



SHEFFIELD HEALTH AND CARE PARTNERSHIP BOARD

MONDAY 9 OCTOBER 2023

SUMMARY POINTS OF THE RATIFIED MINUTES

1. **Public Questions** – no questions were received from the public.
2. **Community Development and Inclusion Priority Programme Plan** – the plan for a model neighbourhood was submitted for approval, which includes a ring-fenced budget for 2023/24. It was agreed that discussions would take place to link the plan with the adult early intervention work taking place at Sheffield City Council (SCC) which also has funding attached.

Key points to note include:

- further work needs to take place to raise the profile further by anchor institutions;
- noted that school absence rates in South Yorkshire are some of the worst in the country, and agreed would be useful to connect into this work. 28% of school age children in Sheffield are not in full time education, leading to inequalities in the 0-5-year age range when behaviours are set.
- Sheffield Children’s hospital continuing with the “Super Saturday” initiative, and it was recommended partners become involved;
- Board keen to explore how it can be rolled out across Sheffield in time; and recognised the need to plan for future years and build in sustainability. It was confirmed that a costing for years 2-5 would be submitted within quarter 4 of the next financial year along with a plan for all 4 geographical areas in Sheffield;
- further work required to look at more tangible and robust outcome measures and develop the evaluation plan;
- it was suggested the need to describe the totality of the work happening in the north-east of Sheffield and layer up the narrative as to what other parts of the system are doing/will do to support the populations in that area;
- noted need to link with the violence reduction scheme led by South Yorkshire Police and potential associated funding;
- agreed need to look at celebrating any early successes to help galvanise the work and for community groups to say, “this is what we’ve done”;
- to engage/gain the trust of the community which will have an impact around marginalised communities coming together.

Sheffield HCP Partnership Board approved the Community Development and Inclusion Priority Programme Plan.

3. **Winter Planning** – the winter plan provides assurance to the Board and has been developed through engagement with all partners. It builds on last year’s work to shore up the system. There are also longer-term areas of work that taking place.

It was confirmed that millions (£) are spent locally and nationally on Infection Prevention Control (IPC) and there is legitimate question as to whether we are doing it right and getting the right messages over, therefore, may need to take some messages and do something differently around them. A link is to be made with the community development work taking place at Sheffield City Council around sharing joint health prevention messages.



Discharge performance data is showing an improved trajectory in Sheffield. However, there continued to be too many people with delayed discharges from hospitals and, need to recognise that any future industrial action is an enormous risk and if it continues it will be extremely challenging. The question is how we enable people to return home from hospital on the same day, etc, to enable the range of interventions to come to fruition.

The Board noted the report, and it was agreed to share more detail on the winter schemes on-going to address the questions raised.

4. **Ageing Well** – an overview on the delivery of the nationally funded NHS England Ageing Well Programme in Sheffield was provided and highlighted that the programme has been a good example of how working in collaboration and building strong relationships has helped to strengthen a personalised approach.

The work is moving into the final 6 months and a report detailing the anticipated benefits and plans for sustainability beyond the close of the programme at the end of March was to be submitted to the Transformation and Oversight Committee before coming back to this Board in December for support.

It was also suggested that the report should include detail of the successes of the programme to date, and different options for future management of the work.

It was confirmed that the report would also:

- a) Highlight the strength of taking a personalised approach in this space, and
- b) incorporate learning around value of strong relationships across the system, which cannot be undervalued moving forward.

Sheffield HCP Partnership Board noted the paper and will welcome an update at the December meeting.

5. **Primary and Community Delivery Group Update** – an update was presented by the Primary and Community Delivery Group. The aim was to provide an understanding of the context and drivers of the South Yorkshire Primary Care Strategy, update on the Sheffield PCN development work, share challenges and next steps and to discuss how the partnership can help with the work.

It was noted that there are a lot of initiatives around integrated working which are not always brought together well. It was also noted that need to ensure the work is taken forward together with the right skill mix, ie; the programme management has to be available.

