



MINUTES [UNRATIFIED] [PUBLIC MEETING]

TITLE OF MEETING:	SHEFFIELD PLACE HEALTH AND CARE PARTNERSHIP BOARD
DATE:	TUESDAY 15 AUGUST 2023
TIME:	09:30-12:10
VENUE:	UNDERGRADUATE COMMON ROOM, MEDICAL EDUCATION CENTRE, NORTHERN GENERAL HOSPITAL
CHAIR:	EMMA LATIMER, EXECUTIVE PLACE DIRECTOR FOR SHEFFIELD

ATTENDEES:	<p>Emma Latimer (EL), Executive Place Director for Sheffield, SYICB [CHAIR]</p> <p>Cllr Angela Argenzio (AA), Elected Chair of Health and Wellbeing Board, Sheffield City Council</p> <p>Ruth Brown (RB), Chief Executive, Sheffield Children's NHS FT</p> <p>Alexis Chappell (AC), Director of Adult Health & Social Care, Sheffield City Council</p> <p>Philip Gregory (PG), Director of Finance and Commercial Services, Sheffield City Council</p> <p>Dr Andrew Hilton (AH), Chief Executive, Primary Care Sheffield</p> <p>Dr Zak McMurray (ZMc), Medical Director for Sheffield Place, SYICB</p> <p>Kirsten Major (KM), Chief Executive, Sheffield Teaching Hospitals FT</p> <p>Jackie Mills (JM), Chief Finance Officer Sheffield Place, SYICB</p> <p>Judy Robinson (JR), Healthwatch Representative</p> <p>Helen Sims (HS), Chief Executive Voluntary Action Sheffield</p> <p>Moira Wilson (MW), Non-Executive Director, SYICB</p> <p>Salma Yasmeen (SY), Chief Executive, Sheffield Health and Social Care Trust FT</p>
In Attendance:	<p>Ian Atkinson (IA), Interim Deputy Executive Place Director for Sheffield, SYICB</p> <p>Sandie Buchan (SB), Director of Strategy for Sheffield, SYICB</p> <p>Kathryn Robertshaw (KR), Interim Director Health & Care Partnership (HCP)</p> <p>Hawa Yatera (HY), Buddying Programme Attendee</p> <p>Josie Soutar (JS), Buddying Programme Attendee</p> <p>Kate Gleave (KG), Deputy Director, SYICB</p> <p>Dr Jason Page (JP), Clinical Director of Targeted Lung Health Checks (LHC) for Doncaster</p> <p>Lucy Ettridge (LE), Deputy Director of Community Development & Inclusion</p> <p>Helen Steers (HS), Director of Strategic Partnerships, Voluntary Action Sheffield (VAS)</p> <p>Alison Garrett (AG), Senior Business Manager, SYICB/SCC [Minutes of Meeting]</p>



ITEM NO.	AGENDA ITEM	ACTION
INTRODUCTION – ALL ATTENDEES		
45/23	Apologies Received and Quoracy <ul style="list-style-type: none"> ➤ Kate Josephs ➤ Alun Windle ➤ Greg Fell ➤ Meredith Dixon-Teasdale 	
46/23	Declarations of Interest No declarations of interest were declared to the meeting.	
47/23	Questions from the Public	
48/23	<ul style="list-style-type: none"> ➤ Minutes of the last meeting dated 13 June 2023 – the minutes of the last meeting were ratified by the Board. ➤ Summary report from last meeting – the summary report was noted. ➤ Action Log – the action log was updated during the meeting. 	
PART 1 – PARTNERSHIP SECTION		
ATTENDEES:		
Emma Latimer (EL), Executive Place Director for Sheffield, SYICB [CHAIR] Cllr Angela Argenzio (AA), Elected Chair of Health and Wellbeing Board, Sheffield City Council Ruth Brown (RB), Chief Executive, Sheffield Children’s NHS FT Alexis Chappell (AC), Director of Adult Health & Social Care, Sheffield City Council Philip Gregory (PG), Director of Finance and Commercial Services, Sheffield City Council Dr Andrew Hilton (AH), Chief Executive, Primary Care Sheffield Dr Zak McMurray (ZMc), Medical Director for Sheffield Place, SYICB Kirsten Major (KM), Chief Executive, Sheffield Teaching Hospitals FT Jackie Mills (JM), Chief Finance Officer Sheffield Place, SYICB Judy Robinson (JR), Healthwatch Representative Helen Sims (HS), Chief Executive Voluntary Action Sheffield Moira Wilson (MW), Non-Executive Director, SYICB Salma Yasmeen (SY), Chief Executive, Sheffield Health and Social Care Trust FT		Chair Member Member Participant Member Member Member Member Member Member Member Member
IN ATTENDANCE:		
Ian Atkinson (IA), Interim Deputy Executive Place Director for Sheffield, SYICB Sandie Buchan (SB), Director of Strategy for Sheffield, SYICB Kathryn Robertshaw (KR), Interim Director Health & Care Partnership (HCP) Kate Gleave, Deputy Director, SYICB		



