

**Board of Directors**  
**Item number: 23**  
**Date: 30 July 2025**

|                                   |  |
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| <b>Confidential/public paper:</b> | Public   |
| <b>Report Title:</b>              | Systems and partnerships update  |
| <b>Author(s)</b>                  | James Drury, Director of Strategy  |
| <b>Accountable Director:</b>      | James Drury, Director of Strategy  |
| <b>Presented by:</b>              | Jason Rowlands, Deputy Director of Strategy and Planning   |
| <b>Vision and values:</b>         | This paper concerns how <b>we work together</b> in partnership so that <b>we keep improving</b> the mental and physical health outcomes for people across South Yorkshire and to ensure high quality and high value service provision.   |
| <b>Purpose:</b>                   | 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 (ICS). The Board is asked to receive the updates from our key system, collaborative and partnership meetings. No specific decisions are requested by this paper.   |
| <b>Executive summary:</b>         | <p>There is a great deal of change and uncertainty in the partnership environment. Equally there is real pace and energy in the work being undertaken collaboratively through these relationships. Partners are working hard to stay focused on their collective impact and consistent shared purpose, while also adapting to significant structural changes and a high volume of emergent policies.</p> <p>The Board is particularly asked to note;</p> <ul style="list-style-type: none"> <li>• The South Yorkshire ICS System Leadership Executive has focused on adapting partnership arrangements to fit with revised system architecture and the strategic commissioning role of integrated care boards (ICBs). Uncertainty remains but it is anticipated that significant impacts will be felt in relation to provider collaboratives and place partnerships.</li> <li>• The System Leadership Executive has clarified areas of responsibility and leadership in relation to neuro-diversity. Some significant matters e.g. the ICB's policy in relation to right to choose to remain under discussion.</li> <li>• NHS England has advised the South Yorkshire ICB that deficit Support Funding will be withdrawn for quarter 2 due to variance to plan. There is an opportunity to earn back this funding through improved performance across the rest of the year. SHSC is one of the organisations whose planned position includes receipt of these funds. Details of the implications are provided in the Finance Report.</li> <li>• The Eating Disorders Joint Committee has enabled progress to be made with the expansion of community eating disorder services in all parts of South Yorkshire. This is significant for SHSC as the provider of these services, and important for the Joint Committee as evidence of the ability to achieve impact through this mechanism.</li> <li>• Local partners in the Sheffield Health and Care Partnership have</li> </ul> |

|  |   |
|--|---|
|  | <p>agreed to work together to submit a bid to join the national neighbourhood health implementation programme. This will build upon existing strengths including the Gleadless and Heeley neighbourhood mental health centre programme.</p> <ul style="list-style-type: none"> <li>The Yorkshire and Humber Perinatal Collaborative has listened to feedback provided by SHSC and others and has developed a clear and simple partnership agreement. It will progress through EMT before Board is asked to consider it. The agreement is attached for information only at this stage.</li> </ul> <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> <p>Appendices:</p> <ul style="list-style-type: none"> <li>SY MHLDA Provider Collaborative meeting notes May 2025</li> </ul> |
|--|---|

| 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 |  |  |
| Reduce inequalities  | 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. |  |
| <b>Board assurance framework (BAF) and corporate risk(s):</b>   | <b>BAF 0027</b> There is a risk that we do not ensure effective and timely stakeholder involvement and partnership working, which would have a negative impact on addressing population health and/ or sustainability of the organisation resulting in a failure to meet our strategic objectives. |
| <b>Any background papers/items previously considered:</b>   | Systems and Partnerships Update - May 2025   |
| <b>Recommendation:</b>  | <p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> <li><b>receive</b> the updates from our key system, collaborative and partnership meetings.</li> <li>No specific decisions are requested by this paper</li> </ul>  |



## **Board of Directors (Public)**

### **Systems and Partnerships**

**Date of meeting: 30 July 2025**

#### **1. Purpose of the 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 receive the updates from our key system, collaborative and partnership meetings. No specific decisions are requested by this paper.

#### **2. Northeast and Yorkshire Region**

##### **2.1 Yorkshire and Humber Perinatal Collaborative**

The Yorkshire and Humber Perinatal Collaborative involves provider trusts (including SHSC) that deliver specialist community perinatal mental health services, along with the provider of the regional in-patient mother and baby unit (LYPFT). Together the collaborative seeks to improve the perinatal pathway and ensure equitable access across the region.

Following a period of review the Perinatal Collaborative has developed a partnership agreement that clarifies the purpose of the Collaborative and its approach to membership and governance. This will be considered by EMT.

