



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

08.30 – 10.50am, Tuesday, 9 February 2021 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 and NHS Improvement (North East and Yorkshire)	Regional Head of Supplier Management	✓	
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	✓	
Catherine Burn	Voluntary Community and Social Enterprise (VCSE)	Senior Responsible Officer	✓	
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) NHS Barnsley Clinical Commissioning Group (CCG)	Accountable Officer Accountable Officer	✓	
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer	✓	
Andy Hilton	Primary Care Sheffield	GP/Chief Executive	✓	
Brian Hughes	Sheffield Clinical Commissioning Group	Director of Commissioning	✓	
Gill Hunt	NHS England and NHS Improvement	Director of Nursing	✓	
Richard Jenkins	Barnsley Hospital NHS Foundation Trust The Rotherham NHS Foundation Trust	Chief Executive Chief Executive	✓	
Lisa Kell	South Yorkshire and Bassetlaw Integrated Care System	Director of Commissioning	✓	
Alison Knowles	NHS England and NHS	Locality Director	✓	



	Improvement - North			
Kirsten Major	Sheffield Teaching Hospitals NHS Foundation Trust	Chief Executive	✓	
Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Chief Executive	✓	
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 Sheffield Clinical Commissioning Group (CCG) / SYB ICS (CHAIR)	Accountable Officer Deputy Lead	✓	
John Somers	Sheffield Children's NHS Foundation Trust	Chief Executive		✓
Helen Stevens-Jones	South Yorkshire and Bassetlaw Integrated Care System	Director of Communications and Engagement	✓	
Richard Stubbs	Yorkshire and the Humber Academic Health and Science Network	Chief Executive		✓
Terry Hudson	NHS Sheffield Clinical Commissioning Group (CCG)	Chair	✓	
Dean Royles	South Yorkshire and Bassetlaw Integrated Care System	Workforce Consultant	✓	
<u>In attendance</u>				
Mags McDadd	South Yorkshire and Bassetlaw Integrated Care System	Business Manager	✓	
Joanne Wright	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	General Manager	✓	
Ruth Brown	Sheffield Children's NHS Foundation Trust	Deputy Chief Executive	✓	
Kathy Scott	Yorkshire and the Humber Academic Health and Science Network	Deputy Chief Executive	✓	
Victoria McGregor-Riley	NHS Bassetlaw Clinical Commissioning Group	Director of Strategy, Deputy Chief Officer	✓	
Andrew Snell	Barnsley Hospital NHS Foundation Trust Barnsley Metropolitan Borough Council	Consultant in Public and Global Health	✓	
Greg Fell	Director of Public Health Sheffield	Sheffield City Council	✓	
Ben Holden	Imperial College Healthcare NHS Trust	Public Health Leadership Fellow	✓	
Ben Gildersleve	South Yorkshire and	Digital Programme Director	✓	



	Bassetlaw Integrated Care System	SYB ICS		
Rupert Suckling	Doncaster Council	Director of Public Health	✓	
Jaimie Shepherd	South Yorkshire and Bassetlaw Integrated Care System	SYB Integrated Stroke Delivery Network Manager	✓	
Lisa Wilkins	South Yorkshire and Bassetlaw Integrated Care System	Consultant in Public Health Medicine	✓	

1. Apologies for absence and welcome

Members and attendees were welcomed to the meeting. Welcome was extended to Joanne Wright, General Manager Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust attending to observing the meeting. Ben Holden, Rupert Suckling, Ben Gildersleve, Greg Fell, Victoria McGregor-Riley and Andrew Snell in attendance to support the Health and Inequalities presentations and discussions. Also in attendance were Jaimie Shepherd to support the HASU report and Lisa Wilkins to present the QUIT report.

Apologies noted as above.

2. Minutes from the previous meeting held on 12 January 2021

The minutes were accepted as a true and accurate record.

All actions have been resolved or included on today's agenda.

3. National, Regional and SYB ICS update

CEO Report

The group noted the contents of the report and the request to share the paper with their individual Boards and Governing Bodies and Committees.

Sheffield Olympic Legacy Park update

Andrew Cash informed the meeting the proposals for the Sheffield Olympic Legacy Park (SOLP) were unveiled in January. The project, which involves and is supported by South Yorkshire and Bassetlaw (SYB) partners, is set to have significant economic and health benefits within SYB and members were encouraged to read the full Economic Plan (link included within the report). Andrew proposed to explore the benefits of SOLP to the region at a future HEG meeting.

Action: Agenda item at a future HEG meeting. AC

Anchor Networks

Chris Edwards advised that he attended the national Anchor Network meeting in January. It was noted that Anchor institutions are key to making contribution to the health and wellbeing of their local populations and the local economy and include the NHS, along with Local Authorities, universities and other non-profit organisations. He described how the NHS influences housing, employment and youth, estates and assets management, environment impact of services and digital poverty. A proposal is being developed with the four North ICSs taking a collective approach which will be informed by a system-wide event. Chris added that London is already working on this agenda.