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<p>Dr Jason Page (JP), Clinical Director of Targeted Lung Health Checks for Doncaster Lucy Ettridge (LE), Deputy Director of Community Development & Inclusion Helen Steers (HS) Director of Strategic Partnerships (VAS) Hawa Yatera (HY), Buddying Programme Attendee Josie Soutar (JS), Buddying Programme Attendee Alison Garrett (AG), Senior Business Manager, SYICB/SCC [Minutes of Meeting]</p>		
49/23	<p>Mental Health Crisis Transformation Programme – for discussion, consideration and approval</p> <p>Mr Atkinson referred the Board to Paper B Appendix 2 which outlines the history of the transformation programme and positive work has taken place across the city to improve the pathways of care.</p> <p>It has been agreed that the mental health crisis priority will sit with the Urgent and Emergency Care (UEC) Delivery Group. There will be an initial focus on pathways of care for people presenting at A&E (children and adults). However, it is recognised that there is also a lot of work needed (and underway) in primary care and communities to prevent mental health crisis presentations.</p> <p>The Board are requested to note and consider the attached proposed outline programme plan; ensure that leadership, from each of the system partners is identified to ensure that the Crisis Transformation Programme can progress, and the objectives refined to develop a delivery plan. Partners are also asked to identify programme management capacity from across system partners to support the work.</p> <p>Dr McMurray outlined that approximately ¾ quarters of patients who present to GP surgeries have significant mental health issues, therefore, need to cover all areas (not just crisis presentations). Mr Atkinson responded that this programme will provide an opportunity to prevent people reaching crisis alongside the work focussing on acute crisis presentations.</p> <p>Ms Yasmeen welcomed the report and noted that cannot divorce mental health services from the whole system and need to consider voluntary and community sectors (VCS) for early intervention so that people can utilise their services with consideration on how that can be commissioned in a sustainable way.</p> <p>Ms Brown referred to the phrase – “hard to reach groups and unearthing isolated people” – as one they were not comfortable with the language. It could appear we are waiting for the more vulnerable to be in crisis. Ms Brown noted that the scope currently feels very broad in its description, therefore, the project brief needs to be more specific, ie; understanding the outcomes for young people who are in crisis who then proceed into some form of service. We need to understand what the outcomes and what interventions they received helped. The scope also refers to mental health beds and the provider</p>	



