



**BOARD DEVELOPMENT – PRIORITY SETTING EVENT
BRAMALL LANE, SHEFFIELD – 7 FEBRUARY 2023**

SHEFFIELD HEALTH AND CARE PARTNERSHIP BOARD

21 FEBRUARY 2023

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Purpose of Paper		
This purpose of this paper is to provide a summary of the discussion from the Sheffield Health and Care Partnership Board, which met on 7 February, for a facilitated development session to consider its approach to setting priorities for the city of Sheffield, which was attended by key partners across the system.		
Key Issues		
The Board received a number of important contextual inputs prior to discussing member views on priority setting:		
<ol style="list-style-type: none"> 1) Leadership Framing 2) National Context 3) Local Context 4) Delivery Groups – Emerging Thoughts on Priorities 		
Is your report for Approval/Consideration/Noting		
For noting and consideration.		
Recommendations/Action Required by the Sheffield Health and Care Partnership Board		
Sheffield Health and Care Partnership Board is asked to note and consider the briefing.		
What assurance does this report provide to the Sheffield Health and Care Partnership Board in relations to the ambitions of the Health and Wellbeing Strategy 2019-2024		
		Please
		✓
Every child achieves a level of development in their early year for the best start in life		✓
Every child is included in their education and can access their local school		✓
Every child and young person has a successful transition to independence		✓
Everyone has access to a home that supports their health		✓
Everyone has a fulfilling occupation and the resources to support their needs		✓
Everyone can safely walk or cycle in their local area regardless of age or ability		
Everyone has equitable access to care and support shaped around them		✓
Everyone has the level of meaningful social contact that they want		✓
Everyone lives the end of their life with dignity in the place of their choice		✓
Are there any Resource Implications (including Financial, Staffing, etc)?		
Engagement of independent consultant and venue organization development session held.		
Have you carried out an Equality Impact Assessment and is it attached?		
N/A		
Have you involved patients, carers and the public in the preparation of the report?		
N/A		

SHEFFIELD HEALTH AND CARE PARTNERSHIP (SHCP)

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1. Background

The newly formed SHCP has been created as part of the 2022 NHS and Care Act integrated reforms, whose new Integrated Care System (ICS) construct is based on strong 'place-based partnership working' largely built on the footprint of Local Authority boundaries. SHCP is one such placed based partnership which sits at the heart of the South Yorkshire ICS.

The SHCP Board met on 7 February for a facilitated development session to consider its approach to setting priorities.

2. Summary and action note arising from the session.

2.1 CONTEXT SETTING

The Board received a number of important contextual inputs prior to discussing member views on priority setting:

2.1.1 Leadership Framing

Core observations from Emma Latimer included:

- the need for this Board to take the opportunity to address long standing challenges in the city such as health inequalities and poor health outcomes;
- the need for the Board to be broad in its scope - encompassing health in its widest sense with all its determinants and not just healthcare and social care;
- the importance of working down to neighborhood and community level in order to engage citizens.
- the chance for the city's constituent statutory bodies to find a new collective way of working in pursuit of a core shared and compelling vision and mission.

2.1.2 National Context

Mike Farrar, the facilitator and independent consultant set out a number of thoughts on the national context for the Board including:

- the reality of the current national context creating short term goals in the run up to a general election;
- an encouragement for the Board set against this backdrop to maintain a focus on medium to longer term reform and the broad approach to health and illness prevention as much as possible, whilst recognising and addressing the narrow national focus on waiting time reduction, urgent care, primary care access and ambulances;
- the evidence base from across the world that successful integrated care systems are based on programmes coordinated or delivered at place-based level for a defined population.
- the opportunity SHCP has to balance and blend legitimate national targets with legitimate local aspirations and programmes (recognising the LA statutory duty for the health and well-being of its population and not just the NHS duty to patients);
- the major role that Sheffield plays in South Yorkshire and as a global city with a history and legacy of world leading ground-breaking change.

