1. **Substantive Chief Executive**

I am delighted to present this month’s Board report as the substantive Chief Executive of Sheffield Teaching Hospitals. I am hugely humbled and privileged to take on this role and look forward to working with our staff and partners to ensure the continued success of the Trust.

2. **Integrated Performance Report**

The Integrated Performance Report is attached at Appendix 1. Each Director will highlight the key issues for the Board of Directors to note/consider.

3. **Hadfield Wing Update**

The operational consequences of the Hadfield ward closures continue to be managed very well across the Trust. Plans have been developed for bed configuration in the post-winter period of April to September 2019. Two modular wards have been ordered to provide additional dedicated capacity at the Northern General Hospital.

4. **South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS)**

A report from the Chief Executive of SY&B ICS can be found at Appendix 2. This includes the national performance dashboard which compares SY&B ICS position with other areas in the North of England and with the other nine advanced ICSs in the country.

5. **Sheffield Accountable Care Partnership**

An overview of the programme activities for the Sheffield Accountable Care Partnership has been provided by the Programme Director and is included at Appendix 3.

Following the ‘Shaping Sheffield: The Plan’ workshops were held in January / February 2019, a number of key themes were identified including:

- Workforce
- Funding
- Person-centred approaches
- Integrated working

The ACP team are working with colleagues to draft the ‘Shaping Sheffield: The Plan’ for the end of April 2019, supported by refreshed delivery plans. A system dashboard has been agreed to measure and track progress.

6. **Hospital Services Review**

The Hospital Services Review confirmed that a number of clinical services provided across South Yorkshire and Bassetlaw would need to be delivered differently in the medium to long term due to increases in demand, changing care pathways and the availability of some types of healthcare professionals nationally and locally.

Over the past 10 months a number of clinicians from across all NHS Trusts providing hospital services in the South Yorkshire and Bassetlaw Integrated Care System, including
STH, have been looking at how we need to address these challenges and also make the most of new opportunities to ensure we continue to provide high quality, safe care for our patients and a positive work experience for our staff.

Some excellent early work has been completed but it is clear that to move to the next stage, a more formalised structure needs to be put in place to support our on-going plans. As a result it has been agreed that there will be ‘Hosted Networks’ established for the following five services. We have agreed that each of the NHS hospital Trusts will be a host of one of the networks:

- **Gastroenterology** – Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- **Maternity** – The Rotherham NHS Foundation Trust
- **Paediatrics** – Sheffield Children's Hospital NHS Foundation Trust
- **Stroke** – Sheffield Teaching Hospitals NHS Foundation Trust
- **Urgent and Emergency Care** – Barnsley Hospital NHS Foundation Trust

The role of the host is to co-ordinate the running of the Network and is a supportive role. The host will not be involved in providing services at other Trusts, nor will it take on any clinical or financial accountability for other Trusts’ services. The host will provide leadership through convening and facilitating shared working between the Trusts.

The focus of each network will be on how Trusts can work together to:

- Standardise the approaches that we take to patient care and pathways where appropriate:
- Ensure our workforce in the short, medium and longer term meets the needs of patients and care delivery:
- Look at how we can reduce or remove the barriers that prevent us from working together more easily as organisations.

In cancer care for example a lot of this early work is already established and we have seen real patient benefits and fantastic collaborations between staff across the partner Trusts over the years. We want to try and replicate this in the other service areas with similar challenges.

Being the host for a service will not provide our Trust with an advantage or disadvantage when it comes to investment or resource allocation, beyond support for running the network itself. The emphasis is on ensuring that all organisations are offering high quality care, and that staff have access to career development opportunities.

7. **Hyper Acute Stroke Model**

It was formally agreed at the February meeting of the South Yorkshire and Bassetlaw Regional Stroke Service Implementation Group that the new regional model for Hyper Acute Stroke Units would be implemented in two stages:

- **On 1 July 2019** the Rotherham NHS Foundation Trust hyper acute stroke unit (HASU) will close. At this point the majority of Rotherham’s hyper acute stroke patients will be taken by ambulance to our HASU at the Royal Hallamshire Hospital. The remaining patients will be taken to the Doncaster Royal Infirmary (DRI) HASU.
On 1 October 2019 the Barnsley Hospitals NHS Foundation Trust HASU will close. At this point the majority of Barnsley’s hyper acute stroke patients will be taken by ambulance to the HASUs at DRI or Pinderfields Hospital, Wakefield. A smaller proportion will be taken to STH HASU.

Assurances have been given by respective organisations to the SY&B Stroke Services Implementation Group that this timescale is feasible.

The Trust will be working with all partners to support the transition process. This includes supporting staff briefings and developing smooth patient pathways between the HASUs and the patients' local acute stroke and rehabilitation services.

Estates work is planned at RHH to reconfigure L floor to accommodate the additional HASU patients and improve patient flow as they arrive in the Unit. The work will be completed on the new HASU in 2020. There will be an interim extended HASU facility provided on ward H2 to allow time for the L floor work to be completed. Estates work on ward H2, to provide an interim HASU facility, will commence in April 2019 when it closes as a winter ward. This work will be completed mid-June 2019 in time for the Rotherham HASU closure on 1 July 2019.