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	<p>collaborative, therefore, the signet bed needs to be included and also the work we link into within South Yorkshire.</p> <p>Ms Souter referred to the Equality Impact Assessment (EIA), which has not yet been undertaken, and would form a key part early on in the process to gain useful learning.</p> <p>Ms Major referred to current long waits in A&E. People can be waiting well over 12 hours in A&E and poses huge clinical risk and the service is not designed to manage someone who is in severe mental health crisis. Welcome this work but want to know what the difference it is going to make going into the difficult winter period for people who just present with a mental health condition. Mr Atkinson responded that it is a challenging dialogue, hence why it is the UEC group. Mr Atkinson noted that by linking into the mental health discharge priority work additional capacity could be released as there can be 18-20 patients at any one time in the mental health system that are medically fit for discharge, and this is our opportunity, as partners, to do something different.</p> <p>Ms Yasmeen commented that the situation is unacceptable and people need to be in the right place, at the right time, with the right support. Since recently commencing in post have identified that are people who have been in hospital for some months who require a system response, but some solutions are not available to be able to discharge them. Statutory services are committed to doing everything they can to improve outcomes for people in conjunction with front-end services.</p> <p>Cllr Argenzio commented that she can understand the need to address the acute issues due to the high numbers, but this can only work if it is tackled, and investment made, at the bottom (front-end services) to stop people presenting at A&E. Additionally, agree that need to move away from the language of “hard to reach” when describing inequalities. Ms Latimer confirmed that not ceasing investment into early intervention and that the language in the reports needs amending.</p> <p>Ms Robinson referred to organisations who are very much in the system but independent of statutory services and experts at engagement. These organisations need stronger presence within the scope of the work, eg; talking to people and patients’ need to be bolder and integrating the voluntary care sector (VCS) into pathways so that it stands on its own. Additionally, the thinking behind the language requires more nuance.</p>	



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	<p>Ms Yatera referred to and the importance of communication and that the language and information provided to patients and families often needs to be reframed to enable everyone to understand what is on offer. There is an issue of culture in mental health and the pathways need to include that so that everyone feels their voices are being heard.</p> <p>Ms Chappell commented that this is the first time that have seen a clear programme with focus, which is hopeful, and people need to be at the core of this. Ms Chappell noted the importance of ensuring accommodation needs of people were considered as part of this work as lack of accommodation is often the cause of long waits and delays in discharges (eg; lack of supported living). Ms Chappell will be chairing a Housing Accommodation Group to look at the issues, collaboratively, this programme starts connecting key areas of work that have been disjointed. Mr Atkinson confirmed that the Mental Health and LD Delivery Group have signed-up to priorities to help support people in their own settings.</p> <p>Ms Yasmeen agreed it is not right that people live in the wrong environment, but it is not a quick solution, therefore, need to carry out both pieces of work at the same time.</p> <p>Dr McMurray noted that this requires partnership discussions around resources and moving some that around as many patients need a minimal level of support, eg; IAPT, to help stop the spiral. Ms Latimer confirmed that we do spend more in Sheffield on mental health than many areas of the country, but that is still not enough.</p> <p>Ms Yasmeen commented that we need to ensure that measuring the impact for people on the programmes of work around primary and community transformation as they develop.</p> <p>Ms Major enquired what she can tell A&E what will be different for them this winter and what is being committed. EL responded that need to sign-off the more detailed plan which will include the key outcome metrics for the programme, before we can confirm what that will look like.</p> <p>Mr Atkinson is optimistic with regard to the discharge work and if there are any short-term opportunities it will be in that space but looking at the other side of Christmas for many of longer-term impacts to be seen.</p> <p>ACTION: Refine the 12-month delivery plan and draw out specific measurable outcomes. Key stakeholders to have sight of this more detailed plan prior to October Board to enable comments and amendments for a final version to come to Board for ratification in October Need to ensure senior</p>	<p style="text-align: center;">IA</p>



