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Agenda

To all the Members of the

SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Notice is given that a Meeting of the above Committee is to be held as follows:

Venue 007a and b - Civic Office

Date: Monday, 18th March, 2019

Time: **1.00 pm**

Items for Discussion: **Page No.**

Issued on: Friday, 8th March 2019

Governance Services Officer for this meeting: Caroline Martin
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Members of the Commissioning Working Together Joint Regional Overview and Scrutiny Committee

Chair – Councillor Andrea Robinson

Councillors Jeff Ennis (Barnsley MBC), Simon Evans (Rotherham MBC), Cllr Keith Girling (Nottinghamshire CC), Pat Midgley (Sheffield CC), Elizabeth Rhodes (Wakefield MDC), David Taylor (Derbyshire CC)

BARNSLEY
Metropolitan Borough Council

MEETING:	South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee
DATE:	Monday, 22 October 2018
TIME:	1.00 pm
VENUE:	Reception Room - Barnsley Town Hall

BARNSLEY METROPOLITAN BOROUGH COUNCIL

SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

22 October 2018

Present Councillors Ennis (Barnsley MBC), Evans (Rotherham MBC), Midgeley (Sheffield City C), Rhodes (Wakefield MDC), Robinson (Doncaster MBC), and Taylor (Derbyshire CC).

In attendance Anna Marshall (Barnsley MBC), Caroline Martin (Doncaster MBC), Peter Mirfin (Barnsley MBC), Jane Murphy (Barnsley MBC), Emily Standbrook-Shaw (Sheffield City C), Janet Spurling (Rotherham MBC), Jackie Wardle (Derbyshire CC), and Andy Wood (Wakefield MDC)

1 APOLOGIES FOR ABSENCE

No apologies for absence were received.

2 DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTEREST

Councillor Ennis declared a pecuniary interest in relation to his position on Barnsley Health Care Federation Community Interest Company, and made members aware that if discussion in any way related to this he would leave the chair and take no part in the discussion.

3 PUBLIC QUESTIONS

The following questions were received

From Doug Wright:-

1. The Joint Overview and Scrutiny Committee have previously stated that 80% of all NHS business (presumably from STP to ICS) should be scrutinised at a local level. In Doncaster there has been no NHS business scrutinised by the Doncaster Overview and Scrutiny Committee since at least 2015. I believe that some of the other four ICS local authorities may be in a similar position. Can you inform me and the 1.5 million people in South Yorkshire and Bassettlaw how democratically this will be done in the future?
2. Is it the responsibility of the above committee to scrutinise Doncaster Joint Commission Management Board? (DJCMB) I ask this question because both Doncaster CCG and Doncaster Council have held many DJCMB meetings

without giving formal notice of meetings, consulting or allowing members of the public to participate in any form. For procedural reasons this is unlikely to change for another ten months. If this committee is not responsible for DJCMB then who is?

From Leonora Everitt:-

1. Are the JHOSC members aware that the ICS public involvement does not meet the CCGs' statutory involvement duty and that:-
    - The public should be involved in commissioning proposals, plans and decisions, as the law states in Section 14z2 of the H&SC Act 2006 – as amended in 2012?
    - The Citizen's Panel only has two thirds of its membership selected as citizen representatives, the remaining third being from ICS partners and ICS staff?
    - The 'citizen' members of the Citizen's Panel do not represent the geographical demographics across the five places in SY&B proportionately?

From Deborah Cobbett on behalf of South Yorkshire NHS Action Group (SYBNAG):-

1. Are the JHOSC members aware that many paediatric staff are not supportive of the proposals for paediatric services, including those involved neonatal and maternity services and that they dispute the data used in making the HSR recommendations?

2. a) What reports have the JOHSC received on the red and amber risks relating to the Integrated Care System (ICS) and the Hospital Services Programme (HSP) in the last two months; and when did the JHOSC last consider the risk register for both the ICS and HSP?

   b) Do the risk registers include risks relating to:
   - Lack of public information and involvement
   - Diversion of funds from patient care to, for example
       *Outsourcing of engagement tasks
       *Commissioning and managing contracts
   - Transport for patients and families
   - The level of staff 'buy in'
   - the speed and secrecy of decision-making outside a legal framework for the ICS

   c) What items on the risk register are of most concern to the JHOSC members?

From Deborah Cobbett:-

1. Future challenges include: "Governance that supports change and doesn't delay it." (page 21, para 4.3)

Are Scrutiny members satisfied with this, given public concerns about the speed and secrecy of decision-making outside a legal framework for the ICS?

2. In section 6, on the Hospital Services Review, it is stated, on page 7, that there was an online and telephone survey, but I don't recall a phone survey being mentioned before.
Do members agree with criticisms of telephone surveys on complex issues made by Sheffield Healthwatch in relation to the Urgent Care Review? Would you agree that being cold-called by somebody with a long complicated script is not conducive to giving an informed opinion on a complex issue?

3. The JHOSC requested an easy read version of the Hospital Review Report. I have read this and it seems patronising in style and at times economical with the truth for example:

   - Why are there so many grammatical errors and meaningless sentence fragments, such as: For children who need specialist treatment have an equal chance to have specialist care within the South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire areas. (page 8)

   - Is it acceptable to omit the recommendation for fewer consultant-led units and just state: It may be better to have larger maternity units with more senior specialist doctors (consultants) in each of these units. (page 9)

   Do Scrutiny members find the pamphlet acceptable or would the guidelines of the Plain English Campaign (http://www.plainenglish.co.uk/) be more helpful than the rewriting by the Friendly Information Company (http://www.friendlyinformation.org.uk/)?

4. The word 'inappropriate' is used to describe some public questions and some prescribed medicines. Surely there is no such thing as a stupid or inappropriate question if the public are concerned about something, while in the case of prescriptions, there is implied criticism of the ability of clinicians to do their job properly.
Who decides what is appropriate in questions or in prescribed medication?

5. Paragraph 3.28 refers to the Citizens' Panel and its published minutes. These seem very one-sided in that no response is made to any of the suggestions, which in any case resemble the type of issues already raised in PPG Network meetings in Sheffield and Hospital Service Review public events.
What value is being added by the Panel, in the sense that duplication should be avoided and resources maximised?

From Ken Dalwin:-

1. The latest information from NHS England indicates a 5 year plan is forthcoming, but given our area is a pilot and in advance of others, is it expected that progress will be paused?

From Peter Deakin:-

1. What can be done to make sure the public are aware of events and can be involved?

The Chair gave assurances that responses would be provided in writing directly to those providing questions.

RESOLVED that the questions be received and responses be provided in writing.

4 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 12th June, 2018 were received.

In relation to Hyper Acute Stroke Services Members noted that the work is progressing, and it was suggested that a full report be brought to a future meeting of the committee.

Given that Doncaster Royal Infirmary was unable to be designated in relation to Children's Non-Specialist Surgery and Anaesthesia, an update was requested. Members noted that each hospital was reviewed under the designation process, which would finish at the end of the year. Not all hospitals were expected to reach the required standard, with some working towards these.

RESOLVED:-

(i) That the minutes be approved as a true and correct record.

(ii) That an update report on Hyper Acute Stroke Services be sent to Members of the committee in 4 weeks.

5 SOUTH YORKSHIRE AND BASSETLAW (SYB) INTEGRATED CARE SYSTEM (ICS)

The following witnesses were welcomed to the meeting:-

Lesley Smith, South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) Deputy System Lead and Lead for Strategy, Planning and Transformation Delivery as well as Chief Officer at Barnsley Clinical Commissioning Group (CCG);
Will Cleary-Gray, Chief Operating Officer SYB ICS;
Helen Stevens, Associate Director of Communications and Engagement, SYB ICS;
Alexandra Norrish, Programme Director, SYB Hospital Services Programme.

