

Public Board of Directors
Item number: 28
Date: 24 September 2025

Confidential/public paper:	Public
Report Title:	Systems and Partnerships Update
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Vision and values:	This paper concerns how we work together in partnership so that we keep improving the mental and physical health outcomes for people across South Yorkshire and to ensure high quality and high value service provision.
Purpose:	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.
Executive summary:	<ul style="list-style-type: none"> • The Yorkshire and Humber Perinatal Collaborative seeks to improve the perinatal pathway and ensure equitable access to specialist mother and baby inpatient care. The Perinatal Collaborative has developed a partnership agreement. which is explained in full later on the agenda. • The reform of the NHS operating model continues with the publication of The Model Region which follows publication of the Model ICB blueprint. For trusts such as SHSC this means that relationship management and engagement with the North-East and Yorkshire Region will continue to be critical alongside our continued relationship with the South Yorkshire ICB. • The South Yorkshire Integrated Care System Leadership Executive met on 16th September. The key item to note arising from the conversation is a proposal to better meet demand for neuro-diversity assessment and treatment. • The South Yorkshire Mental Health Provider Collaborative board met on 10th September. It reviewed progress with its work programme for this year and agreed to focus efforts on a smaller number of priorities, particularly in view of system changes impacting on capacity of provider collaboratives. The most recent available Board Note from the Provider Collaborative meeting held in May is included as Appendix B to this report. • Options were discussed relating to the future of specialised commissioning arrangements, with particular reference to adult secure mental health, and the commissioning support arrangements that will be needed as the responsibilities of Regions and ICBs become clearer. • The Provider Collaborative board received a positive progress report from the Eating Disorders Joint Committee. The 'out brief' from the most recent Eating Disorders Joint Committee meeting is included as

	<p>Appendix A to this report.</p> <ul style="list-style-type: none"> On 11th September SHSC and University of Sheffield together launched the partnership between these two local anchor institutions which will deliver on our Trust's strategic bold ambition to apply world leading research and innovation in the delivery of outstanding care that benefits the people of Sheffield. Next steps will include signing of a memorandum of understanding and co-development of a joint strategy which will cover research, innovation, workforce development, learning and teaching, and creating opportunities for the people of Sheffield. <p>Appendices Appendix A - Eating Disorders Joint Committee Outbrief Appendix B - South Yorkshire Mental Health Provider Collaborative board report</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		
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.	
Board assurance framework (BAF) and corporate risk(s):	BAF 0027 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.
Any background papers/items previously considered:	Systems and Partnerships Update - July 2025
Recommendation:	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> Note for assurance the updates from our key system, collaborative and partnership meetings.



Public Board of Directors Systems and Partnerships Update 24 September 2025

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. In line with past editions of the systems and partnerships update the report is presented in sections which address:

- Our regional partnership working across the North East and Yorkshire Region
- Our system level partnership working across South Yorkshire, and
- Our place-based partnership working in Sheffield

Background

The Systems and Partnerships report is presented at every Trust Board. The last report was presented at Public Trust Board in July 2025.

1. North-East and Yorkshire Region

1.1 Perinatal Mental Health 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 (Leeds and York Partnership NHS FT). 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. Following review, it is recommended that Trust Board agrees to SHSC signing the Partnership Agreement which is included on the agenda at item 52.

1.2 The Model Region

The reform of the NHS operating model continues with the publication of The Model Region which is intended to clarify organisational responsibilities, help improve operational performance and devolve decision-making. It provides a blueprint for leaders to use in developing their proposals for delivery of efficiency requirements. The Model Region follows the Model ICB blueprint.

The seven NHS regions will act as the strategic leadership interface between the national centre and local health systems. Their core purpose is to:

- Oversee regional health system performance.
- Drive improvement and reform, playing an “integrator” role between the centre and systems, as well as between systems. and
- Coordinate transformation aligned with national priorities.

Regions will deliver their purpose through three core functions:

- Strategic leadership, including overseeing medium-term regional strategic plans to deliver the 10 Year Health Plan, and supporting candidate trusts for the new foundation trust assessment and integrated health organisation (IHO) development.
- Performance oversight, including oversight of providers and ICBs, including board capability assessments.

- Improvement and intervention, including coordinating improvement programmes and regulatory interventions.

For SHSC this means that relationship management and engagement with the North-East and Yorkshire Region will be critical alongside our continued relationship with the South Yorkshire ICB.

2. South Yorkshire Integrated Care System

2.1 Integrated Care Board – System Leadership Executive.

The System Leadership Executive met on 16th September. The key item to note arising from the conversation is a proposal to better meet demand for neuro-diversity assessment and where appropriate, treatment. Further details are included under agenda item 52.

