



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

**09.00 – 11.30, Tuesday, 11 August 2020**

**Microsoft Teams**

**Minutes**

**Present:**

<b>Name</b>	<b>Organisation</b>	<b>Designation</b>	<b>Present</b>	<b>Apologies</b>
Sir Andrew Cash	South Yorkshire and Bassetlaw Integrated Care System (ICS)	Chief Executive		✓
Rod Barnes	Yorkshire Ambulance Service	Chief Executive	✓	
Tracey Bray	NHS England	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	✓	
Mike Curtis	Health Education England	Local Director	✓	
Alan Davis	South West Yorkshire Partnership NHS Foundation Trust	Director of HR and Estates	✓	
Jan Ditheridge	Sheffield Health and Social Care NHS Foundation Trust	Chief Executive	✓	
Chris Edwards	NHS Rotherham Clinical Commissioning Group (CCG)	Accountable Officer	✓	
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group (CCG)	Accountable Officer	✓	
Andy Hilton	Primary Care Sheffield	GP/Chief Executive		✓
Terry Hudson	NHS Sheffield Clinical Commissioning Group (CCG)	Chair	✓	
Richard Jenkins	Barnsley Hospital NHS Foundation Trust	Chief Executive	✓	
Lisa Kell	South Yorkshire and Bassetlaw Integrated Care System	Director of Commissioning	✓	
Alison Knowles	NHS England and NHS Improvement - North	Locality Director	✓	
Carole Lavelle	NHS England and NHS Improvement	Director of Nursing	✓	
Kirsten Major	Sheffield Teaching Hospitals NHS Foundation Trust	Chief Executive	✓	



Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Chief Executive	✓	
Mandy Philbin	South Yorkshire and Bassetlaw Integrated Care System	Sheffield CCG Chief Nurse supporting the SYB ICS	✓	
Jackie Pederson	NHS Doncaster Clinical Commissioning Group (CCG)	Accountable Officer		✓
Dean Royles	South Yorkshire and Bassetlaw Integrated Care System	Interim Workforce Support	✓	
Kathryn Singh	Rotherham, Doncaster and South Humber NHS Foundation Trust	Chief Executive	✓	
Kevin Smith	Public Health England	Deputy Director of Public Health	✓	
Lesley Smith	NHS Barnsley Clinical Commissioning Group (CCG) / NHS Sheffield CCG SYB ICS (CHAIR)	Accountable Officer Deputy Lead	✓	
Angie Smithson	Chesterfield Royal Hospital NHS Foundation Trust	Chief Executive		✓
John Somers	Sheffield Children's NHS Foundation Trust	Chief Executive	✓	
Helen Stevens	South Yorkshire and Bassetlaw Integrated Care System	Associate Director of Communications and Engagement	✓	
Richard Stubbs	Yorkshire and the Humber Academic Health and Science Network	Chief Executive		✓
Kevan Taylor	South Yorkshire and Bassetlaw Integrated Care System	Director of Workforce	✓	
Hayley Tingle	Doncaster Clinical Commissioning Group (CCG)	Chief Finance Officer	✓	
Laura Garner	South Yorkshire and Bassetlaw Integrated Care System	Corporate Committee Clerk	✓	
Alexandra Norrish	South Yorkshire and Bassetlaw Integrated Care System	Programme Director	✓	
Lisa Wilkins	South Yorkshire and Bassetlaw Integrated Care System	Consultant in Public Health Medicine	✓	
Karen Smith	South Yorkshire and Bassetlaw Integrated Care System	Prevention Programme Manager	✓	

## 1. Apologies for absence and welcome

The Chair welcomed members and attendees to the meeting and apologies were noted as above.

## 2. Matters Arising

The group had no further matters arising to discuss.



### 3. National, Regional and SYB ICS Update including:

#### CEO Report

LS drew the group's attention to the recognition from Duncan Selbie in relation to the work done around local intelligence and supporting outbreaks from outbreak plans and test, track, and trace. The system-wide ICS People Plan is in development.

#### Coronavirus Update

KS noted Covid-19 rates are stable, however highlighted they have not yet reached zero, with an average of one death per day. KS added the public appear to be abiding by lockdown guidance, noting public transport usage has significantly reduced and those who can continue to work from home are doing so. KS noted the ongoing recommendations are to continue to work from home, wash hands regularly and maintain social distance. KS noted if there was a peak in South Yorkshire it would take around 4-6 weeks to impact the NHS. KS informed the group children appear to catch Covid-19 towards the end of period of illness. The group noted behavioural measures put in place should have a beneficial effect on typical winter viruses. IG noted an outbreak in Retford, adding mobile testing will soon become available.

