

Paper A

South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

Collaborative Partnership Board

17 March 2017, 722 Prince of Wales Road, Sheffield, S9 4EU

Decision Summary

Ref	Item	Lead
1	Minutes of the meetings held 13 January 2017 – matters arising	
13/17	(a) that AJC would be invited to attend a meeting of the South Yorkshire and Bassetlaw (SYB) Local Authority (LA) Leaders to discuss a further proposal. This action would be followed up outside the meeting	LOCAL AUTHORITY CEOS
2	National update	
14/17	(a) that the summary paper circulated on local and national Sustainability and Transformation Plans (STPs) would be used by the Collaborative Partnership Board (CPB) to support local discussion and share in private Board sessions	ALL
	(b) to continue to support the direction of travel for SYB to become an exemplar and development of a memorandum of understanding	ALL
	(c) that CPB confirmed support for SYB to be named in the National Delivery Plan as an exemplar STP	ALL
3	Finance update	
17/17	(a) that a revised indicative budget for 17/18 would be shared with CPB in April/May	JEREMY COOK
	(b) that the Directors of Finance group would work up a proposal on how transformation funding could be used and whether a collaborative approach could be taken to jointly commission work to leverage cost improvements and whether that could be supported by transformation funding	JEREMY COOK
4	STP communications and engagement approach to public consultation	
19/17	(a) that CPB would receive the full STP engagement analysis when complete.	HELEN STEVENS
5	Public consultation – Hyper Acute Stroke Services and Children’s Services	
20/17	(a) that a discussion would take place around a freedom of information request on the impact of the proposed changes on the Yorkshire Ambulance Service outside the meeting	HELEN STEVENS, MATT SANDFORD

	(b) that the Joint Committee of Clinical Commissioning Groups would discuss the clinical case for change and a full analysis of the public consultation in April and review a decision making business case in May	HELEN STEVENS
	(c) that the analysis would be widely shared with all stakeholders, people who completed the consultations and would be made publicly available via the website	HELEN STEVENS
6	Independent review of Hospital Services	
21/17	(a) that a full update on the Sustainable Hospitals Services Review work on Invitation to Tender, recruitment of a lead director and senior project support would be shared virtually to enable a full update for all private Boards	WILL CLEARY-GRAY
7	Review of Commissioning	
22/17	(a) that guidance anticipated around links between specialised commissioning and place plans would be shared when available	MATTHEW GROOM
8	Healthy Lives work stream update	
23/17	(a) that the possible national support for social prescribing be considered as part of the development of the Memorandum of Understanding	ALL
	(b) that the Chief Executive of the Sheffield City Region (SCR) would be contacted to propose joint infrastructure to share across the SCR/STP patch and clarify how this would be taken forward.	KEVAN TAYLOR
	(c) that the update paper would be discussed at local Health and Wellbeing Boards	GREG FELL
9	Social Kinetic 3D proposal for leadership analysis	
24/17	(a) that a request would be circulated requesting nomination of 3-4 people per organisation to complete the next stage of survey and a date to convene all in may for a second workshop would be established.	HELEN STEVENS
10	Action to get A&E back on track	
26/17	(a) that a discussion would take place around the principles to utilise money made available for social care to, in part, free up acute hospital beds with a LA CEO, MR and LB	MADDY RUFF, LOUISE BARNETT, AN LA CEO

South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

Collaborative Partnership Board

Minutes of the meeting of 17 March 2017, The Boardroom, 722 Prince of Wales Road, Sheffield

Present:

Andrew Cash, South Yorkshire and Bassetlaw STP Lead/Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust (CHAIR)
Adrian Berry, Deputy Chief Executive, South West Yorkshire Partnership NHS Foundation Trust (Deputy for Rob Webster, Chief Executive)
Des Breen, Medical Director, Working Together Partnership Vanguard
Julia Burrows, Director of Public Health, Barnsley Metropolitan Borough Council (Deputy for Diana Terris, Barnsley Metropolitan Borough Council)
Catherine Burn, Director, Voluntary Action Bassetlaw
Tracey Clarke, Associate Director of Strategy and Commercial Development, RotherhamDoncaster and South Humber NHS Foundation Trust (Deputy for Kathryn Singh, Chief Executive)
Will Cleary-Gray, Director of Sustainability and Transformation, South Yorkshire and Bassetlaw STP
Jeremy Cook, Interim Director of Finance, South Yorkshire and Bassetlaw STP
Frances Cuning, Deputy Director of Health and Wellbeing, Public Health England
Chris Edwards, Accountable Officer, NHS Rotherham Clinical Commissioning Group
Adrian England, Chair, Healthwatch Barnsley
Greg Fell, Director of Public Health, Sheffield City Council (Deputy for John Mothersole, Chief Executive)
Matthew Groom, Assistant Director of Specialised Commissioning, NHS England Specialised Commissioning
Chris Holt, Chief Operating Officer, The Rotherham NHS Foundation Trust (Deputy for Louise Barnett)
Ben Jackson, Senior Clinical Teacher, Academic Unit of Primary Medical Care, Sheffield University
Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust
Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council
Alison Knowles, Locality Director North of England, NHS England
Ainsley Macdonnell, Service Director, North Nottinghamshire and Direct Services, Adult Social Care, Health and Public Protection, Nottinghamshire County Council (Deputy for Anthony May, Chief Executive)
Simon Morritt, Chief Executive, Chesterfield Royal Hospital NHS Foundation Trust
Jackie Pederson, Accountable Officer, NHS Doncaster Clinical Commissioning Group
Maddy Ruff, Accountable Officer, NHS Sheffield Clinical Commissioning Group
Mathew Sandford, Associate Director of Planning and Development, Yorkshire Ambulance Service NHS Trust (Deputy for Rod Barnes, Chief Executive)
Sewa Singh, Medical Director, Doncaster and Bassetlaw Teaching Hospitals NHS FoundationTrust (Deputy for Richard Parker, Chief Executive)
Lesley Smith, Accountable Officer, NHS Barnsley Clinical Commissioning Group
John Somers, Chief Executive, Sheffield Children's Hospital NHS Foundation Trust
Richard Stubbs, Acting Chief Executive, The Yorkshire and Humber Academic Health Science Network
Rupert Suckling, Director of Public Health, Doncaster Metropolitan Borough Council (Deputy for Jo Miller, Chief Executive)
Kevan Taylor, Chief Executive, Sheffield Health and Social Care NHS Foundation Trust
Neil Taylor, Chief Executive, Bassetlaw District Council

Apologies:

Louise Barnett, Chief Executive, The Rotherham NHS Foundation Trust

Mike Curtis, Local Director, Health Education England
 Idris Griffiths, Interim Accountable Officer, NHS Bassetlaw Clinical Commissioning Group
 Ruth Hawkins, Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust
 Richard Henderson, Chief Executive, East Midlands Ambulance Service
 Anthony May, Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust
 Jo Miller, Chief Executive, Doncaster Metropolitan Borough Council
 Leaf Mobbs, Director of Planning and Development, Yorkshire Ambulance Service NHS Trust
 Tim Moorhead, Clinical Chair, NHS Sheffield Clinical Commissioning Group
 John Mothersole, Chief Executive, Sheffield City Council
 Richard Parker, Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
 Kathryn Singh, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust
 Steve Shore, Chair, Healthwatch Doncaster
 Paul Smeeton, Chief Operating Executive, Nottinghamshire Healthcare NHS Foundation Trust
 Diane Wake, Chief Executive, Barnsley Hospital NHS Foundation Trust
 Rob Webster, Chief Executive, South West Yorkshire Partnership NHS Foundation Trust
 Janet Wheatley, Chief Executive, Voluntary Action Rotherham

In Attendance:

Helen Stevens, Associate Director of Communications and Engagement, South Yorkshire and Bassetlaw STP
 Kate Woods, Programme Office Manager, South Yorkshire and Bassetlaw STP

Minute reference	Item	Action
13/17	Welcome and introductions The Chair welcomed members, outlining the content of the meeting, and noted apologies for absence.	
14/17	Minutes of the previous meeting held 13 January 2017 The minutes of the meeting were accepted as a true and accurate record.	
15/17	Matters arising All matters arising would be picked up as part of the agenda. An update was given on the following actions: 02/17 – Minutes of the meetings held 11 November and 16 December It was confirmed that AJC would be invited to attend a meeting of the South Yorkshire and Bassetlaw Local Authority Leaders to discuss a further proposal. This action would be followed up outside the meeting. 04/17 Summary update to the Collaborative Partnership Board (CPB)/ Transformation funding to support clinical priority areas It was confirmed that the bids had been cross referenced as agreed and awaiting final outcome.	LOCAL AUTHORITY CEOS
16/17	National update A summary paper was circulated on local and national STP developments.	

