



## SHEFFIELD HEALTH AND CARE PARTNERSHIP BOARD

MONDAY 11 DECEMBER 2023

### SUMMARY POINTS OF THE UNRATIFIED MINUTES

1. **Public Questions** – no questions were received from the public.
2. **Neurodiversity Priority Update**

Key issues outlined included:

- no additional funding, therefore, trying to find other ways of delivering services;
- working at 30% more activity than pre-pandemic;
- Task and Finish Group established, given the worsening waiting times, to prioritise 3 specific actions over the next 3 months;
- simple flyer to be circulated within communities to signpost access information and support;
- by April 2024 there will be a more coordinated support offer.

All funding has, so far, been non-recurrent which will cease in 2024 and currently developing business cases to bring back to the Sheffield HCP Board in early 2024. The project brief presented to the August 2023 Board is very time limited so hoping to achieve and achieve some key milestones and benefits within the next couple of years.

It was suggested that a summit could be held around how we can all think differently regarding this issue and draft a 10-year strategy which will include solutions for the next 6, 12 months and 5 years+ and consider the “what next”?

Business cases are being developed for recurrent funding, which will be submitted to the HCP Board, in early 2024 along with key milestones and the benefits those will achieve within the next couple of years.

3. **Children and Young People**

A presentation to look at the broader multi-year plan included:

- over 25% of our population are 0-25 – they are 100% of our future adults;
- this generation of babies, children and young people are experiencing the most significant challenges in decades;
- life expectancy, healthy life expectancy, inequalities and the variation in these across the city is going to increase which will result in increased demand for adult services.

An outline of the 4 goals/aspirations for 3-5 years-time was provided and if they are to be achieved the focus will need to be on transformation and share resource.

The benefits expected are that the investment in early childhood, child and adolescent health and development, and preconception, pregnancy and childbirth care can yield a 10-to-1 benefit to cost ratio in health, social and economic benefits. It can also reduce rates of mental ill health and non-communicable diseases in later life.



The impact would be:

- less ill health and less need for care;
- long term investment in our voluntary sector;
- more of our children would have reached their potential whilst at school and will leave better equipped for the workplace, whether that is in a paid or voluntary capacity;
- our parents and grandparents of the future would be better able to support their families because we as a system will be supporting them and their children more effectively;
- we will be making more effective use of the money we do have to spend within Sheffield.

Within the next 4-6 weeks the support offer will be completed and published on the website with a flyer produced and circulated into the community. A pre-workshop and workshop will be held to ascertain what the support hub will look like and when the design outline is produced will be able to draft a model and what investment will be required including next steps for external capacity. Internal work is taking place to look at the autism assessment process to ensure it is clearer.

A request was made to provide a range of options, back to the HCP Board, for review, including modelling of the “so what”. A link is also to be made with the Public Health Team to discuss housing and poverty and link with the VCS to gain key learning from the Sure Start programme.

4. **Sheffield Transformation and Oversight Committee Update** – the report was taken as read.
5. **Provider Collaboratives Updates** – the main headlines on the work of the 3 separate provider collaboratives was provided:
  - Acute
  - Children and Young People’s
  - Mental Health and Learning Disability

It was agreed that updates will be provided to the HCB Board if members of the collaborative feel it is appropriate to disseminate.

#### 6. **Healthwatch Update**

Healthwatch is located within every top tier Local Authority and is a statutory part of the system with VAS as the accountable body. There is an Advisory Group which has health expertise in the background and its primary role is to find out what matters to people and feed that back into the system, particularly from those that are not heard.

The main issues to note currently are:

- not obtaining enough through the Single Point of Access (SPA);
- ordering repeat prescriptions;
- the use of more digital system;
- more to do around equality.



To be discussed with Mr Atkinson, Chair of the Transformation and Oversight Committee, ways of starting to bring together a cohesive approach to address the 'whole person' issue.