It was noted to discuss in more detail at a future HEG meeting to consider the SYB ICS strategy.

Action: Include YAS in proposal discussions. CE/RB

Action: Update the HEG on development and progress with the four North ICSs. CE

COVID Vaccinations

Jackie Pederson provided an update to the group noting that PCNs had administered 48,000 vaccinations last week and were making good progress to meet the February 15th target.

It was also confirmed that 2nd doses can be administered in week 11.

Modelling work for the 2nd doses and cohorts 5-9 are to commence. Jackie advised the group that support from hospital hubs may be required to ensure the continued success of the programme. At this point, discussions will be picked up in place based vaccination groups and SYB modelling will be shared when available.

It was noted that a drop in vaccination delivery is expected in weeks commencing 15th and 22nd February both locally and nationally.

Jackie added that it is hoped to have a written weekly vaccination update report available to share with HMCT and HEG in the coming weeks.

It was noted that delivering booster vaccinations in the autumn could prove challenging due to workforce capacity.

4. Integrated Care

ICS Development update

Andrew Cash informed the meeting that the White Paper is due to be published imminently, although, an early version was leaked to the public over the weekend.

The ICS Development Steering Group is meeting for the first time following this meeting, 11.00 – 13.00, attendees include Local Authority and Voluntary Sector colleagues. Each of the four working groups making up the Steering Group has a common set of principles and core objectives which are in addition to any wider terms of reference they each develop. Work streams are considering these over two phases. 1) the ambition for April 2021 and 2) the ambition from April 2022 by which time the legislative framework direction should be clearer. It is anticipated this should to be available in the summer.

The group noted that clinical support and input will form part of any new ICS arrangements, noting also the valued inclusion of the Voluntary Sector, Local Authority and wider partners whose role impacts on the wider social determinants of health.

Over the next few months, the Steering Group will set out to road map a set of tasks and considerations for new governance arrangements to commence in April 2022 and a new Health and Care Partnership Statutory Board to promote partnership arrangements and give strategic direction in South Yorkshire and Bassetlaw.

The group noted the enormity of the task ahead and the HEG would be kept updated on developments.



5. Developing a SYB Population Health Led ICS and addressing Health Inequalities in 2021/22- 1 hour discussion

Lisa Kell introduced the session and thanked the Directors of Public Health for their support and views to develop the slide deck and for joining the discussion. LK asked the group to consider the presentations and the role of the ICS in improving the health and wellbeing of the SYB population and how it is proactively supporting our five places to do this. COVID-19 has widened health inequalities across SYB over the last year and the system needs to focus its efforts on improving population health outcomes, prioritise and target resource and investment on areas of most need across SYB. A paradigm shift is needed to refocus our efforts. We will address HIs in the context of three lenses:

- existing Long Term Plan commitments and priorities
- the ongoing pandemic and phase 4 recovery requirements
- the future integrating care Operating Model and longer term ICS arrangements

LK added that the aim of the session is to re-energise the ICS Prevention PHM / HIs agenda, agree core principles and immediate actions from HEG to take forward at pace in 21/22 and to challenge thinking and consider the progress made so far on the commitments set out in the SYB Long Term Plan (acknowledging the impact of COVID-19) how proactively we are implementing this work at an ICS level and how we can strengthen the role of the ICS in improving the health of the SYB population by supporting, facilitating and enabling places to do more.

SYB Directors of Public Health, Greg Fell (Sheffield), Rupert Suckling (Doncaster), Kevin Smith (Public Health England), Andy Snell (Barnsley) and Ben Holden (Public Health Leadership Fellow, Barnsley) gave their views on the impact of COVID-19 on HIs and population outcomes and the challenges and the widening gap in inequalities which has emerged from the pandemic and actions to improve population health and address HIs in SYB from a public health perspective.

The presentations highlighted the left shift needed of resource and focus to primary care and community from the hospitals and a targeted approach for funding needs through allocative resourcing. Andy Hilton welcomed this and added that the inclusion of Primary Care is imperative to the overall addressing HIs strategy.

Ben Gildersleve, Digital Programme Director SYB ICS, presented the population health tools and data capabilities across SYB and the need for system wide consistency. He referenced people capacity constraints, impact collaboration outside of place, development of standardised approaches and system wide model, which have been exacerbated by COVID-19. The Yorkshire and Humber Care Record (YHCR) is an emerging platform that all SYB partners have committed to. It is being established for direct care now, but also includes a strategic solution for PHM using the same information as for direct care, but will take time to mature. Ben added that an incremental, phased delivery model would be the most appropriate approach and a digital solution that develops a SYB population profile, identifies areas of most need and will be required in the first steps of a PHM led ICS during 21/22.