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	<p>partners are involved throughout its development and informed of any gaps/risks.</p>	
50/23	<p>Neurodiversity – for discussion and approval</p> <p>Ms Buchan outlined that this is one of the Sheffield ‘place’ priorities and is aligned to the All-Age Autism Strategy priorities, previously presented to Board.</p> <p>Ms Gleave reported that historically partners haven’t come together collectively, and the brief describes, at a high level, what the partnership plan is address waiting times in Autism and ADHD across the age ranges. The aim is to design an approach in Sheffield to:</p> <ul style="list-style-type: none"> • support and meet the needs of neurodivergent children, young people, adults and their families, first time in a more holistic way, • move away from a medical centric service (where appropriate) to one which supports and empowers people in their communities; • alleviate pressure on the current specialist model of care for Autism and ADHD; • improve current routes for assessment and follow up. <p>Ms Buchan outlined that the proposal is that the work be overseen by the All-Age Autism Delivery Group, with close connections to both the Children and Young People’s Delivery group and the Mental Health, Learning Disabilities, Dementia and Autism Delivery Groups.</p> <p>Ms Chappell reported that the All-Age Autism Delivery Group is made up of colleagues from across the city and includes service users for a joined-up approach. One of the key discussions is around how to become an autism friendly employer and, for example, there has been a lot of good work in STH, and areas collectively come together to provide a positive message.</p> <p>Ms Brown noted that there is a real commitment to do something different. Prior to Covid the referrals in Children’s were around 129 per month and that is now over 340, with no signs of slowing. Have opened a single point of access (SPA) in Sheffield to allow GP’s to manage the pathways but that exposed hidden waits. Although waiting times in Sheffield are long, worth noting that waiting lists in neighbouring areas and nationally are much worse. The service is in crisis so the more we can do to become an autism friendly city the better, but it is not achievable to meet the waiting list target by March 2024. Need to be clear on the scope – with a short, medium and long-</p>	



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	<p>term plan, details on resources and who can diagnose. The transition point is also currently for 16–17-year-olds but require “age appropriateness” for young people. Ms Latimer respond that we must make this a priority and identify how we can resource it.</p> <p>Dr Hilton commented that, from a GP perspective, there has been an increase in mental health issues in both adults and children. A multi-faceted way of solving the issues is correct and support that to help educate and support the workforce. Exploring de-medicalisation is key to extrapolate into other areas as we are now medicalising things that 20 years ago we weren't. Working with schools to help with diagnosis is important and, as a GP, do not feel connected to them and more work required in that area. There are a lot of private diagnoses currently taking place and when people go through to statutory services, they are subsequently undiagnosed. Need to address the specific needs of a person with self-help resources and peer resources to take the pressure off statutory services.</p> <p>Ms Major outlined that the recruitment of a neurodiverse workforce has been very successful at STH. There is a requirement to do things differently due to the current huge waiting lists so that people can manage their needs as a diagnosis doesn't change that.</p> <p>Dr McMurray noted that diagnosis is not difficult and need to look at different resources to carry that out. Also need to have a public discussion about what is “normal”, a recent study in the United States identified that 50% of its population have some kind of neurodiversity. If we unlock resources for everyone, identify the level of severity and need it will be a great start and, additionally, agree that have to look at de-medicalising.</p> <p>Ms Chappell agreed that require a short, medium and longer-term programme to start to move forward with a different conversation and consider de-medicalisation. A hub is being established, which will be supported by the voluntary sector, to provide people with support and the Children and Adult Social Care Teams will be brought together so there is no division when transitioning into adulthood to provide a more joined up offer. From a young age, people will receive support when required which is key. An event is being planned, via the Autism Partnership Board, in how to be an autism friendly city and will be in touch with colleagues with further details in due course.</p> <p>Ms Latimer noted that while the governance around this programme sits with the Autism Partnership Delivery Group there still needs to be a focus on children and think differently to ensure schools and other partners are involved. How are we going to proceed, identify funding, responsibility and hold ourselves to account? This needs to be a priority.</p>	



