

**Executive Summary**  
**Report to the Council of Governors**  
**Held on 3 April 2025**

<b>Subject</b>	Partnership and System Update
<b>Supporting TEG Member</b>	Kirsten Major, Chief Executive
<b>Compiled by</b>	Sarah Dew, Strategy and Partnerships Director
<b>Status</b>	Discuss and Note

**PURPOSE OF THE REPORT**

To provide an update on system partnership working arrangements within the Trust’s core partnerships.

**KEY POINTS**

Sheffield Health and Care Partnership

As a member of the Sheffield Health and Care Partnership (HCP), we collaborate with organisations across Sheffield to improve the delivery of services for our patients and the wider community in the City. A link to the past papers from the Health and Care Partnership Board meetings can be found at the following link ([here](#)).

At our Board meeting on the 24 September 2024, it was agreed to regularly report the number of patients who are medically fit for discharge but unable to be transferred to their relevant place of care. The average number of beds occupied by patients with no criteria to reside in February was 235 patients a day, an increase on the average of 220 per day in December when the Board was last updated.

Notable updates from the Sheffield Health Care Partnership include agreement of a high level delivery plan for a Same Day Urgent Care Model in Sheffield, and establishment of a steering group to expedite the development of the Clinical Assessment Service and the design of the care coordination model which intends to streamline access to urgent care through a single point of access.

South Yorkshire and Bassetlaw Acute Federation

The Trust is one of five trusts which makes up the Acute Federation. We are committed to using our collective expertise and resources to ensure the people of South Yorkshire and Bassetlaw (SYB) have prompt access to excellent healthcare. The Acute Federation is led by the Trust Chairs and Chief Executives, alongside a range of professional partnership groups and is supported by a Managing Director and programme team. Further information on the partnership can be found following the link ([here](#)).

We are involved in the System Delivery Group within the SYB Acute Federation. I attend this group which involves all partner Chief Executives and leads of the seven professional partnership groups for finance, nursing, medical, people and organisational development, operations, strategy and corporate governance, in addition to the Acute Federation Managing Director.

NHS South Yorkshire Integrated Care Board (SY ICB)

NHS South Yorkshire is the organisation that is responsible for developing a plan for meeting the health needs of the population in Sheffield. Papers and the video recording from the most recent South Yorkshire Integrated Care Board, held in Public on 5 March 2025 can be found at the following link ([here](#)). The ICB is part of the Integrated Care Partnership for South Yorkshire, which brings together a wide range of

partners, not just the NHS, to develop the plan to address the broader health, public health, and social care needs of the population. The SY ICB Chief Executive report is included at Appendix A.

Areas of note from recent SY ICB partner discussions include:

- The plan to refresh the South Yorkshire NHS Joint Forward Plan in line with the latest NHSE guidance, starting with a limited review and update to the foreword for the start of the next financial year and an intention to do a more extensive review and update in light of the national Ten Year Health Plan when published
- Progress towards assurance of system readiness for delegation of responsibility for commissioning of specialised services

## IMPLICATIONS

Aim of the STHFT Corporate Strategy		✓ Tick as appropriate
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	✓
5	Create a Sustainable Organisation	✓
6	Deliver Excellent Research, Education and Innovation	✓

## RECOMMENDATIONS

The Council of Governors is asked to **NOTE** the updates from the Trust's core partnerships.

## APPROVAL PROCESS

Meeting	Date	Approved Y/N
Board of Directors	25/3/2025	



Enclosure 07

**Chief Executive Report**  
**Integrated Care Board Meeting**

5 March 2025

<b>Author(s)</b>	Gavin Boyle, SY ICB Chief Executive	
<b>Sponsor Director</b>	Gavin Boyle, SY ICB Chief Executive	
<b>This report provides assurance against the following risk(s) on the ICB's Board Assurance Framework, Risk Register or Issues Log:</b>	N/a	
<b>Purpose of Paper</b>		
The purpose of the report is to provide an update from the Chief Executive on key matters to members of the Integrated Care Board.		
<b>Key Issues / Points to Note</b>		
Key issues to note are contained within the attached report from the Chief Executive.		
<b>Is your report for Approval / Consideration / Noting</b>		
To note		
<b>Recommendations / Action Required by the Committee</b>		
The Board is asked to note the content of the report		
<b>Board Assurance Framework</b>		
This report provides assurance against the following corporate priorities on the Board Assurance Framework ( <i>place <input checked="" type="checkbox"/> beside all that apply</i> ):		

