

# Board of Directors

## SUMMARY REPORT

Meeting Date: 27 March 2024

Agenda Item: 16

<b>Report Title:</b>	<b>Systems and Partnerships briefings and updates</b>		
<b>Author(s):</b>	Jason Rowlands: Deputy Director of Strategy and Planning		
<b>Accountable Director:</b>	Salma Yasmeen: Chief Executive/ James Drury Director of Strategy		
<b>Other Meetings presented to or previously agreed at:</b>	<b>Committee/Group:</b>	n/a	
	<b>Date:</b>	n/a	
<b>Key Points recommendations to or previously agreed at:</b>	n/a		

### Summary of key points in report

- Our strategic aims and priorities emphasise the importance of working in partnership across Sheffield and South Yorkshire to address health inequalities as a key focus to delivering our strategic aim of ensuring our services are inclusive.**
- A key area of delivery focus is our work across the care system.** We are working with our partners across Sheffield Place, the South Yorkshire MHLDA Provider Collaborative and Integrated Care System to improve and transform services and reduce health inequalities.
- This paper highlights the opportunities available to SHSC to work with our partners.** This enables us to tackle shared challenges through place-based partnership arrangements and provider collaboratives and developments and discussions in progress where relevant.
- Amended Terms of Reference for the South Yorkshire Mental Health, Learning Disability, Dementia and Autism Provider Collaborative have been developed for approval.** These will strengthen arrangements and provide clarity of purpose across the different governance structures in place.

### Recommendation for the Board/Committee to consider:

Consider for Action	Approval	Assurance	Information	X
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**Recommendation 1:** For the Board to review the system partnership work underway across SHSC and consider any gaps.

**Recommendation 2:** For SHSC Board to approve the amendments to the South Yorkshire Mental Health, Learning Disability, Dementia and Autism Provider Collaborative Board. The SHSC Board has previously reviewed the proposed changes in February.

Appendix 1: Paper regarding the amended terms of reference

Please identify which strategic priorities will be impacted by this report:					
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
Is this report relevant to compliance with any key standards ?				State specific standard	
Care Quality Commission Fundamental Standards	Yes		No	X	
Data Security and Protection Toolkit	Yes		No	X	
Any other specific standard?	Yes		No	X	
Have these areas been considered? YES/NO				If Yes, what are the implications or the impact? If no, please explain why	
Service User and Carer Safety and Experience	Yes	X	No		This paper provides an overview of developments across different Partnership Boards and forums for the purposes of communication and awareness.  No specific recommendations are made that required consideration against these criteria.
Financial (revenue & capital)	Yes	X	No		
Organisational Development /Workforce	Yes	X	No		
Equality, Diversity & Inclusion	Yes	X	No		
Legal	Yes	X	No		
Sustainability	Yes	X	No		

<b>Title</b>	<b>Systems and Partnerships briefing and updates</b>
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## Section 1: Analysis and supporting detail

### 1.1 Background and introduction

The purpose of this report is to update the Board on key developments in the South Yorkshire Integrated Care System (SY ICS), the South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative (SY MHLDA) and the Sheffield Place Health and Care Partnership Board.

This report summarises key developments from recent Integrated Care Board (ICB) and place-based meetings.

### 1.2 South Yorkshire Integrated Care Partnership

#### South Yorkshire Integrated Care Board (ICB) – System Leadership Executive

Meeting on	13 February 2024
Executive Lead	Chief Executive
<p>Items discussed:</p> <ul style="list-style-type: none"> <li>• <b>Operational updates:</b> key points of escalation covered: <ul style="list-style-type: none"> <li>– Operational Challenges: Urgent and Emergency Care system performance is currently 60-65% for the 4-hour Accident and Emergency target and plans are focussed on achieving the 76% target for March. There are key links to our Liaison Services to ensure timely assessments and maintaining flow into the mental health pathways. South Yorkshire is doing well against the national imperative of no-one waiting over 78 weeks for treatment. Plans for reduced running costs across the ICB are nearing their 1<sup>st</sup> April 2024 implementation date.</li> <li>– Feedback shared from the positive visit from Amanda Pritchard, Chief Executive of NHS England, to SHSC and other MHLDA partners.</li> <li>– Financial Plan and forecast position: The System planned for a break-even position, with a surplus in the ICB off-setting the provider positions. SY ICB forecasting a net deficit of £48.6m, which will be repayable to NHSE in 25/26. The provider positions show an improvement overall from their planned positions.</li> <li>– Financial planning for 2024/25: Our operational plan for the ICB will be consistent with the aims of the Integrated Care Partnership strategy, and the NHS South Yorkshire Forward Plan published in June 2023. We are trying to improve our approach to co-ordinating and delivering our whole system improvement plan above and beyond the provider and ICB efficiency. This should enable more of a discussion on the risks and trade-offs through the planning process and the options to achieve a balanced plan in 24/25.</li> </ul> </li> <li>• <b>2024/25 Planning</b></li> </ul>	

