



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

08.30 – 10.30am, Tuesday, 8 June 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 (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		✓
Alison Smith	NHS England and NHS Improvement	Director of Nursing		✓
Shafiq Hussain	Voluntary Community and Social Enterprise (VCSE)	Voluntary Community and Social Enterprise (VCSE)		✓
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 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 Lead	✓	
John Somers	Sheffield Children's NHS Foundation Trust	Chief Executive		✓
Gill Stanford	South West Yorkshire Partnership NHS Foundation Trust	Deputy District Director/Clinical Transformation Lead	✓	
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	✓	
Sally Shearer	Sheffield Children's NHS Foundation Trust	Executive Director of Nursing and Quality and Acting Deputy Chief Executive	✓	
Neville Young	Yorkshire and the Humber Academic Health and Science Network	Director of Enterprise and Innovation	✓	
Phyll Cole	NHS England and NHS Improvement	Deputy Director of Nursing	✓	
Jodie Deadman	South Yorkshire and Bassetlaw Integrated Care System	Maternity Transformation Programme Lead	✓	
Andrew Barker	South Yorkshire and Bassetlaw Integrated Care System	Interim System Lead Pharmacist	✓	



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 11 May 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

There were no matters arising from the meeting.

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. ICS Development update

Will Cleary-Gray provided an update to the group on ICS development work over the past month on the key features of the emerging SYB operating model for system and place from the phase one work and the White Paper and the focus of the ICS Development Steering Group held on 8 June and next steps.

The group was reminded that England is now fully covered by ICSs and five years of working and policy is now reflected in proposals for legislation, published in February 2021 and now being implemented.

The White Paper has now set out how ICSs will be legislated for and this continues to progress through parliamentary process. The timetable has slipped slightly and guidance and policy are expected imminently to provide further details to support the continued development and implement key preparatory steps.

Will added that the Steering Group co-designed and endorsed three key outputs which start to set out aspects of the future ICS operating model and these have been shared with partner organisations together with a number of key documents, for consideration and feedback is now being shared with ICS leaderships. The deadline for feedback is extended to 11 June 2021. It was noted that the feedback received to date is very supportive, stipulating some specific and important reflections, in particular to the development matrix and compact.

The next phase of the ICS development work has begun, building on this framework, focusing on key critical themes to ensure the statutory ICS operating model is successful to deliver the quadruple aim and key purposes of an ICS. These critical themes include ensuring delivery of the right model for our system; incorporating clinical and professional leadership input; resource allocation – building on existing place arrangements; developing proposals for governance including the ICS NHS Board



and ICS NHS leadership arrangements. There is also a system of joint planning at SYB level working with places and collaboratives to ensure connection between plans.

Will added that the focus of the next Steering Group meeting, held following this meeting, would include; the ICS NHS Board; further consideration for Provider Collaboratives; ICS development Transition Framework progress update; working draft System Development Plan.

Will said that If legislation is passed, the five CCGs across SYB will cease at the end of March 2022. All statutory accountabilities will need to be ready to be transferred to the ICS. This is a technical process, needs to be undertaken consistently by all five CCG organisations and will be supported by an integrated change and transition programme of work between the five CCGs and the ICS. This is underway and will feature as part of our ICS Development Plan. A summary of the changes and transition themes were detailed within the report.

It was noted that SYB will need to set out its broad operating model and plan for implementation to the region by the end of June 2021. This will be the focus of activity over the coming weeks. Some of the more challenging elements and detail will require focused work, national guidance and working through beyond the end June and through Q2 and Q3.

Comment was made on hosting public forums during the change and transition period noting that other systems are undertaking these sessions and Will said that the role of public engagement in the ICS would be integrated with the new governance arrangement currently being worked through.

The group was asked to note the contents of the report and to feedback any further comments to Will outside the meeting.