Priority 1 - Improving outcomes in population health and health care.	✓	Priority 2 - Tackling inequalities in outcomes, experience, and access.	✓
Priority 3 - Enhancing productivity and value for money.	✓	Priority 4 - Helping the NHS to support broader social and economic development.	✓
In addition, this report also provides evidence against the following corporate goals (place ✓ beside all that apply):			
<b>Goal 1 – Inspired Colleagues:</b> To make our organisation a great place to work where everyone belongs and makes a difference			✓
<b>Goal 2 – Integrated Care:</b> To relentlessly tackle health inequalities and to support people to take charge of their own health and wellbeing.			✓
<b>Goal 3 – Involved Communities:</b> To work with our communities so their strengths, experiences and needs are at the heart of all decision making.			✓
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>			
No			
<b>Have you carried out an Equality Impact Assessment and is it attached?</b>			
N/a			
<b>Have you involved patients, carers and the public in the preparation of the report?</b>			
N/a			
<b>Appendices</b>			
N/a			

**Chief Executive Report**  
**Integrated Care Board Meeting**

**5 March 2025**

## **1. Purpose**

This paper provides an update from the Chief Executive of NHS South Yorkshire on the work of the ICB and system partners for January and February 2025.

## **2. Integrated Care System Update**

### **2.1 NHS Planning Guidance**

The 2025/26 priorities and operational planning guidance were published on 30 January 2025 and set out a focused, smaller number of national priorities for 2025/26 with an emphasis on improving access to timely care for patients, increasing productivity, living within allocated budgets, and driving reform. The number of priorities and targets are reduced from 33 last year to 18 this year. The intention is that by having fewer targets the NHS locally will have more freedom to make choices and focus on local priorities.

NHS England has highlighted that last year NHS providers delivered around 5% more activity year-on-year, for just 0.12% more income, and that productivity is already up 2% this year. However, it is anticipated that the NHS will need to reduce its cost base by at least 1% and achieve 4% improvement in productivity to deal with growth in demand. The integrated care system in South Yorkshire has established mechanisms and programmes of work to raise productivity and reduce waste. However, this is unlikely to be sufficient alone to meet the financial challenge. The system may need to make difficult decisions over service provision; what is prioritised and what might need to stop. The national priorities to improve patient outcomes in 2025/26 are:

- Reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% improvement. Systems are expected to continue to improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026.
- Improve A&E waiting times and ambulance response times compared to 2024/25, with a minimum of 78% of patients seen within 4 hours in March 2026. Average Category 2 ambulance response times should no more than 30 minutes across 2025/26.
- Improve patients' access to general practice, patient experience, an access to urgent dental care, providing 700,000 additional urgent dental appointments in England.

- Improve patient flow through mental health crisis and acute pathways, reducing average length of stay in adult acute beds, and improve access to children and young people's (CYP) mental health services, to achieve the national ambition for 345,000 additional CYP aged 0 to 25 compared to 2019.

ICBs and providers must work together, with support from NHS England, to:

- Drive the necessary reform that will support delivery of our immediate priorities and ensure the NHS is fit for the future. For 2025/26 ICBs and providers are required to focus on:
  - reducing demand on secondary care through developing Neighbourhood Health Service models with an immediate focus on preventing long and costly admissions to hospital and improving timely access to urgent and emergency care
  - making full use of digital tools to drive the shift from analogue to digital.
  - addressing inequalities and increase our focus on prevention
- Live within the budget allocated, reducing waste, and improving productivity. ICBs, trusts and primary care providers must work together to plan and deliver a balanced net system financial position in collaboration with other integrated care system (ICS) partners. This will require prioritisation of resources and stopping lower-value activity.
- Maintain our collective focus on the overall quality and safety of our services, paying particular attention to challenged and fragile services, including maternity and neonatal services, delivering the key actions of the 'Three-year delivery plan', and continue to address variation in access, experience and outcomes.