##### **2.2 North-East and Yorkshire Mental Health Learning & Improvement Network**

On 21<sup>st</sup> July SHSC joined all other mental health trusts, all ICBs and NHS England at the launch of the regional Mental Health Learning and Improvement Network (LIN). The LINs are part of the national roll out of NHS IMPACT as the overarching improvement approach in the English NHS. The LIN will support the reduction in Out of Area Placements and improve flow in acute and crisis pathways. This is well aligned to the purpose of our Home First Programme and offers an opportunity to learn from our peers. Further updates will be provided.

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

##### **3.1 South Yorkshire Integrated Care System Leadership Executive**

The System Leadership Executive (SLE) met for a development session on 17<sup>th</sup> June and a business meeting on 14<sup>th</sup> July. The SLE progressed the following matters:

Understanding and responding to the Ten Year Plan and making changes to the South Yorkshire ICB as part of the nationally mandated re-focus on strategic commissioning functions and reduction in operating costs. SYICB has provided a Partner Briefing which will be shared for the Board's information.

Linked to the ICB changes, the SLE also considered options for reducing the ICB contribution to supporting a variety of related partnership arrangements including provider collaboratives and place partnerships. There will not be specific place teams in the ICB in future, but the ICB will support providers and other partners to continue developing neighbourhood and place-based working in line with the Ten Year Plan. The options for provider collaboratives remain under consideration.

SLE's development session focused on the approaches that will be taken to improving neuro-diversity assessment and treatment, recognising that presently there is work being led on aspects of this in multiple parts of the ICS. It was clarified that work on children and young peoples neurodiversity will be led in Place, in view of the critical link with SEND. The approach to adult neurodiversity services will be led through the SY MHLDA Provider Collaborative, with each Provider Trust retaining the primary responsibility for its services. Additional matters relating to Right to Choose and Adult Autism were highlighted but not resolved. These matters remain ongoing and of considerable interest for SHSC and the Sheffield population.

SLE's July meeting focused on the collective delivery of the 2025/26 plan. It was noted that Year To Date performance showed an adverse variance to plan and as a result of this and an NHSE assessment of measures to close the remaining financial gap, action would be taken to remove the Quarter 2 Deficit Support Funding from the organisations in the South Yorkshire ICS. SHSC is one of the Trusts in receipt of Deficit Support Funding and further details of the impact are provided in the Finance Report. The South Yorkshire System must now clarify the actions it will take to give confidence in its ability to get back on track with the delivery of this years plan. If successful in doing this, it is possible that the Deficit Support Funding will be reinstated later in the year.

### **3.2 South Yorkshire Mental Health Learning Disabilities and Autism Provider Collaborative**

The Board of the Provider Collaborative did not meet on 9<sup>th</sup> July as originally planned but did share the papers with members and carried forward its key discussions to a workshop which will take place in August. There is uncertainty regarding the impact of ICB changes on the team that supports the Provider Collaborative, and in turn this will require the providers to review the scale of the work programme that can be pursued.

Despite these challenges the Clinical and Care Professional Assembly met on 16<sup>th</sup> July to support the Collaborative's work and involved the Collaborative Board's Chair and lead CEO in these discussions. Additionally, the Provider Collab PMO team have worked with SROs for each of the projects that are needed to implement the productivity improvements identified through the Akeso report, to agree plans for what is to be called the 'Improving Together' programme.

### **3.3 South Yorkshire Eating Disorders Joint Committee**

The Joint Committee has enabled progress to be made with the expansion of community eating disorder services in all parts of South Yorkshire. A proposed service model has been developed and recruitment plans have commenced, with posts now advertised, with the intention of commencing delivery in October. This is significant as it shows the potential of this joint committee approach to make meaningful change through a collaborative approach. It is particularly significant for SHSC as the provider of the community eating disorders

service. All partners recognise that this expansion will be iterative in nature and that careful monitoring of demand and capacity is needed.

Progress is also being made with the development of options for the provision of NHS in-patient care for eating disorders. This will be a focus at the August meeting of the Joint Committee.

### **3.4 South Yorkshire and Bassetlaw Specialised Commissioning Collaborative**

The Specialised Commissioning Collaborative Partnership Steering Group has not met in this reporting period. There is uncertainty regarding the future arrangements for commissioning of mental health services designated as 'specialised'. It had been expected that there would be a delegation of commissioning responsibility from NHS England to ICBs earlier this year. However, this was paused in light of the system architecture changes affecting DHSC, NHSE and ICBs.

