

## 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**

<b>Ref</b>	<b>Item</b>	<b>Lead</b>
<b>1</b>	<b>Minutes of the meetings held 13 January 2017 – matters arising</b>	
<b>13/17</b>	(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	<b>LOCAL AUTHORITY CEOS</b>
<b>2</b>	<b>National update</b>	
<b>14/17</b>	(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	<b>ALL</b>
	(b) to continue to support the direction of travel for SYB to become an exemplar and development of a memorandum of understanding	<b>ALL</b>
	(c) that CPB confirmed support for SYB to be named in the National Delivery Plan as an exemplar STP	<b>ALL</b>
<b>3</b>	<b>Finance update</b>	
<b>17/17</b>	(a) that a revised indicative budget for 17/18 would be shared with CPB in April/May	<b>JEREMY COOK</b>
	(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	<b>JEREMY COOK</b>
<b>4</b>	<b>STP communications and engagement approach to public consultation</b>	
<b>19/17</b>	(a) that CPB would receive the full STP engagement analysis when complete.	<b>HELEN STEVENS</b>
<b>5</b>	<b>Public consultation – Hyper Acute Stroke Services and Children's Services</b>	
<b>20/17</b>	(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	<b>HELEN STEVENS, MATT SANDFORD</b>

	(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	<b>HELEN STEVENS</b>
	(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	<b>HELEN STEVENS</b>
<b>6</b>	<b>Independent review of Hospital Services</b>	
<b>21/17</b>	(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	<b>WILL CLEARY-GRAY</b>
<b>7</b>	<b>Review of Commissioning</b>	
<b>22/17</b>	(a) that guidance anticipated around links between specialised commissioning and place plans would be shared when available	<b>MATTHEW GROOM</b>
<b>8</b>	<b>Healthy Lives work stream update</b>	
<b>23/17</b>	(a) that the possible national support for social prescribing be considered as part of the development of the Memorandum of Understanding	<b>ALL</b>
	(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.	<b>KEVAN TAYLOR</b>
	(c) that the update paper would be discussed at local Health and Wellbeing Boards	<b>GREG FELL</b>
<b>9</b>	<b>Social Kinetic 3D proposal for leadership analysis</b>	
<b>24/17</b>	(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.	<b>HELEN STEVENS</b>
<b>10</b>	<b>Action to get A&amp;E back on track</b>	
<b>26/17</b>	(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	<b>MADDY RUFF, LOUISE BARNETT, AN LA CEO</b>

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

	<p>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.</p> <p>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).</p> <p>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:</p> <ul style="list-style-type: none"> <li>- Urgent and emergency care (UEC) (e.g. redesign of 111, single point of access, urgent care centres, social care etc)</li> <li>- Demand management elective and diagnostic (e.g. referral management services, alternative care outside hospitals etc).</li> <li>- Primary care (e.g. risk stratification, long term condition management, extended access etc.).</li> <li>- Discharge management (e.g. enablement, intermediate care social care etc).</li> </ul> <p>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.</p> <p>The draft MOU would be considered at a further STP Executive Team time out on 28 April 2017.</p> <p>The Chair updated the STP CPB on a meeting with the Secretary of State.</p> <p>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.</p> <p>It was confirmed that guidance from the Department for Communities and Local Government was anticipated.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The CPB were asked to note that principles would need to be</p>	
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	<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>	<b>ALL</b>
<b>17/17</b>	<b>Finance update</b>	
	<p>JC updated the CPB, noting:</p> <p><b>Work to compare STP with operational plans for 17/18 and 18/19</b></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><b>Financial modelling</b></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><b>STP budget</b></p> <p>The DoFs had agreed the forecast outturn for 16/17 which showed an</p>	