By way of introduction a brief overview of the report previously circulated was provided. The report provided a comprehensive update of the work of partners across SYB.

Members were reminded of the long history of partnership working across SYB, which helped to support integration. Over the past 2 years many lessons had been learned, and a number of priority programmes had been established to take work forward. All partners had committed to the vision of giving everyone in South Yorkshire and Bassetlaw the best start in life with support to stay healthy and live longer.

Members were reminded that the majority of the work was still undertaken in each of the five areas, with the role of the ICS to support the needs locally by working together.

The paper circulated provided an update on the progress made in each of the priority areas, including value added, and gave details of how staff, patients and the public had been engaged.

Questions were then invited from the committee, and the following areas were discussed and challenged:-

When asked of the biggest challenge facing the ICS that would have the greatest impact if resolved, it was suggested that demand for services continued to grow and meeting the expectations of the public was challenging. However, it was thought that the workforce presented the greatest challenge as it was not growing in line with demand.

The importance of public engagement was stressed, and the possibility of ICS colleagues attending community events was discussed. It was agreed that engagement was a priority and contact would be made in each of the places to engage in events at a community level.

Communications remained an issue and was acknowledged that this needs to be improved, with the system dependent on high quality communications. The need to differentiate between ICS work and that of each place was noted, and it was suggested that ICS and place based teams could work better together.

The Hospital Services Review was given as an example where consultation had been extensive including in libraries, GP surgeries, and pharmacies. Detailed conversations had also taken place with underrepresented groups such as the Chinese community and those in prisons. It was noted that feedback from consultation would inform the next stage.

Members also noted that many residents were also engaged through attendance at summer events. It was stressed that more could and would be done, but the key was ensuring that conversations were meaningful and tangible.

With regards to social prescribing and the public's understanding, it was noted social prescribing locally had been recognised as an exemplar, but there was always more that could be done. There were plans to build on the success, and share learning

across the area. Consideration was also being given on how social prescribing would be funded in the longer term.

In reference to additional finance invested in services and how sustainable these improvements were in the longer term, examples were given of how the transformation element was utilised. It was noted that this was small in comparison to the overall budgets in each of the five places, but that used in the short term could drive improvements in services which would then hopefully be sustained in the longer term without continued need for additional finance.

The committee discussed whether transformational funding would be available in the longer term, and it was noted that the financial situation would only be made clear when then long term NHS plan and financial settlement was made public.

Queries were received in relation to the term 'greater freedoms' alluded to in the report, and it was noted that this related to the ability for the local system to distribute finance where it was most needed locally.

With regards to the performance in each of the five places, Members heard how place were working well against NHS Constitution targets and each had a positive story to tell.

Members noted the journey undertaken over the past two years culminating in the formal recognition of the ICS. The positive working relationships that led to this were acknowledged.

With regards to the work under the Children's and Maternity workstream, questions were raised about implementation of the transformation programme, given the national shortage of midwives and the backlog faced. It was suggested that a report specifically on this issue would be brought to the committee in the future. It was also noted that each of the five places had developed local maternity plans, and Overview and Scrutiny Committees may wish to consider these.

Members noted the need to differentiate between issues dealt with by each place, and therefore considered by place based scrutiny functions, and the work undertaken by the ICS and the need for consideration by the JHOSC.

Those present noted the work with neighbouring systems to share best practice and planning, and this work extended through regional and national networks.

RESOLVED

(i) That thanks be given to all witnesses for their contribution to the item;
(ii) That the update report be received;
(iii) That an update report be provided to Committee Members in 4 weeks on the Children's and Maternity Services workstream.

6 HOSPITAL SERVICES PROGRAMME

The following witnesses were welcomed to the meeting:-

Lesley Smith, South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) Deputy System Lead and Lead for Strategy, Planning and Transformation Delivery as well as Chief Officer at Barnsley Clinical Commissioning Group (CCG);
Will Cleary-Gray, Chief Operating Officer SYB ICS;
Helen Stevens, Associate Director of Communications and Engagement, SYB ICS;
Alexandra Norrish, Programme Director, SYB Hospital Services Programme.

In introducing the item, Members were made aware that the Strategic Outline Case (SOC) had been to the CCG Governing Bodies in the area and had received their approval and it had therefore been formally published. Members noted that an easy to read version had been developed and published alongside the SOC in response to feedback from the Committee. Also published was a report detailing the engagement which had been undertaken over the summer.

Members were reminded of the two main themes to build on the potential for shared working facilitated by the ICS, and to develop sustainable care across the acute sector.

The SOC contained a number of proposals which included establishing Hosted Networks, to further enable shared working, standardise care, share best practice and maximise the impact of the workforce. The proposals also included plans to build on innovation, ensuring this was adopted across organisations and across geographical boundaries. Proposals for transformation, ensuring patients are dealt with in the most appropriate setting by a flexible workforce were also included.

In addition further development of models for reconfiguration was proposed, to ensure future sustainability, and clinical working groups had been established to drive this agenda. Public consultation would be ongoing throughout and appropriate consultation would take place once options had been more fully developed.

Members noted that work to develop Hosted Networks was ongoing with the aim to appoint hosts around Christmas, 2018 and have these operational by April 2019.

The Committee noted the need for local consideration of place based plans through Health and Wellbeing Board and Overview and Scrutiny Committees once proposals were more developed.

Questions were welcomed from the Committee and the following concerns were pursued:-

In considering reconfiguration, Members were concerned that there may be unforeseen impacts which could potentially lead to further health inequalities.

Assurances were given that the ICS approach was one where any intervention should not make inequalities worse, with the principal for this included in the

Memorandum of Understanding. In addition the terms of reference for the Hospital Services Review had ncluded the consideration of health inequalities.

The proposals contained within the SOC were intended to standardise care across the area in order that everyone receives the best possible care. Members also noted that in taking forward any reconfiguration, any evaluation criteria would consider health inequalities.

It was acknowledged that when considering travel and transport, modelling would be undertaken at Lower Super Output Area (LSOA) level, and that the patient and public forum would include a wide range of representatives. It was noted that it was proposed that these would be recruited through South Yorkshire Housing Association. In addition the clinical working groups would consider the clinical issues associated with transfer.

With regards to how confident officers were that plans would be delivered within timescales and resources, it was noted that these differed for different workstreams but that these were expected to be deliverable with resources to undertake the work set appropriately. Members were assured that the resource implications of any changes would be considered carefully as part of the modelling.

In respect of making the public aware of proposals, questions were raised regarding the availability of information through sources other than the internet. It was noted that easy to read leaflets would be distributed in public places, and as part of the next phase detailed conversations would again take place. An offer was made for the Committee to consider the communications plan which they requested be undertaken.

Members noted the discussions taking place between bordering trusts and STPs/ICSs with regards to the impacts of potential changes in maternity, and this would involve consideration of travel times and distances.

An overview was given of the governance structure, with workstreams feeding into a steering group which then fed into wider ICS and Trust governance. Members were assured that ongoing dialogue with the Committee would also continue. The important role of Elected Members having oversight of change, ensuring wherever patients were seen they received the same level of care, and that any changes did not increase health inequalities was acknowledged.

The Committee discussed the drive to ensure consistency in care, and the potential for some services to deteriorate as part of any equalisation. Reassurance was provided that any intervention would be to try to bring any area of underperformance up to a required standard. Many of the proposals included intervention to increase staff recruitment and retention in order to do so, and the Committee requested a further report on workforce issues to be presented for consideration.

