



MINUTES OF THE SHEFFIELD HEALTH AND CARE PARTNERSHIP BOARD [UNRATIFIED]

TUESDAY 21 FEBRUARY 2023 @ 09:00-12:00

BOARDROOM, 722 PRINCE OF WALES ROAD,
DARNALL, SHEFFIELD, S9 4EU

ATTENDEES:	<p>Emma Latimer (EL), Executive Place Director for Sheffield, SYICB [CHAIR] Steven Ayris (SA), Elected Member, Sheffield City Council Ruth Brown (RB), Chief Executive, Sheffield Children's Hospital FT Greg Fell (GF), Director of Public Health, Sheffield City Council Dr Andrew Hilton (AH), Chief Executive, Primary Care Sheffield George Lindars-Hammond (GL-H), Elected Member, Sheffield City Council Tony Kirkham (TK) Director of Finance and Commercial Services, Sheffield City Council 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 Alun Windle (AW), Chief Nurse for Sheffield Place, SYICB</p>
In Attendance:	<p>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) Dr Mike Hunter (MH), Medical Director, Sheffield Health and Social Care Trust Lucy Ettridge (LE), Deputy Director of Community Development & Inclusion, SYICB Laura White (LW), Strategy and Partnerships Manager, Sheffield City Council, Sheffield City Council Alison Garrett (AG), Senior Business Manager, SYICB/SCC [Minutes of Meeting]</p>



ITEM NO.	AGENDA ITEM	ACTION
INTRODUCTION		
01/23	<p>Apologies have been received from:</p> <ul style="list-style-type: none"> ➤ Jan Ditheridge (JD), Chief Executive, Sheffield Health & Social Care FT (Dr Mike Hunter representing); ➤ Kate Josephs (KJ), Chief Executive, Sheffield City Council; ➤ Angela Argenzio (AA), Elected Chair of Health and Wellbeing Board, Sheffield City Council; ➤ Alexis Chappell (AC), Director of Adult Social Care, Sheffield City Council. 	
02/23	<p>Declarations of Interest</p> <p>No declarations were noted at the meeting.</p>	
03/23	<p>Questions from the Public</p> <p>No questions were received from the public and no members of the public attended the meeting.</p>	
04/23	<p>Minutes of the last meeting date 6 December 2022</p> <p>The minutes of the last meeting were ratified as an accurate record.</p> <p>It was agreed that a summary report of the minutes would be useful to provide, moving forward.</p> <p>The action log was updated to reflect the actions progressed/completed.</p>	
PART 1 – PARTNERSHIP SECTION		
05/23	<p>Feedback from 7 February 2023 Organisational Strategy Development Session and sign-off of Priorities</p> <p>Ms Latimer welcomed any reflections from the first Organisational Strategy Development Session held on 7 February.</p> <p>Ms Brown felt it was a helpful session and good to meet face to face and reflect on how the “so what” can be articulated. Next need to provide clarity on timescales and the “what next”. The hard part will be achieving a decisive message.</p> <p>Cllr Lindars-Hammond agreed it was useful, acknowledging it has been difficult to conduct partnership working during recent period of system change both in the council and the NHS. The session inspired thoughts on how we proceed and felt it is essential to hold similar sessions in the future.</p> <p>Dr Hilton commented that it was a helpful session, although enquired “what is going to be different this time”? We need to consider the balance of organic growth from groups coming upwards and when we need to take a more top-down approach. The latter will provide direction to gain a vision and ensure that the “whole is greater than the sum of its parts”.</p>	



