



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

08.30 – 10.30, Tuesday, 12 October 2021 via Microsoft Teams

Minutes

Present:

| Name | Organisation | Designation | Present | Apologies |
|------------------|---|---|----------------|------------------|
| Sir Andrew Cash | South Yorkshire and Bassetlaw Integrated Care System (ICS) | System Lead | | ✓ |
| Rod Barnes | Yorkshire Ambulance Service | Chief Executive | ✓ | |
| Tracey Bray | NHS England Specialised Commissioning | Assistant Director of Specialised Commissioning | | ✓ |
| 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 (Senior Responsible Officer) | ✓ | |
| Mike Curtis | Health Education England | Local Director | ✓ | |
| Mark Brooks | South West Yorkshire Partnership NHS Foundation Trust | Interim Chief Executive | ✓ | |
| 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 | | ✓ |
| Alison Smith | NHS England and NHS Improvement | Director of Nursing | ✓ | |
| Shafiq Hussain | Voluntary Community and Social Enterprise (VCSE) | SYB ICS Voluntary Community and Social Enterprise (VCSE) Senior Responsible Officer | | ✓ |
| 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 | | ✓ |



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| Alison Knowles | NHS England and NHS Improvement - North | Locality Director | | ✓ |
| 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 | Accountable Officer Deputy System 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 | ✓ | |
| Ruth Brown | Sheffield Children's NHS Foundation Trust | Acting Chief Executive | ✓ | |
| <u>In attendance</u> | | | | |
| Mags McDadd | South Yorkshire and Bassetlaw Integrated Care System | Business Manager | ✓ | |
| Kathy Scott | Yorkshire and the Humber Academic Health and Science Network | Deputy CEO and Chief Operations Officer | ✓ | |
| Jackie Mills | NHS Sheffield Clinical Commissioning Group | Director of Finance | ✓ | |
| Ian Atkinson | NHS Rotherham Clinical Commissioning Group (CCG) | Executive Place Director | ✓ | |
| Karen Selby | Sheffield Teaching Hospitals NHS Foundation Trust | Obstetric Clinical Lead | ✓ | |
| Michael Hunter | Sheffield Health and Social Care NHS Foundation Trust | Executive Medical Director | ✓ | |
| Jeremy Budd | NHS Barnsley Clinical Commissioning Group (CCG) | Director of Strategic Commissioning & Partnerships | ✓ | |
| Matthew Groom | NHS England Specialised Commissioning | Regional Director of Specialised Commissioning and Health and Justice | ✓ | |



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|----------------|---|--|---|--|
| Richard Cullen | NHS Rotherham Clinical Commissioning Group (CCG) | Chair | ✓ | |
| Kate Mansfield | South Yorkshire and Bassetlaw Integrated Care System | Digital Programme Manager | ✓ | |
| Rita Thomas | NHS England Specialised Commissioning | Head of Mental Health North East and Yorkshire Region, NHS/I | ✓ | |
| Jodie Deadman | Programme Lead South Yorkshire and Bassetlaw Integrated Care System | Maternity Transformation | ✓ | |

1. Apologies for absence and welcome

Members and attendees were welcomed to the meeting.

Apologies noted as above.

2. Minutes from the previous meeting held on 14 September 2021

The minutes were accepted as a true and accurate record.

Review of Action Log

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

Matters Arising

Following feedback on the ICS Transition approach presented at the previous meeting, the report was circulated to SYB NHS CCGs to share with their Governing Bodies for formal approval.

A powerpoint presentation update on Paediatric Accelerator would be shared following the meeting to close the action.

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 individual Boards and Governing Bodies and Committees.

4. ICB Development update

Will presented his report, which was shared in advance of the meeting and summarised the key elements of the progress made so far in developing the governance arrangements in readiness for the establishment of statutory Integrated Care Systems (ICSs) from 1st April 2022. It summaries the key published guidance in context of the Integrated Care Board and which had previously been discussed at the ICS Development Steering Group in September. It was noted that ICS leaders and designate ICB leaders are asked to proceed with preparations to implement ICB governance and leadership arrangements. The ICS Chair designate is now in post and appointment to the chief executive designate is underway.



The report comprised of key elements of the Bill and national guidance to support the establishment of statutory ICSs published over the summer months including function and governance of the Integrated Care Board (ICB) and Model Constitution of the ICB.

