



## MINUTES [UNRATIFIED] PUBLIC MEETING

<b>TITLE OF MEETING:</b>	<b>SHEFFIELD PLACE HEALTH AND CARE PARTNERSHIP BOARD</b>
<b>DATE:</b>	<b>TUESDAY 18 APRIL 2023</b>
<b>TIME:</b>	<b>09:00-11:30</b>
<b>VENUE:</b>	<b>THE CONFERENCE ROOM, SHEFFIELD CITY COUNCIL, TOWN HALL, PINSTONE STREET, SHEFFIELD, S1 2HH</b>
<b>CHAIR:</b>	<b>EMMA LATIMER, EXECUTIVE PLACE DIRECTOR FOR SHEFFIELD</b>
<b>ATTENDEES:</b>	<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>Cllr Stephen Ayriss (SA), Elected Member, Sheffield City Council</p> <p>Ruth Brown (RB), Chief Executive, Sheffield Children's NHS FT</p> <p>Alexis Chappell (AC), Director of Adult Health &amp; Social Care, Sheffield City Council</p> <p>Jan Ditheridge (JD), Chief Executive, Sheffield Health and Social Care Trust FT</p> <p>Greg Fell (GF), Director of Public Health, Sheffield City Council</p> <p>Dr Andrew Hilton (AH), Chief Executive, Primary Care Sheffield</p> <p>Tony Kirkham (TK) Director of Finance and Commercial Services, Sheffield City Council</p> <p>George Lindars-Hammond (GL-H), Elected Member, Sheffield City Council</p> <p>Dr Zak McMurray (ZMc), Medical Director for Sheffield Place, SYICB</p> <p>Kirsten Major (KM), Chief Executive, Sheffield Teaching Hospitals FT [left the meeting at 10:30]</p> <p>Jackie Mills (JM), Chief Finance Officer Sheffield Place, SYICB</p> <p>Helen Sims (HS), Chief Executive Voluntary Action Sheffield</p> <p>Moira Wilson (MW), Non-Executive Director, SYICB</p> <p>Alun Windle (AW), Chief Nurse for Sheffield Place, SYICB</p>
<b>In Attendance:</b>	<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 &amp; Care Partnership (HCP)</p> <p>Dr StJohn Livesey (SJ), Clinical Director, SYICB</p> <p>Dr Anthony Gore (AG), Clinical Director, SYICB</p> <p>Dr Steve Thomas (ST), Clinical Director, SYICB</p> <p>Kate Gleave (KG), Deputy Director, SYICB</p> <p>Nick Simkins (NS), 360 Assurance Internal Auditor</p> <p>Alison Garrett (AG), Senior Business Manager, SYICB/SCC</p> <p>[Minutes of Meeting]</p>



ITEM NO.	AGENDA ITEM	ACTION
<b>INTRODUCTION – ALL ATTENDEES</b>		
15/23	<p><b>Apologies Received and Quoracy</b></p> <ul style="list-style-type: none"> <li>➤ Kate Josephs (KJ), Chief Executive, Sheffield City Council</li> <li>➤ Andrew Jones (AJ), Interim Director of Children’s Services, Sheffield City Council</li> <li>➤ Judy Robinson (JR), Healthwatch Representative</li> </ul> <p>Nick Simkins from 360 Assurance Internal Audit attended the meeting to observe the governance arrangements for the place partnership.</p> <p>The Chair declared the meeting quorate.</p> <p>2 members of the public entered the meeting at 10:10 am and left at approximately 10:45 am.</p>	
16/23	<p><b>Declarations of Interest</b></p> <p>Dr Hilton noted a declaration within the Primary Care Sub-Committee Update and Decisions (Item 29/23, section 3 of the report) and his position as Chief Executive with Primary Care Sheffield.</p>	
17/23	<p><b>Questions from the Public</b></p> <p>No questions were received from the public.</p>	
18/23	<ul style="list-style-type: none"> <li>➤ <b>Minutes of the last meeting dated 21 February 2023, including Summary Report</b></li> </ul> <p>The minutes and summary report were agreed as a true record.</p> <ul style="list-style-type: none"> <li>➤ <b>Action Log</b></li> </ul> <p>The action log was updated during the meeting.</p>	
<b>PART 1 – PARTNERSHIP SECTION</b>		
<b>ATTENDEES:</b>		
<p><b>Emma Latimer (EL), Executive Place Director for Sheffield, SYICB</b>  <b>Cllr Angela Argenzio (AA), Elected Chair of Health and Wellbeing Board, Sheffield City Council</b>  <b>Cllr Stephen Ayriss (SA), Elected Member, Sheffield City Council</b>  <b>Ruth Brown (RB), Chief Executive, Sheffield Children’s NHS FT</b>  <b>Alexis Chappell (AC), Director of Adult Health &amp; Social Care, Sheffield City Council</b>  <b>Jan Ditheridge (JD), Chief Executive, Sheffield Health and Social Care Trust FT</b></p>		<p><b>Chair Member</b></p> <p><b>Participant Member</b></p> <p><b>Participant Member</b></p> <p><b>Member</b></p>