Action: Update to HEG July meeting: WCG

1. Broader design themes being taken forward.
2. System Development Plan

5. Primary Care Collaborative

Jackie Pederson presented a report to the group on the creation of a South Yorkshire and Bassetlaw ICS Primary Care Provider Collaborative (PCPC) noting the importance that Primary Care is represented effectively within the new ICS arrangements. Primary Care is under huge pressure, coping with unmet need during the Covid pandemic, working to recover services as quickly as possible and also delivering the majority of Covid vaccines in SYB. The PCC (Primary Care Collaborative) will be a forum to provide support, offer service transformation and large-scale service delivery solutions.

Jackie added the aim is to build on the positive progress made by the SYB ICS Primary Care Steering Board so far and ensure that primary care has a representative voice within the ICS Statutory Body as it becomes established. It is also proposed that the PCPC supports the ICS on delivering its “quadruple aim” of ‘better health and wellbeing for the whole population, better quality care for all patients and the reduction of health inequalities. It will also provide support and connectivity to system transformation within the acute and mental health sector whilst also being firmly connected into place vertical Provider Collaboratives and transformation programmes.

Jackie added the team received a very positive and enthusiastic response following an engagement and consultation process undertaken across a number of groups in the system. It was also acknowledged that national guidance will be considered once published.



Resource implication to support this work, in particular clinical leadership and engagement were noted and the need to work jointly with other Provider Collaboratives and support from across the system.

Jackie also referenced funding requirements to support the development of the PCPC and that the majority of the costs are covered for 21/22. It was noted that £51,600 investment from the ICS was required in 21/22 and also recurrent funding moving forward. It was noted in the paper that options will exist as budgets are novated to the ICS from NHSE/I and CCGs in the future. It was agreed that Jackie would work through the details with the ICS Director of Finance outside of the meeting.

Andy Hilton added that SYB is in a more advance position regionally, a very positive status for the systems. It was noted that other Provider Collaboratives in SYB are more mature and there is a need to move forward at pace with the PCPC.

Discussion highlighted the need to consider options for a community provider collaborative or where these services might sit within current proposed SYB provider collaborative model. It was agreed that this needs to be considered but currently sits outside of scope of PC.

The group noted the contents of the report and agreed to the establishment of the SYB ICS PCPC, supporting the recommendations in principle noting the need to consider national guidance in due course.

Action: Finance discussion outside the meeting. JP/JC

6. Integrating Pharmacy and Medicines Optimisation (IPMO) update

Idris Griffiths introduced the report, asking members to note the ICS strategy in response to the NHS England publication on its guidance in September 2020, asking for ICSs to develop an Integrated Medicines Optimisation Transformation Plan and as system wide pharmacy professional leadership model to bring about collective management of system performance.

Idris introduced Andrew Barker, Interim System Lead Pharmacist, (Chief Pharmacist seconded to the ICS one day per week) to implement leadership and support this agenda.

Andrew added the vision of the White Paper sets out legislative proposals to improve social care for all of the SYB population. The aim is for an interim leadership structure for the IPMO to be in place by July and the deadline for a transformation plan to be September 2021. The membership of the Leadership group will have representation from all sectors of pharmacy and Medicines Optimisation (MO) including prescribers and other professions with an interest in the use of medicines to support the development of the transition plan.

Andrew provided an overview of MO, noting the person-centred approach to safe and effective medicines to ensure people and populations obtain the best possible outcomes for their medicines, designed to improve the following outcomes - harm attributable to errors in medication, patient satisfaction with outcomes from the use of medicines, quality of life for people with long-term conditions, preventable mortality and morbidity, life expectancy for people with long-term conditions.

Until recently pharmacies worked in silos, working independently of each other, the focus will be on pharmacy professionals across primary, secondary and community care leading to be joined up, innovative and efficient ways of working directly impacting on patient care and as the ICS



progresses, System Pharmacy Leadership will drive forward Medicines and Pharmacy programme of work across patient pathways to ensure safe use of and best value for money from medicines.