<ul style="list-style-type: none"> <li>– Provider Collaborative plans: Feedback received from both the MHLDA and Acute Federation regarding their respective priorities for 2024/5. Overall focus on reducing unwarranted variation in care quality and maximising value for money by working at scale. MHLDA undertaking peer review of provider plans, and working on reducing out of area bed usage, collaboration on services where scale may deliver better productivity or address workforce challenges.</li> <li>– Place Plans: Updates were received on developing plans across Sheffield, Rotherham, Doncaster and Barnsley Place Partnerships.</li> <li>– Yorkshire Ambulance Strategy: Presentation on the new strategy</li> <li>– Our Joint Forward Plan and refresh: Progress update on the annual refresh was provided. No significant changes highlighted and the next steps are to align with the NHS operational planning requirements for 24/25 and to review with local Health and Wellbeing Boards and develop a final draft for review through March 2024.</li> <li>– Yorkshire Ambulance Strategy: Presentation on the new strategy</li> </ul> <ul style="list-style-type: none"> <li>• <b>Right Care Right Person (RCRP) Update:</b> RCRP is a national model which has been created to ensure partners in the health and social care and the Police work collaboratively to support and protect members of our communities, by providing the most appropriate responses to incidents linked to welfare, medical and social care issues. Progress against the 10 recommendations for mental health services was reviewed. This is a key area for SHSC, ensuring effective arrangements underpin our urgent and crisis care pathways and it links to development plans for the NHS 111 service which we are launching for the 1<sup>st</sup> April, our urgent and crisis care teams and services and liaison mental health services.</li> </ul>	
Date of next meeting	12 March 2024

### South Yorkshire Mental Health, Learning Disability and Autism Provider Collaborative Board

Meeting on	23 January 2024
Executive leads	Chief Executive Chair (Chair of the MHLDA provider Collaborative)
<p>Items discussed:</p> <ul style="list-style-type: none"> <li>• <b>Managing Director Report:</b> Overview of emerging issues and developments in MHLDA at local, regional, and national level that require consideration in relation to the South Yorkshire Mental Health, Learning Disability &amp; Autism (MHLDA) Provider Collaborative strategic priorities. Key points of note were <ul style="list-style-type: none"> <li>– NHS Guidance on assuring and delivering service change for patients and the Department of Health and Social Care’s intention to commence powers under Schedule 6 of the Health and Care Act 2022 to ‘call-in’ proposed service changes for review.</li> <li>– National inpatient programme: Work is underway through the Directors of Nursing to develop a Community of Practice model to share learning and develop networks across South and now also West Yorkshire. This programme aligns to our Inpatient Culture of Care Improvement</li> </ul> </li> </ul>	

Programme priority for 2024/25.

- **Delivering our work programme:** Proposals were received to include developing work focussing on Fragile Services and Out of Area Placements within the Collaboratives programme of work to ensure oversight and support. Adult ADHD services programme is progressing through sharing of referral and triage processes, developments, and challenges. SHSC and RDASH now working on a consistent process. Clinically driven specification development for eating disorders services continues with a proposal for a hub and spoke model of delivery. Shared learning on STOMP with initial Steering Group focused on this area. We have been successful in our application to join the ‘Improving Equitably’ programme with NHS Providers and the Health Foundation to receive coaching support and develop ways to measure the impact of our Provider Collaborative work on STOMP.
- **Future Commissioning Role for the Provider Collaborative:** Further to discussion at the December SY MHLDA Provider Collaborative Board about the future relationship between the current specialised commissioning collaborative board and the Board of the SY MHLDA Provider Collaborative, revised Terms of Reference that have been made to reflect the outcomes of the Board discussions and are to be reviewed by each Trust. (See update below following 13 March meeting). These were reviewed by the SHSC Board in its meeting in February and a separate paper is attached at Appendix 1. The Board is asked to approve the revised Terms of Reference.
- **Collaborative Contribution to the System Efficiency Programme:** as a Collaborative the focus is on two areas for cash-releasing benefits in 24/25
  - Out of Area Placements: The aim is to reduce the number of people in placements outside the South Yorkshire (SY) boundary by ensuring best use of existing capacity and developing new services where this provides quality and financial benefit. Although this is subject to change the South Yorkshire providers were ranked as 3rd, 4th and 5th most challenged in the NEY system (out of 7) in the latest Out Of Area Placement and Inpatient Data – NEY MH (Nov 23 report). The desired state is more care provided appropriately in area, improved quality and reduced seclusion as close to home and reduced cost.
  - Fragile Services: The aim is to identify clinical services where issues with quality, efficiency or sustainability can be better addressed by working in partnership across the SY MHLDA Collaborative and implement associated plans.
- **Specialist Commissioning Update:** Progress update was provided on the escalated quality and safety risks at Cheswold Park Hospital in Doncaster. The update summarised progress on the key themes identified following the SYB Provider Collaborative Commissioning Hub Quality Review in April 2023 and the Care Quality Commission (CQC) Inspection in July 2023; the governance arrangements that are now in place to oversee and assure the safety of NHS placed patients and finally, the planned next steps.