NHS South Yorkshire will submit a full plan in response to the planning guidance at the end of March 2025. We will also refresh of our Joint Forward Plan. This will take into account that there is to be the publication of the 10 Year Health Plan in the spring of 2025 and a multi-year financial settlement for the public sector as part of the Spending Review 2025.

## **2.2 Commissioning Intentions**

In response to the planning guidance, NHS South Yorkshire is developing our commissioning intentions for 2025/26 which provide a local framework for the delivery of the national priorities. These are being developed in discussion with partner organisations and are consistent with our longer term aims, in line with the anticipated 10-year health plan and the Government's three shifts of hospital to home, treatment to prevention, and analogue to digital. The commissioning intentions consider:

- Elective care and diagnostics: Improving waiting times and eliminating treatments which are not commissioned Evidence Based Interventions (EBI). Optimising outpatients, including use of referral support tools, increasing patient-initiated follow-ups, and reducing unnecessary follow-ups.

- Urgent and Emergency Care: Reducing unplanned secondary care demand, improve access to alternatives to A&E, such as primary care and pharmacy first. Improving patient flow and discharge, including care coordination and transfer hubs.
- Mental Health, Learning Disabilities and Autism: Reducing adult acute mental health out of area placements. Increased access to NHS Talking Therapies for anxiety and depression.
- Primary and Community Care: Improving access to primary care, pharmacy and dentistry through closer integration, workforce training and improved digital technology.
- ICB: maximising value for services we deliver including medicines optimisation and continuing health care. Review all our commissioned services and prioritise those which are most critical to delivering our statutory aims.

An update on the commissioning intentions will be shared at a future Board meeting.

## **2.2 Elective backlog recovery**

Prior to the release of the Planning Guidance, the Government and NHS England set out the national plan for reforming waiting for planned care, such as diagnostics, outpatient, surgical treatment. Since the pandemic the emphasis has been on treating a backlog of long waiting patients whose care had been delayed. Progress has been made and so now the emphasis for 2025/26 has returned to the NHS constitutional standard for patients to be treated within 18 weeks. The original standard requires 92% within 18 weeks but for 2025/26 the standard is 65% with each provider required to make a minimum 5% improvement.

However, there remains an emphasis on treating the residual backlog of long waiting patients, with a requirement that fewer than 1% are waiting longer than 52 weeks by March 2026. At the time of writing there are currently 5,427 patients waiting for longer than 52 weeks, which is 2.5% of the total, although this varies by trust. NHS South Yorkshire will be supporting trusts to achieve this target, with the main specialties requiring improvement being neurology, gynaecology, orthopaedics, and ENT.

The planning guidance outlines a series of expectations for ICBs, including setting a clear local vision for how health inequalities will be addressed in relation to access to planned care. ICBs will also seek to maximise the use of community diagnostic centres, such as those in Barnsley and Mexborough, and elective hubs, such as at Montagu Hospital, increase the use of the NHS App, ensure choice of provider, and increase the use of advice and guidance services in primary care.

## **2.3 Devolution and Integrated Care Partnership impact**

The UK Government's recent white paper on English devolution, titled "Power and Partnership: Foundations for Growth," outlines several key initiatives aimed at enhancing health and wellbeing across the country. The White Paper introduces a

bespoke duty focused on health improvement and reducing health inequalities, which includes the mayoral Combined Authorities. This duty is designed to complement the existing health improvement responsibilities held by upper-tier local authorities. The government plans to collaborate with combined authorities, local councils, and the NHS to implement this approach.

A central goal of the white paper is to tackle regional disparities in health outcomes. By granting local authorities greater control over areas such as economic development, skills training, and transport infrastructure, the Government seeks to address the underlying determinants of health and promote equitable health improvements across regions.