Workforce plans for the expanded Unit are progressing. Recruitment of nursing, therapy and pharmacy staff commenced at the end of February. Medical rotas are being revised to accommodate the 1 July 2019 implementation date.

Good progress is being made to ensure we are ready for the reconfiguration to take place as planned. Regional oversight is provided through the SY&B Regional Stroke Service Implementation Group. STH oversight is provided through a sub-group of the Trust’s Business Planning Team with detailed operational co-ordination through the HASU Implementation Group which reports to the Stroke Executive Group.

8. Brexit Update

The Trust continues to plan for all scenarios of a UK exit from the EU through the Brexit Task and Finish Group, and has followed operational guidance provided by DHSC for these preparations.

The Chief Operating Officer is the Trust's Senior Responsible Officer for Brexit and continues to brief the Trust Executive Group on the risks and preparations on a regular basis.

Since the last Board meeting, the Trust has met with partners in the region of Sheffield, and the Yorkshire and Humber region, to discuss preparations and identify regional risks to mitigate as a collective.

9. 5th Annual Cancer Meeting

The fifth Annual Cancer meeting took place on Friday 15 March 2019 and was hosted at the Royal Hallamshire Hospital.

The event was a great success with representation from across the NHS and other stakeholder partner organisations. As well as internal presentations from various cancer teams, there were external presentations from the Cancer Alliance, CCG and the former National Clinical Director for Cancer. In addition many teams showcased highlights of their work and research over the past year.
10. Neuromuscular Services

I am delighted to say that the Trust has been awarded recognition as a National Centre of Excellence for the treatment of neuromuscular disorders (NMD), a range of potentially devastating conditions that impair the vital function of muscles and nerves.

The national recognition was awarded by Muscular Dystrophy UK (MDUK) and is only given to centres capable of demonstrating excellent standards and a commitment to driving up standards for all patients living with neuromuscular disorders. This is the first time the Trust has been recognised as such and acknowledges the outstanding levels of care provided at the Royal Hallamshire Hospital to patients with muscle-wasting and nerve diseases such as muscular dystrophy, spinal atrophy, neuropathies, and neuromuscular junction disorders. This means that the Trust will be able to deliver treatments and receive appropriate funding without patients having to travel to other centres.

11. NHS National Medical Examiner

NHS Improvement has recently announced the appointment of Dr Alan Fletcher, Consultant in Emergency Medicine at Sheffield Teaching Hospitals, as the National Medical Examiner for the NHS who will oversee the introduction of the medical examiner system in England and Wales. The new national system will ensure that every death in an acute hospital is scrutinised by either a medical examiner or a coroner so that issues with patient care can be identified quickly to improve services for others. As a pilot organisation this system is already in place for the Trust.

Medical examiners will also contact families shortly after they have been bereaved to ensure that any concerns they have about their loved one’s care are listened to and considered at the earliest opportunity.

From April 2019, all hospitals in England and Wales will be asked to set up a medical examiner office to provide independent scrutiny for the deaths of their patients. The service will later be rolled out to cover all deaths, including those in the community.

Dr Fletcher will serve in the role on a part-time basis alongside his roles as a Consultant and Medical Examiner for Sheffield.


Dido Harding, Chair of NHS Improvement (NHSI) and David Prior, Chair of NHS England (NHSE) have recently written to explain proposed changes to the structures of NHSE and NHSI.

As work has been developing on the implementation approach for the NHS Long Term Plan and NHSI/NHSE joint working arrangements, colleagues on both Boards felt that an organisational structure with two CEOs was not the best way to provide effective leadership and support to the NHS. As a consequence, Ian Dalton, Chief Executive of NHSI, will step down and the two Boards will move to a single CEO and single Chief Operating Officer model covering both organisations. The Chief Operating Officer will report directly to Simon Stevens, Chief Executive of NHSE who will lead both organisations. The Chief Operating Officer will, for regulatory purposes, also be the identified Chief Executive of NHSI and, in that capacity, will report to the Chair of NHSI.

The seven Regional Directors, the National Director of Emergency and Elective Care and the National Director for Improvement will report directly to the new Chief Operating Officer.
Further changes include the move to a single Strategy Director, a single Communications Director and removal of the Chief Provider Strategy Officer role. The Deputy Chief Executive Officer of NHSE and that of the proposed Chief Provider Strategy Officer will no longer exist as distinct entities.

The two organisations will also be streamlining the non-executive board governance. Dido Harding will Chair the Joint Delivery, Quality and Performance Committee and David Prior will chair the Joint Strategy Committee.

13. **NHS England: Implementing the NHS Long Term Plan – Proposals for Possible Changes to Legislation**

NHS England (NHSE) has invited stakeholders to give their views on potential proposals for changing current primary legislation relating to the NHS. NHSE note that whilst it is possible to implement the NHS Long Term Plan without primary legislation, it could make implementation easier and faster.

It is anticipated that NHSE will share feedback with other NHS bodies, the Parliamentary Health and Social Care Select Committee and the Department of Health and Social Care to further develop ideas.

A copy of the survey can be found [here](#) and will close on 25 April 2019.

14. **Communications Update**

Professor Simon Heller, Research and Development Director and Honorary Consultant Physician at Sheffield Teaching Hospitals, was chosen to deliver the prestigious 2019 Banting Memorial Lecture, the highest honour bestowed by Diabetes UK. The Banting Memorial Lecture Award is only awarded to a person internationally recognised for their eminence in the field of diabetes.

