



25 January 2023

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Board of Directors - Public

SUMMARY REPORT

Report T	itle: New Sheffield P	artners	hip Arrangements	 S		
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Author	(s): Emma Latimer, [Director	of Sheffield Health	and Ca	re Partnership	
Accountable Direc	tor: Emma Latimer, [Director	of Sheffield Health	and Ca	re Partnership	
Other meetings this pa	per Committee	e/Tier 2	n/a			
has been presented to	o or Group/Tier 3	Group				
previously agreed	l at:	Date:	n/a			
			- 7 -			
Key poi						
recommendations for						
those meeti	ngs					
Summary of key points i	n ronort					
Summary of key points i	ii report					
A paper outlining the prop						gside
	a slide deck from the Partnership Board is presented for oversight and understanding of the new					
arrangements being devel						
The report is attached at A The slide deck is attached						
Recommendation for the Board/Committee to consider:						
Consider for Action	Approval		Assurance		Information	X
For Board discussion of the new health and care partnership arrangements being developed for Sheffield.						eld.
$ \cdot $						

Meeting Date:

Agenda Item:

Please identify which strateg	ic priori	ties w	ill be	imp	pacted by this report:
	19 Recovering effectively Yes x No				
CQ	C Gettino	g Bacl	k to G	ood -	- Continuing to improve Yes x No
Transformat	ion – Ch	angin	g thin	gs th	nat will make a difference Yes x No
Partners	ships – w	orking	g toge	ther	r to make a bigger impact Yes x No
Is this report relevant to com	pliance	with a	any k	ey st	standards ? State specific standard
Care Quality Commission Fundamental Standards	Yes		No	X	The Regulations of the Health and Social Care Ad
Data Security and	Yes		No	X	
Protection Toolkit					
Any other specific standard?	Yes		No	X	
	'				
Have these areas been consi	dered?	YES	/NO		If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience		X	No		Supports delivery of the requirements of the Health and Social Care Act
Financial (revenue &capital)	Yes	X	No		
Organisational Development // // // // // // // // // // // // //		X	No		
Equality, Diversity & Inclusion		X	No		
Legal		X	No		

Yes

Environmental Sustainability

X

No



BOARD UPDATE

Sheffield Health and Care Partnership and ICB Place Committee

<u>Developing the framework for the place governance arrangements – next steps following the Joint Sheffield Health and Care Partnership (HCP) Board and Sheffield Place ICB Sub Committee Meeting (18 October 2022)</u>

1. Introduction and context

- 1.1. The Health & Care Act 2022 received royal assent on 28 April 2022. On 1 July 2022 the NHS South Yorkshire Integrated Care Board (ICB) was established, and the statutory functions, staff, assets and liabilities of the four CCGs of South Yorkshire were transferred to the ICB. In line with the legislation and policy direction, the ICB has delegated some of its functions to be delivered through a committee of the ICB at the level of each South Yorkshire Place, including Sheffield. From discussions at the HCP and independently with stakeholders there is an intention to develop the Sheffield place based arrangements from the opportunities presented from the ICB committee linking in with the HCP and the current joint commissioning committee between the ICB and the Council.
- 1.2. A paper detailing the future place requirements and proposed framework was discussed at the Joint HCP Board and ICB Sheffield Place Subcommittee meeting on the 18th October the proposed new framework for the **Sheffield Health and Care Partnership** was discussed.
- 1.3. At the meeting there was general support for the proposed structure with some points needing some minor modification and greater clarity. In particular, there is general support for the **Sheffield Health and Care Partnership Board** and the *chairs* having clearer oversight roles, ie; the role in unblocking disputes.
- 1.4. This paper then summarises the proposed framework for the Sheffield Place for Boards and the next steps to implement the **Sheffield Health and Care Partnership Board** approach.

2. Framework: Vision, Purpose and Principles

- 2.1. During 2021, the Sheffield Health and Care partners worked across health and care to develop the vision and strategic aims, built on the national vision as set out in the Integrating Care White Paper, Health and Care Bill and work to date across Sheffield.
- 2.2. To support this the partners set out the vision aims and a small number of key principles for the development of the framework which are as follows:

Vision

Our partnership vision is for our health and care services to be integrated, joined up, and seamless; to reduce and remove inequalities in health outcomes and access to support, by playing our full role as anchor organisations in our city, and to do all this in a way that involves people, their experiences and our communities at the centre of our work.