LK asked the group to agree the core principles set out within the presentation and the proposed immediate actions to:

1. Develop immediate short term top 5-10 commitment priorities for ICS and support to place
2. Investment identified for PHM / HI / prevention priorities and support place in 2021/22
3. Infrastructure - resource skills and capacity to lead, inform, support and drive this work forward

The group acknowledged that the inclusion of SYB public health and Local Authority are also imperative to sustaining changes and commitment to a system wide PHM HI Prevention agenda.

Lesley Smith added that there is a real opportunity to ring fence the system growth of £10m to support the HI agenda noting the Chief Executive report on today's agenda shows we have £36m underspend now for year end. Concern was raised these funds could be lost if not ring fenced.

Due to time restraints Terry Hudson agreed to feedback his comments to Lisa outside the meeting.

Lisa closed the session, thanking the presenters and those involved in supporting today's presentations.

Andrew Cash also thanked the presenters for a very informative and thought provoking discussion, adding this is an excellent opportunity to drive forward this work in the context of the integrating care agenda.

The HEG agreed to the core principles and next steps as set out within the presentation, and asked to be kept updated on progress and developments.

Action: Provide an update at the March meeting. LK

HASU full evaluation report and executive summary

Jaimie Shepherd presented the final SYB Hyper Acute Stroke Unit (HASU) Evaluation Report. The report captures the key findings, implications and lessons learned from the evaluation and six recommendations to be taken forward by organisations and the Integrated Stroke Delivery Network (ISDN). There is good evidence that many of the anticipated benefits of the HASU Decision Making Business Case have been achieved and there are opportunities to realise these further to help drive further improvements within the SYB stroke pathway.

The draft report and Executive Summary were shared with members of the SYB Acute Federation on 1st February 2021. Members were invited to review these and asked to provide any further written feedback in advance of presenting to the HEG for final sign off. The Acute Federation approved the report for presentation at HEG.

Following the presentation and meeting discussion, the HEG approved the final HASU Evaluation report and gave approval for it to be shared more widely. The report will be shared at the SYB Committees in Common meeting on 5th April 2021.

Kirsten Major added that the success of the HASU transformation, the work done through the Acute Federation as a result of the Hospital Services Review to further the progress for stroke care and the wider lessons learnt through the change, would support future system collaborative work, noting appreciation of the HEG support.

Lesley Smith added that the HASU Evaluation Report was reviewed and discussed at the HEG Shadow Board meeting on Monday 8th February. The group offered feedback that the commissioning decision had been based on saving lives by improving access to HASU care. The evaluation has shown that more patients are now accessing high quality HASU care. They highlighted that work needs to be ongoing to ensure that patients who present late and at their local hospital are still accessing high quality care in order to address any remaining health inequalities and improve outcomes.

The group recommended that the final HASU Evaluation Report should be shared with the Joint Committee of Clinical Commissioning Groups.



Action: The HEG requested the final HASU Evaluation Report be shared with Joint Committee of Clinical Commissioning Group meeting in February. JS

Action: The final HASU Evaluation Report to be shared at the SYB Committees in Common on 5th April 2021, before being circulated more widely. JS

7. QUIT Programme Funding

Lisa Wilkins informed the meeting that the Yorkshire Cancer Research (YCR) contract for the QUIT Programme has been finalised and agreed with Sheffield Clinical Commissioning Group (CCG), who will be the signatory to the contract. The CCG Chief Finance Officers have agreed a MOU between the CCGs that share the risks of the contract. It was noted that a signed copy of the contract from YCR has been received and we have agreed a commencement date of 1 May 2021 for the first YCR funded Tobacco Treatment Advisors (TobTAs) to be in post. Barnsley Hospital NHS Foundation Trust and Rotherham Doncaster and South Humber (RDASH) NHS Foundation Trust have indicated that they will be ready for a May start date. We have 12 months from the commencement date of the first TobTAs for all TobTAs to be in post.

The HEG noted the contents of the report and approved the proposed funding streams detailed within the report, including the top slicing of the growth funding prior to distribution to partners to fund the QUIT staffing costs that are not covered by YCR, Trusts funding input drug costs and a two week TTA and CCGs funding the extra community drug/dispensing costs.

8. Finance update

Jeremy Cook asked the group to note the forecast revenue surplus for the year of £36.1m and slippage on capital of £17.4m, therefore, the system has operated within its financial envelopes. It is unlikely any capital slippage can be brokered and the ability to spend the capital will be lost to the system for good. Trusts are working hard to consider options. It was noted that the system capital envelope for 21/22 is likely to be significantly less than draft plans and that prioritisation of plans will be required, work is ongoing to review capital plans. The 21/22 planning has been deferred and that the financial framework for M7/12 20/21 will be rolled forward into Q1 21/22.