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	<p>Ms Mills confirmed that the adult autism budget is just over £1m for private sector referrals and this year it has come in at approximately £1.4m, therefore, there could be efficiency opportunities in the adult space and will miss that potential if we just focus on children.</p> <p>Ms Gleave confirmed that schools are on board but require support which Ms Dixon-Teasdale, Director of Children’s Services, has offered. Providing peer support for families and receiving very good feedback which will be reported into various committees.</p> <p>Sheffield HCP Board approved the framework to address the Neurodiversity waiting times.</p> <p>Action: KG to bring back a detailed plan back to the Board detailing clear actions.</p>	<p>KG</p>
<p>51/23</p>	<p>Community Development Update – for discussion</p> <p>Ms Ettridge and Ms Steers presented an update on the development of the community development and neighbourhood model. Ms Steers reported that there is a lot of excellent activity taking place and growing the community connection to prevent people turning up at the front door of statutory services or entering crisis services. To see benefits though will require a stable set of organisations within the voluntary and community sector to achieve success.</p> <p>Ms Ettridge outlined that have set up a Community and Inclusion Delivery Group which involves Sheffield City Council (SCC), partner organisations and the VCS sector. Currently working with Kate Josephs, Chief Executive (SCC) and Greg Fell, Director of Public Health (SCC) to agree match funding of the work.</p> <p>Ms Brown noted that she is supportive of the locality focus and do we need to commit, as organisations, our offer in that space and look at it in a different lens and would welcome a discussion. Also as a Trustee at VAS there is a requirement to discuss how to make it sustainable as smaller VCS’s are at a crunch point and we need to make them sustainable to maintain continuity.</p> <p>Ms Mills commented that it is interesting work to do something different but there are risks in not having some quantitative data alongside the qualitative data and a baseline of where we are starting from, there is a need to measure success. Ms Ettridge confirmed that will be looking at a full suite of system measures of impact. Ms Steers responded that also looking at the wider impact and what investment means versus the time spent. Small pots of money go into</p>	



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	<p>organisations and if we have a streamlined investment approach it would save huge amounts.</p> <p>Dr McMurray commented that there are quick wins in this landscape for PCNs and the landscape we have is good, ie; carrying out a lot of work around “live well, breath well” and can plug into that. Ms Steers responded that need to check what is already there/know so that we are not duplicating.</p> <p>Ms Robinson noted that having a good range of partners is positive. This development includes huge ambitions and there is a danger communities could be disappointed unless we look at what is doable.</p> <p>Mr Gregory referred to the “Think Local” think tank work which may have some useful learning to tap into in relation to evaluation.</p> <p>Ms Wilson enquired if resource has been identified to support this work? Ms Latimer responded that there is a ring-fenced budget within the ICB, and a plan will be submitted to the October Board to provide further detail.</p> <p>Ms Yasmeen noted that will disappoint communities if progress work around something they don’t see as a priority, and we need to respond to their community needs.</p> <p>Dr Hilton commented that the governance and metrics are important and evidence from elsewhere but if we are truly organic and meaningful to communities, we need to take a step back and be careful around the system approach. Ms Latimer agreed that need to be clear about what we do and the approach we need to take so people know that their money is being spent from what they are telling us. Need to also engage staff who live in those areas who are working for our organisations as they know their areas and can gain a perspective from the community.</p> <p>The HCP Partnership Board agreed that they need to be supportive of the locality focus and that commitment is required from partner organisations to look at things through a different lens and that further discussions need to take place to ensure that VCS organisations are sustainable to maintain continuity.</p>	<p style="text-align: center;">LE</p>
52/23	<p>Sheffield Place Partnership Plan – for information</p> <p>Ms Latimer referred to the circulated Place Partnership Plan.</p> <p>Sheffield HCP Board noted and agreed the Sheffield Place Partnership Plan.</p>	



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53/23	<p>Communication – for update</p> <p>Ms Robertshaw provided the following update:</p> <ul style="list-style-type: none"> ➤ held discussions with each of the partner organisations Communication Leads to explore use of existing communication channels to promote the work of the partnership to staff across the organisations and improve consistency of messaging; ➤ Noted that will be reviewing the HCP Update Report and how it is used moving forwards as well as the HCP website; ➤ Acknowledged that further work was needed to design future communication to the public. <p>Ms Latimer noted that need to be clear what we are communicating and how it helps, what is going to be different and what it means for the VCS sector.</p> <p>Mr Robinson to feedback views from Healthwatch to Ms Robertshaw.</p> <p>Sheffield HCP Board noted the update.</p>	<p>JR/KR</p>
54/23	<p>Buddying Mentoring and Peer Update – for discussion</p> <p>Ms Ettridge confirmed that each Board Member has been matched up with a Buddy and two members had been matched with reciprocal mentors (Ms Mills and Dr Hilton) to strengthen the links between the Board and the VCS to bring in their voice to discussions.</p> <p>The expectation is for buddy's to meet at least every 2 months and outline the challenges faced by each organisation to bring in a whole system view into the HCP Board. If anyone would like to be matched with someone different there is the ability to move people around. Ms Robinson is not included as she is already working in the VCS sector and is a volunteer.</p> <p>Ms Robertshaw reported that when the vacant elected member positions are filled on the Board these would also be matched to a buddy. It was hoped this would be resolved in time for the next Board meeting.</p> <p>Ms Latimer requested that principles, ways of working and how we engage with each matched person are provided. Ms Ettridge confirmed that a welcome pack will be provided with some suggested topics for discussion. Will review how it is working in December and will provide feedback following the evaluation.</p> <p>Sheffield HCP Board noted the update and that an update will be provided to the December/February Board (tbc) on the evaluation of the programme.</p>	<p>EL</p>



