Item 19cviii (to support main agenda item 18 (oral update)

South Yorkshire and Bassetlaw Integrated Care System
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22 May 2019

To: Chief Executives

CCG Accountable Officers

Dear Colleagues

RE: South Yorkshire & Bassetlaw ICS 2019/20 System Operating Plan Overview

Following sign off at our Health Executive Group meeting on the 14 May, and following our 16 May focus meeting with Richard Barker and regional colleagues, the ICS System Operating Plan is now agreed.

Our System Operating Plan is the culmination of our planning endeavours; is built up from place; and represents a significant collective achievement. I would be most grateful if you could ensure that our plan is now shared with your Boards and Governing Bodies.

Yours sincerely

Andrew Cash

Sir Andrew Cash

CC - Provider Planning Leads

CCG Planning Leads

Health and Care Working Together in South Yorkshire and Bassetlaw

An Integrated Care System

System Operating Plan – 2019/20

Version:	2.1, incorporating 26 April 2019 targeted resubmissions.
Date edited:	07/05/2019
Status:	Final Draft for Health Executive Group Review

South Yorkshire and Bassetlaw
Integrated Care System: System Operating Plan

CONTENTS

1. Introduction

1. This System Operating Plan represents a significant milestone in the development of the South Yorkshire and Bassetlaw Integrated Care System. All NHS organisations have worked together throughout the 2019/20 planning round, building upon years' of collaborative working, to deliver a robust plan.
2. Plans developed in each of the five South Yorkshire and Bassetlaw places and existing statutory organisations continue to form the foundation of the system-wide plan.
3. However, consistent with the development of the new system architecture, the role of the ICS has been increasingly central in:
   - describing the SYB Planning Framework
   - Assuring individual plans and
   - Supporting the collaborative working across SYB to deliver alignment in place.
4. The plan provides the detail on delivery of the ambitions set out within the 2019/20 Planning Guidance and forms the first year of the Long Term Plan for South Yorkshire & Bassetlaw.

Andrew Cash

ICS Lead

April 2019

2. System priorities and deliverables

2. System priorities and deliverables

Key priorities for 2019/20

Significant progress has been secured during 2018/19 in the five core programme areas: cancer, elective & diagnostics, mental health, primary care and urgent & emergency care.

The following section provides a summary in each programme area of

- Achievements in 2018/19,
- Current delivery against key indicators, benchmarked against the other STPs in England, and
- Planning priorities for 2019/20

In addition planning priorities for 2019 /20 are included for:

- Maternity
- Transforming Care
- Specialised Services

2a. Cancer

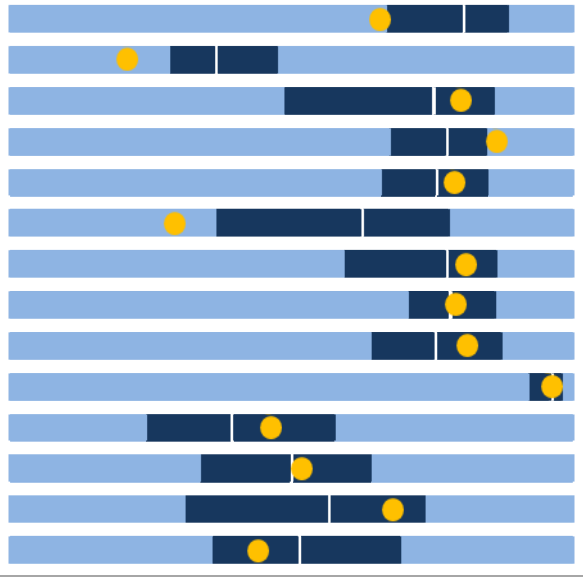
Achievements in 2018/19

- ✓ Inter-provider transfer policy developed with standardised approach to the application of national Cancer Waiting Times guidance across all providers
- ✓ Be Cancer SAFE social movement campaign created over 12,000 cancer champions in the five Places
- ✓ Vague symptoms pathway operational in 3 of 5 providers with over 300 patients seen
- ✓ First Alliance to introduce a revised 2ww form to reflect new PSA guidance across the footprint
- ✓ CT and MRI demand and capacity review completed with report recommendations for system level opportunities. Endoscopy demand and capacity review underway
- ✓ Pilot of chemotherapy closer to home services established.
- ✓ SYB review of chemotherapy service configuration to improve sustainability and address workforce gaps
- ✓ Implementation of RAPID pathway for lower GI, prostate and lung
- ✓ Continued roll-out of Living with & Beyond Cancer programme including focus on 'honest conversations'
- ✓ 1,300 additional patients accessing support services through LWBC programme.
- ✓ Inequalities review completed in March 2019 to inform the strategy for engaging with hard to reach groups with a focus on improving uptake in screening.
- ✓ Targeted Lung Health Checks implementation in Doncaster - roll out focussed on practices with highest incidence of lung cancer and CVD
- ✓ 2nd robot commissioned at STH to manage prostate demand
- ✓ Groundwork commenced on second CT scanner for DBHFT

2a. Cancer

Delivery in 2018/19

Cancer pathway					Worst Best
CAN(ii)	Cancer incidence (total tumours)^	2016	8602	33/42	
CAN(ii_a)	Cancer incidence (rate)	2016	626.4	37/42	
CAN(iii)	Breast cancer screening coverage	2016/17	75.0%	17/42	
CAN(iv)	Cervical cancer screening coverage	2016/17	75.1%	10/42	
CAN(v)	Bowel cancer screening coverage	2016/17	60.9%	18/42	
CAN(vi)	Diagnosis at stage 1 or 2	2016	49.5%	36/42	
CAN(vii)	Seen by specialist within 14 days	Sep-18	93.2%	18/42	
CAN(viii)	Seen by specialist 15-21 days	Sep-18	4.8%	18/42	
CAN(ix)	Seen by specialist 22-28 days	Sep-18	1.3%	15/42	
CAN(x)	Seen by specialist after 28 days	Sep-18	0.7%	22/42	
CAN(xi)	Treated within 31 days	Sep-18	26.2%	19/42	
CAN(xii)	Treated 32-62 days	Sep-18	53.8%	19/42	
CAN(x	Treated 63-104 days	Sep-18	13.4%	15/42	
CAN(xiv)	Treated after 104 days	Sep-18	6.6%	25/42	



Performance in 2018/19 at ICS level and compared to 42 STPs, nationally (source: STP Care & Outcomes Tool, Q2 2018/19)

2a. Cancer

Plan for 2019/20

Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Standardised operational approach to delivery of national targets through improved information systems and shared approach to supply & demand.	On-going	A	G	A	A	G	A
Improve diagnostic capacity through Rapid Diagnostic Centre, implementation of diagnostic review recommendations and network approach (reporting capacity, radiographer academy and IT solutions)	March 2020	G					
Deliver demonstrable improvement in lung, prostate and lower GI pathways in the number of patients diagnosed within 28 day	March 2020	G	G	A	A	G	A
Work with Primary Care Networks, focussing on identified Population Health opportunities. Roll-out community based tele-dermatology.	Sep 2019	G	G	G	G	G	G
Work with specialised services on radiotherapy, New Model of Care for Systemic Anti-Cancer Treatment and services for children, teenagers and young adults.	March 2021	G					
Continue expansion of LWABC programme, focussing on breast, colorectal and prostrate cancer. Align with personalisation agenda and wider work on end of life care.	On-going	G					
Improve uptake of screening programmes, including FIT roll-out (from July 2019) and HPV screening. Implement inequalities review findings	On-going	G					

2b. Elective and diagnostics

Achievements in 2018/19

- ✓ Delivered 18-week standard across SYB
- ✓ Maintained number of patients waiting for planned surgery at March 2018 level, across SYB.
- ✓ 6-week diagnostic standard – recovered and maintained delivery of standard including work on sharing capacity, development of online training portal and standardised referral criteria across the ICS.
- ✓ Commissioning for outcomes – implementation of national recommendations ahead of national timeline. Single SYB policy adopted across all providers and CCGs.
- ✓ Reconfiguration of ophthalmology service across SYB to support sustainable 7-day service.
- ✓ Established managed clinical networks in ophthalmology and oral surgery
- ✓ Improving efficiency – creation of outpatient transformation group. Clinical agreement of a standardised pathway for hip and knee follow up across the region
- ✓ Improving efficiency – completion of demand and capacity mapping in MRI and CT.
- ✓ First Contact Practitioner pilot in Doncaster
- ✓ Roll out of a single integrated lower GI service which includes both FIT and faecal calprotectin.
- ✓ Roll out of FIT diagnostic service from early March 2019.

2b. Elective & Diagnostics

Plans for 2019/20

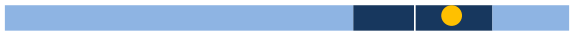
Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Manage capacity across SYB to maintain 92%, offer choice at 26 weeks and prevent 52 week breaches	From April 2019	G	G	A	A	G	G
Improve outpatient utilisation and reduce number of follow-up appointments	On-going	G	G	G	G	G	G
Introduce MSK First Contact Practitioners in all 5 places	April 2019	G	G	G	G	G	G
Implement Clinical Standards Reviews, when published	TBC						
Maintain diagnostic performance through networked capacity and improved reporting capability	On-going	G					

2c. Mental Health

Achievements in 2018/19

- ✓ Delivered on all key NHS Constitution and national standards for 2018/19
- ✓ National exemplar on reducing out of area placements in adult services
- ✓ Introduced new care model for CYP services including pilot at SCHFT for CAMHS tier 4 and successful trailblazer sites in Rotherham and Doncaster
- ✓ National pilot programme 'Working Win' co-funded by DWP for return to work support
- ✓ Suicide Prevention Steering Group established. Real time surveillance system developed – go live from 1 April 2019
- ✓ Social prescribing support extended to mental health services
- ✓ Mental health acute liaison services in place in Sheffield and Rotherham Emergency Departments
- ✓ Successful wave 2 perinatal mental health bids for Sheffield, Rotherham and Doncaster – service development underway.

Delivery in 2018/19

Mental Health pathway					Worst … Best
MNH(i)	Dementia Diagnosis Rate	Oct-18	77.5%	2/42	
MNH(ii)	Rolling Quarterly IAPT Access	Aug-18	4.75%	7/42	
MNH(iii)	Rolling Quarterly IAPT Recovery	Aug-18	52.6%	17/42	
MNH(iv)	EIP % referred within 2 weeks	18-19 Q2	82.8%	15/42	
MNH(vi)	Suicide rate per 100,000 population	2014-16	10.55428	28/42	

Performance in 2018/19 at ICS level and compared to 42 STPs, nationally (source: STP Care & Outcomes Tool, Q2 2018/19)

2c. Mental Health

Plans for 2019/20

Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Development of integrated models of primary and community mental health care to support adults and older adults with severe mental illnesses, building on IAPT and social prescribing	March 2020	G	G	G	G	G	G
Enhanced crisis services for adults, children & young people, including 24/7 community-based mental health crisis response.	March 2021	A	A	A	A	A	A
Continuation of Perinatal Mental Health service expansion including developing access to community services in Barnsley & Bassetlaw	March 2020	G	A	A	G	G	G
Continued delivery of the Five Year Forward View for Mental Health targets	March 2020	G	G	G	G	G	G
Establishment of SYB post-crisis support for families and staff who are bereaved by suicide. Reduce suicide rate by 10%	March 2020	A					
Establish enhanced IPS service building on SYB Working Win programme	March 2020	G	G	G	G	G	G
Establish Adult Secure New Care Model across SYB	March 2021	A					
Delivery of mental health workforce implementation plan	March 2021	A					

