



MINUTES [UNRATIFIED] [PUBLIC MEETING]

TITLE OF MEETING:	SHEFFIELD PLACE HEALTH AND CARE PARTNERSHIP BOARD
DATE:	11 DECEMBER 2023
TIME:	14:00-17:00
VENUE:	CONFERENCE SUITE, THE CIRLE, 33 ROCKINGHAM LANE, SHEFFIELD, S1 4FW
CHAIR:	EMMA LATIMER, EXECUTIVE PLACE DIRECTOR FOR SHEFFIELD

PRESENT:

Emma Latimer, Executive Place Director for Sheffield, SYICB
 Dr Andrew Hilton (AH), Chief Executive, Primary Care Sheffield
 Cllr Angela Argenzio (AA), Elected Chair of Health and Wellbeing Board, Sheffield City Council (SCC)
 Ruth Brown (RB), Chief Executive, Sheffield Children’s NHS FT
 Alexis Chappell (AC), Director of Adult Health & Social Care, Sheffield City Council
 Meredith Dixon-Teasdale (MD-T), Director of Children and Young People, Sheffield City Council
 Kate Josephs, (KJ) Chief Executive, Sheffield City Council
 Kirsten Major (KM), Chief Executive, Sheffield Teaching Hospitals NHS 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

IN ATTENDANCE:

Kieran Baker (KB), Chief Digital and Information Officer, SYICB
 Andrew Clayton (AC), Head of Digital, SYICB
 Louisa King (LK), Head of Commissioning MHLDDA, SYICB
 Kate Gleave (KG), Deputy Director of Children and Young People and Urgent Care, SYICB
 Chris Gibbons (CG), Public Health Principal, SCC
 Dr Anthony Gore (AGo), Clinical Director, SYICB
 Kathryn Robertshaw (KR), Deputy Director, Sheffield Health & Care Partnership (HCP)
 Josie Soutar (JS), Buddying Programme Attendee
 Hawa Yatera (HY), Buddying Programme Attendee
 Alison Garrett (AGa), Senior Business Manager, SYICB/SCC [Minutes of Meeting]
 Ellen Foley (EF), Business Manager, Sheffield HCP [Support]



ITEM NO.	AGENDA ITEM	ACTION
INTRODUCTION – ALL ATTENDEES		
76/23	<p>Apologies Received and Quoracy</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> ➤ Philip Gregory ➤ Zak McMurray ➤ Ian Atkinson ➤ Alun Windle <p>The meeting was declared quorate. 2 observers attended the meeting.</p>	
77/23	<p>Declarations of Interest</p> <p>No declarations were made to the meeting.</p>	
78/23	<p>Questions from the Public</p> <p>No questions from the public were received.</p>	
79/23	<ul style="list-style-type: none"> ➤ Minutes of the last meeting dated 9 October 2023 – the minutes were ratified as a true record. ➤ Summary report from last meeting – the summary report was agreed as a true record. ➤ Action Log – the action log was updated during the meeting. 	
PART 1 – PARTNERSHIP SECTION		
ATTENDEES:		
<p>Emma Latimer, Executive Place Director for Sheffield Dr Andrew Hilton (AH), Chief Executive, Primary Care Sheffield 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 Meredith Dixon-Teasdale (MD-T), Director of Children and Young People, Sheffield City Council Kate Josephs, (KJ) Chief Executive, SCC Kirsten Major (KM), Chief Executive, Sheffield Teaching Hospitals NHS 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</p>		<p>Chair Member Member Member Participant Participant Member Member Member Member Member Member</p>



