



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

TUESDAY 6 DECEMBER 2022
13:00-15:00 via MS-TEAMS

ATTENDEES:	<p>Emma Latimer (EL), Executive Place Director for Sheffield, SYICB Angela Argenzio (AA), Elected Co-Chair of Health and Wellbeing Board, Sheffield City Council Steven Ayris (SA), Deputy Chair, Adult Health and Social Care Policy Committee, Sheffield City Council Ruth Brown (RB), Chief Executive, Sheffield Children’s Hospital FT Alexis Chappell (AC), Director of Adult Health & Social Care, Sheffield City Council Greg Fell (GF), Director of Public Health, Sheffield City Council Andrew Hilton (AH), Chief Executive, Primary Care Sheffield George Lindars-Hammond (GL-H), Co-chair of Adult and Social Care Committee, Sheffield City Council Kate Josephs (KJ), Chief Executive, Sheffield City Council (part) Kirsten Major (KM), Chief Executive, Sheffield Teaching Hospitals FT Jackie Mills (JM), Chief Finance Officer Sheffield Place, SYICB Zak McMurray (ZMc), Medical Director for Sheffield Place, SYICB Judy Robinson (JR), Chair, 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 Joe Horobin, Director of Integrated Commissioning, Sheffield City Council (attending on behalf of Andrew Jones, Director of Children’s Services) Dr Mike Hunter, Medical Director, Sheffield Health & Social Care FT (attending on behalf Jan Ditheridge, Chief Executive) Kathryn Robertshaw (KR), Interim Director Sheffield Health & Care Partnership (HCP) Karen Shaw (KS), Executive Assistant, Sheffield Place, SYICB [Minutes of Meeting]</p>



ITEM NO.	AGENDA ITEM	ACTION
PART 1 – INTRODUCTION		
01/22	<p><u>Apologies Received</u></p> <p>Jan Ditheridge (JD), Chief Executive, Sheffield Health & Social Care FT (Dr Mike Hunter, Executive Medical Director attending on behalf), Ryan Keyworth (RK), Director of Finance, Sheffield City Council and Andrew Jones (AJ), Director of Children’s Services, Sheffield City Council.</p>	
02/22	<p><u>Declarations of Interest</u></p> <p>Ruth Brown had declared her interest as a Trustee at Voluntary Action Sheffield. There was no conflict of interest recorded for today’s meeting.</p> <p>Under item 08/22, Andy Hilton advised that Primary Care Sheffield runs Buchanan Road practice so there could be a perceived conflict of interest.</p> <p>No further conflict of interests were noted.</p>	
03/22	<p><u>Introductions and Context Setting</u></p> <p>As this was the inaugural meeting of the committee, introductions were made. The Chair explained that this meeting would primarily focus on the ‘technical’ elements as going forward she did want the meetings to be dominated by Governance. As the meetings progressed, it would be the intention to collectively discuss and address the big issues facing the city; the meetings will also become public facing.</p> <p>The Chair indicated that at a future meeting there would be a more detailed discussion on the how we are going to make sure that the partnership work addresses some of the wider determinants of health, how we work collectively together, how are we going to measure outcomes and what difference do we want to see for our population on a two, five and ten year basis and how do we start to think differently about what we do.</p> <p>ACTION: AG to add wider determinants of health, on the forward plan, and how the partnership will work collectively together and EL to indicate timeline for discussion.</p>	EL/AG
PART 2 – PARTNERSHIP SECTION		
04/22	<p><u>Terms of Reference</u></p> <p>➤ Sheffield Health and Care Partnership Board The Chair presented the Terms of Reference for the Sheffield Place Health and Care Partnership Board and sought comments from members.</p>	



