South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

Collaborative Partnership Board

Minutes of the meeting of

8 December 2017

The Boardroom, NHS Sheffield CCG
722 Prince of Wales Road, Sheffield, S9 4EU

Decision Summary

Minute reference	Item	Action
124/17	**CEO ACS Report** The Chair informed members that there is an ACS Development Day in London on Wednesday, 13th December 2017 and a report back will be given to members at the next Collaborative Partnership Board meeting or via e-mail. The priority focus areas together with a proposed management structure will be discussed at a workshop for CEO's in January and the proposed structure will be populated and implemented by April 2018.	The Chair W Cleary-Gray
125/17	**Integrated Operational Report** Richard Jenkins will be circulating information and requesting advice from the team regarding two issues one being the ownership of any breaches and the second being tariffs and the flow of money. The Chair requested the Cancer Alliance to report back to the Executive Steering Group or Collaborative Partnership Board with three or four sustainable proposals resulting from the scoping project.	R Jenkins L Smith
126/17	**Developing the ACS and Future Commissioning Arrangements** Will Cleary-Gray asked members to note that before becoming operational the ACS needs to complete an overarching strategy for 2018/19 in the next quarter. He added that the STP vision and strategy would also require refreshing.	W Cleary-Gray

127/17	**Workstream Priorities:** **Estates** Chris Edwards confirmed that the estates workstream needs to develop its strategy to enable it to deliver its priorities. He confirmed that the workstream would develop a strategy and priorities by the end of January 2018. **Digital/IT** Nicola Haywood-Alexander confirmed the workstream could move the priorities into actions in the next three months and it will populate the priorities with specifics by the beginning of 2018. **Medicines Optimisation** Idris Griffiths confirmed that the workstream would populate the priorities in time for discussion at the meeting in January 2018.	C Edwards N Haywood-Alexander I Griffiths
128/17	**Finance** The Chair requested Jeremy Cook to link in with Richard Jenkins (and others) regarding the analytical review as this linkage will provide information to enable him to highlight the four largest common opportunities across the system for 2018/19. The Chair highlighted that the top four large common opportunities identified from the analytical review will be discussed at the workshop in January 2018.	J Cook W Cleary-Gray
129/17	**Hospital Services Review** Alexandra Norrish informed members that there will be an interim report published on the website regarding the public engagement event held on the 6th December 2017.	A Norrish

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Name	Organisation	Designation	Present	Apologies	Deputy for
Sir Andrew Cash CHAIR	South Yorkshire and Bassetlaw ACS	ACS Lead/Chair, Sheffield Teaching Hospitals NHS FT, CEO	✓		
Adrian Berry	South West Yorkshire Partnership NHS FT	Deputy Chief Executive		✓	
Adrian England	Healthwatch Barnsley	Chair	✓		
Ainsley Macdonnell	Nottinghamshire County Council	Service Director		✓	Anthony May CEO
Alison Knowles	Locality Director North of England,	NHS England	✓		
Alan Davis	South West Yorkshire Partnership NHS FT	Director of Human Resources	✓		Adrian Berry
Alexandra Norrish	South Yorkshire and Bassetlaw ACS	Programme Director – Hospital Services Review	✓		
Andrew Hilton	Sheffield GP Federation	GP		✓	
Anthony May	Nottinghamshire County Council	Chief Executive		✓	
Ben Jackson	Academic Unit of Primary Medical Care, Sheffield University	Senior Clinical Teacher		✓	
Catherine Burn	Voluntary Action Representative	Director		✓	
Chris Edwards	NHS Rotherham Clinical Commissioning Group	Accountable Officer	✓		
Chris Holt	The Rotherham NHS FT	Deputy Chief Executive & Director of Strategy and Transformation		✓	
Des Breen	Working Together Partnership Vanguard	Medical Director	✓		
Diana Terris	Barnsley Metropolitan Borough Council	Chief Executive		✓	
Greg Fell	Sheffield City Council	Director of Public Health	✓		John Mothersole CEO
Frances Cunning	Yorkshire & the Humber PHE Centre	Deputy Director – Health & Wellbeing	✓		
Helen Stevens	South Yorkshire and Bassetlaw ACS	Associate Director of Communications & Engagement	✓		

Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer	✓		
Jackie Pederson	NHS Doncaster Clinical Commissioning Group	Accountable Officer	✓		
Jane Anthony	South Yorkshire and Bassetlaw ACS	Corporate Committee Administrator, Executive PA & Business Manager	✓		
Janette Watkins	Working Together Partnership Vanguard	Director	✓		
Janet Wheatley	Voluntary Action Rotherham	Chief Executive	✓		
Jeremy Cook	South Yorkshire and Bassetlaw ACS	Interim Director of Finance	✓		
John Mothersole	Sheffield City Council	Chief Executive		✓	
John Somers	Sheffield Children's Hospital NHS Foundation Trust	Chief Executive	✓		
Jo Miller	Doncaster Metropolitan Borough Council	Chief Executive		✓	
Julia Burrows	Barnsley Council	Director of Public Health	✓		
Julia Newton	NHS Sheffield CCG	Director of Finance		✓	
Kathryn Singh	Rotherham, Doncaster and South Humber NHS FT	Chief Executive		✓	
Kevan Taylor	Sheffield Health and Social Care NHS FT	Chief Executive		✓	
Lesley Smith	NHS Barnsley Clinical Commissioning Group	SYB ACS System Reform Lead, Chief Officer, NHS Barnsley CCG	✓		
Lisa Kell	South Yorkshire and Bassetlaw ACS	Director of Commissioning Reform	✓		
Louise Barnett	The Rotherham NHS Foundation Trust	Chief Executive		✓	
Maddy Ruff	NHS Sheffield Clinical Commissioning Group	Accountable Officer		✓	
Matthew Groom	NHS England Specialised Commissioning	Assistant Director	✓		
Matthew Sandford	Yorkshire Ambulance Service NHS Trust	Associate Director of Planning & Development	✓		Rod Barnes
Mike Curtis	Health Education England	Local Director	✓		
Neil Taylor	Bassetlaw District Council	Chief Executive		✓	
Nicola Haywood-Alexander	South Yorkshire and Bassetlaw ACS	Digital Programme Director	✓		
Paul Moffat	Doncaster Children's Services Trust	Director of Performance, Quality and Innovation		✓	
Paul Smeeton	Nottinghamshire Healthcare NHS Foundation Trust	Chief Operating Executive	✓		
Richard Henderson	East Midlands Ambulance Service NHS Trust	Chief Executive		✓	
Richard Jenkins	Barnsley Hospital NHS Foundation Trust	Chief Executive	✓		
Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS FT	Chief Executive	✓		

Richard Stubbs	The Yorkshire and Humber Academic Health Science Network	Acting Chief Executive		✓	
Rob Webster	South West Yorkshire Partnership NHS FT	Chief Executive		✓	
Rod Barnes	Yorkshire Ambulance Service NHS Trust	Chief Executive		✓	
Roger Watson	East Midlands Ambulance Service NHS Trust	Consultant Paramedic Operations	✓		Richard Henderson
Rupert Suckling	Doncaster Metropolitan Borough Council	Director of Public Health	✓		
Ruth Hawkins	Nottinghamshire Healthcare NHS FT	Chief Executive		✓	
Sharon Kemp	Rotherham Metropolitan Borough Council	Chief Executive	✓		
Simon Morritt	Chesterfield Royal Hospital	Chief Executive	✓		
Steve Shore	Healthwatch Doncaster	Chair		✓	
Tim Moorhead	NHS Sheffield Clinical Commissioning Group	Clinical Chair		✓	
Victoria McGregor-Riley	NHS Bassetlaw CCG	Director of Primary Care		✓	
Will Cleary-Gray	South Yorkshire and Bassetlaw ACS	Sustainability & Transformation Director	✓		