The Trust has raised awareness of International Women’s Day, World Kidney Day, World TB day and No Smoking Day with a number of events and campaigns taking place across the Trust and in the community. A number of staff have also been showcased as part of Healthcare Science week.

Mr Jaydip Ray, ENT Consultant, has been appointed as one of the new Deputy Lieutenants of The County of South Yorkshire. Deputy Lieutenants support and deputise for Her Majesty’s Lord-Lieutenant of South Yorkshire, Andrew Coombe, the Queen’s representative in the county.

15. **NHS Providers Briefing**

Attached at Appendix 4 is a summary of the most recent Board meetings of Health Education England, the Care Quality Commission and the NHS England and NHS Improvement Joint Board.

Kirsten Major
Chief Executive
19 March 2019
1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System over the last month. The SYB ICS Collaborative Partnership Board will meet again on 8 March 2019 so given the timing this paper also gives an update on activities from December 2018 to February 2019.

2. Report – March 2019

2.1 Performance Scorecard

The attached scorecards show our collective position at February 2019 (using December 2018 data) as compared with other areas in the North of England and also with the other nine advanced ICSs in the country.

While our position on A&E performance continues to be one of the best in the North, it is still not on target and has dropped since last month (from 89.5% to 87.4%). We are performing well on diagnostics (2 weeks), 2 week waits and the three improving access to mental health standards but red for 32 day and 62 day cancer standards, referral to treatment (RTT) and two week breast waits. While disappointing, the data being reported (December 2018) does not reflect the commitments made in January by partner Chief Executives to deliver an improved position by the end of March 2019.

The ICS financial position is reporting a year to date favourable variance against plan of £10.1 million excluding Provider Sustainability Funding (PSF); but is forecasting a £2.3 million adverse variance against outturn.

2.2 Governance Approach

South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) 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. In September 2018 our Partnership supported a review of governance and ways of working.

Following the review and comments on draft proposals, it has been agreed that interim governance will start from April 1, 2019 for a twelve month period covering the 2019/2020 financial year. Whilst some final details are still being resolved, this includes:

- Establishing interim governance arrangements for NHS collaboration which will work alongside much of our existing system collaborative forums. It includes:
  - System Health Oversight Board (HOB) - a quarterly joint forum between health providers, health commissioners, NHS England, NHS Improvement and other national arms' length bodies (ALBs), to respond to the national policy direction for health and implementation of the NHS Long Term Plan. It builds on the SYB ICS Partnership working on strategic health priorities requiring closer working across systems. It facilitates a maturing of relationships and system
working, building on collaborative working locally in Places and across SYB collaborative health groups of Joint Committee of CCGs (JCCCG), Committees in Common (CsiC), Mental Health Alliance (MHA) and Primary Care Federations.
  - **System Health Executive Group** (HEG) - a monthly meeting of Chief Executives, Accountable Officers and other health partners, building on the work locally in each Place and collaborative health groups across the system, including JCCCG, CsiC, MHA and Primary Care Federations.

- Continuing to work with our Local Authority partners to inform and shape how our system health and care partnership arrangements might be organised including a revised Collaborative Partnership Board as set out 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 current Collaborative Partnership Board meeting on a bi monthly basis which will be reviewed in due course in the light of the work above.

### 2.3 Hospital Services Update

The Hospital Services Review Programme has focused on two main areas. These are Hosted Networks and the development of clinical models on maternity, paediatrics and gastroenterology.

NHS Trusts have agreed to work together through a number of Hosted Networks, which will be the vehicle for collaboration around workforce, clinical standardization and reconfiguration. Each NHS Trust will host one of the Networks. Barnsley Hospital NHS Foundation Trust will be the host for urgent and emergency care, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust will be the host for gastroenterology, The Rotherham NHS Foundation Trust for maternity, Sheffield Children’s NHS Foundation Trust for paediatrics and Sheffield Teaching Hospitals NHS Foundation Trust for stroke. Each Host will bring together clinicians and workforce leads from all the NHS Trusts to support more consistent care for patients across South Yorkshire and Bassetlaw.

The Clinical Working Groups for maternity, paediatrics and gastroenterology have met monthly to develop clinical models to support greater sustainability of services in South Yorkshire and Bassetlaw. In particular, they have looked at ways to address interdependencies between maternity and paediatrics.

### 2.4 Hyper Acute Stroke Unit (HASU) Update

Work is progressing to enable the new model of hyper acute stroke care (HASU) in South Yorkshire and Bassetlaw, with 24 hours hubs in Doncaster, Sheffield and Wakefield. A phased approach to the implementation has been previously agreed by both NHS commissioners and NHS providers, with the proposal that Rotherham ceases to be a HASU first (from 1 July 2019), followed by Barnsley shortly thereafter (1 October 2019).

A HASU Implementation Group is coordinating all the necessary aspects, including communication and engagement, planned changes to estates, workforce planning and recruitment. Workforce planning is now a key area of focus and it is anticipated that SYB HASUs will soon be in a position to recruit additional nursing and therapy staff. Briefings with existing staff are taking place and there is a commitment to supporting existing staff and maintaining expertise in SYB. Collaborative planning has also been initiated for joint medic posts.
2.5 Legislation proposals and engagement from NHS Improvement and NHS England

NHS Improvement and NHS England have asked for views on how targeted amendments to the law could help local and national health organisations work together more effectively to improve services for patients.