One key element of the transformation plan will be to make proposals for future IPMO leadership and governance arrangements, and to adapt a workplace to be self-sufficient and with digital support.

A stakeholder map is currently being developed with interim leadership posts now established in most systems. The aim is to have a wider stakeholder group to give input to the plan, inclusive to any person wishing to partake from all sectors and places.

Idris asked the group to send him any further comments on the report and the final draft report to be share at the September HEG meeting.

Comment was made on the inclusion of HR support on this agenda and Andrew advised that links are already established with HR colleagues and the aim is to implement a training package for the SYB system to provide a more mobile future workforce.

The group noted the details of the report and supported the strategy and direction of travel.

Action:

1. Updated report to September HEG meeting. IG / AB
2. HEG members to share the report within their organisations. ALL.

7. Planning 21/22

Planning and Recovery

Alison Knowles updated the group sharing a presentation on the SYB Operational Plan, previously shared with Place Leads, thanking all those involved for their efforts in coordinating the document.

The 2021/22 HI planning key messages and challenges were noted as:

Elective recovery – 3 June plan, SYB to meet the minimum accelerator ambition of 100% recovery of 2019 activity (July 102%, August 105%, September 100%). The total estimated Elective Recovery Fund claim in HI approximately £51.8m. It was noted that is an opportunity for the system to deal with the backlog of patients and also recognising the significant challenges to delivery.

Alison added that challenges also included supporting primary care and community services to support additional activity, the impact of staff health and wellbeing and the delivery of additional diagnostic capacity.

Accelerator System update

Alison Knowles informed the group that the Accelerator Steering Group is chaired by Kirsten Major, reporting into the Acute Federation, commissioning additional Independent Sector and insourcing capacity. Transformation schemes are being worked up and currently on track with delivery plans working up implication plans, ensuring wider capacity to support delivery and identifying and mitigate risks.

Alison went on say that the national position on non-elective delivery is to get back to pre-pandemic levels, noting the concerning rise in GP attendance, demands on 111 calls, ambulance demand and handover delays, rise in ED admissions, demand pressures in high acuity and acuity cases and growth in low acuity, pressures on respiratory, gastro-intestinal, overdose and cardiac



services. The SYB challenge for A & E attendance is to deliver our plan +2-4% on baseline and managing demand across the whole pathway with patient expectations.

Cancer 62-day backlog is a key issue, plan to reach 2019 levels of delivery by September 2021 but providers have flagged they won't achieve this ambition. In particular, Barnsley Hospital NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust have flagged significant issues. Detailed recovery plans are in place to support the trusts.

Mental Health progress plans are provided locally to ensure the ICS has a whole system approach, continuing to work on trajectories and under-pinning plans. Continuing to develop the workforce ambitions with CCGs to add further investment in mental health services, under review by the SYB Mental Health Workforce Group. The SYB delivery priorities for 2021/22 were noted as:

- All age crisis pathways
- Children and Young People Eating Disorders (including transition to adult services)
- Demand forecasting and capacity management – to reduce adult out of area placements
- Waiting time for neuro-developmental assessments

Discussion ensued on UEC pressures noting historically high attendance in recent days, raising concern that public attending A&E when able to see their GP, noting the significant pressures also in Primary Care. It is recognised that a joined-up support care plan is required going forward and Alison advised that she is meeting with each Place to obtain intelligence and collectively work through opportunities to scale up at a system level, considering the management of waiting lists, managing long term conditions, patient communications and availability of community services.

Action: Share slide following the meeting. AK

8. Local Maternity and Neonatal System update

Chris Edwards updated the group on the changes in the context of the SYB Local Maternity and Neonatal System (LMNS) structure, providing members with a quarterly update on the progress and delivery of the initiatives, all aimed at ensuring safe, quality and equitable care to all those accessing maternity services across the system.

He also clarified that the Hosted Networks (HN) maternity programme currently sits within the hospital services portfolio and the current governance to the ICS is via the Acute Federation.