Minute reference	Item	Action
120/17	**Welcome and introductions** The Chair welcomed members to the meeting	
121/17	**Apologies for absence** The Chair noted apologies for absence.	
122/17	**Minutes of the previous meeting held 10th November 2017** The minutes of the previous meeting were agreed as a true record.	
123/17	**Matters arising** **Workstream Priorities:** Primary Care At their last meeting the Collaborative Partnership Board did not approve the top 3 priorities for this workstream as presented. The workstream will be presenting their revised top 3 priorities to the Collaborative Partnership Board in January 2018. **Workforce** The top 3 priorities for this workstream were approved and Mike Curtis will be progressing the items identified i.e. the amendment of the strategy and drawing up the narrative required.	

	Finance Update: Jeremy Cook advised members that the Executive Steering Group approved the proposed allocation of the £3.2m uncommitted funds at their meeting on 21st November 2017. **Hospital Services Review** Alexandra Norrish said that she would talk to the communications team about the survey being circulated to the Joint Health Overview and Scrutiny Committee if it had not already been done. Post meeting update – The members of JHOSC had received communications on the review at its launch and been invited to share the survey link with their constituents. **To consider any other business** Dissemination of papers post CPB meetings. Will Cleary-Gray highlighted that the introduction of this system will help to ensure there is consistent communication across the ACS regarding the business going forward to Governing Bodies and Boards.	
124/17	**National Update** **CEO ACS Report** The Chair gave his Chief Executive Officer report to the meeting. This monthly report provides members with an update on: • The work on the ACS CEO over the last month. • A number of key priorities not covered elsewhere on the agenda. In addition to his report the Chair added the following updates: **Developing governance and resourcing to support the ACS strategic priorities** Ian Dalton, Chief Executive of NHS Improvement has said that NHSE/I need to give more clarity about governance and this is one of his key priorities to address. He also said there are semantics and differences in terminology used when referring to ACSs and this something that he will be addressing as the second wave of ACSs come on board in April 2018. The Chair highlighted that SYB STP had initially progressed work to develop itself into an ACS and is now exploring the development of its future governance arrangements. The Governance Group and Audit Chairs (one audit Chair from each place) had a workshop on 1st December 2017 to explore future governance arrangements, to ensure they are in place and that they will guarantee the ACS has consistent management,	

	cohesive policies, guidance, processes and decision-rights for a given area of responsibility, and proper oversight and accountability. The workshop was facilitated by Chris Ham, Chief Executive of the King's Fund. The Chair informed members that there is an ACS Development Day in London on Wednesday, 13th December 2017 and a report back will be given to members at the next Collaborative Partnership Board meeting or via e-mail. The Chair highlighted the priority focus areas for the SYB system working together in Phase 1, 2018/19 i.e. integrated ACS strategy and new regulation, workforce planning, financial strategy, SYAB ACS priorities, system transformation priorities, research, education and innovation, patient and public involvement, population health management. The priority focus areas together with a proposed management structure will be discussed at a workshop for CEO's in January and the proposed structure will be populated and implemented by April 2018. The Chair highlighted that the shadow phase (phase 1, 1st April 2018 to 31st March 2019) of the ACS could have two options regarding its management structure: • the creation of a senior structure of full time positions or, • the creation of a structure comprising of part time positions working at SYB ACS and the remainder of their week working in their substantive posts. The Chair stated that the ACS requires high-quality senior people to fill the positions in the proposed new management structure and it should also ensure there is good geographical representation across the five ACS areas. The Chair highlighted the following focus areas for the SYB ACS working together in phase 1: • building an integrated ACS strategy and new regulation - ensuring the structure is not another tier of management and that links the systems organisations and places through the ACS. • Workforce planning - having a senior HR leadership presence at a system level • Financial strategy - getting ready to deliver the control total from 1st April 2019 (not 2018). • System transformation priorities - the 45 priorities identified by our workstreams need to be focussed to 10-12 priorities for the ACS. This will be completed at the workshop in January 2018. • Research, education and innovation - there is £3.5bn in the recently launched UK Life Sciences Industrial Strategy that could be available to benefit the population of South Yorkshire and Bassetlaw. The ACS is keen to forge better links with industry to help in the creation of jobs in areas such as the advanced manufacturing, digital and in healthcare medical technology industry.	**The Chair** **W Cleary-Gray**

- Patient and public involvement - active public involvement to enable the ACS to evolve with public support and participation.
- Population Health Management – understanding the SYB population needs and inequalities to inform commissioning decisions and best use of funds to improve outcomes in areas such as childhood obesity, tobacco and alcohol cessation.

