

Front sheet:
Strategic updates from system, collaborative and partnership meetings
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Report Title:	Strategic updates from system, collaborative and partnership meetings
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Presented by:	Salma Yasmeen, Chief Executive James Drury, Director of Strategy
Vision and values:	<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"> • Working together for service users • Everyone counts • Commitment to quality • Improving lives
Purpose and key actions:	<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>
Executive summary:	<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"> • The South Yorkshire Integrated Care System, including continued work towards meeting our collective financial plans. • The South Yorkshire MHLDA Provider Collaborative, through which we seek to improve productivity and transform care. • The Sheffield Health and Care Partnership, through which we align and improve local service delivery, including improving flow and discharge planning. • The Sheffield Health and Wellbeing Board, through which we contribute to addressing the determinants of health and tackling inequalities. <p>The paper offers an update for Board and an opportunity to discuss. There</p>

	<p>are no specific decisions required of Board in this particular issue of the report.</p> <p>Appendix 1: South Yorkshire Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative Board Meeting Note</p>
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Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	x	No		
Deliver Outstanding Care	Yes	x	No		
Great Place to Work	Yes	x	No		
Ensuring our services are inclusive	Yes	x	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.	
BAF and corporate risk/s:	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.
Any background papers/ items previously considered:	Systems and Partnerships reports to previous meetings of the Board
Recommendation:	The Board of Directors is asked to receive the updates from our key system, collaborative and partnership meetings. No specific decisions are requested by this paper.

Public Board of Directors

Strategic updates from system, collaborative and partnership meetings

26 March 2025

1. South Yorkshire Integrated Care System

The Board of NHS South Yorkshire ICB met on 5th March. The meeting focused on operational and financial planning for the year ahead. The Board also agreed to the delegation from NHS England of responsibility for commissioning 84 'specialised commissioning' services which have an annual value in South Yorkshire of £367.6m. This is in line with the plans previously described and include a number of mental health services which are of relevance to SHSC such as adult secure care and in-patient care for eating disorders. The Board supported the delegation in order to enable improved outcomes, joined up pathways, and to achieve a greater focus on prevention. It was understood that the initial priority is for a safe transfer of people and responsibilities, and that transformation will require concerted attention over a longer time frame.

This meeting was followed by the System Efficiency Board on 6th March which continued the detailed work on financial and operational planning for 25/26. The Akeso productivity opportunity work was presented, which had been developed by the Mental Health, Learning Disability and Autism Provider Collaborative. The analysis was well received and now the focus must turn to ensuring our Trust plans for the year ahead are focused on delivering these productivity gains.

The System Leadership Executive of the South Yorkshire Integrated Care System met on 18th March. The meeting took place shortly after the national announcements of significant changes to the NHS operating model including the abolition of NHS England and the delivery of 50% running cost savings in NHS England, Department of Health and Social Care, and in Integrated Care Boards. At the time of meeting, it was understood that further details would be forthcoming. Nevertheless, the focus must remain on delivering against the core statutory purposes on ICBs. The meeting also focused on integrated neighbourhood working which is a key element of the forthcoming Ten Year Plan.

In addition to the meetings above the SY ICB has supported partner organisations, including SHSC, to submit bids for national capital funding streams associated with the Operational Planning Guidance for 25/26. Bids have been submitted for schemes which can support a reduction in out of are placements and for those that can improve safety in mental health, both of which are aligned with our own capital plan. The process to determine these bids is ongoing.

2. South Yorkshire MHLDA Provider Collaborative

The Board of the Provider Collaborative met on 12th March. The meeting included a discussion of the ICB's commissioning intentions and of the draft priorities for the Provider Collaborative. Further details of the final priorities and work programme will follow. The draft priorities have informed our own Trust plans for the year ahead. The meeting also received a 'deep dive' report on ADHD and Autism, with the intention of further clarifying the role of the provider collaborative in enabling improvement in this area. There was also an important discussion on the way in which Health Based Places of Safety are being used to optimise experience and effectiveness for people. This is of particular relevance to SHSC as the operator of three of the six available suites, including the most recently added sixth suite which is funded by the ICB for use by people from across South Yorkshire.

3. South Yorkshire Eating Disorders Joint Committee

The Eating Disorders Joint Committee met on 10th March. It progressed key developments in line with its work programme for the year ahead. SHSC is significantly involved in all work streams. One of the first improvements to go live is expected to be the extension of community eating

disorders services into local place-based delivery. Detailed work is underway to refine the operational, clinical governance and financial arrangements for this. Further details on the governance of the Joint Committee and its Work Plan for the year ahead are presented later in the agenda.

4. Sheffield Health and Care Partnership

The Sheffield Health and Care Partnership Board met on 13th February. It focused on several of the key national strategies that require a joined-up place-based approach, including employment and health which is being delivered in South Yorkshire through the Pathways to Work initiative. There was also a focus on neighbourhood working, drawing on the experiences of partners in VCS, local authority and NHS sectors. The Board also reviewed the delivery of its work plan and shaped the strategic focus of the Health Care Partnership for the year ahead.