The government emphasizes the importance of collaboration between combined authorities and health institutions. Strategic authorities are encouraged to work closely with the NHS and public health bodies to ensure that devolved powers lead to tangible health benefits for local populations.

South Yorkshire is identified as a leader in adopting this approach through our Integrated Care Partnership, whose Board is chaired by the South Yorkshire Mayor. We will continue to work with our four local authorities, SYMCA and wider partners to develop this way of working as the Government's Bill is formed.

## **2.4 Integrated Care Partnership Board**

The ICP met in January 2025 and discussed elements of ICS strategy, including each of our four Bold Ambitions:

- **Safe, strong and vibrant Communities:** We had an update on the £18m Trailblazer and Accelerator initiatives to support people back into work. We know that good jobs and good health go together, and this is an ambitious programme to help more people be economically active.
- **Living healthier and longer lives AND improved wellbeing for those with greatest need:** Ed Clancy OBE, winner of three Olympic Gold medals in Cycling, spoke at his first ICP about active travel in his role as Active Travel Commissioner at SYMCA.
- **Best start in life for Children & Young People:** Sheffield Children's Hospital's CEO Ruth Brown talked about the CYP Alliance Strategic Programme Board's proposed approach to strengthen the SY CYP Alliance strategic system partnership work, and the SY Child Poverty Summit is in Sheffield in a couple of weeks.
- **People with the skills and resources they need to thrive:** Our ambition to support the whole health and care workforce in SY, both paid and unpaid. That is 320,000 people in South Yorkshire, one in four adults. Over the next 2-3 years we will collectively building on the work already being done by LAs, VCSE and NHS to support people to start, and stay, in health and care roles. In addition, we renewed our commitment to towards becoming an Anti-racist health and care system, recognising the existing work of partners in this area, and



focussed on those actions we could take collectively that can't be taken alone.

## **2.5 Financial Plan 2024/25**

The total efficiency requirement for the system at the start of the financial year was £258.5m. Given the scale of this challenge, the NHS in South Yorkshire agreed a plan with NHS England for a deficit end of year position of £49m. As part of this plan a further £48m of 'system efficiencies' were required.

At the end of September 2024, the system received the £49m funding from NHS England to offset the original deficit and efforts to identify the further £48m of 'system efficiencies' continued with additional support from the national Investigation & Intervention programme. From this point the system was working towards a breakeven plan.

At the end of January 2025, the system had recorded a deficit of £54.3m, which is £44.2m adverse to the breakeven plan. The main drivers of the variance are £26m of the additional 'system efficiencies' needed, £28m with the ICB and £7.6m in system providers. In response to the scale of the challenge discussions with NHSE before Christmas led to an agreed end of year aim of no greater than £36.3m deficit. The ICB are working with NHSE to ensure we are minimising the deficit and ensuring it can be accommodated in the national position. We will update further on this following the review of the February position next month.

A System Efficiency Board has been established and continues to monitor and try and improve performance against the plan and specifically to identify programmes of work to address the original 'system efficiency target' of £48m. This includes improving efficiency in elective and non-elective care, workforce, estates, and non-pay spend. The Acute Federation, MHLDA Alliance and our four place partnerships are engaged in this work, and we are also receiving additional support from NHSE and Deloitte. The work of the System Efficiency Board is now moving into financial planning for 2025/26.

## **2.6 Winter response and Flu and Covid Vaccination uptake**

Urgent and Emergency Care systems across England were extremely pressured over winter. Services across South Yorkshire were resilient over the peak months of winter and performed favourably relative to other parts of the country. However, despite this we know patients waited too long and as a result faced increased risk and harm.

Ahead of winter our plans were agreed at the Urgent and Emergency Care Boards in each Place and through the South Yorkshire Urgent and Emergency Care Alliance Board. The aim was to maintain timely access to services and improve patient safety during the winter months. Central oversight of the Winter Plan was provided by the South Yorkshire System Coordination Centre (SCC), which plays a critical role in monitoring performance and ensuring system responsiveness in real time.