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	<p><b>Greg Fell (GF), Director of Public Health, Sheffield City Council</b>  <b>Dr Andrew Hilton (AH), Chief Executive, Primary Care Sheffield</b>  <b>Tony Kirkham (TK) Director of Finance and Commercial Services, Sheffield City Council</b>  <b>George Lindars-Hammond (GL-H), Elected Member, Sheffield City Council</b>  <b>Dr Zak McMurray (ZMc), Medical Director for Sheffield Place, SYICB</b>  <b>Kirsten Major (KM), Chief Executive, Sheffield Teaching Hospitals FT [left the meeting at 10:30]</b>  <b>Jackie Mills (JM), Chief Finance Officer Sheffield Place, SYICB</b>  <b>Helen Sims (HS), Chief Executive Voluntary Action Sheffield</b>  <b>Moira Wilson (MW), Non-Executive Director, SYICB</b>  <b>Alun Windle (AW), Chief Nurse for Sheffield Place, SYICB</b></p>	<p><b>Member</b>  <b>Member</b>  <b>Member</b>  <b>Member</b>  <b>Member</b>  <b>Member</b>  <b>Member</b>  <b>Member</b>  <b>Member</b></p>
	<b>IN ATTENDANCE:</b>	
	<p><b>Ian Atkinson (IA), Interim Deputy Executive Place Director for Sheffield, SYICB</b>  <b>Sandie Buchan (SB), Director of Strategy for Sheffield, SYICB</b>  <b>Kathryn Robertshaw (KR), Interim Director Health &amp; Care Partnership (HCP)</b>  <b>Dr StJohn Livesey (SJ), Clinical Director, SYICB</b>  <b>Dr Steve Thomas (ST), Clinical Director, SYICB</b>  <b>Nick Simkins (NS), 360 Assurance Internal Auditor</b>  <b>Alison Garrett (AG), Senior Business Manager, SYICB/SCC [Minutes of Meeting]</b></p>	
19/23	<p><b>Sheffield Place Priorities</b></p> <p>The Chair presented members with an overview of the proposed key priorities for delivery across the Sheffield Place Partnership over the next 18-24 months and opened the discussion to Board members.</p> <p>Mr Fell noted that:</p> <ol style="list-style-type: none"> <li>1) equity measures and lived experiences should be included within the metrics being developed;</li> <li>2) require the development of institutional competence in relation to community development;</li> <li>3) need to invest resource/funding into health inequalities work, although acknowledge this is a challenge, so the Board needs to be brave and hold the line if challenged.</li> </ol> <p>Ms Ditheridge welcomed the significant development and would suggest that:</p> <ol style="list-style-type: none"> <li>1) cross reference to the provider collaboratives is included;</li> <li>2) neurodiversity – needs to be made clear this is an “all age” issue.</li> </ol> <p>Ms Chappell suggested the following and that she would be happy to support this piece of work:</p> <ol style="list-style-type: none"> <li>1) link to outcomes for people (eg; I'-Statements) and what is already happening within 'place';</li> <li>2) map to the Adult, Children's and Health and Wellbeing Board Strategy's;</li> <li>3) link together and join the neighbourhood models in a practical way.</li> </ol>	



