

**Unadopted Minutes of the Public meeting of the  
 NHS South Yorkshire Integrated Care Partnership Board  
 27 September 2023 1.30 – 3.00 pm  
 Council Chambers, Doncaster**

<b>Present:</b>	
Pearse Butler	South Yorkshire ICB (ICP Vice Chair)
Dolly Agoro	Co-chair, Doncaster Inclusion and Fairness Forum (via teams)
Damian Allen	City of Doncaster Council
Councillor Angela Argenzio	Sheffield City Council (via teams)
Nigel Ball	City of Doncaster Council via teams)
Gavin Boyle	Chief Executive Officer, South Yorkshire ICB
Councillor Wendy Cain	Barnsley Metropolitan Borough Council
Alexis Chappell	Strategic Director Adults Wellbeing and Care (DASS) (via teams)
David Crichton	ICB Chief Medical Officer, SYICB
Kate Davis	Chief Executive, Crossroads, Rotherham
Greg Fell	Director of Public Health, Sheffield City Council
Juliann Hall	South Yorkshire Housing Association
Will Cleary-Gray	ICB Executive Director of Strategy and Partnership, SYICB
Mark Janvier	Director of Corporate Governance and Board Secretary, SYICB
Fran Joel	Healthwatch, Doncaster
Christine Joy	ICB Chief People Officer
Sharon Kemp	Rotherham Metropolitan Borough Council
Rachael Leslie	Interim Director of Public Health, City of Doncaster Council
Jason Page	GP, Rotherham
Steven Pleasant	Healthy Life Expectancy Lead, South Yorkshire Mayoral Combined Authority
Councillor David Roche	Rotherham Metropolitan Borough Council
Helen Steers	Voluntary Action Sheffield
Michael Wright	Deputy Chief Executive, Rotherham and Barnsley Hospitals (NHS) Foundation Trust

**In attendance:**

Andy Ashcroft	Director of Communications and Engagement, SYICB
Barbara Coyle	Associate Director Public Health Analysis, SYICB (via teams)
Margaret McDadd	Business Manager, SYICB
Marianna Hargreaves	Strategy and Partnerships Lead, SYICB (via teams)

Mark Janvier	Director of Corporate Governance and Board Secretary
Nicholas Mapstone	Non-Executive Director, Barnsley (NHS) Foundation Trust
Steven Pleasant	Health Life Expectancy Lead, SYMCA
Karen Shaw	Executive Assistant, SYICB, Sheffield Place (minutes)
Ruth Speare	Consultant in Public Health Policy and Assurance Team, SYMCA
Alan Walker	South Yorkshire Mayoral Combined Authority
<b>Presenters:</b>	
Matt O'Neill	Executive Director, Growth and Sustainability, Barnsley Council (via teams)
Tina Slater	Head of Employment and Careers, South Yorkshire Mayoral Combined Authority
Tom Smith	Barnsley Council (via teams)

### Apologies:

Kathy McArdle	Barnsley Council (Regeneration and Culture)
Councillor Nigel Ball	City of Doncaster Council
Councillor Rachael Blake	City of Doncaster Council
Oliver Coppard (Chair)	South Yorkshire Mayoral Combined Authority
Sheena McDonnell	Barnsley Hospital (NHS) Foundation Trust
Adrian England	Independent Chair, Mental Health, Learning Disability and Autism Partnership, Barnsley
Andrew Gates	SYMCA
Richard Jenkins	Chief Executive, Rotherham and Barnsley (NHS) Foundation Trust
Martin Swales	South Yorkshire Mayoral Combined Authority
Wendy Lowder	SYICB Executive Place Director, Barnsley
Carly Speechley	Barnsley Hospital (NHS) Foundation Trust
Cathy Winfield	SYICB Chief Nursing Officer

<b>35/23</b>	<b>Welcome</b> The Chair welcomed members to the meeting.	
<b>36/23</b>	<b>Apologies</b> Apologies were received and noted as above.	
<b>37/23</b>	<b>Declarations of Interest</b> No declarations of interest were noted at today's meeting.	

