

Board of Directors – Public

SUMMARY

Meeting Date: 24 May 2023
 Agenda Item: 06

Report Title:	Chief Executive Briefing	
Author(s):	Jan Ditheridge, Chief Executive	
Accountable Director:	Jan Ditheridge, Chief Executive	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	N/A
	Date:	N/A
Key points/recommendations from those meetings	N/A	

Recommendations

The Board are asked to consider the items discussed in this report in relation to impact and opportunity on our strategic priorities and risks.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	X
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Please identify which strategic priorities will be impacted by this report:

Recover services and improve efficiency	Yes	X	No	
Continuous quality improvement	Yes	X	No	
Transformation – Changing things that will make a difference	Yes	X	No	
Partnerships – working together to make a bigger impact	Yes	X	No	

Is this report relevant to compliance with any key standards?	State specific standard			
Care Quality Commission Fundamental Standards	Yes	X	No	
Data Security and Protection Toolkit	Yes		No	X
Any other specific standard?	Yes	X	No	Health & Safety at Work Act

Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If
Service User and Carer Safety, Engagement and Experience	Yes	X	No		
Financial (revenue & capital)	Yes	X	No		
Organisational Development /Workforce	Yes	X	No		
Equality, Diversity & Inclusion	Yes		No	X	
Legal	Yes		No	X	
Environmental Sustainability	Yes		No	X	-

Title	Chief Executive Briefing
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Purpose

The purpose of this report is to inform the Board of current national, regional and local policy and issues that require consideration in relation to our strategic priorities and Board Assurance Framework risks, and to stimulate Board strategic discussion.

NATIONAL

1. Reports, Reviews & Guidance

1.1 Premature Mortality in Adults with Severe Mental Illness (SMI) (Updated April 2023)

This report is about premature death in people under the age of 75 with severe mental illness (SMI). It looks at the data for 2018 – 2020 and compares it with data from 2015 – 2017.

The report describes how, for people with SMI, premature death varies by gender, age, socioeconomic group and geographical area.

SMI is a term used to describe people with a group of conditions that are often chronic and debilitating, significantly reducing their ability to engage in functional and occupational activities. SMI generally includes those people with a diagnosis of schizophrenia, bipolar disorder or other psychotic illnesses that cause severe functional impairment.

People with SMI are more likely to experience poor physical as well as poor mental health. They often have chronic physical health conditions that develop at an earlier age than the general population. These conditions include obesity, asthma, diabetes chronic obstructive airways disease, heart diseases, stroke and liver disease.

People with SMI often die prematurely of chronic physical diseases but SMI will have been a significant feature of their lives influencing their lifestyle, and ability to self-manage or seek help for their physical health issues.

It is estimated that 2 out of 3 deaths that are from physical illness can be prevented.

It is important to note that this report includes 10 months of the first year of the CoVid19 pandemic which may impact on findings.

The report found:

- that adults with SMI are statistically significantly more likely to die prematurely than adults who do not have SMI. People in England with SMI are 5 times more likely to die prematurely than those who don't have SMI.
- between 2018-2020 120,273 adults with SMI died prematurely (between the ages of 18 and 74), just over 40,000 per year. Broadly two thirds of this group were male, one third female.
- the rate has increased over the reporting periods, with the greatest increases between 2017 to 2019 and 2018 to 2020 (including 10 months of CoVid19).
- deprivation is a significant feature in premature deaths of people with SMI – 53.9 per 100,000 in the least deprived areas and 200 per 100,000 in the most deprived areas.

The report is a sombre reminder of the destiny of many of the people we work with and therefore the need to make sure these facts influence our strategies, plans and care delivery. There is also an advocacy role for us to ensure that systems are focusing on this data when building strategies, designing services and agreeing funding.

These numbers will only change if the wider health determinants are addressed to prevent chronic disease developing, and in the short term all of health and care services need to support people with SMI to live well, enable them to self-manage and access help easily and monitor effectively to spot and deal with problems early.

Poor health outcomes are not inevitable. Physical health can be improved, and many early deaths avoided if people receive the support they need. The National Institute for Health & Care Research, for example, have published a collection of recent examples of published and ongoing research which provides evidence to support the physical health of people with SMI. While the examples are designed for health care professionals, the Board can see the information by following the link below. It is accessible and interesting and should provide hope and ideas about what our services can and should do to reduce premature deaths for people with SMI.

[Supporting the physical health of people with severe mental illness \(nihr.ac.uk\)](https://www.nihr.ac.uk)

The Medical Director will review this report in more detail and bring back through the Quality Assurance Committee to consider how we are actively addressing these findings locally.

The full report can be found at: [Premature Mortality in Adults with SMI \(April 2023\)](#)

1.2 [The Hewitt Review - An independent review of Integrated Care Systems](#) [Rt Hon Patricia Hewitt \(April 2023\)](#)

This review commissioned by the Chancellor of the Exchequer, The Rt Hon Jeremy Hunt MP, looked at the role and powers of the relatively newly formed integrated care systems (ICSs).