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	<p>The Chair agreed that need to build on what is already there and outline the specifics of what we are trying to achieve.</p> <p>Dr Hilton noted:</p> <ol style="list-style-type: none"> <li>1) supportive of the 18-month timeframe and focus on the tangible things we can do, but that needs to be balanced with things that are more aspirational;</li> <li>2) access to services is a huge issue, however, need to avoid focus on urgent needs to the detriment of preventative value adding care;</li> <li>3) model neighbourhoods – we need to engage with people to understand their neighbourhoods?</li> </ol> <p>Ms Major commented that this was a positive piece of work outlining the priorities but that we need to be realistic that do not confuse the Boards work with other areas of work. We require focus on the top priorities and come together to add value. Positive around Compassionate Leadership and what that means for building a good neighbourhood model and a vehicle for us to discuss how we carry that out as a city. Happy to support the priorities, bearing in mind that the neighbourhood model will have a longer timeline, but it is inspiring to have deliverables.</p> <p>Ms Brown referred to the mental health crisis pathway as a good example of a very Sheffield specific issue. The three NHS providers in the city have got a chance to do something differently. Ms Brown was also supportive of neuro-disability as a priority. How do we measure success, maturity and what we are aiming to do and tie that in with the established governance?</p> <p>Cllr Lindars-Hammond outlined that he would not recognise North-East Sheffield as a neighbourhood, do we want to look at smaller/particular neighbourhoods within that area and how the Voluntary and Community Sector (VCS) ties in. We could co-design how healthcare, social care and VCS could work together, which is different to looking at health inequalities, unemployment, housing, etc.</p> <p>Ms Sims commented that rather than use the term neighbourhood development, it could be helpful to describe the work as a community empowerment model. Deep listening at the beginning of the process and enabling people to come to sessions, with VCS engagement, to obtain mapping and connectivity needs to be considered.</p> <p>Ms Wilson agreed that need to ensure we listen to the voice of the community and the VCS sector. Also need to engage with front-line staff, many of whom live in the neighbourhoods they work and who know what needs delivering in their area. Additionally, linking to PCNs and their new models of work will present opportunities.</p>	



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	<p>Ms Mills cautioned that need to be thoughtful around next steps, acknowledge the barriers in the past and how we manage strategic risks so that we can be broad in our thinking to do things differently.</p> <p>Ms Major agreed with the comments about engaging with our workforce and, from inequalities analysis, a number of different staff groups live in deprived areas of the city and we need to engage them so that they can be advocates for their own neighbourhoods.</p> <p>Mr Fell noted that good will come from operating in areas where there is good practice, modelling that and celebrating success.</p> <p>Dr McMurray commented that, as an advocate of Compassionate Leadership, we must be brave and join up to move this forward with public support and local focus so that they can be empowered and support themselves. Supporting wellness in communities can reduce hospital activity and the PCN's promote a holistic approach to health/illness.</p> <p><b>ACTION:</b> EL thanked everyone for their input and advised that more detailed programme plans for each of the priority areas will be presented at the next meeting, acknowledging that the community development and inclusion work will be a longer-term programme.</p> <p><b>The Sheffield HCP Partnership Board agreed the 5 priorities and looked forward to receiving updates at a future meeting.</b></p>	EL
20/23	<p><b>Health Inequalities – Proposed Principles, Priorities and a Focus on Resource Allocation</b></p> <p>The Chair outlined that the purpose of the paper is to share an update on the principles priorities for reducing health inequalities across Sheffield, including an outline approach for building a model neighbourhood across North-East Sheffield and the allocation of resources. The health inequalities budget will be ring-fenced, and once that is confirmed, it will be published for transparency. The Board is being asked to consider and agree the proposed principles to enable the Community Development and Inclusion Delivery Group to further develop the programme detail, including the development of an outline financial framework, to ensure distribution of resources to areas of greatest need.</p> <p>Cllr Lindars-Hammond enquired to the reasons for omitting the budget within this paper. The Chair confirmed that it had not yet been finalised. As soon as it is finalised and signed-off it will be published and confirmed as ring-fenced (approx. early May 2023).</p>	