38/23	<p><b>Minutes/Action Log From Previous Meeting held 27 July 2023</b></p> <p>The minutes of the meeting held on 27 July 2023 were approved as a true and accurate record of the meeting.</p> <p>The Integrated Care Partnership noted the Action Log.</p>	
39/23	<p><b>Questions from the public</b></p> <p>A late question had been received from a member of the public, Mr Tim Brown, relating to the Integrated Care Board/Integrated Care Partnership's commitment to tackling racism in South Yorkshire. Andy Ashcroft advised that a similar question had been received previously from Mr Brown on this subject and it was proposed to reissue the response as before. The Chair requested that the response be shared with the ICP membership also.</p>	AA
40/23	<p><b>Strategy and Delivery</b></p> <p><b>Pathways to Work Commission</b></p> <p>The Chair introduced this item by highlighting that across South Yorkshire and, in particular, the Integrated Care Board, the Local Authorities and the Mayoral team there was a need to work in a different way in order to think about employment to drive economic opportunity.</p> <p>He introduced Matt O'Neill, Executive Director Growth and Sustainability, Barnsley Council who presented this item.</p> <p>Mr O'Neill informed the Integrated Care Partnership that over the course of the last 12 months, Barnsley had worked to set up an independent Commission launching in July 23, with a single line of enquiry, which was to look at how we enable all of Barnsley's working age population, particularly those currently outside of the labour market, i.e. those with health challenges or caring responsibilities, back into the labour market. Going forward, this would be relevant across all of South Yorkshire and the country. He was working in partnership with the Mayoral team to deliver this initiative and learning would be shared across South Yorkshire and other parts of the country once the work had concluded.</p> <p>The Commission would bring together a range of experts in their field to generate valuable insights following reflection on the evidence gathered and presented. Acting as an independent body, they would shape the final commission report and recommendations to stakeholders and government. The Commission is chaired by Alan Milburn. He expressed particular thanks to commissioner Salma Yasmeen who had attended the launch of the Commission on her first day as CEO of Sheffield Health &amp; Social Care Partnership.</p>	

One important distinction to note was that economic inactivity is not about people who want to work i.e. job seekers but the population which fall outside and are almost hidden from the metrics that are recorded. There are currently circa 40,000 people in Barnsley who have significant barriers, such as caring responsibilities, mental health, long-term sickness, retirement, or students, precluding them from returning to employment and all these factors present opportunities to address how we look to break down some of the barriers, channel our collective energy and funding streams to put in place new interventions and look at how we change things to increase economic participation.

He outlined the intent of the Commission sessions held in July and subsequent sessions planned for September, November and January. Gathering data would be key but is also very challenging but the Department of Work and Pensions would be working as an Adviser to the Commission and therefore the Commission would be working with Government to look at new solutions on how to use data to target residents in the Borough and across South Yorkshire.

Learning would also be taken from international programmes in Canada, New Zealand and Australia and from other areas across the world where new ways of working are being put into practice. Further conversations would be held with health partners to consider key issues and barriers as well as having policy conversations around levers at national level for further devolution. There would also need to be conversations with employers to see how they can help to facilitate change.

The Commission has 12 months to complete the work with the final report and recommendations expected at the end of June 2024, which would be shared with central Government, The Council and the Mayoral Office. He outlined the four key themes of the Programme as: -

- Understanding who is out of work.
- Understanding who needs help to work.
- Understanding what helps people to work.
- Understanding how to build better pathways to work.

He then described the opportunities for impact and the cohorts in scope through this Commission, although noting that further refinement of the cohorts would be required.

Lastly, he sought support from the Integrated Care Partnership on the following areas: -

- Feeding into a Commission session focussed on health in January.
- Feeding into employer surveys and/or providing data on effectiveness of health interventions
- Sharing any relevant case studies/employer data on what works to support staff to return to work. Information was currently available from the Hospital and the Council.

	<p>The Chair thanked Matt O’Neill for his presentation and agreed there would be a further discussion offline on how to support the session planned for January.</p> <p><b>Action: Matt O’Neill’s team to reach out to the ICP (via the ICB) to enable input to feed into the commission in January.</b></p> <p>Members were asked for their thoughts/questions.</p> <p>Juliann Hall enquired how people who are currently economically inactive were able to feed into the Commission and if there is data already through co-design work could this be utilised? She was advised that over the Autumn, structured/unstructured interviews with this cohort would be held to gain learnt/lived experience from across the Borough and the interviews would be followed up in the New Year with quantitative polling linked into the research questions. Matt O’Neill welcomed the sharing of any data currently available and asked this be sent to the <a href="mailto:PathwaysToWork@barnsley.gov.uk">PathwaysToWork@barnsley.gov.uk</a>.</p> <p>Angela Argenzio highlighted access to work with regard to people with disabilities and asked how employers could be reassured to make reasonable adjustments as this would incur a cost and training. There are voluntary sector organisations that deliver a range of training which could be utilised more widely. We need to consider the impact on health inequalities to try and resolve the reasons why people are inactive and then become too ill to work. She was advised that a framework would be produced which could be applied anywhere in the country cognisant of local factors. In terms of the cohort around disability, this was a big area in terms of opportunity and there had been a listening event held in conjunction with the voluntary sector to hear their views which would help to inform the framework and could then be applied elsewhere.</p> <p>Tom Smith added that there was a particular challenge around de-risking employment for the employee, potential employee and employers as in some areas there were issues with regard to capacity and capability; they don’t have the tools to undertake reasonable adjustments. This would be reinforced when speaking to employers, but we also need to provide better employment bridges for people to help them stay in work for longer. There is a big piece of work to undertake with employers around good work, healthy work which would be a priority.</p> <p>Dr David Crichton highlighted the Working Win Scheme and the evaluation which would be available to feed into the Commission.</p> <p>Dr Jason Page raised his concern around the cohort of population who were inactive for over 5 years and were over 50 and asked what the plan was to engage with this group.</p>	MO
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Greg Fell acknowledged the size of the Programme and the nuances therein but sought clarity in terms of the impact – how do you balance the numbers versus the outcomes?