Strategic Aims

- For our health and care services to be integrated, joined up and seamless
- 2. Equalise outcomes and reduce inequalities
- Involving people, experiences and communities at the centre of our work

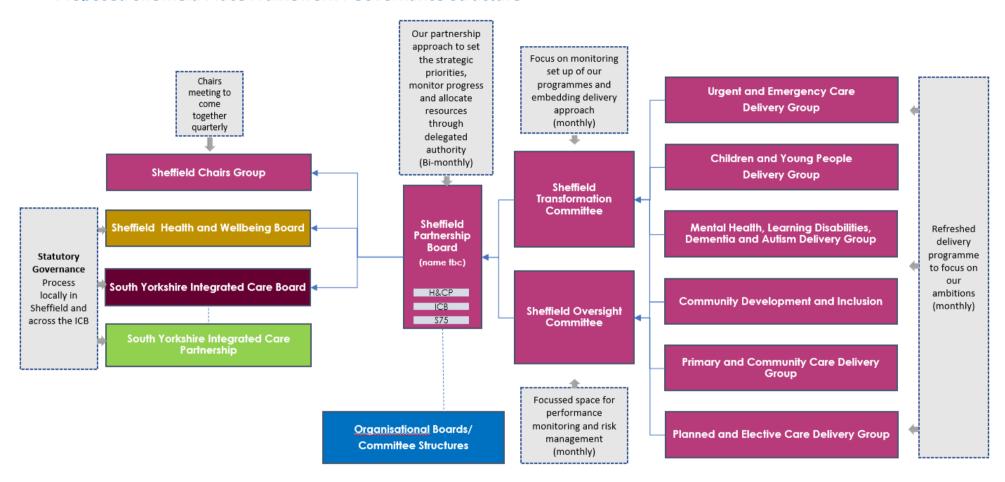
Framework Principles

- Build on our approach and what has worked well while driving forwards a new way of working
- o Identify and deliver key priorities for our local communities
- Draw together significant skills and expertise across our partner organisations, that enable us to delivery our work most effectively
- Embed purposeful process and governance and recognising the democratic legitimacy of the Local Authority elected members

3. Governance and decision making

- 3.1. To support the aspirations for health and care in Sheffield the partners have proposed a refreshed governance framework which focusses efforts on transformational change and supports the statutory requirements.
- 3.2. There is a need to recognise the new legislative framework and the changes to the way organisations work together including the removal of traditional commissioner and provider barriers and new collaborative delivery and partnership working arrangements. The refreshed framework includes the following key areas:
 - 3.2.1. Acknowledging the establishment of the South Yorkshire Integrated Care Board, the role of the Integrated Care Partnership and associated strategy development as well as the South Yorkshire Provider Collaboratives and Alliances.
 - 3.2.2. The changes brought about by the establishment of the ICB Place Committee for Sheffield and associated delegated authority via the ICB Place Director through the local committee.
 - 3.2.3. Recognising the roles for partners as part of **Sheffield Health and Care Partnership Board** and in the South Yorkshire ICS.
 - 3.2.4. The local review of the Sheffield Health and Wellbeing Board.
- 3.3. There is an intention to focus on transformation, delivery and oversight to be streamlined, and purposeful in our approach. The diagram below sets out the proposed new system governance for health and care in Sheffield, outlining the structure and where and how decisions will be taken together.

Proposed Sheffield Place Framework: Governance Structure



The key groups within the proposed governance framework can be summarised as follows:

Name	Main Role			
Sheffield Health & Wellbeing Board	Oversee the Sheffield Health & Wellbeing strategy. This is a statutory forum where leaders from across the care and health system come together to set a strategy to improve the health and wellbeing of the local population and reduce health inequalities. It is responsible for producing the Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment.			
Chairs Group	A new group formed from the Chairs (and equivalents) of the Sheffield Health and Care Partnership Board organisations. The purpose of the Chairs Group is to be a consultative body that helps drive the adoption of new ways of integrated working and the delivery of the vision, aims and key principles of the new governance framework for the Sheffield place.			
Sheffield Health and Care Partnership Board	The Sheffield Health and Care Partnership Board meetings will be the core of the new framework and will encompass three elements: (1) ICB Place committee providing a mechanism for delegation within the ICB so that decisions on priorities and resources can take place locally with wider health and care partners. Incorporates delegated authority from the ICB Board to make decisions about the use of ICB resources in Sheffield in line with its remit. The ICB Place Committee is accountable to the ICB Board. (2) Joint Commissioning S75 Arrangements — a joint committee between the ICB and Local Authority to manage business related to the S75 agreement and better care fund between the ICB and Local Authority but within the Sheffield Health and Care Partnership Board forum. (3) Health and Care Place Partnership providing a mechanism to deliver on strategic policy matters relevant to the achievement of the Sheffield Place Plan. All health and care partners across Sheffield work collaboratively to plan and deliver joined-up services.			
Sheffield Transformation Committee	A new group with a role to manage the delivery and development of the Place Plan, taking direction from and reporting up to the Sheffield Health and Care Partnership Board. It will also have a time limited function to set up processes and the delivery approach, which over time will transition to direct reporting to the Sheffield Health and Care Partnership Board.			
Sheffield Oversight Committee	To manage and oversee the Sheffield system performance where partners are all equally responsible for delivery and achievement.			
Delivery Groups	To deliver the identified priorities and programmes of work successfully, bringing together key teams and leads from partner organisations.			