## **4. Sheffield Partnerships**

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

The Sheffield Health and Care Partnership Board met in June for its annual progress review. It also explored integrated neighbourhood care priorities for Sheffield. Subsequently local partners have agreed to work together to submit a bid to join the national neighbourhood health implementation programme. SHSC will contribute to this as it is strongly aligned with our refreshed strategy and will build upon the neighbourhood mental health centre pilot programme of which our Gleadless and Heeley development is part.

### **4.2 Sheffield Mental Health Learning Disabilities Dementia and Autism Delivery Group**

The Sheffield MHLDDA Delivery Group met on 17<sup>th</sup> July. It received updates on the Home First Programme, and also on the Council's mental health accommodation programme, which is a key enabler of good system flow.

### **4.3 Sheffield Health and Wellbeing Board**

The Health and Wellbeing Board met in June and focused on the metrics that will be used to indicate progress with the Fair and Healthy Sheffield Plan. The Board also received proposals to make Sheffield and Anti-Poverty City building upon the learning from the Poverty Truth Commission. It also noted that a new Housing, Health and Wellbeing Executive Group has been established (which includes SHSC). This should assist with reducing delayed discharges and avoidable admissions through provision of appropriate accommodation. The Board also heard details of the Council's Communities Strategy, which includes a focus on community development in support of good health and wellbeing. This strategy is helpful for the development of joined up neighbourhood care that relates to the strengths and needs of communities.

## 5. Conclusions

There is a great deal of change and uncertainty in the partnership environment. Equally there is real pace and energy in the work being undertaken collaboratively through these relationships. Partners are working hard to stay focused on their collective impact and consistent shared purpose, while also adapting to significant structural changes and a high volume of emergent policies.

Our BAF risk regarding the importance of effective participation in our partnerships remains important. Much of the learning from our stakeholder review remains relevant, with coordination of SHSC input to partnerships, data flows, and operational and financial delivery all being areas of focus for the Trust, in order to be the most effective partner we can.

## 6. Recommendations

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

## 7. Appendices

- SY MHLDA Provider Collaborative meeting notes

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

**Minutes of the Meeting on Wednesday 14<sup>th</sup> May 2025**

**1:30am – 3.30pm via Microsoft Teams**

### Attendees:

|                |  |
|----------------|--|
| Sharon Mays    | Chair, Sheffield Health & Social Care NHS Foundation Trust, (SM) <b>Chair</b>                                  |
| Sarah Boul     | Programme Director for Mental Health, NHS South Yorkshire ICB, (SB)  |
| Mark Brooks    | Chief Executive, South West Yorkshire Partnership NHS Foundation Trust (MBr)                                   |
| Marie Burnham  | Chair, South West Yorkshire Partnership NHS Foundation Trust, (MB)   |
| Chris Edwards  | Executive Place Director Rotherham & Deputy Chief Executive, South Yorkshire ICB (CE) (left meeting at 2.05pm) |
| Rebecca Joyce  | Strategy and Partnerships Director, Sheffield Children's NHS Foundation Trust, (RJ)                            |
| Kathryn Lavery | Chair, Rotherham Doncaster and South Humber NHS Foundation Trust, (KL)   |
| Toby Lewis     | Chief Executive, Rotherham Doncaster and South Humber NHS Foundation Trust, (TL)                               |
| Marie Purdue   | Managing Director, South Yorkshire MHLDA Provider Collaborative, (MP)  |
| Laura Serrant  | Chair, Sheffield Children's NHS Foundation Trust (LS)  |
| Salma Yasmeen  | Chief Executive, Sheffield Health & Social Care NHS Foundation Trust (SY)                                      |

### In Attendance:

|               |   |
|---------------|---|
| Hayley Tingle | Chief Finance Officer, South Yorkshire ICB (HT) attended for item 6 |
| Rachel Warren | PA, South Yorkshire MHLDA Provider Collaborative (Minutes)          |

**Apologies:** No apologies were given.

### 1. Welcome, Introductions, and Apologies

SM opened the meeting and welcomed colleagues.

### 2. Declarations of Interest

There were no declarations of interest.

### 3. Minutes from the meeting held on 12.03.2025

The minutes of the previous meeting were accepted as a true reflection of the meeting

### 4. Action Log Review

MP stated there were a couple of actions showing off track on Enc B but expected to be completed, with the Parity of Esteem action still open but being addressed in different ways.

All agreed to close the 'suggested to close' actions.





## 5. Managing Director Report

MP updated on the following:

- Since drafting Enc C the Model ICB guidance has been received.
- The recent report from the NHS providers around mental health highlights the potential lack of national focus on parity of esteem.

Members of the Board agreed to have the NEDs session held after the strategy session in August and the Chairs agreed to go ahead with the Governors session on the 21<sup>st</sup> May.