Chris added that the continuity of carer provision has been affected by the Covid pandemic with staffing issues and staff movement particularly at Sheffield Teaching Hospital NHS Foundation Trust (STH) and Doncaster and Bassetlaw Teaching Hospital Foundation Trust (DBTH). STH has implemented a change to geographical mixed risk model to mitigate this. DBTH is working collaboratively with the LMNS, NHS England and Improvement (NHSEI) and the Royal College of Midwives to meet the national ambition of most women booked on to a Continuity of Carer Pathway.

Despite challenges during 2020/21 SYB Trusts have achieved the national ambition of 85% of pre-term births, delivered in the right place (Neonatal Intensive Care Unit), with a significant improvement from 77% in 2019/20.

An LMNS facilitated task and finish group is ongoing to support full implementation of the Saving Babies Lives Care Bundle. All SYB Trusts are making significant progress towards meeting all elements with full compliance anticipated from June 2021 with the exception of STH which will achieve Clinical Negligence Scheme for Trusts element but have a temporary mitigation in place



(agreed by the Maternity Clinical Network CEG Subgroup) for the uterine artery Doppler scanning pathway.

SYB ICS submitted a successful bid to become an early adopter to pilot a Maternal Mental Health Service across SYB. The requirement of the bid was to expand the successful and well evidenced STH Birth After Thoughts Birth Trauma service with stepped care psychological therapy. Collaboratively (SYB ICS, STH and Maternity Units across SYB) the SYB service development is progressing, with posts currently being recruited to and a phased approach to all Trusts operationalising a quality, standardised and equitable service offer. Risks have been identified both in terms of the structure within the SYB ICS / LMNS and HN, alongside potential risks to delivering the transformation priorities. All programme risks are reported via the LMNS/HN Collaborative Board. Full details of all risks were highlighted within the report.

The HEG noted the report; progress and achievements in 2020/21; the changing role of the mandated Local Maternity and Neonatal System from one of facilitating and enabling transformation to having increased responsibility and accountability in ensuring maternity services are providing quality and safe services for all those who access them; the current risks in achieving key quality and safety requirements mandated by the NHSE/I Maternity Transformation Programme.

9. Public Health England Covid-19 pandemic update

Kevin Smith provided an update to the meeting noting that mobility trends are above the base line, largely due to school half term holidays, the improved weather and fewer Covid lockdown restrictions. The adult vaccination coverage overall is slightly lower in Sheffield but this is in part due to the large student population. There is a slight rise in infection rates in South Yorkshire and Bassetlaw in the 18-35 age group but the area is behind the curve in comparison with the rest of the country. Deaths remain low and data presenting the vaccination programme is proving effective.

The Delta variant (first identified in India) is now becoming the prominent variant and public health professionals are continuing to monitor this variant as it appears to be more infectious and more prevalent in younger aged groups, the impact is still uncertain and in particular the potential risk to health services and hospital admissions. The main hot spots were noted as North West of England, Bedford and parts of the South of England.

Progressing with the next stage of lockdown easing due to take place on 21st (Step 4) June could see an increase in infection rates and waiting to receive clarity from the government on 14th June whether this timeframe will be extended to later in the summer.

Work is progressing to reach populations and cohorts of lower vaccine uptake and the need to focus on those areas with lowest coverage to avoid community spread of the virus.

10. Delivery report

Due to time constraints Alison Knowles asked the group to take the report as read, noting significant pressures in cancer waiting times and Urgent and Emergency Care.

11. Finance Report

Jeremy Cook asked the group to take the report as read, noting that the ICS budget was at £9.3m and the Cancer budget at £5m for 2021/22.



Due to time constraints, the group was asked to note the contents of the report and to forward any queries to JC.

It was noted that the Primary Care allocation was not include within the report.

12. Transformation Programme Highlight report

Due to time constraints, the group was asked to note the contents of the report and to forward any queries to LK.

13. Quality Update

Due to time constraints, the group was asked to note the contents of the report and to forward any queries to PC.