2d. Primary Care & Population Health

Achievements in 2018/19

- ✓ Providing extended access at evenings and weekends for 100% of patients from 1 October
- ✓ Established international recruitment programme with experienced leadership to enable learning from vanguard and progress at pace local programme – 1 GP recruited, 15 in pipeline for SYB.
- ✓ Provided 21 clinical pharmacists working in general practice
- ✓ Supported 29 practices through the NHS England resilience fund to improve care and access for patients
- ✓ Established and developed 36 primary care networks covering 100% of the population, all of which will be at level 2 or 3 (against national maturity matrix) from March 2019.
- ✓ Commenced roll out the APEX / Insight tool to support improving capacity and efficiency in general practice.
- ✓ Rolled out integrated care record in Doncaster . ICR development underway in Sheffield and Barnsley
- ✓ SYB Workforce & Training Hub established

Delivery in 2018/19

Primary Care pathway					Worst – Best
PUE(i)	FTE number of GPs per 1000 weighted population	Jun-18	0.52	25/42	
PUE(ii)	FTE direct patient care per 1000 weighted population	Jun-18	0.19	24/42	
PUE(iv)	GP extended access - % registered patients full provision	Sep-18	100.0%	18/41	

Performance in 2018/19 at ICS level and compared to 42 STPs, nationally (source: STP Care & Outcomes Tool, Q2 2018/19)

2d. Primary Care & Population Health

Plans for 2019/20

Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Further development of primary care networks. Consolidate numbers and roll-out national DES contract.	June 2019	G	G	G	G	G	G
Develop bespoke SYB SHAPE tool to support PCNS - as per specification agreed with PHE in February 2019	From April 2019	G	G	G	G	G	G
Complete roll-out of Apex Insight Tool to support improved capacity management and utilisation	April 2020	G	G	G	G	G	G
Roll-out on-line services, including booking, consultations and NHS App	On-going	A	A	A	A	A	A
Develop workforce plans at network level and continue expansion of new roles, under national Network reimbursement arrangements	From June 2019	G	G	G	G	G	G
Support development of PCN clinical leadership and integration into wider ICS governance	On-going	G					
Implement new arrangements for community eye-care and pharmacy commissioning in SYB embedded into ICS PC Programme Board.	July 2019	G					

2e. Urgent & Emergency Care

Achievements in 2018/19

- ✓ Maintained ED 4-hour performance, year to date, above 90% across the ICS
- ✓ Reduced extended length of stay by 10% against baseline and delayed transfers of care by 1.5% to 3.1%
- ✓ Implementation of NHS 111 online, including direct booking and clinical assessment service
- ✓ Achievement of the 50% clinical advice standard at sub-regional level
- ✓ Urgent Treatment Centre established in Doncaster
- ✓ Implemented EMS-Plus capacity management system to support system resilience
- ✓ Developed stroke network and financial model to support improved outcomes for patients
- ✓ Introduced medical thrombectomy for patients in south Yorkshire from April 2018
- ✓ National pilot for care home tracker tool
- ✓ Completed procurement for Integrated Urgent Care – due to mobilise from March 2019

Delivery in 2018/19

Urgent & Emergency Care pathway					Worst — Best
PUE(i)	FTE number of GPs per 1000 weighted population	Jun-18	0.52	25/42	
PUE(ii)	FTE direct patient care per 1000 weighted population	Jun-18	0.19	24/42	
PUE(iv)	GP extended access - % registered patients full provision	Sep-18	100.0%	18/41	
PUE(v)	A&E attendances per 1000 weighted population	18-19 Q2	99.4	31/42	
PUE(vii)	Emergency admissions per 1000 weighted population	18-19 Q2	29.6	35/42	
PUE(viii)	Bed occupancy rate	18-19 Q1	86.2%	13/42	

Performance in 2018/19 at ICS level and compared to 42 STPs, nationally (source: STP Care & Outcomes Tool, Q2 2018/19)

2e. Urgent & Emergency Care

Plans for 2019/20

Key Deliverables	Target Date	Level of Assurance					
		SYB	B	Bs	D	R	S
Maintain ED performance above 90% and plan for introduction of new clinical standards	On-going	A	G	G	G	A	A
Increase rate of ambulance non-conveyance through implementation of • Support to care homes • Single point of access • New service model for respiratory care	From April 2019	G	G	G	G	G	G
Establish hospital network for Urgent & Emergency Care led by BHFT. Implement HSR recommendations	On-going	G					
Roll-out SDEC in each major acute site	Sep 2019	G	G	G	G	G	G
Develop acute frailty service model in ED and other points of access such as MAU	Sep 2019	G	G	G	G	G	G
Conclude and implement recommendations of Acutely Ill Child work stream	On-going	A					
Improve ambulance handover times		A	G	G	G	A	A

2f. Specialised Commissioning

Introduction

The Yorkshire and the Humber Specialised Commissioning Hub schemes include Service Transformations across Acute and Mental Health services. The schemes agreed have been developed in collaboration with ICS representatives (including both commissioner and provider representation) through the Yorkshire and the Humber Specialised Commissioning Oversight Group and will be managed through:

Service Area	South Yorkshire and Bassetlaw
Vascular	Vascular Board
Chemotherapy	Cancer Alliance Board
Specialist Paediatrics	Children's Hospital Partnership
Neonatal services	Hospital Services Review group
Mental Health	ICS Mental Health Programme Board

Acute Service Transformations Schemes for 19/20

The following transformations are taking place across Yorkshire & the Humber:

- Neonatal Services Review - work with the Y&H Neonatal ODN to understand the implications of the new standards set out the document 'Better Newborn Care' and the implementation of 2016 HRGs.

- Specialist Paediatrics Services - working with providers of specialised paediatric services (LTHT, SCH, HEY) to develop new ways of working to improve the sustainability and access to specialised paediatric services in Y&H. In 2019/20 there will be a focus on specialised paediatric surgery, paediatric oncology and paediatric gastroenterology.

- Specialised Rehabilitation for Patients with Complex Needs - development of an Acquired Brain Injury Rehabilitation Collaborative for the Y&H region.

2f. Specialised Commissioning

ICS Specific Reviews

Acute

- Vascular review - continue to work with Doncaster and Bassetlaw Hospitals NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust on the development of a South Yorkshire Vascular Services throughout 2019/20

- Chemotherapy - development of a new model of service delivery for Chemotherapy across SY&B that will lead to better use of capacity and improved access to local services for patients

Mental Health & Learning Disabilities

- Transforming Care – the overall trajectory for March 2019 for inpatients set at 107 has been met by the Hub. The 2019/20 trajectories for adults are currently being planned and these will be discussed via the Transforming Care Executive Board for Yorkshire and Humber.

- Adult Secure and CAMHS reconfiguration and New Care Models (NCM) – a NCM programme will devolve the budget and commissioning responsibility to a lead provider for a population to manage the integration of patient pathways across the system. In South Yorkshire, agreement has been reached between the providers of adult secure care that the proposed NCM will be led by Sheffield Health and Social Care Trust with collaboration between the respective partners: Riverside Health Care (Cheswold Park hospital), Cygnet (Sheffield), Notts HC and RDaSH FT.

- The South Yorkshire CAMHS Tier4 Partnership are working towards developing themselves as a NCM, led by Sheffield Children's Hospital. The group are working towards providing low secure LD and PICU beds. New CAMHS low secure beds at Cygnet Sheffield are due to open in April 2019.

- Perinatal Mental Health – plans are being developed for a further 6 beds for the Yorkshire and Humber population

2.g Maternity

Priorities for 2019/20

Are there clear and credible plans to improve the safety of maternity care so that by 2020/21 all services have made significant progress towards the ambition of halving rates of still birth and neonatal death, maternal death and brain injuries during birth by 50% by 2025?	G	
Is there a clear and credible plan to ensure that serious incidents in maternity services result in good quality investigations and that those investigations result in effective and sustainable action plans, with relative wider learning shared through the Local Maternity System and with others?	G	
Does the plan take account of participation in the NHS Improvement Maternity and Neonatal Health Safety Collaborative?	G	
Are there clear and credible plans to roll out personalised care planning	G	
Are there clear and credible plans to improve the choices available so that all women are able to make choices about their maternity care as envisaged in Better Births?	G	

2.g Maternity

continued

Is there a local ambition for how women will receive continuity of the person caring for them during pregnancy, birth and postnatally and are there clear and credible plans for implementing it?	A	Clear local ambitions with plans linked to wider work in the Acute Hospital Review
Is there a local ambition and clear and credible plans to enable more women to give birth in midwifery settings (at home and in midwifery units)?	G	
To what extent is planning based on an understanding of the needs of local women and their families and is it aligned to the local ICS?	G	
and capability to implement it?	G	
To what extent is the plan clear about how it will be implemented, including milestones and SROs?	A	Planning and governance under review
To what extent does the plan set out a credible financial case for change, including transition costs, assumptions about savings and how the transformation will contribute to the ICS's financial balance?	A	In progress.
To what extent is there evidence that the Local Maternity System has the capacity and capability to implement it?	G	

2.h Transforming Care

Priorities for 2019/20

Continued development and delivery of pathways and packages of care for individual patients
Full implementation of the FOL's service across Sheffield, Doncaster, Rotherham and N Lincs.
Finalise service specification and agreement for ATU bed provision across Sheffield, Rotherham and Doncaster
Development of workforce plan to support care across the pathway, for adults and children.
Development of an ICS CETR / CTR Hub
Support to Parents and Carers to empower families and build parent networks to support Post ASC diagnosis.

Planned Actions	Planned Completion date	Status/Comments
Implement Enhanced Community Teams	March 2019	Teams in place – assessment for further capacity underway
Develop the market through Y&H enhanced framework	March 2020	
Develop the workforce to meet demand	March 2022	Workforce plan agreed- moving into implementation
Full implementation of FOL's service	Sept 2020	Specification agreed and recruitment completed
Develop ASC Pathways	TBC	
Early Intervention and Prevention C&YP	TBC	
Improve health inequalities	31/3/20	
ATU Bed Provision	TBC	Finalise service specification and agreement for ATU bed provision across Sheffield, Rotherham and Doncaster

3. Activity Planning

3. Activity Planning

Overall Approach

The SYB ICS Planning Framework agreed that:

(i) Plans would be built up, from a 'place' led analysis of requirements
(ii) Underlying activity plans should reflect forecast outturn and observed trends, adjusted for known service changes
(iii) Plans should include an assessment of expected demographic growth
(iv) Final plans should include adjustments for agreed (between respective commissioner and provider) transformation plans
(v) Plans should deliver, in full, NHS Planning objectives:
    a. Elective waiting maintenance/reductions to March 2018
    b. Cancer standards, including projected demand growth
    c. RTT at 92% at all providers
    d. ED standard improvement
(vi) Plans should be broadly consistent with national and regional growth assumptions (gross of agreed QIPP)
(vii) Commissioners and providers plans should be fully aligned on items (i) to (v)

Planning for Elective Activity

National and regional modelling of elective growth for 2019/20 is based on the assumption that the national requirement to maintain the RTT waiting list at March 2018 level has not been met. This assumption increases significantly the volume of inpatient and outpatient activity required to deliver the commitment in the 2019/20 Planning Guidance that the number of patients waiting for planned care should not exceed the March 2018 level.

The most recent waiting list data indicates that (subject to the requested re-basing for agreed data issues), the ICS will have broadly maintained the overall volume of patients on its elective waiting list at March 2018 levels. This, in turn, means that the planned level of elective growth for 2019/20 is below that expected in national and regional models.