## 6. SDF and MHIS arrangements – 2025/26

### Service Development Funding (SDF) for 2025/26

CE updated on the plan for the Service Development Funding (SDF) for 2025/26.

The high-level message was that funding had been applied differently this year with a 7% top slice nationally before receiving the money, which went into the baseline. As part of the South Yorkshire planning approach an assumption was made to take additional efficiencies from the SDF envelope, impacting mental health and cancer services.

CE acknowledged concerns around the way of conducting the planning round last year, which was not ideal and there has been an expectation that it would be conducted differently this year. However, this year the pressures meant that this was again a very difficult process and services where funding had been earmarked, but not fully committed, will not be funded in 2025/26.

SB summarised the services that continued to be funded.

TL expressed concern regarding the difference in information on funding outcomes at this meeting and the Secretary of State for Health informing schools they will have a mental health support team post in every school.

SB confirmed that the 2029/30 target is to have 100% coverage in South Yorkshire and currently the coverage is at 72%.

MBr raised concerns about the ability to achieve operational targets given the level of investment and questioned whether there are operational targets that may not be achievable due to the funding cuts.

SB explained, in terms of the operational planning delivery, the trajectory for children and young people's access will not be fully delivered due to the lack of expansion but there are not expected to be any further cost reductions or savings.

MBr will follow this up with SB outside this meeting.

TL suggested a process for involving colleagues in reviewing the totality of SDF allocations and emphasized the need for a clear and collaborative approach to understand the full portfolio of SDF funding.

CE agreed and proposed using the System Leadership Executive (SLE) to regularly update and prioritise SDF funding.





TL expressed he was unsure if taking things through the SLE or finance route, as referred to in the paper, is the correct place as it needs to be a conversation in a mental health specific space. CE agreed and stated he was open to discussing things further outside the meeting.

**Action: CE and TL to agree the route for ongoing SDF oversight and discussion, starting with bringing regular updates on SDF funding and planning back to the Collaborative Board, including agreed actions and meeting schedules.**

SM asked if an impact and quality assessment had been taken in to account during the financial planning process.

SB confirmed the piece of work had been done alongside the process, but was not reflected strongly enough in the paper as only key risks were shown towards the end.

SM and LS agreed the paper needed to strongly reflect the impact and quality assessment and stressed the need for transparency and evidence of how the impact assessment informed its decision-making.

SB offered to share a generic document used across the ICB.

**Action: SB to send to all a note detailing the impact assessment process, including what it covers, decisions made, and outcomes, after this meeting.**

#### Mental Health Investment Standard (MHIS)

CE requested feedback on the paper from members of the Board and introduced HT to present this item.

HT presented the methodology for calculating the MHIS and the anticipated expenditure for 25/26 outlined in Enc D2, which included the core spend, prescribing, CHC and the baseline SDF.

At this point in time, the MHIS spend is anticipated to be £1.2 million above the target, even with the SDF reduction included.

MBr raised concerns about the lack of investment for Barnsley; having no mental health investment standard allocated for the second consecutive year and highlighting the impact on health inequalities.

HT confirmed that the provision is there, with £897,000 set to one side; the uplift is there but presented differently due to discussions with Barnsley colleagues.

MBr requested it be fed back to Barnsley, that the provision should be showing in the same way, in the presentation, for everyone.

The other Board members supported MBr's concerns.

**Action: HT to have Barnsley's numbers presented in the same way as the other Trusts to ensure transparency and consistency of investment figures and for it to be re-circulated before the next meeting.**

TL stated, there was no dispute about the baseline however questioned why the process agreed last year had not been followed this year as this had led to a clear lack of transparency.



TL also raised concerns about the significant change in Section 117 funding noting a reduction from £37 million spending on mental health aftercare rights to spending £31 million. TL suggested a written brief on this change and its execution.

HT answered, this was the out of area transfer where £8.7 million has come out of the baseline and gone straight into the RDaSH line and assured TL there was no reduction in access to Section 117 rights.

HT stated, she would feedback all concerns whilst confirming the only change was the risk share agreement and that everything else had stayed the same.

TL expressed concern over the baseline accuracy in people's access to the legal entitlement and asked HT and CE to pick this query up, so funding was correct and consistent.

**Action: HT and CE to investigate this query and provide clarity to TL. TL to update Chief Executive's after receiving clarity of the accuracy of the Section 117 spend across the ICB.**

## **7. 3 Year Financial Planning**

TL updated on Enc E and explained there is an intent for the four Trusts to produce an aligned three-year financial plan and work is underway with Directors of Finance to deliver this.