#### Flu Update

There was no flu update available as JP had sent apologies to the meeting. KS noted they have been advised there are no issues with supply to the flu vaccine and health and Social care staff will be prioritised. KM noted it would be helpful if care home and domiciliary patients were vaccinated in their own homes, and potentially the flu board might wish to consider maximising access for these cohorts

**Action: Flu update to be added to next H&CMT Meeting agenda.**

### 4. Update of SYB Single Covid-19 Site

AN noted the phased approach to re-establishing the pathway to move all newly identified Covid-19 positive patients to the Infectious Diseases Unit at the Royal Hallamshire Hospital went live for the first NHS Foundation Trust in SYB yesterday. AN added the staged approach will be completed by Wednesday 19 August. A daily monitoring meeting has been introduced to include representatives from each trust which will review how well the pathway is working. AN noted costing is being worked through, and Directors of Finance have agreed to proceed, with the programme funded using the system-wide Covid-19 funding.

**Action: AN and HS to ensure that the comms reflects the language agreed in the protocols, around which patients are eligible for transfer.**

### 5. Summary Overview and Update on National Blueprints

AN informed the group as part of the recovery plan from NHS England/Improvement, each region had been asked to lead on developing a service area. Three blueprints were submitted on 10 August. AN added that for each of the blueprints there will be an internal confirm and challenge session to identify where SYB could go further to close the gap, as well as a session with NHS England/Improvement regional teams. The group queried the interdependency between this work and the work of the endoscopy hosted network, and how Chief Executive Officers (CEOs) and Accountable Officers (AOs) remain sighted. AN noted that the endoscopy hosted network is leading the development of the endoscopy blueprint and meeting with clinicians daily. She said the CEOs and AOs will be updated through the weekly update to Health and Care Management Team (HCMT) or the Health Executive Group (HEG). AN said that each blueprint has a Senior Responsible Officer (SRO) from amongst the Chief Operating Officers (COOs); she asked whether, if CEO input was required, the CEOs of the same Trust as the lead COO would be willing to provide this; the CEOs confirmed that they were happy with



this. AK noted the Performance and Delivery Group are also due to look through blueprints to ensure senior leadership engagement. KM noted caution must be taken to recognise the difference between engagement and governance. AN confirmed the regional team will review each plan and be part of the overall submission. AN noted the activity plan for the remainder of 2020 should be divided by recurrent work and new ways of working/non-recurrent work.

**Action: To be added to next H&CMT meeting agenda.**

## 6. QUIT Update

LW noted QUIT was agreed in principle at the last Health and Care Management Team meeting, and it was coming back to HEG for formal approval after members had had opportunity to discuss the paper within their individual organisations. LW noted the supporting paper asks for commitment from trusts and the system to proceed with the QUIT programme during the pandemic and to note the risks of the Yorkshire Cancer Research funding. KM noted they are concerned around the idea to discontinue if Covid-19 comes back with a second wave, suggesting there may be a different way of approaching this. The Chair supported this comment, adding the ambition would be to keep all staff working on QUIT even if there was a second wave of Covid-19. Members agreed the QUIT programme may proceed and approved:

- The proposed adaptations to the QUIT programme to enable greater resilience during future spikes of Covid-19, including the phased recruitment of the tobacco treatment advisors
- Approved the recommencement of the band 6 and admin recruitment now
- Approved the continuation of the healthy hospital programme managers, band 6 and admin roles after March 2021.
- CCGs working with local community stop smoking services and primary care networks now to increase referrals to community stop smoking services and to promote the QUIT for Covid-19 campaign.

## 7. Centre for Child Health Technology

JS noted that Sheffield Children's NHS FT is in the process of working up a compliant business case and will bring back to present at a future Health Executive Meeting.

**Action: LG to add to forward planner.**

## 8. Devolution Deal

**Action: Devolution Deal to be added to next Health Executive Group agenda and Senior Responsible Officer to be identified for each area.**

## 9. Digital Imaging

DB noted the outline business case has been signed off by most trusts, excluding one. DB noted the project would be possible with Chesterfield and would involve a cost reduction for the system. KM noted concern about this as the cancer flow from Chesterfield is critical to Sheffield Teaching Hospital NHS FT. DS clarified capital monies would be applied for.

## 10. VCSE Support Proposal

KS noted the supporting papers requested an in-principle commitment of transformation funds totalling £350,000. KS noted that the proposal includes £100,000 for grants leverage and £250,000 to increase VCSE infrastructure capacity. Members supported the approach but felt uncomfortable to commit at this stage due to the financial gap and unknowns regarding transformation funding. The group agreed that individual members would clarify whether they were prepared to underwrite a one twelfth share of the risk pending clarification on the availability of transformation funds.