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IN ATTENDANCE:		
<p>Kate Gleave (KG), Deputy Director of Children and Young People and Urgent Care, SYICB Chris Gibbons (CG), Public Health Principal, SCC Dr Anthony Gore (AGo), Clinical Director, SYICB Kathryn Robertshaw (KR), Deputy Director Sheffield Health & Care Partnership (HCP) Josie Soutar (JS), Buddying Programme Attendee Hawa Yatera (HY), Buddying Programme Attendee Alison Garrett (AGa), Senior Business Manager, SYICB/SCC [Minutes of Meeting]</p>		
80/23	<p>Neurodiversity Priority Update</p> <p>Ms Gleave and Mr Gibbons presented the slides and outlined the key issues:</p> <ul style="list-style-type: none"> • no additional funding, therefore, trying to find other ways of delivering services; • working at 30% more activity than pre-pandemic; • Task and Finish Group established, given the worsening waiting times, to prioritise 3 specific actions over the next 3 months; • simple flyer to be circulated within communities to signpost access information and support; • by April 2024 there will be a more coordinated support offer. <p>All funding so far has been non-recurrent which will cease in 2024 and currently developing business cases and would like to bring those back to the Sheffield HCP Board in early 2024. The project brief presented to the August 2023 Board is very time limited so hoping to achieve and see some key milestones and benefits within the next couple of years.</p> <p>Ms Latimer suggested that initially we need to outline the terms of what is required and how the solutions are framed in the short, medium and long-term.</p> <p>Ms Brown referred to the issues and how it causes family breakdowns and as we report nationally, as part of a number of metrics, we may want to use some of those to shine a light on the challenge. Do we need to be more creative and have a different model in Sheffield? There is a single point of access (SPA) at Sheffield Children’s Hospital (SCH) but didn’t have any additional investment or any clinical time for triage, so the system is currently broken. Alongside that there is an ADHD medicine issue and some areas have stopped taking referrals, which Sheffield hasn’t done yet, and we need to go back with a message to families, carers and medical teams that we are committed to doing something different. Lastly how can we measure impact, what is the referral criteria, etc?</p> <p>Ms Major enquired what the conversion rate is from a first appointment? There are a lot of tragic stories of families in distress but there are some on</p>	



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	<p>the waiting list who are not at a crisis point who are not identified, therefore, need to offer some ideas what we could do differently as the model is not fit for purpose. Additionally, what is the geographic distribution of children on the list and have we stopped referrals outside of Sheffield?</p> <p>Mr Gibbons responded that the conversion rates are quite high (above 90%) from first appointment but will not know, until start seeing post pandemic children, what the status of the neurodiversity is, as currently do not prioritise, ie; red, amber or green. Geographically looking at the distribution in more detail but unfortunately do not know if we have stopped referrals outside of Sheffield.</p> <p>Ms Dixon-Teasdale outlined that at the next presentation we should be answering some of those queries. We have to share the risk and resource and provide a good first start in life to ensure that children have good communication skills. We need to ensure the right neurodiversity support is provided in schools so that children remain in mainstream school and are not being moved into special schools. There is a risk around the health and wellbeing of children with complex needs and if they are placed correctly, therefore, need to share resource and risk and focus on individual children rather than on the diagnosis.</p> <p>Ms Chappell noted that need to also replicate the process for adults coming through the system, which is part of the All-Age Autism Strategy. How do we change the approach we are taking and there was a paper submitted earlier this year on how we can start to tackle that with a different model and approach. This is the next step in that process so we can come together as a team to provide early intervention and prevention, which is key, as family/carers have struggled with all the different models in place.</p> <p>Dr Hilton commented that this is a huge issue in primary care and supports the idea of links into a pathway and de-medicalisation. We can do something differently and binary or no diagnosis is not that clear, therefore, identifying needs across the support system would be helpful. Are those with the most needs moved up the waiting list? Mr Gibbons responded that the waiting list hasn't been prioritised, only those through complaints/issues have been moved up. It is a very difficult issue to address due to the several thousand children on the list. Dr Hilton outlined that one of the issues is that people access private assessments and are prescribed medicines but there is insufficient medication to meet the need so we could think differently to provide support.</p> <p>Mr Fell enquired what changed post-pandemic to increase the waiting list 3-fold? Could the management of the waiting list ensure that some people are seen more quickly? Mr Gibbons responded that all areas of children's services have increased and open to options to review the waiting lists but the capacity within the team is an issue as they are only meant to deal with around 25% of the current numbers.</p>	