At their joint board meeting, they approved a series of proposals for legal changes which they believe would help local health leaders deliver on the improvements for patients set out in the NHS Long Term Plan.

The suggestions include changing the law to:

- Encourage local health organisations to work more closely together, towards a shared goal of improving the health of the communities they serve, the quality of services, and the sustainability of the NHS.
- Reduce delays and costs associated with current procurement processes, while maintaining patient choice and introducing a new ‘best value’ test to ensure value for money for taxpayers.
- Allow different health organisations, such as hospitals, groups of GPs and voluntary groups and social enterprises, to come together to provide joined-up services which better meet the needs of local people in partnership with local government.
- Remove the barriers to greater coordination between the national NHS organisations, creating a single national voice for the NHS and making it easier to work together on the most important issues facing the health service, such as prevention, the workforce, and harnessing the opportunities presented by digital technology.

The engagement period will run until 25 April 2019 and the responses will help to develop a set of final recommendations to Ministers and Parliament later in the year.

2.6 ICS update - December 2018 to February 2019

2.7 ICS Place Conversations

The first place-based conversation to understand the good practice happening in Place and explore issues or areas where additional support would be helpful took place in Doncaster in the last quarter. The conversation, which was focused on understanding the key issues and aspirations at a local level, was positive and has helped to inform the process for future discussions with the other local areas in South Yorkshire and Bassetlaw.

All the Place conversations will focus on building on what is working well and bringing about improvements through local support and mutual accountability. Arrangements for future conversations across SYB are underway for 2019/20.

2.8 Capital Bids

The Department of Health and Social Care announced the expected £1 billion funding for capital projects.

Unfortunately, none of our bids received funding and SYB ICS will therefore not be receiving any additional national monies in this round. This was disappointing news as we had some excellent bids that connected care and services across our partnership and the opportunity to bring further benefits for our patients and population has been missed. Nonetheless, it is also a good time to remember that our populations are already starting to benefit from our collective bidding success.
last year when we were awarded almost £20 million for projects across the region. As a reminder, our successful bids were:

- The additional CT scanner at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (£4.8m)
- The new hub for Yorkshire Ambulance Services NHS Trust in Doncaster (£7m)
- The co-location of the children’s emergency department and assessment unit at Barnsley Hospital NHS Foundation Trust (£2.5m)
- Improvements to the configuration of hyper acute stroke unit at Sheffield Teaching Hospitals NHS Foundation Trust (£4.6m)

In this context, it is perhaps not a surprise that we have not benefited from more funding from this recent bidding. As we are not expecting any further rounds of allocations now until 2020/21, partners are discussing the next steps on our ambitions that were connected to the bids.

2.9 ICS Focus Meeting with NHS England and NHS Improvement

The quarterly South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) Focus meeting with NHS England and NHS Improvement took place in November 2018 and covered areas such as leadership and governance, working with the new regions and meeting the strategic challenges.

Discussions also centred around how the ICS is approaching the challenges and opportunities within care, health and wellbeing, the workforce and finance. We highlighted our work on population health management and the service improvement and efficiency workstreams as ways in which we are collectively tackling some of the issues.

Performance and operational management were also covered, recognising the importance of ensuring all constitutional standards are delivered in order to free up time to concentrate on our transformation priorities.

In summary, the SYB ICS was acknowledged as one of the most advanced systems nationally and with a strong focus on delivery. Whilst there are risks and challenges still to address – for example in improving A&E performance, reducing activity and extended length of stay, and delivering cancer Transforming Care and financial targets - we continue to have a sound approach to improvement.

2.10 Commissioning Review

Following a review of the commissioning opportunities in SYB, a set of priority areas have been identified for collaborative commissioning where there is an opportunity for standardisation, financial efficiency and improved population outcomes.

The SYB Clinical Commissioning Group (CCG) Governing Bodies are currently agreeing the priorities and will shortly be approving a work plan.

The 2019/20 strategic commissioning priorities include services and contracting for 999/111, tariff and payment reform, the QUIT in hospital scheme, developing quality outcomes incentives based contracting, perinatal mental health, among others, They also include medicines optimisation in some primary care standard policies, commissioning policies and commonality of quality standards and outcomes and some service transformation.

A Collaborative Commissioning Agreement (CCA) is also being developed to ensure clear and robust arrangements are in place for strategic commissioning which will set out how the 5 CCGs will work together to commission once with clarity on roles, responsibilities, expectations and communication and engagement processes between CCGs, Governing Bodies, CCG memberships and the ICS and wider partners across the system.
2.11 The NHS Long Term Plan

The NHS Long Term Plan was published on 7 January 2019.

The Plan is clear that ICSs will play a central role in the delivery of the commitments while 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.

The NHS Long Term Plan also describes the actions that will need to be taken at local, regional and national level to make this ambitious vision a reality.

1. **Joining up the NHS so patients don’t fall through the cracks**, such as by breaking down the barriers between GP services and those in the community.

2. **Helping individuals and families to help themselves**, by taking a more active role in preventing ill-health, such as offering dedicated support to people to stop smoking, lose weight and cut down on alcohol.

