

CHIEF EXECUTIVE REPORT

September 2020

Author(s)	Andrew Cash, System Lead		
Sponsor			
Is your report for Approval / Consideration / Noting			
For noting and discussion			
Links to the STP (please tick)			
<input checked="" type="checkbox"/> Reduce inequalities	<input checked="" type="checkbox"/> Join up health and care	<input type="checkbox"/> Invest and grow primary and community care	<input checked="" type="checkbox"/> Treat the whole person, mental and physical
<input checked="" type="checkbox"/> Standardise acute hospital care	<input checked="" type="checkbox"/> Simplify urgent and emergency care	<input checked="" type="checkbox"/> Develop our workforce	<input checked="" type="checkbox"/> Use the best technology
<input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> Work with patients and the public to do		
Are there any resource implications (including Financial, Staffing etc)?			
N/A			
Summary of key issues			
This monthly paper from the System Lead of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) provides a summary update on the work of the SYB ICS for the month of August 2020.			
Recommendations			
The SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.			

South Yorkshire and Bassetlaw Integrated Care System CEO Report

CHIEF EXECUTIVE REPORT

September 2020

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System System Lead provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of August 2020.

2. Summary update for activity during August 2020

2.1 Coronavirus (Covid-19): The South Yorkshire and Bassetlaw position

South Yorkshire and Bassetlaw (SYB) continues to see low infection rates. Mobility data for SYB suggests that people are increasingly getting out and there continues to be an increase in retail, recreation, walking and driving and more recently, public transport. As schools and universities see the return of students, colleagues across the system are paying close attention to the data.

Health and care organisations across SYB continue to plan the safe restoration of services, which is now being supported through the Covid-19 single-site delivery model. In addition, staff who have been shielding have started to return to work, seeing only those patients who do not pose an infection risk.

There has been a rise in new cases amongst a younger demographic, with 16-35 year olds thought to be those among the more prevalent cases in SYB's communities. Contrary to the initial outbreak this demographic is not translating into demand on hospital services, as most are asymptomatic and treatable at home.

There has also been an alteration to the UK's reporting figures with a change in definition of Covid-19 deaths, to a person with 'a laboratory-confirmed positive Covid-19 test and [who has] died within (equal to or less than) 28 days of the first positive specimen date' which will now be reported. This brings our national definition into line with Scotland, Northern Ireland and Wales. In time, this may alter our Sitrep data going forward.

A contract extension for the NHS Nightingale Hospital Yorkshire and the Humber has been formally agreed until March 31st 2021 – with an interim review in October 2020. It will ensure more patients can be screened for cancer and other serious illnesses whilst also continuing to act as a back-up contingency for SYB and the wider region in the event of a wider national outbreak.

2.2 National update

National Institute for Health Protection (NIHP)

Public Health England (PHE) is to be replaced by the National Institute for Health Protection (NIHP), a new Government agency.

First and foremost, I would like to take the opportunity to place on record the strengths of the local working arrangements with our PHE colleagues through the first wave of the pandemic and their contribution to the on-going work on re-establishing, screening and immunisation programmes, which are essential to the health of our population.

The responsibilities of the NIHP will be dedicated to the investigation and prevention of infectious diseases and external health threats. Its responsibilities will include (but are not limited to) overseeing the Joint Biosecurity Centre, contact tracing and testing and also providing specialised

scientific advice on immunisation and countermeasures. It will report directly to Whitehall, and to the NHS Chief Medical Officer, Professor Chris Whitty.

SYB will continue to work closely with Local PHE teams and support Local Outbreak Control Plans until the NIHP is fully operational in spring 2021.

2.3 Regional Update

The North East and Humber Regional ICS Leaders met in August to take stock of recent experiences of the Covid-19 pandemic and to reflect on and build an understanding of respective roles and challenges. In particular, leaders focused on the key things to get right as Covid-19 becomes the new normal and in case of a potential second wave and winter linked to flu and the EU exit. Led by each of the four ICS' in North East and Humber, in partnership with their Local Resilience Forum partners, discussions took place on PPE supplies, outbreak management, care home and collective working.

