

**Front Sheet: Public Board of Directors**  
**Item number: 19**  
**Date: 29 January 2025**

<b>Private/ public paper:</b>	Public
<b>Report Title:</b>	<b>Strategic updates from system, collaborative and partnership meetings</b>
<b>Author(s) Accountable Director:</b>	Salma Yasmeen, Chief Executive James Drury, Director of strategy
<b>Presented by:</b>	Salma Yasmeen, Chief Executive James Drury, Director of strategy
<b>Vision and values:</b>	<p>This paper concerns partnership working to improve mental and physical health outcomes for people across South Yorkshire and to ensure high quality and high value service provision. It particularly demonstrates the following values:</p> <ul style="list-style-type: none"> <li>• Working together for service users</li> <li>• Everyone counts</li> <li>• Commitment to quality</li> <li>• Improving lives</li> </ul>
<b>Purpose and key actions:</b>	<p>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 receive the updates from our key system, collaborative and partnership meetings. No specific decisions are requested by this paper.</p>
<b>Executive summary:</b>	<p>There is a significant amount of activity in relation to our partnerships at all levels, and we continue to make focused efforts to maintain a positive and consistent presence in all, in line with the stakeholder review conducted in 2024. There is also an increased level of alignment of activity across partnership structures, for example between place and system.</p> <p>In this report a summary is presented of key discussions and progress in relation to;</p> <ul style="list-style-type: none"> <li>• The South Yorkshire Integrated Care System, including continued work towards meeting our collective financial plans.</li> <li>• The South Yorkshire MHLDA Provider Collaborative, through which we seek to improve productivity and transform care.</li> <li>• The South Yorkshire and Bassetlaw Specialised Commissioning partnership, which increasingly aligns through the Provider Collaborative, including in the case of the Eating Disorders Joint Committee which is described in detail in agenda item 37.</li> <li>• The Sheffield Health and Care Partnership, through which we align and improve local service delivery, including improving flow and discharge planning.</li> <li>• The Sheffield Health and Wellbeing Board, through which we contribute to addressing the determinants of health and tackling</li> </ul>

	<p>inequalities.</p> <p>The paper offers an update for Board and an opportunity to discuss. There are no specific decisions required of Board in this particular issue of the report.</p>
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Which strategic objective does the item primarily contribute to:				
Effective Use of Resources	Yes	<b>x</b>	No	
Deliver Outstanding Care	Yes	<b>x</b>	No	
Great Place to Work	Yes	<b>x</b>	No	
Ensuring our services are inclusive	Yes	<b>x</b>	No	

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
This paper relates entirely to wider system and partnership working. It does not identify any specific standards or legal requirements.	
<b>BAF and corporate risk/s:</b>	BAF 0027 There is a risk of failure to ensure effective stakeholder management and communication with our partners and the wider population and to effectively engage in the complex partnership landscape, leading to missed opportunities to add value for our service users and to meet population needs that require a partnership approach, resulting in missed opportunities to safeguard the sustainability of the organisation and deliver our strategic priorities.
<b>Any background papers/ items previously considered:</b>	Systems and Partnerships reports to previous meetings of the Board
<b>Recommendation:</b>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the updates from our key system, collaborative and partnership meetings. No specific decisions are requested by this paper.</li> </ul>



## Public Board of Directors

### **Strategic updates from system, collaborative and partnership meetings**

#### **1. South Yorkshire Integrated Care System**

The System Leadership Executive of the South Yorkshire ICS met on 17<sup>th</sup> December. The meeting focused on our collective efforts through the I&I process to deliver the financial plan. This built upon the discussion that had taken place at the System Efficiency Board on 12<sup>th</sup> December. It also touched on planning for 25/26. While noting that planning guidance was still awaited, the meeting set out an outline timeline for development of plans in Quarter 4 of the current year.

The South Yorkshire ICB has confirmed that their executive lead for Mental Health, Learning Disabilities and Neuro-diversity will be Chris Edwards. Chris is an existing ICB executive with significant experience of place partnership working. He has commenced hand over from Wendy Lowder who plans to retire. Chris is participating in meetings with the Provider Collaborative and is significantly involved in the development of plans for an Eating Disorders Joint Committee.

The ICB has confirmed its agreement to fund an additional sixth Health Based Place of Safety suite in Sheffield for the South Yorkshire population. This will be at a recurrent cost of £270k per annum for staffing, there are no additional capital costs as this proposal makes use of the third HBPOS suite at the Longley Centre, which is not currently commissioned for use. This will support the timeliness of access, quality of assessment, and experience for people requiring a place of safety in the event of mental health crisis.

#### **2. South Yorkshire MHLDA Provider Collaborative**

The Board of the Provider Collaborative met on 15<sup>th</sup> January. It noted that there had been recent workshop activity involving Chairs and Chief Executives, and another involving directors from each Trust, both of which have contributed to shaping plans and priorities for the year ahead. A proposal on 25/26 priorities is anticipated at the next meeting of the Provider Collaborative Board and will be reported to the SHSC Board.

Key to the Provider Collaborative's contribution in 25/26 will be the implementation of activity to increase productivity, based on the Akeso review. This will feature in the Trust's and the Provider Collaborative's plans for the year ahead.

At the same time as improving productivity, the Provider Collaborative agreed to focus on tackling health inequalities and ensuring parity of esteem in system planning and financial arrangements for 2025/26. The meeting also covered the implementation of national in-patient quality improvement programme which includes Culture of Care. This is one of the key ways we will improve quality and experience for our service users.

The Provider Collaborative also received an update on our collaboration regarding Eating Disorders. Further details are provided at agenda item 37. For SHSC this offers an opportunity to build upon our existing well established community eating disorder services.

