



# **South Yorkshire and Bassetlaw Integrated Care System**

## **Strategic Outline Case on Hospital Services**

### **Presentation to Governing Bodies and Boards**

**August 2018**



# The final report of the Hospital Services Review was published in May

The Hospital Services Review was set up to ensure people across South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire (SYBMYND), continue to receive excellent hospital services now and in the future.

It made recommendations focused on 5 services (see purple box) which:

- Are facing significant difficulties with workforce and quality; and
- have a significant impact on the service as a whole

- **Urgent and Emergency Care**
- **Maternity**
- **Care of the Acutely Ill Child**
- **Gastroenterology and Endoscopy**
- **Stroke**



## Hospital Services Review

- An independent Review, chaired by Prof. Chris Welsh
- Made recommendations around
  - how Trusts can work together; and
  - configuration of services

**Comments**  
by Boards,  
Governing  
Bodies, Local  
Authorities,  
members of  
the public;  
**assurance**  
by NHSE

## Strategic Outline Case

The statement by the health and care stakeholders in SYBMYND which

- lays out SYBMYND's response to the recommendations; and
- lays out the agreement by commissioners and trusts as to how SYBMYND will take forward work in these areas



## **The three main principles of the HSR are also the main principles of the SOC:**

1. There will continue to be a hospital in every Place: we are not closing any District General Hospitals;
2. Most patients will receive most of their hospital-based care at their local DGH;
3. We need the staff we have – we do not expect that the work of the Review will lead to any redundancies, although we may need to work differently.



## The SOC lays out three main workstreams

### 1. Shared working

Developing Hosted Networks to support co-operation between trusts and improve conditions for staff.

Support for workforce and innovation through a Health and Care Institute and Innovation Hub

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### 2. Transformation

Shifting activity from the acute sector to primary and community care, where appropriate

Transforming the workforce, e.g. by changing job roles

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### 3. Reconfiguration

Exploring options around how services are configured, for maternity, paediatrics and gastroenterology.



# The proposal for Hosted Networks is formal collaborations between trusts

- Agreed protocols for patient transfers
- Agreed clinical protocols
- Opportunities to work across sites eg secondments, rotations
- Standardised job roles for the alternate professions

**All trusts,  
for all  
specialties**

- Managing capacity across sites – e.g. a single point to coordinate available beds across sites
- More direct role in workforce planning to address shortages

**All trusts,  
for some  
specialties**

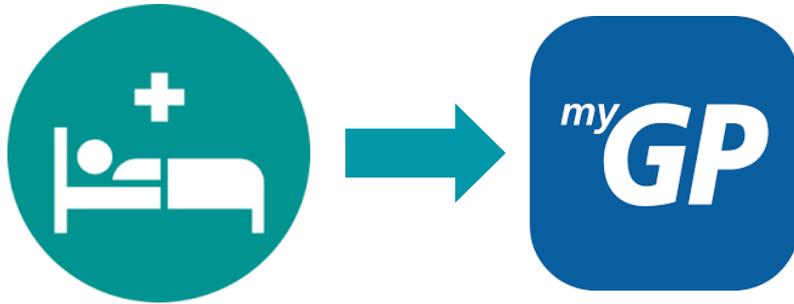
- More direct role in supporting the delivery of services on another site

**Some trusts,  
for some  
specialties**

**The host  
could be any  
of the SYB  
trusts (and  
potentially  
Mid Yorks /  
Chesterfield  
in long  
term)**

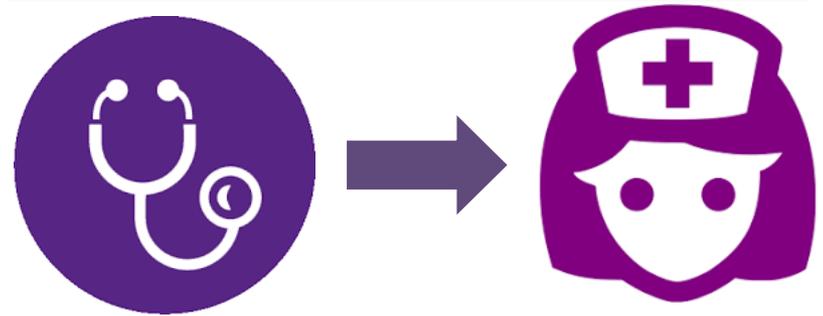
# Transformation is focused on making the best use of our workforce and buildings