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	<p>Dr McMurray welcomed that the funding is ring-fenced and was keen that the detail was published as soon as possible.</p> <p>Mr Fell suggested that reference is made to the Marmot recommendations in the principles. The funding available is not significant and it will not solve the issues and it will be difficult to demonstrate direct linkage between spend and performance.</p> <p>Ms Brown suggested that work already taking place within partner organisations is layered into the programme to ensure that this work is not done in isolation and its seen as a whole.</p> <p>Ms Ditheridge noted that parity of esteem is a priority for mental health, and it would be powerful if we could define what that means for the city of Sheffield so we can measure process and make it everyone's business, rather than it just being the responsibility of specialist services.</p> <p>Ms Wilson suggested that reference to the Equality Act is included with explicitness to the protected characteristics.</p> <p>Ms Major cautioned that we need to be careful this does not become a tick box exercise and that it addresses health outcomes for the most deprived within the city.</p> <p>Cllr Argenzio suggested that reference should be made to the work of the Sheffield Race Equality Commission in the framework to ensure their recommendations are embedded.</p> <p><b>ACTION:</b> The Chair agreed to bring back an updated report to the August meeting, incorporating the comments from members of the Board.</p> <p><b>The Sheffield Health and Care Partnership Board noted the report and that an updated version will be provided to a future meeting.</b></p>	EL
21/23	<p><b>Sheffield System Oversight Committee Report</b></p> <p>Mr Atkinson outlined that the Oversight Committee oversees the finance, performance and quality experience across the partnership. It was acknowledged that there is already significant scrutiny of organisational performance across Sheffield and the group aims not to overlap this work.</p> <p>It was noted that some of the discussions within the Committee overlaps with the Transformation Committee discussions, therefore, the remit and membership of the two groups will be reviewed and a report will be submitted back to a future meeting of any suggested amendments to improve efficiency around the governance arrangements.</p>	





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	<p>Detailed financial reports were received at months ten and eleven including details of the NHS planning requirements. The main dialogue in the committee is currently around managing 'place' performance and the 'must do' metrics within the system and now that the 'place' priorities are agreed they will be incorporated.</p> <p>There was a commitment to present an updated 'place' risk register. Ms Major commented that the updates are very helpful but enquired why they are being received at this Board. Mr Atkinson responded that they are for noting and that many of the indicators in the appendix are traditional constitutional standards across the system of what "good" looks like but now that we have the agreed 'place' priorities the performance metrics will be incorporated. The Chair confirmed that more thought is required with a possibility of merging the Transformation and Oversight Committees and will review what information we require, and its purpose, as a partnership.</p> <p>Dr Hilton noted that it is helpful to understand how we are measured as a system and what will have an impact, in the longer term, within a transformational space and was supportive of the review of the overlap between the Oversight and Transformation Committees.</p> <p>Ms Chappell confirmed the dashboard is helpful and a transparent approach that links to health scrutiny.</p> <p>The Chair requested that the purpose and expectation of the Partnership Board to act/escalate, based on the report, was clarified and requested that it is considered as part of the governance review.</p> <p><b>ACTION:</b> Mr Atkinson/Ms Buchan to consider as report back to a future meeting.</p> <p>Mr Windle noted that, as partners, it is incumbent on us to have oversight of system performance and bring that into consideration when working on our priorities.</p> <p><b>The Sheffield Health and Care Partnership Board noted the report and, following a governance review, feedback will be provided to a future meeting.</b></p>	IA/SB
22/23	<p><b>Sheffield Transformation Committee Report</b></p> <p>Ms Buchan reported that the Committee will focus on the delivery of the agreed priority areas and will carry out deep dives throughout the year.</p> <p>Escalations to the Board include:</p> <ul style="list-style-type: none"> <li>the allocation of programme resource remains the main issue for delivery;</li> </ul>	