2.4 Phase 3 Planning

Since receiving the Phase 3 letter from NHS England and Improvement which sets out the key priorities for health system for the rest of the year, colleagues across the system have been working to align these priorities with the restoration of services whilst also planning and preparing for potential future waves of the pandemic.

Though planning rounds always take focus and priority, this year's is possibly the most complex and detailed ever done as places focus on restoring services within the limitations and added pressures of ensuring social distancing and stringent infection prevention and control measures to ensure sites are Covid-safe. This work has preoccupied the time of many colleagues and on behalf of SYB, I would like to thank them for their continued efforts.

The final system plan, which is due to be submitted to NHS England and Improvement at the end of September will outline the updated transformation priorities for the coming months and years ahead and focus on clinical prioritisation, adapt and adopt as well as specific plans for cancer, mental health, local people (plan) and health inequalities. Crucially this is about enabling and supporting the system to restore services and tackle waiting lists whilst lessening the impact of health inequalities - which continue to pose a threat to vulnerable communities across SYB.

The health inequalities plan will build on the aims set out in the ICS' Five Year Plan (2019 – 2024) but will also need to reconsider how the system will meet the eight urgent actions from the Phase Three letter and the NHS Long Term Plan commitments. This is a welcome focus on health inequalities and provides an opportunity to fast-track plans and further prevent our most vulnerable communities from the impact of Covid-19 while taking forward work to improve their health and access to health care.

2.5 Capital

In August, the Department of Health and Social Care (DHSC) announced an additional £11.5 million of funding for NHS services in South Yorkshire and Bassetlaw. The allocation, part of a £300 million national boost, is specifically intended to support the NHS' winter preparedness plans by boosting capacity and treatment services in emergency departments. The investment means Barnsley Hospital NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, The Rotherham NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust will be able to physically upgrade infection control measures at their sites with enhanced safety plans (waiting space adjustments, signage and additional cubicles). Projects need to be completed by the start of 2021.

2.6 New PPE Storage Facility

A new Yorkshire-based warehouse facility has been identified as the storage facility for SYB's PPE stock following the expiry of the agreement with FlyDSA Sheffield Arena. As an existing supplier on the NHS Supply Chain, the new storage site will house around 11,500,000 items of PPE including clinical-grade gowns, face masks and hand sanitiser. The new deal will also save over £5000 per week in storage and retrieval fees. On behalf of health and care partners in SYB, I would like to thank Paul Ralston and Andy Baker of the ICS Procurement Team for their ongoing work in this field and in securing this new arrangement.

2.7 Scenario Testing Workshop

A scenario testing workshop to plan for winter resilience and testing potential Covid-19 scenarios, flu outbreaks and the limitations to routine service delivery will be held on 8 September. It will involve emergency planning leads working with a team from their own organisations.

It will test four different scenarios that correlate with the Phase Three letter guidance; two (scenarios) from NHE England and Improvement's (NHSE/I) emergency planning route and two from SYB's Local Resilience Forum (LRF).

The four scenarios that are to be tested are:

- NHSE/I: Short-term surge from mid-to-late September 2020 similar to first wave in March/April
- NHSE/I: No second surge: instead, working to a 'background level' of Covid-19, alongside seasonal flu and other circulating illnesses
- LRF scenario 1: Localised outbreaks and managing critical care beds nationally
- LRF scenario 2: Seasonal pressures and Covid-19 resurgence over the winter period

3. Finance update

The financial framework that has been in place during Covid-19 from April to July has been extended for August and September. The new financial framework from October to March has not yet been released as discussions are still ongoing with Treasury on the financial settlement. A planning letter was sent by Simon Stevens and Amanda Pritchard on 31 July which outlined that systems will get a financial envelope which will include top up and Covid-19 expenditure funding. There will no longer be a retrospective top up whereby providers and commissioners received additional funding to bring them to break-even subject to a reasonableness review.