Date of next meeting	13 March 2024
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Meeting on	13 March 2024
Executive leads	Chief Executive

	Chair (Chair of the MHLDA provider Collaborative)
<p>Items discussed:</p> <ul style="list-style-type: none"> <li>• <b>Managing Director Report:</b> Overview of emerging issues and developments in MHLDA at local, regional, and national level that require consideration in relation to the South Yorkshire Mental Health, Learning Disability &amp; Autism (MHLDA) Provider Collaborative strategic priorities. Key points of note were: <ul style="list-style-type: none"> <li>– STOMP: support from NHS Providers and Health Foundation had been gained (following a competitive process amongst provider collabs).</li> <li>– Neurodiversity / ADHD waits: Concerns regarding slow progress being made with clear emphasis on the need to prioritise clear improvement plans. Progress and plans were to be reviewed further across the ICB.</li> <li>– Eating Disorders: Plans for the continued development of services and pathways were well received supported with the development of the proposed joint committee.</li> <li>– Mental Health Investment Standard: 4.1% uplift in the NHS England plan which would be focused on uplifting current commitments, rather than significant new additional growth.</li> </ul> </li> <li>• <b>Governance and Terms of Reference:</b> As previously reported to SHSC Board in January 2024, the South Yorkshire MHLDA Provider Collaborative Board noted that the future relationship between the current specialised commissioning governance arrangements and the Board of the SY MHLDA Provider Collaborative would take effect upon the agreement of the revised Terms of Reference by all parties. This includes the Boards of each of the partner NHS Foundation Trusts agreeing these amendments. <p>SHSC Board reviewed and considered the amended terms of reference in its meeting in February, and the Board is asked to approve the amendments. A supporting paper is attached at Appendix 1.</p> </li> <li>• <b>Inpatient Quality Transformation Programme:</b> Overview of programme progress which is centred on five workstreams ranging from culture to the development of system level bed plans. There is a need to align our collective effort across our Integrated Care Board and Provider Collaborative governance systems noting that the work on 'localise and realign inpatient provision' will include all providers not just the NHS providers in the Collaborative. <p>National funding associated with the programme, £42m, was expected to come to Integrated Care Boards as service development funding.</p> </li> <li>• <b>Specialist Commissioning Update:</b> Expressions of interest for the Community Forensic services across South Yorkshire would be issued in Q1 24/25. This will be progressed in accordance with the Provider Selection Regime and the approach had been signed off by the South West Yorkshire Partnership Foundation Trust Committee in December. This relates to services provided within SHSC and the Board has previously reviewed our approach to future developments.</li> </ul>	
Date of next meeting	To be confirmed

**Sheffield Place Health and Care Partnership Board**

Meeting on	6 February 2024 (Development session)
Executive Lead	CEO
<p>The development session was focussed on a review of the Sheffield place position, and the approach to efficiency and current areas of improvement work.</p> <p>Modelling (developed as part of the planning feedback letter for 23/24) shows we cannot afford the current approach to service delivery in 23/24 and beyond.</p> <p>The “best in class” improvement headroom in Model Hospital and Model System is not enough to bridge the financial gap, (but we await the detail of the operational planning guidance to fully quantify the level of financial challenge).</p> <p>The plans for South Yorkshire will require us to be significantly more innovative in our approach to financial improvement. Beyond operating in “best in class” the session focussed on our need to:</p> <ul style="list-style-type: none"> <li>• Review our approach to allocative efficiency and failure demand</li> <li>• Think through our approach to the current disposition of service and whether these can be consolidated and or changed to be more clinically and cost effective.</li> <li>• Review how we work differently with local government and the voluntary sector to try and accelerate our approach to developing community models of care that de-medicalise our approach.</li> <li>• Review areas of high cost, lower value medical interventions to enable left-shift upstream interventions</li> </ul>	
Date of next meeting	11 April 2024