Ms Chappell confirmed that Sheffield City Council have already redesigned home care services around primary care networks to strengthen links but need to consider lifting and shifting resource amongst partners to fund programme management, how can we do that so that we can be more strategic for the people of Sheffield? Dr Hilton and Ms Chappell to consider how that can be taken forward.

Sheffield HCP Partnership Board noted the update from the Primary and Community Delivery Group.



6. **September Board Development Session Feedback** – it was agreed at the development session that the expected outcomes/benefits (including any financial savings) needed to be clearly articulated. Delivery groups were asked to show how they are going to measure benefits identified and the governance each had in place to hold leads accountable for achieving those benefits. Directors of Finance within Sheffield are meeting in two weeks to discuss how each organisation can contribute to this work.

It was noted that the session didn't include the Council's financial position and it was agreed that the partnership requires a whole system discussion for Sheffield, as well as being cognisant of the South Yorkshire and the broader system position.

As a mature partnership there is a need to understand respective partner financial positions, what is costed out in the plan and what can be taken out. Within a few areas may need to make some difficult decisions.

It was reiterated that need to:

- a) learn from what has worked well and focus on where we are seeing progress against the positive outcomes we want to achieve. This should influence strategic decisions and investments/disinvestments we want to make, and
- b) have a collective discussion around what good looks like and are there things that we could benchmark from within Sheffield and from other areas;
- c) increasingly engage patients and communities and potentially shift the view to a different way of thinking and view of 'health and wellbeing'.
- d) focus more on the inequality gap.

Future Sheffield HCP Partnership Development Session to focus on the priority areas and financial efficiencies.

7. **Sheffield Transformation and Oversight Committee Update, including detail on Performance Reporting and Risk Register** – the Committee has now come together as one meeting with two parts to the agenda. Key areas to note are:

- Continuing need to clarify reporting and programme management arrangements for each of the delivery groups;
- Ms Chappell and Mr Robertson are now the Senior Reporting Officer's (SRO's) for the crisis mental health priority. Linking in with the mental health discharge work;
- On-going risks related to estates availability from the primary and community mental health transformation programme.
- On-going pause of the Elective/Planned Care Delivery Group due to the lack of resource for programme management.

Risk Management – looking for support to develop a risk management framework for the partnership and to continue working with delivery groups to look at how to identify the benefits of the programmes of work, risk and mitigating actions. Keen to identify areas of commonality and embed a culture of learning from issues across the programmes. It will be a live document within the Delivery Groups and Sub-Groups to own those risks.

There is a need to ensure that not duplicating work taking place, for example, in the provider collaboratives and that discussions are taking place to ensure mitigation is taking place.



Sheffield HCP Partnership Board noted the report and requested that an update on risk management is brought back to the December meeting.

[PMN: update will now go to Oversight and Transformation Committee in December to enable a more developed framework to be submitted to an HCP Board meeting in early 2024].

- 8. Sheffield Place Finance Report Month 3 and Benchmarking Data** – the report was received as read and outlined the financial position for month 5. From an NHS perspective there is a significant amount of risk and uncertainty around how much funding will come down for nationally. Require more focus on the longer-term plans.

Sheffield HCP Partnership Board noted the report.

- 9. Items of Any Other Business and Forward Plan**

Unpaid Carers – annual report submitted to the Health and Wellbeing Board to be shared with colleagues.

Changing Futures Programme – to be presented to a future meeting which is tackling inequalities.

Adult Social Care Strategy Refresh – “living the life you want to live” Strategy has received approval at SCC and sets the priorities over the next couple of years.

Community Development and Inclusion – update to be submitted to the SY IBC Board.

Questions from Public – Ms Robinson and Ms Robertshaw to discuss how to encourage questions from the public.

**Dr Andy Hilton (Vice-Chair Sheffield HCP Board)
Chief Executive Primary Care Sheffield
October 2023**