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	<p>Cllr Argenzio commented that people get scared of change and need to give consideration of how expectations are managed.</p> <p>Ms Mills noted that there are 2 different pathways, autism and ADHD, and there may be different solutions for different parts of the pathways. Will need to model the potential impact with more work around the modelling and consequences.</p> <p>Ms Yatera commented that it all links to communities and the struggle with empowering families, alongside a strategy to provide support.</p> <p>Ms Latimer agreed it is a huge issue and more solutions are required alongside creativity. West Yorkshire held a summit to think differently, and we could hold one in Sheffield or South Yorkshire to look at a 10-year strategy with solutions over the next 6, 12 months and 5 years. This work is a brilliant start, but we also need to consider the “what next”?</p> <p>Ms Robinson noted that communication is a key issue with only some people accessing support and we need to start talking to citizens, schools, etc, in a rationale way. Ms Yasmeen commented that it is key, and makes sense, to have schools, the VCS and partners in the room in Sheffield and ensure we are not duplicating work. Ms Brown outlined that need to start to think more broadly and be honest with our citizens. Ms Dixon-Teasdale enquired how we focus on neurodiversity and that it is a key priority that we start discussions within the community and schools.</p> <p>Ms Gleave confirmed that the second piece of work is to design the support offer and currently working with schools and families and the next step is to pull everything into a coordinated response rather than it be in individual parts. Special Educational Needs Coordinators (SENCo’s) will be able to report directly in and all the work is planned with families, schools and the VCS. Sheffield is more advanced in providing support, than other geographical areas, and some good ideas are being carried out and incorporated into the design but there is no further funding, therefore, will come back to the Board with a proposal to obtain it recurrently.</p> <p>Ms Josephs outlined that whatever we do we need to create a space to talk to citizens and service users, ask why parents want a diagnosis and crack the myths and identify who is trusted to purvey that message. The approach between being innovative and trying something new may be easier to attract different sources of funding.</p> <p>Sheffield HCP Board provided thanks for the update and looks forward to receiving a Business Cases in early 2024.</p>	<p>KG/CG</p>
81/23	<p>Children and Young People</p> <p>Dr Gore provided a presentation to look at the broader multi-year plan. Ms Gleave reported that:</p>	



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	<ul style="list-style-type: none"> • over 25% of our population are 0-25 – they are 100% of our future adults; • this generation of babies, children and young people are experiencing the most significant challenges in decades; • life expectancy, healthy life expectancy, inequalities and the variation in these across the city is going to increase which will result in increased demand for adult services. <p>An outline of the 4 goals/aspirations for 3-5 years-time was provided and if they are to be achieved the focus will need to be on transformation, ie; starting well, team around the learning provision focussing on neurodiversity and social, emotional and mental health (SEMH) and finally sharing risk and resource for babies, children and young people with the highest level of medical care and needs.</p> <p>Ms Dixon-Teasdale outlined that if we want to carry out this plan, we will need to share resource and ensure there are good links with CAMHS to provide children with the right outcome.</p> <p>Dr Gore outlined the benefits expected are that the investment in early childhood, child and adolescent health and development, and preconception, pregnancy and childbirth care can yield a 10-to-1 benefit to cost ratio in health, social and economic benefits. It can also reduce rates of mental ill health and non-communicable diseases in later life.</p> <p>The impact would be:</p> <ul style="list-style-type: none"> • less ill health and less need for care; • long term investment in our voluntary sector; • more of our children would have reached their potential whilst at school and will leave better equipped for the workplace, whether that is in a paid or voluntary capacity; • our parents and grandparents of the future would be better able to support their families because we as a system will be supporting them and their children more effectively; • we will be making more effective use of the money we do have to spend within Sheffield. <p>Ms Dixon-Teasdale summarised that cultural change would involve everyone, organisations, colleagues and families, and would mean working from a relational approach rather than a pathways, interventions or service approach. We need to be brave, this is more than one part of the system, and provide funding into the needs of children.</p> <p>Ms Latimer thanked everyone for all their hard work and enquired; 1) neurodiversity – are we all clear on the “what next” - the solutions, what is possible and what impact it will have on assessments, ie; support to schools, geographical areas. Ms Dixon-Teasdale responded that it would require integrated resource with schools ensuring they have an awareness of neurodiversity.</p>	