## 7. Learning Disability (LD) Strategy

Over the past year have worked with individuals and family members to ensure that it is at the centre of driving change. The strategy has been agreed via the SCC Committee process and the governance will be via LD Partnership Board. The strategy sets the scene for improving the lives of people with a learning disability in the city through:

- ensuring the views of people with a learning disability and their families and carers drive change and contribute directly to planning;
- raising awareness of learning disabilities in health care settings and other public places;
- improving the experience and life chances of people with a learning disability.

There will be an annual review and it will be updated and co-produced by individuals/carers/stakeholders around what is important to them and will demonstrate how we are taking that forward together. A new Transitions Team has been established and will work jointly with adults and children's so that it will eventually become "all age".

It was agreed that there is a need to improve engagement with people who find it hard to access services, which will be taken away as an action to discuss with Mr Atkinson and the Board requested that an update is provided in 12 months.

## 8. Adult Wellbeing and Care – Strategy Refresh Delivery Plan and Performance Priorities 2024-2026

The strategy has been developed through significant co-production and formal consultation, involving people receiving services, carers, providers, partners, and workforce across the sector and sets the vision and approach to enable people of Sheffield to live the life they want to live. 'I statements' to evidence impact on people have been implemented as an annual measurement as part of the delivery of the strategy. The 'I statements' calculate performance measures and quality statements will be used to inform evidence of impact of the strategy and will be able to evidence on-going improvements in the outcomes and experiences of people who access Adult Care.

Moving into the next phase of the delivery of the strategy for 2024-2026, a refreshed set of priorities have been developed, via listening to Members, the workforce, individuals and carers around the key strategic outcomes. Between December and February 2024, a further engagement exercise will be undertaken to review the priorities and milestones, with a view that final approval will be sought in March 2024. It is aimed that the Strategy Refresh will compliment and support the activities of the HCP as well as the Council Plan and City Goals. Members of the HCP Board will be invited to participate in the engagement to support collaboration and partnership working across shared agendas.

The Director of Adult Social Services (DASS) is a statutory role and regular DASS updates are provided to the Adult Policy Committee as assurance towards delivery. There are seven key aspects included in the DASS's remit aligned to statutory guidance's and best practice advice:

- Vision and Delivery Accountability for assessing local needs and ensuring availability and delivery of a full range of Adult Social Services;
- Professional leadership, including workforce planning;



- Leading the implementation of standards;
- Managing cultural change to promote independence, choice, and control;
- Promoting local access and ownership and driving partnership working;
- Delivering an integrated whole systems approach to supporting communities;
- Promoting social inclusion and wellbeing.

The National Adults and Children's Social Care Conference launched the new DASS Handbook in November 2023 and once this is published it is planned to bring an update of the DASS accountabilities, their implementation in Sheffield in the new year and the assurances to Adult Policy Committee of delivery. It is planned that an update will also be provided to the HCP so that a collaborative and partnership approach can be undertaken in implementing these responsibilities across the city.

## 9. Physical Health

A refresh of the Physical Health Strategy for people with severe mental illness, people with LD and autism was presented to the Board. Collaborative work has taken place across NHS organisations, VCS and the Local Authority. It commenced in 2019 with the initial strategy covering 2019-22 and the refresh outlines the priorities moving forward from 2023-28.

It was noted that the improvement and statistics are very positive have been a fantastic achievement with dedicated passionate people who have pulled it all together. A suggestion was made, moving forward, to incorporate cardio-vascular, smoking and obesity so that screening and contact is built into the model.

The strategy does not take into consideration dementia and physical health but there is a separate Dementia Strategy which is also being reviewed and there will be opportunities to link with Sheffield Teaching Hospitals and the Dementia Carers Group.

Sheffield HCP Board noted the positive improvements and provided thanks to all those involved and will welcome an update on the Dementia Strategy in the future.

## 10. Learning Disabilities Community Services Investment Update

The LD Community Services investment highlights excellent engagement work, in conjunction with Sheffield City Council, to help design a new service. Over recent years, Sheffield ICB has achieved national targets to reduce the over reliance on admissions to hospital care for people with learning disability (LD) although inevitably, this has taken away focus from other areas of service delivery by the Community Learning Disability Team (CLDT) for the LD population on their wider health needs.