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	<p>Dr McMurray commented that he came away feeling positive and it felt different from previous discussions., though did understand Dr Hilton’s concerns.</p> <p>Ms Latimer noted that we need to separate out organisations “business as usual” versus what value we can add as a partnership.</p> <p>Ms Wilson agreed it was a helpful session but how do we achieve a “One Team” approach so that Sheffield comes together. We have a lot of strength in the room to make that happen.</p> <p>Ms Robinson noted that there are few clear goals and need to ensure that it is aligned to what the Sheffield population want and agree to – connecting those up is very important.</p> <p>Ms Latimer agreed that there are “must do’s” , there is a lot of elective recovery work for example, on-going in the acute trusts alongside the work that is progressing that is ‘place-based’. All of that needs to be mapped out to provide a picture of what ‘place’ is going to achieve in 18 months to 2 years’ time how that it links to what the public are telling us. Need to identify 2-3 areas that we want to progress as a ‘place partnership’. We need to look at the priorities presented during the session and look at what is left, after taking out the business as usual/‘must dos’, that we would like to progress as a partnership. Then produce deliverables and understand the impact they will make. Being transparent and open as a system is key and how we can deploy resources and prioritise new resource coming in as we do not want this to be on top of the other things that are on-going.</p> <p>Dr McMurray agreed that require openness and transparency with the public We require a public conversation and for them to inform what they need to make Sheffield a good place to live.</p> <p>Ms Wilson also agreed that an on-going relationship with the public is required and the Community Development and Inclusion workstream is one area that could enable this.</p> <p>Ms Mills outlined that in the past we have failed due being overly focused on short term priorities, not through lack of aspiration, but we do need to be mindful of the risks and barriers.</p> <p>Ms Major outlined that there is not a single reason why we are in a risky place, currently, for example, the recovery of the elective services massively dominates Sheffield Teaching Hospital efforts currently. This partnership is not going to deliver on all the Health and Wellbeing Board (HWB) strategies, and we need to be clear what the priorities are, for example, if we pick up 2-3 issues akin to the Leeds Childhood Obesity model it will provide the partnership with the strength it requires.</p> <p>Ms Latimer agreed it was right that we look at those types of complex system issues.</p> <p>Ms Brown noted that as well as engaging the public we also need to engage our workforce. We are in a transition period for the health and care system in Sheffield and we require clarity around what we are doing, who is doing it and when we are going to do it.</p>	



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	<p>Mr Fell outlined that current data from Leeds doesn't show a reduction in childhood obesity rates but what we could do around school readiness is a good challenge, some of that is "business as usual" but we need to push ourselves beyond that.</p> <p>Ms Latimer also noted that another area we could look at is breast screening due to the rates being much lower than other geographical areas.</p> <p>Ms Latimer confirmed that the majority of funding for Sheffield 'place' is linked to existing contracts, and we need to identify what that means. In the next session need to think about, as we move into the new planning year, what are the opportunities around new funding.</p> <p>Ms Major suggested considering what we would do, for example, with £250k for the people of Sheffield to reduce inequalities– what is our vision? Ms Latimer agreed that would be a good exercise to undertake.</p> <p>ACTION: consider this thought experiment for a future development session in relation to health inequalities spend.</p> <p>Dr McMurray agreed that the Board needed to create headspace to build relationships across 'place'.</p> <p>Ms Brown noted that we need to develop our intelligence and Children's have commenced some work around children who are on multiple waiting lists (eg; neurodisability, CAMHS, sleep service). Ms Brown noted that they would be happy to share that with partners so that we can do something outside the usual silo working.</p> <p>ACTION: Ms Brown to share this organisational intelligence at the next development session.</p> <p>Mr Fell noted that we shouldn't forget the things we are doing day-to-day and that we have halved the infant mortality rate over the past 10 years, which needs acknowledging.</p> <p>Ms Latimer responded that require transparent discussions about what we are doing and reprioritise. Clarity around decision making is required as there shouldn't be inertia due to the new NHS structures.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • Map the priorities identified at the session. Link them to existing workstreams in 'place' at South Yorkshire level and in collaboration to inform the 'place' plan for the next 12-18 months; • consider, as a partnership, the principles around Health Inequalities, Community Development, including the commencement of dialogue with communities; • consider the 2-3 things we want to get behind as a partnership and where we can add value – please forward any ideas/thoughts; • clarity around decision making is required as there shouldn't be inertia due to the new NHS structures. <p>Sheffield Health and Care Partnership Board noted the summary of the organisational development session and the actions, as discussed.</p>	<p>EL</p> <p>RB</p> <p>IA/SB/KR</p> <p>ALL</p> <p>IA/SB/ALL</p> <p>ALL</p>