3a. Activity Plan Development

The following table provides a high-level **summary of overall progress** in the development of SYB ICS plans at place, against the agreed ICS Planning Framework:

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	ICS	Barnsley		Doncaster & Bassetlaw			Rotherham		Sheffield		
		BCCG	BHFT	DCCG	DBTHFT	BasCCG	RCCG	TRFT	SCCG	STHFTT	SCHFT
(i) Built from 'place' led analysis of requirements	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(ii) Reflect observed trends, adjusted for planned service changes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(iii) Reflect demographic growth	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(iv) Build in agreed, and robustly deliverable QIPP transformation	In progress	In progress	In progress	In progress	In progress	In progress	In progress	In progress	In progress	In progress	In progress
(v) Deliver, in full, NHS Planning objectives:											
Elective waiting list objective	In progress	In progress	In progress	Yes	In progress	In progress	In progress	In progress	In progress	In progress	In progress
RTT at 92% at all providers (by March 20)	Mar-20	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Cancer standards, including projected demand growth	Yes	Yes	In progress	Yes	In progress	Yes	Yes	In progress	Yes	In progress	Yes
ED standard improvement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
(vi) Broadly consistent with regional growth assumptions (gross of agreed QIPP)											
Elective:	In progress	Yes	Yes	Yes	Yes	In progress	In progress	In progress	In progress	In progress	Yes
Non-Elective:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
A&E:	In progress	Yes	Yes	Yes	Yes	Yes	In progress	In progress	Yes	Yes	Yes
(vii) Commissioners and providers are fully aligned on items (i) to (vi)	In progress	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Good progress has been made to date and further work will continue to ensure agreed positions on:

- The incorporation of agreed transformation plans;
- Overall growth rates, within expected parameters;
- Profiling of elective and non-elective through the year

3b. Activity Planning - Assurance

Planning Scenarios

A range of analytical tools have been used in the assurance of activity plans. Three scenarios have been described, based on national or regional assumptions, to determine an ICS 'planning range' to assess individual place plans.

Activity Line	National Assumption (Annualised)	ICS Scenario 1		ICS Scenario 2		Potential Planning Range	
Planned Care		CCG	Provider	CCG	Provider	Min.	Max.
GP Referrals (General and Acute)	0.6%	-1.7%	-1.0%	-1.7%	-1.0%	-1.7%	0.6%
Other Referrals (General and Acute)	3.7%	4.4%	4.5%	4.4%	4.5%	3.7%	4.5%
Total Referrals (General and Acute)	**1.8%**	**0.3%**	**1.1%**	**0.3%**	**1.1%**	**0.3%**	**1.8%**
Consultant Led First Outpatient Attendances	5.4%	3.8%	5.7%	0.6%	0.4%	0.4%	5.7%
Consultant Led Follow-Up Outpatient Attendances	2.3%	4.6%	5.1%	1.4%	2.2%	1.4%	5.1%
Total Consultant Led Outpatient Attendances	**3.4%**	**4.3%**	**3.6%**	**1.1%**	**1.6%**	**1.1%**	**4.3%**
Total Elective Admissions - Day Case	1.6%	4.8%	3.6%	1.6%	1.0%	1.0%	4.8%
Total Elective Admissions - Ordinary	-3.3%	-7.5%	-5.8%	-11.0%	-8.5%	-11.0%	-3.3%
Total Elective Admissions	**0.8%**	**2.9%**	**2.2%**	**-0.4%**	**-0.6%**	**-0.6%**	**2.9%**
Unplanned Care							
Type 1 A&E Attendances excluding Planned Follow Ups	2.0%	7.7%	8.2%			2.0%	8.2%
Other A&E Attendances excluding Planned Follow Ups	3.0%					3.0%	3.0%
Total A&E Attendances excluding Planned Follow Ups	**2.3%**	**7.2%**	**7.6%**			**2.3%**	**7.6%**
Total Non-Elective Admissions - 0 LoS	4.8%	3.8%	2.8%			2.8%	4.8%
Total Non-Elective Admissions - +1 LoS	2.8%	0.8%	1.2%			0.8%	2.8%
Total Non-Elective Admissions	**3.4%**	**1.5%**	**1.6%**			**1.5%**	**3.4%**

The scenarios are:

(i) National activity planning assumptions;

(ii) Regional activity expectations (Scenario 1): The North region analytical team undertook a number of trend and activity growth analyses to: project likely 18/19 outturn; describe observed growth trends; and model the additional elective quantum to secure the 19/20 waiting list objective

(iii) A local variant of the regional activity model (Scenario 2)for elective activity, only, has been developed in order to reflect the expected March 2019 waiting list position.

3c. Assessment against regional and national planning expectations

The table summarises overall planned growth, and includes a RAG assessment of consistency with national and regional models of expected growth:

Planned Care	National Assumption (Annualised)	Scenario 1 Regional Assumption	Scenario 2	2019/20 Plan					
				ICS	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield
GP Referrals (General and Acute)	0.6%	-1.7%	-1.7%	1.3%	-0.4%	1.3%	2.7%	3.4%	0.3%
Other Referrals (General and Acute)	3.7%	4.4%	4.4%	0.9%	-0.4%	1.3%	2.7%	0.0%	0.9%
Total Referrals (General and Acute)	1.8%	0.3%	0.3%	1.1%	-0.4%	1.3%	2.7%	1.9%	0.5%
Consultant Led First Outpatient Attendances	5.4%	3.8%	0.6%	0.7%	-0.4%	-0.1%	3.2%	-1.4%	0.8%
Consultant Led Follow-Up Outpatient Attendances	2.3%	4.6%	1.4%	1.1%	-0.4%	1.3%	0.7%	1.3%	2.0%
Total Consultant Led Outpatient Attendances	3.4%	4.3%	1.1%	1.0%	-0.4%	0.8%	1.7%	0.5%	1.5%
Total Outpatient Appointments with Procedures*	-	-	-	2.9%	-1.0%	7.3%	7.6%	3.8%	1.9%
Total Elective Admissions - Day Case	1.6%	4.8%	1.6%	0.7%	-2.5%	-0.4%	2.9%	-2.8%	2.8%
Total Elective Admissions - Ordinary	-3.3%	-7.5%	-11.0%	5.1%	-0.3%	1.4%	6.2%	0.2%	10.3%
Total Elective Admissions	0.8%	2.9%	-0.4%	1.3%	-2.3%	-0.1%	3.4%	-2.3%	3.7%

Unplanned Care	National Assumption (Annualised)	Regional Assumption	2019/20 Plan					
			ICS	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield
Type 1 A&E Attendances excluding Planned Follow Ups	2.0%	7.7%	2.4%	2.2%	6.9%	3.4%	3.0%	0.7%
Other A&E Attendances excluding Planned Follow Ups	3.0%	-	3.6%	6.0%	6.9%	3.4%	0.0%	3.7%
Total A&E Attendances excluding Planned Follow Ups	2.3%	7.2%	2.6%	2.4%	6.9%	3.4%	2.8%	1.2%
Total Non-Elective Admissions - 0 LoS	4.8%	3.8%	1.4%	1.3%	5.3%	0.8%	1.4%	0.7%
Total Non-Elective Admissions - +1 LoS	2.8%	0.8%	1.8%	3.5%	5.2%	0.5%	2.0%	0.7%
Total Non-Elective Admissions	3.4%	1.5%	1.7%	2.9%	5.2%	0.6%	1.9%	0.7%

With the exception of the Barnsley health system (where delivery of RTT and waiting list position is secure and additional activity, therefore not required), the principal reason for activity plans being "lower" than national and regional expectations is the impact of agreed transformational schemes.

The growth positions described represent a further iteration of activity plans since the 4 April submission, to reflect a limited number data corrections; and adjustments to the treatment of transformation scheme impact. Plans remain subject to further review to assure alignment and seasonal profiling.

3d. Activity Alignment

In aggregate, SYB ICS commissioner and provider plans for elective demand, and non-elective activity align.

Activity Line	National Assumption (Annualised)	ICS Scenario 1		ICS Scenario 2		Potential Planning Range		Plans Alignment	
Planned Care		CCG	Provider	CCG	Provider	Min.	Max.	ICS CCG	ICS Provider
GP Referrals (General and Acute)	0.6%	-1.7%	-1.0%	-1.7%	-1.0%	-1.7%	0.6%	1.3%	1.0%
Other Referrals (General and Acute)	3.7%	4.4%	4.5%	4.4%	4.5%	3.7%	4.5%	0.9%	1.8%
Total Referrals (General and Acute)	**1.8%**	**0.3%**	**1.1%**	**0.3%**	**1.1%**	**0.3%**	**1.8%**	1.1%	1.4%
Consultant Led First Outpatient Attendances	5.4%	3.8%	5.7%	0.6%	0.4%	0.4%	5.7%	0.7%	2.6%
Consultant Led Follow-Up Outpatient Attendances	2.3%	4.6%	5.1%	1.4%	2.2%	1.4%	5.1%	1.1%	-1.1%
Total Consultant Led Outpatient Attendances	**3.4%**	**4.3%**	**3.6%**	**1.1%**	**1.6%**	**1.1%**	**4.3%**	1.0%	0.1%
Total Elective Admissions - Day Case	1.6%	4.8%	3.6%	1.6%	1.0%	1.0%	4.8%	0.7%	3.2%
Total Elective Admissions - Ordinary	-3.3%	-7.5%	-5.8%	-11.0%	-8.5%	-11.0%	-3.3%	5.1%	5.3%
Total Elective Admissions	**0.8%**	**2.9%**	**2.2%**	**-0.4%**	**-0.6%**	**-0.6%**	**2.9%**	1.3%	3.6%
Unplanned Care									
Type 1 A&E Attendances excluding Planned Follow Ups	2.0%	7.7%	8.2%			2.0%	8.2%	2.4%	2.2%
Other A&E Attendances excluding Planned Follow Ups	3.0%					3.0%	3.0%	3.6%	
Total A&E Attendances excluding Planned Follow Ups	**2.3%**	**7.2%**	**7.6%**			**2.3%**	**7.6%**	2.6%	3.1%
Total Non-Elective Admissions - 0 LoS	4.8%	3.8%	2.8%			2.8%	4.8%	1.4%	0.5%
Total Non-Elective Admissions - +1 LoS	2.8%	0.8%	1.2%			0.8%	2.8%	1.8%	1.6%
Total Non-Elective Admissions	**3.4%**	**1.5%**	**1.6%**			**1.5%**	**3.4%**	1.7%	1.6%

Note: ICS CCG position is the aggregate of SYB CCGs, whereas the ICS Provider position is the sum of SYB providers, including NHS England Directly and Specialist Commissioned activity.

4. Capacity Planning

4. Capacity Planning

Provider		Key headlines from capacity planning
Barnsley Hospital NHS Foundation Trust		• Bed capacity review in 2018/19 has seen the introduction of a number of additional wards on a permanent basis with substantive teams being put in place to support reductions in agency use. • Activity and capacity plans are developed with the Clinical Business Units (CBUs) teams by point of delivery and at a specialty level • Capacity plans in place to delivery constitutional standards • Winter plans will enable additional capacity in both elective and non-elective services to be mobilised as part of a planned approach to manage seasonal pressures associated with winter.
Doncaster & Bassetlaw Hospitals NHS Foundation Trust		• Activity and capacity planning being informed by use of Gooroo modelling tool, alongside Doncaster and Bassetlaw CCGs. Headline 2019/20 activity assumptions based on an increased demand of 5% more work required. • Bed capacity planning has been undertaken and length of stay reviewed against six similar Trusts with the same deprivation stratification. Key specialities, including respiratory medicine, stroke and trauma have been reviewed and work continues to support alternatives to acute admission. • Further granularity of capacity plans for elective activity will be required to provide the necessary assurance given the challenges faced during 2018/19. Key to this will be agreement with CCGs on activity levels. • Trust met the 4hr access trajectory plan for NHSI in Q1, 2 and 3 of 2018/1 and medical staffing capacity remains key area of focus to maintain performance. • Winter flex capacity is built into existing wards to allow for beds to be opened quickly dealing with surges in demand.
Rotherham Doncaster and South Humber NHS Foundation Trust		• Draft workforce plans viewed as robust providing assurance re the necessary capacity to deliver their quality and performance requirements.
Sheffield Children's NHS Foundation Trust		• Trust is reviewing its capacity to deliver this plan. • General confidence that sufficient capacity will be in place to delivery quality and performance deliverables, given recent trends.
Sheffield Health and Social Care NHS Foundation Trust		• Good narrative provided in operational plan in relation to their capacity planning for 2019/20. • Plan includes reference to areas with increasing activity plans for 2019/20 and associated capacity investments being put in place to support these. • Local system risk sharing arrangements cited as supporting improved planning.