Will highlighted the following aspects of the report:

- ICS leaders, and designate ICB leaders as they are appointed, are asked to proceed with preparations to design and implement ICB governance and leadership arrangements before April 2022 that fulfil the requirements set out in the interim guidance. CCGs are legally responsible for proposing the ICB Constitution to NHS England and Improvement and engaging with relevant partners.
- The ICS Development Steering Group and the Health Executive Group have been considering the published guidance and policy including the development of partnership governance arrangements at their monthly meetings and most recently at meetings on 14 September 2021.
- The ICB will be directly accountable for NHS spend, commissioning and performance within the system. ICBs will bring partner organisations together in a new collaborative way with a common purpose.
- Summary of the Board, minimum requirements and membership
- Collaborative working across the healthcare, public health and social care system. 'Triple Aim' required for ICSs, NHS England and NHS providers for better health and wellbeing for the population, better care for all people, and sustainable use of NHS resources.
- Place-based arrangements between local authorities, the NHS and providers of health and care will be left to local areas to arrange
- Key governance issues; place arrangement, inclusivity, key relationships
- Vision of an Integrated Care Board in South Yorkshire, committees and membership
- Bassetlaw boundary changes
- Simplifying arrangements for all key partners as we progress to the final six months to implementation of statutory ICSs, replacing the monthly ICS Development Steering Group meeting with regular briefings to inform discussions into the weekly Health and Care Management meetings and amending the terms of reference of the Health Executive Group to reflect a renewed focus on ICS development and invite any regular remaining members from the Steering Group to join this group

Will informed the group that the full report was written for public boards in the current period. The group noted the details of the report, supported the recommendations and to share the updated report with their organisation Boards and Governing Bodies.

The group thanked Will for the helpful report and asked for clear guidance on the ask of HEG when presenting this report to their Boards and Governing Bodies.

Action: Will agreed to provide a covering report to support the paper and circulate to HEG members this week. WCG

Action: Will agreed to include "Children and Young People's Alliance" within the report. WCG

Discussion ensued on accountability on the Primary Care Collaborative and connection with secondary care colleagues, noting work is still to be done.



5. Development of Mental Health Provider and CAHMS and Eating Disorder Provider Collaborative

Kathryn Singh and Ruth Brown updated the meeting on the development of the Mental Health Learning Disability & Autism (MHLDA) Provider Alliance and the NHS Led Specialised Provider Collaboratives. Kathryn began by sharing an overview on the development of the MHLDA Alliance's vision, mission and principles, governance and development journey since January 2020 and the work on formalising its working arrangements. The services of Attain consultants had been commissioned by the MHLDA Alliance to support the development of a Memorandum of Understanding (MOU), a clear vision and future development plans and objectives identifying where the Alliance could make a difference in collaborative working and setting out governance proposals. The MOU had been agreed by all 5 Provider Trust Boards in their public sessions.

The proposed guiding principles and objectives were outlined within the slide pack circulated in advance of the meeting and immediate next steps and actions to undertake as an Alliance. The five providers in the Alliance are South West Yorkshire Partnership NHS Foundation Trust, Rotherham, Doncaster and South Humber NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, Sheffield Children's NHS Foundation Trust and Nottinghamshire Healthcare NHS Foundation Trust. It is expected to continue as five providers (despite the ICS boundary changes).

Discussion ensued on changes of the Integrated Care Board (ICB) and Integrated Care Partnership and whether the Alliance would operate as a Committees in Common (as originally planned) or now potentially as a sub-committee to the ICB. Work on establishing an Alliance Delivery Group and Alliance Advisory Network, was underway which will help ensure that the Alliance is clinically lead and has patient/service user input.

Ruth Brown provided an update on three NHS Led Specialised Provider Collaboratives: CAMHS Tier 4 Beds, hosted by Sheffield Children's; Adult Eating Disorders, hosted by RDASH; and Adult Secure, host currently being agreed. Two went live on 1st October although some financial elements are yet to be agreed and an increase in demand and additional packages of care are major risk areas. The group noted a number of key principles that the Collaboratives are working to and the important development of the clinical model and critical short-term issues, in particular the management of referrals and efficient pathways to respond to the growth and mitigation against increasing out of area placements.

Ruth shared details of the Commissioning Hub hosted by Sheffield Children's that has been established to support this work, working for and on behalf of the providers to run the new collaborative arrangements. The hub will support the delivery of transformational change and provide oversight of each of the Provider Collaboratives through partnership agreements.

Mark Brooks added that SWYFT was currently carrying out due diligence work on the Adult Secure Pathway to determine if it would take on the lead provider role and was hopeful a decision would be reached to enable a go live for April 2022.

Ruth provided details on the next steps of collaboration, budgets, governance and leadership and stakeholder engagement and support promoting the Alliance with place and system partners.

Matthew Groom highlighted that work was underway on developing a risk share across the whole region in respect of managing exceptional packages of care as managing them through the ICS could present a higher level of financial risk to the provider collaboratives.