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06/23	<p>Sheffield System Oversight Committee Report</p> <p>Mr Atkinson provided the key highlights following the inaugural meeting of the Sheffield Oversight Committee.</p> <ul style="list-style-type: none"> ➤ Ms Mills provided a finance update to the Committee which facilitated excellent discussions toward understanding partner finance ➤ A performance report was submitted, which plays into the discussions held in item 05/23, around where we want to move to on some key milestones and what we do in the short-term versus the medium-term; ➤ A verbal Quality and Patient Safety update was provided and Mr Windle confirmed that the Quality and Patient Safety report is under development ➤ A verbal update on Planning outlining the national versus the place asks was given, including the deadlines for the draft and final planning submissions ➤ Finally, two reports were submitted; 1) around discharge funding and how that was utilised, and 2) acute respiratory funding with effective learning taken from both areas. <p>Mr Fell outlined that Sheffield City Council holds a lot of performance data it was agreed that he liaise with Mr Atkinson to cross reference the data available across the system to ensure that we gain a complete picture across the local authority and health agenda.</p> <p>ACTION: Mr Atkinson and Mr Fell to meet and discuss in more detail.</p> <p>Ms Brown referred to a small amendment in the report that an abbreviation references SCH not STH as reported. Additionally, Ms Brown referred to the SY ICB Quarterly Performance Review meeting which is potentially duplication within the system. Ms Latimer responded that when the 'place' arrangements were set up they aimed to reduce duplication. SY ICB have subsequently established the Quarterly Performance Review meeting. Ms Latimer is in ongoing discussions with Gavin Boyle to understand if we should continue to hold both the Oversight Committee and Quarterly Reviews. Ms Latimer's next meeting with Mr Boyle is scheduled for 22 February.</p> <p>ACTION: AG to amend the Oversight Committee report for accuracy.</p> <p>Dr Hunter noted that Sheffield Health and Social Care FT oversight is being devolved via NHS England Single Oversight Framework (SOF) and currently at SOF level 3. Ms Major commented that STH are also SOF 3. Ms Latimer suggested that it would be a worthwhile to discuss these levels at a future meeting as some members of the Board will not have a full understanding of the implications of the different SOF levels.</p> <p>ACTION: AG to add Single Oversight Framework explanation to forward plan.</p> <p>Sheffield Health and Care Partnership Board noted the Oversight Committee report.</p>	<p>IA/GF</p> <p>AG</p> <p>AG</p>
07/23	<p>Sheffield Transformation Committee Report</p> <p>Ms Buchan outlined that this was the inaugural meeting of the Committee and provided an opportunity for the Delivery Group Chairs to meet to discuss</p>	