#### **3. Specialised Commissioning**

The CQC has now reviewed arrangements at Cheswold Park Hospital and has removed the restriction on admitting patients as part of the Adult Secure pathway. Admissions have now



commenced to the medium secure beds at that site. There are no significant changes to report related to the development of community forensic mental health care for South Yorkshire, although communication continues.

Work continues to plan for the delegation of specialised commissioning responsibilities in mental health from NHS England to ICBs. This is due to take effect from April 2025. In the North East and Yorkshire Region the South Yorkshire ICB will act as the host organisation on behalf of the region. As previously noted at Board, we will continue to monitor this closely and will share a full update once details are available.

#### **4. Sheffield Health and Care Partnership**

The Board of the Sheffield Health and Care Partnership met on 9th December. The Sheffield Dementia Strategy was noted. A review of the governance and ways of working of the Partnership was received. One of the ideas that developed in response to this was greater collaboration on communications and engagement. Healthwatch shared a proposal to take this forward with relevant colleagues from partner organisations including SHSC. This is in addition to the existing system leadership roles played by SHSC team members in relation to crisis pathway reform and the Sheffield Strategic Estates Group.

As we move into planning for 2025/26 these workstreams of the Sheffield Health and Care Partnership are increasingly asked to clarify the contribution that they will make to the achievement of system financial plans in addition to those of individual organisations. The Board will be updated on this as details are developed.

#### **5. Sheffield Health and Wellbeing Board**

The Sheffield Health and Wellbeing Board met on 12<sup>th</sup> December. It approved the Sheffield Dementia Strategy which emphasises the importance of early intervention, reducing inequalities in access, and supporting carers. There was also a focus on health and housing, with further work required in this area to build on solid foundations.

These are both strategically important for SHSC and the people we serve. The dementia strategy offers opportunities to strengthen partnerships with communities and community organisations to support inclusive services that tackle inequalities.

The Health and Housing agenda is important for system flow and for Improving Lives. It is an area with significant potential for creative and innovative solutions. Housing is an influencing factor on mental health with real potential to reduce the likelihood of crises and by extension demand for inpatient care. In our strategy and operational plan we have an opportunity to include housing in our priorities.

The Health and Wellbeing Board received an update on the delivery of the current Sheffield Better Care Fund plan, and noted the need to commence planning for 25/26 reflecting national changes to the scope and requirements of the BCF Framework.

The Health and Wellbeing Board also noted the formation of the Sheffield Stronger Together Leadership Group, through which Chief Executives of all major local anchor organisations, including SHSC, are working together to drive the delivery of the City Goals.

## **South Yorkshire Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative Board Meeting Note – 14 November 2024**

The South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative Board (the Board) met on 14 November 2024. The main areas of discussion and subsequent action are outlined below.

### **Managing Director Report**

The Board received an overview on the reforms to the Mental Health Act that were introduced to parliament on 6th November, noting positive implications for the Collaborative programme of work on Health Based Place of Safety.

The report also included an update on discussions with colleagues across the Collaborative and a proposal to submit a proactive financial planning narrative and proposal to the Integrated Care Board before Christmas 2024.

### **Independent investigations of the NHS in England: Implications for Mental Health**

A paper was presented to provide the Board with an overview of the Independent Investigation of the NHS in England, with a specific focus on the implications for the work of the Collaborative. In particular, implications for the current and future work programmes were highlighted and the importance of how we work together to integrate care, add value and to spread good practice that raises the quality and consistency of care.

The emphasis on neighbourhood working was discussed and this will be considered as part of the development activities planned for January.

### **Clinical and Care Professionals Assembly (CCPA)**

The Chair of the CCPA attended the Board to update on the progress of the Clinical and Care Professional Assembly and support the Board by suggesting clinical priorities for consideration as workplans are developed in 2025/26. Feedback on the work of the CCPA was very positive and the suggested clinical areas will be considered in the January planning sessions.

Plans will be made to share the work of the CCPA and engage with a wider clinical and professional audience including colleagues in the social care sector.

### **Delivering Our Work Programme**

The Board were provided with assurance that the work programmes were progressing as planned and that any delays were being mitigated.

Work on a **performance scorecard** was presented as a separate paper but provides a useful baseline for measuring improvement alongside bespoke measures for other programmes.

More assurance was requested on the national measure for the number of autistic people and people with a learning disability in a mental health inpatient setting. This will be progressed with members of the Collaborative before the next meeting of the Board.

### **Productivity Review Procurement**

The productivity review discussed at previous Board meetings is well underway and the Board was assured that the report was in the final stage of development and would be finalised by the end of November. The outputs would then be considered by the Executive teams to generate plans to realise the productivity and quality benefits identified in three areas: older peoples' inpatient care, CAMHS and Community Mental Health Teams.

### **Draft Medical Emergencies in Eating Disorders (MEED) Proposal**

The Board received a paper outlining progress in improving Medical Emergencies in Eating Disorders (MEED) management within South Yorkshire to align with national guidance. The paper recommended four immediate actions to support MEED compliance. To enable further time for robust appraisal and engagement, a paper outlining the "hub model" options (where patients requiring MEED treatment are cared for) is proposed for January 2025.

The Board supported the recommendations and were very positive about progress made to date.

### **Specialised Commissioning Update**

The Board received the routine report from the SYB Specialised Commissioning Provider Collaborative and brought to the attention of the Board items for escalation and risk to the system.

### **Pay Award – Implications for MHLDA Providers**

It was noted that there were significant implications for MHLDA providers given pay is a much larger proportion of costs for MHLDA providers. The Collaborative will work together to highlight this point and work with system colleagues to see if it is possible to find an equitable solution.

**Marie Purdue, Managing Director, South Yorkshire MHLDA Provider Collaborative**