

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 patient 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 Health and Care Record and Data Sharing Agreements are being developed, all the data and codes used in patient 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 health 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

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Helen Stevens, Associate Director Communications and Engagement, South Yorkshire and Bassetlaw Integrated Care System, with information sourced from the Workstream Leads.