- 4. Outcome of the Sheffield Health and Care Partnership Board meeting of the 18 October
- 4.1. There is broad support for bringing together a single Sheffield meeting as the **Sheffield Health** and Care Partnership Board. This also aligns with the approach across the other South Yorkshire Places as noted below (though not all have aligned section 75 governance arrangements as yet).
- 4.2. It was agreed that the Partners should look to develop the framework in the way suggested above and start to formalise the new collaborative arrangements. We have summarised the steps below and the timeline for this is set out in paragraph 6 below.
 - (1) Bringing together the Place Partnership Board governance
- 4.3. The first step will be to establish the integrated "Sheffield Health and Care Partnership Board" meeting for the Sheffield Place by bringing together the current HCP, the Sheffield ICB Committee, and the JCC. This will be done by arranging for the meetings of each of the three groups to take place 'in common' i.e. at the same time and in the same place. Partnership business (HCP), ICB business (ICB Place Committee) and JCC business (JCC) may be discussed alongside each other, with the appropriate governance around each aspect.
- 4.4. The initial membership of the **Sheffield Health and Care Partnership Board** is intended to follow the following approach:

Title	Org.	PART 1: Sheffield Health & Care Partnership	Part 2: Section 75	Part 3: ICB Sheffield Place Committee
Executive Place Director for Sheffield	SYICB	Chair	Co -Chair	Chair
Chief Finance Officer or Deputy	SYICB	Member	Member	Member
Medical Director	SYICB	Member	Member`	Member
Chief Nurse for Sheffield	SYICB	Member	In attendance	Member
Non-Executive Director	SYICB	Member	In attendance	Member
Chief Executive	SCC	Member	Member	In attendance
Director of Finance	SCC	Member	Member	In attendance
Elected Chair of H&WBB	SCC	Member	Member	In attendance
Director of Public Health	SCC	Member	Member	In attendance
Director of Adult Social Care	SCC	In attendance	Member	In attendance
Director of Childrens Social Care	SCC	In attendance	Member	In attendance
Chief Executive	STHFT	Member	In attendance	In attendance
Chief Executive	SCFT	Member	In attendance	In attendance
Chief Executive	SHSC	Member	In attendance	In attendance
Chief Executive	PCS	Member	In attendance	In attendance
Chief Executive	VAS	Member	In attendance	In attendance
Representative	Healthwatch	Member	In attendance	In attendance
Elected member *	SCC	In attendance	Member	In attendance
Elected member *	SCC	In attendance	Member	In attendance
Elected Member *	SCC	In attendance	Member	In attendance

Other attendees will be invited as required.

- 4.5. The Sheffield ICB Committee carries the majority of the delegation and decision making for the ICB at Place (with some delegation flowing through the Executive Place Director). Currently the ICB Committee has ICB employee membership. Wider partners will be participants at the meeting, however it is envisaged that the formal membership of this committee will be broadened over time to include other partners as members.
 - (2) Council and JCC engagement and review
- 4.6. The JCC will be revised to ensure it works as part of this integrated approach. Currently it is comprised of elected members and NHS ICB members. This could practically commence from

a meeting in common within the wider **Sheffield Health and Care Partnership Board** meeting; allowing decision making regarding pooled budgets and joint commissioning but in the context of the wider Sheffield discussion.

