YP and MH & LD.
- There was now also support from all partners for the Integrated Care model to prevent admission in response to the CQC Report findings
- Workstreams such as Primary Care and Children's are making significant progress.
- The board were also updated on the decoupling proposal with Sheffield Children's Hospital for Urgent & Emergency Care, it was confirmed by Sarah Jones that discussions had taken place and that no decoupling would be taking place at this time following negotiation.

The board were asked to note that conversations around ACP ownership of Urgent Care would follow the current workshops taking place to better understand the urgent care issues for the city. Andy Hilton reported the need to align the urgent care discussions with issues such as access to GPs and wider primary care. It was noted conversations had paused at this point and next steps on urgent care had not yet been determined.

Organisation Development:

It was noted that Leading Sheffield Cohort 2 which will begin week commencing March 4<sup>th</sup> and 16 K had been secured from the Leadership Academy to comment the "shadow system board". This had been agreed at the ACP EDG and the shadow board would be established ahead of the next meeting. Clarification was provided that the shadow board represented a development opportunity which could benefit all organisations, successes were noted from Sheffield Children's Hospital which have ran a similar leadership development programme.

**Jane  
Ginniver  
(Deputy  
Director ACP,  
leading on  
work)**

Main Areas of Concern:

The main area of concern was noted specifically as the development of the Integrated Care Record and the lack of digital leadership capacity across the system. It was noted this this was a high priority and a key enabler for many workstreams of the ACP. It was discussed that Doncaster and Rotherham and other places are now further forward with this work leading to additional questions on resource and the need to commit to this moving forward. An action was agreed for the ACP EDG to discuss at their next meeting and bring back to board suggestions around infrastructure for the Workforce and Digital workstreams.

**Rebecca  
Joyce/Kevan  
Taylor**

**Action**

**Kevin Connolley at SCH had agreed to lead the development of a proposal on behalf of the CIOs, resource would be likely to be needed for future delivery of this workstream. For consideration by EDG and in due course ACP Board.**

**Kevin  
Connolley/  
Board to  
consider in  
light of  
revised  
Shaping  
Sheffield  
plan.**

**Action**

**Dr Tim Moorhead reflected that the board must consider objectives and metrics specific to the ACP Board and cannot be achieved elsewhere. It was noted Shaping Sheffield Plan will be important context to this discussion.**

**For next ACP  
Board**

**8/19 CQC Review- Quarterly Update**

A summary was presented to board by Rebecca Joyce outlining the CQC Local System Review and key areas of concern. The presentation outlined Governance and Oversight across the 7 partners and across the system via the ACP.

In the supporting papers, a line-by-line update was provided across the system.

It was recognised that there had been significant progress with DTOC which was at 60 as of February 26<sup>th</sup>, significantly lower than last year, although variation from week to week still occurs and is being managed down. Good work was progressing on the system wide workforce strategy for frailty since the last meeting including two workshops. The board was asked to note that the strategy around this would be developed by April to move into mobilisation. Methods for capturing whole system patient experience was progressing well. All governance actions had now been completed.

Areas of concern were identified as DTOC sustainability, the considerable timescale around new forms of commissioning and mobilising the preventative model of cares (compared to timescales committed to within

the action plan), digital interoperability and the need to reach agreement on what the new relationship with the voluntary sector substantially meant.

The board were then invited for comment.

It was discussed that we should be strategically committing to shifting our model of care away from hospital beds to greater care in primary care and community, with an investment model reflecting this. It was discussed we should be asking more strategic questions around this, now the immediacy of the DTOC position appeared to be better under control.

Maddy Desforges noted that the Voluntary Action plan had been developed significantly and was taken to EDG in December was in the end an inconclusive conversation.

### **Action**

**The board asked the EDG for clarification on the relationship with the voluntary sector ahead of the next board meeting. An action was agreed for clear, specific and costed recommendations to be brought forward to the next ACP Board. These needed to link into the integrated commissioning work and system priorities.**

**To be taken to Executive Delivery Group & then to Board**

Councillor Chris Peace noted that the action around including trade unions in discussions around workforce development had been taken forward via the HR Directors. However this was not cited in the paper.

### **Action**

**Given the importance of this stakeholder relationship, Rebecca Joyce again committed to following up to ensure the appropriate depth of conversations had taken place.**

**Rebecca Joyce**

**It was agreed the Board were looking for the improvements on DTOC to be embedded within the system.**

## **9/18 System Financial Update**

Julia Newton shared with the board the latest financial update across the system. The board were asked to note that the system was currently in the midst of financial planning for 19/20. It was advised that plans would be submitted by April 4<sup>th</sup> and it was suggested an update be brought to the next board, whilst also considering a formal conversation at ACP EDG to update. Currently ICS were not yet reporting a fully balanced control total position.

The need to provide support within place between organisations was also discussed. Complexities were acknowledge with delivering specialised services specifically in regard to Sheffield Children's hospital who received significant specialised commissioning income from NHS England,.

Attendees of the board acknowledged the principle of system partners to support each other but also noting the need to have a specialised commissioning voice in the room to reflect these significant financial flows. Sarah Brown reported the ongoing work SCH was doing nationally on national paediatric tariffs to try and influence the shape and approach of specialised commissioning.

### **Action**

**Anne Gibbs indicated there may be opportunity to explore opportunities between SCH and STH and a bilateral conversation should take place.**

**Neil Priestley/  
Mark Smith**

Complexities with the South Yorkshire & Bassetlaw ICS were discussed with the board and the way in which the ICS works with Sheffield at place as well as partners such as the local authority who have a significant role at place but less direct dealings with the ICS. However, they are crucial to the Sheffield place health & care system and a very significant part of the Sheffield pound.

It was outlined that national conversations were taking place in relation to national guidance.

It was proposed that Sir Andrew Cash be invited to the future meeting to present on

- How specialised commissioners should be brought into the conversation
- The expectations of the emerging ICS financial framework, in context of the LT Plan.

**Sir Andrew  
Cash**

The importance of involvement of council at place level was also a crucial part of this context.

### **10/19 ICS Update:**

In Sir Andrew Cash's absence Kevan Taylor provided a brief summary on the last developments within the South Yorkshire and Bassetlaw ICS. The board were informed that ICS's governance structure was being finalised. It was agreed it would be helpful to bring this to the next meeting.

It was also shared that the ICS's comprehensive Digital Strategy is being developed but is yet to significantly reach into place level.

The ICS workforce plan and workforce maturity index within the ICS was being developed and should be shared and considered strategically at place level.

### **11/19 AOB: None raised**

