

Sheffield City Partnership Board (SCPB)
“working together to build a Sheffield that works for everyone”

Notes Minutes of the meeting held on: Friday 18th September 2020 via Zoom

Present:

Neill Birchenall, Managing Director, Birchenall Howden (Vice Chair)
 Andy Buck, Chair, Voluntary Action Sheffield
 Michelle Buttery, Chief Executive & Solicitor to the Police & Crime Commissioner
 Sandi Carman, Assistant Chief Executive, Sheffield Teaching Hospitals NHS FT
 Maddy Desforges, Chief Executive, Voluntary Action Sheffield
 Brian Hughes, Director of Commissioning, Sheffield CCG
 Paul Bragger, South Yorkshire Fire & Rescue
 Laurie Brennan, Policy, Performance & Communications, SCC
 Andrew Hartley, Sheffield College

In Attendance:

Laura White, Strategy & Partnerships Manager
 Dan Spicer, Interim Strategy & Partnerships Manager
 Dr Lucy Cormack, Clinical Director for the Sevenhills Primary Care Network and Primary Care Sheffield Practices
 Lynsey Hughes, Head of Primary Care
 Nicki Doherty, Deputy Chief Executive and Director of Strategy and Operations Primary Care Sheffield
 Nicola McHugh, Data Scientist, SCC
 Catherine Pritchard, Policy & Improvement Officer, SCC
 Kay Kirk (notes)

	Agenda Item	Action
1.	<p>Welcome, Apologies and Declarations of Interest</p> <p>There were no declarations of interest.</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> • Lord David Blunkett, Chair • Charlie Adan, Interim Chief Executive, Sheffield City Council • Peter Bradley, Dean of Sheffield • James Henderson, Director of Policy, Performance & Comms, SCC • Debbie Mathews, Chief Executive, Manor and Castle Development Trust • Dr Sarah Want, Director – Partnerships & Regional Engagement, University of Sheffield 	
2.	<p>Minutes and Matters Arising</p> <p>The minutes were agreed as a true record of the meeting.</p> <p>Sarah Hepworth’s PowerPoint presentation from the last meeting, highlighting</p>	

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	elements from the BAME Programme of work around COVID-19, to be circulated to Board members as it contains the 7 recommendations from the Public Health England report which the Board was asked to endorse.	KK
3.	<p>Partnership Updates & Updates from Board Members</p> <p>This is Laura White's last meeting before she begins her maternity leave. Interim cover has been recruited to and Dan Spicer will take up the role of Strategy & Partnerships Manager in her absence. Rosie May and Catherine Pritchard will continue to provide support to the Partnership. Laura thanked Board members who had contributed to her card and leaving gift.</p> <p><u>Sheffield College</u> Enrolment is coming to an end. Looking at portfolio offer for January/February. Working closely with DWP around skills training programmes. Other programmes for 18-24 year olds are being developed.</p> <p><u>Sheffield Clinical Commissioning Group</u> There are some testing challenges across the city. Primary care is really busy. Secondary care remains busy and is getting busier. The next few weeks are critical for planning.</p> <p><u>Voluntary Sector</u> It never stops being busy in the voluntary sector. It is important to look at both the health and economic/social effects of COVID-19.</p>	
4.	<p>State of Sheffield 2020 Review and Next Steps Laura White, Strategy & Partnerships Manager</p> <p>The structure of the 2020 State of Sheffield report was informed by the Inclusive Economy Framework and the ongoing work around COVID-19 in the context of a vision for the City going forward.</p> <p>The report was presented under 3 headlines:</p> <ol style="list-style-type: none"> 1. People's Everyday Lives 2. Impacts on People's Potential 3. City Life <p>The report gathered quantitative and qualitative data as well as case studies. We wanted to illustrate how we learn from our experiences rather than just gather data. Our key findings were:</p> <ul style="list-style-type: none"> • Covid has exacerbated inequalities • The impacts of the crisis are still emerging and the report tries to look ahead over the next 6 months • We are a resilient city • Future areas of focus include poverty, education and skills, mental health & Wellbeing <p>Lessons:</p> <ul style="list-style-type: none"> • We're stronger together • Our recovery must be intelligence-led • Recovery starts with communities 	