- 4.7. Links with the Health and Wellbeing Board will also be reviewed and reflected in the framework arrangements. The Health and Wellbeing Board will continue to set the strategy for improving the wellbeing of local people with the **Sheffield Health and Care Partnership Board** being responsible for delivering those elements relating to health and care services within its remit and particularly around integration. The **Sheffield Health and Care Partnership Board** should report on progress against the Place Plan to the Health and Wellbeing Board.
 - (3) Sheffield Place Agreement
- 4.8. The framework approach will build upon a refresh and reset of the HCP (becoming part of the core partnership group which works with the ICB Place Committee and JCC). This includes developing a 'Place Agreement' to reflect the new arrangements, and incorporating more formal collaborative terms than the current partnership agreement (with some elements legally binding as appropriate). In line with other South Yorkshire Places, the Place Agreement for Sheffield would include:
 - 4.8.1. vision and core objectives of the Partners for the development and delivery of the Place vision:
 - 4.8.2. key collaborative principles that the Partners will comply with in working together to achieve the Place vision and objectives;
 - 4.8.3. the governance structures underpinning the **Sheffield Health and Care Partnership**;
 - 4.8.4. the priorities and key enabling programmes which the Partners agree to deliver together (Place Plan);
 - 4.8.5. a Place Partnership development plan (in outline at least) setting out key areas for continued development of the **Sheffield Health and Care Partnership**; and
 - 4.8.6. other standard provisions for agreements of this nature, including dealing with conflicts of interest, confidentiality and a dispute resolution process.
- 4.9. Each partner organisation which signs up to the Place Agreement then agrees to collaborate with the other partners to deliver the vision, objectives and priorities and to act in accordance with the agreed collaborative principles. The Place Agreement provides a framework for the partners to make aligned decisions, respecting existing statutory duties and functions. As part of the framework, the Place Agreement is designed to be capable of revision and to evolve over time.
- 4.10. It is important to note that the Place Agreement will not:
 - 4.10.1. override the existing statutory requirements/duties or governance arrangements of the partner organisations;
 - 4.10.2. change or replace any existing service contracts:
 - 4.10.3. pool any funds; or
 - 4.10.4. transfer any staff.

5. Comparative progress across the ICS – other areas in South Yorkshire

5.1. Each of the other three Places in South Yorkshire (Barnsley, Rotherham and Doncaster) has, from July 2022, brought together their ICB Committee at Place and their broader 'Partnership Board' or 'Place Board' bringing together a wider range of partner organisations involved in health and care (similar to the Sheffield Health and Care Partnership (HCP)). For example, Rotherham Place Board meets 'in common' with the Rotherham ICB Committee, such that wider partner organisations are participants at Rotherham ICB Committee meetings, and can participate in discussions around the allocation of the ICB Place resource (subject to managing)

- conflicts of interest). The terms of reference for existing Partnership/Place Boards have been amended to reflect this alignment with the ICB Place Committees.
- 5.2. The Barnsley, Rotherham and Doncaster Place Partnerships also each have a form of 'Place Agreement' underpinning the wider Place Partnership and signed by the Place partner organisations. These are formal collaborative agreements setting out the vision and objectives of the Place Partnership, governance structures and development plans, as well as other standard provisions for agreements of this nature including dispute resolution processes, confidentiality and dealing with conflicts of interest.

6. Summary of key actions and timelines

The key actions proposed from the meeting of the 18 October were:

- Confirmed the partnership framework and associated governance structure to mobilise from 1 January 2023;
- Confirmed initial membership and that the chairing arrangements are initially to be linked to the ICB Place Director;
- Developing the Place Partnership Agreement, which demonstrates each Partners commitment to working within the framework and approach;
- To agree the Delivery Programmes that should be established;
- To ensure with have a structured approach to OD- two sessions to be scheduled for January and March 2023 to test out the Sheffield approach;
- Set out a 12 month review process and develop the Sheffield Place Strategy to support Sheffield place working and refresh existing arrangements, in line with the stated aspirations.

The next steps from the legal and governance perspective are set out in more detail in Annex 1. It should be noted that these proposals will when finalised also need to go to each of the partner boards/organisations for approval before execution.



ANNEX 1

Hill Dickinson - next legal and governance steps

From a governance and legal perspective the next actions to implement this are as follows:

DATE	ACTION
Implementation (aiming for January 2023)	 Review/amend terms of reference for each group within revised structure (including new Chairs group) [Note that the membership and delegation to the various groups may evolve over the implementation/transition phase] Prepare draft overarching Place Agreement to align the governance and attendance of the various groups for the amalgamated meeting, as well as other collaborative terms (as per the model in other Places) Commence Sheffield Health and Care Partnership Board meetings in shadow (separate groups (HCP, JCC and ICB Committee) meeting in common but without the formal arrangements tying them together). The ICB Executive Place Director can exercise the current ICB delegation through these meetings using the ICB Place Committee as appropriate Governance structure and membership for the wider group to be reflected in the Place Agreement OUTPUTS: The HCP is reframed as part of the Sheffield Place Partnership – shadow meetings in common approach adopted Draft terms of reference produced setting out the HCP, JCC and ICB Place Committee reframed as a meeting in common as the Sheffield Health and Care Partnership Board. Draft Place Agreement produced to underpin the arrangements.
Transition (by start of January 2023 or as soon as possible thereafter)	 Partner formal board/cabinet approval processes to begin for the sign off on initial revised documentation: Place Agreement, Terms of Reference for ICB Business, Partnership Business and JCC Business to the extent agreed Sheffield Health and Care Partnership Board to begin operating with its decision-making role (through the ICB Committee and the JCC) through the agreed delegations Establish required Place sub-groups including finance and quality (to the extent not already established)

	OUTPUTS: • Agreed approach to Place signed off by partners (including proposed membership) reflected in place documentation run through member boards and committees including: (i) Place Agreement (replacing the HCP Partnership Agreement) (ii) Related terms of reference
Operational (from 1 April 2023)	New financial year operation in line with the agreed approach

Next Steps

Please do let us know if you would like to discuss any aspects of the proposed next steps and timetable. (robert.mcgough@hilldickinson.com or esther.venning@hilldickinson.com).