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	<p>Ms Latimer enquired what happens after today and how do we start to rebalance? Ms Gleave responded that within the next 4-6 weeks the support offer will be completed and published on the website with a flyer produced and circulated into the community. A pre-workshop and workshop will be held to ascertain what the support hub will look like and when the design outline is produced will be able to draft a model and what investment will be required including next steps for external capacity. Mr Gibbons confirmed that internal work is taking place to look at the autism assessment process to ensure it is clearer, including prioritisation if that is an ask, but would need to look at what capacity is required to carry that out. Ms Mills requested that a range of options are reviewed and to come back to the Board with modelling of the “so what”.</p> <p>Mr Fell agreed with the 3 priorities but haven’t discussed housing or poverty and suggested that link with Bethan Plant in the Public Health Team. Key learning from the Sure Start programme, led by the VCS, was that people “owned” them which made them much more successful and need to learn from that. Return from investment doesn’t solve the funding issue and Central Government see money going into acute healthcare for very poorly people.</p> <p>Ms Major outlined that this is the current “wicked” issue, and we can work with primary care around the referral criteria. Mr Gibbons confirmed that there is an internal piece of work on-going and will provide further clarity around that moving forward.</p> <p>Sheffield HCP Board provided thanks for the update and that there are some solutions to take forward and requested that further thought is provided around the children’s agenda and bring back to a future meeting.</p> <p>Ms Chappell left the meeting at 14:55, Ms Josephs left the meeting at 15:15 and Ms Dixon-Teasdale left the meeting at 15:42.</p>	<p>KG/AGo</p>
82/23	<p>Sheffield Transformation and Oversight Committee Update</p> <p>Sheffield HCP Board accepted the report as read and no questions were raised.</p>	
83/23	<p>Provider Collaboratives Updates</p> <p>Ms Brown referred to the 3 separate provider collaborative updates circulated and provided the main headlines around the Acute and Children and Young People’s. Ms Yasmeen provided key updates from the Mental Health and Learning Disability Alliance with the same issues as discussed within the neurodiversity and assessments item 80/23, which is an issue across all South Yorkshire.</p>	



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	<p>Ms Major enquired how these updates will be provided moving forward, do we need to enhance the reports or consider what we are reflecting on. Ms Latimer responded that need to be more thoughtful on what we bring and why we are bringing it to ensure we do not duplicate or miss anything. Dr Hilton referred to the dynamics around 'system and place' and there cannot be a 'one size fits all' in South Yorkshire.</p> <p>Ms Latimer requested views on what the Board would like to see moving forward. Ms Yasmeen enquired if they should be submitted periodically and connectivity to 'place' would be helpful. Ms Major commented that the Acute Federation do not receive any updates from 'place'. Ms Brown noted that the challenge is that people within 'place' think collaboratives are carrying out things "over there" and we need to work out how we understand Sheffield's role in the South Yorkshire space. Ms Latimer responded that the partnership needs to add value. Dr Hilton commented that it is completely interdependent whatever we do at 'place' and that it does need filtering down what collaboratives are doing across the system.</p> <p>Ms Robinson enquired where citizens and peoples voice are incorporated into this, or we will lose the connection around local intelligence.</p> <p>Ms Robertshaw outlined that she is not confident the Delivery Groups are making those connections; it is starting slowly but it feels early, and people are currently setting priorities for the next financial year.</p> <p>Ms Steers noted that systems are broken and have stated publicly that we need to demonstrate new ways of working to influence the collaboratives and it is key for 'place' to hold onto that and value it.</p> <p>Sheffield HCP Board agreed that the Chairs of the collaboratives submit something to the 'place' Board if they feel it is appropriate to disseminate.</p>	
84/23	<p>Healthwatch Update</p> <p>Ms Robinson outlined that Healthwatch in within every top tier Local Authority and is a statutory part of the system with VAS as the accountable body. There is an Advisory Group which has health expertise in the background and its primary role is to find out what matters to people and feed that back into the system, particularly from those that are not heard.</p> <p>The main issues to note currently are:</p> <ul style="list-style-type: none"> • not obtaining enough through the Single Point of Access (SPA); • ordering repeat prescriptions; • the use of more digital system; • more to do around equality. 	



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	<p>There is a small grants programme which goes to VCS organisations, for example, 1) CABs which is for taxis drivers with poor health outcomes, and 2) Space to Breath which is around how services can be more easily accessed.</p> <p>Healthwatch doesn't have the capacity to join up the dots and suggest that the Transformation and Oversight Committee is the place that could knit that together and start to address the whole person issues.</p> <p>ACTION: Ms Latimer to take away an action to raise with Mr Atkinson, who Chairs the Transformation and Oversight Committee.</p> <p>Sheffield HCP Board thanked Ms Robinson for the update and all of the work Healthwatch carries out.</p>	<p>EL</p>
<p>85/23</p>	<p>Learning Disability (LD) Strategy</p> <p>Ms Chappell thanked everyone who has been involved in co-designing the strategy. Over the past year have worked with individuals and family members to ensure that it is at the centre of driving change. The strategy has been agreed via the SCC Committee process and the governance will be through the LD Partnership Board. The strategy sets the scene for improving the lives of people with a learning disability in the city through:</p> <ul style="list-style-type: none"> • ensuring the views of people with a learning disability and their families and carers drive change and contribute directly to planning; • raising awareness of learning disabilities in health care settings and other public places; • improving the experience and life chances of people with a learning disability. <p>There will be an annual review and it will be updated and co-produced by individuals/carers/stakeholders around what is important to them and will demonstrate how we are taking that forward together.</p> <p>Ms Brown enquired how it dovetails with children's services and what is the timeline for that. Ms Chappell and Ms Dixon-Teasdale responded that it commenced with adults, as a starting point, and will then link to children's as it moves forward over the next year. Have established a new Transitions Team and will work jointly with adults and children's so that it will become "all age". Ms Brown to share SCH's Children's Strategy refresh with Ms Chappell and Ms Dixon-Teasdale.</p> <p>Ms Mills enquired if there are any things that will provide improved efficiencies. Ms Chappell responded that will provide an update every 6 months, but the key areas are around accommodation and that people are in the right place with a Task and Finish Group to take that forward. Across South Yorkshire an Accommodation Care Group looks at out of area placements to deliver a crucial part of people living as independently as possible.</p>	