Richard Parker raised concern at the recent media coverage on a maternity care incident at DBTH, and the manner in which the report was aired based on journalistic opinion rather than accuracy. It was noted that all aspects of the case in question had been reported at public board meetings and reports readily available. This type of negative media reporting could have a detrimental impact on recruitment of midwives and impact on the family concerned, noting the need for support at a national level.

Phyll Cole added the Quality Comms team had provided a statement, noting this was a media challenge rather than a care quality concern. Work is ongoing around the escalation process framework and will be picked up under surveillance, looking at mitigation already in place.

14. Any Other Business

There was no other business discussed.

15. Date and Time of Next Meeting

Tuesday 13 July 2021, via MS Teams.

SYB ICS Health Executive Group Meeting Action Log

	Meeting Date	Action	Responsible Manager	Due Date	Status
1.	9.3.21	Anchor Networks Update the HEG on development and progress with the four North ICSs	Chris Edwards	Ongoing	Ongoing
23	13.4.21	Equality Diversion Inclusion Update to HEG July 2021	Kathryn Singh	July 21	On Agenda – July
3.	13.4.21	Primary Care Capital Scheme Update to HEG July meeting.	Chris Edwards/ Jude Wildgoose	July 21	On agenda – July
4.	13.4.21	Children and Young People’s Transformation Programme Proposals to development of a Children and Young People’s Transformation strategy for SYB to HEG July meeting.	Ruth Brown	July 21	On Agenda – July
5.	11.5.21	Quality Oversight and Assurance Bring back update to HEG in 3 months taking into consideration today comments.	Alison Smith	August 2021	On agenda – August
6.	11.5.21	ICS Workforce Update Provide an update at a future HEG meeting.	Dean Royles	Ongoing	Ongoing
7.	11.5.21	Developing a SYB Population Health Led ICS and addressing Health Inequalities in 2021/22			



		Provide an update to a future HEG meeting.	Lisa Kell	July 2021	On agenda – July
8.	8.6.21	Local Maternity Systems Provide a quarterly progress update to HEG.	Chris Edwards	September 2021	On agenda – September
9.	8.6.21	ICS Development Update Update at July HEG meeting.	Will Cleary-Gray	July 2021	On agenda – July
10.	8.6.21	Primary Care Collaborative Finance discussion outside the meeting.	Jackie Pederson/ Jeremy Cook	Ongoing	Ongoing
11.	8.6.21	Integrating Pharmacy and Medicines Optimisation (IPMO) update Updated report to September HEG meeting. HEG members to share the report within their organisations.	Idris Griffiths/ Andrew Barker All	September Ongoing	On agenda – September



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

08.30 – 10.45, Tuesday, 13 July 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	✓	
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	✓	
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		✓
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	✓	
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		✓
John Somers	Sheffield Children's NHS Foundation Trust	Deputy Lead 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		✓
Mark Brooks	South West Yorkshire Partnership NHS Foundation Trust	Interim Chief Executive	✓	
Ruth Brown	Sheffield Children's NHS Foundation Trust	Interim Chief Executive	✓	
<u>In attendance</u>				
Kate Woods	South Yorkshire and Bassetlaw Integrated Care System	PA	✓	
Jackie Mills	NHS Sheffield CCG	Chief Finance Officer	✓	
Therese Paskell	South Yorkshire and Bassetlaw Integrated Care System	Chief Finance Officer	✓	
David Purdue	Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Chief Operating Officer	✓	
Jude Wildgoose	Primary Care Capital Programme	Programme Director	✓	
Philip Easthope	Sheffield Health and Social Care NHS Foundation Trust	Chief Finance Officer	✓	
Mark Janvier	NHS England/Improvement	Head of Operations and Delivery	✓	



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 11 May 2021

The minutes were accepted as a true and accurate record.

Review of Action Log

Anchor Networks

It was noted that a meeting had taken place with the national team for the north to become a pilot and a date for a meeting to operationalise was awaited.

