

South Yorkshire and Bassetlaw Integrated Care System

Collaborative Partnership Board

Minutes of the meeting of

8 March 2019

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

Decision Summary

Minute reference	Item	Action
06/19	Integrated Care System (ICS) Workforce Update	That a response to a national letter received on workforce would be sent on behalf of the system as well as a joint letter on behalf of the North ICS' which would be coordinated by the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS).
07/19	Taking forward development of South Yorkshire and Bassetlaw strategic plan	That KM would share the NHS Improvement correspondence to ensure a dual process was not taking place regarding misalignment of plans and that JC would then address this situation to resolve.
08/19	Establishment of hosted network across the South Yorkshire and Bassetlaw Integrated Care System.	That AN would consider questions for discussion in advance of a Hospital Services Review Clinical Workshop.

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Name	Organisation	Designation	Present	Apologies	Deputy for
Sir Andrew Cash CHAIR	South Yorkshire and Bassetlaw ICS	Chief Executive, SYB ICS	√		
Adrian England	Healthwatch Barnsley	Chair	√		
Ainsley Macdonnell	Nottinghamshire County Council	Service Director	√		Anthony May
Alison Knowles	Locality Director North of England,	NHS England		√	
Alan Davis	South West Yorkshire Partnership NHS FT	Director of Human Resources	√		Kathryn Singh
Andrew Hilton	Sheffield GP Federation	GP		√	
Anne Gibbs	Sheffield Teaching Hospitals NHS FT	Director of Strategy		√	
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 and Director of Strategy and Transformation	√		Louise Barnett
David Pearson	Nottingham County Council	Deputy Chief Executive		√	
Des Breen	South Yorkshire and Bassetlaw ICS	Medical Director	√		
Diana Terris	Barnsley Metropolitan Borough Council	Chief Executive		√	
Greg Fell	Sheffield City Council	Director of Public Health		√	
Frances Cuning	Yorkshire & the Humber Public Health England Centre	Deputy Director – Health and Wellbeing		√	
Helen Stevens	South Yorkshire and Bassetlaw ICS	Associate Director of Communications and Engagement		√	
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer		√	
Jackie Mills	NHS Sheffield Clinical Commissioning Group	Deputy Director of Finance	√		Maddy Ruff
Jackie Pederson	NHS Doncaster Clinical Commissioning Group	Accountable Officer	√		
Jeremy Cook	South Yorkshire and Bassetlaw ICS	Director of Finance	√		

John Mothersole	Sheffield City Council	Chief Executive		√	
John Somers	Sheffield Children's NHS Foundation Trust	Chief Executive		√	
Jo Miller	Doncaster Metropolitan Borough Council	Chief Executive		√	
Julia Burrows	Barnsley Metropolitan Borough Council	Director of Public Health	√		
Kathryn Singh	Rotherham, Doncaster and South Humber NHS FT	Chief Executive		√	
Kathy Scott	Yorkshire and Humber Academic Health and Science Network	Deputy Chief Executive	√		Richard Stubbs
Kirsten Major	Sheffield Teaching Hospitals NHS FT	Chief Executive	√		
Kevan Taylor	Sheffield Health and Social Care NHS FT	Chief Executive	√		
Lesley Smith	NHS Barnsley Clinical Commissioning Group	SYB ICS Deputy System Lead, Chief Officer NHS Barnsley CCG	√		
Lisa Kell	South Yorkshire and Bassetlaw ICS	Director of Commissioning Reform		√	
Louise Barnett	The Rotherham NHS FT	Chief Executive		√	
Maddy Ruff	NHS Sheffield Clinical Commissioning Group	Accountable Officer		√	
Matthew Groom	NHS England Specialised Commissioning	Assistant Director	√		
Mike Curtis	Health Education England	Local Director		√	
Neil Priestley	Sheffield Teaching Hospitals NHS FT	Director of Finance		√	
Neil Taylor	Bassetlaw District Council	Chief Executive		√	
Paul Moffat	Doncaster Children's Services Trust	Director of Performance, Quality and Innovation		√	
Patrick Birch	Doncaster Metropolitan Borough Council	Strategic Lead for Adult Transformation	√		Jo Miller
Paul Smeeton	Nottinghamshire Healthcare NHS Foundation Trust	Executive Director	√		Ruth Hawkins
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	Yorkshire and Humber Academic Health Science Network	Chief Executive		√	
Rob Webster	South West Yorkshire Partnership NHS FT	Chief Executive		√	
Rod Barnes	Yorkshire Ambulance Service NHS Trust	Chief Executive	√		
Rupert Suckling	Doncaster Metropolitan Borough Council	Director of Public Health		√	
Ruth Hawkins	Nottinghamshire	Chief Executive		√	