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	<p>Mr Fell noted that the acid test is that the system takes into consideration this group of people as it needs to be fit to do the job properly. Ms Chappell responded that the Physical Health Strategy has also been approved by SCC, therefore, can prioritise health needs and confident that will be able to deliver on that. Additionally, there is the Carers Strategy and working with teams to identify physical needs so that people are all working together. Lastly, there is a national working group to raise issues on how we can assure people with LD physical needs can connect with outcomes locally and nationally.</p> <p>Ms Major reported that she met with someone recently who reviews deaths of people with LD, and post pandemic, the world has become small which has led to a social and mental health decline, how can we move into that strategy? Ms Chappell responded that took learning from deaths of people with LD and embedded that into the strategy and worked with Healthwatch and ensured that linked in with people who are non-verbal to help shape the governance so that those who are seldom heard are taken into account, the acid test will be delivery.</p> <p>Ms Wilson enquired how it will we know if it is doing well, where does the governance sit and how are we doing against colleagues in South Yorkshire as it links with more complex cases, LEDER and long-stay assessment treatment units, etc. Ms Chappell responded that there will be 6 monthly updates into SCC’s Committee, as part of the regular Director of Adult Service reports for public transparency, and the outcome statements marry up to those reported locally and nationally. Have taken learning from transforming care and there is a proposal to develop internal services and recommission some of the complex care services so that people have a choice of local providers, which should improve outcomes for individuals.</p> <p>ACTION: Ms Latimer noted that need to improve how we engage people and those that find it hard to access services and will take away an action to raise with Mr Atkinson.</p> <p>Sheffield HCP Board requested that an update is provided in 12 months.</p>	<p>IA</p>
86/23	<p>Adult Wellbeing and Care – Strategy Refresh Delivery Plan and Performance Priorities 2024-2026</p> <p>Ms Chappell reported that the strategy has been developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and workforce across the sector and sets the vision and approach to enable people of Sheffield to live the life they want to live. ‘I statements’ to evidence impact on people have been implemented as an annual measurement as part of the delivery of the strategy. The ‘I statements’ calculate performance measures and quality statements will be used to inform evidence of impact of the strategy</p>	



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	<p>and will be able to evidence on-going improvements in the outcomes and experiences of people who access Adult Care.</p> <p>Progress in delivering the strategy and performance ambitions were noted at Adult and Social Care Committee in September 2023 and a further update will be made to the 13 December meeting. As we move into the next phase of delivery of the strategy for 2024-2026, a refreshed set of priorities have been developed, via listening to Members, the workforce, individuals and carers around the key strategic outcomes. Between December and February 2024, a further engagement exercise will be undertaken to review the priorities and milestones, with a view that final approval will be sought in March 2024. It is aimed that the Strategy Refresh will compliment and support the activities of the HCP as well as the Council Plan and City Goals. Members of the HCP Board will be invited to participate in the engagement to support collaboration and partnership working across shared agendas.</p> <p>The Director of Adult Social Services (DASS) is a statutory role and regular DASS updates are provided to the Adult Policy Committee as assurance towards delivery. There are seven key aspects included in the DASS's remit aligned to statutory guidance's and best practice advice:</p> <ul style="list-style-type: none"> • Vision and Delivery Accountability for assessing local needs and ensuring availability and delivery of a full range of Adult Social Services; • Professional leadership, including workforce planning; • Leading the implementation of standards; • Managing cultural change to promote independence, choice, and control; • Promoting local access and ownership and driving partnership working; • Delivering an integrated whole systems approach to supporting communities; • Promoting social inclusion and wellbeing. <p>The National Adults and Children's Social Care Conference launched the new DASS Handbook in November 2023 and once this is published it is planned to bring an update of the DASS accountabilities, their implementation in Sheffield in the new year and the assurances to Adult Policy Committee of delivery. It is planned that an update will also be provided to the HCP so that a collaborative and partnership approach can be undertaken in implementing these responsibilities across the city.</p> <p>Sheffield HCP Board provided thanks for the update.</p>	
87/23	<p>Physical Health</p> <p>Ms Tooke presented a refresh of the Physical Health Strategy for people with severe mental illness, people with LD and autism. Collaborative work</p>	