4. Capacity Planning - continued

Provider		Key headlines from capacity planning
Sheffield Teaching Hospitals NHS Foundation Trust		• Elective demand and capacity modelling for 2019/20 was prepared using two tools. For demand, the Gooroo tool was used and for capacity, each clinical Directorate has undertaken bottom-up capacity reviews. • Non-elective demand and capacity is modelled on the projected 2018/19 out-turn with adjustments for the assessment of year on year growth by sub-specialty and any known pathway changes. • Plan identifies capacity gaps in a small number of specialties where plans with commissioners are being discussed • Plan identifies anticipated capacity challenges to support delivery of the Cancer waiting times standards across the year and range of actions (in Trust and across wider network) being taken to support the recovery and sustainability of this area.
The Rotherham NHS Foundation Trust		• Planning narrative describes the bottom up approach used for demand and capacity planning. Also describes how the trust is reflecting changes in referrals at individual specialty level and match these with appropriate capacity plans. Provided that these demand patterns remain within tolerance, the Trust expect to deliver the RTT, cancer and diagnostic waiting time standards. • Current plan is less explicit on capacity plans for urgent and emergency care around further assurance will be required given recent resilience challenges.

The following areas will be the focus of further work throughout 2019/20:

1. Elective activity – the planned activity in the Doncaster & Bassetlaw place plans is likely to exceed capacity at DBHFT. Work is underway to understand DBHFT capacity at speciality level. This will then link to wider work to establish a system for "brokering" capacity across the ICS to secure RTT delivery and offer choice at 26 weeks;
2. Non-elective activity – each of the five Places is working on a review of winter 2019/20 to inform preparedness for 2019/20, including continued work on the seasonal phasing of capacity.
3. Cancer – the ICS saw a 17% increase in 2ww clock-starts in the rolling year to November 2018. All 5 places have built this growth into forecast outturn. We are working on the basis that cancer referrals will continue to grow, an and the Cancer Alliance is leading on work to consider:
    i. the use of real-time data to forecast capacity requirements.
    ii. Diagnostic services efficiency and capacity
    iii. Surgical and oncology capacity in the network

5. Workforce

5. Workforce

ICS Context

Across the SYB ICS, workforce costs represent about 70% of revenue budget and availability of workforce is increasingly the principle constraint in our ability to deliver high quality local services. The ICS's three initial workforce priorities are all well underway in:

- Developing the SY&B Region Centre of Excellence (for unregistered workforce)
- Creating a Faculty of Advanced Clinical Practice for the region
- Expanding the primary care workforce.

In 2018/19, the ICS has used a workforce maturity index to rate its progress against 5 levels of maturity and support development of a system wide workforce plan. The ICS has funded a workforce lead in each of the five places and, together with system-wide resource, these leads form the SYB ICS Workforce Hub.

Local Initiatives

Across the five places, seven providers and five CCGs in South Yorkshire & Bassetlaw, there are a number of risks to current and future workforce supply with a range of mitigation. These are in addition to the introduction of retention programmes which include improved development opportunities and working arrangements such as the flexible working approach at STHFT which is identified as a national exemplar. Local work includes:

Workforce Group	Actions
Adult Nurses & Midwives	Nurse associate roles Assistant Practitioner roles Integrated roles (shared competency framework with AHPs) In-house bank Overseas recruitment
Paediatric Nurses	Nurse associate roles Hosted clinical network (led by Sheffield Children's)

5. Workforce

Workforce Group	Actions
Allied Health Professionals such as radiographers and pharmacists	Non-qualified support staff Integrated roles (shared competency framework with nursing) In-house training programmes (echo-cardiography) Integrated workforce planning across primary & secondary care Hub & spoke arrangements across ICS Career pathway through apprenticeship levels 2, 4 and 5 for healthcare scientists roles Creation of a AHP council to ensure AHPs are connected into the wider ICS
Mental Health Nurses	Nursing associate roles Joint recruitment in place and across providers Overseas recruitment
Middle Grade Doctors	Joint appointments across providers CESR Overseas recruitment Advanced Nurse Practitioners / Physician Associate Roles
Medical Consultants	Joint posts (development of hosted clinical networks in UEC / Gastroenterology / Stroke / Paediatrics / Maternity) Clinical fellows Joint posts with primary care Collaborative locum arrangements

Note: see separate section on primary care for details of initiatives around workforce.

SYB Level Initiatives

In addition to local initiatives, the workforce hub is working on:

The ICS Streamlining Programme which engages the 7 local Trusts to work together to identify efficiencies and increase productivity within the system. This has a focus on recruitment, retention, medical staffing, mandatory training, occupational health and well being, and e-rostering. Key outcomes being delivered from the ICS streamlining work include:
Delivering the NHSI's Cohort 4 nurse retention improvement programme
completion of the NHSI's health and wellbeing diagnostic framework to identify priorities to help support the retention of staff
planned creation of a common dashboard of e-rostering performance KPIs to identify variation and opportunities, and the development of a robust process for regular check and challenge of all rosters.

5. Workforce

The development of new apprenticeship roles, identifying new and emerging apprenticeship standards and frameworks and exploring the potential opportunities within workforce plans. The current apprenticeship programmes include business admin, adult nursing OU, nursing associate, perioperative support, assistant practitioner, allied health, pharmacy, accountancy, and human resources.

Work is ongoing to assess the potential risk and impact of Brexit across the ICS, working closely with management teams and colleagues in the Emergency Planning Team to identify members of the workforce from within the EU, identifying which specialities they are currently employed in and assessing any potential risk to service provision post 01 April 2019. Actions in place include the support offered around 'right to remain' and participation in the recent government pilot.

A specific ICS wide workforce plan for AHPs is in development, as is a SYB place-based workforce plan for the development of enhanced/extended skills e.g. impact on reporting of shortage of radiologists has been addressed through extended skills training for radiographers to report

We have a continued commitment to work within the ICS and Place based partners in commissioning education provision, sharing expertise for delivery and opening up places on programmes where capacity allows. Work continues on The South Yorkshire Region Excellence Centre (SYREC) and the Advanced Practice Faculty. We will continue to grow our joint educational appointments with our Higher and Further Education Institutes to improve the translation of academic knowledge into clinical practice.

The ICS Widening Participation (WP) initiative outlines how we develop career pathways and opportunities for the local population and our work with schools and colleges

The ICS has recognised that workforce is a key constraint in our ability to deliver services and is implementing the recommendations of its Acute Service Review by introducing hosted clinical networks across five service areas to mitigate risks and secure sustainable services in the medium to long term. An example of this work would be the joint appointment of acute stroke physicians between paired providers to reflect the new Hyper-acute and acute stroke pathways.

5. Workforce

Provider	Level of assurance	Triangulation with activity/ finance	Commentary
Barnsley Hospital NHS Foundation Trust			Plans look fairly stable/static with headline changes being relatively small amount of agency transferring to bank.
Doncaster & Bassetlaw Hospitals NHS Foundation Trust			Step change of c.300 WTE increase between March 2019 and April 2019 to validate. Small transfer of agency to bank.
Rotherham Doncaster and South Humber NHS Foundation Trust			Plan looks well developed. Small overall reduction in WTE. In-year variances in services explained (some increases, some decreases)
Sheffield Children's NHS Foundation Trust			Plan needs further work. Currently does not include agency/bank 2018/19 FOT WTEs. Flat WTEs across the year following c.200 increase between March 2019 and April 2019.
Sheffield Health and Social Care NHS Foundation Trust			Trust plan flat across the year with no change from 2018/19 FOT, at top level.
Sheffield Teaching Hospitals NHS Foundation Trust			Workforce plan appears well developed with in-year changes reflected.
The Rotherham NHS Foundation Trust			Ongoing risk and current plan does not appear to reflect anticipated seasonal changes and requirements.

Overview of workforce plans submitted:

- Draft provider workforce planning numbers currently range in the level of development. The table on the following slides below provides a headline summary of the review of the first draft of plans.
- 3 of 7 provider plans (Barnsley, RDASH and Sheffield Teaching) currently assured on workforce as Green reflecting apparent level of development of plan and inherent risks in ongoing delivery of appropriate workforce delivery requirements.
- 4 of 7 provider plans (DBTH, Sheffield Children's, SHSC and Rotherham) currently assured on workforce as Amber reflecting combination of plan requiring further work and/or additional assurances being required in response to inherent workforce challenges.
- Current triangulation of workforce with activity and finance (finance only for RDASH and SHSC) suggests no issues with alignment for all 7 Trusts. Further review of this triangulation will be required when plans are more developed, in particular activity plans are more developed.

6. System finance and risk management

6. ICS financial summary

	Accept control total final plan	Control total inc PSF FRF, MRET £m	PSF FRF, MRET £m	Control total ex PSF FRF, MRET £m	Plan ex PSF FRF, MRET £m	Plan v control total ex PSF FRF, MRET £m	CIP/QIPP 19/20 final plan £m	CIP/QIPP %	CIP/QIPP 18/19 forecast £m	Variance 19/20 v 18/19 %	Variance 19/20 v 18/19 £m
Providers											
Barnsley Hospital NHS FT	YES	0.0	10.4	-10.4	-10.3	0.1	6.7	2.9%	8.5		-1.8
Doncaster & Bassetlaw Hospitals NH	YES	0.0	15.3	-15.3	-15.3	0.0	13.2	3.3%	12.0		1.2
RDASH NHS FT	YES	1.2	1.3	-0.1	-0.1	0.0	5.6	3.5%	5.1		0.4
Sheffield Childrens NHS FT	YES	0.9	3.3	-2.4	-2.4	0.0	7.9	4.0%	7.0		0.9
SHSC NHS FT	YES	1.0	1.0	0.0	0	0.0	3.2	2.6%	4.2		-1.0
Sheffield Teaching Hospitals NHS FT	YES	0.5	14.5	-14.0	-14	0.0	20.6	2.0%	25.5		-4.9
The Rotherham NHS FT	YES	0.0	16.2	-16.2	-16.2	0.0	9.3	3.4%	9.7		-0.4
		3.6	62.0	-58.4	-58.3	0.1	66.5	2.8%	72.0	3.1%	-5.5
Commissioners											
Barnsley CCG	YES	-2.0	0.0	0.0	0.0	0.0	13.1	2.9%	11.5		1.6
Bassetlaw CCG	YES	0.0	0.0	0.0	0.0	0.0	3.5	1.9%	3.6		-0.1
Doncaster CCG	YES	-3.0	0.0	0.0	0.0	0.0	10.1	1.9%	10.5		-0.4
Rotherham CCG	YES	-4.0	0.0	0.0	0.0	0.0	12.5	2.9%	10.3		2.2
Sheffield CCG	YES	0.0	0.0	0.0	0.0	0.0	15.2	1.7%	15.6		-0.4
		-9.0	0.0	0.0	0.0	0.0	54.4	2.2%	51.5	2.2%	2.9
TOTAL		-5.4	62.0	-58.4	-58.3	0.1	120.9	2.5%	123.5	2.6%	-2.6

6. ICS financial summary – CCG allocation growth

	Core growth %	Core growth per capita %	Core DFT opening 19/20 %	Core DFT closing 19/20 %	Est ave reg'd pop'n 18/19	Est ave reg'd pop'n 19/20	% change
Barnsley CCG	5.77	5.01	4.85	4.20	260,350	262,231	0.72
Bassetlaw CCG	5.41	5.10	0.57	0.04	117,383	117,732	0.30
Doncaster CCG	5.25	5.02	3.31	2.69	320,731	321,431	0.22
Rotherham CCG	5.35	5.01	3.74	3.11	263,163	263,993	0.32
Sheffield CCG	5.26	4.65	5.90	4.89	601,173	604,647	0.58
SY&B total	5.37	4.89	4.37	3.61	1,562,800	1,570,034	0.46
National average	5.65						

Allocations

- SY&B uplift 5.37% v national 5.65% due to SCCG above 5% distance from target and SYB lower population growth than nationally
- 3.35% relates to tariff and inflation and 2.02% for growth
- SCCG biggest challenge as lower per capita growth of £1.9m

6. ICS financial summary – Financial Plans

Financial plans

- All organisations have accepted control total on final plans and risks reduced from draft plan on efficiency and plan alignment
- Efficiency target £120.9m (2.5%) v 18/19 forecast £123.5m (2.6%) a decrease of £2.6m on forecast outturn 18/19
- Biggest challenges at:

  Providers
  - SCH - CIP 4.0% (£7.9m) of which 52%(£4.1m) is unidentified
  - DBTH - CIP 3.3%(£13.2m) of which 78% (£10.3m) is opportunity or unidentified and £1.8m of plan alignment differences with Bassetlaw CCG

  Commissioners
  - Bassetlaw CCG - £0.6m of QIPP risk and £1.8m of plan alignment differences with DBTH
- CIP plans 2.8% v 3.1% (18/19) and QIPP plans 2.2% v 2.2% (18/19)
- Unidentified CIP/QIPP of £14.1m represents 16% of the provider total and 6% of the commissioner total although this is not real as it is covered by a non recurrent contingency within the plan.