ITEM NO.	AGENDA ITEM	ACTION
	<p>Judy Robinson reflected on the structure (under 2) – what was the read across from engaging, working with people and how they are then involved in the decision-making processes. The Chair advised that there was an engagement committee within the ICB which covers South Yorkshire and explained the rationale for how this was presented in the Terms of Reference. The Chair advised there was a diagram which showed all the sub-committees of the ICB and agreed to share with colleagues to help clarify where the decision making happened.</p> <p>ACTION: Chair to share diagram of SYICB Sub-Committees.</p> <p>Greg Fell agreed the Terms of Reference as presented. He concurred with Judy Robinson that there is something fundamental around the operating principles ensuring the inclusion of public voice and the mechanism for enacting that which would need to be considered.</p> <p>Councillor Lindars-Hammond asked if the Terms of Reference needed approval from other places/organisations. The Chair advised that it could be helpful in terms of gaining sign-off across the system, but the committee would not be replacing individual Boards</p> <p>Ruth Brown supported the Terms of Reference. She assumed that all participants were contributing to all of the meeting and that if a vote/view was required then it would be members who would take forward. She wondered if there was a need to create something which could articulate to others what the partnership was.</p> <p>Moira Wilson acknowledged that there was an ICB level communication/participation committee but also felt it important that we look at this at Place level – how do we explain what is happening in the new arrangements to our population? The Chair asked if there were examples from organisations, these may be helpful. We need to co-produce and co-design this especially around engaging the population.</p> <p>Kathryn Robertshaw advised that the aspiration would be to take a more formal Partnership agreement to Boards and equivalents in the Spring. Some presentations to Boards would be undertaken in January/February to start to describe the Partnership. She was currently in discussion with colleagues at SCC to see how to take this forward and suggested that Cllr Lindars-Hammond be linked to those conversations.</p> <p>ACTION: Kathryn Robertshaw to link Councillor Hammond into discussions.</p>	<p>EL</p> <p>KS</p>



ITEM NO.	AGENDA ITEM	ACTION
	<p>Kirsten Major reflected on the discussion on public engagement. All of the partners have Sheffield specific engagement within their own organisations. How could we use current structures effectively to support this work? The Chair asked if the group could consider how the networks currently in situ could help to support the work of this group.</p> <p>The Terms of Reference were agreed.</p> <p>➤ Sheffield Chairs Group The Chair presented the Terms of Reference for this group. Following a discussion with the Chairs, they felt that it would be better if they sat outside of this Board, in the future, which would not be a decision-making group. Annette Laban had agreed to chair the group, which would be held on a quarterly basis. They would receive papers from this meeting going forward.</p> <p>ACTION: it was agreed to develop public facing materials to describe the partnership in the future.</p> <p>The Terms of Reference were agreed.</p> <p>➤ Sheffield Transformation Committee Sandie Buchan provided an oversight of the purpose and remit for the committee as described in the Terms of Reference. It was proposed that the initial meeting would take place in January and that the Terms of Reference would be reviewed at its initial meeting to ensure that all requirements were being met.</p> <p>The Chair added that it would also be about understanding the interdependencies between delivery groups. The terms of reference and requirement for the committee to exist on an ongoing basis would be reviewed after 12 months.</p> <p>The Terms of Reference were agreed.</p> <p>➤ Sheffield Oversight Committee Ian Atkinson described the purpose and remit of the Sheffield Oversight Committee. The Terms of Reference may be refined as the committee evolves. In terms of attendees, operational colleagues within partners at Place had been included and people would be brought in, by exception, when required.</p> <p>Judy Robinson commented that although she was pleased to see Voluntary Action Sheffield as an attendee, she wondered where the patient/public voice was to get the additional perspective on lived experience.</p>	<p>KR</p>



ITEM NO.	AGENDA ITEM	ACTION
	<p>The Chair responded that the newly formed Community, Development and Inclusion Group would include representation from different groups. There was a huge power imbalance in the city with regard to decision-making and therefore a need to review how we engage and consult with grass root organisations as well as voluntary and community infrastructure groups but also generally with the public. We need to use information in a really pro-active way and build on the work already underway in the city. Judy Robinson welcomed the comment regarding working through the issues and suggested therefore that the Terms of Reference for some of the groups should be reviewed to think about how the link and read across is made and offered her help to address this.</p> <p>Moira Wilson enquired about the relationship between the Transformation and the Oversight Committees as she thought they needed to complement one another. She thought there was an overlap in terms of membership and noted that we need to make the best use of people's time to reach a complimentary decision before it comes to Board. The Chair explained the rationale for the parallel process in the setting up of the committees.</p> <p>Kirsten Major expressed her nervousness about a lack of 'clear blue water' between transformation and oversight, the time involved for senior people and the balance of the delivery groups which should be identifying and managing risk. The Chair acknowledged the comments and noted that we would need to see how it progressed. Feedback from existing delivery groups shown that they felt they often worked in silos. We need a system that adds value and she saw this as a starter for 10. If it did not feel right, then it would need to be reviewed quickly. She suggested that it run for a few meetings and then be reviewed to see how it fits.</p> <p>Kate Josephs agreed there was a risk of having two boards with the same membership but was reassured that the transformation committee could be time limited – she thought there would be a lot of strategic base lining and vision setting next year as well as work on the city goals and other work that goes broader than health and care and it felt like there should be some longer sessions that should be strategy forming that feel a little different to a governance meeting.</p> <p>Kirsten Major suggested that a temperature check be taken at four months to see how this was evolving. The Chair welcomed this suggestion.</p> <p>Ruth Brown supported the suggestion of a four-month review. She highlighted that the quoracy highlighted that four partners (60%) should be present and wondered if this should be kept under review</p>	



