



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

09.00 – 10.50am, Tuesday, 9 March 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	Director of Commissioning	✓	



	System			
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 (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	✓	
Ruth Brown	Sheffield Children's NHS Foundation Trust	Deputy Chief Executive	✓	
Ben Holden	Imperial College Healthcare NHS Trust	Public Health Leadership Fellow	✓	
Mike Hunter	Sheffield Health and Social Care NHS Foundation Trust	Executive Medical Director	✓	
Nicola Ryan	NHS Bassetlaw Clinical Commissioning Group	Interim Chief Nurse	✓	
Diana Finlayson	South Yorkshire and Bassetlaw Integrated Care System	System Talent Management Lead	✓	

1. Apologies for absence and welcome

Members and attendees were welcomed to the meeting. Welcome was extended to Nicola Ryan, Interim Chief Nurse, Bassetlaw CCG, attending as part of her ICS Health Executive Group (HEG) Shadow Board development. Also in attendance was Diana Finlayson, ICS Talent Management Lead to present the Talent Management update on System Leadership and Talent Management.

Apologies noted as above.

2. Minutes from the previous meeting held on 9 February 2021

The minutes were accepted as a true and accurate record, except for the following amendment.

Finance update should read:

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.

Review of Action Log

- Equality, Diversion and Inclusion Action Plan to be presented at April HEG meeting.
- Chris Edwards agreed to bring an update on the Programme Business Case for Primary Care Capital Scheme to April HEG.
- Sheffield Olympic Legacy Park update to the May HEG.
- Chris Edwards agreed to keep the HEG updated on developments on Anchor Networks.

All other 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.

4. Integrated Care

ICS Development update

Will Cleary-Gray presented an update to the group on progress made on ICS development since the last HEG meeting on 9th March, in the context of the published White Paper *Integration and Innovation: working together to improve health and social care for all*, on 11 February. The White Paper tracks the journey over the last five years in integrated care in SYB and reflects proposals to form the foundations of the draft bill. The proposals build on the Long Term Plan improving population health with a strong emphasis on health inequalities through a system approach. The bill also recommends more stringent governance, transparency and public voice and accountability and the removal of barriers to enable opportunities to develop deeper relationships with Local Authorities.

The framework for taking forward integrated care next steps and the White Paper is set around the key building blocks of an ICS; Place Partnerships – Bassetlaw, Barnsley, Doncaster, Rotherham Sheffield; provider collaboratives across SYB – acute, mental health, primary care,



children and young people; future commissioning and how the nature of commissioning will change – Place and SYB. The ICS operating model and two enabling work streams; HR and people transition and an ICS new Financial Framework. This work is aligned and working with the four ICSs and North East and Yorkshire region.

Will updated on the progress of the ICS Development Steering Group, the first meeting was held on 9th February with 2 further meetings scheduled in March and April. The key outputs were noted as 1) a draft Health and Care Compact 2) a new Health and Care Partnership for 2021/22 3) a development matrix for Places 4) a route map to implement the move to a new system from April 2022.

Details of the comprehensive route map were noted, set in context of the ICS Development Plan, for the April 2021 deadline and will be reviewed in September 2021 as we start to transition to the new framework. The first and second reading of the Bill is expected in May 2021.

The group noted that the appointment of the ICS Chair is underway and the timeframe scheduled around the first reading of the bill.

Comment was made on the distinction between the current structure and the new proposed framework, particularly in relation to governance, decision making, distinction between Place and responsibilities and where these conversations are taking place.

Will advised that discussions are ongoing in relation to commissioning locally at Place and strategic commissioning across the system, delegation at Place and expectations from the Treasury, some of which would be addressed at the North East and Yorkshire Regional ICS Development Steering Group Meeting on 16 March.

The group noted the content of the report and presentation.

Action. Update to the April HEG meeting. WCG.

5. Developing a SYB Population Health Led ICS and addressing Health Inequalities (HIs) update

Lisa Kell presented an update on the key actions taken forward following the HIs session at the HEG meeting on 9 February. The revised set of principles were shared which underpin the development of an ICS PHM function which will be led by a clinical Senior Responsible Officer and with Directors of Public Health (DPH) leadership to drive forward the work programme. The overarching Population Health Management (PHM) function will incorporate Prevention, HIs, harm minimisation, sustainability and anchor networks and will be overseen by a PHM programme board (of partner representatives from across the 5 places) with responsibility for driving forward and delivery of ICS PHM priorities and work plan. A learning network/ academy will also be established to share best practice from across SYB and wider.