2.1.3 Local Context

The Public Health team delivered a superb presentation setting out the city's health need profile and trajectory with the key points highlighting:

- the east/west dynamic of poorer to better health with a small area of the city consistently dominating the lower end of the health stats and life expectancy status;
- a powerful critique of the city's inequality and of the routes to address them (effective and ineffective);
- a rallying call for action as both a steer towards better outcomes but also better use of resource coupled with a view of the wider contribution this would make to the city's economic recovery and growth;
- a strong belief that the city had sufficient data to be able to target resource to need of SHCP chose now to do so.

A set of their slides was circulated with the minutes.

2.1.4 Delivery Groups – Emerging Thoughts on Priorities

Each Delivery Group set out their current view of emerging priorities including an assessment of their potential impact (slides were circulated with the agenda).

Reflecting on them, the Board observed:

- the need to balance short and long-term priorities;
- the need to recognise some of them related to specific programmes (e.g., elective recovery, primary care access); some to enabling functions (e.g., data sharing, workforce, etc.); and some to cultural shifts.

These were taken as the basis for the main small group exercise of establishing an approach to priority setting in the second section of the meeting.

2.2 SHCP APPROACH TO PRIORITY SETTING

Following the feedback from four small working groups 10 key pointers on priority setting emerged. These were as follows:

- 2.2.1** SHCP priorities must deliver progress on 'the short term, national, must be done' but crucially these can be delivered in such a way as to **lay the foundations for medium term transformation**, begin to address inequalities and signal an intention to shift resources from simple supply side growth to demand side management (in the short term through secondary prevention but also in the medium term through addressing the wider determinants of health).
- 2.2.2** SHCP needs to have clarity on its role, remit and functions in the context of the SY ICS operating model (e.g., delegated budgets, decisions, ability to innovate, etc).
- 2.2.3** SHCP needs to be clear in focusing its work on those areas that can only be done through wide scale place-based partnership working and not replicate activity that can be done by each organisation, bilateral work between them, or work that needs a SY collaboration - (see chart below):



- 2.2.4** A number of priorities require a significant development of community engagement as a platform and geography for delivery. This is emerging as a major underpinning element of the SHCP priorities for 2023/24.
- 2.2.5** There is a clear intention within SHCP to commit to a resource shift within the existing budgets to recognise that a supply side growth strategy can only ever be short term and there is a need to focus all organisations including secondary and tertiary care providers on programmes that will impact on demand for inpatient or residential care. Resource shift might require money or people or both to move. This will need courage and bravery and trust (which SHCP may need to address and develop as part of point 7).
- 2.2.6** SHCP will need to frame its priorities with a compelling narrative that sets out its purpose, its mission, its sign up by all parties, and an indication of how it will measure and monitor its impact.
- 2.2.7** There will be a need to address cultural issues in the priorities that attempt to change longstanding boundaries and relationships within the city alongside a shared commitment to own both success and, hopefully not, failure.
- 2.2.8** SHCP should try to keep it simple and set a small deliverable number of priorities at this stage (but learn as it goes...).
- 2.2.9** SHCP priorities need to flow directly into the wider city goals work in order to connect to the city's commitment to growth. All organisations have a role to play here including that of statutory bodies as anchor institutions that provide income, employment, inward revenue (e.g., through R&D) local procurement, etc., within the city.
- 2.2.10** There are a number of important aspects that will need to weave through any priorities chosen – such as EDI, whole of life course approach, workforce development, data and intelligence use, etc.

3. ACTIONS

- 3.1** It was agreed that MF would produce a report of the session for amendment, addition eTc from colleagues;
- 3.2** It was agreed that this work would then be processed further such that a priority setting process would be finalised, a provisional list of priorities proposed, and these would come together at the appropriate point in time;
- 3.3** SHCP would hold a further session in March/April to continue the development of its operating model.

**Mike Farrar, Independent Consultant
February 2023**