Matt O’Neill responded to the points noted.

Working Win is a key partner to the programme and had provided evidence to the Commission last week and he would be keen to explore how best practice could be utilised across the Borough.

With regard to the Over 50 cohort, he advised that currently the Commission was assessing the reality and impact the programme could have and were looking at interventions, but this cohort is picked up by other services and partners and an employment programme may not be the right thing to do right now.

Gavin Boyle thought it would be desirable to understand the direction of cause and effect. Although health was seen as a causative factor in driving economic inactivity, he thought it would be interesting to read across i.e. does economic inactivity lead to poorer health outcomes. This would be discussed at the January session.

Damian Allen fully supported the Commission’s work and drew attention to a recent article in The Guardian around workforce trends which he would like to see included in the scope of the Commission. He also enquired if there was any intention to do systems dynamics modelling as part of the Commission’s baseline work. He was advised that the research in The Guardian was being picked up as part of the body of evidence. With regard to the stocks, flow and scope there was evidence of where this could be applied. One example was the creation of a designated leader as in the Canadian model, who would broker services across the different functions and build capacity and capability in localities. Work was underway to see how this could be applied for the ultimate delivery model.

Dolly Agoro drew attention to the cohort with caring responsibilities with regard to their capacity and capability versus the capacity and capability of employers. There are a large number of people in this cohort who are inactive. Is there already a sustainable framework for this cohort we could draw on?

Kate Davis enquired how much volunteering had been explored as a bridge into work and how this would be monitored. She was advised that all options were being explored to provide people with a positive experience in work; the voluntary sector was a large part of this.

Damian Allen highlighted the role of intermediate labour and the place-based dimension to the Commission which he thought needed to come through as a theme.

	<p>Matt O'Neill thanked the Chair for the opportunity to share the work of the Commission with the Integrated Care Partnership.</p> <p>The Chair concluded the discussion, acknowledging that a core role of the Integrated Care Partnership was to think about employment in a broad context, including health and inequalities, and looked forward to shaping the session planned for January.</p> <p>The Integrated Care Partnership noted the presentation.</p>	
<p><b>41/23</b></p>	<p><b>South Yorkshire Mayoral Combined Authority (SYMCA) Employment and Health</b></p> <p>Steven Pleasant introduced this item.</p> <p>He acknowledged that the presentation from the Commission was a significant piece of work for South Yorkshire as well as Barnsley. How the Integrated Care Partnership engages and utilises it in terms of its framework would be key.</p> <p>Tina Slater would describe the work being done between the SY Mayoral Combined Authority (SYMCA), the local Councils, and the NHS through the Working Win programme, which seeks to offer employment opportunities to people with health conditions in primary care. Although this was significant and exemplary it was not commensurate in terms of the scale and scope with regards to the ambition across South Yorkshire. It is a reflection about celebrating and being appreciative but also recognising the prompts from the upcoming presentation i.e., what do we need to do differently and where do we draw the learning from?</p> <p>Tina Slater, Head of Employment and Careers, SYMCA, provided an overview of the programmes and the wider SYMCA remit.</p> <p>The ask of the Integrated Care Partnership was:</p> <ul style="list-style-type: none"> <li>• How can we work better together to support Employment and Health? Although Working Win is a model of excellence in South Yorkshire it would be important to build on its successes. Working together to shape the Work Well bid for South Yorkshire and gaining additional insight from partners to inform the Employment and Health mapping exercise were sighted as examples of where the Integrated Care Partnership could support this work going forward.</li> </ul> <p>The Chair opened the meeting for questions/comments.</p> <p>Councillor Roche commended the Working Win Programme which had worked well in Rotherham but suggested this was currently was not being done jointly with Health and Wellbeing Boards, Integrated Care</p>	

Partnership etc and was a SYMCA Plan Partnership Strategy. He therefore sought further clarity on the governance structure between SYMCA and the Integrated Care Partnership for taking this forward. He was advised that this was not known at present but would form part of the next steps. SYMCA was working closely with the ICB on a pre-pilot programme which had been put forward to the Department for Work and Pensions around a hyper local approach in South Yorkshire. She appreciated that Working Win was a SYMCA programme but that it was integrated with primary care. The next stage would be to consider a joint approach and application.