ITEM NO.	AGENDA ITEM	ACTION
	<p>to ensure it was not the same partners attending each time and that everyone was engaging and attending.</p> <p>Councillor Lindars-Hammond drew attention to the development of the delivery group workstreams as he wondered how much risk the groups could take on and how much confidence the groups could gain in what they do as this would be hugely important. It would be six months before we understand the on-going role and place of the committees and he hoped that some of the uncertainties about the task of the Transformation and Oversight Committees might be answered once the role and how much responsibility the workstreams can hold were answered.</p> <p>Greg Fell highlighted that with regards to the development of the workstreams, consideration should be given to the nuance between health and care delivery. The Health and Wellbeing Board would remain responsible for health and wellbeing. As the workstreams develop he suggested they should enact the six Marmot principles and consider the balance of the sustainability of the delivery machine and the shift leftwards, which would provide the change. The Chair commented that we need to connect the Health and Well Being Strategy and the work that happens at this Board.</p> <p>Andy Hilton joined the meeting. He asked where the strategy was being driven from and concurred with comments that there needed to be a common purpose – what are we trying to achieve, what is the overarching goal?</p> <p>Alexis Chappell thought it would be helpful to do the mapping exercise in order to look at the connections and connectivity between groups. She agreed that four months would be a good time to do a temperature check. Additionally, she thought there should be a line of sight to the Safeguarding Board and how the Chair of the Safeguarding Board links into the Chairs meeting. Although the Chair agreed there should be a line of sight to safeguarding, she wasn't sure the Chair's group was the right group for this connection. Alun Windle added that this would be an important link as we progress forward as it is a statutory role in Sheffield.</p> <p>Zak McMurray reiterated that the relationship between the transformation and the delivery elements would be really important and thought that we would need to empower that part of the system to challenge us to really think as a genuine partnership which would create the change required.</p> <p>ACTION: The Sheffield Place Health and Care Partnership Board agreed the Terms of Reference for the Groups, noting they would be reviewed in four months. AG to add to forward plan.</p>	<p>AG</p>



ITEM NO.	AGENDA ITEM	ACTION
05/22	<p><u>Sheffield Delivery Groups Update</u></p> <p>The Chair provided feedback from the meeting, held the previous week with delivery group leads, to ensure their awareness of the new partnership arrangements and begin to describe how the different groups could engage with it.</p> <p>Ruth Brown asked about next steps as she felt, from a Children's perspective, the work needed to happen quickly. The Chair advised that the notes of the meeting would be issued, and that Sandie Buchan would progress the development of the Delivery Groups and establish the first meeting of the overarching Transformation Committee in January.</p> <p>ACTION: SB to schedule meeting in January.</p> <p>Andy Hilton emphasised that there was insufficient Programme Management resource in elective and primary care programmes to further progress the work discussed in meetings. Where there was Project Support, progress is being made. The Chair responded that there was a lot of resource in place in Sheffield and once the ask is clear of the programmes, then we would need to ensure there is the right capabilities and capacity in the right place and supporting the programmes of the highest priority and that the Place team are leaning into the Sheffield Partnership to support that.</p> <p>Andy Hilton stressed that this is a need to ensure that we are working smartly and not duplicating work that is happening across South Yorkshire. If another Place does good work, need to life and shift making sure that it does cut across what we do locally.</p> <p>The Chair agreed but commented that the Place is not the statutory body and work is still going on to clarify what Place versus System means but, in her view, within the Place Team, there is a lot of resource which needs to be in the right places and if there are gaps in skills, then we need to think about it as a partnership.</p> <p>The Sheffield Place Health and Care Partnership Board noted the update.</p>	SB
06/22	<p><u>Organisational Development and Strategy Development</u></p> <p>The Chair asked the group to consider the need for a new strategy to drive this work. The Chair noted that the Shaping Sheffield strategy had been produced previously as well as a more recent 10-year vision for the HCP. Were these still relevant? It was proposed that the Board take some time out to think about what we are trying to achieve, what binds us together and think about a 10 year look forward?</p>	