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	<p>Next Steps:</p> <ul style="list-style-type: none"> • Action planning, linking with existing work – for example Cat Arnold, Policy Officer, SCC will be producing an Action Plan around addressing Poverty and Inequalities in the City. • New spaces for leadership in the city – improving representation • Building strong community engagement relationships and pathways • Continuing to gather and share information using the State of Sheffield 2020 website • Build a more inclusive economy <p><u>Discussion/Comments</u></p> <p>The launch saw quite a lot of activity on Twitter with some national recognition of the report. A Public Health England project has put the report on their website as an example of good practice</p> <p>The Executive Summary hasn't been printed yet (planning a limited print run) – this was proposed as a work around for those digitally excluded to help widen the audience of the report.</p> <p>Timelines for next steps: we will move forward on some work streams straight away by integrating with existing pieces of work so we will sink with their timelines. SCPB's specific next step is to agree an Action Plan and commitments. This is quite high level at the moment.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • Board members to send information/links/updates for the website to Catherine to upload. • Board members to encourage people to use the website and drive digital traffic where possible. • To do some detailed action planning at the next meeting. 	<p></p> <p></p> <p></p> <p></p> <p style="text-align: right;">All</p> <p style="text-align: right;">All</p> <p style="text-align: right;">All</p>
<p>5.</p>	<p>Representation on the Board</p> <p>Maddy Desforges, Chief Executive, Voluntary Action Sheffield</p> <p>Leadership is a key theme with more representative leadership required with voices of people of colour heard across the city. There are already some good examples (the elected members of Sheffield City Council) but it feels like we have a long way to go. We can't wait for the leadership position to change. We have the people, resources and power to enact change.</p> <p>The voluntary sector has advertised for a person of colour to become the 4th representative of the sector on SCPB. Is this something that we could do across all the sectors represented on the Board as a starting point?</p> <p>Questions for the Board:</p> <ol style="list-style-type: none"> 1. Is there commitment to change? 2. How might we do that? 3. Can we commit to come back before the next meeting? 4. How can we check progress and review? <p><u>Comments/Discussion</u></p> <p>The Office of the Police & Crime Commissioner is already engaging with the group Members of Black Community & Professionals from Sheffield about how they</p>	

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	<p>would like to be involved in the voice of the City. At the moment they are interested in consultancy, taking an advisory role and also have an interest in modelling training.</p> <p>We require a multi-faceted approach. The proposal VAS has brought to SCPB today is taken directly from the response from the BAME community to the voluntary sector.</p> <p>It is important to remember that the Race Equality Commission (REC) is happening and there are things we can do immediately. We don't have to pre-empt the Commission which will be a visible, city wide process. Membership on the Board is an immediate gift however there are discussions to engage in to broaden the conversation about what leadership looks like.</p> <p>We could ask the Chair of the REC to come and talk to us at a future meeting. The REC has a forward plan and themed areas of work which is published on the SCC website. The Commission will run for 12 months and recommendations will be made throughout the process rather than wait until the end.</p> <p>We are lacking an additional member of the Board from the private sector – there is no reason why we can combine the two. The Chamber of Commerce is represented via Tom Sutton but there is a conversation to be had around business representation – a LEP Board member for example.</p> <p>Agreed:</p> <ul style="list-style-type: none"> • Private Sector Representative: Neill Birchenall to think about names to put forward. • To think about how we might develop representation from each sector taking into account strategic equalities. • To bring back to the next Board meeting. • To invite Adele Robinson, SCC's Equalities and Engagement Manager, to the next meeting to discuss the Race Equality Commission and Equality Hub Network. • To circulate the Board's statement of purpose and priorities (which replaced the Terms of Reference following the Partnership Review in 2015) to members. 	<p>NB</p> <p>All DS</p> <p>DS</p> <p>KK</p>
<p>6.</p>	<p>Seven Hills Primary Care Network Cold Visiting Service Dr Lucy Cormack, Clinical Director for the Sevenhills Primary Care Network and Primary Care Sheffield practices and Lynsey Hughes, Head of Primary Care</p> <p>In April we became aware that patients weren't presenting at surgery and not requesting home visits. This raised concerns about vulnerable patients. These concerns prompted the development of the visiting service.</p> <p>The Cold Visiting Service was set up to address three issues resulting from the Covid pandemic:</p> <ol style="list-style-type: none"> 1. To identify vulnerable frail patients who may not otherwise self-identify. 2. Long term condition review catch-up. 3. To tackle isolation and vulnerability. <p>The service operates across socially and economically deprived areas which are also ethnically diverse wards. The surgeries/medical centres which make up the</p>	

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	<p>service are: Handsworth Medical Centre, The Medical Centre, Darnall Health Centre, Clover Darnall, Clover Jordanthorpe, Clover Highgate, Heeley Green Surgery and Buchanan Road Surgery (covering 44k patients across the city).</p> <p>Three Health Care workers (HCA) were recruited to work as a pro-active team across the eight practices included in the Cold Visiting Service. Practices identified 1,300 suitable patients and contacted them to confirm that they were happy for a HCA to visit (over 1,000 visits were actually carried out). Full PPE was worn during every visit. The HCAs collected biometric data, identified social needs and made referrals as necessary.</p> <p>The average age of the patients visited was 75. 50% of those visited had 4 or more diseases. 44% were housebound or shielding. 7 emergency admissions resulted from visits and 8 referrals made for suspected concerns.</p> <p>The cost per visit averaged out to £20 but if the service was reviewed this could come down to £15 which evidences good value for money.</p> <p><u>Comments/Discussion</u> This work is powerful and important and proves we are still able to reach out to vulnerable groups during these difficult times.</p> <p>Conversations will now take place about funding (keen to find and pursue funding) and rolling the scheme out to other parts of the city.</p> <p>This is a good way to access good healthcare (not just primary care but secondary also). It is a whole new way of working to minimise risks.</p> <p>Individuals not presenting is also a huge concern for Sheffield Teaching Hospitals.</p>	
7.	<p>Any Other Business</p> <p>There was no other business.</p>	
	<p>Date and time of next meeting</p> <p>Friday 13th November, 10.30 am – 1.00 pm: Joining details to be confirmed.</p> <p>Please send any apologies for this meeting by contacting Kay Kirk via email kay.kirk@sheffield.gov.uk</p>	