In relation to the establishment of Hosted Networks, it was noted that hosts were expected to be appointed by the end of the year, the hosts would then be responsible

for further development of the network in their speciality area, which would include detailed conversations with relevant parties. Members noted that hospitals did work closely, however the networks would help provide structure to this.

RESOLVED:-

- **(i)** That witness be thanked for their attendance and their contribution;
- **(ii)** That witnesses acknowledge the general improvements required in relation to communications highlighted throughout the meeting including using local authority networks and Health and Wellbeing Board;
- **(iii)** That the communications /engagement plan be submitted to Committee Members in 4 weeks for their consideration;
- **(iv)** That a further report be submitted to Committee Members within 4 weeks detailing workforces issues and plans to address these.

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Chair

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The South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee

18th March, 2018

Covering report to: The South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee

EXECUTIVE SUMMARY

1. The purpose of this report is to provide Members with the opportunity to be consulted on the following areas:

   A. Integrated Care System Governance Arrangements;
   B. NHS Long Term Plan;
   C. Transformation Workstream Programmes within the South Yorkshire and Bassetlaw (SYB) Integrated Care system.

EXEMPT REPORT

2. There is no exempt information contained within the reports presented.

REOMMENDATIONS

3. That the Overview and Scrutiny Committee considers and comments on the information presented.

BACKGROUND

4. The Committee will be asked to give consideration to three reports as follows:

5. Agenda item 6A. South Yorkshire and Bassetlaw Integrated Care System for 2019/20 – Governance Arrangements

6. Agenda item 6B – NHS Long Term Plan

7. Agenda item 6C – Transformation Workstream Programmes within the South Yorkshire and Bassetlaw (SYB) Integrated Care system.

OPTIONS CONSIDERED AND REASONS FOR RECOMMENDED OPTION

8. There are no alternative options within this report as the intention is to provide the Committee an opportunity to consider the information presented, as detailed above.

RISKS AND ASSUMPTIONS

9. There are no specific risks associated with the recommendation in this report.

LEGAL IMPLICATIONS

10. There are no specific legal implications arising directly from this report.

FINANCIAL IMPLICATIONS

11. No specific financial implications have been sought for this report and any implications will be set out in the reports attached.

HEALTH IMPLICATIONS

12. All 3 reports will have a direct impact on the health of local people. The health implications are included in the body of each of the reports.

TECHNOLOGY IMPLICATIONS

13. No specific technology implications have been sought for this report and any implications will be set out in the reports attached.

HUMAN RESOURCE IMPLICATIONS

14. No specific human resource implications have been sought for this report and any implications will be set out in the reports attached.

EQUALITY IMPLICATIONS

15. There are no significant equality implications associated with this report. Within its programme of work the Joint Overview and Scrutiny Committee gives due consideration to its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

BACKGROUND PAPERS

16. Any background papers will be set out in the individual reports.

REPORT AUTHOR & CONTRIBUTORS

Will Cleary-Gray, Chief Operating Officer, South Yorkshire and Bassetlaw Integrated Care System.
Helen Stevens, Associate Director Communications and Engagement, South Yorkshire and Bassetlaw integrated Care System and information sought from Workstream Leads.

The South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee

18th March, 2019

TO: THE CHAIR AND MEMBERS OF THE SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

GOVERNANCE ARRANGEMENTS FOR SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM FOR 2019/20

EXECUTIVE SUMMARY

1. This report outlines the next phase governance arrangements for South Yorkshire and Bassetlaw Integrated Care System for 2019/20.

2. Work will continue on full governance arrangements, recognising both the national developments on NHS system architecture and the work with system partners in order to develop an overall system governance framework for the ICS.

EXEMPT REPORT

3. There is no exempt information contained within the report.

RECOMMENDATIONS

4. That the Committee considers and comments on the information presented.

BACKGROUND

5. South Yorkshire and Bassetlaw Integrated Care System has evolved from the establishment of a Sustainability and Transformation Partnership in January 2016, an Accountable Care System in April 2017, to then becoming one of the first and most advanced ICS systems in England and working arrangements have changed little over this time period.

6. The current core arrangements consist of: Oversight and Assurance Group, Collaborative Partnership Board and Executive Steering Group together with a Clinical Forum, Citizens' Forum and a number of Programme Boards.

7. In September 2018 our Partnership supported a review of governance and ways of working.

The NHS Long Term Plan and the ask of ICSs

8. The NHS Long Term Plan for the NHS has now been published and has implications for our partnerships, local and systems and gives additional focused context to our need to move forward with a revised set of interim governance.

9. The role of ICSs are seen as central to the delivery and implementation of the NHS Long Term Plan with local NHS organisations increasingly being supported to focus on population health and moving to integrated care systems everywhere by April 2021.

10. NHS organisations will be supported to take on greater collaborative responsibility as 'mutual aid' becomes an integral part of the role of all leaders, clinical and managerial and will form part of a revised 'duty to collaborate' for providers and CCGs alike.

11. ICSs are viewed as the pragmatic and practical way forward to deliver the integration between primary and specialist care, physical and mental health services and health with social care at a local level. ICSs have a key role in working with local authorities at a local level and through ICSs, commissioners can make shared decisions with providers on how to use resources, redesign services and improve population health.

12. Every ICS will need streamlined NHS commissioning arrangements to enable a single set of NHS commissioning decisions at a system level as CCGs become leaner and more strategic organisations that support the partnering of organisations.

13. The organisation that regulates NHS Foundation Trusts, NHS Improvement, will take a more proactive role in supporting collaborative approaches between NHS trusts as ICSs are required to implement integrated services.

14. A new ICS accountability and performance framework will consolidate the current local NHS accountability arrangements and provide a consistent and comparable set of NHS performance measures.

15. The Long Term Plan is supported by a number of proposals to change legislation that relates to the NHS. However, it is expected that the changes set out in the Plan can be achieved within the current legal framework.

16. ICSs are required to work together with local partners to develop their local response to the Long-Term Plan by producing an ICS five-year strategic Plan by the autumn of 2019.

Engaging with Local Authority Partners

17. SYB ICS leadership has engaged directly with local authority partners to shape proposals for partnership working and to identify a number of priorities which would benefit from system collaboration.

18. A workshop is currently being planned in March, led by each Local Authority CEO and to include Directors of Adult Social Care, Directors of Public Health and the ICS Chief Executive and Chief Operating Officer. Following this work wider discussions will take place with system partners.

Strategic developments

19. Work underway to align NHS national strategic organisations and NHS regional bodies, as well as developments to achieve efficiencies within CCGs will be taken into account in due course.`

The Next Phase

20. In the next phase a number of actions will be taken including:

- Continuing to work with our **Local Authority partners** to inform and shape how our system health and care partnership work including a revised Collaborative Partnership Board as set in the NHS Long Term Plan. The next step for this will be a series of workshops led by local authority CEOs. System partnership working will of course be developed taking due account of existing partnership arrangements in **Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield**.

- Maintaining our **Collaborative Partnership Board** meeting on a bi monthly basis which will be reviewed in due course the light of the work above.

- Establishing **interim governance arrangements for NHS collaboration** which will work alongside much of our existing system collaborative forums.

OPTIONS CONSIDERED

21. There are no alternative options within this report, as the intention is to provide the Committee an opportunity to consider the information presented, as detailed above.