Comment was made to include clinical representation within the governance structure and Ruth added that the Chair of the Clinical Network would be represented on the Alliance Board and would be part of the decision making process.

The group noted the details of the presentation, in particular the governance arrangements and the progress to date.

Action: Provide an update to HEG at a future meeting to include next steps and how the Alliance and related MHLDA services are represented at the ICS Board with any risks identified. KS/RB

6. ICS Digital Transformation Strategy

Richard Cullen introduced the report noting the ICS Digital Transformation Strategy was developed as an umbrella digital strategy for the ICS to guide digital transformation across SYB to deliver safe, efficient integrated care and to meet digital obligations. Consultation was undertaken across SYB organisations, places and transformation programmes, and the strategy has been unanimously endorsed. The meeting was asked to note the contents of the report circulated in advance of the meeting and to endorse the strategy.

Discussion ensued on the wider understanding of the digital maturity position of providers and current status, where are the biggest risks and areas needed to focus on. Richard agreed to provide a progress update to HEG at a future meeting.

Following analysis the HEG noted the contents of the report and endorsed the SYB ICS Digital Transformation Strategy.

7. Bassetlaw Boundaries

Due to time constraints, an update to be presented to the ICS Health and Care Management Team on Tuesday 19th October 2021.

8. Quality Report

Alison Smith presented an update to the group on the key quality issues and potential risks within South Yorkshire and Bassetlaw following the most recent ICS Quality Surveillance Group (QSG) meeting. Alison reminded group members that it was agreed previously that HEG would like to see a more up-to-date report which focuses on key risks and issues but also on quality improvement and that this would be produced by system quality teams and that NHSEI would feed into and support development of. It was suggested that the appointment of an interim SRO for Quality would be helpful in terms of leading / coordinating the production and presentation of the report for HEG. Des Breen confirmed that the arrangements are now in place for the interim SRO for Quality. The actions above would take place as part of transition to SY System Quality Group was in place from November 2021.

Access to CAHMS services continues to be pressured within the system with delays over 12 hours relating to capacity and access to Mental Health and CYP/CAHMS/ ED beds resulting in prolonged stays in inappropriate care settings and potential impact on the quality of care being provided. Work is ongoing at a national level to support.

Following escalation nationally, CQC inspections are now taking consideration of organisational pressures.



Following the QRP the Rotherham NHS Foundation Trust is in enhanced surveillance and a collaborative approach between NHSE/I and NHS Rotherham CCG was agreed for assurance monitoring and improvement support as required. The Trust has recently undergone a core and well led CQC Inspection between 11 May to 24 June 2021 and the final report was published on 29 September 2021. The overall rating for the Trust remained the same, Requires Improvement.

Sheffield Health and Social Care remain in monthly Quality Board/Special Measures status with Improvement support. The Quality Board discussed going to bi-monthly, but the Trust felt that the Quality Board would help to support pace of change within the organisation. The CCG and CQC supported the decision to continue to meet monthly.

Maternity services in the system have experienced capacity and staffing issues with mutual aid being offered by Humber Coast and Vale ICS on one occasion. The LMNS have drafted a South Yorkshire and Bassetlaw Maternity Escalation and Diversion Policy to reduce variation and improve consistency across the South Yorkshire and Bassetlaw Local Maternity System. This will improve communication and multi-disciplinary working relationships, enhance the experience for mothers and babies and reduce harm.

Sheffield Children's Hospital had a recent CQC inspection of inpatient CAMHS wards following concerns raised in relation to young people absconding and safeguarding concerns in a S47 enquiry. The Trust is awaiting the draft CQC report.

CQC have undertaken a recent unannounced inspection 5-7th October at Sheffield Teaching Hospitals NHS Foundation Trust focusing on urgent and emergency care, medical, surgical, community and maternity services, the outcome of which is awaited following a Well Led inspection planned for 9 November.

The Group noted the contents of the report.

9. Delivery Report

Due to time constraints, the report to be presented to the ICS Health and Care Management Team on Tuesday 19th October 2021

10. Finance Report

Due to time constraints, the report to be presented to the ICS Health and Care Management Team on Tuesday 19th October 2021

11. Public Health England Covid-19 pandemic update

Kevin Smith provided an update to the meeting noting a third wave spike in schools, particularly in 12-15 year olds, parents of teenagers and stacking in the over 60's age groups. Respiratory infections are continuing to rise with subsequent pressure on primary care and A&E.

Although future estimates are uncertain, modelling suggests there may be some improvement with the half term break towards the end of October but then a further rise in November and December. A reasonable worst case for planning would be to expect 40-50% of the peak Covid occupancy to date. The flu and Covid booster campaign should have some impact as we move into December but this is still uncertain.