	<p>underspend primarily due to slippage on the Sustainable Hospital Services Review which would impact on the 17/18 budget.</p> <p>A revised indicative budget for 17/18 would be shared with DoFs but was unlikely to be finalised until April when clarity around funding from NHSE/NHSI was received. This would be brought back to the April or May CPB.</p> <p><b>STP DoF</b></p> <p>The DoF group had met twice and comprised 21 members from providers, commissioners, local authorities and NHSE and NHSI.</p> <p>The group would report to the Finance Oversight Committee and had developed terms of reference which would be approved at the March meeting.</p> <p>The DoFs group would consider the Stroke and Children's business cases at a future meeting.</p> <p>The risks outlined were noted by CPB and it was highlighted that the STP must consider moving work on quickly around back office functions as part of the recast of the plan and development of the MOU.</p> <p>The CPB discussed the importance of undertaking a review of commissioning back office functions on an STP footprint.</p> <p>A discussion took place around commissioning integrating at place level. It was noted that detail around the Accountable Care System needed to be worked through. It was noted that health providers and commissioners working together more closely and in an integrated way was taking place, with a redefining of health commissioning that needed to take place in the context of a managed system.</p> <p>It was agreed 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.</p>	<p><b>JEREMY COOK</b></p> <p><b>JEREMY COOK</b></p>
<b>18/17</b>	<p><b>Summary update to collaborative partnership board</b></p> <p>The report was circulated for all to use to locally update teams.</p> <p>The CPB were updated on discussions from January that a stock take would take place around deliverables from each work stream noting that this was underway and in light of the Delivery Plan and development of the MOU, this was being reconsidered.</p>	
<b>19/17</b>	<p><b>STP communications and engagement approach to public consultation</b></p> <p>The CPB were informed that a public engagement exercise was taking place and was currently half way through the process. Early data received indicated that there was a clear mandate from staff and the</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><b>HELEN STEVENS</b></p>
20/17	<p><b>Public consultation – Hyper Acute Stroke Services and Children’s Surgery and Anaesthesia Services</b></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><b>MATT</b></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>	<b>MATTHEW GROOM</b>
<b>23/17</b>	<p><b>Healthy Lives work stream update</b></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><b>KEVAN TAYLOR</b></p> <p><b>ALL</b></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>	<b>GREG FELL</b>
<b>24/17</b>	<p><b>Social Kinetic 3De proposal for leadership analysis</b></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>	
<b>25/17</b>	<p><b>Working Together Partnership Vanguard 17-18</b></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>	
<b>26/17</b>	<p><b>Action to get A&amp;E back on track</b></p> <p>An update was given on the regional A&amp;E Delivery Board, noting that A&amp;E performance was top of list of priorities. Richard Barker (NHSI) would be overseeing the SYB STP A&amp;E Delivery and would be meeting with the UEC team. Current A&amp;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>	<b>MADDY RUFF, LOUISE BARNETT</b>
<b>27/17</b>	<p><b>Minutes of the STP Finance Oversight Committee on 7 February 2017</b></p> <p>The minutes were ratified by the CPB.</p>	

28/18	<p><b>Any other business</b></p> <p><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.</p> <p><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&amp;H. 3 filled for SYB however representatives were welcomed.</p>	
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**South Yorkshire and Bassetlaw Sustainability and Transformation  
Partnership**