	Healthcare NHS FT				
Sharon Kemp	Rotherham Metropolitan Borough Council	Chief Executive		√	
Simon Morritt	Chesterfield Royal Hospital NHS FT	Chief Executive		√	
Steve Shore	Healthwatch Doncaster	Chair		√	
Teresa Roche	Rotherham Metropolitan Borough Council	Director of Public Health	√		Sharon Kemp
Tim Moorhead	NHS Sheffield Clinical Commissioning Group	Clinical Chair		√	
Tony Campbell	Chesterfield Royal Hospital NHS FT	Chief Operating Officer		√	
Wendy Allott	NHS Rotherham Clinical Commissioning Group	Chief Finance Officer	√		Chris Edwards
Will Cleary-Gray	South Yorkshire and Bassetlaw ICS	Chief Operating Officer	√		
Yvonne Elliott	Primary Care Sheffield	Deputy Chief Executive Officer	√		

Minute reference	Item	Action
01/19	<p>Welcome and introductions</p> <p>The Chair welcomed members to the meeting, noting congratulations to Kirsten Major on her appointment as Chief Executive at Sheffield Teaching Hospitals NHS Foundation Trust.</p>	
02/19	<p>Apologies for absence</p> <p>The Chair noted the apologies for absence.</p>	
03/19	<p>Minutes of the previous meeting held 19th October 2018</p> <p>The minutes of the previous meeting were agreed as a true record and would be posted on the website after this meeting. www.healthandcaredtogethersyb.co.uk</p>	
04/19	<p>Matters arising</p> <p>Mental Health workstream progress update (Item 105/18 refers) The Board was updated on a positive Mental Health and Learning Disabilities (MHL D) workstream meeting, noting a planned joint Primary Care (PC) and MHL D workshop.</p>	
05/19	<p>National Update</p> <p>CEO ICS Report</p> <p>The Collaborative Partnership Board noted the contents of the report.</p> <p>The Board noted the NHS Long Term Plan (LTP) had been released identifying a new service model that would join primary and community services, with a concentration on:</p> <ul style="list-style-type: none"> - Out of hospital care and reducing pressure on emergency hospital services - Delivering person centered care - Focus on digital care - Focus on population health 	

The Board noted the release of the Primary Care Strategy and changes to the GP contract, noting 36 proposed neighbourhoods across the South Yorkshire and Bassetlaw (SYB) system.

Discussions would take place further in a planned North meeting on workforce.

The Board noted NHS England (NHSE) and NHS Improvement (NHSI) had implemented one Chief Executive for both organisations as well as discussions around the potential creation of integrated care trusts and establishing joint committees.

The response to the NHS LTP would be submitted from the SYB ICS by Autumn 2019.

The Board was updated on a meeting with SYB ICS and Local Authority (LA) colleagues regarding the wider determinants of health, agreeing at that session to work in detail together on several areas including complex lives. Doncaster had agreed to share detail from work taking place already to apply at system level. Discussions took place around loneliness and how social prescribing and investing in voluntary and community sectors affected this. Physical activity and the active travel agenda were discussed, as well as digital population and employment. The priorities would be worked up in detail and discussed further at system level as part of the response to the LTP. This workshop was established to discuss where health and care comes together. A set of key priorities across health and care would begin to form the basis of the agenda for future Board meetings.