ITEM NO.	AGENDA ITEM	ACTION
	<p>Greg Fell added the following points:</p> <ul style="list-style-type: none"> • The Health and Wellbeing Strategy is about health and wellbeing and not just about NHS and care and delivery; • The Shaping Sheffield Strategy was good and he would not want a full re-write as it was very labour intensive but there may be merit in testing the principles with the strategy; • If we do re-write the strategy it would need to be kept succinct and focus on the Marmot principles, the importance of the delivery system and the shift into creating health, which is fundamentally different than chasing demand. <p>The Chair agreed that the strategy should be dynamic and include goals and outcomes.</p> <p>Angela Argenzio alluded to the strategy currently in development for the Integrated Care Partnership. She also agreed that any new strategy would need to be succinct as we need key messages that are easily understood by lay members and the public. Language would be important.</p> <p>The Chair commented that the Integrated Care Partnership Strategy should be drawn from the four Health and Wellbeing strategies of South Yorkshire.</p> <p>The Chair sought consensus from members to hold two half day face to face OD sessions to help build relationships and take this forward, which was agreed. These were likely to be held in January and March 2023</p> <p>ACTION: EL to lead on the development of these sessions and schedule dates.</p> <p>The Sheffield Place Health and Care Partnership Board noted the update.</p>	EL
07/22	<p><u>Schedule of Meetings</u></p> <p>The Chair presented a proposed schedule of meetings for the Sheffield Place Health and Care Partnership Board for 2023/25. It had been agreed to hold the Board meetings bi-monthly, from 6 December 2022.</p> <p>It was noted that the next meeting in February fell in half term and consensus would be gained to see if this could go ahead or if the date needed to be changed.</p> <p>ACTION: AG to check availability of members for the February date and feedback to EL to ascertain if the date requires rescheduling.</p>	EL/AG



ITEM NO.	AGENDA ITEM	ACTION
	<p>The Sheffield Place Health and Care Partnership Board agreed the schedule from February 2023 to April 2025, noting the possible change of date for 14 February 2023.</p>	
08/22	<p><u>Review of Primary Care Capital Business Case</u></p> <p>Jackie Mills, Chief Finance Officer, Sheffield Place, advised that South Yorkshire had been successful in receiving confirmation of £57.5m funding to enhance Primary Care as part of a Sustainability and Transformation Plan (STP) bid for Wave 4b capital funding. Whilst funding was confirmed in 2019, final approval of the programme business case was not signed off by Treasury until March 2022.</p> <p>Although it is being managed on a South Yorkshire and Bassetlaw basis, £37m of the £57m related to schemes in Sheffield as per the original scope of the proposal, of which £32m related to schemes to build up to five primary care transformational hubs in three of the city's Primary Care Networks (one in the city centre, two in Foundry network and two in SAPA network).</p> <p>She advised that following a comprehensive evaluation, options appraisal, and pre-consultation engagement process, NHS South Yorkshire undertook a 10-week consultation exercise from 9th August 2022 to 10th October 2022 to consult on the proposal to relocate some GP practices in Sheffield to new health centres (Hubs). Consultation was not undertaken on the City Hub proposal as part of this process as the preferred location for this facility is not confirmed.</p> <p>The purpose of this Decision-making Business Case (DMBC) is to decide on which, if any, health centre hub proposals should move forward to the next stages. To do this the DMBC reviews the outcomes of public consultation, equality impact assessment (EIA), together with the four years of development undertaken to produce the Strategic Outline Case (SOC) and Outline Business Case (OBC).</p> <p>It also aligned other factors that have developed during the consultation process and ensures that the final proposal is deliverable in service, economic and financial affordability terms. People will be aware that since the funding was awarded, based on costs in 2018, building cost inflation alongside limits on availability of materials and workforce have had a significant impact on what can be delivered within the required timescales and envelope. We had looked to test whether there is any flexibility in terms of time and resources but given the change in the national economic context, we have concluded that we need to go forward with proposals that fit within the original envelope.</p> <p>JM highlighted that the draft recommendations of the DMBC were outlined in section 5 of the report, which was that we move forward with three of</p>	