**Collaborative Partnership Board**

**7 April 2017, The Birch/Elm Room, Oak House, Rotherham**

**Decision Summary**

<b>Ref</b>	<b>Item</b>	<b>Lead</b>
<b>1</b>	<b>Minutes of the meetings held 17 March 2017</b>	
<b>31/17</b>	<b>Matters arising:</b> (a) that each Mental Health trust would advise KT on contact details for the provider lead for Improving Access to Psychological Therapies (IAPT) and an update on this and the proposed joint infrastructure and Department for Work and Pensions (DWP) initiative would be given at the May meeting	<b>MH LEADS</b>  <b>KEVAN TAYLOR</b>
<b>2</b>	<b>National update</b>	
<b>32/17</b>	(a) that in principle the Local Authority (LA) Chief Executives would be asked to support the direction of travel of the Memorandum of Understanding (MOU) as partners	<b>LA CHIEF EXECUTIVES</b>
	(b) that all statutory bodies would be engaged and consulted with on the MOU and members of the South Yorkshire and Bassetlaw (SYB) Collaborative Partnership Board (CPB) would assist with this, to facilitate discussions and develop an MOU and principles	<b>ALL</b>
	(b) that the CPB noted the proposed timelines and that the draft MOU would be circulated to all on 2 May to take through governing bodies, board and key meetings for consideration and comment.	<b>WILL CLEARY-GRAY</b>
	(c) that the Manchester MOU and the Sheffield City Region (SCR) agreement would be shared with all as an example of the detail expected	<b>WILL CLEARY-GRAY</b>
	(d) that any concerns or queries around the outlined process and timeline be brought to the attention of the Chair	<b>ALL</b>
<b>3</b>	<b>Finance update</b>	
<b>33/17</b>	(a) that links were required between workforce development and finance processes and it was agreed that MC would discuss with JC	<b>MIKE CURTIS, JEREMY COOK</b>
	(b) that we would need to develop and agree criteria for how future transformation funding and capital were aligned to priorities and this commitment would be in the MoU	<b>JEREMY COOK</b>
<b>4</b>	<b>STP communications and engagement approach</b>	

<b>34/17</b>	(a) that a report on the STP communications and engagement approach would be given at the next meeting	<b>HELEN STEVENS</b>
	(b) that a short template be produced making the purpose of a document clear, what was required, and who it could be shared with.	<b>HELEN STEVENS</b>
	(c) that a lessons learnt exercise from the two major consultations would be helpful for future consultation work and proposals for how this was undertaken would be discussed with the steering group	<b>HELEN STEVENS</b>
<b>5</b>	<b>Independent review of hospital services</b>	
<b>37/17</b>	(a) that all partners were asked to use the circulated the update paper for discussion at key private meetings	<b>ALL</b>
<b>6</b>	<b>Any other business – Work stream update</b>	
<b>39/17</b>	(a) that updates from work stream leads would be delivered at future CPB meetings	<b>ALL</b>

**South Yorkshire and Bassetlaw Sustainability and Transformation  
Partnership**

**Collaborative Partnership Board**

**Minutes of the meeting of 7 April 2017, The Birch and Elm Room,  
Rotherham**

**Present:**

Andrew Cash, South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (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)  
Dr Des Breen, Medical Director, Working Together Partnership Vanguard  
Dominic Blaydon, Associate Director of Transformation, The Rotherham NHS Foundation Trust  
Will Cleary-Gray, Director of Sustainability and Transformation, South Yorkshire and Bassetlaw STP  
Jeremy Cook, Interim Director of Finance, South Yorkshire and Bassetlaw STP  
Sandra Crawford – Associate Director of Transformation – Nottinghamshire Healthcare NHS  
Foundation Trust (Deputy for Ruth Hawkins, Chief Executive)  
Mike Curtis, Local Director, Health Education England  
Chris Edwards, Accountable Officer, NHS Rotherham Clinical Commissioning Group  
Adrian England, Chair, Healthwatch Barnsley  
Idris Griffiths, Interim Accountable Officer, NHS Bassetlaw Clinical Commissioning Group  
Susan Hird, Consultant in Public Health, Sheffield City Council (Deputy for Greg Fell, Director of  
Public Health)  
Ben Jackson, Senior Clinical Teacher, Academic Unit of Primary Medical Care, Sheffield University  
Bob Kirton, Director of Strategy and Business Development, Barnsley Hospital NHS Foundation  
Trust  
Alison Knowles, Locality Director North of England, NHS England  
Wendy Lowder, Executive Director Communities, Barnsley Metropolitan Borough Council (Deputy for  
Diana Terris, Chief Executive)  
Anne Marie Lubanski, Director of housing, Rotherham Metropolitan Borough Council (Deputy for  
Sharon Kemp)  
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)  
Richard Parker, Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation  
Trust  
Jackie Pederson, Accountable Officer, NHS Doncaster Clinical Commissioning Group  
Brigid Reid, Chief Nurse, NHS Barnsley Clinical Commissioning Group (Deputy for Lesley Smith,  
Chief Executive)  
Maddy Ruff, Accountable Officer, NHS Sheffield Clinical Commissioning Group  
Kathryn Singh, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust  
John Somers, Chief Executive, Sheffield Children's Hospital NHS Foundation Trust  
Richard Stubbs, Acting Chief Executive, The Yorkshire and Humber Academic Health Science  
Network  
Patrick Birch, Programme Manager, Commissioning and Contracts Adults and Communities,  
Doncaster Metropolitan Borough Council (Deputy for Jo Miller, Chief Executive)  
Kevan Taylor, Chief Executive, Sheffield Health and Social Care NHS Foundation Trust  
Janet Wheatley, Chief Executive, Voluntary Action Rotherham