An incentive scheme was announced on 20 August which incentivises activity performance above the levels set out in the planning letter but also takes marginal cost income away from systems if activity performance are below the national expectation. Further detail is required on how this scheme would operate but could be a significant risk to the systems funding levels.

The system has been successful in securing £5m of Covid-19 capital funding for endoscopy, CT and MRI equipment and there is likely to be further funding of Covid-19 Critical Care capital that is currently being discussed between systems the region and the centre.

Andrew Cash

System Lead, South Yorkshire and Bassetlaw Integrated Care System

Date: 1 September 2020



Health Executive Group

8 September 2020

Seasonal Flu Vaccination Update

Author(s)	Kathy Wakefield - Senior Screening and Immunisation Manager (SYB)		
Sponsor	Jackie Pederson		
Is your report for Approval / Consideration / Noting			
This report is for noting by the group			
Links to the STP (please tick)			
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Are there any resource implications (including Financial, Staffing etc)?			
No resource implications to note			
Summary of key issues			
<ul style="list-style-type: none"> • Key activities of the SYB ICS flu board • Implications of the pharmacy enhanced service agreement/specification • Emerging risks 			
Recommendations			
The group is requested to note the information provided.			

SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

Health Executive Group – September 2020 Seasonal Flu Vaccination Update

1. Purpose

To provide the executive team with an update on progress on planning for the delivery of the seasonal flu vaccination programme across SYB.

2. Current Position

2.1 SYB ISC Flu Board Activity

The SYB ICS is now well established, having held 4 meetings, with good attendance and engagement from all partners, the board continues to meet fortnightly.

2.1.1 Flu Plans

A peer to peer review process for CCG flu plans was agreed and has been completed by Doncaster, Sheffield and Bassetlaw (one cluster) with Rotherham and Barnsley due to meet week commencing 7th September (delay due to annual leave). The process has been well received and has resulted in positive changes to the place-based flu plans, which will continue to be developed and updated within the season as policy and demand requires. The flu plans will be overseen by the local A/E delivery board, with updates to each board meeting, identifying progress, risks and challenges and areas where additional support is required. The place-based flu plans have been amalgamated, based on themes into an ICS flu plan which forms part of the wider NEY flu plan. This is to be shared with the board with updates provided at each board meeting. Plans are ongoing via the NEY vaccination board to carry stress testing on all plans over the coming weeks, this process is aimed at building on the peer review work carried out to date.

The amended DES (flu and pneumococcal) for primary care has just been issued, details are outlined below and will be actioned as required by the public health commissioning team. **This has not yet been discussed at the board.**

The amended DES Influenza and Pneumococcal Immunisation provides for the additional new cohorts of patients to be vaccinated in general practice.

The new cohorts include:

- household contacts of those on the NHS Shielded Patient List or of immunocompromised individuals, and
- health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users.
- It also covers a potential cohort of 50-64-year olds later in the flu season, depending on vaccine availability – **as per previous communication, these patients should not be invited or offered appointments until phase 2 has been officially announced.**

In addition, the specification requires that practices **must** include within at least one written communication to eligible patients offering vaccination, **a request that the patient advises the practice of their ethnicity status if they have not previously provided this information to the practice and requires the practice to record this in the patient record.**

All CCGs are continuing to identify plans to enable timely vaccination of housebound patients. Whilst a national community agency agreement has been developed to support delivery to this group, the provision is currently unchanged from 19/20 and does not extend to services/providers outside of Trusts e.g. registered nurses in care homes, community nurses employed by GP practices.

2.1.2 Workforce

Work is progressing with regards to the training and deployment of foundation dentists to support delivery of the flu vaccination programme as and where needed across the ICS.