REASONS FOR RECOMMENDED OPTION

22. There are no alternative options within this report.

RISKS AND ASSUMPTIONS

23. There are no specific risks associated with the recommendation in this report.

CONSULTATION

24. There are no consultation implications within this report.

REPORT AUTHOR & CONTRIBUTORS

Will Cleary-Gray, Chief Operating Officer, South Yorkshire and Bassetlaw Integrated Care System.

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The South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee

Date: 18th March, 2018

TO: THE CHAIR AND MEMBERS OF THE SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

NHS LONG TERM PLAN

EXECUTIVE SUMMARY

1. This report sets out the background and context to the NHS Long Term Plan.

2. It highlights the areas of focus within the Plan, including clinical priorities, key service area commitments (such as mental health, primary and community care and reducing health inequalities) and enablers to delivery (workforce, digital and systems).

3. The plan is intended to provide a framework for local planning over the next five years and the report also outlines how South Yorkshire and Bassetlaw ICS will engage with its many audiences to determine what the NHS Long Term Plan means for them and to co-design the most effective ways to put the commitments into practice locally.

EXEMPT REPORT

4. There is no exempt information with the report.

RECOMMENDATIONS

3. That the Overview and Scrutiny Committee considers and comments on the information presented.

BACKGROUND

4. In June 2018, the Prime Minister announced a new five-year funding settlement for the NHS, a 3.4 per cent average real-terms annual increase in NHS England's budget between 2019/20 and 2023/24 (a £20.5 billion increase over the period). To access the funding, national NHS bodies were asked to develop a long-term plan for the service. The resulting document, the NHS long-term plan, was published on 7 January 2019.

5 It builds on the policy in the NHS five year forward view which explained the need to integrate care to meet the needs of a changing population. This was

followed by other strategies, covering general practice, cancer, mental health and maternity services, while the new models of care outlined in the Forward View have been rolled out through a programme.

6. The funding settlement applies to NHS England's budget only. This means that some areas of NHS spending included in the Department of Health and Social Care's budget – such as capital and education and training – are not covered by it.

7. The Plan seeks to strengthen the NHS's contribution in areas such as prevention, population health and health inequalities, though makes clear that progress in these areas will also rely on action elsewhere. The Spending Review, which is due to be published later this year and will outline the funding settlement for local government including social care and public health, will therefore have an important impact on whether wider improvements in population health can be delivered, as will the Green Papers on social care and prevention when they are published.

8. There are several commitments in the plan for **clinical priorities**, chosen for their impact on the population's health and where outcomes are behind those of other similar advanced health systems. These priorities include cancer, cardiovascular disease, maternity and neonatal health, mental health, stroke, diabetes and respiratory care. There is also a strong focus on children and young people's health.

9. In **cancer care**, the plan aims to increase survival rates by speeding up diagnosis. This includes extending screening and improving diagnostic services. A review of cancer screening programmes and diagnostic capacity is being undertaken and will report back in the summer. In 2020, a new waiting time standard will be introduced requiring that most patients get a clear 'yes' or 'no' diagnosis for suspected cancer within 28 days of referral by a GP or screening.

10. In **maternity and neonatal care**, the plan builds on the measures being implemented following the National Maternity Review. Among a range of commitments, continuity of care during pregnancy, birth and after birth will be improved, bed capacity in intensive neonatal care will increase in areas where this is currently lacking and mental health services and other support for pregnant women and new mothers will be improved.

11. The plan also sets out a number of actions to improve detection and care for people with **cardiovascular disease** (CVD) and **respiratory disease**, prevent diabetes and improve stroke services.

12. Improving care outside hospitals is another commitment in the plan; providing more care in and closer to people's homes. By 2023/24, funding for **primary and community care** will be at least £4.5 billion higher than in 2019/20.

13. The Plan outlines how general practices will join together to form primary care networks – groups of neighbouring practices typically covering 30–50,000 people. Practices will enter network contracts, alongside their existing contracts and networks will be expected to take a proactive

approach to managing population health. From 2020/21, they will assess the needs of their local population to identify people who would benefit from targeted, proactive support.

14. There is also a strong emphasis on developing digital services so that within five years, all patients will have the right to access GP consultations via telephone or online. Primary care networks will also roll out the successful approach pioneered by the enhanced health in care homes vanguards so that by 2023/24, all care homes are supported by teams of health care professionals (including named GPs) to provide care to residents and advice to staff.

15. Alongside primary care networks, the plan commits to developing 'fully integrated community-based health care'. This will involve developing multidisciplinary teams, including GPs, pharmacists, district nurses, and allied health professionals working across primary care and hospital sites. Access to community referrals (social prescribing) will also be extended.

16. The Plan confirms commitment to improving **mental health services**, both for adults and for children and young people. It reaffirms that mental health funding – provided through a ring-fenced investment fund – will grow and by the end of the 2023/24, mental health investment will be at least £2.3 billion higher in real terms.

17. There is also a strong focus on improving care for people with learning disabilities and autism. Commitments include increasing access to support for children and young people with an autism diagnosis, developing new models of care to provide care closer to home and investing in intensive, crisis and forensic community support.

18. **Workforce** is currently the biggest challenge facing the health service. The Plan recognises the scale of the challenge and sets out a number of specific measures to address it. However, many wider changes will not be finalised until after the 2019 Spending Review, when the budget for training, education and continuing professional development (CPD) is set. To inform these reforms, NHS Improvement, Health Education England and NHS England will establish a cross-sector national workforce group and publish a workforce implementation plan later in 2019.

19. **Digital technology** underpins some of the Plan's patient-facing targets. The NHS app will act as a gateway for people to access services and information; by 2020/21, people will be able to use it to access their care plan and communications from health professionals. From 2024, patients will have a new 'right' to access digital primary care services (e.g., online consultations), either via their existing practice or one of the emerging digital-first providers. By the end of the 10-year period covered by the plan, the vision is for people to be increasingly cared for and supported at home using remote monitoring and digital tools. Digital technology will also facilitate service transformation, including the redesign of outpatient services and reorganisations of pathology and diagnostic imaging services.

20. The Plan also focuses on **personalisation.** There is a commitment to rolling out the NHS comprehensive model of personalised care (which brings

together programmes aimed at supporting a whole population, person-centred approach). Community referrals (social prescribing) schemes will increase, broadening the range of support available, and the roll-out of personal health budgets will be accelerated.

21. It also confirms the shift towards i**ntegrated care and place-based systems**. ICSs will be the main mechanism for achieving this – the plan says that ICSs will cover all areas of England by April 2021 – and will increasingly focus on population health.

22. There are several core requirements for **ICSs**, such as the establishment of a partnership board comprising representatives from across the system. Systems will be required to 'streamline' commissioning arrangements, which will 'typically involve' a single CCG across each ICS. It also recognises that NHS organisations will need to work in partnership with local authorities, the voluntary sector and other local partners to improve population health.

23. ICSs will play a central role in the delivery of the commitments in the Plan whilst bringing together organisations to redesign care and improve population health and deliver integration across primary and specialist care, mental and physical health services and health with social care.

24. The move towards a more interconnected NHS will be supported by a 'duty to collaborate' on providers and commissioners, while NHS England and NHS Improvement will continue efforts to streamline their functions. The Plan suggests that progress can continue to be made within the current legislative framework but also puts forward a list of potential legislative changes that would accelerate progress, in response to requests from the Health and Social Care Select Committee and the government. The proposed changes include allowing joint decision-making between providers and commissioners and reducing the role of competition in the NHS.

25. It also has a strong focus on **prevention**. A renewed NHS prevention programme will focus on maximising the role of the NHS in influencing behaviour change, guided by the top five risk factors identified by the global burden of disease study: smoking, poor diet, high blood pressure, obesity, and alcohol and drug use.