The Chair responded to a comment regarding the Autumn Budget and the requirement to reduce management costs by 15-20%. He said that the SYB ACS needs to change the way it delivers services to achieve savings and we need to work with NHSE/I, CCGs and hospitals to achieve this.

Will Cleary-Gray asked members to note that there are limits to the amount of transformational funding available for backfilling posts. The ACS will not be developing another tier of management in its structure therefore it needs to develop new ways of working. A management structure will be discussed and developed at the workshop in January.

Lisa Kell added that it is beneficial that Alison Knowles and her team from NHSE are linked with SYB ACS and can offer the ACS support regarding governance issues. The national team has also offered support to SYB ACS in creating a governance structure for the future ACS.

The Chair asked members to note that in the future governance of the ACS it is likely that the meeting arrangements will change as from April 2018. The Governance and the Audit Chairs groups are initially formulating the meeting structure required to proceed from 1st April 2018 and may engage with Ian Dalton in this work.

Autumn Budget 2017

The Chair highlighted that the Autumn Budget announced a further £2.8b of revenue funding for the NHS and added the maximum amount SYB would receive from the additional funding would be the fair share element which stands at 2.9%), which the following is a break-down by year.

2017/18 £9.7m

2018/19 £46.4m

2019/20 £25.1m

The Chair reminded members that it was the 70th anniversary of the National Health Service on 5th July 2018. The ACS should ensure that it is in a position to bid into any potential capital funding that may be made available in the 70th anniversary year.

	The Collaborative Partnership Board noted the update.	
125/17	**Integrated Operational Report** Alison Knowles referred to her paper (C) circulated with the agenda papers and highlighted that the report provides an interim view of performance across the ACS pending the development of the wider single assurance framework. She highlighted that South Yorkshire and Bassetlaw ACSs overall performance has improved with achievement of eight out of the ten national indicators (compared to seven in August). In a ninth area, (waiting time in A&E), the ACS achieved the expected in-year performance of at least 90% but did not deliver the national standard. The access to diagnostic tests within six weeks of referral remained below national standards. Richard Jenkins informed members that short term recommendations have been implemented for echocardiography and it is expected that these will result in positive traction towards the targets in 1-2 months. Extra capacity is being implemented to progress work required in echocardiography. He added that he will be circulating information and requesting advice from the team regarding two issues one being the ownership of any breaches and the second being tariffs and the flow of money. Lesley Smith added that the Cancer 62 day target has been achieved in September but October and November may not achieve the target. However, it should be noted that there are other sides to improvement that should be highlighted other than targets i.e. sharing learning and 'taking on' cancer from 1st April 2018. She added that the areas of traction are Upper GI, Head and Neck, Chemotherapy and Introducing a Faecal Immunochemistry Test in primary care for people with lower GI symptoms. The Cancer Alliance will be undertaking a scoping project and will be bringing back information relating to the above four areas of traction and their commissioning, provision and transformation. The Cancer Alliance will address what change is required in provision and commissioning going forward from 1st April 2018. The Chair requested the Cancer Alliance to report back to the Executive Steering Group or Collaborative Partnership Board with three or four sustainable proposals resulting from the scoping project. The Collaborative Partnership Board noted the current published performance against key national indicators for the South Yorkshire & Bassetlaw ACS.	**R Jenkins** **L Smith**