**Action: KS to continue to work on the proposal.**

**Action: JC to review transformation funding and to write to partners to clarify views on underwriting the financial risk.**



### **11. Planning Update**

AK provided the group with an overview of the phase 3 implementation guidance, including a focus on working with the shielded population and prioritising prevention and long-term condition management in primary care. AK added there are meetings scheduled in the diary to ensure the plan is developed. Submission is due on 28 August, local submission on 17 September and a final national decision on 21<sup>st</sup> September. KM noted it would be helpful to allow organisations time to discuss in individual teams and report feedback to AK.

**Action: Planning Update to be added to next H&CMT meeting.**

### **12. Finance Update**

JC informed the group the financial framework is currently being worked on, and the phase 3 letter referred to the system receiving a financial envelope. JC added the framework for the first six months means all costs for each organisation are covered subject to scrutiny for reasonableness. JC added they have asked for each organisation to submit a plan. JC noted following a call with Tim Savage, Regional Finance Director, it was alluded to rebasing block contracts and CCG allocations. JC asked the group to consider how the pots of funding for top-up and Covid-19 expenditure will be deployed across the system, how to address the financial gap and how the ICS will manage in year financial performance issues. The group had a discussion around capital and the long-term carbon energy scheme at Rotherham. LS noted the group should take this discussion offline and further discuss collective principles.

### **13. Governance Refresh**

LS informed the group that ICS governance is usually reviewed annually and there is a proposal to reconvene the Governance Group and inform discussions with an independently led piece of work that interviewed partners to gather views. The group agreed to proceed with the independent work, begin holding the interviews at pace and schedule a workshop for Chief Executives/Accountable Officers in September/October time.

### **14. Integrated Assurance Report**

#### **PMO Highlight Report**

LK informed the group the Programme Directors continue to review and support work to lock in transformation. LK plans to present refreshed priorities in line with the guidance at the September HEG.

**Action: ICS Priorities to be added to September HEG agenda.**

#### **Delivery Report**

AK informed the group of a plan to present an outline of the delivery report for the rest of 2020 at the October HEG.

#### **Quality**

CL noted usual processes are stepping up following the pandemic. A Quality Governance workshop will be taking place in October.

### **15. Phase 3 Planning Letter**

For noting.

### **16. Any Other Business**

The group had no further business to discuss.

### **17. Date and Time of Next Meeting**

South Yorkshire and Bassetlaw  
Integrated Care System



Tuesday 8<sup>th</sup> September, 9.00-11.30pm, MS Teams (TBC)

SYB ICS Health Executive Group Meeting Action Log – 11 February 2020

	Meeting Date	Action	Responsible Manager	Due Date	Status
1.	12.11.19	<b>Yorkshire and Humber Academic Health Science Networks (YHAHSN) update</b> That YHAHSN would return to the HEG at a future meeting to present the top priority areas to be agreement and implementation in 2020/21.	RS / TJ	10.3.20	Present at March HEG meeting
2.	10.12.19	<b>National Update</b> Undertake a scoping exercise capturing current practices and potential options for a collective approach going forward in engaging NEDS and governors, and feedback to the HEG.	KT	10.3.20	Dean Royles and Kevan Taylor are designing a NED programme and subsequent Governor engagement programme – present at March HEG
3.	11.2.20	<b>System Planning</b> System Operating Plan to the HEG April meeting for final endorsement	AK	14.4.20	
4.	11.2.20	<b>System Financial Planning</b> HEG Time Out development day in March to review and consider the next steps  To produce a set of four / five high level principles on the changing financial landscape and system working	All  JC	March 2020  February 2020	
5	11.2.20	<b>Integrated Care Systems and Place Next Steps</b> To produce a 'strawman' in advance of the HEG Time Out to include commissioning reform, System by Default operating model, new financial framework and joint working with local authorities	WCG	March Time Out	