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	<p>priorities and look at alignment, connectivity and their development. The Transformation Committee will identify what is being progressed and where the Delivery Groups will provide focus moving forward. Clarity will be provided, as the Committee progresses, on how escalations will be reported to the SHCP Board.</p> <p>Ms Buchan noted that the current key risks are around programme management capacity to deliver the priorities.</p> <p>It was acknowledged that there is fragility with some of the Voluntary and Community Sector (VCS) organisations and the Community Development and Inclusion Group will develop programmes to address these sustainability issues.</p> <p>Ms Brown enquired how we are connecting conversations into organisational priorities and noted that it would be helpful to have an information pack that outlined membership of the delivery groups, timescales they were working to and who was responsible for which projects/programmes. Ms Latimer responded that the membership is included within the Terms of Reference and the job of the Committee is to form a 12–18-month plan of our priorities and what we are working towards.</p> <p>Ms Brown noted that it would be helpful to have a narrative of what this is replacing, previously had a traditional commissioning arrangement but we are still in transition of what that means for everyone and how it is connected. Ms Latimer confirmed she will go through at 1-1 meetings as the structure needs to add value and if that is not clear need to work on that for both Committees.</p> <p>Dr McMurray outlined that there is potential for innovation and transformation in Sheffield, we are so focussed on targets, eg; 4 hour waits in A&E, that there is real disconnect between the central approach and need to transform and innovate. Do we have enough capacity to explore innovative ideas, as the opportunity is massive?</p> <p>Ms Major noted that, when the 18 week and 4-hour targets were met they received huge public support. Currently perform poorly against these targets, therefore, need to address that. Some is about transformation, but some is also “business as usual”.</p> <p>Mr Atkinson commented that the partnership needs to provide clarity around the short and medium-term transformation it needs to be conducting as there is an opportunity to reach its objective. Need to understand the barriers and hold ourselves to account.</p> <p>Dr Hilton enquired what we are doing upstream to prevent admittance to A&E and what is the status of same day urgent care access to benefit the Sheffield population.</p> <p>Ms Major noted that reducing health inequalities and empowering communities will help, following which we need to identify what we are going to do about same day access</p> <p>Mr Lindars-Hammond referred to the short timeframe and need to narrow ourselves down and work out how we target certain goals in an 18-month plan.</p>	



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	<p>There are tangible things that can be achieved within 18 months and need to provide parity to different outcomes.</p> <p>Ms Latimer confirmed that the Health and Wellbeing Board and community link has to be clearly tied into an 18-month forward plan.</p> <p>Dr McMurray noted that as a GP practice it is hard to manage broader issues in addition to managing the Quality and Outcomes Framework (QOF).</p> <p>Dr Hilton commented that the QOF is beneficial to outcomes and agreed with Dr McMurray there is a whole industry set up around what the specifications are trying to achieve them and if we had a more local arrangement, it would be hugely advantageous.</p> <p>Ms Major noted that if we are bold as a partnership the radical thing to progress would be something around the wider determinants of health eg; poverty and school readiness. Ms Wilson commented that is why we need to come together as a 'place' to make a difference to those people who are suffering multiple deprivation.</p> <p>Mr Windle acknowledged that we cannot move away from performance targets, but they do not tell you if someone has received a safe quality experience.</p> <p>Sheffield Health and Care Partnership Board noted the Transformation Committee report.</p>	
08/23	<p>Sheffield City Partnership – City Goals Development Update</p> <p>Ms White attended the meeting to present the City Goals Development work of the Sheffield City Partnership.</p> <p>The Sheffield City Partnership Board membership consists of public, private and voluntary sector with the aim to nurture partnership relationships in the city, supporting partners to work together and build networks, facilitating collaboration, joint working, collective influence with a shared vision.</p> <p>Ms Sims outlined that Voluntary Action Sheffield are working with 20 organisations to reach people that they have not traditionally worked with to engage them in the development of the City Goals.</p> <p>Ms Robinson enquired where the City Goal development fits in with Local Area Committees (LAC) and the Sheffield Councils priorities. Ms White responded that the Chairs of the LACs are involved in the process and as part of the development of the goals will be looking at LAC neighbourhood plans. There is a standalone piece of work to address wider engagement, which is important for the whole Council to gain learning, and there is agreement to link into Sheffield Council priorities and other pieces of work.</p> <p>Mr Fell noted that there is a lot of work to do around this key area and how we engage with our communities. It will be a long slow process to shift the DNA of the community and we need to be mindful not to contort it along the way.</p> <p>Ms Major asked whether we had considered how other cities have carried this kind of work out, people want Sheffield to be vibrant and somewhere they want to live. The risk is we spend a lot of time engaging with people regarding what</p>	