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	<p>has taken place across NHS organisations, VCS and the Local Authority. It commenced in 2019 with the initial strategy covering 2019-22 and the refresh outlines the priorities moving forward from 2023-28.</p> <p>Mr Fell noted that he feels the improvement and statistics have been underplayed in the report and has been a fantastic achievement. As a suggestion would focus on cardio-vascular, smoking and obesity and that screening and contact is built into the model to provide commissioner improvement in that space.</p> <p>Ms Mills commented that to see the outcomes of the initial strategy is very positive and Ms Tooke has individually gone out to hold granular conversations with people and it has taken a lot of dedicated passionate people to pull all of this together and reiterated the fantastic achievement.</p> <p>Ms Brown enquired if there are any links around moving to “all age” and contact for children, could we do more around developmental transitional health care? Ms Tooke responded that when started looked at what we needed to make the strategy “all age” and held a lot of discussions around what we would need to carry that out, therefore, have not got to that stage yet and will need to think what we mean and what we can do, which will take place at the Physical Health Partnership Board.</p> <p>Ms Major provided a massive “well done”, although it doesn’t mention the impact of dementia in the physical health system, is there more to do around that area? Ms Tooke responded that there is a separate Dementia Strategy and going through the process of reviewing that and there are opportunities to link with STH and the Dementia Carers Group.</p> <p>Sheffield HCP Board noted the positive improvements and provided thanks to all those involved and would welcome an update on the Dementia Strategy in the future.</p>	

PART 2 – ICB SHEFFIELD PLACE SUB-COMMITTEE

ATTENDEES:

Emma Latimer, Executive Place Director for Sheffield	Chair
Dr Andrew Hilton (AH), Chief Executive, Primary Care Sheffield	Participant
Cllr Angela Argenzio (AA), Elected Chair of Health and Wellbeing Board, Sheffield City Council	Participant
Ruth Brown (RB), Chief Executive, Sheffield Children’s NHS FT	Participant
Alexis Chappell (AC), Director of Adult Health & Social Care, Sheffield City Council	Participant
Meredith Dixon-Teasdale (MD-T), Director of Children and Young People, Sheffield City Council	Participant
Kate Josephs, (KJ) Chief Executive, SCC	Participant
Kirsten Major (KM), Chief Executive, Sheffield Teaching Hospitals NHS FT	Participant
Jackie Mills (JM), Chief Finance Officer Sheffield Place, SYICB	Member
Judy Robinson (JR), Healthwatch Representative	Participant