The Board noted changes to ICS governance:

- From 01 April 2019 for 12 months, the NHS organisations would move into a different meeting structure, with Chief Executives and Accountable Officers of every organisation, plus regulatory organisations coming together monthly. Once a quarter a full day session would take place with wider partners. Quarterly, an Oversight Board would take place and NHS E/I would join the SYB ICS for this. The Board would continue to meet, noting the membership of the group would likely be addressed and changed accordingly to reflect the wider care agenda
- The Board noted work taking place around the commissioning review in the light of primary care functions, how local commissioning and integrated commissioning with Local Authorities and how commissioning may work at a system level
- The Board noted changes to structures within NHS E/I

Feedback from Place

Barnsley

LS updated the Board on legislation around integrated care trusts and that a strategic outline case had been set out a year prior, undergoing a procurement process. The group noted that this had been placed on hold in October 2018. At this point work took place around localities, with workshops taking place with primary care exploring moving from 6 neighbourhoods to 3. Work was taking place with practices around Primary Care Networks (PCN).

Work was also taking place around establishing a joint commissioning board.

A section 75 Prevention agreement had been established.

BJ highlighted discussions in Doncaster around the Primary Care Networks (PCNs) that suggested their approach was going to amalgamate the investment for clinical leadership to create more substantive city-wide roles. It was noted that, as far as possible, common principles would be required for the ICS to best respond to the new contract across the region.

A comment was made that work would be required to support and guide Primary Care staff through changes. It was also noted that different models of Networks could be a risk. LS confirmed that practices were engaged in the process of developing the Networks.

Bassetlaw

It was noted that 3 PCN's were established at varying stages of development. These were multi agency Networks with clinical focus.

Place plans had been launched of which 3 primary care homes were integral.

Workstreams were established, focusing on wider determinants of health.

A social prescribing offer was established.

Doncaster

The Board noted PCN developments were underway. A well represented debate had taken place around this. The Board noted that the GP Federation had put an offer out to practices to host the 4 PCNs, and discussions would take place at practice level to allow the model to develop.

The Board debated sharing the common principles across the 5 places. A discussion would take place at the ICS Primary Care Steering Group.

The Board noted interviews taking place of 5 GPs as a leadership cohort to get involved with system leaders. It was anticipated that the GP leaders would work with the GP Federation. It was agreed this would be useful.

The Board noted the joint strategy from 01 April with the Local Authority including joint delivery plans across health and social care, focusing on integration and delivery of LTP priorities.

A monitoring process would be embedded as a whole system

A Place plan refresh was underway, addressing delegated authority for a joint commissioning function.

A review was taking place on governance arrangements of the Integrated Care Partnership.

On the back of the joint commissioning strategy, a joint commissioning function was being explored for living well and aging well.

Contracts were on track, with ambitions to get the system into the best place for delivery.

Sheffield

The Board noted that an independent chair would be appointed for the Accountable Care Partnership Board.

Developments around integrated commissioning were taking place across the system.

Shaping Sheffield Plan engagement workshops had been taking place.

Work was taking place for stronger integrated care around patients at risk of admission and to develop single point of access for all health and care.

An ongoing issue around integrated care for young people in transition regarding

	<p>mental health was noted and an agreement reached for a single commissioning process for the whole age range. This had been agreed through a Board commitment from Sheffield Health and Social Care NHS Foundation Trust and Sheffield Children's NHS Foundation Trust and was supported by the whole system.</p> <p>The Board noted an issue raised around a sharp increase in reported knife crime in Sheffield. KM updated the Board on work being done around this as a city. A discussion took place around scaling up these discussions at system level. A comment was made that there were wider issues to explore around the complex lives work as part of this.</p> <p><u>Rotherham</u></p> <p>The Board noted a locality structure within Rotherham, and that partnerships with the Local Authority and localities were formed to explore how these converted to Primary Care Networks.</p> <p>A Place Board was established with governance structures and a partnership work programme was underway.</p> <p>The Board was asked to note system level performance on the key health constitutional targets and issues around cancer waiting times and that plans were in place to address this.</p>	
<p>06/19</p>	<p>ICS workforce update</p> <p>The Board was presented with an update on workforce and activity around the review initiated to assess the current position, and clarify what needed to be delivered effectively at ICS level over the coming months.</p> <p>Two key messages were noted on leadership, acknowledging that workforce was one of the biggest challenges and that the system should drive the agenda for this. This would require a structure and governance change within the system with the ICS taking on wider responsibilities for key decisions.</p> <p>KT updated the group on correspondence received noting key themes on:</p> <ul style="list-style-type: none"> - Making the experience of working for health and care rewarding - Leadership culture and the further work required on this - Key challenges around nursing and midwifery recruitment - New roles and different skill mixes needed coordinating - Devolution of existing accountability to ICS' <p>The group was invited to comment.</p> <p>A comment was made on the semantics around title of human resources, (HR) leadership development and organisational development role and it was felt that the scope of work within this was wider than one role.</p> <p>A comment was made around ensuring that links were made to five new, additional roles in the GP contract into any work taking place.</p> <p>A comment was made around the importance of implementing a compassionate and values led system.</p> <p>A comment was made around considering the geography of training and whether as a system, and whether the ICS could consider making the bursaries part of the contract of employment, linking job offers to paying back fees.</p> <p>A comment was made around the importance of governance and investments by the system was crucial and potential to explore coordinated system training in conjunction with HR.</p> <p>The Board noted discussions with Health Education England and the ambulance</p>	