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55/23	<p>Targeted Lung Health Checks (TLHC) – to note and approve</p> <p>Dr Page outlined that the Targeted Lung Health Checks (TLHC) programme offers the opportunity for early diagnosis to those most at risk of lung cancer in areas with among the highest lung cancer mortality rates in England. The programme is also a flagship contributor to the Long-Term Plan ambition to diagnose 75% of cancers at an early stage by 2028. The Doncaster Targeted Lung Health Check (TLHC) programme commenced in March 2021, following the pause triggered by the COVID-19 pandemic. The programme has since expanded across the Cancer Alliance region and went live in Bassetlaw in August 2022, Rotherham in October 2022 and Barnsley in February 2023. The proposed expansion to Sheffield will support the ambition to provide the TLHC service to 100% of the eligible population across the Cancer Alliance footprint.</p> <p>TLHCs work by inviting those between 55 years and 74 years 364 days who have ever smoked to an appointment where lung cancer risk is assessed. If the individual is at higher risk of lung cancer, the participant is offered a low-dose CT scan. Depending on the outcome of the initial scan, the patient may be invited for a follow up scan at 3 and/or 12 months. All patients who have an initial scan are invited to attend a 24month follow up scan. In Sheffield the estimate of those invited will be around £63,000 and plan to commence in the east of Sheffield and move to the west with a plan to go out to procurement. Have used supermarket car parks, PCN's, etc, to locate the risk assessments centres. The recommendation from the Board is to:</p> <ul style="list-style-type: none"> • approve the mobilisation of the Targeted Lung Health Check Programme in Sheffield; • note the supporting governance process; • note the update on the progress of the programme in South Yorkshire to date; • note the risk around resource implications; commitment to explore the opportunities to fulfil current gaps in resource and identify an SRO for the programme. <p>Ms Yasmeen enquired if there is any learning and insight for people who have a Severe Mental Illness (SMI) or learning disability (LD) as they are the cohort of people who are more likely to die 20-30 years younger than the national average, additionally those people from a black and ethnic minority community. Do we need to consider shifting the age range for those particular people and push back if that is not allowed under this programme? Dr Page responded that GP lists are quite complex, they can identify if someone has an LD but for an SMI a more complex search can be done. The programme is a nationally mandated service so cannot move the age range and it will become part of national screening in the next few years.</p>	