The Chair gave an update on the STP Executive Time Out of 2/3 March 2017 noting that a national Delivery Plan would be published on 28 March naming SYB as one of the leading STPs of the 44. This had been agreed at the time out by SYB STP Executives. The SYB STP would move from a transactional way of working to a transformational one through integrated pathway redesign.

How business was currently conducted would continue for 17/18, and over the coming months, partners would work together with NHS England to develop a Memorandum of Understanding (MOU).

The SYB STP would move to a managed system of accountable care and the plan would be recast with refreshed additional national priorities with transformational funding around:

- Urgent and emergency care (UEC) (e.g. redesign of 111, single point of access, urgent care centres, social care etc)
- Demand management elective and diagnostic (e.g. referral management services, alternative care outside hospitals etc).
- Primary care (e.g. risk stratification, long term condition management, extended access etc.).
- Discharge management (e.g. enablement, intermediate care social care etc).

Agreement had been reached at the time out that UEC would be a major focus for year one, to resolve local issues and align nationally.

The draft MOU would be considered at a further STP Executive Team time out on 28 April 2017.

The Chair updated the STP CPB on a meeting with the Secretary of State.

It was noted that, as an exemplar STP, SYB would receive a package of funding, still to be determined. It was confirmed that this would be embedded within the MOU as money for transformation funding. This money would also be received in the knowledge that bids had been submitted in some areas.

It was confirmed that guidance from the Department for Communities and Local Government was anticipated.

In response to a query raised around risk stratification in Primary Care, the Chair confirmed that this was in reference to populations that utilise 70% of resource, and within this, addressing the parts of this population that were the most complicated to ensure this tranche were as independent as possible.

In response to a query raised, it was confirmed that Mental Health remained a key STP work stream, and that the reset around UEC included general and mental health.

A comment was made that a specialised Mental Health and Learning Disabilities work stream would be required with representative interest in various other work streams.

The CPB were asked to note that principles would need to be

	<p>developed as part of the MOU around how the system would work with regulators around assurance and accountability. This would be considered as part of the 17/18 work.</p> <p>The CPB agreed to use the local and national STP update paper to support local discussion and share in private Board sessions, to continue to support the direction of travel for SYB to become an exemplar and development of an MOU, and confirmed support for SYB to be named in the National Delivery Plan as an exemplar STP.</p>	ALL
17/17	Finance update	
	<p>JC updated the CPB, noting:</p> <p>Work to compare STP with operational plans for 17/18 and 18/19</p> <p>Work was complete and had been shared with the Directors of Finance (DoFs). All organisations had signed up to the control totals for 17/18 with the exception of The Rotherham NHS Foundation Trust, which had submitted a draft revised plan and would have further discussion with NHS Improvement (NHSI) around agreeing a revised control total.</p> <p>The CPB were asked to note identified risks in 17/18 with delivering Cost Improvement Programmes (CIP) and Quality Innovation Productivity and Prevention (QIPP) plans and the differences between commissioner and provider plans reflecting an assessment by providers on the likely success of QIPP plans</p> <p>It was agreed that the CPB would receive a monthly update financial performance across the STP in the new financial year.</p> <p>Financial modelling</p> <p>An exercise had taken place to understand how the solutions built into the STP were calculated and was nearing completion. This would be shared with finance and other colleagues as appropriate. This would give greater visibility to the assumptions and calculations used in the financial model.</p> <p>Options were being looked at with regards future financial modelling in the short and medium term and a proposal would be taken to the DoFs meeting in April.</p> <p>A meeting with Jon Swift, NHS England (NHSE) had identified that a Band 8c finance post should shortly be available to the STP either as a person or funding as there was currently a vacant post.</p> <p>STP budget</p> <p>The DoFs had agreed the forecast outturn for 16/17 which showed an</p>	

