



SHEFFIELD HEALTH AND CARE PARTNERSHIP BOARD

TUESDAY 18 APRIL 2023

SUMMARY POINTS OF THE UNRATIFIED MINUTES

1. **Public Questions** – no questions were received from the public.
2. **Sheffield Place Priorities** – an overview of the proposed key priorities for delivery across the Sheffield Place Partnership, over the next 18- 24 months, was provided which proposed the following 5 areas:
 - Discharge and Home First
 - Same Day Access to Care
 - Mental Health Crisis (All Age)
 - Neurodiversity
 - Building a model neighbourhood

Comments made by Board members for inclusion or additional focus included:

- Compassionate Leadership and what that means to build a good neighbourhood model;
- how can we measure success and maturity of what we are aiming to achieve and tie in with established governance?
- acknowledge historical barriers and manage strategic risks to be able to do things differently.

Detailed programme plans for each of the agreed priority areas to be submitted to the next meeting, acknowledging that the Community Development and Inclusion work will be a longer-term programme.

The Sheffield place priorities were agreed by all partners.

3. **Health Inequalities – Proposed Principles, Priorities and a Focus on Resource Allocation** – an update was provided for the Board to consider and agree the priorities for reducing health inequalities across Sheffield, including, proposed principles, an outline approach for building a model neighbourhood across North-East Sheffield and the allocation of resources. The health inequalities budget will be ring-fenced, and once confirmed, it will be published for transparency. The Community Development and Inclusion Delivery Group will develop the programme detail, including the development of an outline financial framework, to ensure distribution of resources to areas of greatest need.

The Board suggested some minor amendments/additions to the proposal, including ensuring that the work is not carried out in isolation and included in the work taking place within partner organisations so that it is seen as a whole; defining parity of esteem and what that means for the city of Sheffield to ensure it is everyone's business, rather than it just being the responsibility of specialist services. Additionally, reference to the Equality Act and the Sheffield Race Equality Commission is included to ensure their recommendations are embedded.

An updated report to be submitted to the August 2023 meeting incorporating the comments from the meeting.



4. **Sheffield System Oversight Committee Report** – it was acknowledged that there is already significant scrutiny of organisational performance across Sheffield and the Committee aims not to overlap with that work. Some of the discussions within this Committee overlap with the Transformation Committee and the remit and membership of the two groups are to be reviewed and a report will be submitted to a future meeting on the governance arrangements to improve efficiency.

Detailed financial reports were received at months 10 and 11 including details of the NHS planning requirements. The main dialogue in the committee is currently around managing 'place' performance and the 'must do' metrics within the system. A commitment was made to present at the next Committee an updated 'place' risk register.

A request was made as to the purpose and expectation of the Partnership Board to act/escalate issues/actions, which will be considered as part of the governance review.

5. **Sheffield Transformation Committee Report** – the committee will focus on the oversight of the delivery of the agreed priority areas and will carry out deep dives into each throughout the year.
6. **A System Approach to Discharge Pathway Re-Design** – a paper was circulated, prepared jointly with all partners, and describes a system approach to discharge pathway redesign.

An overview of discharge and the 3 concepts that are required was provided around:

- 1) correct assessments of need(s);
- 2) capacity/resources in the right place;
- 3) confidence between hospital and community staff.

Members of the Board agreed that this is an area that requires focus, improvement and high priority, acknowledging that need to ensure the model is right and focus is on the outcomes for people and impact on services to consider how the pathways should be resourced, shifting investment where needed.

A report is being submitted to Sheffield Council's Adult Social Care Committee in June to endorse this proposal and it will also be scheduled on the Safeguarding Board agenda.

The Board agreed to the approach and will receive updates on how the transformation model for the city progresses.

7. **Sheffield All-Age Emotional and Mental Health and Wellbeing Strategy** – the Strategy sets the scene for supporting Sheffield people – from young to old – with their emotional and mental health and wellbeing. It promotes and enables partnership working across Sheffield, to create the foundations and conditions for delivering upon our vision.

The Strategy is being submitted to Sheffield City Council's (SCC) Strategy and Resources Committee for endorsement and thanks were provided to Dr Thomas and his Team for the partnership orientated approach.

It was suggested that the link to the Carers Strategy is more prominent within the Strategy and Mr Fell agreed to share work that is happening within the city around



Adverse Childhood Experiences (ACES), which is a key priority for the partnership and a key driver of mental illness, to ensure that Board members are better sighted.

An update on the Strategy to be provided to the Board in approximately 9-12 months.

8. **Public Health Grant** – a high level paper was submitted regarding the grant which has not yet been seen by Council Members and will be submitted to the Strategy and Resources Committee immediately after the local elections on 4 May. The Department for Health and Social Care (DHSC) have stated that in 2023/24, all local authorities will receive a cash increase of 3.3%, while indicative 2024/25 allocations suggest a 1.3% cash terms increase for all councils, which is not in keeping with inflation pressures.

The Public Health Team are currently undertaking a line-by-line grant review of where money is being spent which will be presented to Members and will hold discussions with partners/providers to understand the implications of this financial pressure and support was provided by the SY ICB who have recently undertaken a similar mapping process.

9. **Children's Developmental Language Disorder (DLD) Provision in Sheffield** – DLD is a lifelong condition and unmet need is associated with poorer lifetime outcomes. DLD prevalence is predicted to be 7.6%, Sheffield provision is currently only supporting 0.33% of children so there is significant unmet need in the city. Sheffield City Council (SCC) conducted a review of DLD services in early 2022 and several recommendations were made for increases in support and provision across the city.

A joint commissioning and funding arrangement between the ICB and SCC is required to fully realise the potential benefits. programme has had a refresh which fits in with the Health and Wellbeing and Inclusion Strategies to help children overcome developmental problems and become successful adults.

Sheffield Health and Care Partnership Board is asked to support a request to fund recommendations within the report from the Joint Commissioning budget in recognition of the impact on health inequalities and children and young people's long-term outcomes.

The Board noted that it would welcome transparency around the joint commissioning budget and that more thought will be given to how areas of work are prioritised, which will be submitted to a future Board meeting.

10. **Month 11 Sheffield Place Finance Report** – a closing set of accounts were submitted to the meeting which outline that the South Yorkshire Integrated Care System, as a whole, are forecasting to break-even which is a huge achievement. There is an improvement in the Sheffield 'place' position which has been a joint effort and the ICS, again as a whole, has met its statutory duty. Sheffield City Council's closing position has also improved but has not yet been reported publicly. A position statement will be provided to the next meeting.

11. **Primary Care Sub-Committee Updates and Decisions** – following the cessation of Clinical Commissioning Groups (CCG's) and the delegation of Primary Care responsibilities to the Integrated Care Board it was agreed that each place will hold a Primary Care Sub-Committee, with decision making remaining with the ICB. This is initial paper received by the Board from the Sub-Committee and includes the Terms of Reference, for noting, which are consistent throughout South Yorkshire to ensure that business is discharged in the same way. The paper includes 5 variations and there will



be material areas that will come through at a later stage when decisions are made around primary care activity.

- 12. NHS Quality improvement, Oversight and Governance Structures** – Mr Windle outlined that the report provides a description of the high-level oversight and assurance and that both NHS England and Integrated Care Boards (ICB's) are currently developing, therefore, there is a caveat that it will be subject to change.

13. Items of Any Other Business

Clinical and Care Leadership Programme – detail of dates/times for the programme were provided to Board members for dissemination within each partner organisation.

Emma Latimer
Executive Director for Sheffield Place
May 2023