3. **Tackling health inequalities** by working with specific groups who are vulnerable to poor health, with targeted support to help homeless people, black and minority ethnic (BAME) groups, and those with mental illnesses or learning disabilities.

4. **Backing our workforce by increasing the number of people working in the NHS**, particularly in mental health, primary care and community services. We will also create a better working environment by offering better training, support and career progression and we’ll crack down on bullying and violence at all levels.

5. **Bringing the NHS into the digital age**, rolling out technology such as new digital GP services that will improve access and help patients make appointments, manage prescriptions and view health records on-line.

6. **Spending this extra investment wisely, making sure money goes where it matters most.** The NHS will continue to reduce waste, tackle variations and improve the effectiveness of treatments.

It sets out how every ICS will have:

- A partnership board, drawn from and representing commissioners, trusts, primary care networks, and local authorities, the voluntary and community sector and other partners

- Sufficient clinical and management capacity drawn from across constituent organisations to enable the implementation of agreed system-wide changes

- Full engagement with primary care, including through a named accountable Clinical Director of each primary care network

- A greater emphasis by the Care Quality Commission (CQC) on partnership working and system-wide quality in its regulatory activity, so that providers are held to account for what they are doing to improve quality across their local area

- All providers within an ICS contributing to ICS goals and performance, backed up by a) potential new licence conditions (subject to consultation) supporting NHS providers to take responsibility, with system partners, for wider objectives in relation to use of NHS resources and population health; and b) longer-term NHS contracts with all providers, that include clear requirements to collaborate in support of system objectives
- Clinical leadership aligned around ICSs to create clear accountability to the ICS. Cancer Alliances will be made coterminous with one or more ICS, as will Clinical Senates and other clinical advisory bodies. ICSs and Health and Wellbeing Boards will also work closely together.

Now the Plan has been published, we need to decide how best to take the ambitions it contains and turn them into real improvements in services over the next few years, building on the progress we have already made in recent years by working more closely together. We will be producing our South Yorkshire and Bassetlaw five year plan in response by Autumn 2019.

And just as the national plan was developed in partnership with patients, staff, local councils and others, so will our own local plan.

More details about opportunities to help shape those plans will be shared shortly. In the meantime, to read a copy of the national plan and find out more, visit www.longtermplan.nhs.uk

2.12 Clinical Engagement Event

In conjunction with NHS England, we ran a clinical engagement event on January 15th, to build on the leadership development and engagement needs of our clinical colleagues. Themes from the pre-event survey and day highlighted the good work that’s already been taking place and a strong appetite for more and better involvement at a system and emerging partnership level.

Led by our Medical Director, Professor Des Breen, the event heard from Dr Claire Fuller from Surrey Heartlands Health and Care Partnership, highlighted the emerging themes and gathered feedback from facilitated discussion which will inform an action plan for the coming year.

2.13 Administration costs

Following the commitment from NHS England and NHS Improvement of a further targeted reduction of administration costs limit of 20% by 2020/21, Clinical Commissioning Groups have been asked to deliver the same. Nationally this is expected to free up a total of more than £320 million a year, compared to 2017/18, and which will be reinvested in improving patient care and supporting transformation of services as part of the long term plan.

2.14 Visit from NHS England Chair, Lord David Prior

In January, we hosted a visit from Lord David Prior, Chair of NHS England. The visit showcased examples of working together to wrap support, care and services around people as individuals and brought ‘integrated care’ to life. The overriding theme from all the visits was that getting rid of organisational barriers and putting the needs of people first changes lives.

The visit highlighted the integrated work taking place in neighbourhoods, at Place and across the system. GP Partner, Dr Steve Kell, from Larwood Health Partnership, talked through their Primary Care Home, services “under one roof” and how working together differently at a local community level had made a positive difference to patient care.

The Doncaster Complex Lives Alliance, made up of local public sector and voluntary sector partners, works together to help some of the most disadvantaged people living in the town who are often dealing with a combination of multiple issues including homelessness, drug and alcohol addiction, offending behaviour, mental ill-health and poor physical health. The team explained that by working across traditional organisational boundaries they were able to make a difference to the lives of those who may not know how to, or for many reasons don’t usually, access health and care support.

The final part of the visit was at specialist cancer hospital, Weston Park, as part of Sheffield Teaching Hospitals NHS Foundation Trust. Here Lord Prior heard about how specialist services
work at a system-level, providing a service not only to Sheffield residents but to those from across the region requiring specialist treatment and care.

Lord Prior was very positive about the initiatives and it was another opportunity for us to highlight ourselves on a national level, showing how we are developing as a first wave integrated care system.

2.15 ICS Integrated Primary Care event

Colleagues from Clinical Commissioning Groups, GP Federations, GP Practices, Community Pharmacy, Voluntary Sector, Local Authorities and NHS England came together at an event on January 16th 2019 to discuss Integrated Primary Care.

Each of the five South Yorkshire and Bassetlaw Places showcased their developing primary care systems and their plans for the coming year, including ways to tackle workforce challenges which most provider organisations are currently facing.

The event helped to develop delegates' understanding of the way in which primary care infrastructure, workforce and service delivery is evolving and raised awareness of the potential opportunities by sharing best practice.