## Delivering care in the right setting



- The 2016 Sustainability and Transformation Plan identified that some patients are receiving care in hospital which could better be delivered elsewhere
- The Clinical Working Groups will look at shifts of activity in their own specialties, supporting existing work in Places

## Making the best use of our workforce



- The HSR recommended that hospitals should work together to redesign the workforce, for example around making more consistent use of Advanced Nurse Practitioners and Physicians' Associates
- The Clinical Working Groups will look at the options in their own specialties

Patient and public input will be sought on any recommendations the CWGs put forward

# On reconfiguration, we will explore options for maternity, paediatrics and gastroenterology

## A&E



- Maintain 6 consultant led A&Es (plus the consultant led paediatric A&E at Sheffield Children's)

## Maternity



- Increase choice: home births; all hospitals have midwifery led services for low risk women
- Could replace 1 or 2 obstetric units with MLUs. But we will explore other options to meet requirements for interdependencies with paediatrics.

## Acutely ill children



- More care for children at home / in community
- Explore focusing 24/7 paediatric units on fewer sites: 1 or 2 could become Paediatric Assessment Units open 14/7. We will explore options to meet interdependencies with obstetrics

## Stroke



- Standardised approach to Early Supported Discharge, TIA and rehab services
- Consultants on Sites which will have a Hyper Acute Stroke Unit support services on those sites which have Acute Stroke Unit

## Gastroenterology



- Explore consolidating evening and weekend cover onto 3 or 4 sites: so that all sites have formal access to 24/7 GI bleed cover at all times, if necessary on another site



# Responses to the Hospital Services Review

Some changes have been made in response to feedback on the HSR.



## Greater emphasis on transformation

Trusts requested that we make it clearer that the acute work is built on transformation of the workforce and moving care out of hospital. We have made this a piece of work in its own right. Reconfiguration work will be based on the transformed workforce.



## Interdependencies between maternity and paediatrics

Some concerns were raised about moving to standalone Midwifery Led Units. The SOC says that we will explore other options around meeting interdependencies between paediatrics and obstetric units.



## Patients travelling out of area

Some concerns were raised about the impact on patients who might move to a non-SYB Trust. The ICS team will look at the quality implications of this and assess against the evaluation criterion on quality at evaluation stage.



## Involvement of Local Authorities

LAs asked to be more engaged going forward. The governance of the ICS is being reviewed, and the hospital services team will engage with LA colleagues.



## Public feedback

A key theme of transport was raised, which we will explore further in a dedicated transport group. The SOC outlines public feedback and how comments have been addressed.



## Refreshing modelling

Some updated data on activity was provided too late to be included in the HSR final report. We have refreshed the modelling to include it; the changes are marginal and do not change the recommendations.



## Next steps

The shared working and transformation workstreams will require public engagement. Any reconfiguration options will require formal consultation which requires a longer timeframe. These timescales are provisional.

*Sep – Dec 2018*

*Jan – May 2019*

*Jun – Sept 2019*

*Oct ->*

**Shared working:** Development and implementation of the hosted networks, Health & Care Institute, Innovation Hub

**Transformation:** CWGs identify out of hospital shift, workforce changes

**Reconfiguration:** develop evaluation criteria, the model and the longlist of options

Continue modelling, work on travel and transport

Signoff by Governing Bodies, NHSE Gateway 2, finalise Business Case

***Public consultation***

***Public engagement on all workstrands***





**Thank you**