126/17	**Developing the ACS and Future Commissioning Arrangements** Will Cleary-Gray updated members regarding the development of the ACS and future commissioning arrangements. He asked members to note that before becoming operational the ACS needs to complete an overarching strategy for 2018/19 and then distill the information into the workstreams identified in the Memorandum of Understanding. He added that the STP vision and strategy would also require refreshing. The Hospital Services Review will report on its recommendations and the ACS need to be mindful that it meets the principles of the Hospital Services Review when drawing up its overarching strategy. He informed members that setting out the operational plan for 2018/19 and the development of an overarching strategy needs to be completed in the next quarter. The Chair highlighted that any financial implications of the Hospital Services Review recommendations should be affordable and sustainable. Sharon Kemp informed members that Local Authorities are keen to get involved in place based commissioning. She added that it is important for CEOs to be involved in place based commissioning as it feeds into local tariffs. The Chair thanked Will Cleary-Gray for his update.	**W Cleary-Gray**
127/17	**Workstream Priorities –** slides will be circulated to members after this meeting **Children's and Maternity** John Somers and Chris Edwards presented the Children's and Maternity workstream top 3 priorities for the Collaborative Partnership Boards approval as: • Improve quality and sustain access to surgery and anaesthesia care, network the provision. • Sustain children's acute care, through a network approach and new models of care. • Deliver Better Births in maternity care. John Somers spoke to the Children's element of the workstream priorities stating that the key drivers for the priorities were accessibility, shortage of paediatric nurses and a public consultation process.	

	He informed members that in relation to the first priority one to two children are involved in accessing the services on a monthly basis. The hospital sites involved are Pinderfield's General Hospital in Wakefield, Sheffield Children's Hospital NHS FT and Doncaster Royal Infirmary. As part of the project, peer reviews are currently being undertaken; these are challenging but are proving to be very useful. Three peer reviews have taken place and there are another three to be undertaken in January 2018. The children's surgery and anaesthesia services project has got traction for implementation to proceed in 2018/19. In relation to the second priority a managed clinical network has been established and this will be aligned with the Hospital Services Review (HSR) as their recommendations emerge (HSR recommendations will be published at the end of April 2018). New sustainable models of paediatric care are being investigated along with upskilling of community services to reduce the impact on secondary and specialist care. Chris Edwards spoke to the maternity element of the workstream priorities i.e. Better Births in maternity care. Maternity has been allocated £150k and there is a further £4m (of national monies) in the Memorandum of Understanding. The maternity plan has received good feedback from the national team. Maternity care consists of consultant led, midwife led and home birth services. Chris Edwards highlighted that there is a challenge to the workforce resulting from declining numbers of consultants and midwives in the maternity services. The Chair noted that a stock take is required at 'place'. This will enable the ACS to identify the areas that it should be involved in to make progress. Chris Edwards added that we require solutions to establish how we recruit and keep our workforce. Rupert Suckling highlighted that the key priorities identified for this workstream risked a disconnection from the vision of the children's and maternity workstream. We should be mindful that the vision of the workstream does not get left behind. The Collaborative Partnership Board approved the top 3 priorities for this workstream as presented. **Estates** Chris Edwards presented the Estates workstreams top 3 priorities for the Collaborative Partnership Boards approval as: • Develop an ACS estates strategy. • Detailed delivery plan for estates priorities. • Optimisation of high quality estate.	

	Chris Edwards informed members that the priorities have been developed with the Interim Director of Finance and the ACS Estates Workstream Lead using specific criteria. He said that the Sir Robert Naylor Review was published in April 2017 and it sets out the new NHS estates strategy focused on delivering improved care. However, the review was not very beneficial to the estates workstream as it is London centric and so the workstream is waiting for the Estates National Strategy to be published in December 2017 which could have an impact on the workstream. He highlighted that the workstream requires skills and resources to be put in place. He informed members that sites have been identified that address all the national priorities and in doing so will therefore attract funding. Alison Knowles highlighted that NHS estates and technology transformation funding (ETTF) is a multi-million pound investment (revenue and capital funding) in general practice facilities and technology across England and we should ensure that the capital links back to the ACS strategy so that estates attract ETTF funding. The estates workstream should note the process to acquire ETTF funding and the ACS can utilise the funds on its projects. A discussion took place regarding the outcome of the Hospital Service Review (HSR) and the need for the workstream to be aware of any implications for them resulting from the HSR recommendations. Chris Edwards informed the meeting that he sits on the Sheffield City Region Joint Assets Board and in this capacity he is aware of current and future initiatives and opportunities in this sector. Chris Edwards confirmed that the estates workstream needs to develop its strategy to enable it to deliver its priorities. He confirmed that the workstream would develop a strategy and priorities by the end of January 2018. The Collaborative Partnership Board approved the top 3 priorities for this workstream as presented. **Digital/IT** Nicola Haywood-Alexander presented the Digital workstreams top 3 priorities for the Collaborative Partnership Boards approval as: • The future ACS digital delivery framework. • Population health data and information requirements.	**C Edwards**