2.16 New GP Contract and Primary Care Network Contract

The NHS Long Term Plan committed £4.5 billion more for primary medical and community health services by 2023/24 to support better care for patients outside hospital in their local communities.

Last month, NHS England and the British Medical Association’s General Practitioners Committee agreed a five-year GP (General Medical Services) contract framework from 2019/20. The new contract framework marks some of the biggest general practice contract changes in over a decade and will be essential to deliver the ambitions set out in the NHS Long Term Plan through strong general practice services.

The contract increases investment and more certainty around funding and looks to reduce pressure and stabilise general practice. It will ensure general practice plays a leading role in every Primary Care Network (PCN) which will include bigger teams of health professionals working together in local communities. It will mean much closer working between Networks and the Integrated Care System.

In summary:

- Core General Practice funding will increase by £978 million per year by 2023/24.
- A PCN contract will be introduced from 1 July 2019 as a Directed Enhanced Service (DES). It will ensure General Practice plays a leading role in every PCN and mean much closer working between Networks and their Integrated Care System. This will be supported by a PCN Development Programme which will be centrally funded and locally delivered.
- By 2023/24, the PCN contract is expected to invest £1.799 billion, or £1.47 million per typical Network covering 50,000 people. This will include funding for around 20,000 more health professionals including additional clinical pharmacists, physician associates, first contact physiotherapists, community paramedics and social prescribing link workers. Bigger teams of health professionals will work across PCNs, as part of community teams, providing tailored care for patients and will allow GPs to focus more on patients with complex needs.
- A new shared savings scheme for PCNs so that GPs benefit from their work to reduce avoidable A&E attendances, admissions and delayed discharge, and from reducing avoidable outpatient visits and over-medication through a pharmacy review.
- A new state backed indemnity scheme will start from April 2019 for all General Practice staff including out-of-hours.
• Additional funding of IT which will allow both people and practices to benefit from the latest digital technologies. All patients will have the right to digital-first primary care, including web and video consultations by 2021. All practices will be offering repeat prescriptions electronically from April 2019 and patients will have digital access to their full records from 2020.

• A new primary care Fellowship Scheme will be introduced for newly qualifying nurses and GPs, as well as Training Hubs.

• Improvements to the Quality and Outcomes Framework (QOF) to bring in more clinically appropriate indicators such as diabetes, blood pressure control and cervical screening. There will also be reviews of heart failure, asthma and mental health. In addition there will be the introduction of quality improvement modules for prescribing safety and end of life care.

• Extra access funding of £30 million a year will expand extended hours provision across PCNs and from 2019 see GP practices taking same-day bookings direct from NHS 111 when clinically appropriate.

Andrew Cash
Chief Executive, South Yorkshire and Bassetlaw Integrated Care System

Date 6 March 2019
## How are we doing? An overview

**Key performance report: February 2019 (December data)**

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The ICS financial position is reporting a year to date favourable variance against plan of £10.1m excluding PSF; but is forecasting a £2.3m adverse variance against outturn.
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<th>Region</th>
<th>A&amp;E (95%)</th>
<th>RTT (92%)</th>
<th>Diagnostics 6 weeks</th>
<th>2ww (93%)</th>
<th>2ww breast (93%)</th>
<th>3 day (96%)</th>
<th>62 day (85%)</th>
<th>EP (50%)</th>
<th>IAPT Access 4.75% Q4</th>
<th>IAPT Recovery (50%)</th>
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The ICS financial position is reporting a year to date favourable variance against plan of £10.1m excluding PSF; but is forecasting a £2.3m adverse variance against outturn.
How are we doing? An overview
Key performance report: February 2019 (December data)

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*Data based on CCG and Acute Trust performance
1. Strategic Update

a) The 'Shaping Sheffield: The Plan' workshops took place late January / early February as part of the staff and public consultation to feed into an action plan, which will outline the work of the Sheffield Accountable Care Partnership for the next 5 years. This action plan will provide tangible outcomes to focus on our agreed aims and priorities.

Over 300 staff and members of the public attended across the ACP partner organisations. The events focused on the 5 priorities for 2019/20. Key themes from these workshops included:

- **Workforce:** staff capability to work differently and the capacity to implement new ways of working, morale and culture, leadership and management capabilities, empowering and listening to staff were all raised multiple times across the 5 workshops. A strong message from the smoking, obesity and physical activity groups in particular, was around maximising the opportunity to focus on supporting staff across the system in stopping smoking and becoming more physically active.

- **Funding:** there was a strong call for integrated commissioning and an investment in prevention activities, including support for the voluntary sector. The issue of short term funding and concerns around the short-term thinking this promotes was raised multiple times.

- **Person-centred approaches:** incorporating flexibility to tailor approaches and support as appropriate at the individual and community levels, addressing issues around access and lack of awareness and using co-production techniques to ensure that care models and future plans have the public at their centre.

- **Integrated working:** many references to silo working and ‘inward looking’ practices, with a call for more holistic, better-coordinated services. Co-location was cited numerous times, along with the need for digital interoperability and the development of trust between organisations.