There is a current gap around PHM / Public Health and Business Intelligence expertise and capacity to undertake the function which is being quantified, this includes the lack of a SYB population profile that will help show the picture of health needs across SYB and will highlight areas of most need and worse HIs. A population profile will enable the ICS to better understand where targeted interventions and targeted £ resource would make most impact on improving HIs and improving the health of the population, and the tool will be used in primary care to segment and stratify populations at Primary Care Network (PCN) level. The intelligence from the data will also inform the ICS Health and Care Partnership Population Health Plan which will be drafted in May.



Several data tool options are being considered in the options appraisal short / medium term solution until Yorkshire and Humber Care Record (YHCR) maturity in approximately two -three years. The North of England Clinical Services Unit (NECS) RAIDR tool is the preferred option given it is established across several ICSs and already in some SYB places. The HEG supported in principle the continued scoping exercise through the digital transformation and come back to the April meeting with a proposal.

The Group noted that there is no longer an opportunity for funding from slippage 2020/21 and was asked to consider a minimum of £2 million ring-fenced investment in the 21/22 budget to support health inequalities and priorities. LK added that investing in leadership, the right skills sets and capacity are imperative to drive forward the PHM function and programme of work which will be a statutory duty of the ICS from April 2022.

The group acknowledged the significance, importance and challenges of this agenda. Focusing on the Long Term Plan prevention PHM HI commitments and interventions that make a real difference to our communities, ie. QUIT programme, alcohol support.

The group noted and agreed the contents of the presentation, actions following the HEG meeting on 9th February and the next steps, as follows:.

- The work underway with a design group of DPHs, ICS PMO leads, Directors of Commissioning (DoCs) to develop an overarching SYB population health function and programme of work with a SYB PHM learning network/ academy. Noting that the function will incorporate HIs, prevention, sustainability, anchor networks and minimising harm in recovery and restoration.
- The requirement for each organisation to provide a progress update on the NHSEI 8 urgent actions and work with the DoCs to coordinate a Place response. Responses need to be sent to LK by 18/3 (NEY deadline for ICS submissions is 22-3, national deadline 31st March)
- The two track approach to PHM priorities – short term actions and the medium / longer term actions.
- To support in principle the procurement of a SYB Population health tool (RAIDR) proposal paper to come to HEG April
- Further updates will be provided to HEG each month

The Chair thanked Lisa for the continued work to drive for forward this agenda.

Action: An update to the HEG April meeting proposal for the health tool RAIDR. LK.

6. Quality / Transparency and Reporting Procedures

Gill Hunt presented details of the Quality Surveillance Groups (QSG) workshop held on 5th February, recommendations and next steps. The aim of the workshop was to explore what a future quality system could look like in the context of the changing architecture and review how commissioners, providers and regulators across the Health and Care Partnership work collaboratively, avoiding duplication, to become a quality improvement system that works to improve the quality of services of the SYB population. Attendees included QSG member, colleagues from across the ICS partnership including NHS Providers, programme leads and the care sector.

Gill added that the national vision is that QSG should inform, deliver and drive quality improvement which should be aligned to the ICS quality strategy and governance. Governance should support shared data, by maximising existing data intelligence within the system. Stakeholders should be



representative of the system and quality improvement should be driven collectively by users of services, providers, commissioners and regulators.

The group noted the contents of the report and slides presented, acknowledging that the landscape is changing and the need for a more balanced approach between provider and partner and system aspirational goals for patients to deliver the highest quality services for their communities.

Action: The group was asked to consider the report and to feedback any comments to Gill. Updated report to the May HEG meeting. ALL / GH

7. SYB Local Maternity and Neonatal System (LMNS) Ockenden Review update

Chris Edwards presented a report to the group on the findings and recommendations from the independent maternity review on all reported cases of maternal and neonatal harm, identifying immediate and essential action for maternity services in England.

The report summarised the required immediate essential actions, Trusts and the SYB Local Maternity and Neonatal System's progress towards compliance against these actions, and the required next steps to fully implement the Ockenden Report recommendations to reduce cases of harm to women and babies across SYB.

Of the seven recommended actions, three are completed. Trusts are engaged with the SYB LMNS and working collaboratively across the SYB ICS, full details were provided in the matrix attached to the report.

Concern was raised relating to administration pressures on midwifery staff to fully implement the Perinatal Quality Surveillance Group peer review process.

The group noted the importance of patient voices and connecting neonatal mental health.

CE added that the recommendations and actions from the Ockenden Report will lead to better quality improvement, compliance and further development of Maternity Voices Partnerships (MVPs).

The group noted the requirements and actions for both Trusts and the Local Maternity and Neonatal System following the Ockenden Report.

