

How we intend to work as an ACP - summary

- We have all experienced a hugely challenging four months across our health and care system. There will have been many personal tragedies; and for our city and its population, the economy, our public and community-based and voluntary services, the impact of Covid-19 has been very challenging and will remain so for a long time
- We *have* seen a quite different way of working across our system over the last couple of months and ‘*command and control*’ has felt very rapid and – somewhat counterintuitively – quite empowering and devolved. Smaller groups of people have had to get on and implement changes very quickly.
- Looking to the future, and beyond ‘command and control’ we are considering how we might stand back up elements of our work as an ACP. We intend to continue an approach of flexibility and adaptability. Over the next 6-12 months or so, our approach will have the following five aspects:
 - **We want to continue and expand an approach of ‘devolved problem solving’.** The right people, from across our Sheffield communities and ACP workforce, coming together and being empowered to solve particular and specific challenges or problems. *Who* should be involved and leading particular areas of work will vary hugely according to the questions at hand – we won’t be prescriptive; and rather than focussing on particular remits and comprehensive coverage *per se*, we will focus on the skills and knowledge of people for particular problems.
 - We are **not expecting to reinstate regular formal meetings for all of the various workstreams of the ACP.** Some delivery boards will re-establish; others won’t – and those that do will likely look very different. We absolutely don’t want to lose the engagement of those people who were involved in and supported these delivery boards; or the work and content that was being done. Rather, **we want to take those agendas forward in a different way.** We will work with people involved in previous meetings for the ACP and how they can continue to be involved in the approach that we envisage and in shaping and improving our health and care system. **We hope that this way of working can be a much more effective use of people’s time.**
 - **We will reinstate a regular Executive-level meeting for our ACP, which will effectively connect senior leadership across our partnership.**
 - This way of working will require us to **think quite differently and creatively about how we communicate and coordinate this across our partnership.** Fewer opportunities for the regular update, and stocktake meetings means that we will need to think how we do this differently. There are also some specific communications activities that we want to undertake across our partnership – for people in Sheffield, and for staff in our organisations.
 - Finally, we want to **bring together – and to continue to develop – a broad understanding about the impact of Covid-19 on our system.** This will need to be a broad and collaborative effort.

This is a proposal which we intend to start to introduce and enact, **and** continue to evolve over time, as we get a better understanding of our system, relationships and the shape that we are in. We understand that many of you will want to see detail of the problems we are addressing, how these relate to the previous ACP workstreams and updates on specific pieces of work; we are aiming to clarify all of this as soon as we can, although need to ensure that we take the time to do this properly and with the right amount of staff and public engagement. The ACP core team (contactable at acp.sheffield@nhs.net, or any member of the team individually) would welcome any questions related to this, and any thoughts about the approach set out in this note.