Greg Fell raised three points: -

1. How good and robust is the system convenor role?
2. Need to be mindful of the data evaluation point which is really hard to get hold of and join together.
3. What are the focal points for the good work/fair work agenda?

She advised that in terms of the good work/fair work agenda, there is quite a bit of work to do in this space and discussions are on-going with the Integrated Care Board to see how this can be progressed. The system convenor role was currently under discussion. With regard to data evaluation, SYMCA would use data already available and work with the Local Authorities and the Integrated Care Board to ensure that the programme responds to the local data and therefore the local population needs.

Helen Steers drew attention to data and insight at community level. Thinking about the work in Barnsley it would be important to understand people in context to start to engage them in positive activities. There is a lot of community embedded support that brings a range of support around people, and it would be important to consider in this work. There are good opportunities, but she thought we should build up from a community level and think about who we care about and in a more granular way how we support them differently. Tina Slater acknowledged these points and suggested they could be included in the local provider events.

Marianna Hargreaves reflected on the presentations and reminded members of the link with the research, development and innovation agenda as there are an increasing number of players in this area, particularly around health and care and therefore there is an opportunity to think about economic potential and how, in South Yorkshire, we support and develop highly skilled and more specialist jobs.

Steven Pleasant concluded the discussion. He thanked Tina Slater for the presentation and acknowledged the work undertaken in South Yorkshire which had been significant. Similar pieces of work had been done in other regions and the evidence from this suggests that place-based relationship models deliver significantly better outcomes than top-down transactional models. There would be an opportunity to reflect on the emerging learning which tells us we need to think broader, but we also



	<p>need to reflect that we won't have hands on all the levers to effect the change and this therefore would be a significant discussion going forward.</p> <p>The Integrated Care Partnership noted the presentation.</p>	
42/23	<p><b>Supporting our Health and Care Workforce as anchor institutions</b></p> <p>Ruth Speare and Christine Joy jointly presented this item.</p> <p>The paper presented outlined the connections between the anchor institution roles and health and work. Christine Joy reminded members that this was around taking a population health approach to the workforce and would require a mindset shift to plan and invest differently in health and wellbeing services, which would need to be more targeted on the health needs of the people/population.</p> <p>Ruth Speare described how we could collectively harness our anchor roles across South Yorkshire to create good and accessible employment opportunities for the population.</p> <p>Christine Joy went onto highlight that one of the Integrated Care Partnership's bold ambitions was to value and recognise the workforce, both in paid and unpaid roles in the health and care sector. Currently it is estimated that there are 320,000 people actively involved in health and care across the region; 130,000 of those are unpaid carers for friends and family, 65,000 are volunteers, 72,000 work in paid roles in health, a further 37,000 work in adult social care and various other groups. 100,000 of this population will have their own long-term conditions so there are opportunities to support our own workforce to be healthier.</p> <p>She thought that the Integrated Care Partnership's approach provided an opportunity to discuss how we need to work differently to improve the health of our communities working in partnership to focus on the wider determinants of good health and not solely on responding to poor health. What would it mean if we invested in the health and wellbeing of the entire health and care workforce and what could we do as employers to support our people/population to be as healthy as they could be and remain in work, which the paper described.</p> <p>She then asked for members' views on the following: -</p> <ul style="list-style-type: none"> <li>- What would really 'investing' in work and health look like?</li> <li>- How could we collaborate more effectively as anchor employers to support a healthier workforce? Wide public sector? All employers?</li> <li>- All employers need a healthy workforce, what are the opportunities for collaboration with the private sector?</li> </ul> <p>Members offered their thoughts and views: -</p>	