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	<ul style="list-style-type: none"> <li>• it is unclear, in some cases, which partner/delivery group is leading on which priority and subsequent programmes; this will be clarified in the detailed programme plans to be brought back to the next Sheffield HCP Board meeting in June; and</li> <li>• some of the Delivery Groups are not yet established, therefore, there is an ask from the Board to ensure support is given to the set-up of these groups.</li> </ul> <p><b>The Sheffield Health and Care Partnership Board noted the escalations and agreed to support the establishment of the Delivery Groups.</b></p>	
23/23	<p><b>A System Approach to Discharge Pathway Re-Design</b></p> <p>The paper circulated has been prepared jointly with all partners and describes a system approach to discharge pathway redesign.</p> <p>Dr Livesey provided an overview of discharge and the three concepts that are required:</p> <ol style="list-style-type: none"> <li>1) correct assessments of need(s);</li> <li>2) capacity/resources in the right place;</li> <li>3) confidence between hospital and community staff.</li> </ol> <p>Currently the pathway for discharge is inefficient and people who stay long term may become institutionalised and, if they miss the first opportunity to be discharged when they are next medically fit, the majority will go into a care home. If the flow from hospital improves it will help people to go back to their own home.</p> <p>Ms Major agreed it is unacceptable that people stay in an institution that does not meet their needs. Supportive of the view that this area needs focus and improvement, this is a high priority, and we need to get it right.</p> <p>Ms Chappell outlined that improving the discharge model was also a key part of the Adult Care Strategy and it is important to focus on outcomes for people and impact on services from the changes being made and ensure we consider how the pathways should be resourced, shifting investment where needed.</p> <p>A report is being submitted to Sheffield Council's Adult Social Care Committee in June to endorse this work and it will also be on the Safeguarding Board agenda, again in June. It needs to be connected to the 'place' priorities and if we get this right in the hospital sector then parallel work can also be carried in other areas.</p> <p>Mr Fell agreed that this work needs to be carried out immediately and noted that it does not just apply to the frail and elderly.</p>	





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	<p>Cllr Lindars-Hammond commented that this needs to be an all-year fix not just around the winter crisis period. Mr Atkinson responded that dialogue is on-going around existing funding in Sheffield 'place', via the Better Care Fund (BCF) and the ICB, to move quickly at pace. The challenge will be around ensuring the resource is the right size.</p> <p>Dr McMurray thanked Dr Livesey for his commitment to this area and enquired if there is anything we can do quickly to create excess capacity and shift the resource from hospital into community?</p> <p>Ms Ditheridge reported that when SHSC have worked closely around a sophisticated end of life approach good examples were achieved which alleviated pressure on discharge. The Chair confirmed that discussions are on-going around the End-of-Life Pathway.</p> <p>Ms Chappell suggested this work should be submitted to the Sheffield Health and Wellbeing Board for discussion.</p> <p><b>The Sheffield Health and Care Partnership Board agreed to support this approach and look forward to seeing how it progresses as a transformational model for the city.</b></p>	
24/23	<p><b>Sheffield All-Age Emotional and Mental Health and Wellbeing Strategy</b></p> <p>Dr Thomas outlined that the Sheffield All-Age Emotional and Mental Health and Wellbeing Strategy sets the scene for supporting Sheffield people – from young to old – with their emotional, mental health and wellbeing. It promotes and enables partnership working across Sheffield, to create the foundations and conditions for delivering upon our vision.</p> <p>Ms Brown welcomed the strategy and the work being carried out and acknowledged the engagement undertaken.</p> <p>Ms Chappell confirmed the strategy is being submitted to Sheffield City Council's (SCC) Strategy and Resources Committee for endorsement and provided thanks to Dr Thomas and his Team with regard to the partnership orientated approach.</p> <p>Mr Windle noted that several points in the Strategy align with the HCP priorities.</p> <p>Dr McMurray outlined that mental health is a real issue. Are we going to prioritise this over other things and where does it sit with other areas of work? Dr Thomas responded that this isn't just an illness strategy, it is an all-age wellness strategy with a prevention approach that does not sit with one specialised provider.</p>	