**Sheffield Health and Wellbeing Board**

Meeting on	28 March 2024
Executive Lead	Chief Executive
<p>The Health and Wellbeing Board next meets on the 28 March 2024. An update to the Board will be provided in the next report.</p>	
Date of next meeting	28 March 2024

**Sheffield Mental Health, Learning Disability and Autism Delivery Group**

Meeting on	20 March 2024
Executive Lead	Medical Director & Director of Operations and Transformation
<p>Verbal updates to be provided as meeting takes place after Board papers are distributed.</p>	

Date of next meeting	April 2024 (date tbc)
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## Section 2: Risks

BAF.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 cost

This risk are mitigated through engagement and partnership working across the system and forum summarised above.

## Section 3: Assurance

Assurance review is not considered necessary.

## Section 4: Implications

No additional implications

## Section 5: List of Appendices

Appendix 1 Paper regarding the amended MHLDA Provider Collaborative terms of reference



## Appendix 1

# South Yorkshire Mental Health, Learning Disability & Autism (MHLDA) Board Relationship between SYB Specialised Commissioning and SY MHLDA PC Board – Revised Terms of Reference

March 2024

### 1. Purpose

In January 2024, the SY MHLDA PC Board clarified the future relationship between the current specialised commissioning governance arrangements and the Board of the SY MHLDA PC. The purpose of this paper is to highlight to member Boards the subsequent amendments to the Terms of Reference that have been made to strengthen this future relationship.

These changes have been considered and agreed by the members of the SY MHLDA PC Board. Given their role in originally agreeing the terms of reference and joint working agreement, Trust Board members are also being asked to agree these amendments.

### 2. The role of this Collaborative in the oversight of the Specialised Commissioning arrangements for Tier 4 CAMHS, AED and Forensic Services

Each provider Trust holds individual responsibility for the administration of their contracts but works together in using the hub's services and in working alongside NHSE. The SYB's Specialised Provider Collaborative currently hosts a Partnership Board, which is a provider shared board, shared among those leading the indicated 3 services, with additional stakeholders from SHSC as members and the ICB and the SY MHLDA Provider Collaborative as attendees.

At SY MHLDA PC Board in December the role of the SY MHLDA PC in the oversight of the Specialised Commissioning arrangements for Tier 4 Child & Adolescent Mental Health Services (CAMHS), Adult Eating Disorders and Forensic Services was discussed. It was agreed that there was a need to retain the existing Partnership Board as a separate forum to maintain programme oversight of the specialised collaboratives and share learning in a focused way. However, there was acceptance that the term Board may create some confusion, not least given that NHS Trust Board's retain individual ownership, and that the Board of the MHLDA Provider Collaborative is an important and recognised part of the SLE/ICB landscape. The proposal is therefore that the previous Partnership Board becomes a Steering Group. This change in nomenclature is reflected in the revised terms of Reference.

In addition, the SY MHLDA PC Board discussed and agreed suggested amendments to the Terms of Reference of the Specialist Commissioning Partnership Board (now the Steering Group) and the SY MHLDA PC Board Terms of Reference and Joint Working Arrangement to reflect the changing landscape. The amendments are highlighted below for ease of reference rather than appending the full documents, but these are available if required. A relationship diagram is included at Appendix One for reference.

The changes have been made to align with the following points:

- Ensure that annual plans and key strategic documents associated with the three services and the funded hub functions are reviewed and considered by the Collaborative Board prior to their adoption and approval elsewhere.

- Provide for formal engagement with the Board prior to any major commissioning or de-commissioning decisions, including long term material agreements or the development of procurement exercises.
- Receive a regular report for information on matters of finance, risk, clinical safety, and performance given the broader oversight role in sectoral services expected of the collaborative by the ICB.

Further amendments to the Terms of Reference might be necessary as the potential commissioning and delivery models for Eating Disorder services across South Yorkshire are considered and operationalised.

### 3. Next Steps

Following agreement of the revised Terms of Reference and JWA, communications will be drafted to make the relationships clear.

The SY MHLDA PC workplan will be amended and we will consider how to formulate and organise the risk registers of both groups to ensure risks are appropriately highlighted and that route of management and accountability is clear.

### 4. Recommendation

Board is asked to agree the amendments proposed to the terms of reference and joint working arrangements described within the paper.

Marie Purdue, Managing Director, SY MHLDA PC

## Appendix – Diagram to illustrate the Provider Collaborative relationships

### SY MHLDA PC Governance