Sheffield Health and Social Care's Firshill Rise, a specialist learning disability inpatient Assessment and Treatment Unit, was voluntarily closed to admissions following feedback from the ICB and CQC on quality and safeguarding concerns in Spring 2021. This service offered a hospital-based intervention when a person with a learning disability experienced a deterioration in their emotional wellbeing, mental health or presented with behaviour that is challenging to support/behaviours of distress. The potential options for the future of this provision and alternative enhanced community-based models have since been under review and development, all set within the context of a national Learning Disability and Autism programme, Building the Right Support, delivered in partnership across SYICB and Local Authority, in which there is an emphasis on early intervention, enhanced community provision and prevention of avoidable hospital admissions.



It should be noted that there has been limited opportunity to invest in enhancing our Community Adult LD services over the last 5-10 years in Sheffield as resource has been ringfenced to the Firshill Rise inpatient beds, with only small pots of national Service Development Funding being available for transforming community services. The closure to admissions at Firshill Rise, therefore, presented a good opportunity for a substantial review of Community LD services to bring Sheffield up to benchmarked levels of other national and local community learning disability service provision.

Learning can be taken from this work in how effective engagement is at an early stage and the feedback from NHS England and SCC's Scrutiny has been that they were impressed with the early learning feedback.

11. **Sheffield Place Finance Report Month 7 – from an NHS perspective** there has been a small injection of funding into the system from NHS England but that is much smaller than the level of financial risk that the ICS is flagging and that nationally. Need to ensure the in-year financial position is as good as it can be due to that financial injection and cannot commit additional resource in this financial year. Work is taking place with all of the Director of Finance's in Sheffield to understand where financial efficiencies can be gained for next year and have made a start on a range of opportunities and putting efforts into areas which will provide the biggest impact.
12. **Transfer of Specialised Commissioning from NHSE to NHS South Yorkshire ICB's** – delegation is due to be delegated to all ICS's in 2024 although a number, including South Yorkshire ICB, will not be taking on the responsibility until 2025, which poses a huge risk.

The Children's Hospital receive children from all geographical areas which poses specific challenges and Ms Latimer and Ms Brown to discuss outside of the meeting. It was also noted that there is a challenge around flow from Derbyshire into the Acute Trust, who are moving to an East Midlands delegated authority, and currently struggling to recoup funding from them.

Item to be added to the agenda at the next Board meeting.

13. **Digital and Data Update** – a brief presentation was provided on digital exclusion and the need for further action, and it was queried if the Board would support a Digital Strategy Group, and if so, Terms of Reference will be submitted to the Board for approval.

The Board noted that this would bring things tactically together and the technology for health and social care into one place and it would be extremely helpful to hold one Sheffield shared care record, although some people wish to be digitally excluded by choice, therefore, it needs taking into consideration it does not suit everyone. Systems do need to communicate with each other but also need to acknowledge those that do not wish to participate.

It was outlined that Sheffield has not previously had an enthusiastic champion and Ms Yasmeen, Chief Executive, Sheffield Health and Social Care FT, agreed to take on that role. It was also agreed that discussions take place with Healthwatch to ensure that disability and poverty are incorporated.

Sheffield HCP Board requested a further update during 2024.



- 14. Joint Efficiency Group Update – the group has been established** to look at how we can share capacity and oversight of efficiency schemes in Sheffield. The next steps are to look at all the programmes to ensure they have the correct delivery mechanisms in place and assurance schemes are delivering traction.

It was agreed to hold a dedicated session of the Board on finance towards the end of January 2024 to look at the level of detail and where resource is held.

- 15. Items for Escalation to the SY ICB Board –** a request was made for Ms Latimer to escalate contractual disputes/issues outside of South Yorkshire ICB's to the SY ICB Board.

**Emma Latimer**  
**Executive Place Director for Sheffield**  
**December 2023**