The plans saw robust preparations made to manage the anticipated surges in demand, with expanded capacity, infection control measures, and flexible workforce planning in place to maintain service continuity throughout the season. Central to the

plan were key initiatives such as Same Day Emergency Care (SDEC), Virtual Wards, and Urgent Community Response services. Over winter these reduced hospital admissions, speeded up discharges, and optimised patient flow across the system.

Our communities supported us, and importantly protected themselves, through significant uptake for covid and flu vaccination. More than 230,000 Covid vaccinations were delivered in South Yorkshire, in line with the national average, and the 428,000 flu vaccinations placed us above the national average. In addition, South Yorkshire had the best uptake for flu in care homes in the North East and Yorkshire region. This higher performance had a positive impact on the resilience the urgent and emergency care system in South Yorkshire.

It is important that we recognise the vital role of our teams across health and care, for the work they did to provide care throughout winter. To support them we prioritised their well-being through flexible rostering, vaccination campaigns, and proactive mental health support, ensuring they were fully equipped to deliver high-quality care.

## **2.7 GP Collective Action**

The contractual dispute between the Government and the British Medical Association, representing GPs, continues. The BMA are asking GP partners to take at least one of nine possible actions, none of which breach the GP contract. Throughout the action we have been in regular dialogue with our Local Medical Committees and made appropriate mitigations wherever possible to support patients. The Government have made general practice an improved offer and we await the outcome of this.

During the action The NHS is asking the public to come forward as usual for care, especially during the critical winter months when many in our community are vulnerable, during collective action. Patients with an appointment at a GP practice, should attend as usual unless told otherwise.

## **3. NHS South Yorkshire**

### **3.2 Board changes**

Wendy Lowder, Executive Director for Barnsley Place and the Director of Adult Social Services at Barnsley Council, retired in February 2025 following a long and distinguished career, which included 22 years' service in South Yorkshire. Katy Calvin-Thomas has been appointment into this joint role with Barnsley Metropolitan Borough Council.

## **4. NHS South Yorkshire Place Updates**

### **4.1 Sheffield**

A £1m community fund for North-East Sheffield has been launched to support healthy and happy neighbourhoods in the area. NHS South Yorkshire is investing the funds to support these communities to deliver what matters to them. The investment, called 'This Is Us', brings together NHS South Yorkshire, Sheffield City Council and the

voluntary community sector, including ACT, Fir Vale Community Hub, Reach Up Youth and SOAR, to focus on four north-east neighbourhoods, Burngreave and Grimesthorpe, which includes Pitsmoor; Firth Park; Fir Vale and Crabtree.

These areas of Sheffield face inequality and deprivation, resulting in poor life expectancy, health, educational attainment, and skill levels, as well as disempowered and disconnected communities. Disconnection and loneliness negatively impact health. By funding prevention and building community capacity in these areas, NHS South Yorkshire aims to connect and empower communities and in turn improve people's health. NHS South Yorkshire spoke to over 1,000 people in the area over the summer to get a deeper understanding of the views, hopes and perspectives of the diverse communities in the north-east, what their strengths are and what's important to people's health. This feedback will now be used by the voluntary community sector organisations to develop the work.

#### **4.2 Doncaster**

Doncaster and Bassetlaw Teaching Hospitals has been chosen for trailblazing national genetic testing pilot. The pilot, which is led by the National Institute for Health and Care Excellence (NICE) and NHS England, will explore whether genetic testing can help doctors decide if a common stroke prevention drug is the best option for patients. Around 30% of people in the UK, and an even higher percentage in some ethnic groups, carry this genetic variation. By identifying these patients through genetic testing, doctors can personalise treatment and offer alternative medications to better protect them from future strokes.