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	<p>Ms Major commented that she is very supportive but there is a lot of anxiousness from the clinical teams regarding the impact. It would be good if they could meet some of the teams where it has been undertaken. Dr Page responded that a stakeholder meeting is taking place in September and a radiographer and responsible clinician will be present to talk about their experiences. Ms Major suggested that the paper includes non-cancer diagnosis and the positive intervention of smoking cessation when cancer is not found.</p> <p>Dr McMurray noted that this is an excellent opportunity to carry out some good stuff in Sheffield around inequalities and in a unique position to do something different which can inform the national “must be done”. Commence with the most deprived communities and widen the wellness offer to capture that audience as it is difficult to engage in those areas and it will be useful to gain data as early as possible and require flexibility with the “must be done”.</p> <p>Sheffield HCP Board supported and approved Targeted Lung Health Checks programme.</p>	
56/23	<p>Sheffield Transformation and Oversight Committee Update – for information</p> <p>Mr Atkinson reported that the update reflects the activity over the past few months and more information will be provided on performance at the next Board meeting with a deep dive focus on some of the challenges.</p> <p>Sheffield HCP Board noted the update, and that further information will be provided at the October Board meeting.</p>	
COMFORT BREAK		
PART 2 – ICB SHEFFIELD PLACE SUB-COMMITTEE		
ATTENDEES:		
	<p>Emma Latimer (EL), Executive Place Director for Sheffield, SYICB [CHAIR]</p> <p>Cllr Angela Argenzio (AA), Elected Chair of Health and Wellbeing Board, Sheffield City Council</p> <p>Ruth Brown (RB), Chief Executive, Sheffield Children’s NHS FT</p> <p>Alexis Chappell (AC), Director of Adult Health & Social Care, Sheffield City Council</p> <p>Philip Gregory (PG), Director of Finance and Commercial Services, Sheffield City Council</p> <p>Dr Andrew Hilton (AH), Chief Executive, Primary Care Sheffield</p> <p>Dr Zak McMurray (ZMc), Medical Director for Sheffield Place, SYICB</p> <p>Kirsten Major (KM), Chief Executive, Sheffield Teaching Hospitals FT</p> <p>Jackie Mills (JM), Chief Finance Officer Sheffield Place, SYICB</p>	<p>Chair</p> <p>Participant</p> <p>Participant</p> <p>Participant</p> <p>Participant</p> <p>Participant</p> <p>Member</p> <p>Participant</p> <p>Member</p>



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	IN ATTENDANCE:	
	Ian Atkinson (IA), Interim Deputy Executive Place Director for Sheffield, SYICB Sandie Buchan (SB), Director of Strategy for Sheffield, SYICB Kathryn Robertshaw (KR), Interim Director Health & Care Partnership (HCP) Hawa Yatera (HY), Buddying Programme Attendee Josie Soutar (JS), Buddying Programme Attendee Alison Garrett (AG), Senior Business Manager, SYICB/SCC [Minutes of Meeting]	
57/23	<p>Sheffield Place Finance Report Month 3 and Benchmarking Data – for noting and consideration</p> <p>Ms Mills outlined that the report is for noting and consideration. Due to organisations having limited information at the early part of the financial year, most organisation are reporting breakeven positions to their plans submitted in June. NHS organisations in the partnership have a year-to-date deficit of £6.2m and forecast year end deficit of £26.3m. The forecast position matches the planned deficits of organisations. South Yorkshire ICS continues to forecast an overall financial balance.</p> <p>Sheffield place’s reported position is in line with the planned deficit of £14.4m submitted as part of the ICS planning process. Part B highlights a number of risks that may affect achievement of the panned deficit and further reductions to move towards a breakeven position within the ICB.</p> <p>Risks to note are the delivery of the challenging efficiency targets, pay pressures, impact of the industrial action, on-cost cover as well as impact on elective capacity. The level of transformation required is significant which will not be delivered in this financial year, and we need to consider which programmes are going to deliver to drive out efficiencies and will make a change. Have not included benchmarking data, which was presented to the Development Session in May, and have established an Efficiencies Group that includes personnel from SCC, SHSC and SYICB in how we can drive out efficiency so that we are not sitting in silos and doing things separately. As the Group progresses will bring in other partners and will report back on progress to the October Board meeting.</p> <p>ACTION: Ms Latimer commented that the work which took place at the Development Session put in perspective where efficiencies couldbe found and where to invest in other services and need to bring thoseback to the table and would welcome a discussion at the nextDevelopment Session in September.</p>	<p style="text-align: right;">JM</p>