Equality, Diversion and Inclusion

To be picked up at the next meeting.

Primary Care Collaborative

It was noted that agreement had been reached to move forward despite risks previously highlighted. It was noted that with the publishing of the bill, the Primary Care Collaborative would progress therefore under a transition period for a year and then connect to the ICS from a governance point of view to move forward in a safe way.

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.

AJC raised national discussions on boundaries, and HEG noted that a meeting was taking place on Thursday 16 July and it was anticipated that a decision would be made by the Secretary of State on boundaries. Communications teams across the system would wait for the ministerial announcement after Thursday. Draft lines were being produced to share with colleagues and the region on this in advance of Thursday.

Nationally, it was noted the large-scale changes to enable the transition to new statutory bodies (ICSs) were to be made in a short timescale. All were asked to note that there may be delays to timescales and the concerns around instabilities across the system, particularly around Q3 and the added pressures of financial issues.

DB updated HEG on potential national guidance imminent, anticipated by the end of July.

A query was raised around the timetable for recruitment to CEO posts, and whether this would happen as expected (21 July), and in response, DB confirmed that guidance was expected at the end of July but it was possible there would be some slippage.

4. ICS Development update

Feedback from Partners on Health and Care Compact, Health and Care Partnership and Development Matrix



The paper circulated summarised the comments returned from Boards, Governing Bodies and relevant committees.

A discussion took place around comments on the terms of reference made which it was felt by STH should be viewed alongside those of the ICS Statutory Body to ensure appropriate coherence and representation across these two groups and the wish to wait to provide a definitive view once the parallel terms of reference were available. It was agreed that this was a transitional year and there would be a process for all to confirm changes needed for the new statutory body from next year. The next phase would see a recirculation across Boards and committees and GBs in line with national guidance and that there would be a formal process to sign off ICSs in the last quarter.

HEG partners noted the comments and agreed where partners asked for changes to the documents, pending consideration and recommendation by the ICS Development Steering Group.

System Development Plan

HEG noted that the draft plan captured the development work over the past six months and build on the work of the partnership over the past five years.

HEG noted the plan was iterative as would continue to evolve as further national guidance was published.

A discussion took place and a number of questions had been received on the plan and were summarised and addressed for HEG members. Key discussion points included:

- The concept of “one workforce”, and noting the different interpretations of this including the ‘one workforce’ of the new organisation of a statutory ICS, ‘one workforce’ of multiple organisations within an ICS and the one workforce of the NHS. It was felt that peoples connections to their employing organisation and culture was important and that this should be part of a wider OD plan.
- ICS infrastructure and Place needed to be addressed together. Clear and consistent messaging would be required also as the information was complex.
- It was highlighted that different Places had different ways of working, both arrangements and infrastructure and this would need to be discussed further.
- Some of the challenging timelines and what was achievable by April 22.

HEG noted that papers should be shared with organisations’ private boards to update on progress to date.

Following discussion, the HEG noted and agreed the recommendations as follows:

- Progress made on the ICS development work over the past month
- Discuss / consider the executive summary draft System Development Plan
- Note the key workstreams, actions and timeframe in relation to engaging in the system development work
- Consideration of the draft oversight MoU (presented separately by NHSEI locality director)
- Share the draft System Development Plan with Governing Bodies and Boards in private sessions
- Consider what this means for development work and planning in respective partnerships and collaboratives both system and place



ICS Memorandum of Understanding with NHS England and Improvement for System Oversight for 2021/22

HEG noted this was part of the response to the System Oversight Framework published in June. The Memorandum of Understanding (MOU) needed to be submitted to the region by Friday 16 July. A set of system oversight metrics was expected in September. This was a transition document for 2021/22. HEG noted the additional paragraph inserted to keep the MOU under review by the ICS and the region.

HEG were invited to comment.