## **8. Delivering Our Work Programme: Highlight report**

MP highlighted the following key points from Enc F:

- Additional programmes of work had been included in line with the newly identified productivity priorities and as would be expected at this stage, the delivery plans for these were still in development
- For the Information Programme, the "minibus data tour" workshop had taken place and had evaluated well with the intended outputs

Escalations:

- Leadership issues around neurodiversity continue to be unclear across the system. This has been escalated, with a paper going from TL to the ICB SLE meeting.
- Discussions around finance with health-based place of safety learning disability roles have been delayed due to no longer having the funding expected from the ICB given the current financial circumstances

SM sought clarification on the degree of challenge when things are not progressing, for example, the progress of the joint referral form. MP confirmed there had been robust discussions around it and this involved a proposed move to a self-referral form. One of the teams is more established and felt confident to do this however the other team is still getting established and felt it was not appropriate for them at this time, but the basic content is aligned.

TL suggested using an SRO group to test delivery ratings for PICU and ABI to have a shared view of progress – all agreed.

SM asked for the completed workplan actions on green to be brought back to this meeting after the SRO group discussion.



**Action: MP to review delivery ratings, including complete/green ratings, on the programme plan with the SRO/operational group prior to the next meeting.**

## **9. Out of Area Placement (OAP) – Deep Dive**

TL provided an update on work carried out to address OAPs, including the data set development, funding for the High Dependency unit and the risk transfer. TL highlighted the challenges in the PICU arrangements, as no provider wanted to create a single sex Psychiatric Intensive Care Unit (PICU) as it is unlikely to be the best clinical model, and the need for further work on this and the Acquired Brain Injury position in Doncaster, Rotherham and Barnsley.

TL noted Kayleigh Harper's excellent work in trying to set out the overall ICB expenditure for OAPs, which is £37 million, at 24/25 prices, shown on Enc G. The paper outlines the intention to have a conversation with the ICB as part of a 3-year financial plan.

TL proposed that, following review with a clinical and chief executive lens, it would be best if discussions in this group take place to seek a better utilisation of the £37 million.

MBr added that Barnsley's OAPs are higher than reported due to classification issues.

KL commented, if we do not intervene, because of cost reductions, there is the potential for people to become more unwell in the system, ultimately increasing the risk of more out of area care if funding does not allow intervention at the right point. KL asked if this risk should be brought back into the impact assessment of the financial plan and SM agreed.

**Action: SB to consider the risk to out of area placements in the impact assessment**

## **10. Performance Scorecard**

SB highlighted key points from Enc H and stated that the majority of planning metrics for 24/25 are on track, except for out of area placements and the community mental health transformation trajectory based on the plan.

SY raised concerns about the accuracy of the data and narrative; SB agreed to address these issues with SY outside the meeting.

## **11. Specialist Commissioning Update**

MBr reported positive progress on Cheswold, including how admissions, discharges, and staff development are all taking place. Behind the scenes policies had been harmonised, staff had gone live with SystemOne and are now using the same Datix Reporting System. MBr also explained issues with transferring to Agenda for Change terms and conditions at this moment in time.

RJ spoke broadly about the work being done to address cost pressures and improve systems and processes in CAMHS with enhanced quality monitoring work taking place in Becton and Cygnet.

## **12. Board Assurance Framework (BAF)**

MP explained the following changes following the expected review in May:

- Inclusion of additional work programmes



- Expansion of existing risks to recognise work now planned on information and productivity
- Programme risks had all been reviewed with the Health Based Place of Safety now reflecting the programmes closure

The changing landscape was noted and the need to reference this in the BAF as it had been updated prior to funding discussions.

SY suggested reviewing the scoring as it appeared high. MP noted that this could go back again to Chief Executives to do a review of the scores.

**Action:**

**MP to include new risks related to the changing landscape and their implications for the collaborative and recirculate to Chief Executives**

### **13. Review of Terms of Reference (ToR)**

MP proposed changes to the terms of reference outlined in Enc K, including the continuation of private meetings until the August Strategy session and updates to reflect current practices. The board approved the changes and agreed to report them in their note to the Boards.

The process for reporting from the Eating Disorders Joint Committee was clarified, noting that the Joint Committee ToR states a standard report should be drafted and circulated to each Trust Board following the EDJC meeting. Members of the Collaborative Board will also receive a copy of the summary note with papers for information.

All agreed to approve the changes and take to their Boards for further comments.

MP to detail the changes in the summary note that goes to Board.

### **14. Updates by exception**

No comments

### **15. Reflections on the meeting**

No comments

### **Communications to share**

No comments

### **16. Any Other Business (AOB)**

No comments

### **Date and Time of the Next Meeting**

09th July 2025 @ 9.30am -12.00pm via MS Teams

