



Meeting of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) Health Executive Group

09.00 – 12.00, Tuesday, 9 June 2020

Microsoft Teams

Minutes

Present:

Name	Organisation	Designation	Present	Apologies
Sir Andrew Cash	South Yorkshire and Bassetlaw Integrated Care System (ICS)	Chief Executive	✓	
Rachel Baillie-Smith	Health Education England		✓	
Rod Barnes	Yorkshire Ambulance Service	Chief Executive	✓	
Tracey Bray	NHS England		✓	
Des Breen	South Yorkshire and Bassetlaw Integrated Care System	Medical Director	✓	
Will Cleary-Gray	South Yorkshire and Bassetlaw Integrated Care System	Chief Operating Officer	✓	
Jeremy Cook	South Yorkshire and Bassetlaw Integrated Care System	Director of Finance	✓	
Mike Curtis	Health Education England	Local Director		✓
Alan Davis	South West Yorkshire Partnership NHS Foundation Trust	Director of HR and Estates	✓	
Katy Davison	South Yorkshire and Bassetlaw Integrated Care System	Head of Communications	✓	
Jan Ditheridge	Sheffield Health and Social Care NHS Foundation Trust	Chief Executive	✓	
Chris Edwards	NHS Rotherham Clinical Commissioning Group (CCG)	Accountable Officer	✓	
Diana Finlayson	South Yorkshire & Bassetlaw Integrated Care System	System Talent Management Lead	✓	
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer	✓	
Matthew Groom	NHS England Specialised Commissioning	Assistant Director		
Andy Hilton	Primary Care Sheffield	GP/Chief Executive	✓	
Terry Hudson	NHS Sheffield Clinical Commissioning Group (CCG)	Chair	✓	
Richard Jenkins	Barnsley Hospital NHS	Chief Executive	✓	



	Foundation Trust			
Lisa Kell	South Yorkshire and Bassetlaw Integrated Care System	Director of Commissioning	✓	
Alison Knowles	NHS England and NHS Improvement - North	Locality Director	✓	
Carole Lavelle	NHS England and NHS Improvement	Director of Nursing	✓	
Kirsten Major	Sheffield Teaching Hospitals NHS Foundation Trust	Chief Executive	✓	
Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Chief Executive		✓
Mandy Philbin	South Yorkshire and Bassetlaw Integrated Care System	Chief Nurse	✓	
Jackie Pederson	NHS Doncaster Clinical Commissioning Group (CCG)	Accountable Officer		✓
Kathryn Singh	Rotherham, Doncaster and South Humber NHS Foundation Trust	Chief Executive	✓	
Kevin Smith	Public Health England	Deputy Director of Public Health	✓	
Lesley Smith	NHS Barnsley Clinical Commissioning Group (CCG) / NHS Sheffield CCG SYB ICS (CHAIR)	Accountable Officer Deputy Lead	✓	
Angie Smithson	Chesterfield Royal Hospital NHS Foundation Trust	Chief Executive		✓
John Somers	Sheffield Children's NHS Foundation Trust	Chief Executive	✓	
Helen Stevens	South Yorkshire and Bassetlaw Integrated Care System	Associate Director of Communications and Engagement		✓
Richard Stubbs	Yorkshire and the Humber Academic Health and Science Network	Chief Executive	✓	
Kevan Taylor	South Yorkshire and Bassetlaw Integrated Care System	Director of Workforce	✓	
Hayley Tingle	Doncaster Clinical Commissioning Group	Chief Finance Officer	✓	
Laura Garner	South Yorkshire and Bassetlaw Integrated Care System	Corporate Committee Clerk	✓	

1. Apologies for absence and welcome

The Chair welcomed members and attendees to the meeting and apologies were noted as above.

The Chair reminded members of the objective of the meeting which were to begin to establish new ways of working, handle operational issues resulting from Covid-19 and implement the Long Term Plan at Organisation, PLACE and System level. The Chair reminded the group Health & Care Management Team telephone calls now take place weekly.



2. Declarations of interest

There were no declarations of interest noted.

The Group was asked to ensure all declarations submitted to the ICS PMO are current.

3. Minutes of the Health Executive Group (HEG) meeting held on 10 March 2020

The minutes of the meeting were accepted as a true record of the meeting.

4. Matters Arising

There were no matters arising.

5. Review of Action Log

The Chair noted that all actions have been resolved or included on the agenda.

RS provided a brief update on the Yorkshire & Humber Academic Health Science Networks, explaining the agenda has changed substantially due to realignment of the portfolio to support Covid-19. RS noted they are working with LK to further understand AHSN input and will continue to do so for the next quarter.

Action: Yorkshire & Humber Academic Health Science Networks be added to July HEG agenda.