Hill Dickinson LLP

18 November 2022

Sheffield Place Health and Care Partnership Framework Proposal November 2022





















Purpose and Introduction

The Sheffield Partnership Framework, will set out the foundations of how we will work together as a Partnership together and with our local communities, to focus our time and resources to enable our teams to deliver transformational change that meets our strategic priorities.

We have a long history in Sheffield of working together to drive forwards our Place based plans, this has included establishing the following arrangements:

- Sheffield Health and Care Partnership: bringing together partners across health and care to develop and monitor delivery of place based plans
- **Joint Commissioning Committee** coming together across Health and care by establishing a significant pooled budget and associated governance mechanisms

Health and Care Bill 2022

The Health and Care Bill 2022 and the associated establishment of the NHS South Yorkshire Integrated Care Board provides us with a key opportunity, to drive forwards integration and collaboration across partners to deliver our aspirations to deliver:

- Better health and wellbeing for the population
- Reduce health inequalities
- Drive forward sustainability
- Better quality of health and care for the population

This provides us as partners across Sheffield an opportunity to refresh our framework approach, and pool our collective efforts to drive forwards a transformational place based plan for the benefit of our local communities.

This paper will set out our approach to developing the Sheffield Partnership Framework, focussing on building on our approach to date and drawing together our collective skills, experience and expertise to deliver our ambitions

Strategic Framework Development

Vision, Purpose and Principles

Strategic Priorities

Governance and Decision Making

Making the best use of resources

Performance, assurance and risk management

Delivery

Sheffield Place Health and Care Partnership Framework – Overview

The Framework will embed our approach to:

- Promote and enable the integration of services for the Sheffield population
- Drive the reduction in health inequalities for the city
- Providing clarity on our roles and responsibilities and associated decision making approach
- Focus on improving quality, performance and risk
- Strengthening our approach to partnership working
- Embedding engagement and consultation in approach with local communities
- Agreeing an approach to developing the measures of success

The following slides focus on our vision and strategic priorities followed by an overview and areas for discussion related to governance and decision making.

	Sheffield Partnership Framework						
	Vision and Purpose	Providing an overview of our vision and purpose including the key principles that underpin our Sheffield Health and Care Partnership					
Focus of this pack	Strategic Priorities	Setting our strategic priorities and focus for the benefit of our local communities in Sheffield					
	Governance and decision making	A focus on the structures that will support us in delivering our priorities in a streamlined approach, that embeds purposeful governance					
	Making the best use of our resources	Focus on our financial framework as well as the ways of working to draw together our skills, experience and expertise to drive forward delivery					
	Monitoring our progress, performance and assessing our key risks	Ensuring we embed enabling processes, that support us to have a robust approach to monitoring our performance and key operational risks, in a way that compliments a focus on transformation					
	Enabling joint delivery	Setting out our Delivery Programmes, that our framework should enable us to deliver Including the development of key processes and delivery approach					

Vision, Purpose and Principles

Sheffield Partnership Framework: Vision, Purpose and Principles

During 2021, we worked across health and care partners and with Sheffield citizens to develop our vision and strategic aims, which are locally owned across all Partners, these discussions built on the national vision as set out in the Integrating Care White Paper, Health and Care Bill and our work to data across Sheffield.

This has enabled us to set out the ambition for Sheffield, embedding an approach to focus on our community assets and drive forwards improvement to level up our approach across the City.

To support us to do this in a way that makes the most of our experiences we have set out a small number of key principles for the development of the framework, that as Partners, we will strive to embed.

The following section sets out our Governance and Decision Making Approach.

Vision

Our partnership vision is for our health and care services to be integrated, joined up, and seamless; to reduce and remove inequalities in health outcomes and access to support, by playing our full role as anchor organisations in our city, and to do all this in a way that involves people, their experiences and our communities at the centre of our work.