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	<p>Ms Wilson referred to older people, and their carers, who have significant mental health issues which stops them living in their own home and suggested linking in with the Carers Strategy. Dr Thomas responded that links with the carers services had been made and he will ensure that is more prominent.</p> <p>Dr Hilton referred to Adverse Childhood Experiences (ACES) which was a key priority when we came together as a partnership and a key driver of mental illness – is that a strong driver of the Strategy? Dr Thomas responded that is one area with cross organisational responsibility. Mr Fell commented that there is still a lot of work happening in the city in relation to ACES and would be happy to share a briefing with Board members so they are better sighted on this.  <b>ACTION:</b> Greg Fell to share ACES briefing with Board members.</p> <p>The Chair requested that we revisit the Strategy in approximately 9-12 months to receive an update on its delivery.  <b>PMN:</b> Ms Garrett added to the forward plan.</p> <p>Ms Chappell commented that this Strategy has connections to several other strategies, and it is important they connect (eg; Autism Strategy).</p> <p><b>The Sheffield Health and Care Partnership Board endorsed the Strategy, and an update will be provided in 9-12 months.</b></p>	GF
25/23	<p><b>Public Health Grant</b></p> <p>Mr Fell reported that the paper is high-level as the detail about the grant has not yet been seen by Council Members and will be submitted to the Strategy and Resources Committee immediately after the local elections on 4 May. The Department for Health and Social Care (DHSC) have stated that, in 2023/24, all local authorities will receive a cash increase of 3.3%, while indicative 2024/25 allocations suggest a 1.3% cash terms increase for all councils, which is not in keeping with inflation pressures.</p> <p>The Public Health Team are currently undertaking a line-by-line grant review of where money is being spent which will be presented to Members and will subsequently hold discussions with partners/providers to understand the implications of this financial pressure.</p> <p>Ms Mills offered support following a similar NHS mapping process and Mr Fell provided thanks and will ensure correct links are made.</p> <p>Ms Brown noted that the links were important as they will impact on the discussions we have had around priorities and the work within communities so that we can all work together to achieve minimal impact on the people of Sheffield.</p>	



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	<p><b>ACTION:</b> Mr Fell to link with key individuals to undertake the mapping process.</p> <p>The Sheffield Health and Care Partnership Board noted the update and mapping work being undertaken.</p>	<b>GF</b>
<b>PART 2 – SECTION 75</b>		
<b>ATTENDEES:</b>		
	<p>Emma Latimer (EL), Executive Place Director for Sheffield, SYICB            Cllr Angela Argenzio (AA), Elected Chair of Health and Wellbeing Board, Sheffield City Council            Cllr Stephen Ayris (SA), Elected Member, Sheffield City Council            Ruth Brown (RB), Chief Executive, Sheffield Children’s NHS FT            Alexis Chappell (AC), Director of Adult Health &amp; Social Care, Sheffield City Council            Jan Ditheridge (JD), Chief Executive, Sheffield Health and Social Care Trust FT            Greg Fell (GF), Director of Public Health, Sheffield City Council            Dr Andrew Hilton (AH), Chief Executive, Primary Care Sheffield            Tony Kirkham (TK) Director of Finance and Commercial Services, Sheffield City Council            George Lindars-Hammond (GL-H), Elected Member, Sheffield City Council            Dr Zak McMurray (ZMc), Medical Director for Sheffield Place, SYICB            Kirsten Major (KM), Chief Executive, Sheffield Teaching Hospitals FT [left the meeting at 10:30]            Jackie Mills (JM), Chief Finance Officer Sheffield Place, SYICB            Helen Sims (HS), Chief Executive Voluntary Action Sheffield            Moira Wilson (MW), Non-Executive Director, SYICB            Alun Windle (AW), Chief Nurse for Sheffield Place, SYICB</p>	<p>Co-Chair Member Member Participant Member Participant Member Participant Member Member Participant Participant Member Participant Member Participant</p>
<b>IN ATTENDANCE:</b>		
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26/23	<p><b>Children's Developmental Language Disorder (DLD) Provision in Sheffield</b></p> <p>Dr Gore outlined that DLD is a lifelong condition and unmet need is associated with poorer lifetime outcomes. DLD prevalence is predicted to be 7.6% and Sheffield provision is currently only supporting 0.33% of children, therefore, there is significant unmet need in the city. Sheffield City Council (SCC) conducted a review of DLD services in early 2022 and several recommendations were made regarding increase in support and provision across the city.</p>	