26. ICSs will have a key role in helping to deliver these programmes and in working with local authorities, the voluntary sector and other local partners to improve population health and tackle the wider determinants of ill health.

27. The plan commits to a more concerted and systematic approach to **reducing health inequalities**, with a promise that action on inequalities will be central to everything that the NHS does. To support this ambition and to ensure that local plans and national programmes are focused on reducing inequalities, specific, measurable goals will be set.

28. Further detail on how the commitments in the long-term plan will be implemented will be set out in a national implementation framework, due to be published in spring 2019. However, there are a number of other plans and reviews that will have an impact on how the plan is implemented. These include the following:

- a clinical review of standards setting out expectations on operational performance, including a review of waiting time targets, due to be published in spring 2019
- a workforce implementation plan, overseen by a cross-sector national workforce group, due to be published later in 2019
- a review of the Better Care Fund, due to be completed in early 2019.

29. The Spending Review will outline funding for areas of NHS spending not covered by the plan such as workforce training and capital investment, as well as for social care and local authority-funded public health services. The social care Green Paper is expected to set out options for social care funding and proposals for health and social care integration. The prevention Green Paper, also expected in 2019, will focus on delivering the vision for prevention published in November 2018.

30. The plan is intended to provide a framework for local planning over the next five years. Local areas have received indicative financial allocations for 2019/20 to 2023/24 and, in the short term, will be expected to develop plans for implementing the long-term plan's commitments in 2019/20, a transitional year, as well as developing five-year system plans by the autumn.

Engaging health and care staff, patients, the public and other stakeholders to inform the South Yorkshire and Bassetlaw response to the NHS Long Term Plan

31. An essential part of the South Yorkshire and Bassetlaw response to the NHS Long Term Plan is undertaking wide engagement with health and care staff, patients, the public and other stakeholders across the region.

32. We are currently planning to engage with the many audiences to determine what the NHS Long Term Plan means for them and to co-design the most effective ways to put the commitments into practice locally. This engagement will culminate in a revised strategic plan for SYB which will then shape the work programme for the ICS.

33. The ICS is expected to take the lead in ensuring that communications and engagement staff from all the organisations involved in the local system – including local authorities and other non-NHS partners – are involved in delivering this activity. We will support teams in local organisations to conduct conversations and liaise with them to ensure we are co-ordinating resources.

34. To support the work, NHS England is investing nationally in local Healthwatches and the Health and Wellbeing Alliance to provide extra capacity to support additional engagement with the local public, and in particular seldom heard groups, to that which partners are expected to deliver.

35. The proposed way forward focuses on four areas:

- Local communities
- Health and care staff

- Local government
- Governors, non-executives and lay members

Involving people and communities in taking forward the NHS Long Term Plan

We will use the NHS England framework for 'what good engagement for Integrated Care Systems looks like' to shape our approach with patient and community engagement (see Appendix 1 for how we intend to adhere to the principles from the framework).

36. We have already started to co-design an action plan with our stakeholders for engagement across our system, based on the framework, and we will use the final agreed plan (to be agreed in February/March) to inform and strengthen our approach.

Involving health and care staff and clinicians

37. We want staff across the whole system have an opportunity to influence and be part of changes to our health and care service. To be engaged, they need to feel empowered, involved in decisions and able to act as leaders and ambassadors for change. It is also important that they have an understanding about what those proposals are and how they will impact them and their ways of working.

38 We want to ensure all staff have a chance to be involved in conversations, from hospital doctors, GPs, allied health professionals, nurses, local authority and social care staff, finance managers, administrative staff and the third sector as well as those who have a role to play in planning, commissioning or delivering services.

39 We are not starting engagement with staff from scratch. Several areas have already made good progress in engaging and involving staff in changes to health and care services locally, but we acknowledge that this is a challenging area of work.

40 We will use the NHS England framework to help take this forward. (see Appendix 2 for how we intend to adhere to the principles from the framework).

Involving local government

41. Our local government partners are connected with work that is developing in the emerging partnerships in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. We will work with our partnerships to have conversations about the Plan with:

- Health and Wellbeing Boards
- Council Executives
- Health Overview and Scrutiny Committees (HOSC), including the Joint HOSC

42. We are working with our local authority partners to shape proposals for partnership working and to identify a number of strategic priorities which would benefit from system collaboration. We will tailor our system wide approach following these discussions.

Working with Foundation Trust governors, non-executives and lay members

43. These key stakeholder groups are involved in the development of and decision-making connected to strategic planning and we will engage with them via established organisational routes as well system wide arrangements and events.

Next steps

44. The communications and engagement plan will be shared with the Collaborative Partnership Board and Executive Steering Group and once finalised, shared with Boards and Governing Bodies for their meetings in public. A copy will also be shared with the JHOSC.

45. Updates on the engagement and themes emerging from the feedback will be brought to the Collaborative Partnership Board and Executive Steering Group and can also be shared with the JHOSC.

46. A report on the engagement will be brought to the Collaborative Partnership Board and Executive Steering Group in the Summer, in order to inform the South Yorkshire and Bassetlaw Integrated Care System response to the NHS Long Term Plan. The report will also be shared with the JHOSC.

47. The SYB ICS response to the NHS Long Term Plan will be published in the Autumn. The areas of focus will form the basis of the ICS work plan for the next five years and therefore the current workstreams will be reviewed and aligned.

OPTIONS CONSIDERED

48. There are no alternative options within this report, as the intention is to provide the Committee an opportunity to consider the information presented, as detailed above.

REASONS FOR RECOMMENDED OPTION

49. There are no alternative options within this report.

RISKS AND ASSUMPTIONS

50. There are no specific risks associated with the recommendation in this report.

CONSULTATION

51. There are no consultation implications within this report.

BACKGROUND PAPERS

52.. Appendices

Appendix 1

Our approach to meeting the principles of the NHS England Patient and Public Involvement Framework

53 **Strong communication and engagement leadership**
We will plan our engagement together, as a system, considering how we align existing dialogue at local and system levels. This is an opportunity to work as a team, maximise local capacity and avoid duplication and mixed messages.

54 **Understanding existing information on needs and aspirations of people and communities**
We are not starting our engagement from a blank sheet of paper and already have many insights into the aspirations and experiences of our communities. Previous insight and feedback will inform our engagement activity. We will look at what information we already have and focus on filling gaps and helping stakeholders understand what the plan is and to tell us what they think.

55 **Transparency on decision-making**
We will develop a clear plan from the outset (internally and externally) on the timelines; when involvement is happening; how will it feed into the SYB Plan development; and how we will feed back on the involvement.

56 **Regular flow of communication updates across channels**
We will use the range of channels that we have across our system as a whole and in our places and partner organisations to keep people informed about plans for your area.

57 **Public information about vision, plan, progress and performance**
We will update staff and communities on progress and achievements to date, and test and share our priorities for the next five years.

58. **Proactive and systematic dialogue with public representatives**
Working with our partners, we will build on existing dialogue and relationships with Health and Wellbeing Boards, Overview and Scrutiny Committees, MPs and councillors, and community leaders.

59 **Involve the voluntary sector and Healthwatch as key partners**
NHS England has commissioned Healthwatch England and the Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Alliance to support ICS engagement plans. We will work with our nominated SYB ICS HW and VCSE organisations to do this.

60 **Redesign services in partnership with citizens and communities**
Where partners are already involved in service design work this presents an opportunity to update on the impact this redesign is having, and to talk to people about what should be future priorities for redesign and improvement.