6. ICS financial summary – Financial Plans

Financial plans

- CCG's have £25.8m of risk identified which has been fully mitigated
- All CCG's have met the following:
  - 0.5% contingency
  - Running cost allowance
  - Mental health investment standard
  - Mental health spend increase
  - Recurrent investment of £1.50 per head in the Primary Care Network
- Miss-alignment of plans has reduced from £47.8m at draft plan to £2.0m at final plan
- The level of year on year risk between 18/19 and 19/20 for CIP/QIPP delivery and plan alignment at (£0.6m) is significantly less than 18/19 at £44.8m
- If plan alignment gaps (excluding £7.1m between STH and NHSE) are real the system will need to deliver 2.5% CIP/QIPP to achieve the system control total
- Key risk is whether there is sufficient workforce and capacity to deliver the plan?

6. Financial assumptions

- Provider volume related income has increased by 1.7% and pay volume related changes have increased by 1.6% and non pay by 0.6%.
- Provider pay costs excluding volume have increased by 3.4% which is slightly higher than the 3.1% reflected in tariff
- Provider non pay costs excluding volume have increased by 1.8% which is slightly higher than the 1.4% reflected in tariff
- CCG expenditure movement as a % of allocation across programme areas is similar to the North East & Yorkshire with the exception of acute (+0.8%) and other programmes (-0.8%)

6. Workforce and activity alignment

Alignment - WTE and pay cost

	Movement in pay %	Movement in WTE %	Total movement %
Barnsley FT	3.17	3.88	-0.71
DBTH	0.63	3.52	-2.89
SCH	-2.31	1.01	-3.32
SHSC	5.04	0.08	4.96
STH	-0.90	0.60	-1.50
Rotherham FT	-2.07	-1.23	-0.84
RDASH	-2.25	-1.20	-1.05
	-0.26	1.01	-1.27

Alignment - Income current year v last year adjusted for growth and tariff

	Variance from expected £'000	Variance from expected %
Barnsley FT	5,049	3.40
DBTH	-13,485	-5.30
SCH	-4,012	-4.20
STH	2,958	0.55
Rotherham FT	6,585	4.90
	-2,905	0.00

Alignment - activity and workforce

	Movement in activity %	Movement in WTE %	Total movement %
Barnsley FT	0.85	3.88	-3.03
DBTH	2.47	3.52	-1.05
SCH	9.54	1.01	8.53
STH	2.93	0.60	2.33
Rotherham FT	-4.31	-1.23	-3.08
	1.99	1.29	0.70

6. Activity alignment – excluding associates

	Commissioner Activity	Provider Activity	Difference Activity	%
First outpatient	501,579	507,373	5,794	1.2%
Follow up outpatient	980,146	994,747	14,602	1.5%
Day case	180,430	179,887	-542	-0.3%
Elective	28,442	31,135	2,694	9.5%
Non elective - zero length of stay	43,172	42,687	-484	-1.1%
Non elective - length of stay > 1 day	121,854	121,692	-163	-0.1%
	1,855,622	1,877,521	21,900	1.2%

6. Plan alignment

Commissioner	Activity differences £'000	QIPP differences £'000	Other £'000	Total £'000	Comments
DBTH	-1.5	0.0	-0.3	-1.8	BCCG £1.8m
SCH	0.0	-0.1	0.0	-0.1	SCCG £0.1m
Non ICS	0.0	0.0	0.0	0.0	Notts HC £0k
NHSE specialised commissioning	0.0	0.0	-7.2	-7.2	STH £7.1m , DBTH £0.1m
	-1.5	-0.1	-7.6	-9.1	

6. Alignment – Commentary

Workforce and activity

- Generally good alignment in plans with the system green overall on the three alignment graphs.

Activity alignment

- Good alignment of activity plans in most POD's
- The activity alignment slide excludes associates as they are not shown separately on provider returns and distorts the variance
- The main activity alignment differences are between Bassetlaw CCG and DBTH. The provider is showing higher activity on first outpatient (10.2%), follow up outpatient (5.3%), elective (11.8%) and day case (16.3%) and commissioner higher activity on non elective (5.1%). This is consistent with the £1.5m plan alignment due to activity. Further work will be required to resolve these differences
- There are activity alignment gaps between Barnsley CCG and STH due to the way the forms have been completed and is not a real difference as plans are fully aligned.
- Sheffield CCG and STH have an equal and opposite alignment of 2,000 between day cases and elective

Plan alignment

- Excluding the STH and Specialised Commissioning plan alignment of £7.1m, which is not real, plan alignment differences are £2.0m of which £1.8m relates to Bassetlaw CCG and DBTH.

6. Place risk

	CIP/QIPP 19/20 £m	A CIP/QIPP delivery risk £m Note 1	B Plan alignment risk £m Note 2	A+B Total delivery risk £m	Delivery risk %
Sheffield place					
STH	20.6	0.0	0.0	0.0	
SCH	7.9	4.1	0.0	4.1	
SHSC	3.2	1.2	0.0	1.2	
SCCG	15.2	2.2	0.0	2.2	
Plan alignment	0.0	0.0	0.1	0.1	
	46.9	7.5	0.1	7.6	0.3%
Doncaster & Bassetlaw place					
DBTH	13.2	10.3	0.0	10.3	
RDASH	5.6	1.3	0.0	1.3	
DCCG	10.1	2.7	0.0	2.7	
BCCG	3.5	0.6	0.0	0.6	
Plan alignment	0.0	0.0	1.9	1.9	
	32.4	14.9	1.9	16.8	1.3%
Barnsley place					
Barnsley FT	6.7	2.0	0.0	2.0	
BCCG	13.1	0.0	0.0	0.0	
Plan alignment	0.0	0.0	0.0	0.0	
	19.8	2.0	0.0	2.0	0.3%
Rotherham place					
Rotherham FT	9.3	1.7	0.0	1.7	
RCCG	12.5	0.0	0.0	0.0	
Plan alignment	0.0	0.0	0.0	0.0	
	21.8	1.7	0.0	1.7	0.2%
Total	120.9	26.1	2.0	28.1	0.6%

Note 1 **Providers** - CIP's that are unidentified or opportunity
Commissioners - QIPP that is unidentified or highlighted as a risk

Note 2 Excludes £7.1m of plan alignment for specialist commissioning as this is not a real difference

Note 3 Excludes Rotherham CCG's unidentified QIPP of £3.4m as the savings are not required in year

6. Place risk - commentary

- The place with the highest risk to delivery is Doncaster & Bassetlaw (1.3%) due primarily to the high level of CIP at DBTH which is unidentified or opportunity (£10.3m)
- The Rotherham place excludes £3.4m of unidentified QIPP as is not real as it is covered non recurrently by a reserve in the plan.

6. Place risk – Arrangements for financial risk management

- The arrangements for financial risk management were agreed at the February Executive Steering Group. The key principles include:
  - The management of risk at organisation, place and system
  - Expectation is that risks can be contained by place
  - Undertake deep dive to understand the risks at organisation and place
  - Where risks are deemed high each place will need to develop a plan to mitigate risks
  - Organisations which receive Financial Recovery Funding (DBTH, Rotherham, Barnsley) will need to develop a 5 year recovery plan.
  - This will also be required for SCH given the Trust's financial challenges
  - In year monitoring, including early warning, and escalation
  - The maintenance of a risk register for finance and activity
  - Consideration of establishing a risk pool or risk reserve
  - Standardising best practice risk management across all places