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	<p>they want for the city, need to balance the time spent whilst being inclusive. Ms Major asked whether the work links with the Regional Mayor and the economic strategy, for example we could do more on life sciences and health research.</p> <p>Ms Latimer noted that connectivity is important, it has to be about people not just about 'place'. Ms Latimer noted that the Community Development and Inclusion Group should be involved in the work.</p> <p>The Sheffield Health and Care Partnership Board thanked Ms White for presenting the City Goals Development Update and that it is something extremely useful to pursue.</p>	
09/23	<p>Buddying and Peer Mentoring Programme</p> <p>Ms Robertshaw presented a proposal for a buddying and peer mentoring programme between Sheffield HCP Board members and voluntary and community organisations.</p> <p>The proposal outlines a peer mentoring programme involving Board members and VCS leaders with the aim to increase the diversity of voice and thought in HCP decision making; to provide participants with an opportunity to increase their understanding of the lived experiences of each other to create trust; to raise Board members' awareness of the role and contribution of VCS organisations to the health and care sector; and to raise awareness of the role and contribution of our HCP partners among VCS organisations.</p> <p>2 Board members were asked to volunteer to participate in the peer mentoring programme, along with Dr Hilton who had previously expressed an interest in participating.</p> <p>Ms Ettridge outlined the buddying programme which suggests every member of the partnership board works with one community leader to identify if we have the correct perspective, issues, etc, to bring different views into our decision making. The suggestion is to meet with someone a couple of hours before each meeting and hopefully develop a long-term relationship. Due to a forecast slippage in the HCP budget in the coming year, the programme can be fully funded through 23/24 financial year, following which will need to look at sustainable funding moving forward.</p> <p>Ms Robinson noted that it is something VCS organisations would support, and it is also important to widen the voice of organisations, which is a way to incorporate the 'lived experience' into discussions. Ms Robertshaw responded that although the report is focussed on ethnic minority groups, it could easily be widened out to other groups. Ms Ettridge also confirmed that the buddying scheme is wider than ethnic minorities and more diverse.</p> <p>Mr Lindars-Hammond cautioned that we could settle into dealing with the same VCS organisations we are already dealing with and require a more strategic approach to reach out further. Does this Board undertake diversity monitoring for its membership as it would be useful and help inform the gaps.</p> <p>Ms Robertshaw responded that the Board did not currently undertake diversity monitoring and that this could be brought in.</p>	



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	<p>Ms Brown commented that she is supportive and enquired if it is 3 people in terms of mentoring and for the whole Board to undertake the buddying? Ms Brown noted that often have schemes in our own organisations. Ms Robertshaw responded that it was 3 places for mentoring, however if individuals were already participating in a similar programme within their organisations there would be no expectation for them to take part in this scheme.</p> <p>Ms Latimer queried whether sharing a set of management papers is the right thing to do, the conversation is more important what matters to that person, additionally some people may not want to be identified.</p> <p>Ms Major agreed and questioned how interested these individuals will be talking through the papers and may want to obtain a more direct impact of their lived experience which is more difficult to report back.</p> <p>Ms Ettridge outlined that the papers would be a prompt to open the conversation and as the relationship develops it may become broader and bringing the voice back in may shape your thinking, therefore, we can look at how we can do that strategically. If VCS leaders feel they are not gaining value would need to re-evaluate as we know they are already stretched.</p> <p>Dr Hilton noted that broadening understanding and context and bringing in different viewpoints is harder to measure.</p> <p>Ms Robinson agreed that would also worry about focussing on going through the meeting papers. Healthwatch and other organisations discuss different issues in a broader context and would that be a way of bringing that into this meeting, for example, Healthwatch could come to talk about their report on Black women's maternity experiences.</p> <p>Ms Latimer summarised that the Board was supportive of the buddying and mentoring programme establishment. However, before commencement the Board needs to understand what other organisational Boards are already offering to ensure members have the capacity to participate fully.</p> <p>Also agreed that need to develop a robust feedback mechanism to ensure the buddying conversations are brought effectively into meetings.</p> <p>Finally, it was agreed that buddying conversations should not focus on Board papers as it needs to be an equal relationship and want to hear how they feel and how we can bring that back as leaders in the Sheffield space. There is a lot of things on-going and need to link into that with community leaders.</p> <p>ACTIONS:</p> <ul style="list-style-type: none"> • if anyone would like to volunteer link back to Ms Robertshaw by the end of this week. • refine the proposal as per Ms Latimer's summary before commencement; • establish diversity monitoring for Board membership. <p>Sheffield Health and Care Partnership Board noted the report and the action.</p>	<p>ALL</p> <p>KR/LE</p> <p>KR</p>