	<p>service, noting four paramedic rotation pilot schemes (rotating into primary care).</p> <p>Discussions were summarised as follows:</p> <ul style="list-style-type: none"> - It was noted that the NHS and Care sectors must be attractive place to work - The workforce challenges in nursing needed to be resolved - This needed to be developed as a major part of the system plan <p>It was agreed that a response to the national letter received would be sent on behalf of the system and a joint letter on behalf of the North ICS' would also be coordinated by the SYBICS.</p>	<p>KEVAN TAYOR, ANDREW CASH</p>
07/19	<p>Taking forward development of SYB strategic plan</p> <p>The Board noted that a system operating plan for SYB would be required, which would be a summation of organisation and Place plans.</p> <p>The plan captured the achievements of previous years and set out objectives for 19/20 and the first year of the strategic plan. The Board was asked to note the alignment of plans for this year being worked through which would be submitted.</p> <p>It was highlighted that changes to governance would be detailed in the submission to demonstrate how delivery would be supported.</p> <p>There would be an initial outline draft for the submission for a focused region discussion taking place in May. A task and finish group would be coordinated to develop this plan. Final submission of this plan would take place in October 2019.</p> <p>JC highlighted that Place based discussions were taking place to ensure Plans were aligned and discussions would take place where required. A query was raised around joining together alignment plans and request for alignment from NHS I. KM agreed to share the NHS I correspondence to ensure a dual process was not taking place. JC agreed to address this situation to resolve.</p> <p>The Board noted that 9 April CEO/AO meeting would be utilised to further discussions on the submission.</p>	<p>KIRSTEN MAJOR, JEREMY COOK</p>
08/19	<p>Establishment of hosted network across the SYB ICS</p> <p>The Board noted developments on establishing the hosted networks to focus on strengthening shared working to support sustainability within the five Hospital Services Review (HSR) specialties with a view to rolling out wider.</p> <p>With regard to a scheduled workshop on 21st March to discuss whether changes were required to clinical models for paediatrics and maternity, a comment was made around question 1 – “can we maintain status quo” which was proposed to be addressed in the workshop. As it had been established that status quo would be not sustainable it was suggested this was amended to “how do we build on what we currently have?” AN agreed to address this in the narrative going forward.</p>	<p>ALEXANDRA NORRISH</p>
09/19	<p>Finance update</p> <p>The Board was updated on month 9 noting the ICS was ahead of financial plan. An issue was noted around potential changes to the Memorandum of Understanding as a result of improved financial plans submitted in September. This has been queried with NHSI/E. It was noted that two organisations in the ICS were unlikely to meet their financial plan. A comment was made that the rules and potential for unintended consequences need clarifying.</p>	
10/19	<p>Integrated Care System Highlight Report</p> <p>The Collaborative Partnership Board received the ICS Highlight Report.</p>	

	<p>The report provided a summary of progress on the SYB ICS workstreams identifying the key risks.</p> <p>This should be shared by all with Boards and Governing bodies.</p>	
11/19	<p>NHS long term plan engagement update</p> <p>This item was included for information.</p>	
12/19	<p>Any Other Business</p> <p>There was no other business to consider.</p>	
13/19	<p>Date and Time of Next Meeting</p> <p>The next meeting will take place at 9.30am to 11.30am on 9 May 2019 in the Boardroom, 722 Prince of Wales Road, Sheffield, S9 4EU.</p>	