**Apologies:**

Louise Barnett, Chief Executive, The Rotherham NHS Foundation Trust  
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

Ruth Hawkins, Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust

Richard Henderson, Chief Executive, East Midlands Ambulance Service

Dr Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust

Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council

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

Dr Tim Moorhead, Clinical Chair, NHS Sheffield Clinical Commissioning Group

Simon Morritt, Chief Executive, Chesterfield Royal Hospital NHS Foundation Trust

John Mothersole, Chief Executive, Sheffield City Council

Matthew Sandford, Associate Director of Planning and Development, Yorkshire Ambulance Service NHS Trust

Steve Shore, Chair, Healthwatch Doncaster

Paul Smeeton, Chief Operating Executive, Nottinghamshire Healthcare NHS Foundation Trust

Lesley Smith, Accountable Officer, NHS Barnsley Clinical Commissioning Group

Helen Stevens, Associate Director of Communications and Engagement, South Yorkshire and Bassetlaw STP

Neil Taylor, Chief Executive, Bassetlaw District Council

Rob Webster, Chief Executive, South West Yorkshire Partnership NHS Foundation Trust

## In Attendance:

Janette Watkins, Programme Director, Providers Working Together

Kate Woods, Programme Office Manager, South Yorkshire and Bassetlaw STP

Minute reference	Item	Action
29/17	<p><b>Welcome and introductions</b></p> <p>The Chair welcomed members, outlining the content of the meeting, and noted apologies for absence.</p> <p>The meeting would cover:</p> <ul style="list-style-type: none"> <li>- The next steps for the NHS Five Year Forward View Delivery Plan</li> <li>- Being clear on developing the Memorandum of Understanding (MOU) and the process for this and that NHS England and NHS Improvement were partners to this work as the area moved towards a managed system.</li> <li>- An update on each area would be requested under AOB</li> </ul> <p>AJC advised that a common definition would be developed for Accountable Care Systems (ACS) and Accountable Care Organisations (ACO) during the course of 2017/18. A working definition was agreed as ACS referring to the overall STP system and ACPs referring to local places until this was worked through formally.</p>	
30/17	<p><b>Minutes of the previous meeting held 17 March 2017</b></p> <p>The minutes of the meeting were accepted as a true and accurate record and would be published.</p>	
31/17	<p><b>Matters arising</b></p> <p>All matters arising would be picked up as part of the agenda. An</p>	