Strategic Aims

- 1. For our health and care services to be **integrated**, **joined up** and **seamless**
- 2. Equalise outcomes and reduce inequalities
- 3. Involving people, experiences and communities at the centre of our work

Framework Principles

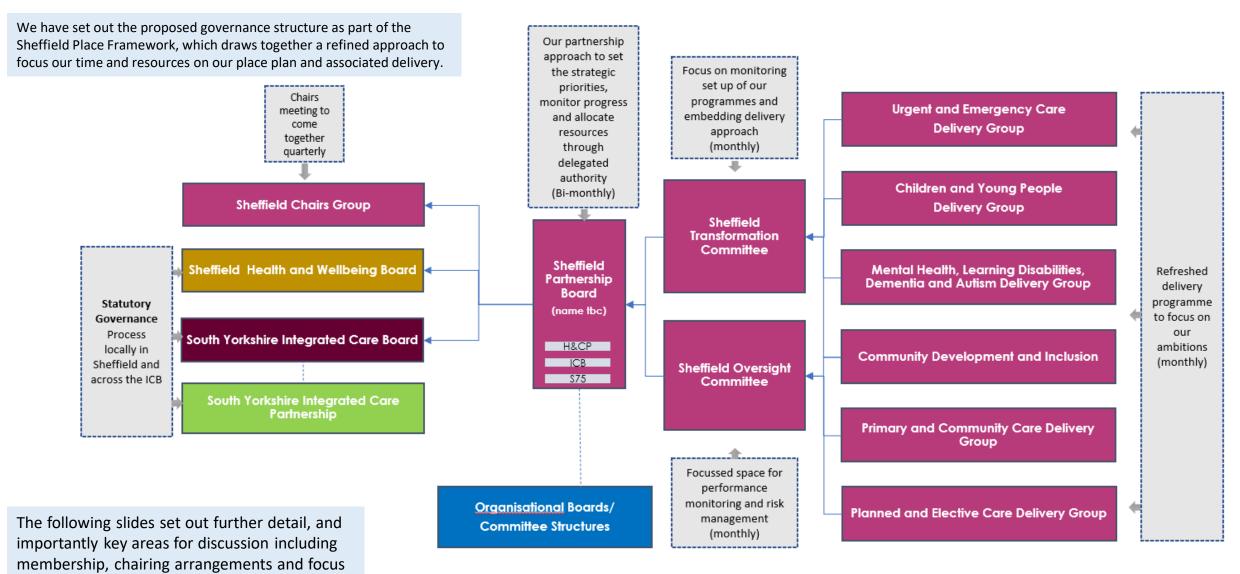
- Build on our approach and what has worked well while driving forwards a new way of working
- o Identify and **deliver key priorities** for our local communities
- Draw together significant skills and expertise across our partner organisations,
 that enable us to delivery our work most effectively
- Embed purposeful process and governance and recognising the democratic legitimacy of the Local Authority elected members

Governance and Decision Making

Proposed Sheffield Place Framework: Governance Structure

on our delivery programmes – with the aim of

delivering our vision across Sheffield.



Governance and Decision Making

Name	Main Role
Sheffield Health & Wellbeing Board	Oversee the Sheffield Health & Wellbeing strategy. The Health and Wellbeing Board is a statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. It is responsible producing the Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment.
Sheffield Chairs Group	The Chairs of the Health and Care Partnership organisations will hold the Partnership Board to account for delivery and transparency
Sheffield Place Health and Care Partnership Board (name tbc)	 The Sheffield Partnership Board three functions: As an ICB Place committee providing a mechanism for delegation within the Integrated care Board so that decision on priorities and resources can take place locally with the wider health and care partners. It is one part of the wider set of arrangements in each place to enable integrated working at a local level enabling delegated authority from the ICB Board to make decisions about the use of ICB resources in Sheffield in line with its remit. The ICB Place Committees is accountable to the ICB Board. As a Health and Care Place Partnership providing a mechanism to deliver on strategic policy matters relevant to the achievement of the Place Plan. All health and care partners across Sheffield work collaboratively to plan and deliver joined-up services and to improve the health of people who live and work in Sheffield. Joint Commissioning S75 Arrangements – a joint committee between the ICB and Local Authority to manage business related to the S75 agreement.
Sheffield Transformation Committee	To manage the delivery and development of the Sheffield Place Based Plan, taking direction from and reporting up to the Sheffield Place Partnership Board. A time limited function to set up our processes and delivery approach, which over time will transition to direct reporting o the Sheffield Partnership Board
Sheffield Oversight Committee	To manage and oversee the Sheffield system performance where partners are all equally responsible for delivery and achievement.
Delivery Groups	To deliver the identified priorities and programmes of work successfully, bringing together key teams and leads from our organisations to drive deliver of our priorities

Sheffield Place health and Care Partnership Board: Further Detail (1/2)

Sheffield Partnership Board

Purpose

Incorporate the functions of the:

- Health and Care Partnership
- Sheffield Joint Commissioning Committee and the
- Sheffield ICB Place Committee, the

It will have delegated authority for the health spend in Sheffield (through the ICB Executive Place Director for Sheffield)

A Committee in Common, Partnership Board whereby the ICB and Sheffield City Council are able to agree and implement joint commissioning arrangements.