7. Efficiency

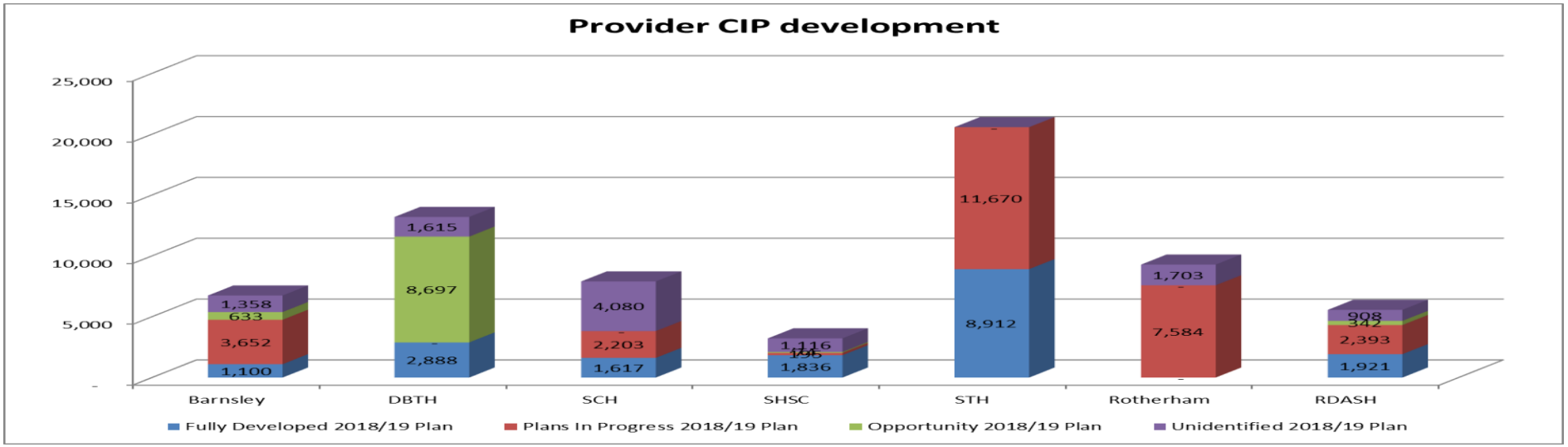
7. Efficiencies - Commentary

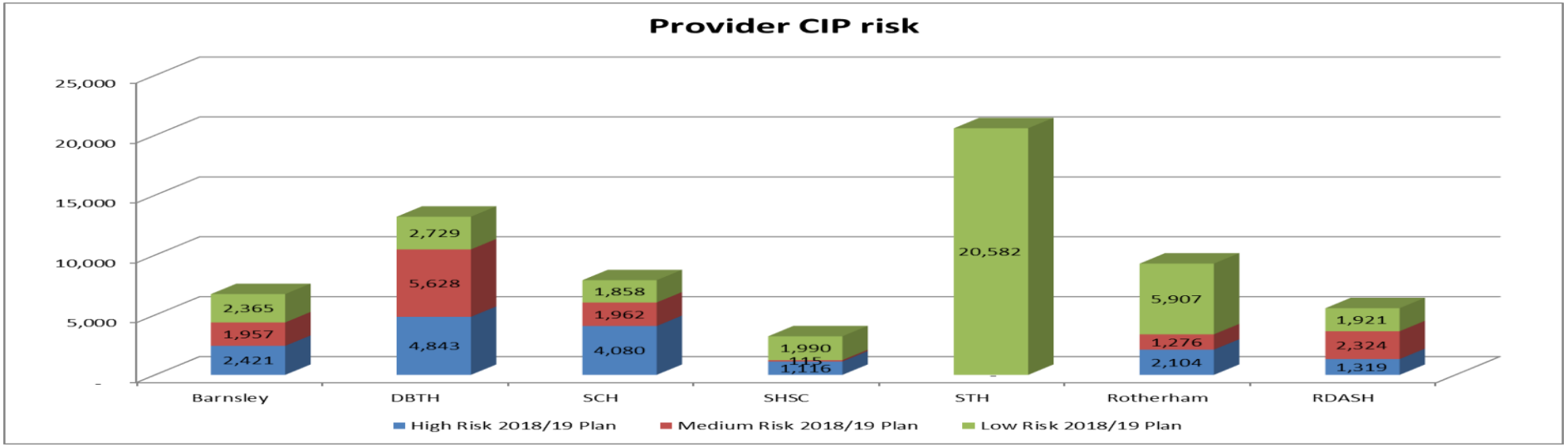
- Plans show CIP 2.8% (18/19 forecast 3.1%) and QIPP 2.2% (18/19 forecast 2.2%)
- Highest levels of CIP are in SCH(4%), RDASH (3.5%) and DBTH (3.3%)
- Highest levels of QIPP are in Barnsley CCG 2.9% and Rotherham CCG 2.9% although if the unidentified QIPP is excluded the percentage reduces to 2.1%
- 16% (£10.8m) of CIP plans are unidentified, 24% (£15.9m) high risk, 15% opportunity (£9.7m) and 8% (£5.2m) non recurrent
- Providers with the highest risk profile of CIP's that are unidentified or opportunity in ranked order are DBTH and SCH

7. Efficiencies - Commentary

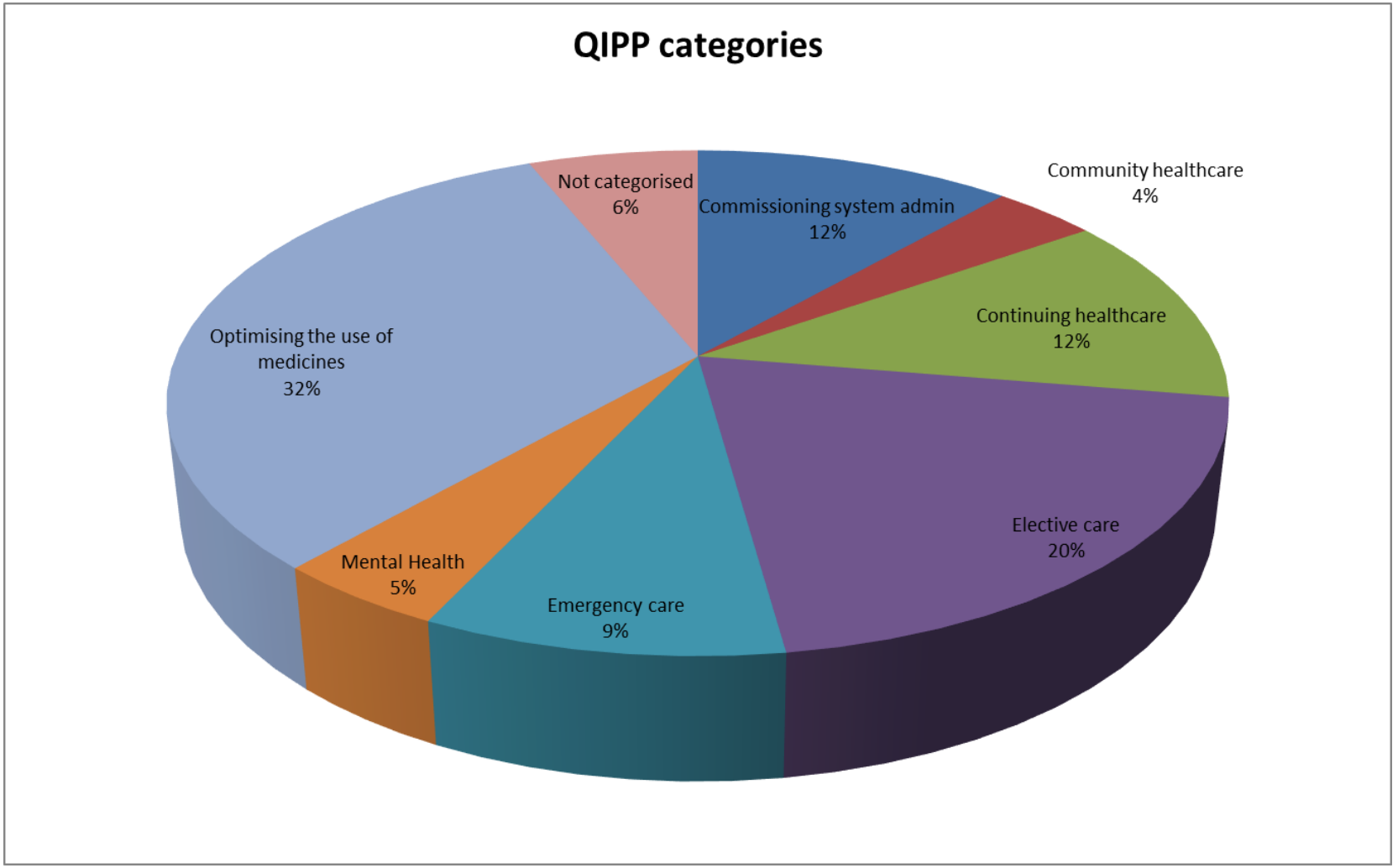
- 8.0% (£4.2m) of QIPP is non recurrent.
- 6% (£3.4m) of QIPP is unidentified at Rotherham CCG although this is covered non recurrently by a reserve
- Commissioners with the highest risk profile of QIPP's that are unidentified or identified as a risk is Doncaster CCG
- The 3 largest categories of QIPP are medicines optimisation (32%), elective care (20%), continuing healthcare (12%) and commissioning administration (12%)
- The CIP/QUIP plans are back end loaded with CIP plans phased 39:61 and QIPP plans 48:52

7. Efficiencies - Providers

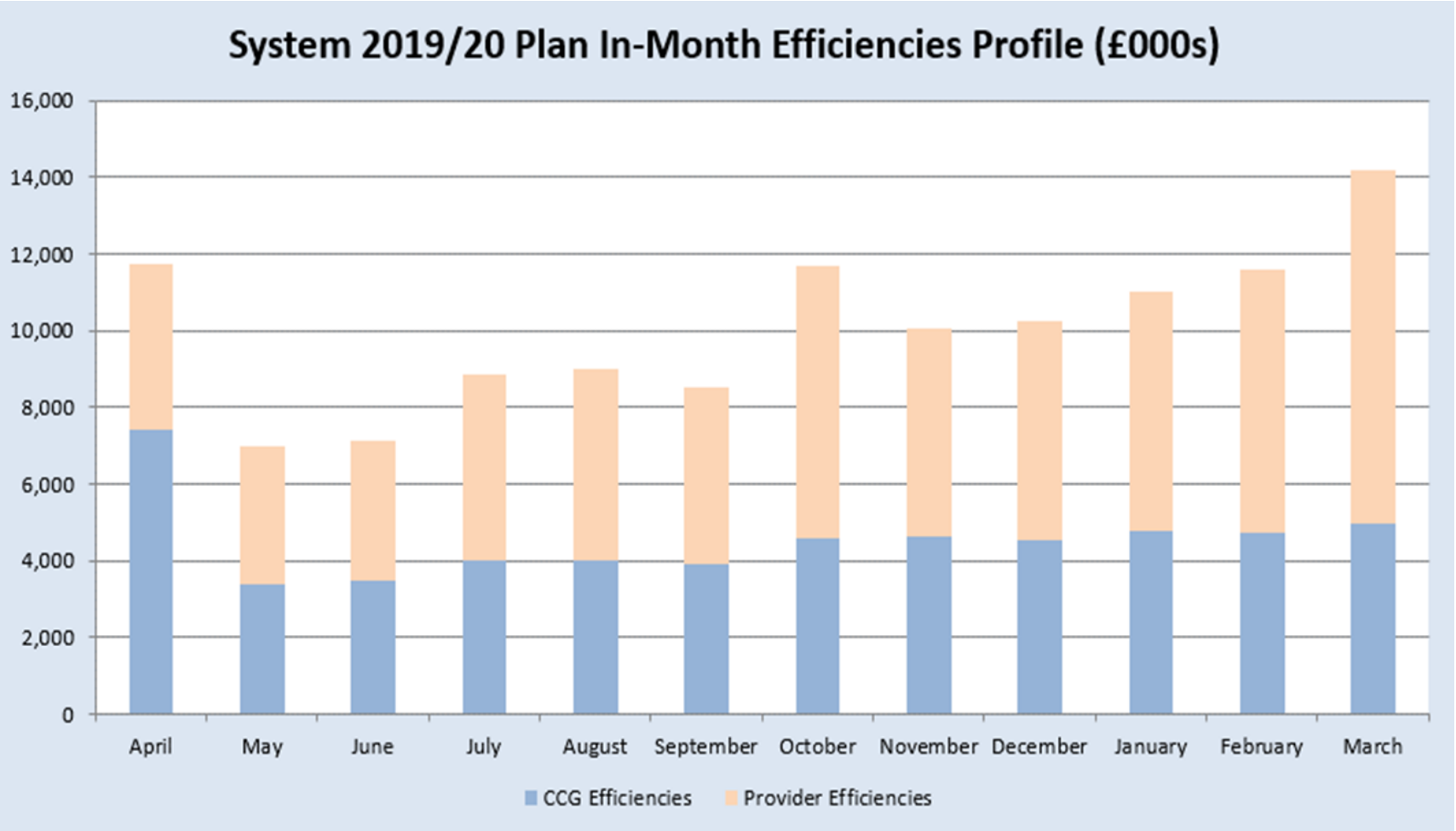




7. Efficiencies - Commissioners

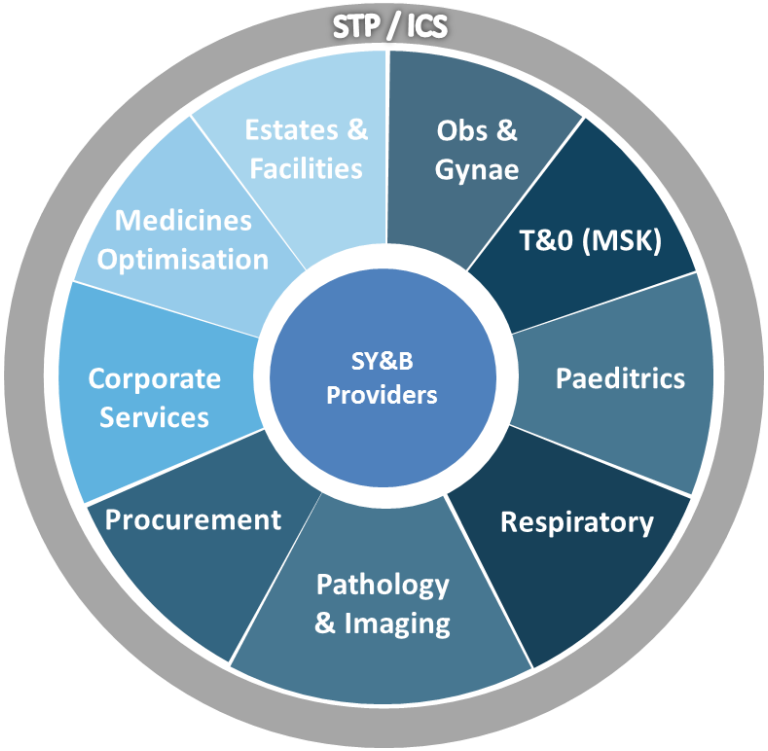


7. Efficiencies - Profile



7. Efficiencies – System Efficiency Board

- During 2018/19, SYB analysis of CIP and QIPP plans enabled the system to understand the scale, scope and risk of plans for the year in order to provide support where appropriate. This included the QIPP4 work (commissioned by NHS England) to support CCG QIPP delivery.
- In parallel, the ICS introduced an SYB System Efficiency Board (SEB) and undertook two stakeholder workshops in order to build a system-wide consensus on the direction of travel and emerging priorities.
- This work was supported by the Model Hospital, RightCare and GIRFT teams who prepared a "System Diagnostic" which began to identify common themes.