	<p>update was given on the following actions:</p> <p><b>13/17 LA CEO meetings</b>  AJC would attend a South Yorkshire and Bassetlaw (SYB) LA Leaders meeting to further discuss proposals around funding and would update the Board at the next meeting in May.</p> <p><b>17/17 finance update</b>  A revised indicative budget would be brought to May Sustainability and Transformation Partnership (STP) Collaborative Partnership Board (CPB) subject to clarification of transformation funding.</p> <p><b>23/17 Healthy lives work stream update</b>  It was noted that the SCR had funding from the Department of Work and Pensions (DWP) to support an employment service across the SCR. Work was being done around aligning this with the STP footprint. A request was made for each area to provide KT with a provider lead for IAPT. It was noted that the DWP would commission an IAPT employment support service. An update would be given at the May meeting.</p>	<p><b>ALL MH LEADS</b></p> <p><b>KEVAN TAYLOR</b></p>
32/17	<p><b>National Update</b></p> <p><b>Delivery plan key messages</b></p> <p>The next steps on the NHS Five Year Forward View was published on Friday 31 March. AK presented a summary of this, highlighting the key themes and considering how SYB would take it forward.</p> <p>It was noted that SYB must retain focus on delivery and on the financial position, delivery of the priorities, and to take maximum advantage of the space for co-creation, local innovation and integration.</p> <p>The CPB were invited to comment.</p> <p>It was confirmed in response to a query around 9 accountable care organisations being referred to within the presentation, that other systems could come forward over coming months to form part of this group.</p> <p>The CPB were asked to recognise that Healthwatchs were funded by LAs and might require investment.</p> <p>The CPB discussed major regional universities. It was confirmed that the MOU would be developed and as part of the delivery of the programme, a wider coalition would be considered. This would also include local colleges within the workforce discussions as well as greater collaboration with the SCR leads and police and crime commissioners.</p> <p>In response to a query around the development of the MOU enabling transformation funding, a parallel process was taking place around bidding for national funding, it was confirmed that the transformation funding would include the current bids whether successful or not. Due to parallel running and potentially short timescales for the development of bids, coherence around the bidding process and what</p>	

	<p>SYB needed to do was required as soon as possible.</p> <p>It was noted that the process for allocation of transformation funding would be worked through as a partnership board. An implementation plan would be produced by the end of June 2017. A time out on 28 April was taking place to develop the MOU and it was anticipated that urgent and emergency care, Cancer, Primary care Mental Health and Learning Disabilities would feature as a key programme in 17/18. Concurrently, work was continuing the sustainable hospital services review and the commissioning review. Workforce was discussed as a key issue for all the work and an update would be brought to the May meeting.</p> <p>SYB would need to consider different models and ways of working moving forward.</p> <p>It was agreed that engaging politicians as part of this process was crucial and this would be a discussion agenda when AJC met with LA CEOs.</p> <p>Local elections would take place and thereafter an engagement exercise. In principle the LA CEOs would be asked to support the direction of travel of the MOU which was viewed by LA colleagues in attendance as the right approach in principle. The exercise would be to ensure politicians were well informed and where they wished, to participate and contribute. It was not to seek commitment for the direction of travel.</p> <p>It was agreed that there was learning to take from other STPs and collaborations nationally for the SYB.</p> <p><b>SYB Memorandum of Understanding development</b></p> <p>SYB had been invited, as one of the 9 emerging accountable care systems, to develop and MoU which would secure funding, additional support and devolved responsibilities from health to better deliver plans.</p> <p>A paper was circulated to set out a framework for an SYB MOU. The focus would be on securing the support SYB needed to delivery its plans and enabling confidence in devolved responsibilities. It was highlighted that the MOU should be have the right balance of commitment and flexibility.</p> <p>All partners would be part of the development of the MOU, which would enable the delivery of key priorities and recognised the legal framework that all were currently working within.</p> <p>All statutory bodies would be engaged and consulted with on the MOU. Members of the CPB would be required to assist with this, to facilitate discussions and develop an MOU and its principles.</p> <p>It was expected that 17/18 would be shadow year recognising that the STP was not a statutory organisation and the region would continue to work together to deliver what was required.</p> <p>The Next Steps on the Five Year Forward View ambitions would be</p>	<p><b>LA CEOs</b></p> <p><b>ALL</b></p>
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	<p>reflected in MOU. The SYB STP would aim to be the best delivery system in the country and a system commitment was required.</p> <p>NHS England and NHS Improvement as assurers would be part of drafting the MOU.</p> <p>The CPB noted that the 9 areas highlighted in the Next Steps on the Five Year Forward View had been asked to come forward as ACSs and the SYB must define what this meant. The CPB discussed this. Work was taking place around the definitions of Accountable Care Organisations and Accountable Care Partnerships.</p> <p>How the SYB system linked into other systems must also be considered.</p> <p>A comment was made around the challenging timescales to enable all organisations to contribute to developing the MOU.</p> <p>AK highlighted that nationally work was taking place around Accountable Care Partnerships. The work around new assurance systems involved with Accountable Care Organisations was noted. Organisations could collaborate and work with partnerships without changing organisational form.</p> <p>The CPB noted the proposed timelines and that a jointly developed MOU would be circulated to all on 2 May to take through governing bodies, board and key meetings for sign off. The Manchester MOU and the SCR agreement would be shared with all as an example of the detail expected.</p> <p>CPB was asked to raise any concerns or queries around the outlined process and timeline.</p>	<p><b>WILL CLEARY-GRAY</b> <b>WILL CLEARY-GRAY</b></p> <p><b>ALL</b></p>
<b>33/17</b>	<p><b>Finance update</b></p> <p>The CPB were updated on the finances, noting:</p> <ul style="list-style-type: none"> <li>• A review of the financial model had been completed and a pack of data had been produced; this identified errors within the model and a refresh would take place.</li> <li>• A meeting took place with the Health Economy and Intelligence Unit within NHS Improvement. There would be no national request to submit an update on plans at this point and would develop guidance consistent with operational plans. JC was asked to join the national group to help develop the next plans to be completed.</li> <li>• Work was taking place with STP Director of Finance (DOFs) around the processes and governance around bidding for additional capital and transformation funds.</li> <li>• Plans for how to report monthly to CPB were being developed. The DOFs would work up proposals through the STP DOF Steering Group for discussion at Finance Oversight Committee and would be approved by the CPB.</li> <li>• Work was taking place on the Stroke business case to agree</li> </ul>	

