



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

09.00 – 12.00, Tuesday, 8 September 2020 via Microsoft Teams

Minutes

Present:

Name	Organisation	Designation	Present	Apologies
Sir Andrew Cash	South Yorkshire and Bassetlaw Integrated Care System (ICS)	Chief Executive		✓
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	✓	
Phyllis Cole	NHS England	Deputy Director of Nursing & Quality	✓	
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		✓
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 Foundation Trust	Chief Executive	✓	
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	✓	
Katy Davison	South Yorkshire and Bassetlaw Integrated Care System	Head of Communications and Engagement	✓	
Laura Garner	South Yorkshire and Bassetlaw Integrated Care System	Corporate Committee Clerk	✓	
Fatima Khan-Shah	Greater Huddersfield Clinical Commissioning Group	Lay Member	✓	

1. Apologies for absence and welcome

The Chair welcomed members and attendees to the meeting and apologies were noted as above. Apologies also noted from Richard Parker.

2. Minutes from the previous meeting held on 11 August 2020

The minutes were accepted as a true and accurate record. The group had no further matters arising to discuss.

3. CEO Report



LS drew member's attention to the formation of the national institute for health protection, and gave thanks to KS for all the team's hard work over the last six months.

Coronavirus Update

KS displayed maps highlighting the rates of infections across 17-25 year olds and over 50s. KS noted it is key that social distancing is maintained. KS attributed the rise across Sheffield to the return of students, noting if the rise continues Sheffield will be on a watch list as the virus is currently increasing in prevalence. KS noted the planning the system has in place at the moment should be sufficient as it is unlikely to reach the figures seen in March/April time. The group had a discussion around the difficulties of younger people failing to self-isolate and engage with Track and Trace.

Flu Planning Update

JP noted the Flu Board has now met multiple times and is focusing on guidance sharing, learning and reporting. Each place has developed a partnership Flu Plan and these are due to go to A&E Delivery Boards in September. JP urged members to please review the plans and also support the approach that A&E DB's oversee place implementation. JP noted that army stress test sessions will now commence in each place focussing on the top 3 identified risks. JP noted a number of overall key risks including the potential limited supply of the vaccine, IT systems that do not log all activity and CCGs going at risk to fund related flu costs. JP noted flu plans are more robust than previous years but some activities remain a challenge due to the scale of the programme and financial flows.

Equality, Diversity & Inclusion Update

KT noted resource is required to support Kathryn Singh in the role. KT added it has been agreed to establish BAME networks and leadership development programmes. KS noted a steering group is due to be established, and asked members to think about putting a representative forward. KT urged members to discuss the Stepping Up Programme with Chief Nurses.

3. Sheffield City Region Recovery Plan

DS gave an overview of the Sheffield City Region Economic Renewal Action Plan, noting that as the country enters a recession, a significant rise in unemployment is expected. DS noted the plan includes programmes for people to reskill/upskill members of the community who have been affected by the pandemic, helping the unemployed to be job matched and reducing barriers to employment. DS added work with employers will include support with cash flow and business plans. DS noted work will take place with places to remodel for an economy with different demands and behaviours. JP suggested it may be worth focusing on apprentices, and setting expectations via HR Directors. The Chair noted commitment to take this forward and produce key deliverables. **Action: RS to discuss further with DS**

4. AHSN Rapid Insights – Learning from Covid-19

LK noted good progress is being made across the digital agenda and innovation, and there has been good feedback from staff. LK noted there is interesting information available to help organisations lock in developments. LK noted it would be helpful for members to take a systematic approach to understanding and learning of transformation sharing.

5. Feedback from discussions with ICS & LAs on next steps on approach to Health Inequalities

LK noted a meeting has been arranged for the 24th September with the LA Chiefs to discuss a partnership approach on Health Inequalities and to support the ICS response to the 8 urgent actions for Health Inequalities. Feedback to be provided at the next HEG meeting.



6. Update on ICS Development

WCG noted the current ICS focus is on delivering phase 3 planning, and being prepared for any further waves of Covid as we head into winter. He reminded members of the recently commissioned independent support on the first phase of our governance review which was focussing on getting feedback on governance and current ways of working. WCG added there is national ongoing work on ICS development within the national team and this was likely to lead to further policy direction and guidance for systems in autumn which we need to be mindful of in our review. WCG also updated other elements of the Long Term Plan which have begun to gain momentum.