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	<p>A joint commissioning and funding arrangement between the ICB and SCC is required to fully realise the potential benefits. The programme has had a refresh which fits in with the Health and Wellbeing and Inclusion Strategies to help children overcome developmental problems and become successful adults.</p> <p>DLD is hugely underdiagnosed and will present eventually but work is required to spot it earlier. Sheffield HCP Board is asked to support a request to fund recommendations 1 and 2 within the report from the Joint Commissioning budget in recognition of the invest to save evidence and impact on health inequalities and children and young people's long-term outcomes.</p> <p>Ms Gleave noted that DLD affects people's ability to process information, follow instructions and they find it difficult to communicate which impacts on life chances, ie; transitioning to primary/secondary school. The prevalence is approximately two children out of every class in Sheffield.</p> <p>Ms Mills commented that this is a test of change proposal and funding is non-recurrent, therefore, need to carefully measure the impact of the work and consider how we can resource this in the longer term, if the test is successful.</p> <p>Ms Ditheridge noted that she is unsure, as a Board member, how she can make a decision to agree/or not without additional context. Ms Mills responded that it is a small pot of money that is ring-fenced for joint commissioning.</p> <p>Ms Brown would welcome transparency around the joint commissioning budget, although supportive of this area and the focus. Ms Brown outlined that she has received a number of complaints around lack of support in the city for DLD but nervous around one year funding as have been in a similar situation where it opens the flood gates and demand cannot be met.</p> <p>Ms Mills recognised that the Board (with the new three-part meeting structure) is still in a state of transition. This proposal is one example of a decision that has previously been discussed in the Joint Commissioning space between Sheffield CCG and SCC. The Chair agreed that the process managing the different parts of the meeting still needs refining.</p> <p>Mr Windle commented that there are legal duties under special educational needs and this service is challenged regarding meeting the requirements of an individual child's needs assessment. This proposal provides more strength to the SY ICB Board towards those legal duties across South Yorkshire.</p>	



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	<p>Dr Hilton noted that it is a helpful paper towards prevention but as a GP unclear what it adds to help identify patients. Dr Gore responded that, through the Inclusion Board and modelling, education is linked into new models and upskilling staff and teaching assistants to recognise the conditions and intercept and carry out more work in a child's early years.</p> <p>Ms Chappell commented that this is a great piece of work and a tangible example of what we can do at 'place' and need to ensure statutory lead members/officers for children's are updated. Ms Buchan responded that the Director of Children's Services and Joe Horobin, Director of Commissioning, are aware and supportive of the proposal.</p> <p>Mr Fell enquired who is evaluating the work as it will not be concluded within one year. Ms Gleave confirmed that her Team, within SY ICB, will carry out the evaluation.</p> <p><b>ACTION:</b> the Chair recommended that the Partnership Board support the programme of work and thought is given to how areas of work are prioritised in the future.</p> <p><b>The Sheffield Health and Care Partnership Board agreed to fund the proposal and welcomes a process of prioritisation moving forward.</b></p>	<p><b>IA/SB/ KR/JM</b></p>
27/23	<p><b>SY Integrated Care Strategy and Joint Forward Plan</b></p> <p>The Chair outlined that discussions were covered within item 19/23, therefore, no further discussions took place under this item.</p>	
<b>PART 3 – ICB SHEFFIELD PLACE SUB-COMMITTEE</b>		
<b>ATTENDEES:</b>		
<p><b>Emma Latimer (EL), Executive Place Director for Sheffield, SYICB</b>  <b>Cllr Angela Argenzio (AA), Elected Chair of Health and Wellbeing Board, Sheffield City Council</b>  <b>Cllr Stephen Ayriss (SA), Elected Member, Sheffield City Council</b>  <b>Ruth Brown (RB), Chief Executive, Sheffield Children's Hospital FT</b>  <b>Alexis Chappell (AC), Director of Adult Health &amp; Social Care, Sheffield City Council</b>  <b>Jan Ditheridge (JD), Chief Executive, Sheffield Health and Social Care Trust FT</b>  <b>Greg Fell (GF), Director of Public Health, Sheffield City Council</b>  <b>Dr Andrew Hilton (AH), Chief Executive, Primary Care Sheffield</b>  <b>Tony Kirkham (TK) Director of Finance and Commercial Services, Sheffield City Council</b>  <b>George Lindars-Hammond (GL-H), Elected Member, Sheffield City Council</b>  <b>Dr Zak McMurray (ZMc), Medical Director for Sheffield Place, SYICB</b></p>		<p><b>Chair</b>  <b>Participant</b>    <b>Participant</b>  <b>Participant</b>  <b>Participant</b>    <b>Participant</b>    <b>Participant</b>  <b>Participant</b>  <b>Participant</b>    <b>Participant</b>    <b>Member</b></p>