Full feedback will be shared with delegates and other stakeholders.

b) The ACP team are working with colleagues on the draft ‘Shaping Sheffield: The Plan’ for the end of April 2019. This will bring the work together into a more coherent whole,
acknowledging that the overall fit is not yet transparent. This will be supported by refreshed delivery plans. Each partner executive team will meet with the ACP team through April to feedback on the draft plan and ensure a set of shared goals. A system dashboard to measure progress has been agreed and will track progress.

2. **Delivery**

   a) Following the joint programme workshop held by the MH & LD and Children’s and Maternity workstreams in December 2018, joint governance arrangements across the programmes are now being discussed.

   b) At the EDG and ACP Board meetings in February 2019, members considered a summary of proposals to establish a Joint Commissioning Committee between Sheffield City Council (SCC) and the Clinical Commissioning Group (CCG). The paper summarised proposals for a joint commissioning plan, and identified the priority areas for commissioning new preventative services that will seek to reduce inequalities, increase the capacity of community based services and reduce demand on acute services. ACP partners were fully supportive of the plan.

   c) The **new models of care for multi-morbidity / admission prevention** was supported in principle by all ACP partners and work will now commence on mobilising this. This will underpin the joint commissioning priority of “frailty”.

   d) The **Quarterly CQC Local System Review** update was considered by ACP Board, with good progress noted. All partners should be considering this report within their agreed internal governance routes.

   e) At EDG in November 2018, following the CCG consultation between September 2017 and January 2018, members supported greater ownership from the ACP on next steps relating to urgent primary care. There is a question as to whether this is CCG led or ACP owned. Current workshops are taking place across the system to understand the problem and consider the next steps in light of this. This will return to EDG in April 2019.

   f) Organisational Development - the Leading Sheffield Cohort 2 (formerly known as Liminal Leadership) commences in March 2019 and NHS Leadership Academy funds have been secured for a Shadow Board.

   g) Integrated Care Record and Digital Agenda: The Integrated Care Record project remains at amber / red status. Whilst it is acknowledged that there are busy operational organisational digital agendas, Sheffield is losing pace on the system-wide agenda compared to a number of other care economies. Kevin Connelly, CIO at SCH, has offered to prepare a proposal outlining what a digital workstream could look like on behalf of the CIOs.

**Cross-Cutting Risks**

A set of high level programme risks are taken from the highlight reports:

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation</th>
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<tr>
<td>UEC have raised the risk of operational pressures impeding transformation work.</td>
<td>Review of links between transformation and performance aspects of workstream taking place</td>
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<tr>
<td>Issue</td>
<td>Action/Strategy</td>
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<td>Primary care workforce as a key risk to deliver the ambition of the primary care workstream.</td>
<td>Team linking with SY Workforce Hub and LWAB on this issue. CEOs have agreed to review this theme through their monthly private meetings.</td>
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<td>More broadly, whilst we are developing some integrated workforce approaches, we are not yet set up to mobilise workforce strategy effectively across the system.</td>
<td>Overall, this risk has reduced with the appointment of a number of posts, but risk still apparent and is slowing progress in some areas. We need to start re-shaping some of our collective resource in line with ACP priorities in order to accelerate the system-wide work.</td>
</tr>
<tr>
<td>Project / programme management support to help drive programmes forward identified as risk in a number of programmes (MH &amp; LD- for dementia, psychiatric decision unit, neighbourhood health and wellbeing service).</td>
<td>CEOs have committed to getting underneath this as a priority. Whist it is acknowledged that there are significant organisational operational digital agendas, Sheffield is losing pace on the system wide agenda compared to a number of other care economies.</td>
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<td>System digital transformation is a key risk of the programme and we do not currently have system wide capacity or dedicated leadership working on this adequately.</td>
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Summary of board papers – statutory bodies

Health Education England board meeting – 12 February 2019

For more detail on any of the items outlined in this summary, the board papers are available here.

Chief Executive report

- Further progress has been made towards the aim of better aligning Health Education England’s (HEE) regional footprint with the new NHS England (NHSE)/NHS Improvement (NHSI) footprint of seven.
- HEE have been working closely with NHSI and others on the workforce implementation plan that Baroness Dido Harding was asked to lead; this collaborative work will continue.

Finance report

- There has been a delay in some areas paying and recharging the cost of GP Trainees pay, this has hampered work to fully understand the impact of the junior doctors new pay contract, particularly with respect to pay protection.

Trainee Nursing Associate update

- A nursing associate delivery board was established in October 2018 to monitor delivery and to support the preparation for the next phase of the expansion programme. Next steps in the programme include the development of regional delivery plans for the achievement of the further 7,500 places to be achieved by March 2020.

Maternity Transformation Workforce Strategy to 2021

- The strategy incorporates a set of shared principles to underpin future workforce decisions, such as:
  - Enabling a flexible and adaptable workforce through investment in education and training of new and current staff
  - Ensuring that service, financial and workforce planning are intertwined, so that every significant policy has workforce implication thought through and tested.
- HEE have taken action to begin the transformation of skills and capacities in the maternity workforce by developing initiatives such as a bespoke return to practice scheme for midwives and distributing funding to support maternity safety training.
- There is still further work that can be done to improve the sustainability of maternity services. Only a fixed number of new staff completing training in the main professions will be available by 2021.
Care Quality Commission board meeting: 20 February 2019

For more detail on any of the items outlined in this summary, the board papers are available here.