	<p>Greg Fell welcomed the preventative approach but commented that preventative programmes already largely exist, and they are currently under-resourced and are rightly focussed on whole population health rather than employment by any one sector of the economy and so this would need some thought. He also drew attention to areas to address e.g. toxic bullying etc, inequality and low pay and ageing – how do we enable people to stay in health enhancing work for longer?</p> <p>Councillor Roche expressed his support, on behalf of Rotherham Health and Wellbeing Board, for the work which he thought already linked with Rotherham’s priorities. However, he suggested that a lot of work at Place level had already taken place with employers to address some of this, for example, in Rotherham there is the Place Anchor Institution Action Plan which covers inequalities, retention, progression, inclusivity etc and supports health and wellbeing.</p> <p>Nicholas Mapstone offered his observations around obesity and the work done in Dartford and Gravesend which he thought may be useful and also the work of the Yorkshire and Humber Academic Health Science network on blood pressure monitoring. He also felt that targeting procurement activity into South Yorkshire could be helpful.</p> <p>Dolly Agoro enquired about the self-employed in the workforce, how do we assess this cohort?</p> <p>Sharon Kemp was supportive of the work but suggested that we challenge ourselves about the Real Living Wage. In order to make a difference to people’s lived experience and their opportunities, then employers should aspire to achieve to pay the real living wage, acknowledging the current economic climate.</p> <p>Alan Walker drew attention to the work already underway which complements this. A major goal within the plan is around employment to ensure that everyone in South Yorkshire of working age works for an organisation that is classified as a fair employer that promotes health and wellbeing. He commented that the recommendations to support the plan had been largely drafted by colleagues in the private sector. He suggested that the terminology around good work/bad work should be refined so it was consistent across the region.</p> <p>The Chair concluded the discussion. The Integrated Care Partnership was supportive of the work, but the challenge would be what needs to happen next to make a difference and he suggested this be picked up outside of the meeting.</p> <p>The Integrated Care Partnership noted the report.</p>	
<b>43/23</b>	<b>ICP Operational Group</b>	

	<p>Will Cleary-Gray provided an oral update on the work of the ICP Operational Group which had been set up during the development of the Integrated Care Strategy and recently refreshed to further support the Integrated Care Partnership. It was noted that the group is not a decision-making group, and that the aim is that it is steered by the ICP Board.</p> <p>The group had been thinking about what discussions need to be brought to the Integrated Care Partnership to bring out the bold ambitions within the strategy and how it supports wider working across the partnership. He highlighted how the Integrated Care Partnership had started to align some of its existing focus around this. Work is also on-going to align the leadership to support this.</p> <p>Previously there had been a discussion around the distributed leadership approach advocated by the Operational Group and he advised that a proposition would be shared at the next meeting to describe this. It was also noted that a proposition on the joint commitments and how these are taken forward would be shared for consideration at the next meeting.</p> <p><b>Action: Will Cleary-Gray to share a proposal outlining a distributed leadership approach and initial thinking on how we take forward the joint commitments for consideration by the ICP Board</b></p> <p>Finally, the Operational Group would be considering how it could support the Integrated Care Partnership to frame its agenda going forward.</p> <p>The Integrated Care Partnership noted the update.</p>	<b>WCG</b>
44/23	<p><b>Health Equity Advisory Panel</b></p> <p>Professor Alun Walker presented this update.</p> <p>Key points were noted as follows: -</p> <ul style="list-style-type: none"> <li>- Terms of Reference had been agreed with the Mayor focussing on his ambition for health in this region</li> <li>- Some things are outside the scope of the region and will require advocacy of national government, if we want to achieve will need national government</li> <li>- Panel comprises 20 members from across all relevant stakeholders</li> <li>- Significant progress has been made since March.</li> <li>- Ten core aspirations, one framed around Fair employment <ul style="list-style-type: none"> <li>- three examples: - <ol style="list-style-type: none"> <li>1. Be born safely and in good health</li> <li>2. Live in communities that are inclusive, empowered, resilient and safe</li> <li>3. Be protected from commercial activities that harm health.</li> </ol> </li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>- Next steps would be to finalise recommendations, finish and agree enablers section, edit examples of good practice, complete statistical overview and present draft report to Mayor.</li> <li>- Listening event for seldom heard groups planned for early November in order to gain their perspective.</li> </ul> <p>The Chair thanked Professor Walker, noting this would come back to the ICP once the report was complete.</p> <p>The Integrated Care Partnership noted the update.</p>	
<b>45/23</b>	<p><b>Concluding comments and any other business</b></p> <p><b>Any Other Business</b></p> <p>No further business was discussed.</p> <p><b>Concluding comments</b></p> <p>There were no concluding comments.</p>	
<b>46/23</b>	<p><b>Date of next meeting</b></p> <p>30 November, 9.30 – 12 noon, SYMCA offices, Sheffield</p>	