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	Helen Sims (HS), Chief Executive, Voluntary Action Sheffield Moira Wilson (MW), Non-Executive Director, SYICB	Participant Member
	IN ATTENDANCE:	
	Kieran Baker (KB), Chief Digital and Information Officer, SYICB Andrew Clayton (AC), Head of Digital, SYICB Louisa King (LK), Head of Commissioning MHLDDA, SYICB Kathryn Robertshaw (KR), Deputy Director Sheffield Health & Care Partnership (HCP) Josie Soutar (JS), Buddying Programme Attendee Hawa Yatera (HY), Buddying Programme Attendee Alison Garrett (AG), Senior Business Manager, SYICB/SCC [Minutes of Meeting]	
88/23	<p>Learning Disabilities Community Services Investment Update</p> <p>Ms Mills outlined that the LD Community Services investment highlights excellent engagement work in conjunction with SCC.</p> <p>Ms King reported that there has been a lot of engagement work to help design the new service. Over recent years, Sheffield ICB has achieved national targets to reduce the over reliance on admissions to hospital care for people with learning disability (LD) although inevitably, this has taken away focus from other areas of service delivery by the Community Learning Disability Team (CLDT) for the LD population on their wider health needs.</p> <p>SHSC's Firshill Rise a specialist learning disability inpatient Assessment and Treatment Unit was voluntarily closed to admissions by SHSC following feedback from ICB and CQC on quality and safeguarding concerns in Spring 2021. This service offered a hospital-based intervention when a person with a learning disability experienced a deterioration in their emotional wellbeing, mental health or presented with behaviour that is challenging to support/behaviours of distress. The potential options for the future of this provision and alternative enhanced community-based models have since been under review and development, all set within the context of a national Learning Disability and Autism programme, Building the Right Support, delivered in partnership across SYICB and Local Authority, in which there is an emphasis on early intervention, enhanced community provision and prevention of avoidable hospital admissions.</p> <p>It should be noted that there has been limited opportunity to invest in enhancing our Community Adult LD services over the last 5-10 years in Sheffield as resource has been ringfenced to the Firshill Rise inpatient beds, with only small pots of national Service Development Funding being available for transforming community services. The closure to admissions at Firshill Rise, therefore, presented a good opportunity for a substantial review of Community LD services to bring Sheffield up to benchmarked levels of other national and local community learning disability service provision.</p>	



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	<p>Ms Mills noted that can take learning from this work and how effective engagement is at an early stage and the feedback from NHSE and Scrutiny was that they were impressed around that early learning.</p> <p>Ms Yasmeen passed on her thanks, and it is helpful to see the shift in perceptions from physicians and colleagues around people into the community.</p> <p>Sheffield HCP Board provided thanks for the update.</p>	
89/23	<p>Sheffield Place Finance Report Month 7</p> <p>Ms Mills reported that, since month 7, from an NHS perspective there has been a small injection of funding into the system from NHSE but that is much smaller than the level of financial risk that the ICS is flagging and that nationally. Need to ensure the in-year financial position is as good as it can be due to that financial injection and cannot commit additional resource in this financial year. Local Authorities across the country are declaring bankruptcy so overall in a very tricky financial position. Working with Director of Finance's in Sheffield to understand where we can gain financial efficiencies for next year, with some areas needing further work, and have made a start on a range of opportunities and putting efforts into areas which will provide the biggest impact.</p> <p>Sheffield HCP Board provided thanks for the update.</p>	
90/23	<p>Transfer of Specialised Commissioning from NHSE to NHS South Yorkshire ICB's</p> <p>Ms Latimer requested that this item is rolled forward to the next meeting. Delegation is due to be delegated to all ICS's in 2024 although a number, including South Yorkshire ICB, will not be taking on the responsibility until 2025, which poses a huge risk.</p> <p>Ms Brown reported that the Children's Hospital see children from all geographical areas which poses specific challenges and the Firshill work might offer some learning. Moving patients from inpatient (acute mental health, LD, diagnosis) to community provides huge challenges with Teams reporting that the status quo isn't the right position to take, therefore, pushing back nationally regarding the model to provide assurance to those children coming from out of area that there is a community model in place, which is receiving a lot of public interest.</p> <p>ACTION: Ms Latimer and Ms Brown to pick up outside of meeting.</p> <p>Ms Major outlined that from 1 April 2024 this creates a challenge around the flow from Derbyshire, who are moving to an East Midlands delegated authority, and currently struggling to recoup funding from them.</p> <p>ACTION: item to be rolled forward to the next meeting.</p>	<p>EL/RB</p> <p>KR/AGa</p>