Following discussion the group agreed that a set of principles was required that would come back to HEG for approval on how the system capital envelope would be distributed for 2021/22. This will enable learning from the experiences of 2020/21 where there is a large underspend forecast based on the distribution methodology adopted. Had this slippage been aware of earlier or a different methodology adopted this may have resulted in a lower level of slippage. Jeremy Cook confirmed that this is currently being worked up through the provider Directors of Finance and will be brought back to HEG for approval at an appropriate point.

The group agreed there is an opportunity this year to maximise the opportunities that the surplus brings and which is a focus in each of the places. Jeremy will report back to the HEG at the next meeting.

Action: Update HEG on plans to manage the in-year surplus. JC

9. SYB Wave 3 Planning

The group noted the contents of the slide pack, shared in advance of the meeting.

10. Public Health England Covid-19 pandemic update

The group noted the contents of the slide pack, shared in advance of the meeting.

11. Transformation Programmes Highlight report

The group noted the contents of the report.

12. Delivery Report

Alison Knowles asked the group to note the update at a SYB system level against key aspects of delivery. For the last nine months delivery at system level focused to maintain delivery of urgent care, and as much planned care as possible. The SYB system has adopted a focus on harm minimisation and recovery, ensuring clinical priority and urgency is considered in decision making.

Current performance rates in waiting lists in over 62 days, 104 days and 52 weeks for Cancer treatment were noted. Weekly review meetings are established with acute trusts focusing on recovery actions pathways.

Ambulance handover delays remains challenging, mostly at Barnsley and Doncaster hospitals. Arrangements have been agreed by all providers and commissioners across SYB to support the implementation of ambulance divers when pressures becomes significant.

Alison added that the number of mental health patients placed out of area continues to grow, both in Sheffield Health and Social Care and Rotherham Doncaster and South Humber Foundation Trust. This is largely due to capacity within the Trusts, particularly in psychiatric intensive care. work is ongoing with Sheffield Place around mental health pathways and review flow and delays of complex cases.

National funding is available to support recovery before April 2021. The ICS has undertaken processes to allocate this funding and schemes commenced in early January. Delivery against these schemes will be reported in February.

Discussion ensued on the impact of waiting times on children and young people for mental health treatment and particularly eating disorders and the need for clear funding and pathways going forward to address waiting times and treatments. The demand for these services has accelerated during COVID-19.

The group noted the details of the report.

13. Quality Update

The group noted the contents of the report.

14. Any Other Business

There was no other business discussed.

15. Date and Time of Next Meeting

Tuesday 9 March 2021, via MS Teams.

SYB ICS Health Executive Group Meeting Action Log

	Meeting Date	Action	Responsible Manager	Due Date	Status
1.	13.10.20	Quality Update Agreed to discuss outside the meeting and work through a set of transparency procedures and future reporting to share with the HEG.	Phyll Cole / Gill Hunt	March HEG	Update at March meeting
2.	8.12.20	Equality, Diversion and Inclusion Action Plan Bring back update to HEG in April 2021.	Kathryn Singh	April 2021	Update at April meeting
3.	8.12.20	Programme Business Case for Primary Care Capital Scheme Slippage to be prioritised to Barnsley schemes if it arises to ensure equity of improved access and outcomes across the SYB population.	Chris Edwards	Ongoing	Ongoing
4.	12.1.21	Local Maternity Systems Progress update to HEG March meeting.	Chris Edwards	March 2021	Update at March meeting
5.	12.1.21	Operational priorities for winter and 2021/22 AK to share fuller planning guidance when available.	Alison Knowles	Ongoing	Ongoing
6.	9.2.21	Developing a SYB Population Health Led ICS and addressing Health Inequalities in 2021/22 Provide an update on the delivery of health inequalities in SYB, to the HEG.	Lisa Kell	9 March 2021	Update at March meeting



7.	9.2.21	<p>Sheffield Olympic Legacy Park update</p> <p>Agenda item at a future HEG meeting.</p>	Andrew Cash	Future HEG meeting	
8.	9.2.21	<p>Anchor Networks</p> <p>Include YAS in proposal discussions.</p> <p>Update the HEG on development and progress with the four North ICSSs</p>	CE/RB CE	ongoing Future HEG meeting	Update at March meeting
9.	9.2.21	<p>HASU full evaluation report and executive summary</p> <p>The final evaluation report to be shared with Joint Committee of Clinical Commissioning Group meeting in February. JS</p> <p>The final HASU Evaluation Report to be shared at the SYB Committees in Common on 5th April 2021, before being circulated more widely.</p>	JS JS	24 February 2021 5 April 2021	Complete
10.	9.2.21	<p>Finance update</p> <p>Action: Update HEG on plans to manage the in-year surplus.</p>	JC	9 March 2021	Update at March meeting