2.2 South Yorkshire Mental Health, Learning Disabilities and Autism Provider Collaborative

The Provider Collaborative board met on 10th September. It considered system performance on key measures such as length of stay, reducing out of area placements, and recovery rates in Talking Therapies. Additionally, the board discussed progress with its work programme for this year. This included a re-focus of effort on a smaller number of priorities, particularly as clarity emerges regarding the impact on provider collaboratives of the reduction in ICB capacity and investment. Further details of the options under consideration are included in agenda item 52.

The Board received reports related to the future of specialised commissioning with particular reference to Adult Secure Mental Health, and to the commissioning support arrangements that will be needed as the roles and responsibilities of Regions and ICBs become clearer through the reform of the NHS operating model. Further details are provided under agenda item 52.

The Board received a positive report on progress being made by the Eating Disorders Joint Committee, which offers one possible alternative model for governing the reform of pathways of care which span both ‘specialised’ and locally commissioned elements. The ‘out brief’ from the most recent Eating Disorders Joint Committee meeting is included as Appendix A to this report. In summary, progress continues with the expansion of community eating disorder services, and partners continue to explore opportunities to develop local in-patient care and strengthen pathway links from in-patients to community services.

It was agreed at the Eating Disorders Joint Committee that in order to enable equitable community day service provision for adults, residents of all places across South Yorkshire will be eligible to access day services from October which aligns with the introduction of ICB funded community teams in all places provided by SHSC.

The most recent available ‘Board Note’ from the MHLDA Provider Collaborative relates to their meeting which took place in May. It is included as Appendix B to this report for information.

3. Sheffield place-based partnership activity

3.1 University Partnership

On 11th September SHSC Chief Executive Salma Yasmeen and University of Sheffield Vice Chancellor, Professor Koen Lamberts, launched the partnership between these two local Systems and Partnerships Update Public Board of Directors September 2025



anchor institutions which will deliver on our Trust's strategic bold ambition to apply world leading research and innovation in the delivery of outstanding care that benefits the people of Sheffield. Next steps in the development of the partnership will include signing of a Memorandum of Understanding (details provided under agenda item 52) and co-development of a joint strategy for mental health, learning disabilities, neurodiversity and dementia. It will cover research, innovation, workforce development, learning and teaching, and creating opportunities for the people of Sheffield.

3.2 Neighbourhood working

The Board had previously been advised of the intention of local health and care system partners to submit a joint bid to join a national pilot programme for integrated neighbourhood team working. In September the successful bids were announced to join the first cohort. Unfortunately, Sheffield was not chosen. Nevertheless, local partners remain committed to working together to deliver joined up neighbourhood services. A focus on frailty will be key to this work and board will be kept informed as it takes shape.

Recommendations

The Board of Directors is asked to:

- Note for **assurance** the updates from our key system, collaborative and partnership meetings.

Appendices

Appendix A - Eating Disorders Joint Committee Outbrief

Appendix B - South Yorkshire Mental Health Provider Collaborative board report

South Yorkshire Eating Disorders Joint Committee (SYEDJC) Meeting Note – 8 September 2025

The South Yorkshire Eating Disorders Joint Committee (SYEDJC) met on 8 September 2025. The main areas of discussion and subsequent actions are outlined below.

Inpatient care development

Following previous presentations, the SYEDJC discussed an update paper on the future provision of inpatient care for adults with eating disorders, including learning from other national providers. The work done, which this time focused on adults, was well received and impressive – and it was clear the synergies that it could offer across the pathway. Committee requested that sole site/age separation were subject to specific risk assurance analysis; and agreed to review the updated financials/mobilisation plan in November 2025. Further papers outlining options for children and young people, including transitional care, are due at future meetings later in 2025.

Medical emergencies in eating disorders (MEED)

A proposal to fund enhancements to local MEED pathways was discussed, which re-highlighted the non-compliance with the MEED guidance published by the Royal College of Psychiatrists, and the high level of clinical risk for this cohort of patients. The Committee approved the redistribution of existing adult eating disorder funding to offer a more robust and consistent approach. The final two-phase implementation plan will be discussed to a conclusion at the October meeting. Work to ensure patients and community leaders are sighted on the changes are under way. The proposal presently does not assume a rationalisation of acute presentation sites, but discussions continue with acute Trust clinicians to explore the best practice we need to apply.

Adult community development

The Committee discussed options to enable equitable community day service provision for adults across South Yorkshire in line with the ambition of the Joint Committee to level-up care across South Yorkshire. A move to all-place access was agreed with effect from October 1, which aligns with the introduction of ICB funded community teams in all places – provided through SHSC. A proposal to expand and relocate services over time will be considered alongside the inpatient proposal later in 25/26. Waiting times will be added to the JC KPI scorecard recognising some adverse impact as all four places use the service.