ITEM NO.	AGENDA ITEM	ACTION
	<p>the four hubs that were consulted on. This would be a new hub in Burngreave, to be built next door to the current site of Sheffield Medical Centre (relocating two practices, Burngreave practice and Sheffield Medical Centre into that currently operate from four sites); one in Fir Vale (relocating two practices Page Hall and Upwell Street) and finally one in Parsons Cross (relocating three practices Buchanan Rd, The Healthcare Surgery and Margetson (a branch of Ecclesfield Group Practice). The fourth hub, proposed to be built a Concord Leisure Centre was no longer being pursued, due to the views expressed before and during the consultation. Although one of the proposed practices felt there could be suitable mitigations to the concerns raised, the other practice did not feel able to proceed. Significant concerns were also raised by Scrutiny. Sheffield City Council had confirmed, at its Strategy and Resources Policy Committee, that it would be the delivery partner for building the new hubs.</p> <p>It was further noted that:</p> <ul style="list-style-type: none"> • This programme had followed the NHS England Service Change Assurance Process which requires a review at each stage of the development process to ensure sufficient and appropriate public involvement has taken place and that NHS South Yorkshire is responding appropriately to the findings of this. The process reviewed the operation of the consultation last week and NHSE was supportive in terms of the steps which had been taken to engage. • A draft of this DMBC was due to be presented to the Sheffield City Council Health Scrutiny Sub-Committee on the 7 December and to the Strategic Patient Involvement, Experience and Equality Committee on 20 December to inform the final DMBC which will be presented to NHS South Yorkshire Board on 4 January for decision. • If approved, next steps will involve finalising the procurement options to be included in the Outline Business Case, firming up the service model with the practices and partner organisations on which wrap around services could be delivered within the hubs, and obtaining planning permission. <p>JM opened the meeting for questions.</p> <p>Councillor Ayris advised that the Health Scrutiny Sub-Committee had set up a Task and Finish Group to provide a written response and asked if this had been included. Jackie Mills confirmed that it had been submitted and was included within the DMBC and had informed the decisions put forward, but she thought there was further work required to look at the detail, which was quite comprehensive.</p> <p>As a point of clarification, this was independent of the work underway in the city centre premises and he asked if the funding was discreet as well.</p>	



ITEM NO.	AGENDA ITEM	ACTION
	<p>Jackie Mills advised that the £32m for the hubs included the city centre so the assumption is that we would proceed separately on that proposal – as it did not go through the consultation it was not part of the DMBC.</p> <p>Judy Robinson referred to Page 15 and the quote '<i>there is clear public support</i>' as she thought the consultation showed a more mixed response and suggested it could be nuanced to be more accurate. Related to that, and picking up points raised at Health Scrutiny Committee, relating to transport, disability and access, she thought these would be critical. She did not see the strength of mitigating actions about them in the report and would like to see this strengthened and that there would be on-going dialogue with patients about their experience. Jackie Mills agreed to reflect the comments.</p> <p>ACTION: Jackie Mills to consider comments.</p> <p>Greg Fell advised that the Health Scrutiny Committee comments were exceptionally helpful and acknowledged there was more work to do in terms of the detail. He reflected on the comments around transport and acknowledged that this was an 'elephant in the room' as we do not control the transport but would do what we could with regard to mitigation.</p> <p>Mike Hunter referenced the paper and asked to what extent this was an infrastructure to sustain and develop primary care as is or the extent to which transformed aspects of primary care eg; primary community mental health. How much of this was in the thinking?</p> <p>Jackie Mills advised that there are multiple objectives, one of which is around sustainability of the practices in these areas and the challenges they face and also there are opportunities to bring services together under one roof to alleviate people having to make multiple journeys to access other services. This would be the next stage in actually firming up the service and what wraparound services could be put in place to complement primary care services and avoid some of the journeys that would stop people accessing services elsewhere. There are some real opportunities in terms of bringing services together in local communities. The two networks concerned serve some of the population in the most deprived areas of the city.</p> <p>The Chair added that this was also about the retention of workforce and also about integration of care at the point of delivery. These assets would be community assets for the population of Sheffield rather than primary care assets. It was noted that Sheffield was the only Place receiving investment in primary care premises at this point in time so we need to hear the voice of the public, ensure that people can access the new services and that this is fed into the consultation.</p>	<p style="text-align: center;">JM</p>



