



## **Board of Directors (public)**

SUMMARY RE	PORT	Meeting Date: Agenda Item:	25 September 2024 19				
Report Title:	Systems and Partners	ships Update					
Author(s):	Director of Strategy - James Drury						
Accountable Director:	Chief Executive – Salma Yasmeen Director of Strategy - James Drury						
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier Group/Tier 3 Grou	5					
previously agreed at.	Date	: Various					
Key points/ recommendations from those meetings							

### Summary of key points in report

This report summarises the aspects of our ongoing system working as part of the partnerships for Sheffield and for the South Yorkshire Integrated Care System.

The Board is asked to note the updates provided including;

- 1. Forthcoming changes to the delegation of specialised commissioning responsibilities from NHS England to ICBs
- 2. Collaborative work amongst mental health providers to contribute to system sustainability, focused on out of area placements and operational productivity.
- 3. Progress with the development of joint committee arrangements for Eating Disorders between the partners in the South Yorkshire MHLDA Provider Collaborative.

Recommendation for the Board/Committee to consider:

Consider for Action X Approval Assurance Information X
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Trust Board is recommended to:

1. Note the updates provided, as detailed above

Please identify which strategic priorities will be impacted by this report:							
Effective Use of Resources	Yes	Х	No				
Deliver Outstanding Care	Yes	Х	No				
Great Place to Work	Yes	Х	No				

			Ensur	ing ou	ur services	are inclusive	Yes	X	No
Is this report relevant to con	npliance	e with	any k	ey sta	andards?	State specif	fic standa	ırd	
Care Quality Commission Fundamental Standards	Yes		No	X		· ·			
Data Security and Protection Toolkit	Yes		No	X					
Any other specific standard?									
Have these areas been considered ? YES/NO				If Yes, what are the implications or the impact? If no, please explain why					
Service User and Care Safety, Engagement an Experience	d	X	No				· · · · · · · · · · · · · · · · · · ·		
Financial (revenue &capital	Vos	X	No						
Organisational Developmer /Workforc		X	No						
Equality, Diversity & Inclusion	n Yes	X	No						
Lega	al Yes	X	No						
Environmental sustainabilit	y Yes	X	No						

### Section 1: Analysis and supporting detail

### Purpose

- 1.1 This report is a standing item for the Trust Board, which aims to ensure that significant developments, opportunities and risks in the external environment are highlighted, and the Board is supported to make timely, well informed decisions in relation to the Trust's engagement in external systems and partnerships. Key partnerships which are covered by the report include; South Yorkshire Integrated Care System (ICS); the Mental Health, Learning Disability and Autism Provider Collaborative of the ICS; the South Yorkshire and Bassetlaw Specialised Commissioning Provider Collaborative; and the Sheffield Health and Care Partnership (HCP).
- 1.2 In this edition of this regular report the focus is on four aspects:
- 1.2.1 The work of the South Yorkshire Integrated Care System including the System Leadership Executive and the ICB Mental Health Portfolio
- 1.2.2 The work of the South Yorkshire Integrated Care System Mental Health Learning Disability and Autism Provider Collaborative.
- 1.2.3 The work of the South Yorkshire and Bassetlaw Specialised Commissioning Collaborative, and the wider Yorkshire and Humber collaboration regarding Mother and Baby inpatient provision for perinatal mental health care.
- 1.2.4 The work of the Sheffield Health and Care Partnership.

### South Yorkshire Integrated Care System

- 1.3 In response to the challenging financial and operational pressures facing the system, the System Leadership Executive has established a **System Efficiency and Financial Recovery Board** (SEFRB) with Chief Executive membership from all local NHS organisations. The SEFRB will bring together the work of the Places, Collaboratives and Alliances and System Delivery Groups in such a way that the SLE is able to hold the ring on the system efficiency and financial recovery. It will oversee the System Financial Recovery Programme, and mutually assure respective organisational plans.
- 1.4 The Board of Directors is alerted to work being led by the South Yorkshire ICB with the support of all relevant Trusts, including SHSC, to address the requirements set out by NHS England to review intensive and assertive community mental health care against recently published guidance. This review should be noted in the ICB Board and communicated to NHS England regional mental health teams by 30<sup>th</sup> September.