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	<p>ACTION – Ms Mills to lead a session on efficiency savings at September Board Development Session</p> <p>Ms Major enquired if the SY ICB ‘place’ deficit includes the running cost efficiency? Ms Mills responded that it doesn’t and there is still £109m to find. There is a real challenge as to what is required in-year and in the longer-term for a sustained financial position but that is not clear nationally due to the pressures seen across the country.</p> <p>Ms Robinson commented that this links to the Communication paper and that services will change, therefore, need to engage with citizens who pay for services sooner rather than later, as once people are aware and say “don’t close our service” the discussion narrows.</p> <p>Dr McMurray suggested that this requires a public conversation at Health and Wellbeing Board around the difficult decisions that will need to be made so that the public can provide input into the journey to help make changes.</p> <p>Ms Chappell noted that you can improve outcomes for people with reduced costs, without impacting on performance. The situation is improving which has been due to discussions with the public, elected members, supported by practitioners, social workers, VCS, etc, as they are dealing with issues every day and with open conversations people come up with solutions themselves.</p> <p>ACTION: Ms Latimer to agenda joint financial efficiencies for the 22 September 2023 Development Session and requested that it is also raised at the Health and Wellbeing Board in September.</p> <p>Sheffield HCP Partnership Board noted the update.</p>	<p style="text-align: center;">EL</p>
PART 3 – SECTION 75		
ATTENDEES:		
	<p>Emma Latimer (EL), Executive Place Director for Sheffield, SYICB [CHAIR]</p> <p>Cllr Angela Argenzio (AA), Elected Chair of Health and Wellbeing Board, Sheffield City Council</p> <p>Ruth Brown (RB), Chief Executive, Sheffield Children’s NHS FT</p> <p>Alexis Chappell (AC), Director of Adult Health & Social Care, Sheffield City Council</p> <p>Philip Gregory (PG), Director of Finance and Commercial Services, Sheffield City Council</p> <p>Dr Andrew Hilton (AH), Chief Executive, Primary Care Sheffield</p> <p>Dr Zak McMurray (ZMc), Medical Director for Sheffield Place, SYICB</p> <p>Kirsten Major (KM), Chief Executive, Sheffield Teaching Hospitals FT</p> <p>Jackie Mills (JM), Chief Finance Officer Sheffield Place, SYICB</p> <p>Judy Robinson (JR), Healthwatch Representative</p> <p>Helen Sims (HS), Chief Executive Voluntary Action Sheffield</p>	<p>Chair</p> <p>Member</p> <p>Participant Member</p> <p>Member</p> <p>Participant Member</p> <p>Participant Member</p> <p>Participant Member</p> <p>Participant</p>



ITEM NO.	AGENDA ITEM	ACTION
	Moira Wilson (MW), Non-Executive Director, SYICB Salma Yasmeen (SY), Chief Executive, Sheffield Health and Social Care Trust FT	Participant Participant
IN ATTENDANCE		
Ian Atkinson (IA), Interim Deputy Executive Place Director for Sheffield, SYICB Sandie Buchan (SB), Director of Strategy for Sheffield, SYICB Kathryn Robertshaw (KR), Interim Director Health & Care Partnership (HCP) Hawa Yatera (HY), Buddying Programme Attendee Josie Soutar (JS), Buddying Programme Attendee Alison Garrett (AG), Senior Business Manager, SYICB/SCC [Minutes of Meeting]		
58/23	Better Care Fund Plan (Final) – for information Ms Buchan reported that the BCF Plan is overseen by the Health and Wellbeing Board and has been signed-off by the Chair. Partners have added to the plan, and it is aligned to the discharge fund. The plan has been submitted to NHS England and sign-off completed. Sheffield HCP Board noted the Better Care Fund Plan submission.	
PART 4 – ITEMS OF ANY OTHER BUSINESS		
59/23	Items for Escalation to the SY ICB Board No escalations were identified to submit to the SY ICB Board.	
60/23	Vice-Chair of Sheffield HCP Board – for decision Dr Hilton confirmed he would take up the position of Vice-Chair and chair the Board in Ms Latimer’s absence. Sheffield HCP Board approved the decision of Vice-Chair.	
61/23	Items of Any Other Business and Forward Plan No items of any other business were raised.	
Date and Time of Next Meeting Monday 9 October 2023 from 12:30-15:30 – Boardroom, Sheffield Children’s Hospital, Western Bank, Sheffield, S10 2TH		

Papers circulated for information only:

Paper 1 – HCP Directors Report