2.1.3 Pharmacy/Primary Care Collaboration

The ICS will develop a small working group with the aim of building on work initiated by the WYH ICS to strengthen collaboration between primary care and pharmacy. This approach is strongly supported by NHSEI, with the potential for additional funding (via application) where practices/pharmacies can demonstrate joint working and collaborative delivery approaches with other local providers. Further guidance regarding this is still awaited.

2.2.4 Enhanced Delivery of Vaccination via Secondary Care

In line with the second flu letter, CCGs and the public health commissioning team are developing a framework to support delivery of flu vaccination by Hospital Trusts, extending the offer beyond pregnant women to those clinically at-risk eligible patients attending in- and out-patient appointments.

2.2.5 Improved Data Quality and System Searches

In order to ensure robust system searches and high quality and timely data on vaccine uptake throughout the delivery of the programme, two workstreams have been established:

- Work with data quality and clinical applications teams to:
 - Produce detailed searches for practices (aligned to national business rules)
 - Produce guidance for practices to ensure searches carried out correctly
 - Produce a virtual training resource to support practices with system searches.

The searches and training guide have been developed and issued; however, these will need to be recirculated following updated ImmForm rules and SNOMED codes, expected mid-September. The virtual training resource will be issued at the end of September following these updates.

- Development of standard operating procedures, across the whole pathway from provider to GP to ensure correct and timely transfer of data and recording in the patients record.

This work is progressing well, with final drafts to being shared with the flu board w/c 7th September. This work also includes consideration how digital technology can support improved data flows.

2.2 Pharmacy specification 20/21

The Pharmacy national enhanced service agreement/specification was published and issued to pharmacy providers on 28th August. Key changes to the 202/21 service include:

- The removal for the need to obtain written consent. Verbal consent is still required and must be documented.
- Contractors no longer need to notify regional teams prior to undertaking vaccinations off-site e.g. patients own home or care home.
- Contractors no longer need to notify patient's GP in advance of vaccinating a patient in their home / care home. Post vaccination details must still be shared with the patients GP.
- Increased flexibility as to where vaccination may take place:
 - Restrictions on off-site vaccination (only in patient's home and care homes) has been removed. Contractors are now able to vaccinate off-site within professional standards (this includes being able to vaccinate care home staff within the care home and the use of premises away from the pharmacy e.g. car parks and community venues such as community centres, church halls etc)
 - Contractors are now able to vaccinate patients in any appropriate space within the pharmacy (not limited to the consultation room), this will support social distancing and other COVID requirements.
- Learning Disability is now listed as a separate cohort

The specification does not include healthcare workers of essential but non front-line social care workers. Separate local arrangements/agreements would be needed to allow vaccination of these staff by community pharmacists.

2.3 Emerging risks

- Late publication of guidance documents/specifications to support delivery of the programme across the ICS for example: expansion to and vaccine supply for the extended cohort 50-64-year olds and specifications for provision by secondary care.
- Potential limited supply of vaccine – vaccine is ordered in advance and current amount may not be sufficient to vaccinate all cohorts this year. Whilst the expansion to 50-64 years olds is not planned until November/December and is dependent on vaccine availability, there is a significant increase in cohorts eligible from the start of programme e.g. household contacts of shielded patients and/or immunocompromised patients, and those employed under personal care budgets. Details re: access to the national stock are not expected until later in September.
- Delays in confirmation of funding. CCGs are having to implement plans without confirmation of funding to support them, specifically where additional venues/estate, equipment to maintain cold

chain etc is required. Once details of funding are received, this will be assessed against the ICS business case.

- Confirmation that Inactivated vaccine for children where parents refuse Porcine content cannot be used until November depending on vaccine availability. This results in missed opportunities and children not attending for a second invite later in the season.

3. Recommendations

The group is requested to note the information provided.

Paper prepared by: Kathy Wakefield
On behalf of: NHSEI & SYB ICS
Date: 4th September 2020