# South Yorkshire Integrated Care System Mental Health Learning Disability and Autism Provider Collaborative

- 1.5 The Board of the South Yorkshire Mental Health Learning Disability and Autism Provider Collaborative (SY MHLDA PC) met on 12<sup>th</sup> September.
- 1.6 The Provider Collaborative Board discussed the plans that have been put in place to contribute to the delivery of the South Yorkshire system operational and financial plan for 2024/25. These include adjustments to the planned use of Service Development Funding (SDF); collaborative work on productivity; and collaborative work to reduce the use of Out of Area Placements

- 1.7 In relation to the collaborative work on **productivity**, the Board is advised that following a procurement process a provider (Akeso) has been appointed to support the Provider Collaborative in assessing our productivity opportunity and defining a programme. This work is due to take place in Quarter 3 and will also inform the 2025/26 operational plan. Key deliverables are:
  - Quantifying the potential scale of productivity gain within clinical services
  - Assessing the composite organisations' latent capability to access improvements in productivity.
  - Provision of recommendations to consider the sequence of improvements to be made to deliver.
- 1.8 This work is funded by the ICB and managed by the Collaborative PMO but requires a high level of support and involvement from all member trusts to ensure comprehensive and timely delivery.
- 1.9 As previously noted, the boards of all the Provider Collaborative member trusts have now approved the creation of a **joint committee** for the purpose of taking forward our shared work on services to support people with **eating disorders**. Further details are provided under agenda item 39.

### South Yorkshire and Bassetlaw Specialised Commissioning Collaborative

- 1.10 The Board has previously received information regarding the process led by the NHS England Specialised Commissioning Hub for South Yorkshire and Bassetlaw to develop **specialist community forensic mental health services** for South Yorkshire and Bassetlaw. Interested parties including local NHS trusts and VCSE sector organisations continue to collaborate to refine the operational and clinical model.
- 1.11 SHSC continues to play a convening role in support of this work. Further details are provided under agenda item 39.
- 1.12 As previously noted, the lead provider for **adult secure mental health** provision in South Yorkshire, SWYPFT, and NHS England have been engaged in negotiations with the owners of Cheswold Park hospital in Doncaster to secure the ongoing provision of secure care at this site. Negotiations remain commercially confidential, but the prospects of a successful resolution are positive.
- 1.13 The Trust is part of a collaboration across the Yorkshire and Humber Region to develop a collaborative arrangement for **specialist perinatal mother and baby unit** services, with Leeds and York Partnership Foundation Trust (LYPFT) as the Lead Provider contracted to NHS England for the provision of mother and baby unit inpatient services. In 2023 agreement was reached to increase capacity within LYPFT by six beds to address the need for increased capacity across the region.
- 1.14 The establishment of the collaboration with a focus on strengthening relationships between inpatient services and the providers of place based community services is to be welcomed and supported. The aim is to ensure inpatient care is connected to local services and works well to deliver good outcomes. It provides us with an opportunity to address historically low access to specialist inpatient care for mums and families in Sheffield.
- 1.15 With colleagues in the South Yorkshire ICB and Rotherham, Doncaster and South Humber Foundation Trust we are working with LYPFT to develop the planned Partnership Agreement, supporting governance structures and terms of reference.
- 1.16 The Board is alerted to forthcoming changes in commissioning responsibility relate to specialised commissioning services. Under arrangements initiated by the 2022 Health and Care Act, NHS England is pursuing a phased programme of **delegation of commissioning responsibility to ICBs** for the majority of specialised commissioning services. The next tranche of services due to transfer

to ICBs in April 2025 include most mental health specialised commissioning services. Details can be found here; <u>NHS England » Specialised Commissioning</u> <u>– update on specialised services for delegation</u>. At the present time the intentions of the SY ICB in relation to the discharge of these responsibilities is being refined. This delegation does not imply a change to the Lead Provider arrangements that are in place related to Eating Disorders, Adult Secure, CAMHS Tier 4, and specialist perinatal mental health. The situation will be monitored and Board will be updated over the coming months.