61 **Reach out to the unengaged to properly understand communities**
Taking a coordinated approach to engagement on the NHS Long Term Plan will enable us to draw on existing relationships and strengths in reaching residents. Data from JSNAs and equalities analysis are already used to identify communities across our places that need targeted involvement – and we will ensure we build on this work.

62 **Focus on patient and community empowerment**
Our engagement will also help continue dialogue about how we can make the most of the expertise, capacity and potential of people, families and communities in SYB to strengthen a sustainable health and care system.

Appendix 2

Our approach to meeting the principles of the NHS England Clinical Engagement Framework

63 **Setting out a clear vision or narrative**
We will work with our ICS partners to review and refresh our system narrative and ensure we have a clear vision of what it is we are trying to do as a system and what any changes will mean for staff. This will need commitment from all organisations.

64 **Thinking about our audiences**
We already have many insights into the aspirations and experiences of staff, so it's important to take stock of these and then concentrate our efforts on filling the gaps to help staff understand what the plan is and means for them.

65. Messages will be tailored to reflect experiences and concerns of different groups i.e. what do these changes mean for me as a nurse, junior doctor, physiotherapist, receptionist, or manager?

66. **Using existing communications channels on a cross-system basis**
We will use all channels, across every organisation in our system to engage staff.

67. This will include alignment of messages and engagement across the system via newsletters, website and intranet pages, social media, management updates and the various spaces that staff come together regularly – online or face to face - to share information.

68. **Encouraging a two-way dialogue**
We will ensure every member of staff has the opportunity to contribute and to influence and we will do this with two-way conversations in, for example, working groups, events, online surveys, focus groups and forums.

69. Showing the change happening
We will continue to work with staff who are leading change to highlight their successes and showcase progress from across SYB.

70. Reaching out to existing infrastructures of committees

We will connect with existing committees and unions. They have a key role to play in helping to inform staff and ensuring they are engaged in the decisions that affect them and the services they provide.

71. Developing system leaders across a system

We will support innovation and encourage people to think differently about ways or working and look to develop system leaders. Work is already underway to look at this important area, both with multi-professional staff and managers.

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The South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee

Date: 18th March, 2019

TO: THE CHAIR AND MEMBERS OF THE SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TRANSFORMATION WORKSTREAM PROGRAMMES WITHIN THE SOUTH YORKSHIRE AND BASSETLAW (SYB) INTEGRATED CARE SYSTEM (ICS).

EXECUTIVE SUMMARY

1. The purpose of this report is to provide an update to the Joint Health Overview and Scrutiny Committee (JHOSC) in relation to the transformation workstream programmes within the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS).

2. In delivering the wider priorities for the ICS, the partnership has 15 areas of focus, the workstreams and their enablers (finance, estates, leadership & organisational development (OD), communications and engagement). The workstreams and some of their achievements to date and their priorities going were reported to the JHOSC in October 2018. This Report provides updates for those workstreams as at February 2019.

3. In light of the NHS Long Term Plan and following engagement with its many audiences, SYB ICS will publish its response to the Plan. The areas of focus will form the basis of the ICS work plan for the next five years and therefore current workstreams will be reviewed and aligned.

EXEMPT REPORT

4. There is no exempt information with in the report.

RECOMMENDATIONS

5. That the Overview and Scrutiny Committee considers and comments on the information presented.

BACKGROUND

6. **Primary Care** - key work to date includes the establishment of Local Care Networks/Primary Care Networks in all five areas across South Yorkshire and Bassetlaw which, when further developed, will work together to develop resilience through sharing workforce, estates, data and IT at network and system level.

7. The primary care work stream priorities are now to:

- Build on the resilience programme which supported struggling practices, ensure all practices are part of a Primary Care Network by July 2019.

- Through Primary Care Networks (also referred to as Local Care Networks, Neighbourhood and Primary Care Homes) expand the workforce through introduction of new roles – for 2019 these include Clinical Pharmacists and Social Prescribing Link Workers.

- Continue to invest in technology and estates and speed up transformation of services - the GP Forward View, the continuation of which is supported through the Long Term Plan and new Framework for GP contract reform “Investment and Evolution” January 2019.

- Further develop digital connection between practices, including access to records and data sharing agreements in place; ability for patients to access on-line booking, repeat prescription requests and access to health record and test results; and implementation of GP WiFi.

8. **Urgent and emergency care (UEC)** — key work to date includes showcasing successful UEC initiatives to partners; improved relationships between senior colleagues across organisations resulting in open discussions about successes and challenges; implementation of (partial to date) a system for tracking where in SYB UEC services are most under-pressure at any one time; working with YAS to explore appropriate out of hospital pathways for patients to avoid unnecessary attendance at A&E; development of an Integrated Urgent Care (IUC) model for SYB used to inform and influence the procurement of a new IUC Service (111 and clinical advice) across Yorkshire and Humber.

9. The UEC workstream priorities are now to:

- IUC 111 and clinical mobilisation

- Develop and co-produce pathways with a focus on increasing the number of patients being seen and treated by ambulance medical professionals and as a result not needing taking to a hospital, and standardising pathways across SYB in respiratory, support to care homes and mental health crisis.

10. **Cancer** - Key work to date includes the Cancer Alliance Board agreeing a mutual accountability model, over 12,000 community champions working to raise awareness about cancer and promoting early detection; testing new ways of working (governance) further and faster as part of the SYB ICS; implementation of new pathways to support management out of hospital and to ensure people are quickly diagnosed (vague symptoms, Faecal Immunochemical Test (FIT)); piloting the delivery of chemotherapy closer to home through the use of advanced nurse roles; investing in new support worker roles in and out of hospital to ensure that people can access the support when and where they need it.

11. The cancer workstream priorities are now to:

- Continue to deliver the National Cancer Taskforce recommendations and respond to the Long term Plan in order to transform the care that the NHS delivers for all those affected by cancer.

- Continue work to support all partners to meet the cancer waiting times standards.

- Undertake targeted interventions to tackle health inequalities.

- Implement a lung health checks pilot.

- Extending holistic needs assessments, personalised care and support planning, and health and well-being support beyond breast, colorectal and prostate cancers.

- Ensure patient experience is included in all the work that we do.

12. **Mental health and learning disabilities** - Key work to date includes securing targeted suicide prevention funding of £555,622, to reduce SYB suicide rate by 10%; securing £881,000 for targeted perinatal mental health funding, to provide a specialist community perinatal mental health service across Doncaster, Rotherham and Sheffield; submission of a bid for funding to provide employment support for individuals with severe mental illness.

13. The mental health and learning disabilities workstream priorities are now to:

- Support the implementation of the suicide prevention plans in each place.

- Continue to support implementation of specialist community perinatal mental health service across Doncaster, Rotherham and Sheffield.

- Continue to work collaboratively on a definition for out of area placements with the ultimate aim of reducing these across SYB.

- Implement enhanced employment support model.

- Developing a pathway for autism and Attention deficit hyperactivity disorder (ADHD).

- Review the crisis mental health pathways

14. **Living well and prevention** – Work is progressing to implement the three agreed prevention priorities for collaborative working across SYB. All of these are priorities within the NHS Long Term Plan.

15. **QUIT programme**
QUIT is a comprehensive secondary care treatment programme, where active smokers will be systematically identified on admission to hospital, provided with nicotine replacement therapy, advised to stop smoking and referred for stop smoking support. The approach recognises that smoking is an addiction; reframing the way we treat smoking to medicalise it rather than

considering it to be a lifestyle choice. It is based on the Ottawa model which is mentioned in the Long Term Plan.