	• Interoperability – technical architecture and integrated care records. Nicola Haywood-Alexander gave a brief overview of the progress of the Digital/IT workstream. She added that the Digital/IT workstream would like to move to a more facilitative role regarding the sharing of data between NHS organisations. The Collaborative Partnership Board approved the top 3 priorities for this workstream as presented. Nicola Haywood-Alexander confirmed the workstream could move the priorities into actions in the next three months and it will populate the priorities with specifics by the beginning of 2018. **Medicines Optimisation** Idris Griffiths presented the Medicines Optimisation workstreams top 3 priorities for the Collaborative Partnership Boards approval as: • Efficient prescribing • Universally adopting initiatives and innovations • Implementing results of national consultation Richard Jenkins raised the point that there is significant duplication in the analysis of new drugs by individual hospitals and this requires addressing, we need a system that will analyse all new drugs on behalf of everyone in the SYB ACS footprint and in doing so save resources across the system. The Collaborative Partnership Board approved the top 3 priorities for this workstream as presented Idris Griffiths confirmed that the workstream would populate the priorities in time for discussion at the meeting in January 2018. The Chair thanked people for presenting their information at this meeting.	**N Haywood-Alexander** **I Griffiths**
128/17	**Finance Update** Jeremy Cook, Interim Director of Finance SYB ACS, presented his finance report to the meeting. The report informs members on a number of items e.g. Directors of Finance meetings and other general updates, the Autumn Budget and financial reporting. Jeremy Cook informed members that he will be discussing the opportunities of undertaking an analytical review across the ACS which covers operational productivity (providers), right care	

	(commissioners), getting it right first time (providers), medicines optimisation (commissioners) and menu of opportunities (commissioners). The Chair requested Jeremy Cook to link in with Richard Jenkins (and others) regarding the analytical review as this linkage will provide information to enable him to highlight the four largest common opportunities across the system for 2018/19. The opportunities should identify what should be done at an Accountable Care Partnership (ACP) level and what needs to be done at an ACS level to improve efficiency and effectiveness. The Chair highlighted that the top four large common opportunities identified from the analytical review will be discussed at the workshop in January 2018. The Collaborative Partnership Board noted the contents of the report. The Chair thanked Jeremy Cook for his report and for presenting the information contained therein.	**J Cook** **W Cleary-Gray**
129/17	**Hospital Services Review Update** Alexandra Norrish updated the group on progress on the Hospital Services Review (a copy of her presentation will be circulated to members). She said that the first cut and analysis will be produced in time to be discussed at the Hospital Services Steering Group meeting in January 2018. Alexandra Norrish informed members that there had been a very good and constructive public engagement event held on the 6th December 2017 and there will be an interim report published on the website regarding this event. Helen Stevens added that the public engagement element of the event had proved to be successful. The Chair thanked Alexandra Norrish for her presentation and attendance at this meeting.	**A Norrish**
130/17	**To consider any other business** There was no other business brought before the meeting.	
131/17	**Date and Time of Next Meeting** The next meeting will take place on 12th January 2018 at 9.30am to 11.30am in the Boardroom, NHS Sheffield CCG, 722 Prince of Wales Road, Sheffield, S9 4EU.	