Communications plan

A programme communications plan was reviewed and agreed. The plan outlines methodology for communicating with health and care professionals and people with lived experience regarding progress against the four key areas of the SYEDJC workplan. The communications plan will launch in October 2025.

Risk log

The SYEDJC reviewed the system-wide risk log which aims to enable oversight across provision of services. A number of risks relating to agenda items, namely inpatient care, MEED and involvement, were identified and are to be revised and/or added to the log. Further work on the experience of patients aged 17-19 will be considered in light of the risk log.

Data dashboard

The Committee reviewed a developing data dashboard. The dashboard aims to show performance and quality metrics across pathways including age transitions. The Committee discussed the need to focus on patient access and outcomes with further updates planned for the November meeting.

South Yorkshire Mental Health, Learning Disabilities and Autism (MHLDA) Provider Collaborative Board Meeting Note – 14 May 2025

The South Yorkshire Mental Health, Learning Disabilities and Autism Provider Collaborative Board (the Board) met on 14 May 2025. The main areas of discussion and subsequent action are outlined below.

Managing Director Report

The Board received an overview of the national changes to Integrated Care Boards (ICBs) and NHS England and noted the potential implications of the on Provider Collaboratives in terms of funding and engagement. Focus remains on continuing to implement and deliver the agreed priorities, whilst working with system leaders to consider future options.

Service Development Funding (SDF) and the Mental Health Investment Standard (MHIS)

Service Development Funding (SDF) for 2025/26

The Executive Place Director Rotherham & Deputy Chief Executive of the ICB provided the Board with an update on the plan for the Service Development Funding for 2025/26.

The high-level message was that funding had been applied differently this year and there has been a 7% reduction nationally compared with 24/25. As part of the South Yorkshire planning approach additional reductions have also been made from the SDF envelope, impacting mental health services.

Whilst funding for core NHS services and committed funding for developments has continued, funding that has been earmarked but not committed will be withdraw and this impacts funding of several service developments.

The delay in implementing previous plans for mental health support teams in schools was discussed and the potential long term impact of reducing other mental health services, especially those that are preventative. Members of the Board requested more detail on the impact assessment process, including what it covers, decisions made, and outcomes.

It was also agreed that there needs to a MHLDA specific space for ongoing SDF oversight and discussion, and regular updates on SDF funding and planning will come back to the Collaborative Board.

Mental Health Investment Standard

The MHIS applies to Integrated Care Boards (ICBs) and will continue to be subject to an independent review. For 2025/26, the MHIS requires ICBs to increase spending on mental health services in line with the growth of the ICB programme allocation base.

A colleague from the Integrated Care board (ICB) finance team attended the meeting to discuss the process for calculating and forecasting the MHIS. This calculation suggested that there was likely to be a spending increase of more than the amount required by this MHIS over 25/26. There were several questions on the methodology and consistency of approach. ICB and Trust colleagues will meet to resolve this prior to the next Board meeting.

A paper on **Financial Planning** followed, updating the Board on the development of a three year plan for the South Yorkshire MHLDA Providers which is being developed by the Directors of Finance and Chief Executives.

Delivering Our Work programme

The Board was provided with an overview of progress against existing programmes and the recently agreed priorities for 2025/26 which are the **Information** and **productivity** programmes. The current delivery status will be reviewed with Senior Responsible Officers for the programmes to ensure rigour in the approach.

Work on a **performance scorecard** was presented as a separate paper. This included draft measures for the new programmes and updated detail on the revised national priorities for 25/26. Trust teams are working together to develop a shared dataset that reflects shared performance measures associated with the Collaborative priorities for 2025/26.

Out of Area Placements (OAP)

A deep dive into the OAP programme identified current challenges and highlighted opportunities to further develop services closer to home. Progress has already been made across the Trusts with further work planned in 2025/26. Following further Chief Executive discussion, proposals will be finalised and presented to the ICB Board to agree next steps at a system level.

Specialised Commissioning Update

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

Board Assurance Framework

An updated BAF was presented, and the Board requested further review to include the changing funding landscape and a review of the scoring.

Terms of Reference

The Board agreed the following minor changes to the Terms of Reference (ToR) and Joint Working agreement (JWA)

- The ToR and JWA to be amended to clarify that meetings are held in private to reflect current practice, but there was an undertaking to consider this as part of the strategic development session in August.
- ToR revised to confirm that reporting from the Collaborative Board into Trust Boards will be in the form of a summary report to reflect current practice
- A small number of minor amendments to names and job titles

Marie Purdue, Managing Director, South Yorkshire MHLDA Provider Collaborative