16. The Programme has been designed and endorsed for implementation in hospitals in SY&B. Each Trust has identified an executive sponsor and an implementation lead. Draft implementation plans are in place and preparatory work is being undertaken by the Trusts. Clinical champions are being identified. Trusts are sharing learning and being supported by the ICS through a SYB QUIT Steering Group.**17. Social Prescribing**

17. The SYB Social Prescribing Steering Group has been undertaking engagement work to develop ideas as to how we would like social prescribing to develop in SYB over the next five years.

18. At the end of January NHS England (NHSE) published a national model for social prescribing, linking it to Primary Care Networks. NHSE has set an aspiration of 3 – 5% of the population accessing social prescribing each year, with one link worker per 10,000 population. This is a marked increase in activity compared to our current services.

19. We are now developing proposals as to how the NHSE model could work for us in SYB, keeping hold of our local successes and aspirations, while meeting national specifications.

Improving the management and identification of the clinical risk factors for cardiovascular disease

- An SYB CVD Prevention Task Group has been established.

- An innovation review has been undertaken by the Yorkshire and Humber Academic Network, to identify examples of good practice elsewhere in the country that we may be able to adopt in SYB to help improve the management of high blood pressure, high cholesterol and atrial fibrillation.

- Detailed mapping is being undertaken to determine current activity and which of the identified innovations may add value for SYB.

- We are also currently engaging with the South Yorkshire Directors of Public Health and the Local Authorities' Chief Executives to determine joint priorities for prevention and how these map across to the prevention priorities in the Long Term Plan and new General Practice Contract.

Elective and diagnostics – key work to date includes:

20**. Diagnostics**

- Improvement in waiting times for diagnostic investigations resulting from both recovering and maintain the standard across different test areas. This has included the sharing of capacity across Hospital Trusts.

- As a result of establishing the SYB Radiography Academy, we now have a second cohort of radiographers training to report (this will further ease some of the pressure on this staff group across SYB).

- The development of an Imaging system-wide work plan and draft workforce strategy.

- Completion of a regional review of capacity and demand for Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scanning.

- Significant improvement in system performance on delivery of echocardiographs (a scan used to look at the heart and nearby blood vessels) including the development of a regional online training portal for echocardiographers and a set of standardised referral criteria across the region.

- Commencement of a regional review of capacity and demand for endoscopy services.

- Introduction of a new Faecal Immunochemical Test (FIT) by 1st April 2019. FIT is a more sensitive and specific test than those used currently to detect traces of blood in stool samples. This means that patients can have a simpler diagnostic test in their own home and avoid potentially unnecessary endoscopy.

21. **Elective**

- Clinical agreement of a standardised pathway for hip and knee follow up across the region.
- Implementation of a single Commissioning for Outcomes policy to ensure greater standardisation in the volume of procedures of limited clinical value carried out across the region. This follows statutory guidance to CCGs via the Evidence Based Interventions (EBI) guidance for CCGs (which includes feedback from patient and public involvement).

22. The elective and diagnostics workstream priorities are now to:

- Identify longer term resource for the Imaging programme to enable the sharing of images at volume across the region and implement the recommendations from the 2018 regional review.

- Develop and grow the echocardiography workforce.

- Identify ways in which we can improve hospital outpatient services for people.

- Complete the endoscopy capacity and demand review across the region and implement the recommendations.

- Implement the NHS England Evidence Based Interventions consultation outputs from 1st April 2019.

23. **Children's and maternity** – key work to date includes setting up networks of health professionals from across primary and secondary care organisations (Managed Clinical Networks); securing significant transformation funding to plan the design and delivery of maternity services as set out in the national *Better Births* plan (in Maternity Place Plans); making good progress towards implementation of the Children's Surgery and Anaesthesia's new service specification.

24. The children's and maternity workstream priorities are now to:

- Support the development and delivery of Maternity Place Plans – including development of effective local Maternity Voices Partnerships (MVP) in each of our places. MVPs are a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care.

- Continue to implement the Children's Surgery and Anaesthesia Service Specification

25. **Digital**

- The NHS Long Term Plan highlights the importance of digital technology in enabling joined up and coordinated, more proactive and differentiated. The SYB Digital programme is aligned to this, with its priority areas being focused on digitally empowering people, delivering connectivity across all our site and for all mobile staff, and integrating health and care information systems to share health records and care plans.

- Work on the Yorkshire and Humber Health and Care Record (YHCR) for all citizens is progressing extremely well. Yorkshire and Humber was awarded £7.5M to undertake this work, which will focus on records for Cancer and UEC service users. A Co-Design Authority has been set up to ensure clinicians, social services and service users are informing and approving what the YHCR looks and feels like to use. SYB is also investing £11.25M of NHS England funding over three years to improve patient record systems in hospitals so they can feed into patent records. The 2018/19 funds have been awarded to NHS Trusts.

- A 'Joined-up Yorkshire & Humber' activity found that only 3% of citizen representatives didn't want their health care record to be shared amongst those helping them. SYB Heath and Care Record and Data Sharing Agreements are being developed, all the data and codes used in patent records are being standardised and a data system is being built to store healthcare data securely.

- Across primary care, a HealthCare App is being developed and implemented to help all our citizens access online services, and the implementation of technology to support the management of resources across GP practices is progressing well. A more secure and better performing ICT network (HSCN) and free WiFi for service users is being

implemented. Public WiFi is available in many hospital sites and will be complete across all GP practices by the end of March.

26. Other key activities are:

- Continuing Health Care and Digital Care Home projects
- System-wide Digital Pathology, Histology and Imaging Systems
- Digital Addiction Screening & Referral app to support QUIT
- Digital skills as part of all professional health care degrees
- Apprenticeship programmes to develop digital heath care skills
- Better process for the adoption of new healthcare technology produced in South Yorkshire

27. **Medicines optimisation** - key updates include:

- The establishment of the workstream, with clear membership and remit; and significant over-delivery of savings.

- Recruitment to a regional team of Pharmacists and Pharmacy technicians to support clinical teams working into Care Homes.

- Patient engagement on the use of 'Over the Counter' medicines to understand their views on buying instead of prescribing.

- Reducing medicines waste through awareness raising with patients, reviewing patient prescriptions and working with care homes.

28. The Medicines optimisation workstream priorities are now to:

- Reduce unnecessary NHS spend by using lower cost medicines; reducing the volume of inappropriate medicines prescribed.

- Support the delivery of shared campaigns with partners to standardise prescribing practice.

- Maximise efficiencies between primary and secondary care.

- Engage service users and partners on the redesign of stoma product pathways.

- Work with system partners to design a clinical pathway for the use of Avastin in Ophthalmology Services.

29. **Corporate services** – The corporate services workstream has focused on Trusts taking a collective approach to tackling waste and delivering improvement in efficiency and effectiveness. In 2018/19, Trusts have continued to work together on joint procurement schemes, which are on track to save £1.45m by end March. This means that they can focus resources on improving patient care and services. Trusts have also worked together to tackle temporary staffing, with a collaborative medical bank model initiated in April 2018 that is supporting sharing of medical staff and

reduction of agency spend. A non-medical bank system was also procured from July 2018, which has saved over £400k in administration fees, and delivered over 90,000 additional nursing hours within the same financial envelope.

30. The corporate services workstream priorities are now to:

- Agree procurement work plan for 2019/20.
- Enable developing clinical hosted networks through streamlining of HR processes.
- Respond to variation in corporate services spend identified through the NHS Improvement Model Hospital.