Action: Quarterly progress update on HEG. CE

8. Talent Management Update

Diana Finlayson provided an update on System Leadership and Talent Management, summarising the leadership programmes to improve and increase system leadership capacity, capability and identifying and developing senior talent across the system. This process is aligned to the objectives of the People Plan and the need for more action and changes regarding inclusion.

Diana added that System leadership is where we work beyond organisational boundaries and often centres on matters that cannot be solved by a one person, partner or organisation. Systems leaders lead across organisational and geopolitical boundaries, beyond individual professional disciplines, within a range of organisational and stakeholder cultures, often without direct managerial control.



Diana thanked the HEG for commissioning and supporting these programmes and working collaboratively, making the best use of funds and tangible benefits of the ICS HEG Shadow Board, driving through potential senior leaders to take forward the ICS over the coming years.

The HEG noted the contents of the report and the Chair thanked Diana for her work and success in this programme.

9. Public Health England Covid-19 pandemic update

Kevin Smith provided an update to the meeting noting mobility trends in the region are similar to the end of the first lockdown period. The positive impact of the rapid vaccination programme is demonstrated across all cohorts. There is a decrease of 90% in the number of registered deaths in care homes in South Yorkshire and Bassetlaw (SYB) since the most recent peak in January. Few outbreaks on care homes were reported, noting that unvaccinated staff were still falling ill.

Hospital bed occupancy is reducing and making good progress in all areas of SYB.

Infection rates are flattening in all areas, although reported workplace outbreaks in Barnsley are slightly increased. Reopening schools next week may see a rise in positive cases being identified but at the moment we don't expect any rise in hospital admissions as a result.

KS added that there are no current infection variant concerns, although low infection areas could be more susceptible to new variants of the virus and this is being closely monitored.

It was noted that planning for next winter is already starting with a close watch on the Southern Hemisphere to guide vaccine deployment for both Covid and Flu.

10. Recovery Planning

Due to time constraints, it was agreed to present the reports to the HCMT meeting on 16 March 2021.

Alison Knowles agreed to share the slides detailing the Planning Framework briefing by Amanda Pritchard and advised that Place based meetings are being arranged before the guidance is issued to discuss priorities and risks to understand what is important to each Place and their organisation.

11. Covid Vaccine update

Jackie Pederson informed the group that 450k Covid vaccinations were administered in South Yorkshire to date and with plans to increase capacity next week. Further assessment of workforce is required to support an efficient service. First and second vaccinations doses are now underway. On track to deliver the mid April target and the end of July target.

Kirsten Major raised concern over the deadline of Friday this week, from NHS England for provider feedback on the staff immunisation. Dean Royles added that following a meeting earlier today with Human Resources Directors, it was concluded that this is a contract issue and the timeframe was not achievable, and reviewing how other regions are responding. It was agreed to add to the HCMT agenda on 16 March 2021.

Action: Staff immunisation to be discussed at HMCT 16 March. DR/KM



12. Transformation Programme Highlight report

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 13 April 2021, via MS Teams.

SYB ICS Health Executive Group Meeting Action Log

	Meeting Date	Action	Responsible Manager	Due Date	Status
1.	8.12.20	Equality, Diversion and Inclusion Action Plan Bring back update to HEG in April 2021.	Kathryn Singh	April 2021	On agenda – April
2.	9.3.21	Programme Business Case for Primary Care Capital Scheme Update to the April HEG meeting	Chris Edwards	April 2021	On agenda – April
3.	9.3.21	Sheffield Olympic Legacy Park update Agenda item at the May HEG meeting.	Andrew Cash	May 2021	On agenda – May
4.	9.3.21	Anchor Networks Update the HEG on development and progress with the four North ICSs	Chris Edwards	ongoing	Ongoing
5.	9.3.21	Quality Update Feedback any comments on the report to Gill. Update to May HEG meeting. ALL / GH	All Gill Hunt	March 2021 May 2021	On agenda – May
6.	9.3.21	Local Maternity Systems Provide a quarterly progress update on HEG.	Chris Edwards	June 2021	On agenda – June



7.	9.3.21	<p>Developing a SYB Population Health Led ICS and addressing Health Inequalities in 2021/22</p> <p>Provide an update on the delivery of health inequalities in SYB, to the HEG.</p>	Lisa Kell	13 April 2021	On agenda – April
8.	9.3.21	<p>ICS Development</p> <p>Progress update to the April HEG meeting</p>	WCG	13 April 2021	On agenda – April
9.	9.3.21	<p>COVID update</p> <p>Update to the ICS Health and Care Management Team 16 March 2021</p>	KM/JP	16 March 2021	Completed
10.	9.3.21	<p>Planning update</p> <p>Reports carried forward to the ICS Health and Care Management Team 16 March 2021</p>	AK/JC/DR/IG	16 March 2021	Completed