It was noted that the uptake of Covid boosters has not been as high as expected and more needs to be done to encourage take up of this vaccine in our communities

12. Transformation Programme Highlight report

The group noted the contents of the report and to submit any comments to Lisa Kell.

13. Local Maternity and Neonatal Systems

Jodie Deadman presented an update on the role of Local Maternity and Neonatal Systems (LMNSs) in response to national requirements. The Operational Planning Guidance sets out some specific changes which are required to LMNS governance in response to the Ockenden Report, published in December 2020, including strengthening ICS oversight and the LMNS' role in quality and safety surveillance and learning. Members were asked to note the contents of the report circulated in advance of the meeting highlighting those changes in the context of SYB LMNS structure and an update on the progress and the delivery of mandated Maternity Transformation initiatives – all aimed at ensuring safe, quality and equitable care to all those who access Maternity Services across SYB.

Jodie added that in South Yorkshire two entities have been developed, the Maternity Hosted Network and the LMNS through different processes and in the case of maternity, all aspects of the Hosted Network (HN) programme of work are now included in the LMNS work programmes which are broader than acute hospital services. The maternity programme currently sits within the hospital services portfolio and the current governance to the ICS is via the Acute Federation.

The SYB Perinatal Quality Surveillance Group (PQSG) is now established with Terms of Reference and a Standard Operating Procedure which was agreed at the LMNS/HN Collaborative Board in June 2021, both were reviewed in September 2021 and again at three monthly intervals during the transitional period (2021/22). All Trusts are making progress in response to the Ockenden requirements and feedback on the evidence submitted is expected after 12 October, thereafter subsequent NHSE/I assurance visits are planned.

The Group noted recruitment and retention of the midwifery workforce poses significant risks, with high numbers of vacancies and sickness absences. A single Maternity Escalation and Divert Policy has been developed and there is a requirement for partners across SYB to agree, implement and embed to enact a more efficient and streamlined service for patients. Following consultation with partners, the policy will be taken to the LMNS/HN Collaborative Board in October and subject to approval, shared with organisations across SYB.

Jodie added that since the writing of the report a meeting was held with Neonatal ODN and Mbrace team to discuss potential short term operational support and proposals would be shared with HEG at a later date.

A review has been undertaken setting out the current digital requirements and risks within each organisation, the sum of £52 million is available nationally, a bidding process opens on 18 October 2021 for a four-week period. A report will be presented to LMNS/HN Collaborative Board in October to request a decision to proceed against two recommended options, the preferred option is for a single maternity IT system across the LMNS.

Discussion ensued on the integrating overarching governance in the new ICB structure, meeting standards and processes for oversight and assurance and quality improvement functions.

Action: Include suggested overarching governance structure in the future update to HEG. JD/CE

The group noted the recommendations detailed within the report.



14. ICS Workforce Function – KMPG S-WIM tool

Due to time constraints, the report to be presented to the ICS Health and Care Management Team on Tuesday 19th October 2021

15. Accelerator System update

Due to time constraints, an update to be presented to the ICS Health and Care Management Team on Tuesday 19th October 2021

16. Any Other Business

There was no other business discussed.

17. Date and Time of Next Meeting

Tuesday 9 November 2021, via MS Teams.

SYB ICS Health Executive Group Meeting Action Log

| | Meeting Date | Action | Responsible Manager | Due Date | Status |
|---|--------------|---|---------------------------------|--------------------|----------------------|
| 1 | 10.8.21 | NHS Net Zero Commitment Undertake a mapping exercise with all Place of net zero omission practices in place, include today's comments in the report. Provide an update at a future HEG meeting. | Lisa Kell | December 2021 | On agenda - December |
| 2 | 14.9.21 | Harm Minimisation Regular update to HEG on Harm Minimisation | Des Breen | Ongoing – date tbc | Ongoing |
| 3 | 12.10.21 | ICB Update Update the paper and provide a covering report to support the paper to HEG members this week. | Will Cleary-Gray | 15.10.21 | Complete |
| 4 | 12.10.21 | Development of Mental Health Provider and CAHMS and Eating Disorder Provider Collaborative Provide an update to HEG at a future meeting to include next steps and how the Alliance and related MHLDA services are represented at the ICS Board with any risks identified. | Ruth Brown/ Kathryn Singh | Ongoing – date tbc | |
| 5 | 12.10.21 | Local Maternity and Neonatal Systems Include overarching governance structure in the future update to HEG. | Chris Edwards/ Jodie Deadman | December 21 | |