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10/23	<p>Operational and Financial Planning</p> <p>Ms Buchan and Ms Mills presented the operational and financial planning for 2023/23. Systems and providers are requested to submit five-year joint forward plans before the end of March 2023 with a publication date of 30 June 2023 (for year 1).</p> <p>Mr Kirkham reported that the Sheffield Council's revenue account will be approved today with final budget proposals submitted to Strategy and Resources w/c 27 February, if approved, they will be submitted to full Council on 1 March 2023 and include forecast pressures of £69m for Committees budgets, with approximately £43m of pressures relating to Social Care Services. £48m savings identified to deliver a balanced budget. Additional Business Rates compensation income, extra Social Care funding and the ability to raise Council Tax by 4.99% (previously assumed at 2.99%) support a balance budget.</p> <p>Mr Fell reported that the public health grant has not yet been released and will not be expecting to hear until a week before the new financial year.</p> <p>Ms Brown commented that it is difficult to look further ahead regarding medium-term transformation, who is looking at the cuts, which lines are they are impacting to enable the health budgets to be triangulated?</p> <p>Ms Latimer suggested that operational and financial planning is added to the next meeting agenda when Mr Fell is aware of the public health budget and any impacts for the system.</p> <p>ACTION: AG to add to next agenda.</p> <p>Sheffield Health and Care Partnership Board noted the report and the action.</p>	AG
PART 2 – SECTION 75		
11/23	<p>Delivery of Discharge Funding Scheme</p> <p>Mr Atkinson outlined that the report details the direction of travel for discharge and flow and Alexis Chappell, Director of Adult Social Care, plus other partners, have provided input into the paper.</p> <p>Ambition was discussed at the Urgent and Emergency Care Transformation Group and the two appendices provide detail of the £5.6m allocation of discharge monies for South Yorkshire ICB (Appendix A) and Sheffield (Appendix B). The pie chart on slide 7 of Appendix A show the Sheffield Adult Social Care Discharge Fund spend by scheme type for 2022-23 and new ways of working were put in place to relieve pressure on the back door, which has helped us to determine a model for the medium-term discharge pathways. An updated paper is being submitted to the Urgent and Emergency Care Group in March outlining how it was mobilised and the impact made.</p> <p>Ms Latimer expressed thanks for all the challenging work, within very tight timescales.</p>	



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	<p>Dr McMurray noted that this shows great integrated working, and it provides an opportunity to look at those patients who do not meet the threshold for admission to enable them to stay in the community.</p> <p>Ms Brown noted that it is helpful to see the data and a buddy conversation could be held around the parity between physical and mental health. Mindful of children who are delayed, in particular over 16's presenting at STH with mental health issues. Mr Atkinson agreed that this is a risk for the partnership and need focus on where the discussions are happening and how front-end mental health operates to bolster the mental health offer for children and adults.</p> <p>Dr Hunter commented that there will be an opportunity within the next financial year to resolve some of this with additional mental health funding.</p> <p>Dr Hilton outlined that there are interdependencies between a lot of the things we are talking about, key parts of the Primary Care Strategy aim to take pressure off in the acute area.</p> <p>Ms Major noted that we need to think differently around mental health and the lived experience. We need to set a target and hold ourselves to account of what is an acceptable level of delay. Mr Atkinson responded that we can only get so far with the existing model without doing something significant moving into next winter and a different model is required with a challenging debate so that we can hold ourselves to account.</p> <p>Ms Latimer agreed we need a target to set ourselves that can be shared as a system which can be considered at the Oversight Committee and how we can evolve as a city.</p> <p>Ms Major queried the Falls Service and its current status. Mr Atkinson responded that, following the publication of the national specification, the City-wide Alarms and Falls Service was extended to 7 days per week and provided huge value for admission avoidance with one evaluation highlighting potential expansion of the service. Mr Windle outlined that the service is clinically assessed and need evaluation of each scheme to present and show how useful they have been. South Yorkshire Ambulance Service report that patients who fall are mainly conveyed to hospital due to kidney injury, therefore, require evaluation and extension of the service.</p> <p>Mr Lindars-Hammond enquired if a commercial service could become an integral part of the system, currently it isn't, but if it is valuable, it should be.</p> <p>ACTION: Mr Atkinson and Ms Chappell to submit a paper on the future vision for discharge pathways to the next meeting.</p> <p>Sheffield Health and Care Partnership Board noted the report and the action.</p>	IA/AC
12/23	<p>Section 75 Agreement 2023/23 Sign-off</p> <p>Ms Buchan outlined that the national Better Care Fund (BCF) programme refers to a Sheffield Council and SY ICB pooled budget, which is part of a national requirement. The revised plan was approved in January 2023 by NHS England and the Section 75 pooled budget agreement has been amended and</p>	