ITEM NO.	AGENDA ITEM	ACTION
	<p>Zak McMurray reiterated that there needed to be a balance between trying to maintain the sustainability of all the practices in the areas. Some practices will be sustainable long term as individual units, but other practices will struggle; we have to maximise the skill mix but also make these practices attractive for partners in the long term.</p> <p>The Sheffield Place Health and Care Partnership Board noted the recommendations in the paper, noting that the final version would be presented for approval at the Integrated Care Board in January.</p>	
09/22	<p><u>Sheffield Place Health and Care Partnership Brand</u></p> <p>The Chair presented this paper which provided options for the name, brand and potential launch of the partnership to partners and the public. The Board was asked to approve the recommendations to keep the existing name, branding and logo but to develop a full communications and engagement campaign plan to launch the partnership to the public and partners explaining what the new partnership is and what we do.</p> <p>Members agreed not to use the word 'Place' as Sheffield was the 'Place'.</p> <p>ACTIONS: a full communications and engagement plan to be developed to launch the partnership to the public and partners.</p> <p>The 'Place' to be removed from documentation moving forward.</p> <p>The Sheffield Place Health and Care Partnership Board approved the option to keep the existing name, branding and logo noting the intention to develop a full communications and engagement campaign plan to launch the partnership to the public and partners.</p>	<p>KR</p> <p>AG</p>
10/22	<p><u>South Yorkshire Integrated Care Partnership (ICP) Strategy</u></p> <p>The Chair introduced the slides which had been provided to update on the progress with the development of the South Yorkshire Integrated Care Partnership Strategy.</p> <p>Sandie Buchan highlighted that the timeframe for finalising the strategy was the end of December and the Five Year Forward Plan, which would describe how to deliver the strategy, by April 2023. She advised that the Integrated Care Partnership had met and membership comprised colleagues from across NHS organisations, the voluntary sector and the Local Authority.</p> <p>She detailed the Vision and advised that an engagement exercise was being undertaken in parallel with a campaign on 'What matters for you'? gaining feedback from the population to inform the strategy development.</p>	



ITEM NO.	AGENDA ITEM	ACTION
	<p>She highlighted that the National Guidance states that the strategy would set out the direction of the system by setting out how we all work together to deliver joined up preventative and person-centred care. The ICS vision is currently that '<i>everyone lives a healthier, happier life for longer</i>'; and the slides detailed the goals, shared outcomes and the enabling strategies such as finance, workforce and quality.</p> <p>The ICP Strategy was high level, but the place-based plan would require place-based priorities and the groups previously alluded to would be responsible for developing the plan and implementing the priorities. These would be approved by the Sheffield Health Care Partnership Board and the ICP as they move forward.</p> <p>The meeting was opened for comments/questions.</p> <p>Judy Robinson, Healthwatch, enquired if the strategy would be circulated for comment in its draft form.</p> <p>ACTION: Sandie Buchan to send draft version to partners noting that the strategy was a combination of health and wellbeing strategies from each of the four Places.</p> <p>Alexis Chappell felt that the development of the strategy had been a useful process so far but updated that diverse communities had been added to the Vision statement to reflect the communities/people that we support and to provide focus on the equalities element. She thought that going forward it would be helpful to have a 'joining of the dots' conversation to ascertain where it all fits.</p> <p>Mike Hunter updated on the conversation around mental health mapping across the system. He suggested that the bold ambition which sits under the Strong and Vibrant communities section could be paraphrased as being participatory and active in a productive local economy, which is right and crucial for sustainability, but thought there needed to be some translation from what that means for those that may get left behind in that kind of framing.</p> <p>ACTION: The Chair thought it would be useful to consider this further at a planned OD session going forward.</p> <p>The Sheffield Place Health and Care Partnership Board noted the update.</p>	<p>SB</p> <p>EL</p>
PART 3 – SECTION 75		
11/22	<p><u>Adult Social Care Discharge Fund Update</u></p> <p>Alexis Chappell presented the paper which provided information relating to the recently announced Adult Social Care Discharge Funding and the</p>	



ITEM NO.	AGENDA ITEM	ACTION
	<p>process being undertaken in Sheffield Place to ensure effective use of the allocation.</p> <p>She highlighted that the Government had issued the £500m discharge fund and proposals were being put together for the money which had to be spent by 31 March 2023.</p> <p>She expressed her thanks to Judith Town, Senior Finance Manager, Sheffield Place, for her work in co-ordinating the plans/proposals which would be overseen by the Operational Group. The plans would be submitted by the end of this week and the final system plan would be presented for comment and approval to the Chair of the Sheffield Health and Wellbeing Board before submission on 16 December 2022 to NHS England.</p> <p>She highlighted that there had been good work across all partner agencies to map out how the system can work effectively together and how it would impact on discharge.</p> <p>The Chair opened the meeting for comments/questions.</p> <p>Kirsten Major felt this was a helpful paper but raised a question around governance; the paper did not provide any proposals and she thought that the Section 75 group should sign off the proposals. The paper suggested that this was being delegated to executives before submission to the Chair of the Health and Wellbeing Board for approval and described a role for SSDIG, which was not shown on any of the organisational charts, and she was concerned about signing off a paper and a process when she was not aware of any of the content.</p> <p>Alexis Chappell advised that the governance process guidelines had been dictated by the Government. This would be via the Better Care Fund which sets out that it must be the Chair of the Health and Wellbeing Board who signs off the submission back to Government. In terms of the governance of partnerships, discussions had taken place with partners to use SSDIG as the system partnership group to review the plans/proposals. There would need to be discussions in the future about ways of working but because of the pace required and the governance guidelines laid down by the Government, this had been the process followed so far.</p> <p>Kirsten Major acknowledged the comments, but she thought that this group was the Better Care Fund group and so should be the group to approve the plans/proposals.</p> <p>Jackie Mills concurred that this was a national mandated timetable which required plans to be submitted by 16 December. The timetable set by NHS England; there are many conditions which need to be demonstrated</p>	