	<p>public for change.</p> <p>The data would be fully analysed on completion and recommendations likely to include a new narrative while continuing to continue to engage staff and the public.</p> <p>CB confirmed positive local discussions with a general acceptance that change within the system was required.</p> <p>AE confirmed strong input from Barnsley Save Our NHS that was useful and comments were welcomed.</p> <p>It was commented that the questionnaire had been received by General Practitioners and that this was a positive step to engage and public and staff.</p> <p>The CPB noted the early report and would receive the full analysis when complete.</p>	<p>HELEN STEVENS</p>
<p>20/17</p>	<p>Public consultation – Hyper Acute Stroke Services and Children’s Surgery and Anaesthesia Services</p> <p>The CPB were updated on the results of the public consultation for the Hyper Acute Stroke Services and Children’s Surgery and Anaesthesia Services reviews.</p> <p>The methodology of the process was outlined to the CPB and the activity undertaken was outlined, noting connections had been made to seldom heard groups, and to those organisations and groups that would be directly affected by change.</p> <p>The numbers of responses received was outlined and broken down by locality and the themes that emerged were highlighted to CPB.</p> <p>HS advised the consistent picture was that there was mixed support for the proposals and the main concerns highlighted were around the impact on families.</p> <p>It was confirmed that themes raised previously by the Joint Overview and Scrutiny Committee (JOSC) were embedded within the analysis. The JOSC had a duty to carry out on behalf of local people and these would be addressed in the presentation delivered to the JOSC on 3 April.</p> <p>It was confirmed that a decision at the Joint Committee of Clinical Commissioning Groups (JCCC) would be taken based on the views of the local people as well as the clinical and financial case for change.</p> <p>A comment was made that an interesting result of the analysis was around access to services and patient safety, and that communications for the STP should make clear that place plans and local treatment for local people were fundamental to the STP and a small proportion of patients would need to move for specialist care.</p> <p>It was highlighted that a freedom of information act request had been received by the Yorkshire Ambulance Service around the impact on the ambulance service as a result of the consultations. This would be</p>	<p>MATT</p>

	<p>discussed further outside the meeting.</p> <p>It was highlighted that this work was a test bed for the whole of the STP and lessons had been learned from the process.</p> <p>Connections would be required from this work to the STP when funding was clarified.</p> <p>The CPB noted that the full analysis would be taken to:</p> <ul style="list-style-type: none"> • Joint Overview and Scrutiny Committee (3 April) • Joint Committee Clinical Commissioning Groups (for discussion in April and decision in May) • Widely share with all stakeholders, people who completed the consultations and made publicly available via the website 	<p>SANDFORD, HELEN STEVENS</p> <p>HELEN STEVENS</p>
21/17	<p>Independent review of hospital services</p> <p>The CPB were informed that the second Sustainable Hospitals Services Review (SHSR) Steering Group had taken place and was well supported by all partners.</p> <p>Final sign off for the Invitation to Tender (ITT) had been received and would be used to tender for secretariat support to this extensive programme of work. This was out to tender. The first moderation including partners from the steering group would be taking place on 5 April. A robust process was taking place to ensure the right engagement was in place on the core steering group.</p> <p>Discussion took place at the SHSR Steering Group around the independent review director and it had been agreed to progress the recruitment of a review director. This would not result in a delay in process.</p> <p>How the review would move forward was being discussed. Key roles and approaches to take forward had been previously outlined. Senior project support was required to steer and support the group. Detail of this was being worked through. This would all be in place by the beginning of May.</p> <p>A full update would be written and shared virtually to enable a full update for all private Boards and Governing Bodies within the next two weeks.</p>	<p>WILL CLEARY- GRAY</p>
22/17	<p>Review of commissioning</p> <p>An outline of the process to date was given to CPB, noting the review of commissioning had reflected the need for a collective transformation plan, and likely to move to the collective delivery of this plan. This process had highlighted that commissioning needed to happen at system and at place level. It was noted that it was likely to continue as currently established during 17/18 with the Joint Committee of Clinical Commissioning Groups making decisions for the system. Within the last two weeks, it had become clear that removing the commissioner and provider split would be the direction of travel</p>	