	<p>financial principles and to aid development of final draft business case being considered by Joint Committee of Clinical Commissioning Groups (JCCC) on 24 May.</p> <p>A comment was raised around linking workforce development to finance and it was agreed that MC would discuss with JC.</p> <p>A discussion took place around the need for organisations to work together, developing local commissioning models for the population to develop a sustainable workforce. It was commented that work to consider workforce to deliver against local place plans was required and to test the thinking for broader workforces. Communications around this would be also important. It was highlighted that there was work to be done around urgent and emergency care.</p> <p>The CPB noted that discussions had taken place at the Finance Oversight Committee around the current structures and processes for the STP and clear governance around how funding would be distributed was required. A revised structure for this would be contained within the MOU.</p>	<p><b>MIKE CURTIS, JEREMY COOK</b></p> <p><b>JEREMY COOK</b></p>
<b>34/17</b>	<p><b>STP communications and engagement approach</b></p> <p>A report and presentation would be given at the May meeting.</p> <p>The CPB had previously supported the commissioning of work with Healthwatch and Voluntary Action groups to engage early with the public and staff on the ambitions of the STP. This was taking place in all local areas.</p> <p>Feedback would be captured and form part of the next steps on developing and defining the plans and building a network for engagement.</p>	<p><b>HELEN STEVENS</b></p>
<b>35/17</b>	<p><b>Hyper Acute Stroke Services and Children's Services</b></p> <p>A full analysis was circulated from the public consultation. The themes had previously been shared from this from the various stakeholders. The summation of this consultation was also shared noting varied responses to the proposals and demonstrated a full and considered process for the consultation.</p> <p>It was noted that the report had been shared with the Joint Health Overview and Scrutiny Committee (JHOSC). There were no major questions on the consultation and therefore considered to be a full and appropriate consultation on the proposals. Feedback on the report was welcomed from CPB to form a key element of the decision business case being considered by the JCCC in May.</p> <p>It was requested that a short template be produced which was clear on the purpose of a document, what was required, and who it could be shared with.</p> <p>A discussion took place around lessons learned from these work streams and next steps. A lessons learnt exercise from the two major consultations would be helpful for future consultation work. It was noted that there would be a number of caveats around the business</p>	<p><b>HELEN STEVENS</b></p> <p><b>HELEN STEVENS</b></p>