After discussion around the Quality Surveillance Group, it was agreed that providers should have a place on the Quality Improvement Group and MJ agreed to reflect this discussion within the MOU.

ACTION: MJ

It was confirmed that work was taking place with colleagues on the transition from the local Quality Surveillance Group into the System Quality Group and an update would be given in August on this.

ACTION: AS

HEG noted the new arrangements for oversight of NHS bodies in 2021/22 and agreed to the submission with the addition to a notation on quality. MJ agreed to circulate the final version.

ACTION: MJ

5. Developing a Population Health Led System – update

HEG noted the work to date of the Design Group and were invited to comment.

A discussion took place around overall limited ICS resources and balancing priorities of the population health work. It was noted that skills and capacity that existed in the five Places would be utilised and that population health needed to be front and centre of the new system.

It was agreed that this needed to join up with work at Place level to ensure duplication was not taking place and that the work must transition into measurable action and delivery. It was also noted that inequality was not equally distributed across the patch and this needed consideration.

It was felt that by the end of Q2, there should be clarity on the functions of the new system and functions of place, informed by national guidance.

It was agreed that comments from HEG would be discussed further in the HI Design Group.

ACTION: LK

Colleagues were thanked for the work to date on this.

6. Primary Care Capital Scheme

HEG noted the award of £57.5m Primary Care capital in 2019. A programme business case approach had been undertaken, and this was being discussed at the Joint Investment Sub Group. HEG were asked to note the latest version of the programme business case.



Key changes to the document were summarised and HEG members noted the amendments made and re-endorsed the revised Programme Business Case ahead of submission to the NHS Joint Investment Sub-Committee, noted key issues and challenges associated with delivery of the Programme and its constituent projects, including the current RAG ratings, and agreed to receive further updates as appropriate.

7. Children and Young People's Transformation Programme

HEG were updated on the programme work being led by SCH, the feedback on the stakeholder event and approval was sought to set this up as a programme of work in SYB to be called Children and Young People's Alliance.

In response to a query it was confirmed that innovation work was connected to this work. JP and RB agreed to meet outside of the meeting to discuss this and primary care representation.

ACTION: RB, JP

In terms of the programme of work and the term alliance, it was confirmed that this would be a broad group of stakeholders and discussions on how to identify the functions required on the board and correct professional representation were taking place. It was noted that in due course this may develop into a provider collaborative.

HEG members supported the next steps:

To formally set up a programme of work, to be known as Children and Young People's (CYP) Alliance, following this presentation to HEG, to request 2 nominations from each locality to be part of the SYB CYP Alliance Programme Board, to continue connecting with all the organisations representing CYP in SYB to understand local priorities and map current service deliverables, to expand the work stream membership for the long term conditions priorities such as asthma, diabetes and epilepsy.

8. Innovation Hub

HEG was thanked for its continued support to the Innovation Hub over the last year. Key elements of the report were highlighted to HEG.

A discussion took place around embedding successful innovation pilots into the mainstream and it was noted that proven innovation would be brought to HEG to support rollout with joint accountability.

Members of the HEG noted the content of the paper and good progress made with the Innovation Hub during its second year despite the impact of the pandemic across SYB.

9. Public Health England Covid-19 pandemic update

HEG were updated on the pandemic and the current pressures on the system and were invited to comment and the severe pressures being experienced were noted. A discussion took place around pressures later in the year and during winter. It was noted that mutual aid arrangements were no longer working on a national level. A disparity between national communications and local pressures was noted. Messaging for local populations needed to be considered. Mental health was also an area of concern and a need to ensure this was on all radars, as well as physical health. It was noted that a national announcement was expected regarding infection prevention control measures and the NHS position. DB advised the group that this would also be discussed at the Outbreak Oversight Group to discuss a common approach.



It was agreed that:

- 1) Place discussions to take place and pick up anything from there that needs action on a system level to help – **ALL**
- 2) Communications across SYB on consistent messages for the public post 19 July – **HS**

10. Delivery report

MJ reiterated to HEG members that urgent and emergency care pressures were across the whole system. In the context of this, continued progress was being made around elective recovery.