National Update

Members were informed this had been put on hold due to Covid-19. The challenge is establishing a development programme within the new ways of working.

Action: National Update be added to July HEG agenda.

6. CEO Report

The Chair drew the group's attention to the recently held military stress test event across the five Places. A further event is to be held at the beginning of July.

Local Outbreak Control Plans

KS noted the establishment of Outbreak management and Outbreak Control Boards in each Local Authority. These will also be Health Protection Boards that will oversee the management of outbreaks in the districts. These will feed into the Yorkshire & Humber Regional Oversight Group. KS added the Political Outbreak Control Board will meet in public, chaired by a Local Authority Chief Executive, and each Local Authority will require an Outbreak Control Plan. KS noted the Regional Oversight Group will also engage NHS and ICS from a Yorkshire & Humber level. KS added from a national perspective, the national Joint Biosecurity Centre will ensure each region is being fed with information. The Chair queried whether the public facing board regarding outbreak control plans could be one and the same as the Health & Wellbeing Board currently in place. It was confirmed that these could be and this would be determined by Local Authorities and Director of Public Health who have responsibility for local outbreaks. The group noted an Operational Sub-Committee would be required.

WCG noted Richard Parker had sent apologies due to annual leave, however noted there have been no major changes regarding PPE since last discussed.



AK noted individual Local Authorities have submitted care home plans, and each have gone through the regional oversight process. AK added feedback on the plans will be submitted this week, noting good examples of practice can be seen across South Yorkshire. The group had a discussion around Mary Seacole, AK noted there is no national steer on the development of rehabilitation services, and there has been a suggestion rehabilitation support following Covid-19 is wrapped into the upcoming operational planning. AK concluded there is an upcoming meeting to review the possibility of extending emotional and wellbeing support to staff in care homes across NHS.

7. Mental Health, LD & Autism

KS presented the mental health, LD & autism update report and suggested to members that given the size of investments received into SYB that further scrutiny on funding may be warranted. The report provided details on funding received to date into mental health, LD & autism, explaining SYB ICS is generally successful in submitting funding bids that are in line with LTP priority areas. KS added circa £10m of funding had been received in SYB ICS in 19/20 above baseline allocations made to CCGs.

KS informed the group there was an appetite across Chief Executives to restart the establishment of a mental health provider alliance. It was noted that during COVID the 4 SYB Mental Health organisations had been meeting regularly to discuss and share issues and concerns. KS noted the team are reviewing the West Yorkshire & Harrogate alliance model which has been running for around two years. KS added they would welcome a discussion around having a single lead commissioner for mental health across South Yorkshire & Bassetlaw. CL noted £330,000 funding has been awarded across SYB to the Learning, Disability & Autism Programme, and a further £57,000 for the LEDER programme. LS noted Sheffield have begun to embed a transformation team within providers and suggested it may be worth picking up how this can be built on. CE suggested it may be useful to use this as a 'go-faster' area to produce new models. Partners supported the approach and noted they would like to remain updated on progress.

Action: KS to discuss provider alliance and a single commissioner approach with WCG.

8. Update on Transferring Children's Emergency Surgery to Sheffield Children's during Covid-19

JS noted that clinical concerns had been raised at the start of the pandemic regarding the potential negative impact on children across SYB due to workforce problems in paediatric units and lack of theatre capacity arising from the response to Covid-19 and focus on treatment of adults. On 14 April providers agreed a proposal to consolidate emergency surgery and HDU transfer to Sheffield Children's Hospital during the pandemic. The proposal was signed off by NHS England Bronze Command. JS noted that positive patient feedback regarding the process had been received from patients, families and DGH's with over 150 referrals being made under the new arrangements. He stated that there had been an ongoing review amongst clinicians and operational staff, including a working group as well as social media involvement.

JS noted the proposal to step down the pathway on 22 June, except for Doncaster, Bassetlaw & Barnsley for torsion of testes at weekends and appendectomies for under 8s. It was noted it would be useful to defer a decision until the following week's Health & Care Management Team Meeting following a review of recovery and restoration plans from providers.

The Chair noted congratulations for the hard work that has gone into the above. CE noted that further public consultation may be required for aspects of the pathway being kept. LS noted they welcome the cautious approach taken. The group confirmed the outlined proposal is acceptable, to be confirmed to step down the pathway at the next Health & Care Management Team meeting except for the highlighted areas.



9. Review of SYB LTP Transformation Priorities & Priorities to accelerate in advent of Covid-19 incident – Update

LK gave members an overview of the proposed critical priorities. LK noted a mini planning round approach is being adopted, and guidance is expected at the end of June which will have a bearing on priorities taken forward as a system for phase 3/4. The Operational Plan must be submitted by July, and the priorities will be dovetailed into this.