The MHLDA Delivery Group of the Sheffield Health and Care Partnership met on 26th February and considered priorities for the year ahead. It received updates on the Neighbourhood Mental Health Centre programme in Heeley and Gleadless. It also discussed the delivery of the Sheffield Dementia Strategy.

5. Sheffield Health and Wellbeing Board

The Health and Wellbeing Board is due to meet on 27th March when it will consider the plans for the use of the Better Care Fund in 2025/26. This will include investment in supporting effective discharge in mental health. This additional capacity and improved ways of working is important for the achievement of the Home First vision we have at SHSC and for the achievement of our trajectory for the reduction of out of area placements.

Recommendation:

The Board of Directors is asked to **receive the updates** from our key system, collaborative and partnership meetings. No specific decisions are requested by this paper.

South Yorkshire Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative Board Meeting Note – 15 January 2025

The South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative Board (the Board) met on 15 January 2025. The main areas of discussion and subsequent action are outlined below.

Managing Director Report

The Board received an overview on national progress with the planning guidance. At this point in time, the full operational planning guidance has not yet been released by NHSE, however, the Mental Health Investment Standard is likely to continue, albeit with some changes. An update on the collaborative work on financial planning was also provided.

Health Inequalities Collaborative Approach

The Board received an overview of current activities being undertaken across the Collaborative to address health inequalities. The majority of the activity is necessarily around different localised priorities (aligned to place plans and local population health). However, there are programmes of work on national initiatives where there is the potential to share learning across the system.

All the Collaborative Trusts in SY are working to ensure implementation of the Patient and Carer Race Equality Framework (PCREF), and the Board supported a suggestion to bring leaders together to share learning and good practice on PCREF and work on other areas of health inequalities. The Board noted that it was necessary to evidence that the work was making a difference.

The Board requested that actions to address and monitor health inequalities in the collaborative programmes of work are made more explicit.

Managing Medical Emergencies in Eating Disorders (MEED)

A proposal for developing a system-wide approach to eating disorders was discussed. The Board was supportive of the proposed model. It was agreed that a business case will be available by the end of February to submit to the ICB for consideration of the proposed model and associated costs as part of 25/26 planning. This will go through the Chief Executives and Eating Disorders Joint Committee as it will need to be considered before the next Provider Collaborative Board. It will then go to March Collaborative Board. Further information will be provided on the engagement and equality impact assessment within the business case.

Eating Disorders Joint Committee

Work continues on the development of the supporting governance for including the terms of reference and supporting documents that will be considered by member trust boards prior to the committee going live in April 2025.

Delivering Our Work Programme

The Board was 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 provided a useful baseline for measuring improvement alongside bespoke measures for other programmes.

The system is on track to achieve 7 out of the 8 MHLDA long-term plan goals, however, out-of-area placements are a significant challenge, especially in South Yorkshire, and it's unlikely the planned position will be met.

At the previous meeting the Board requested more assurance on the national measure for the number of autistic people and people with a learning disability in a mental health inpatient setting, so work undertaken to address this was outlined within the report. It appears that the system is now expected to meet the recently amended target of a reduction of 10%.

There is an expectation that the national MHLDA targets will be streamlined next year, however, the Board agreed that it is important that we continue to monitor and review metrics that impact the quality of care provided on a system level basis to ensure oversight and advocacy.

Annual Review of Priorities

The Collaborative Executive teams and Board have met to consider progress to date and to start to plan for next year and beyond. The next steps involve finalising the actions from the Akeso report on productivity, conducting further research, and creating a detailed implementation plan with resources and timelines. A more detailed paper will be submitted to the Board in March Board via the Chief Executive Group beforehand.

Productivity Review Progress

The productivity review discussed at previous Board meetings has been completed and the Akeso report is being finalised. The preliminary outputs were considered by the executive teams in December and planning commenced to realise the productivity and quality benefits identified. Board also noted that plans to develop an Information Improvement Programme, will be included in the 25/26 planning paper that will come to the March Board via the Chief Executive Group.

Inpatient transformation programme

An update on the inpatient policy transformation programme was provided, highlighting progress in areas like the PCREF implementation and sensory environments for neurodiversity. The importance of continuing to track the benefits of transformation programme were noted, especially in light of funding decisions in the upcoming planning process.

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.

The Chair noted a formal thank you to Wendy Lowder, who has also held the role of Executive Lead for MHLDA for the ICB. Wendy has been committed to improving MHLDA services and has been a great advocate and valued member of the Collaborative Board. Wendy retires in February, and the new ICB Executive Lead on MHLDA will be Chris Edwards, and we welcome Chris to the Collaborative Board from April 2025.

Marie Purdue, Managing Director, South Yorkshire MHLDA Provider Collaborative