7. Efficiencies – System Efficiency Board

- The ICS has commissioned external support to review the system wide analysis already undertaken (System Diagnostic) to establish KLOE (Key Lines of Enquiry); evaluate those KLOE through stakeholder engagement exercise to assess the extent to which opportunity realisation already has, or, is planned to take place and to establish whether potential gaps or opportunities exist at the system-wide level.
- This will lead to development of feasibility analysis to support a decision to select a small number of schemes and Draft Business Cases. This approach will provide assurance that the emerging themes represent the most appropriate areas of focus at a system-level in light of current workstream and system priorities; and the Long Term Plan.

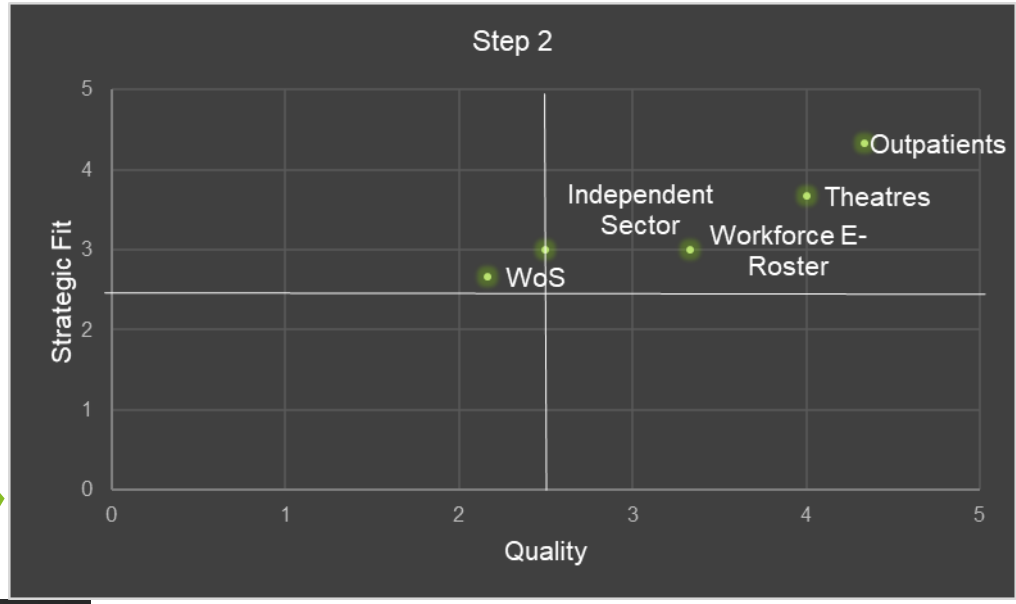
*Indicative opportunity is an estimate based on benchmarking analysis - this should be treated as a broad measure of scale and not an absolute number - this will be tested further as the programme progresses.

Area	Short description	Opp Range*
Function / Pathways		
Outpatients	In line with the Long Term Plan, an opportunity has been identified in relation to reshaping the way Outpatient services are delivered	£10-20m
Theatres	Analysis of Capacity utilisation analysis across the system has identified both an income and cost out opportunity	£6-12m
Admission optimisation	Benchmarking of variation, has highlighted 5 key specialties where Bed day opportunities appear	£7-10m
Diagnostics (Imaging & E)	Initial Demand and Capacity analysis in Imaging and CT has highlighted an opportunity based on unwarranted variation	£5-8m
NEL Respiratory	Analysis of variation has identified opportunities in relation to admission avoidance and community care utilisation	£4-5m
Mental Health, Out of area Placements	What if analysis identifying how much could be saved through a reduction in Out of Area Placements	£5-7m
Single MSK Triage	What if analysis undertaken to try understand the potential efficiency opportunity by either standardising practices or creating a single Triage Service for SYB	£2-3m

Area	Short description	Opp Range*
Workforce focussed		
Corporate Services	Analysis of the full portfolio of corporate services has been undertaken. Considering 18/19, the residual opportunity is presented	£12-24m
E-Roster	Work is underway with NHSI to utilise E-Roster more efficiently in managing our workforce	£10-20m
Temp Pay	Work is underway to rationalise and standardise the supply and cost of temporary pay	£4-8m
Skill/Mix	Benchmarking analysis has highlighted potential opportunities across the workforce groups	£15-59m
New Integrated Models	High Level "What if analysis has been undertaken, considering the Long term plan ambitions for integration, to assess the indicative efficiencies that could be achieved in SYB	£5-10m
CHC	High level assessment of key areas of work that could potentially benefit from being done at scale, such as pooling budgets	£4-5.5m
Transactional in nature		
Independent Services	An opportunity has been highlighted to more effectively use NHS capacity.	£0-45m
Estates	Work-underway to establish efficiency opportunities	*tbc*
Digital	Focus on ' Buy-once" where appropriate as a system (Hardware and Software)	£2-13m
WoS	Partnership approach to enable system economies of scale	£7-12m

7. Efficiencies – System Efficiency Board

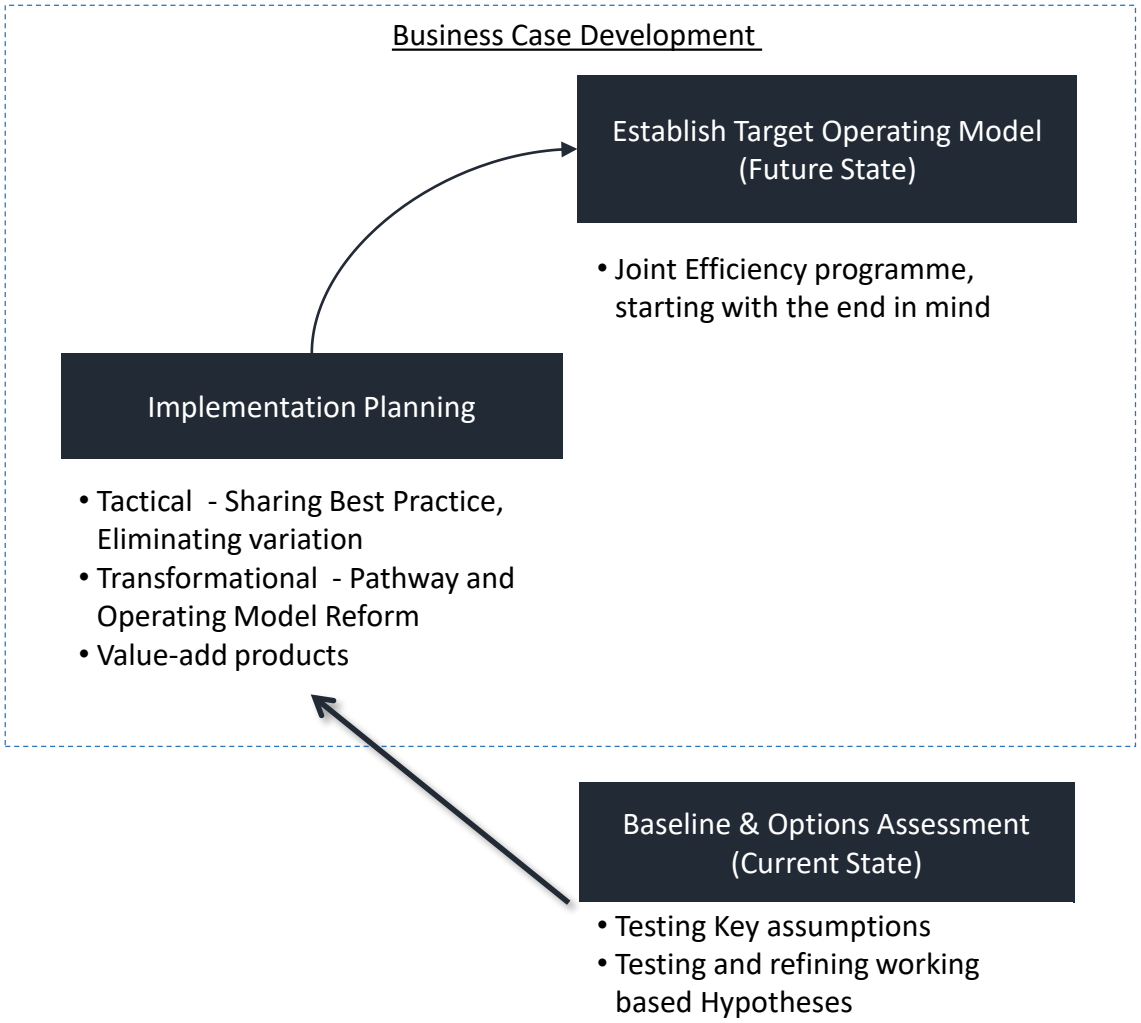
- Following development of plans-on-a-page for each KLOE, each was assessed through an agreed process taking into account deliverability and value for money; and strategic fit and quality.
- The process took a two-stage matrix approach with the highest quadrant items moving from the first stage assessment to a second stage of assessment.
- Priority schemes reached the highest quadrant on both assessments.



- As part of testing the outcomes the 2-step approach was reversed. The outcomes were not changed.
- The four emerging themes are:
  - **Outpatient Reform**
  - **Theatres**
  - **Workforce e-rostering**
  - **Independent Sector**
- Business Case activity will now focus on this smaller number of schemes which represent the emergent efficiency themes of focus at a system-level.

7. Efficiencies – System Efficiency Board

- The business case process will now take 3-stages
- (a) to undertake baseline analysis in detail (and a data-request has been issued to CCGs and Providers to enable this); also to reconcile against existing organisation and place based assumptions;
- (b) to agree a system-product list which describes the joint-steps on the system transformation journey developed through the formation of dedicated task and finish groups; and
- (c) to build the case for change to access the potential system savings and begin to access system-opportunity.



8. Performance & Quality Improvement

8a. Performance & Quality – ICS Approach to Quality Improvement

The SYB ICS quality approach is embedded through individual organisations, place and system level through:

- Patient Experience and Involvement – is a priority in the five places and at system level. In addition to the development of a Citizens' Panel in 2018/19, the SYB ICS piloted work with the national Patient and Public Involvement Team in NHS England on a national framework for involvement in ICS working. The work enabled the development of an action plan, co-created with representatives from the community and voluntary sector, NHS and the public, which will be used to strengthen the ICS's approach to involvement, including work to inform the local response to the Long-Term Plan in 2019/20.

- Patient Safety - progress on individual initiatives and national indicators are monitored at ICS level via the Single Assurance Framework with monthly reports of the ICS Quality Dashboard to the Quality Group (currently in development), the Health Executive Group and the Integrated Assurance Committee (non-executive assurance) via monthly and quarterly performance reports. Information and data will continue to be monitored at organisation and place level to ensure lessons are learned, improvements to care are identified and implemented and best practice is shared.

- Clinical Effectiveness – is embedded in the ICS transformation work through individual programme areas and through key initiatives such as the Acute Hospital Review and the System Efficiency Board. The Acute Hospital Review identified reducing unwarranted variation and improving clinical effectiveness as a key driver for improvement and this work is now being taken on by the five Hosted Clinical Networks which become operational from 1 April 2019. The System Efficiency Board draws together the work of RightCare, GIRFT and the Model Hospital to identify opportunities for improvement.