ITEM NO.	AGENDA ITEM	ACTION
	<p>to NHSE to be able to draw down this funding. A pragmatic solution needed to be found and going forward, the process would need to be refined and the learning taken into the Partnership so that next time, proposals are already on the table. She would be happy to review going forward but a set of plans are required for 16 December.</p> <p>Ian Atkinson concurred this was not an ideal scenario and it was one of the most challenging deadlines he had seen for this level of funding in recent years. He wondered whether all executives in partner organisations had line of sight on the ability to respond on the proposals being made by our colleagues working on this. In view of the tight deadline, on this occasion, there would need to be a pragmatic view and going forward the plans would continue to be developed with partners across the Place.</p> <p>Ruth Brown took the opportunity to raise children's discharge. Although they were much smaller in number, they are very complex patients and she provided an example of a child who had been medically fit for discharge since 24 October and was still under the care of SCH, whilst attending school every day. We need to find ways to spotlight the children's' social care delays.</p> <p>Alexis Chappell reiterated the governance and timelines from the Government and suggested that the proposals be circulated for comments. Ultimately, there is a decision-maker in process as set out by Government that will have to be followed.</p> <p>The Chair advised that the idea of this partnership was to have the discussions about resourcing and to have some debate about what works, outcomes etc. It was hoped that the Board would be able to have much more in-depth discussion about where we need to prioritise resource going forward as a system. She acknowledged that the Chair of the Health and Wellbeing Board would need to approve this submission and that if this group had been more mature, the process may have been different, but NHS England had not afforded us the time to delay on this occasion.</p> <p>Kirsten Major asked who would be making the recommendation to the Chair of the Health and Wellbeing Board to sign off the package of proposals for submission. From the paper submitted, people were working up proposals, but it was unclear to her who was making decisions on setting priorities and she thought some group would need to be accountable/responsible for doing that and she did not think that the process as set out currently did that. She thought that organisations would be held accountable and the fact that it could not be described was a risk to the system.</p>	



ITEM NO.	AGENDA ITEM	ACTION
	<p>The Chair acknowledged her concern. Although this had been done in a short period of time, it did not mean that virtual sign off could not be undertaken. She was advised that Alexis Chappell, Michael Harper and Ian Atkinson were due to meet to review the proposals. Kirsten Major did not feel that the paper described that a Task and Finish group with delegated authority would make a recommendation to the Health and Wellbeing Board.</p> <p>Angela Argenzio agreed with the comments made and acknowledged the short timescale. However, next year, she thought the Board would have matured and therefore processes would need to be in place to ensure that decisions can be taken as a Partnership and then taken to Health and Wellbeing Board for approval.</p> <p>Jackie Mills commented that between the timescales and the national conditions, it would be difficult to find schemes to spend the finance on. She highlighted that the paper did set out some principles for local determined criteria, which she thought could be signed off today. The conditions of the funding are really tight. Once the proposals had been reviewed and tested against the local criteria and national conditions, she thought that a set of proposals could be produced which people could comment on by mid next week. Thought would need to be given to how issues are resolved if people have a difference of view.</p> <p>Following further discussion, it was agreed that the proposals would be shared for comment and would include mental health services/children's. Additionally, the governance/future process would be reviewed, particularly from a finance point of view, and a paper detailing a governance process would be brought to a future meeting.</p> <p>ACTION: Ian Atkinson to share a summary of proposals for submission to the Health and Wellbeing Board Chair by close of play 13 December 2022.</p> <p>ACTION: Paper re Governance process to be brought back to a future meeting.</p> <p>Greg Fell left the meeting.</p>	<p>IA</p> <p>IA</p>
PART 4 – ICB SHEFFIELD PLACE SUB-COMMITTEE		
12/22	<p><u>Finance Update</u></p> <p>Jackie Mills presented the report. Part A of the report provided information on the ICB (Sheffield) financial position as at Month 7 (October 2022), together with an assessment of the risks and existing mitigations available to deliver or improve on the planned deficit of £8.31m in year.</p>	