A discussion took place on the Julian Kelly letter regarding ERF and AJC to raise the letter on a national call taking place that day.

ACTION: AJC

11. Finance Report

It was expected that the financial position would be reviewed in light of the ERF announcement and current operational position. Providers were generally expecting some benefit to carry forward into the second half of the year to assist with expected additional pressures. Risks and mitigations plan would be updated in light of changes. Should there be a surplus, the approach to this would be picked up. Feedback was requested on the development of the finance paper circulated for use at various briefings and any other issues wish to see covered.

ACTION: ALL

The HEG was updated that H2 system envelopes would be based on H1 with waste reduction.

12. Accelerator System update

HEG discussed the sudden rule change and expressed concerns reputationally for the CEOs and Executive Teams regarding this.

HEG noted these comments.

13. Transformation Programme Highlight report

The highlight report was noted by HEG.

14. Quality Update

The highlight report was noted by HEG.

15. Any Other Business

There was no other business discussed.

15. Date and Time of Next Meeting

Tuesday 10 August 2021, via MS Teams.

SYB ICS Health Executive Group Meeting Action Log

	Meeting Date	Action	Responsible Manager	Due Date	Status
1.	9.3.21	Anchor Networks Update the HEG on development and progress with the four North ICSs	Chris Edwards	Ongoing	Ongoing
2	13.4.21	Equality Diversion Inclusion Update to HEG Setember 2021	Kathryn Singh	September 21	Ongoing
3.	11.5.21	Quality Oversight and Assurance Bring back update to HEG in 3 months taking into consideration today comments.	Alison Smith	September 2021	On agenda – September
4.	11.5.21	ICS Workforce Update Provide an update at a future HEG meeting.	Dean Royles	Ongoing	Ongoing
5.	8.6.21	Local Maternity Systems Provide a quarterly progress update to HEG.	Chris Edwards	September 2021	On agenda – September
6.	8.6.21	Primary Care Collaborative Finance discussion outside the meeting.	Jackie Pederson/ Jeremy Cook	Ongoing	Ongoing



7.	8.6.21	<p>Integrating Pharmacy and Medicines Optimisation (IPMO) update</p> <p>Updated report to September HEG meeting.</p> <p>HEG members to share the report within their organisations.</p>	<p>Idris Griffiths/ Andrew Barker</p> <p>All</p>	<p>September</p> <p>Ongoing</p>	<p>On agenda – September</p>
8	13.7.21	<p>ICS Memorandum of Understanding with NHS EI for system oversight 2021/22</p> <p>MJ to amend to reflect provider representation on the Quality Improvement Group, and to circulate final submitted version to HEG.</p>	<p>Mark Janvier</p>	<p>16 July 2021</p>	<p>Ongoing</p>
9	13.7.21	<p>Developing a population health led system update</p> <p>LK to feed HEG comments into the HI Design Group.</p>	<p>Lisa Kell</p>	<p>Ongoing</p>	<p>Completed</p>
10	13.7.21	<p>Children and Young People’s Transformation Programme</p> <p>JP and RB to meet outside the meeting to discuss PC representation on the children and young peoples alliance.</p>	<p>Jackie Pederson, Ruth Brown</p>	<p>Ongoing</p>	<p>Ongoing</p>
11.	13.7.21	<p>Public Health England COVID-19 pandemic update</p> <p>Place discussions to take place and pick up anything from there that needs action on a system level to help.</p> <p>Communications across SYB on consistent messages for the public post 19 July.</p>	<p>All</p> <p>Helen Stevens</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Ongoing</p> <p>Ongoing</p>



12	13.7.21	<p>Finance report</p> <p>All to feedback on the development of the finance update for use at various briefings and any other issues that needed to be covered that not already picked up.</p>	All	Ongoing	Ongoing
----	---------	--	-----	---------	---------