Chief Executive report

- Dr Rosie Benneyworth has been confirmed as the new Chief Inspector of Primary Medical Services and Integrated Care.
- Debbie Westhead has been appointed to Chief Inspector of Adult Social Care Services on an interim basis.
- Mark Sutton has been appointed as Chief Digital Officer.

Chief Inspector of Primary Medical Services’ report

- The Care Quality Commission (CQC) support the recommendations made in the Kark review of the fit and proper persons test and will be working with the Department of Health and Social Care and partners to take the work forward.

Executive Director of Strategy and Intelligence’s report

- Work to explore how the CQC can work with providers to encourage good models of innovation is now underway. This work will look at what good looks like and how organisations are implementing and developing innovative or new technologies. It explores options for what ‘regulatory sandboxing’ could look like within CQC’s purpose and statutory functions and how to engage earlier with providers deploying innovative approaches in a collaborative and controlled safe space.
- CQC will continue to work develop their engagements with the public, providers, other regulators and developers of new technologies to support their wider objective to encourage improvement and innovation in care.

Recent publications

- CQC have launched, on 19 February, their ‘Declare Your Care’ campaign. This is a new, year long, multi-channel national cross sector campaign that encourages people to share their experiences of care with them.

Upcoming publications

- At the end of February, CQC plan to publish an update of their 2014 approach to human rights in inspection on their website.
- In Spring, CQC will publish a report looking at what early progress has been made from the ‘Learning from death programme board’. This report will aim to provide NHS trusts with examples of good practice from which they can learn, by comparing to their own practice and from the approaches taken to make progress.
Recruitment update

- Prerana Issar has been appointed to the new Chief People Officer post and will play the leading role ensuring the NHS have the right people with the right skills and experience and to ensure they are supported enough to achieve the goals of the long term plan. Prerana Joins from United Nations.

Building the case for primary legislative change

- Core proposals:
  - To remove the Competition and Markets Authority’s (CMA) function to review mergers involving NHS Foundation Trust’s, removing NHSI’s competition requirements and removing the need for NHSI to refer contested licence conditions or national tariff provisions to the CMA.
  - The regulations made under section 75 of the Health and Social Care Act 2012 should be revoked and the powers in primary legislation under which they are made should be repealed.
  - Arrangements between NHS commissioners and NHS providers are removed from the scope of the Public Contracts Regulations and that NHS commissioners are instead subject to a new ‘best value’ test, supported by statutory guidance, when making such arrangements.
  - Legislative changes that could help provide more flexibility in developing new payment models. Proposals would allow national prices to be set as a formula rather than a fixed value, so that the price payable can reflect local factors.
  - Once Integrated Care Systems are fully developed, removing the current ability for providers to seek NHSI’s agreement for unilateral local modifications to national tariff prices, so that the onus is on providers and commissioners to agree any local variations to national prices.
  - The Secretary of State should be given clear powers to establish new NHS trusts for the purposes of providing integrated care.
  - NHSI should have targeted powers to direct mergers or acquisitions involving NHS Foundation Trusts, in specific circumstances only, where clear patient benefits have been shown.
  - NHSI should have powers to agree annual capital spending for NHS Foundation Trusts in the same way that it can already do for NHS trusts.
  - Promote collaboration by removing the legal barriers that limit the ability of CCGs, local authorities and NHSE to work together and take decisions jointly.
  - There should be express powers for organisations to create joint committees and for CCGs and NHS providers to be able to make joint appointments.
  - Allow CCGs to appoint to their governing bodies a designated nurse and secondary care doctor from local providers.
• Introducing a new shared duty for CCGs and NHS providers (trusts and Foundation Trusts) to promote and contribute to a ‘triple aim’ of better health for everyone, better care for all patients, and efficient use of NHS resources.

• To bring NHSE and NHSI closer together, beyond the limits of legislation. Will seek views on how far this closer working should extend, ranging from fully merging the organisations to providing more flexibility in working arrangements.

• The engagement period for these proposals starts today and will run until 25 April 2019, NHSE and NHSI will also actively reach out to interested organisations.

Establishment of the NHS Assembly

• This is a new forum that will bring together a range of individuals from across the health and care sectors at regular intervals to advise the Boards of NHSE and NHSI on delivering of the long term plan. The inaugural meeting will take place in early April.

• The NHS Assembly will have membership of around 50 people and will be co chaired by Sir Chris Ham and Dr Clare Gerada. The co-chairs will be responsible for providing leadership to the group, ensuring its effectiveness and promoting the work of the assembly within the NHS and among wider partners.

• To ensure a variety of experience NHSE and NHSI will look to appoint a balanced and diverse membership drawing from across different stakeholder groups. These groups include Royal Colleges, health system and organisational leaders, frontline staff and clinicians, patients, carer and public voice networks, Voluntary, Community and Social Enterprise sector, Think Tanks and health research bodies.

Update for the Delivery and Performance Committee meeting

• The focus for winter is currently on developing plans at regional level to improve operational performance for the remainder of the winter period.

• For the exit from the EU, the prevention of stockpiling was highlighted and a discussion took place on the need for a clear regional view of stock management. Consideration was given to the role of provider boards in facilitating an appropriate approach to preparing for EU exit. The need for an internal programme to train senior staff for various EU Exit scenarios was also highlighted.