Role

Plan safe, sustainable, effective and efficient health and care, in a collaborative, integrated way.

Ensure joint accountability, ownership and prioritisation of resources from all key partners across Sheffield.

Operating Principles – As partners we will have:

- Joint Accountability
- Inclusivity
- Stewardship of Sheffield Health and Care finances
- Oversight of risks
- Identify opportunities for integration
- Strategic Planning setting the priority work areas for the local Delivery Groups

Operating Approach

We will manage meeting arrangements and associated membership to undertake business appropriately, this will include a three section agenda:

- Health and Care Partnership (focus on place plan delivery)
- ICB Place Committee (focus on ICB Business)
- Joint Commissioning (S75 arrangements to be managed across the ICB and LA)

To support us to deliver this effectively we have set out on the next slide the proposed membership and associated options for chairing arrangements.

Sheffield Place Health and Care Partnership Board: Further Detail (2/2)

This sets out the proposed membership of the three part partnership board balancing the statutory requirements of each of the statutory elements of the Board (S75 and ICB Place Committee) with a broader membership to manage our partnership business through the Health and Care Partnership.

We are committed to undertaking business transparently and therefore have set out that all partners will be in attendance for the entirety of the meeting, however we will need to manage conflicts of interest through full members and those in attendance for elements. We will also conduct as much business as possible in public.

We are committed to taking the majority of business through the Health and Care Partnership (Part 1) of the meeting, and will commit to only take those decisions that are required legally via the delegation model through part 2 and part 3.

To Note:

Local Authority Co-Chair of Sec 75 to be agreed

Sheffield Partnership Board Membership						
Title	Org.	PART 1: Sheffield Health & Care Partnership	Part 2: Section 75	Part 3: ICB Sheffield Place Committee		
Executive Place Director for Sheffield	SYICB	Chair	Co -Chair	Chair		
Chief Finance Officer or Deputy	SYICB	Member	Member	Member		
Medical Director	SY ICB	Member	Member`	Member		
Chief Nurse for Sheffield	SY ICB	Member	In attendance	Member		
Non-Executive Director	SYICB	Member	In attendance	Member		
Place Secretariat Support	SY ICB	In attendance	In attendance	In attendance		
Chief Executive	SCC	Member	Member	In attendance		
Director of Finance	SCC	Member	Member	In attendance		
Elected Chair of H&WBB	SCC	Member	Member	In attendance		
Director of Public Health	SCC	Member	Member	In attendance		
Director of Adult Social Care	SCC	In attendance	Member	In attendance		
Director of Childrens Social Care	SCC	In attendance	Member	In attendance		
Chief Executive	STHFT	Member	In attendance	In attendance		
Chief Executive	SCFT	Member	In attendance	In attendance		
Chief Executive	SHSC	Member	In attendance	In attendance		
Chief Executive	PCS	Member	In attendance	In attendance		
Chief Executive	VAS	Member	In attendance	In attendance		
Representative	Healthw atch	Member	In attendance	In attendance		
Elected Chair of ASCC*	SCC	In attendance	Member	In attendance		
Elected Chair of CSCC*	SCC	In attendance	Member	In attendance		
Elected Chair of Communities*	SCC	In attendance	Member	In attendance		
Elected Chair of Resources*	SCC	In attendance	Member	In attendance		

Other attendees will be invited as required

Sheffield Transformation Committee: Proposed Arrangements

Sheffield Transformation Committee

Purpose

This is a new forum that replaces some of the functions that were overseen by EDG and EMG.

It will be established to manage the development and delivery of the 5 year Sheffield Place Based Plan and associated delivery programmes, providing oversight and strategic direction to each of the delivery programmes.

NB: For the avoidance of doubt the STB shall not be a committee of any of the Partners or any combination of them.

Role

- Development and delivery of the 5 year Sheffield Place Based Plan
- Monitoring progress on delivery and impact of Place Plan programmes.
- Prioritisation and coordination of the work programmes to deliver the Place Priorities and manage interdependencies between programme area.
- Ensure consistency of approach between programmes of work

It is proposed that the Transformation Committee initial function is to set up the delivery programme and associated groups to drive forwards transformation, the initial timeframe of 12 months is proposed.

Operating Approach

- Will deliver the agreed strategic priorities of the Sheffield Place Partnership Board
- Will ensure interconnectivity between different areas of work
- Will meet on a monthly basis (ideally 2 weeks prior to each Place Partnership Board for reporting purposes)
- Will escalate programme risks and issues from the delivery groups to the Place Partnership Board

Membership;

- Strategy Directors from all Partners,
 Director of Adult Social Care
- Director of Children's Social Care
- Delivery Group leads / chairs
- Clinical and Professional leadership

Chairing:

 Chief Executive or equivalent – to be supported by an ICB Director / Dep Dir

Sheffield Oversight Committee: Proposed Arrangements

Sheffield Oversight Committee

Purpose

To identify and oversee the Sheffield system performance where partners are equally responsible for delivery and achievement.