ITEM NO.	AGENDA ITEM	ACTION
	<p><b>Kirsten Major (KM), Chief Executive, Sheffield Teaching Hospitals FT [left the meeting at 10:30]</b>  <b>Jackie Mills (JM), Chief Finance Officer Sheffield Place, SYICB</b>  <b>Helen Sims (HS), Chief Executive Voluntary Action Sheffield</b>  <b>Moira Wilson (MW), Non-Executive Director, SYICB</b>  <b>Alun Windle (AW), Chief Nurse for Sheffield Place, SYICB</b></p>	<p><b>Participant</b>   <b>Member</b>  <b>Participant</b>  <b>Member</b>  <b>Member</b></p>
	<b>IN ATTENDANCE:</b>	
	<p><b>Ian Atkinson (IA), Interim Deputy Executive Place Director for Sheffield, SYICB</b>  <b>Sandie Buchan (SB), Director of Strategy for Sheffield, SYICB</b>  <b>Kathryn Robertshaw (KR), Interim Director Health &amp; Care Partnership (HCP)</b>  <b>Alison Garrett (AG), Senior Business Manager, SYICB/SCC [Minutes of Meeting]</b></p>	
28/23	<p><b>Month 11 Sheffield Place Finance Report</b></p> <p>Ms Mills referred to the report which is the closing set of accounts. South Yorkshire Integrated Care System, as a whole, are forecasting to break-even which is a huge achievement. There is an improvement in the Sheffield 'place' position which has been a joint effort and SY ICS, again as a whole, has met its statutory duty. Sheffield City Council's closing position has also improved but has not yet been reported publicly. A full position statement will be provided to the next meeting.</p> <p><b>PMN:</b> Ms Garrett added to forward plan.</p> <p><b>The Sheffield Health and Care Partnership Board noted the report.</b></p>	
29/23	<p><b>Primary Care Sub-Committee Updates and Decisions</b></p> <p>Mr Atkinson reported that, following the cessation of Clinical Commissioning Groups (CCG's) and the delegation of Primary Care responsibilities to the Integrated Care Board (ICB) it was agreed that each 'place' will hold a Primary Care Sub-Committee, with decision making remaining with the ICB.</p> <p>This is the first update paper received by the Board from the Sub-Committee and includes the Terms of Reference, for noting, which are consistent throughout South Yorkshire to ensure that business is discharged in the same way. The paper includes 5 variations and there will be material areas that will come through at a later stage when decisions are made around primary care activity.</p> <p><b>Sheffield HCP Partnership Board noted the update and Terms of Reference.</b></p>	





ITEM NO.	AGENDA ITEM	ACTION
30/23	<p><b>NHS Quality improvement, Oversight and Governance Structures</b></p> <p>Mr Windle outlined that the report provides a description of high-level oversight and assurance, which both NHS England and Integrated Care Boards (ICB's) are currently developing, therefore, there is a caveat that it will be subject to change.</p> <p><b>Sheffield HCP Partnership Board noted the paper and will welcome any further updates.</b></p>	
<b>PART 4 – ANY OTHER ITEMS</b>		
31/23	<p><b>Items of Any Other Business</b></p> <p><u>Clinical and Care Leadership Programme</u> – the Chair referred people to Paper 2 which outlines dates and times for the programme for dissemination within each partner organisation.</p> <p>Ms Ditheridge enquired if the summary report of the minutes can be shared with partners Board of Directors. The Chair confirmed that the minutes are public record and that the summary can be shared with partner Boards.</p> <p><b>ACTION:</b> Ms Garrett to forward the summary to partner organisations, when available.</p>	<b>AG</b>
<p><b>Date and Time of Next Meeting</b></p> <p>Tuesday 13 June 2023 from 09:30-12:30 – Boardroom, 722 Prince of Wales Road, Darnall, Sheffield, S9 4EU</p> <p>Friday 19 May 2023 from 09:00-12:30 – <b>Organisational Development Session</b></p>		