7. Last Full Draft Plan Submission

MJ informed members the plan was submitted on 28th August, noting further work is to be done on the narrative and workforce part of the plan. Place Planning Leads have been asked to complete a risk assessment for each element of the Phase 3 plan. MJ noted the Phase 3 plan show the proportion of the original MH and LD plans that can be reinstated in Q3 and Q4, adding significant effort is being put into recovery in these services. MJ noted there is a significant programme of work due to review and consider activity plans across SYB. MJ confirmed the next steps include a process for confirm and challenge, and working with Place Leads. The final plan is due on 21st September; therefore all organisations will need to submit their plans by 17th September. LK noted the work being undertaken in each place to bridge the gap.

8. Health Inequalities Delivery Plan – response to the 8 Urgent Actions to address HIs

LK noted the 5 places have shared their positions against the 8 urgent actions. LK noted the key points include re-framing the Health Inequalities work for phase 3 including the Long Term Plan Health Inequalities commitments. The HI Delivery Plan has been developed with the 5 places and will be submitted with the phase 3 plan on 21st September.

Action: LK asked HEG members to confirm their Executive Board Leads for HI and Equality.

9. Transformation Priorities

LK noted work undertaken with programme directors to repurpose activity on the covid response and the phase 3 reset. Each programme has identified their top priorities for this and how these will support the work to address Health Inequalities. The key priorities by each programme were displayed. Members noted they find it difficult to comment when papers are received shortly before the meeting. LK noted a decision was not required today, that these are well established priorities not new ones and were shared to support awareness and a discussion on the key work of the ICS programmes for the reset.

Action: Transformation Priorities to be added to next HEG agenda.

10. Local Workforce Plan & Response to the National People Plan

KT noted figures show most organisations are predicting a moderate increase in activity. KT added a System People Plan is due to be produced, and the Strategic Workforce Board is meeting to discuss.

11. Latest Position on Capital Funding

LL displayed an overview of capital funding, added MOUs have been completed for A&E bids. LL added there's an allocation of £6,000,000 for critical care in SYB - the Barnsley scheme doesn't yet have a confirmed source of funding. A piece of work is required to review position. The Covid bids remain outstanding. LL noted no capital has been allocated to community services in Barnsley that's delivered by a provider outside of the ICS.



12. Financial Framework

LL noted the financial planning templates have been consolidated and there is beginning to be an understanding of the top up requirements. DOFs have expressed concerns around the funding gap and that activity plans weren't delivering the ambitions in the planning letter. CCGs will be reset to break even based on the model, and funding would be distributed across the system. LL noted the proposed approach is to receive plans, establish the size of the funding gap, review plans to ensure all are making appropriate assumptions in the same way. LL noted a peer review of plans will be undertaken in order to ensure consistency. LL noted that there isn't enough information yet to understand the scale of the gap, due to the number of changes to the financial regime for months 7-12. Until Organisations are able to refresh their plans per the revised guidance, the gap isn't clear.

13. Quality Update

PC noted the team are in a process of revising shared commitments to quality and reviewing how this will change as a system by default approach. PC work is required around understanding what HEG requires as an oversight from quality. PC added Serious Incident information is shared in order to develop shared learning, adding it may be appropriate for HEG to have sight of never events at a system level in order to understand themes/learning/improvements.

14. Transformation Programmes Highlight Report

The Group noted the contents of the report.

15. Delivery Report

The Group noted the contents of the report

16. Any Other Business

There was no other business discussed.

17. Date & Time of Next Meeting

Tuesday 13th October 2020, via MS Teams

SYB ICS Health Executive Group Meeting Action Log

	Meeting Date	Action	Responsible Manager	Due Date	Status
1.	08.09.20	Transformation Priorities to be added to next HEG agenda.	ICS PMO	October	
2.	08.09.20	LK added a requested to HEG to let LK know who their Exec Board Leads are. Health Inequalities to be added to the next HEG agenda.	ICS PMO	October	
3.	08.09.20	Sheffield City Region Recovery Plan Action: RS to discuss further with DS.	RS/DS	October	