Embedding the principle being that the achievement of key performance indictors is contributed to by some or all system partners

Role

- Identify the highest risks within the Sheffield health and care system
- Identify the solutions that can be put in place across Sheffield to achieve the performance outcomes as one system.
- Focus on how well we are working as a system rather than specific organisational performance management
- To inform the work of the delivery programmes by identifying risks and issues and sharing these to drive forwards our transformation programme

Operating Approach

Operating Principles:

- Will meet monthly
- Will focus on agreed key performance indicators as well as outcomes – focussing on areas of greatest risk in the system
- Will produce an overarching Sheffield dashboard
- Will include areas such as finance, quality and workforce

Membership;

- Chief Operating Officers / Operational Directors from all Partners,
- Director of Adult Social Care,
- Director of Children's Social Care,
- ICB Chief Finance Officer for Sheffield
- ICB CNO / CMO
- ICB People Lead

Chairing:

 Chief Executive or equivalent – to be supported by an ICB Director / Dep Dir

Delivery Groups: Proposed Arrangements (1/2)

Sheffield Delivery Groups

Purpose

The delivery groups will focus on priorities identified by the Partnership, which will focus on areas where we can add value by working at a system level.

We propose a review of the current delivery groups to align to our joint priorities (further information on following slide)

A Programme Management Framework is proposed to span across all delivery groups to support embedding a consistent programme management approach across the delivery groups

Role

Operating Principles

- Will meet monthly
- Will focus on agreed areas of the Place Plan – focussing on areas of greatest risk in the system
- Reduction of health inequalities and increasing the public, community and staff narrative will be a key deliverable for every aspect of the programme of work
- Programme risks and issues will be escalated from the delivery groups and the delivery group leads will be held to account for the delivery of their group's priority programmes.

Operating Approach

Membership:

 It is proposed that the membership is tailored to the requirements of the workstream

Chairing options:

 By Executive Managerial Lead an/or Clinical Leads

Delivery Groups: Proposed Arrangements (2/2)

Delivery Groups- Proposed Approach

We have set out here a series of delivery groups which will enable us to focus on our priorities. This includes a combination of existing programmes and new programmes to drive our development. For example our Community Development and Inclusion Programme, which will bring together our expertise to drive the agenda on EDI, Anchor Institution and focus on the assets in our communities.

Along with this we propose a joint PMO approach that pulls together our collective skills and expertise

There are other groups that require further discussion as outlined here.

Sheffield Current Delivery Programmes

Urgent and Emergency Care

Children and Young People

Mental Health, Learning Disabilities, Dementia and Autism

Adult Social Care

Primary and Community
Care

End of Life Care

Elective Care

Proposed Delivery Groups

Urgent and Emergency Care Delivery Group

Children and Young People

Delivery Group

Mental Health, Learning Disabilities, Dementia and Autism Delivery Group

Community Development and Inclusion

Primary and Community Care Delivery Group

Planned and Elective Care Delivery Group Areas for Inclusion

Ageing Well Programme

End of Life Care

Pharmacy Transformation

Enabling Groups

Digital

Estates

Finance

Workforce

Communications and Engagement

Quality

Summary and next steps

Summary and next steps

The refreshed framework support us to drive forward our transformational plans across Sheffield, work together as Partners to improve the health and wellbeing, quality of care and drive forward our sustainability locally.

This proposed approach, sets out a series of areas that will require further detail over the coming weeks and months to set out our confirmed arrangements, but provides us with the outline framework to embed our arrangements.

Our next steps include:

- Confirming our partnership framework and associated governance structure to mobilise from 1st December 2022
 - Confirm membership and chairing arrangements
- Setting out details within the Place Partnership Agreement, which demonstrates each Partners commitments to working within the framework and approach
- Agree the Delivery Programmes that will be established
- Agree approach to PMO processes
- OD approach two sessions scheduled for Jan and March to test out our approach and continue our development
- Set out a 12 month development plan to support us to mature and refresh our arrangements, in line with our collective aspirations.

Q2 2023/24 Q1 2023/24 Q3 2022/23 Q4 2022/23 Mobilise Delivery across Programmes and Joint PMO function **Outline Timeline for** Framework embedding our Agree partnership arrangements and 12 month Transformation Committee framework continuing our Confirm **Place Agreement** framework development Review and Further develop our Partnership Board (membership / in attendance) Continued development



