6	11.2.20	<b>Digital Pathology Draft Business Case</b> To refine the business case and present to the HEG for consideration	SB / BP	April	
7	11.2.20	<b>QUIT</b> To progress discussions around the relative contributions of CCGs and the Long Term Plan transformation funding for 2021/22 onwards and present to the HEG at a future meeting	KW	tbc	
8	10.03.20	<b>Minutes of the Previous Meeting</b> The group requested meeting papers be embedded into the agenda and circulated as separate documents for ease of reading. <b>Action: LG to implement.</b>	LG	April	
9	10.03.20	<b>National &amp; SYB ICS Update – Coronavirus Report</b> CL to feedback the above to NHE England teleconference on 10 March. Coronavirus Update Paper (Enclosure B) to be edited to reflect that England remain in the containment phase. LG to circulate updated paper.	CL LG	April	
10	10.03.20	<b>Update on Children’s Work Programme</b> The Group recommended to share with the Collaborative Partnership Board for system wider consideration. <b>LG to contact AN to arrange.</b>	LG	April	
11	10.03.20	<b>Health Executive Group Time Out</b> WCG noted it would be useful to review Health Executive Group agenda and core business at the upcoming time out on 26 March. <b>The above to be added to the time out agenda.</b>	LG	March	
12	09.06.20	<b>Review of Action Log</b> <b>Action: Yorkshire &amp; Humber Academic Health Science Networks be added to July HEG agenda.</b> <b>Action: National Update be added to July HEG agenda.</b>	LG	July	
13	09.06.20	<b>Mental Health, LD &amp; Autism</b> <b>Action: KS to discuss provider alliance and a single commissioner approach with WCG</b>	KS/WCG	July	
14	09.06.20	<b>Review of SYB LTP Transformation Priorities &amp; Priorities to accelerate in advent of Covid-19 incident – Update</b> <b>Action: SYB LTP Transformation Priorities to be added to July HEG agenda.</b>	LG	July	



15	09.06.20	<b>Resourcing for the ICS Capital Development &amp; Estates Programme</b> <b>Action: Resourcing for the ICS Capital Development &amp; Estates Programme to be added up upcoming Health and Care Management Team Meeting agenda.</b>	WCG	June	
16	09.06.20	<b>System Planning</b> <b>Action: System Planning to be added to July HEG agenda.</b>	LG	July	
17	09.06.20	<b>Resourcing of Pathology Transformation Programme and SYB Pathology Covid Testing</b> <b>Action: WCG to work with partners &amp; SB on the above proposals.</b>	WCG/SB	June	
18	09.06.20	<b>Any Other Business – Black Lives Matter</b> <b>Action: Chief Executives to indicate if interested in becoming Black Lives Matter lead.</b> <b>Action: Joint statement to be released on behalf of the system.</b>	Chief Execs	June	
19	14.07.20	<b>CEO Report</b> <b>Action: JS to circulate business case and present to August Health Executive Group.</b> <b>Action: Devolution Deal to be added to August Health Executive Group agenda.</b>	JS/LG	July	
20	14.07.20	<b>Phase 3 Planning</b> <b>Action: To be added to next H&amp;CMT meeting agenda.</b>	MM	July	
21	14.07.20	<b>Digital Imaging</b> <b>Action: DB and JS to discuss financial risk assessment outside of the meeting.</b> <b>Action: To be added to August 11 HEG agenda.</b>  <b>Digital Update</b> <b>Action: Digital Strategy to be added to Health Executive Group agenda in October.</b>	DB/JS  LG  LG	July   July	
22	14.07.20	<b>10. The Impact of Covid-19 on Cancer Pathways and Patient Outcomes</b> <b>Action: DB to share conversation rate data.</b>	DB	July	



23	14.07.20	<b>11. Prevention Workstream: VCSE, Volunteering and Social Prescribing Programme</b> <b>Action: KT/KS to bring back specific proposals to the August Health Executive Group.</b>	KT/KS	July	
24	11.08.20	<b>Flu Update</b> <b>Action: Flu update to be added to next H&amp;CMT Meeting agenda.</b>	MM	August	
25	11.08.20	<b>Update of SYB Single Covid-19 Site</b> <b>Action: AN &amp; HS to ensure that the comms reflects the language agreed in the protocols, around which patients are eligible for transfer.</b>	AN/HS	August	
26	11.08.20	<b>Summary Overview &amp; Update on National Blueprints</b> <b>Action: To be added to next H&amp;CMT meeting agenda.</b>	MM	August	
27	11.08.20	<b>Centre for Child Health Technology</b> <b>Action: LG to add to forward planner.</b>	LG	TBC	
28	11.08.20	<b>Devolution Deal</b> <b>Action: Devolution Deal to be added to next Health Executive Group agenda and Senior Responsible Officer to be identified for each area.</b>	LG/HEG	August	
29	11.08.20	<b>VCSE Support Proposal</b> <b>Action: KS to continue to work on the proposal.</b> <b>Action: JC to review transformation funding and to write to partners to clarify views on underwriting the financial risk.</b>	KS/JC	August	
30	11.08.20	<b>Planning Update</b> <b>Action: Planning Update to be added to next H&amp;CMT meeting.</b>	MM	August	
31	11.08.20	<b>PMO Highlight Report</b> <b>Action: ICS Priorities to be added to September HEG agenda.</b>	LG	September	