	<p>cases presented to the JCCC in May, for example around potential impact on the acute element of the pathways and rehabilitation for Stroke, and the decisions would be taken considering the impact on other elements of the pathway.</p> <p>A discussion took place around the proposals and the original ambitions. It was noted that if there was a scaling back on the work it was because this was the right thing to do for patients. In relation to Children's Services, the size of the change was still to be defined and the work could still be transformational.</p> <p>The CPB noted that the consultation analysis had helped to inform the proposals and was a crucial part of the process to support change. While commissioning services consideration of the issues flagged by the public was very important. It was commented that the quality and safety issues were clearly stated at the public consultation sessions.</p> <p>The CPB noted that final decisions would be taken on the business cases by the Joint Committee in May.</p>	
<b>36/17</b>	<p><b>Independent Review of Hospital Services</b></p> <p>The CPB were updated on developments with the hospital review.</p> <p>An update paper was circulated for use at private governing body, trust board and council meetings.</p> <p>Further developments were outlined by WCG, noting that the advert for an Independent Review Director Lead had gone out and the closing date was 7 April. The recruitment process would be supported by NHS England and the Sustainable Hospital Services Review Steering Group.</p> <p>The infrastructure for the work was being put into place including recruitment of a secretariat and appropriate project support.</p> <p>All partners were asked to use the circulated paper for discussion at private key meetings.</p>	<b>ALL</b>
<b>37/17</b>	<p><b>Review of commissioning</b></p> <p>The CPB were updated on developments, noting discussions with NHS England. The functions of Clinical Commissioning Groups and where they may align in the future was being addressed. Work was progressing around agreeing definitions of tier 1 and tier 2 and making the connections to the hospital services review.</p> <p>Commissioner input into the MOU was taking place and discussions taking place with NHS England on this.</p> <p>A positive contribution from LAs around commissioning collectively had previously been highlighted, and this would be taken forward.</p>	
<b>38/17</b>	<p><b>Unadopted minutes of Finance Oversight Committee</b></p> <p>The minutes were ratified by the CPB.</p>	

39/17	<p><b>Any Other Business</b> The ACOs were asked to update on their area:</p> <p><b>Bassetlaw</b> An accountable care partnership board was in place, and discussions had taken place to ensure that the Bassetlaw 'Place' Plan was fully inclusive. Excellent partnership involvement was noted. Overarching outcome measures and agreeing key priorities to take the Place Plan forward would be agreed at the next meeting. Integrated neighbourhood teams were established. Work was taking place with partners and providers around integrated physical and mental health and the contracts had been restructured to facilitate this. Work was taking place to develop social prescribing with the community and voluntary sector, looking at the wider determinants of health and working with partners to build healthier communities. Work was taking place around public engagement to align this with GP practice involvement groups, the council and other neighbourhood groups.</p> <p><b>Sheffield</b> An accountable care partnership was in place. Work was taking place to agree the priority work streams with UEC being one of these. A strong relationship was in place with primary care in Sheffield and the LA. Work was taking place around the commissioning functions of an ACP. Organisational Development (OD) work would be required for Boards and director teams. Three successful engagement events around the Sheffield Place Based Plan had taken place.</p> <p><b>Rotherham</b> Working to an accountable care partnership approach. A Place Plan was agreed and work was now taking place to develop a delivery plan. Work was also taking place on governance moving from shadow form to formal from 2018. Work on OD was required for this.</p> <p><b>Barnsley</b> Work on an accountable care partnership board was progressing. Barnsley would be going live on intermediate care services shortly. This was challenging however there was enthusiasm to work together. Barnsley has an active Save Our NHS Group and work is ongoing to ensure the group is informed.</p> <p><b>Doncaster</b> The Place Plan was agreed and was agreed that there would be an integrated commissioning function and accountable care partnership approach.</p> <p><b><u>Workstream updates</u></b> Updates from each work stream would be given at future meetings.</p>	STP PMO
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