ITEM NO.	AGENDA ITEM	ACTION
	<p>Part B provided an overview of the financial position of the six Sheffield partners and asked for views on what information would be useful to provide in future reports.</p> <p>Key highlights were noted as follows:</p> <p>The financial plan submitted by the ICB (Sheffield Place), as part of the overall system financial plan, forecast a deficit of £8.3m compared to available resources. Whilst additional resources had been received since the original plan, the majority of these related to additional expenditure commitments.</p> <p>The overall year-to-date position at the end of October showed a deficit of £4.1m (which is slightly higher than the planned deficit of £3.5m).</p> <p>The forecast position was in line with the plan to deliver £8.31m deficit. There are a range of pressures and risks that have meant it was currently not possible to identify additional efficiencies to reduce the size of the predicted deficit.</p> <p>Partners are currently forecasting a £31m revenue deficit for the year. However, partners are managing a range of risks that could impact on the final year end position.</p> <p>Plans have been mobilised across the partnership for utilisation of the demand and capacity funding of £3.8m. Plans were currently being drawn up for the use of the recently confirmed social care discharge funding, which would need to be formally signed off via the BCF governance.</p> <p>JM went on to seek views from members with regard to what financial information and financial benchmarking people would find useful, and where there are discussions around key challenges our potential options for managing that.</p> <p>The Chair welcomed the report and offered her view on what she would like to see included. Members then offered their views and thoughts.</p> <p>The Sheffield Place Health and Care Partnership Board:</p> <ul style="list-style-type: none"> • Noted the forecast deficit of £31m relating to the Sheffield health and care organisations included in this report. • Noted Sheffield place's year to date position to the end of October 2022. <p>Alexis Chappell expressed her thanks to the financial teams in both the ICS and Local Authority who have worked incredibly hard behind the scenes to get us to this position.</p>	



ITEM NO.	AGENDA ITEM	ACTION
13/22	<p><u>Establishment of the Primary Care Delegation Committee</u></p> <p>Ian Atkinson provided the background to this item. The paper had been brought today to agree the establishment of a Sheffield Primary Care Sub-Committee to discharge the functions delegated from NHS England to South Yorkshire ICB in respect of Sheffield General Practice.</p> <p>Key points to note:</p> <ul style="list-style-type: none"> • NHS England has delegated specific functions in respect of primary care medical services to South Yorkshire ICB; • It is proposed that a Sub-Committee of the Sheffield Place Committee is established to discharge these functions in respect of General Practice in Sheffield; • Draft Terms of Reference are included in this report, but are subject to final review and agreement with NHS England; • Final Terms of Reference will be brought to the next meeting of this committee for formal adoption. <p>Andy Hilton enquired if pharmacy/optometry and wider primary care colleagues sat at ICB level. Ian Atkinson advised they did not quite sit at an ICB level and was happy to discuss outside of the meeting.</p> <p>ACTION: Andy Hilton and Ian Atkinson to discuss delegation process offline and where Primary Care Sheffield may/may not sit.</p> <p>The Sheffield Place Health and Care Partnership Board approved the establishment of the Primary Care Sub-Committee and noted the draft Terms of Reference.</p>	AH/IA
PART 5 – ANY OTHER ITEMS		
14/22	<p><u>Risks and Items for Escalation</u></p> <p>No items were raised.</p>	
15/22	<p><u>Items of Any Other Business</u></p> <p>Adult Health and Social Care Review</p> <p>Alexis Chappell expressed her thanks to Angela Argenzio, George Lindars-Hammond and Steve Ayriss for their work on this review and advised that at the last Committee on 16 November, the Target Operating Model for the future design for adult social care was approved. This would support and endorse the approach to working with primary care and the voluntary sector. She agreed to circulate further information following the meeting.</p>	



ITEM NO.	AGENDA ITEM	ACTION
	ACTION: Alexis Chappell to circulate information.	AC
16/22	<u>Date and Time of Next Meeting</u> Wednesday 14 February 2022 from 14:00-17:00 – venue to be decided (noted this date may change due to half term).	