31. **Hospital Services -** The Hospital Services Review (HSR) has been taking forward three workstreams since the last JHOSC. These are:

- Setting up the Hosted Networks. The Hosted Networks are a way to support and strengthen shared working between the acute Trusts in South Yorkshire and Bassetlaw. Each Trust will Host one network (Barnsley will host Urgent and Emergency Care; Doncaster and Bassetlaw will cover gastroenterology; Rotherham will lead on maternity; Sheffield Children's Hospital will cover paediatrics, and Sheffield Teaching Hospitals will be the host for stroke.) In their first year, the Hosted Networks will focus on developing a SYB-wide approach to clinical standards and standardisation of workforce and workforce planning. The Networks will begin to be set up from 1 April 2019.
- Transformation: the Clinical Working Groups have been focused on looking at different ways that SYB could strengthen its workforce, for example by making more use of alternative staff groups.
- Clinical models: the CWGs have been taking forward the work on the clinical models for paediatrics, maternity and gastroenterology that was proposed in the Strategic Outline Case. This has included looking at what a clinical model for a Short Stay Paediatric Assessment Unit (PAU) might look like, and how the system might support the services affected by any change to a PAU. The CCG Governing Bodies confirmed in January that two of the SYB hospital sites will be 'fixed' ie there will be no change to the respective clinical models on these sites:
    - Sheffield Children's Hospital, for paediatrics
    - Sheffield Teaching Hospital, for maternity.

32. Work to develop the potential models is ongoing, with input from public and clinical engagement, and looking at issues such as safety and quality, transport implications, cost, and the estates implications.

33. **Workforce** issues are a key driver for much of the work of the Integrated Care System. A workforce team supports the ICS workstreams, and has already supported the establishment of the workforce hub in the ICS and the successful recruitment of 96 trainee Advanced Practitioners and 160 trainee

Nursing associates to support workforce. The creation of a primary care training hub is having a significant impact on the provision training both to staff who wish to work in primary care and those in post who wish to take on additional skills.

34. The workforce hub now has five part time Place leads in post to improve engagement with partners at a Place level and who can ensure co-ordination between organisation, Place and ICS. The focus for them is exploring the workforce implications for an integrated service at neighbourhood level. The workforce team is also looking to develop a strategy for the whole region in relation to schools engagement and widening participation. Funding from Health Education England (HEE) is also supporting some workforce transformation capacity in the stroke, cancer and mental health workstreams, the latter in partnership with the Academic Health Sciences Network (AHSN). South Yorkshire will also be one of the national pilot sites for developing student placements across the ICS which is critical to our future workforce.

35. The **Communications and Engagement** workstream key updates include:

- The establishment of 'Working For You' - a monthly public bulletin which is distributed to people who have subscribed and voluntary, community and faith sector partners.
- The re-launch of the ICS Bulletin for people involved in the workstreams and partners in the ICS.
- Developing a locally-owned plan for public engagement across South Yorkshire and Bassetlaw Integrated Care System. Feedback from a system benchmarking survey how we are doing against nationally identified areas of what good public engagement looks like and a workshop with partners has led to a draft action plan.
- Developing a system approach to clinical engagement - we are currently assessing the feedback from a system self-assessment of how we are doing against nationally identified areas of good clinical engagement and a workshop with clinical staff . This will lead to an action plan for improving clinical engagement.
- Sourcing and writing up/creating videos of case studies and news stories that describe the work across SYB - from new staff (such as care navigators or physicians associates) to examples of new services that are wrapping around people to improve their health and care.
- Developing a SYB engagement calendar to ensure conversations with the public are joined up.
- Developing the Citizens' Panel - the panel ensures its work and the issues reflected by citizen engagement are given equal importance to the work of the professional health and care partners. The panel has been involved in assuring ICS engagement approaches to the Hospital Services Review, 111 procurement, and medicines optimisation campaigns.
- Setting up and developing the Travel and Transport Group, a patient and service user focused group that is feeding into the Hospital Services Review work.
- Gathering feedback from ophthalmology service users in Rotherham and Barnsley following a change to the out of hours emergency

service when a specialist eye doctor is needed (between 9pm to 8.30am) at both hospitals. The change, which affects very low numbers of patients, was agreed in 2015 and raised with individual OSCs (this was before the JHOSC) at the time.

36. The ICS communications and involvement team continues to support the Hospital Services Review (HSR) and ensures there are opportunities throughout for the views of the public to influence emerging thinking. In recent months this has included gathering equalities data from people using hospital services included in the review. The Consultation Institute continues to support and assure the HSR involvement activity.

37. The Communications and Engagement priorities are:

- Co-ordinating the ICS partnership approach to engaging health and care staff, patients, the public and other stakeholders to inform the South Yorkshire and Bassetlaw response to the NHS Long Term Plan.
- Implementing the locally-owned communications and engagement plan (once agreed) and clinical engagement plan.
- Developing an annual review of the work of the ICS over 2018/19.

38. Since South Yorkshire and Bassetlaw ICS came together as a Sustainability and Transformation Partnership (formerly) the evolution of the financial arrangements has mirrored the evolution of the partnership. The financial team has been working hard to ensure taking a system position is to the benefit of all partners (and therefore their patients).

39. At the start of 2018/19, the ICS was able to secure an arrangement with its providers to place a proportion of each organisation's Provider Sustainability Fund resources in a central fund where success would be linked to achievement of the ICS control total. The ICS has been monitoring progress throughout the year and identified some key risks at the start of the year as well as monitoring organisational risk.

40. During the year, some organisations have been able to over-deliver against original estimates and have adjusted their plans accordingly. Other organisations have seen risk emerging which will affect year-end delivery of their plans. Overall these are expected to even-out.

41. Finance has also been supporting the national team to develop an ICS-standard financial planning model and will be looking to update its long term financial plan during the summer in line with the recently issued allocations, tariffs and control totals; and updated plans from commissioners and providers.

42. Despite submitting some high-quality business cases for STP-capital, SYB was not awarded any national capital due to the overall value of the fund at a national level being smaller than anticipated due to the well-documented collapse of Carillion. This has meant that the priority business cases will not be able to be progressed as envisaged. In its place, SYB are currently

reviewing its capital strategy. However, the capital funding previously secured remains extant i.e. to develop CT (computerised tomography) scan capacity at Doncaster and Bassetlaw Teaching Hospitals Trust (£4.9m), support the Yorkshire Ambulance Trust to develop an urgent and emergency care hub in Doncaster (£7.1m), support the co-location of the children's emergency department and assessment unit at Barnsley hospital (£2.5m) and support the reconfiguration of the hyper acute stroke unit at Sheffield Teaching Hospitals.

43. The key priority for the finance team, alongside continuing to manage the system financial progress is to work with the NHS England and NHS Improvement teams to help shape the development and then agree the new ICS financial framework.

44. During the year, we have introduced an SYB System Efficiency Board (SEB) to identify schemes which can best be delivered at scale either through delivering better value or making faster progress. The SEB has undertaken a range of NHS-workshops to begin to shape the system-level efficiency agenda, and is working through a system diagnostic to undertake a full review of potential range of opportunities. This work is ongoing and will lead to the shortlisting of potential projects for consideration by the ICS through formal governance in due course.

OPTIONS CONSIDERED

45.. There are no alternative options within this report, as the intention is to provide the Committee an opportunity to consider the information presented, as detailed above.

REASONS FOR RECOMMENDED OPTION

46. There are no alternative options within this report.

RISKS AND ASSUMPTIONS

47. There are no specific risks associated with the recommendation in this report.

CONSULTATION

There are implications within some of the workstreams for public and patient involvement. Where these will have an impact on changes to current services, the JHOSC will be invited to scrutinise the approaches.

BACKGROUND PAPERS

N/A

REPORT AUTHOR & CONTRIBUTORS

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