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	<p>updated as part of that programme. Sheffield has one of the largest BCF's in the country and Ms Latimer requested that a more in-depth session on the BCF, what it means from an integration and planning perspective, and what is making the biggest impact is included in one of the organisational development sessions.</p> <p>ACTION: AG to note BCF on development session forward plan.</p> <p>The Sheffield Health and Care Partnership Board noted the report agreed a more in-depth session would be helpful.</p>	AG
PART 3 – ICB SHEFFIELD PLACE SUB-COMMITTEE		
13/23	<p>Month 9 Sheffield Place Finance Report</p> <p>Ms Mills outlined that the report provides an update on the financial position as at the end of December 2022. Part A of this report provides an overview of the financial position of Sheffield partners and outlines shared financial issues. Part B of the report provides more detailed information on the ICB (Sheffield) financial position as at Month 9 (December 2022).</p> <p>Part A. Partners are currently forecasting a £28.6m revenue deficit for the year. This is made up of a forecast deficit of £17.4m in the people portfolio in Sheffield City Council (which is the main driver of the council's overall forecast deficit of £18.7m); and £11.2m in NHS organisations (£3.9m Sheffield Health & Care FT and £7.3m in the Sheffield place, part of NHS South Yorkshire). In terms of the NHS position, the South Yorkshire ICS continues to report overall balance with pressures within specific organisations assumed to be offset by savings within the ICB. Partners are working together to confirm specific actions and mitigations to deliver this balanced position. Teams across all organisations are working hard to finalise plans for 23/24 budgets. Sheffield City Council Strategy and Resources committee received an update of budget proposals at its meeting on 19 December. Draft Operational and Financial planning guidance for NHS organisations was issued on 23 December. A separate update on NHS planning will be provided to this meeting.</p> <p>Part B. The financial plan submitted by the ICB (Sheffield Place), as part of the overall NHS South Yorkshire system financial plan, was a forecast in year deficit of £8.31m. Whilst additional resources have been received since the original plan, the majority of these relate to additional expenditure commitments required. A small improvement to this forecast is now expected, with a revised forecast deficit of £7.3m reported as at the end of December 2022. Dr McMurray enquired why Sheffield is always in deficit. Where do we spend money compared to other areas? Ms Mills responded that she was currently reviewing various benchmarking information in order to piece together what can be said about spend in different parts of the system. There is a lot of information in Core Cities and Adult Social Care and will report back to the Transformation Committee on the economics and efficiencies.</p> <p>ACTION: Ms Mills to bring back the benchmarking data for the Board to consider once work has been completed.</p> <p>Sheffield Health and Care Partnership Board noted the financial position at month 10.</p>	JM



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PART 4 – ANY OTHER ITEMS		
14/23	Items of Any Other Business No other items of business were raised at the meeting.	
Date and Time of Next Meeting Tuesday 18 April from 09:00-12:00 – The Conference Room, Sheffield Town Hall		