LK informed the group work is being done on rapidly gaining insights of transformation and sharing this wider with colleagues across the region, testing how transformations made over the last 12 weeks can be made fit for purpose and safe. LK noted following the military-led session in April, a commitment was made to drive forward transformation and learning to take forward the positive changes.

LK requested the group discuss the proposed transformation priorities and how these are taken forward. RS noted Academic Health Science Network have launched a national twitter campaign on innovation work around the reset, explaining a cultural change is required to ensure the transformations are sustainable in the long term. Members noted it is important to think about the new world rather than commit to the previous Long-Term Plan, as well as consider the possibility of a financial recession. LK noted the priorities will continue to evolve alongside the vision and strategy for the system. IG noted health inequalities is a major risk at both place and system level.

Action: SYB LTP Transformation Priorities to be added to July HEG / HnCMT agenda.

10. System Finance

JC reported an interim financial framework arrangement has been in place from April-July 2020 which funds providers for costs, and commissioners receive non-recurrent allocation to meet costs. JC noted they are awaiting the planning guidance due to be released at the end of June, however the draft planning discussion document has recently been released which gives an idea of the direction of travel. JC noted system capital plans have recently been submitted, and a cash limited pot of funding for Covid-19 revenue expenditure and Covid-19 capital for phase 3 of the plan may be available. JC noted the revised capital plans have been submitted, with a 15% reduction equating to £15,000,000, leaving a £2,000,000 gap to be addressed in the draft plans. JC noted the proposal to address this is to review which schemes in the draft plan can be funded from alternative sources of capital funding.

JC noted there is a significant amount of spend at SHSCFT, noting it may be helpful to have a discussion around whether there is a special case to be made regarding significant capital expenditure relating to CQC. JC noted it has been proposed to review the longer-term capital plan and agree the process for how to deal with capital prioritisation for 21/22 and beyond. The group had a discussion regarding transformation funding, JC noted they are awaiting clarification from the centre and it is likely to be included in the planning guidance at the end of June.

The group had a discussion regarding the System Efficiency Board, noting this has been impacted by Covid-19. A System Efficiency Workshop was held on 4 June to work on reset, and a further workshop is planned to involve clinical colleagues to look at further opportunities.

CE noted all capital is now coming in through ICS, noting a system allocation for Covid-19 capital is likely, and the system is expected to have a process to collate and prioritise bids and access funding. The group noted the current process of providers submitting business cases. Members suggested HEG nominate a subgroup to develop a prioritisation process for HEG.



Rotherham made comment on the correspondence from the ICS to make good the transformation funding that had been applied, via offsets, to secure PSF for the organisation. JC commented that this also applied to SCH. The Chair suggested this be discussed and drawn to a conclusion outside of the meeting.

11. Resourcing for the ICS Capital Development & Estates Programme

CE noted it has become clear dedicated resource is required to support the ICS Capital Development & Estates Programme. CE proposed a dedicated senior programme manager should be identified to lead the programme of work as is the case with other similar workstreams of the ICS. CE noted there has also been consideration to appoint an Estates Director in the programme work, as well as a Director of Finance to lead the financial planning and prioritisation of capital investments. LS noted it is essential to understand how the capacity would be used, adding it should support rather than evaluate place working. AH noted it is important to ensure an estate strategy is driven by a wider strategy and fits with the long-term plans. The group agreed HEG must own the prioritisation and decision-making and any future prioritisation processes. The Chair noted uniformed agreement in principal, suggesting it be taken to the next Health & Care Management Team Meeting for a decision around allocation of transformation funding.

Action: Resourcing for the ICS Capital Development & Estates Programme to be added up upcoming Health & Care Management Team Meeting agenda.

12. System Planning

WCG explained following March, members had taken a collaborative approach to developing a system plan and queried whether the common purpose remains the same following the added challenges resulting from the Covid-19 pandemic. WCG noted the system plan may need to be adapted, and ensure new priorities are mainstreamed quickly. WCG added changing priorities during Covid-19 at a strategic level include critical care as a focus for phase 1 and 2, and thought must be given to how this is strengthened during any future surge. WCG added phase 2 involved working together as an Integrated Care System to work towards the new normal and lock in transformation. The Chair agreed this must progress as soon as possible, and new governance arrangements must be put in place to reflect the changes.

AK noted the system is currently in phase 2 of the Covid-19 response and is beginning to plan for phase 3. AK added the proposed structure for planning is developing a system plan in two parts- five place plans and a system plan, as well as a shared set of plans across the system. AK added the proposed scenarios to be reviewed when setting plans are a second surge in 20/21 and background fluctuating levels of local outbreaks. AK noted place plans must cover the following components: identify and prioritise most vulnerable patients, locking in transformation from phase 1, and how thinking is structured through capacity. AK noted the plan is to have an aligned plan for the five places going forwards, as well as a system level plan for shared risks.