ITEM NO.	AGENDA ITEM	ACTION
91/23	<p>Digital and Data Update</p> <p>Ms Chappell re-joined the meeting at 4:15 pm.</p> <p>Kieran Baker, Chief Digital and Information Officer, and Andrew Clayton, Head of Digital, within SY ICB attended the meeting to provide a digital and data update. The Team is made up of 84 members of staff that provide programme management and delivery to the ICB and primary care. Working with partners across the system in an integrated way and hold a portfolio of work as to what good digital transformation looks like.</p> <p>Mr Clayton provided a brief outline presentation on digital exclusion and the need for further action, which will be circulated to members post meeting. ACTION: Ms Garrett to circulate.</p> <p>Mr Baker enquired if the Board would support a Digital Strategy Group, and if so, will bring back Terms of Reference to the Board for approval.</p> <p>Ms Yasmeen responded that it would add value to ensure interconnectivity.</p> <p>Ms Chappell noted that it could bring things tactically together and the technology for health and social care into one place and it would be extremely helpful to hold one Sheffield shared care record. Cllr Argenzio noted that digital exclusion is a real issue, and some people wish to digitally exclude themselves by choice, therefore, it does not suit everyone. Systems need to communicate with each other but also need to acknowledge those that do not wish to participate.</p> <p>Ms Mills reported that this is something we have struggled to tackle previously in Sheffield, and we don't have an enthusiastic champion, which is required.</p> <p>Ms Robinson requested that disability and poverty are incorporated and suggest that discussions take place with Healthwatch. Mr Baker responded that the third sector is very important and need to understand the architecture in Sheffield and ensure there is no duplication so that it works cohesively.</p> <p>Ms Yasmeen agreed to be the Digital and Data Champion to build on the architecture that is already in place.</p> <p>Ms Chappell to share a SCC Committee presentation on how collectively we can bring them together, recognising the complexity and people's voices, which are the drivers. ACTION: Ms Chappell to circulate the presentation to Board members.</p> <p>Sheffield HCP Board provided thanks for the update and requested a further update in 2024.</p>	<p>AG</p> <p>AC</p>



ITEM NO.	AGENDA ITEM	ACTION
PART 3 – SECTION 75		
ATTENDEES:		
	<p>Emma Latimer, Executive Place Director for Sheffield Dr Andrew Hilton (AH), Chief Executive, Primary Care Sheffield 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 Meredith Dixon-Teasdale (MD-T), Director of Children and Young People, Sheffield City Council Kate Josephs, (KJ) Chief Executive, SCC Kirsten Major (KM), Chief Executive, Sheffield Teaching Hospitals NHS 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</p>	<p>Chair Participant Member Participant Member Member Member Participant Member Participant Participant Member</p>
IN ATTENDANCE:		
	<p>Kathryn Robertshaw (KR), Deputy Director Sheffield Health & Care Partnership (HCP) Josie Soutar (JS), Buddying Programme Attendee Hawa Yatera (HY), Buddying Programme Attendee Alison Garrett (AG), Senior Business Manager, SYICB/SCC [Minutes of Meeting]</p>	
92/23	<p>Joint Efficiency Group Update</p> <p>Ms Mills reported that the group has been established to look at how we can share capacity and oversight of efficiency schemes in Sheffield. The next steps are to look at all the programmes to ensure they have the correct delivery mechanisms in place and assurance schemes are delivering traction. There is a nervousness around how we are counting savings, ie; if the discharge programme is having an impact, what the overall impact is and how that is measured and will provide more specifics on what will be delivered and by when.</p> <p>ACTION: Ms Latimer requested that there is a dedicated session on finance towards the end of January to look at the level of detail and where resource is.</p> <p>Sheffield HCP Board provided thanks for the update.</p>	<p>JM</p>
PART 4 – ITEMS OF ANY OTHER BUSINESS		
93/23	<p>Items for Escalation to the SY ICB Board</p> <p>Ms Major requested that contractual disputes/issues outside of South Yorkshire ICB’s control are escalated to the SY ICB Board.</p> <p>ACTION: Ms Latimer to raise with the SY ICB Board.</p>	<p>EL</p>



ITEM NO.	AGENDA ITEM	ACTION
94/23	<p>Items of Any Other Business and Forward Plan and close</p> <p>Ms Robertshaw reminded colleagues that there is a Health and Wellbeing Board Strategy Development Event on 30 January 2024.</p> <p>Ms Latimer thanked the Board for their commitment and hard work this year and looks forward to continuing that work in 2024.</p>	
<p>Date and Time of Next Meeting</p> <p>6 February 2024 @ 09:30-12:30, Boardroom, 722 Prince of Wales Road, Darnall, Sheffield</p>		

Outline Forward Plan

February meeting:

- Sheffield City Estates Planning (Jackie Mills)
- Ageing Well (Sarah Burt/Helen Kay)
- Risk Management Framework (Ian Atkinson/Kathryn Robertshaw)
- City Goals (Greg Fell)
- Health and Wellbeing Board Strategy (Greg Fell)
- Benefits Realisation (Ian/Jackie)

April Meeting:

- Same Day Access (Ian Atkinson)
- Crisis Mental Health (Ian Atkinson)
- Peer Mentoring and Buddying Programme (Lucy Ettridge)