	<p>with a view to moving to system reform by 18/19 rather than commissioning reform.</p> <p>A typo was noted and corrected on page 4 of the document.</p> <p>The next steps were highlighted; that a programme director would be recruited, to work on the immediate asks and to shape the future direction of travel, at system and at place level.</p> <p>It was highlighted that local authorities should be part of this work early on. It was noted that work was taking place in Sheffield to create a platform for a partnership approach with different models being explored around this. The shift in thinking was a positive development.</p> <p>It was noted that guidance was anticipated around links between specialised commissioning and place plans and this would be shared when available with LS.</p> <p>CPB was reminded that the paper had been produced by Chief Officers with a focus on system as the direction of travel. The messages and challenges were the same for system as for place; integration of provision and commissioning.</p> <p>CPB noted the next phases of development for the commissioning reform.</p>	<p>MATTHEW GROOM</p>
<p>23/17</p>	<p>Healthy Lives work stream update</p> <p>A paper was circulated to CPB following an update given in January and the subsequent request for further detail on the Healthy Lives work stream. An update was given on the three components of the work stream, cardiovascular disease and lifestyle risk, social prescribing and work and health.</p> <p>CPB were asked to note the ongoing work, the ambition of the programme and the recommendation that implementation of the Healthy Lives work was principally local within place based plans, with an undertaking of some activity consistently in each area and that there were elements that should be embedded in each of the work streams.</p> <p>CPB were asked to note the current infrastructure gap across the patch for work and health and employment support. It was agreed that the Chief Executive of Sheffield Health and Social Care would write to the Chief Executive of the Sheffield City Region (SCR) to propose joint infrastructure to share across the SCR/STP patch and clarify how this would be taken forward.</p> <p>It was noted that the national team for social prescribing was working with Rotherham. It was anticipated that three STPs would be selected for national roll out of social prescribing and that SYB could be one and therefore might be funding available. This would be considered as part of the MOU.</p> <p>CPB noted an overlap around a care navigation role that was developing, noting that CCGs had funded online training for primary care staff within Wakefield. As part of this, some evaluation from social</p>	<p>KEVAN TAYLOR</p> <p>ALL</p>

	<p>prescribing was being done should be fed into the development of care navigation.</p> <p>A comment was made that social prescribing was currently dependent upon an effective voluntary service system and the risks around the lack of guarantee that these services would exist in the future were noted.</p> <p>A discussion took place around the risks noted around implementation and delivery. Further work would be done on future iterations of the detail and more clearly linking to resource need that had been identified in the original submission. It was commented that the ambition of the work stream would be tailored to the resources available. Detail outlined with financial calculations were a work in progress in terms of linking back to overall STP funding.</p> <p>This paper would be discussed at local Health and Wellbeing Boards.</p>	GREG FELL
24/17	<p>Social Kinetic 3De proposal for leadership analysis</p> <p>CPB noted the next steps from the workshop held on 3 February to develop a narrative with public conversations. A request would be circulated requesting nominations of 3-4 people per organisation to complete the next stage of the survey and a date to convene all in may for a second workshop would be established.</p>	
25/17	<p>Working Together Partnership Vanguard 17-18</p> <p>Correspondence was circulated to confirm funding for the Vanguard programme and this was likely to be part of the total funding package SYB. As part of the plan refresh, funding for the Vanguard would be considered to ensure alignment to the Delivery Plan including exploring possibilities around managed clinical networks.</p>	
26/17	<p>Action to get A&E back on track</p> <p>An update was given on the regional A&E Delivery Board, noting that A&E performance was top of list of priorities. Richard Barker (NHSI) would be overseeing the SYB STP A&E Delivery and would be meeting with the UEC team. Current A&E delivery plans had been reviewed against the national 10 point plan to ensure all requirements were being met and work was taking place to understand what could be done at SYB level and what was an issue at place level. A strong support team was required to undertake this work.</p> <p>A discussion took place around the principles to utilise money made available for social care to in part free up acute hospital beds. A meeting would be established to discuss further with an LA CEO, MR and LB.</p>	MADDY RUFF, LOUISE BARNETT
27/17	<p>Minutes of the STP Finance Oversight Committee on 7 February 2017</p> <p>The minutes were ratified by the CPB.</p>	

28/18	Any other business <u>Local elections</u> The CPB noted that the SYB MOU would be published in May 2017 and the group discussed the potential impact of this, noting that county council elections would be taking place however would be campaigning on election matter. CPB members agreed that governance and engaging leaders was crucial as part of this work. <u>Public Health Workshop</u> CPB noted a workshop taking place on health inequalities on 5 April with 10 places available for each STP for Y&H. 3 filled for SYB however representatives were welcomed.	
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