AK informed members the national guidance letter is expected in June. AK felt hopeful there will be a first draft of the place and system risk plans by the end of June, and a final version by July. AK informed the group a lead from each of the five places is required to join the planning group to support development going forwards. The Chair noted members agreed, and the group agreed this is to be discussed at the July HEG.

Action: System Planning to be added to July HEG agenda.

13. Cancer Alliance Approach to Resetting & Recovery

LS drew members attention to the accompanying paper, explaining it highlights the changing world in restoring and resetting cancer treatments. LS added the challenge highlighted in the



paper is adopting a system-wide approach to delivery and working in a unified way. The group agreed they endorsed this way of working and noted the recommendations set out in the report.

14. Resourcing of Pathology Transformation Programme & SYB Pathology Covid Testing

SB noted the supporting paper, which describes the request for additional resources to complete the outline of the business case, considering the added workload to pathology because of Covid-19 testing.

SB queried whether partners would be willing to consider advertising for a Digital Lead as a network post. SP also queried whether partners would consider backfill to pathology services. The Chair suggested partners agree the proposals in principle, and WCG to work with partners to progress outside of the meeting. Partners agreed this was acceptable.

Action: WCG to work with partners & SB on the above proposals.

15. Leadership & Organisational Development – MSL Development for HEG Update

DF noted the Leadership Programme scheduled for summer was cancelled. DF reported three further dates have been scheduled for the programme to take place in the autumn (12th October 16th November 30th November: - 9.30-4PM each day). DF requested the time is protected in diaries and the intention is for this programme to be delivered face to face: - subject to guidance

DF noted they are in the process of ensuring the Shadow Board is completed as soon as possible for delegates. DF noted they will bring a report back to HEG to discuss the evaluation of this and how the senior talent pool in the system is deployed going forward.

16. Integrated Assurance

The PMO Highlight Report, Quality Update and Delivery Report were noted for information.

17. ICS Focus Meeting with NHS England & Improvement, 16 June 2020

For information.

18. Engagement Update

For information.

19. NHS Update on Shielding June 2020

For information.

20. Minutes of Committees & Sub Committees

For information.

21. Any Other Business

Black Lives Matter

RS referenced the current Black Lives Matters protests and asked about the SYB response to the issue. RS noted that many senior NHS leaders had made public statements on the issue as well as internal staff communications and other actions, and suggested it may be useful for AK to produce collectively signed Comms to address this which was agreed. The group further queried whether it would be beneficial to reflect on having a more diverse voice within the ICS structure. RS thanked the group for their support. The Chair noted it would be useful to have a lead Chief Executive Officer supporting the notion.

Action: Chief Executives to indicate if interested in becoming Black Lives Matter lead.

Action: Bring a wider discussion / workshop at the July HEG



Action: Joint statement to be considered on behalf of the system.

Face Coverings & Visiting Changes

The group agreed to discuss this outside of the meeting.

22. Date & Time of Next Meeting

14 July 2020, 9.00-12.30pm, MS Teams

SYB ICS Health Executive Group Meeting Action Log – 11 February 2020

	Meeting Date	Action		Responsible Manager	Due Date	Status
1	09.06.20	Review of Action Log Action: Yorkshire & Humber Academic Health Science Networks be added to July HEG agenda. Action: National Update be added to July HEG agenda.		LG	July	Complete
2	09.06.20	Mental Health, LD & Autism Action: KS to discuss provider alliance and a single commissioner approach with WCG		KS/WCG	July	Complete
	09.06.20	Review of SYB LTP Transformation Priorities & Priorities to accelerate in advent of Covid-19 incident – Update Action: SYB LTP Transformation Priorities to be added to July HEG / HCMT agenda.		LG	July	July 21 st HCMT
4	09.06.20	Resourcing for the ICS Capital Development & Estates Programme Action: Resourcing for the ICS Capital Development & Estates Programme to be added up upcoming Health & Care Management Team Meeting agenda.		WCG	June	Complete
5	09.06.20	System Planning Action: System Planning to be added to July HEG agenda.		LG	July	Complete
6	09.06.20	Resourcing of Pathology Transformation Programme & SYB Pathology Covid Testing Action: WCG to work with partners & SB on the above proposals.		WCG/SB	June	Complete
7	09.06.20	Any Other Business – Black Lives Matter Action: Chief Executives to indicate if interested in becoming Black Lives Matter lead. Bring a wider workshop / discussion to July HEG Action: Joint statement to be released on behalf of the system.		Chief Execs	June	Complete