### **Sheffield Health and Care Partnership**

- 1.17 Sheffield Health and Care Partnership (HCP) is the place based partnership of health and care partners which forms part of the South Yorkshire Integrated Care System. It informs the way the that the Sheffield place elements of the South Yorkshire ICB budget are used and provides the focus for the work of the Sheffield Place team of the South Yorkshire ICB.
- 1.18 In September the Sheffield MHLDA partnership participated in a national round table event convened by the **NHS Confederation**. The learning event focused on mental health strategies in place-based partnerships. Participation was by invitation and helpful learning and connections were made. Following the event NHS Confed plan to publish a resource pack with case studies showcasing the successes of the places that took part. This will include Sheffield.
- 1.19 On 18<sup>th</sup> September the **Sheffield MHLDA Delivery Group** met. The meeting focused on the revised Sheffield Suicide Prevention Strategy 2024-28. This includes actions for SHSC. The meeting provided an opportunity for SHSC to engage partners in work related to discharge planning and reduction of out of area placements, and also keep partners informed about the Neighbourhood Mental Health Centre pilot in the Heeley Plus PCN area.
- 1.20 The Board is advised that within Sheffield a review is being undertaken of the 'Family Hubs and Start for Life Programme'. This is a national programme focussed on early years services. Sheffield has been a trailblazer site and funding was used alongside other programmes to support developments within services across Children and Families, Public Health and Education and Skills.
- 1.21 The 'Parent and Infant Mental Health' strand of the programme focussed on prevention interventions. Funding supported developments across midwifery services with assessment and wellbeing clinic support, parent and infant relationships within children's service and increased peer support increased capacity to reach into diverse communities and establish a strong presence in all family centres. Within SHSC funding was allocated to develop an early and relational trauma pathway and the development of the Talking Therapies offer to make services more perinatal friendly.
- 1.22 The current national funding for the Sheffield developments ends in March 2025. There is some expectation that funding will become available to extend the programme and a review is underway within Sheffield to prioritise the options and intended focus going forward. Until this is confirmed there is a risk that the good work progressed to date may come to an end or will need to reduce its scope if funding is reduced. There are no real financial risks to SHSC as our development work has been project orientated rather than an expansion of our service offer. The focus of the Start for Life programme has rightly been on early intervention and support with a strong preventative focus. If the programme is unable to continue the direct impact on the services SHSC provides is expected to be low however we would note that without the extended preventative offer we may see indirect impacts over the medium term of increased acuity within referrals and less options to signpost mums and families to follow on support as part of discharge planning which may increase lengths of stay within services.

1.23 The Board is asked to note the potential impact on preventative support services across parent and infant mental health pathways and support the work of the programme team to support an extension of funding to support the initiatives.

### Section 2: Risks

- 2.1 The situations described in this report are relevant to our BAF risk 0027:
- 2.2 **BAF risk 0027**: There is a risk of failure to engage effectively with system partners as new system arrangements are developed caused by non-participation in partnership forums, capacity issues (focus on Trust), difficulty in meeting increased requirement to provide evidence/data potentially at pace and volume, lack of clarity around governance and decision making arrangements resulting in poorer quality of services, missed opportunities to participate or lead on elements of system change and potential increase in costs
- 2.3 It is noted that the Trust is actively participating in many partnership activities, and leading in some (e.g. through SRO roles).

### **Section 3: Assurance**

- 3.1 The Business Planning Group (BPG) oversees the coordination of bid teams responding to business development opportunities. BPG will provide multidisciplinary guidance and support. It will report to EMT on progress, ensuring EMT is able to take well informed and timely decisions.
- 3.2 Assurance on the overall range of systems and partnerships activity will continue to be provided to the Board of Directors via this report.

### **Section 4: Implications**

### **Strategic Priorities**

- 4.1 Effective Use of Resources: The proposals described in this report have potential to contribute to the financial sustainability of the Trust. Achievement of them will require the application of our clinical and supporting capabilities working together effectively.
- 4.2 Deliver Outstanding Care: These proposals relate to areas of care where SHSC is recognised as having significant expertise and experience, and these opportunities offer a chance to enhance the access of the South Yorkshire population to them.
- 4.3 Great Place to Work: These proposals offer highly rewarding opportunities for our colleagues to further develop their skills and careers in pursuit of delivering outstanding care.
- 4.4 Ensure our services are inclusive: These proposals have significant potential to enhance access to care for many across South Yorkshire. In so doing we will take care to consider any potential inequalities and tackle them in the design of service solutions.

### Equalities, diversity and inclusion

4.5 The developments described in this paper will be evaluated in full to maximise their potential to positively impact on inclusion and reducing inequalities, and to avoid or mitigate any negative consequences. This will be described in full once detailed proposals are available for consideration.

### **Culture and People**

4.6 There will be a need for OD support to enable teams in the Trust and those in partner organisations to effectively deliver the changes described in this report. This requirement and options to address it will be described in full when detailed proposals are brought forward.

### Integration and system thinking

4.7 All of the content of this report relates to the Trust's role in relation to place based and regional systems, and has the potential to enhance services, access and outcomes for Sheffield and South Yorkshire residents.

#### **Financial**

4.8 The regional development of partnership solutions for service needs has potential to positively contribute to income growth for the Trust. Similarly place based initiatives and national programmes offer growth opportunities.

#### **Compliance - Legal/Regulatory**

4.9 At the present time no decisions are required, but as work develops the appropriate legal and regulatory advice will be sought and will inform recommendations made to the Board.

### **Environmental sustainability**

4.10 The environmental impact of the developments referred to above will be considered in full once detailed proposals are available. It is noted that much of the work across South Yorkshire contains an element of 'care closer to home' and therefore may reduce the travel associated with the current mode of provision. In relation to the Sheffield Health and Care Partnerships intention to focus collaboratively on estates efficiencies, this has significant potential to improve the environmental impact of the collective health and care estate in the City.

### **Section 5: List of Appendices**

none