The key areas of enquiry were:

- How to empower local leaders to improve the health and care outcomes of their populations and making them more accountable for performance and spending
- Consideration of the scope and options for a significantly smaller number of national targets that integrated care boards (ICBs) should be held accountable for alongside agreed local priorities reflecting the needs of their communities
- The role of the Care Quality Commission in system oversight

The Review has four main chapters:

- From focusing on illness to promoting health
- Delivering on the promise of the systems – achieving the ambitions of the Health & Care Act 2022
- Resetting the approach to finance to embed change
- Unlocking the potential of Primary and Social Care and their workforce

All the chapters came with a range of recommendations all underpinned by a call for culture change from ill health to prevention, from competition and organisational “walls” to system and partnership working and a shift from national direction to local leadership and accountability.

The Board can read more detail on the review, findings and recommendations here:

[The Hewitt Review - April 2023](#)

We will work with colleagues to support the implementation of the recommendations in line with our Working in Partnership priority.

2. **National Leadership Event – 19 April 2023 (London)**

System (Integrated Care System and Place) and organisation leaders met in London to hear from the National team and share and discuss present challenges and future plans.

The key areas for discussion were:

- **Operational Planning** – this was in full swing for 2023/24 when we met and the National team were keen to hear what the challenges are for systems and give a clear steer on the need to reflect the key aims of the Health & Care Act.
- **The Long Term Workforce Plan** – expected soon and will set out the workforce needs for the next 15 years. It will include different ways for the professions to access training and set out approaches to developing leaders for the future. This will be shared and discussed in detail once published.
- **The Delivery and Continuous Improvement Review** – report of the findings and recommendations were published and launched at this meeting. The review recommended:
 - 1 Establishing a national improvement board to agree a small number of shared national priorities on which NHS England, with systems and providers, will focus improvement delivery led work.
 - 2 Launch a single shared NHS improvement approach.
 - 3 Co- design and establish a Leadership for Improvement Programme. We will ensure that this new focus compliments our Improvement Framework.
- **NHS 75 Celebrations** - The Board will know that Sheffield Health & Social Care NHS FT have a range of activities planned for this milestone.

Nationally the organising team have also identified national events and activities that we are engaging with.

LOCAL

1. **South Yorkshire Integrated Care System**

The main focus has been on submission of annual plans and in particular financial planning given the system challenges. This is discussed in more detail in our finance report.

2. **Mental Health, Learning Disability & Autism (MH/LDA) Collaborative**

Marie Purdue has been appointed as the substantive Managing Director for the Collaborative. Marie has been in this role on an interim basis for the past year and has been instrumental in progressing the development of the partnership.

The plan is now to appoint the Clinical Lead on a substantive basis.

On Wednesday, 10th May 2023, the Collaborative Board agreed that Toby Lewis will take over the Chief Executive Lead when Jan Ditheridge leaves the role at the end of June. Toby is the new Chief Executive at Rotherham Doncaster & South Humber NHS FT (RDASH) and is keen to pick up the baton and take the Collaborative and its priorities to its next stage of development.

3. Sheffield Health & Social Care NHS FT

3.1 Health & Safety – Medical Sharps Arrangements

Board members will recall that following a visit by the Health & Safety Executive (HSE) in September 2022, Sheffield Health & Social Care NHS FT was served with two Improvement Notices in respect of our medical sharps arrangements.

As a result, an action plan was developed and implemented.

In March 2023, the HSE returned and confirmed that they saw evidence of the improvements made and were impressed with our response to the two notices, which they considered were above and beyond legal compliance.

Formal confirmation has now been received that the two improvement notices are spent.

3.2 Changes in the Executive Team

Since my last report, there have been a number of changes to the Executive Team:

3.2.1 *Executive Director of Nursing, Quality and Professions*

Following interviews on 28 April, for the Executive Director of Nursing & Professions, Salli Midgley was successful and, following approval from the Remuneration Committee will formally commence her substantive role on 1 June.

Salli's values and focus on high quality patient care, her relentless involvement of families and carers and a real desire to develop the professions shone through at interview. We will support Salli by building on the development programme she is already undertaking in her interim role so she gets the best start to what I know will be a successful appointment.

3.2.2 *Executive Director of Service Delivery*

Agreement has been reached with Neil Robertson and our next Chief Executive, Salma Yasmeen, to continue with the interim arrangements for this post. It is anticipated that the substantive post will go out to recruitment once Salma has had the opportunity to work with her new team and understand what skills and experience are required to deliver our plans for the future.

3.2.3 *Executive Director of Strategy*

Pat Keeling has now confirmed that she will be retiring at the end of July 2023. Pat has been instrumental in our transformation over the last three years, and we will miss her, but she leaves us at a time when we have well-developed plans for our future and after a raft of improvements have made our environments safer and a much better experience for our service users.

The estates, facilities, Project Management Office, and strategy and planning team is now well equipped to continue this great work and fulfil the ambition of our strategy.

Our Executive Team will hold Pat's responsibilities once she leaves, in the short term, to ensure progress continues and the teams are supported. This will give our next Chief Executive the opportunity to consider what skills and experiences are required for the future.

3.3 Executive Activity Since the Last Board Meeting

The Executive Team and their respective teams have been focused on the following activity since the last Board meeting:

- Contribution to, and agreement of, the system-wide financial plan;
- Continued work on year-end: Annual Report and Final Accounts;
- Objectives for next year and reflections on performance over the last year through the appraisal process;
- Delivery of transformation projects key milestones;
- Operational pressures, including industrial action.

The Executive Team will attend a development day on 25th May to align objectives, identify unintended consequences or opportunities and ensure they are optimised to deliver our priorities.

JD/jch (May 2023)