#### **4.3 Rotherham**

The Rotherham NHS Foundation Trust has now supported nearly 300 apprentices to complete their studies. Since the introduction of the apprenticeship levy in 2017, The Rotherham NHS Foundation Trust has supported 299 apprentices to complete their studies, with many more in the process. The Trust supports a variety of apprenticeship programs, working with local and national education providers, to provide valuable hands-on experience and professional development for people of all ages and backgrounds. The Trust has been celebrating the hard work and dedication of its army of apprentices as part of National Apprenticeship Week.

#### **4.4 Barnsley**

The Mexborough Elective Orthopaedic Centre of Excellence (MEOC) marked its first year of service, a significant milestone in reducing waiting lists and improving patient care across Barnsley, Rotherham and Doncaster. Since welcoming its first patient in January 2024, the MEOC has transformed orthopaedic care in the region, delivering over 1,300 life-changing surgeries, including hip and knee replacements, and a range of foot, ankle, hand, wrist, and shoulder procedures. This pioneering collaboration between Barnsley Hospital NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals, and The Rotherham Hospital Foundation Trust operates from a state-of-the-art facility at Montagu Hospital.

### **5. General Updates**

## **5.1 Cancer – Shows Up**

On World Cancer Day across South Yorkshire we asked our communities to Show Up for cancer through a new film. South Yorkshire has one of the highest rates of cancer in England, with the lowest proportion of people diagnosed at an early stage where we can offer curative treatments. The film shows how individuals, organisations and communities are ‘showing up’ to recognise cancer as a long-term condition and pledge to take measures to help reduce and prevent it. The film features many of the people who’ve been helping to shape the region’s new cancer strategy and its associated ‘Shows Up’ social movement over the past few months.

## **5.2 Mpox vaccination**

Sheffield has been announced as one of 12 new mpox vaccination sites to have opened across England to make it easier for eligible people to get protected. Although the UK Health Security Agency (UKHSA) has confirmed the risk from mpox remains low, having more vaccination sites across the country will improve access to the jabs. ‘Clade 2’ mpox has been present in the UK since 2022, with case numbers having decreased since the height of the outbreak in 2022 and currently remain low. Separately, there has been a small number of cases of ‘Clade 1b’ mpox in this country since October 2024. There have been no cases of transmission of ‘Clade 1b’ mpox in South Yorkshire, although the region’s specialised infectious diseases units will have supported the care of those affected.

## **5.3 Awards**

Two community nurses from Sheffield Teaching Hospitals NHS Foundation Trust have been awarded one of the highest accolades in their profession, the title of Queen’s Nurse by the Queens Nursing Institute (QNI). Marie Partner, Operational Lead for Active Together, Active Programmes and Community Tuberculosis (TB) Nurses, and Anna-Marie Newland-Ferguson, TB Lead and Clinical Nurse Specialist, were selected for this honour, recognising their ongoing commitment to learning, leadership and excellence in healthcare.

A neurologist from Sheffield Teaching Hospitals NHS Foundation Trust has won a local clinical research investigator award for her exceptional contribution to stroke research. Kirsty Harkness, who has supported recruitment of hundreds of patients into stroke and dementia research studies over many years, received the award from the British and Irish Association of Stroke Physicians. The award was given in recognition of the leading role she has played in improving future evidenced-based stroke care.

The NHS South Yorkshire Star Awards recent winners were:

- Ursula Macfarlane, Allied Health Professions Senior Project Manager in the South Yorkshire ICB AHP Faculty, won January’s Star Award. Ursula’s recent work on Practice Education, Preceptorship and the Support Workforce has been particularly impactful in understanding how our AHP colleagues deliver meaningful clinical education support to our learners, providing a SY wide

position and action plan on preceptorship, and maintaining the development of our invaluable non-registered AHPs.

- Helen Jackson won February's Star Award. Helen works for Children and Transitions within the Continuing Care Directorate in Doncaster. Helen has played a key role in a recent urgent transition of an individual that moved from an out of area placement. Helen helped to identify a new placement in partnership with Children's Social Care and worked closely with all partners to ensure all action plans were in place to ensure a smooth and seamless approach.

**Gavin Boyle**

**Chief Executive NHS South Yorkshire Integrated Care Board**

**Date: 5 March 2025**