The experience and learning of local organisations is being used to build the approach to quality improvement by rapid transfer of knowledge in place and across the ICS. Examples of this include the DBHFT involvement in the first cohort of the NHSI Vital Signs Programme (a three-year improvement programme based on lean principles) and the nationally-recognised work in STHFT from the Microsystem and Flow Coaching Academies (MCA and FCA) to build improvement capability and redesign care the system.

8. Performance & Quality – ICS Approach to Quality Improvement

Protecting from avoidable harm				Commissioner					
	Period	Better is...	Standard / Eng Value	SYB ICS	Barnsley CCG	Bassetlaw CCG	Doncaster CCG	Rotherham CCG	Sheffield CCG
Cdiff	Jan-19	L	140 (ICS)	32	3	1	6	4	18
MRSA	Jan-19	L	0	1	1	0	0	0	0
MSA breaches	Jan-19	L	0	2	0	0	1	0	1
MSSA - No of cases	Jan-19	L	Lower is Better	34	4	5	7	5	13
E-Coli - No of cases	Jan-19	L	Lower is Better	102	16	11	18	14	43
DTOC*	Jan-19	L	3.5%	3.3%	0.4%	1.5%	1.5%	3.8%	3.6%
Cancelled Urgent Ops **	Jan-19	L	0	6	0	0	0	0	6

* Please note uses provider level data mapped to CCG (Sheffield -STH)
**Please note uses provider level data mapped to CCG (Sheffield = SCH+ STH)

Protecting from avoidable harm				Provider					
	Period	Better is...	Standard / Eng Value	SYB ICS	BHFT	DBTHFT	SCHFT	STHFT	TRFT
Cdiff	Jan-19	L	140 (ICS)	11	0	5	1	5	0
MRSA	Jan-19	L	0	0	0	0	0	0	0
MSA breaches	Jan-19	L	0	0	0	0	0	2	0
MSSA - No of cases	Jan-19	L	Lower is better	10	0	4	0	6	0
E-Coli - No of cases	Jan-19	L	Lower is better	34	3	9	3	16	3
Never events declared - number	Jan-19	L	0	1	0	1	0	0	0
DTOC	Jan-19	L	3.5%	3.3%	0.4%	1.5%	-	3.6%	3.8%
Cancelled urgent Ops	Jan-19	L	0	6	0	0	1	5	0

Protecting from avoidable harm				MH Provider			
	Period	Better is...	Standard / Eng Value	RDASH	SHSC	SWYPFT	Notts HC
MSA	Jan-19	L	0	0	0	0	0
Never Events declared - Number	Jan-19	L	0	0	0	0	-
DTOC	Jan-19	L	3.5%	9.3%	5.0%	1.5%	-

Better Is...	
H (High)	Better performance the higher the vaue
L (Low)	Better performance the lower the value
	Not achieving constitutional standard

The delivery of key quality standards is reported on a monthly basis to the Hospital Executive Group and Integrated Assurance Committee. The two areas of under-performance (DTOCs and cancelled urgent operations) have both been the subject of improvement plans in 2019/20 so that the ICS will meet all the identified national standards at the end of 2018/19.

8. Performance & Quality – ICS Approach to Quality Improvement

Developing Quality in 2019/20

Each NHS organisation and place has planned for the introduction and development of national quality initiatives in 2019/20. The level of assurance on plans is:

	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield
Learning from national reviews	G	G	G	G	G
Learning from deaths	G	G	G	G	G
7-day working	A	A	A	A	A
Reducing gram negative bloodstream infections	G	G	G	G	G
Introducing NEWS / PEWS	G	G	G	G	G

The amber-rating on 7-day working reflects the challenges associated with workforce supply. These challenges are covered more fully in the specific section on workforce. For the hospital sector, the Acute Service Review and the introduction of the five hosted clinical networks from 1 April is a significant step in achieving sustainable 7-day services in key specialities.

8b. Performance & Quality – Delivery in 2018/19

Delivery in 2018/19

Performance across the ICS in 2018/19 has been strong, with key risks to delivery

SYB ICS Delivery	Standard	Period	Barn CCG	BHFT	SWYPFT	Blaw	Notts HC	RDASH	Donc CCG	DBHFT	Roth CCG	TRFT	RDASH	Sheff CCG	SCH	STH	SHSC
A&E - Maximum 4-hour wait	95%	Feb-19	●	●		●			●	●	●	●		●	●	●	
12 hour trolley waits	0	Feb-19	●	●		●			●	●	●	●		●	●	●	
RTT - 18 week wait	92%	Jan-19	●	●		●			●	●	●	●		●	●	●	
RTT - 52 ww	0	Jan-19	●	●		●			●	●	●	●		●	●	●	
Diagnostics	1%	Jan-19	●	●		●	●	●	●	●	●	●		●	●	●	
Primary Care - Extended GP Access	100%	Dec-18	●			●			●		●			●			
Primary Care - Satisfaction	83.8%	2018	●			●			●		●			●			
Cancer 2 week wait	93%	Jan-19	●	●		●			●	●	●	●		●	●	●	
Cancer 2 week wait breast	93%	Jan-19	●	●		●			●	●	●	●		●		●	
Cancer 31 day	96%	Jan-19	●	●		●			●	●	●	●		●	●	●	
Cancer - Early Diagnosis	PLACEHOLDER																
Cancer - 62-day treatment	85%	Jan-19	●	●		●			●	●	●	●		●	●	●	
Mental Health - IAPT recovery	50%	Dec-18	●		●	●	●	●	●		●		●	●			●
Mental Health - IAPT access	4.48%	Dec-18	●			●			●		●			●			
Mental Health - EIP	53%	Dec-18	●		●	●	●	●	●		●		●	●			●

Statutory measures	Standard	Period	Barn CCG	BHFT	SWYPFT	Blaw	Notts HC	RDASH	Donc CCG	DBHFT	Roth CCG	TRFT	RDASH	Sheff CCG	SCH	STH	SHSC
CCG IAF Assessment QOL	RAG	Q2 18-19	G*			G*			G*		G			G			
CCG IAF Assessment - Finance	RAG	Q2 18-19	G			G			G		G			A			
Organisations in Special Measures	NO	2017-18	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
CQC Inspection rating - under new approach	0	Feb-19		GOOD	REQ IM		GOOD	GOOD		REQ IM		REQ IM	GOOD		GOOD	GOOD	REQ IM
NHSI - Single Oversight Framework Segmentation	0	Mar-19		2	2		2	1		2		3	1		2	2	2

Protecting from avoidable harm	Standard	Period	Barn CCG	BHFT	SWYPFT	Blaw	Notts HC	RDASH	Donc CCG	DBHFT	Roth CCG	TRFT	RDASH	Sheff CCG	SCH	STH	SHSC
Cdiff	140 (ICS)	Jan-19	3	0		1			6	5	4	0		18	1	5	
MSA breaches	0	Jan-19	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MSSA - No of cases	Lower is Better	Jan-19	4	0		5			7	4	5	0		13	0	6	
E-Coli - No of cases	Lower is Better	Jan-19	16	3		11			18	9	14	3		43	3	16	
Never events declared - number	0	Jan-19		●	●			●		●		●	●		●	●	●
DTOC (mapped to provider)	3.50%	Jan-19	●	●	●	●		●	●	●	●	●	●	●		●	●
Cancelled urgent Ops	0	Jan-19	●	●		●			●	●	●	●		●	●	●	

● Achieving constitutional standard

● Not achieving constitutional standard

8b. Performance & Quality – Plan for 2019/20

Performance across the ICS on core standards has been strong in 2018/19. The forecast for 2019/20 from place plans continues this trend, with some risk in emergency care and cancer standards. Work will continue to mitigate these risks.

		Delivery Assurance						
Area	Deliverable/Standard	SYB ICS	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield	Comments
Mental Health	Dementia Diagnosis							
	IAPT Access Rate							
	IAPT Recovery Rate							
	IAPT 6 Week Waiting Time							
	IAPT 18 Week Waiting Time							
	Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4							
	Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week							
	Improve Access Rate to CYPMH							
	EIP - Psychosis treated with a NICE approved care package within two weeks							
	Out of Area Placements							
	Physical health checks for those with severe mental illness							There are no concerns regarding 2019/20 delivery, but performance is currently below what is required.
Primary Care	Extended access (evening and weekends) at GP services							
	NHS 111 booking into Extended Access							

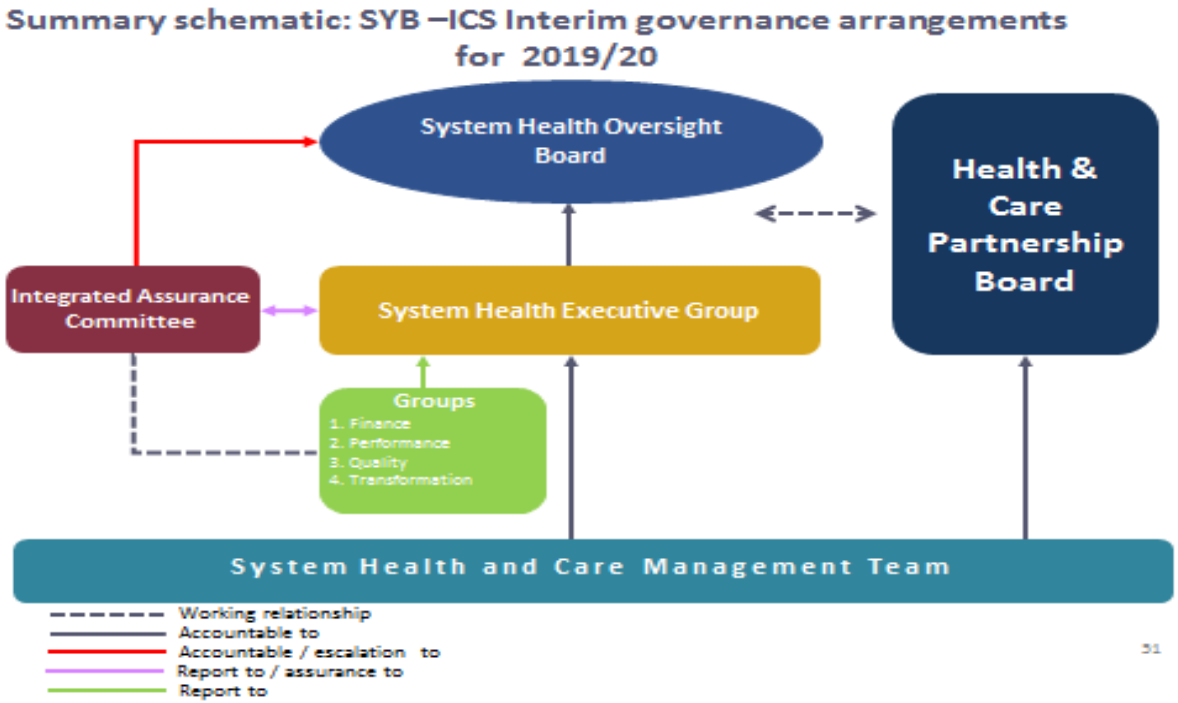
8b. Performance & Quality – Plan for 2019/20

		Delivery Assurance						
Area	Deliverable/Standard	SYB ICS	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield	Comments
Urgent & Emergency Care	Emergency Care Standard: Maximum 4 hour wait	🟠	🟢	🟢	🟢	🟠	🟠	Signficant challenge across systems, most notably in Rotherham.
	Emergency Care Standard: Zero tolerance on handovers >30 mins	🟠	🟢	🟢	🟢	🟠	🟠	
Elective Care	18 Week Maximum Referral to Treatment Time	🟢	🟢	🟠	🟠	🟢	🟢	Significant challenge in Bassetlaw and Doncaster.
	6 Week Maximum wait for Diagnostic	🟢	🟢	🟢	🟢	🟢	🟢	
	Zero over 52 week waits	🟠	🟢	🟢	🟠	🟢	🟢	
	Maintenance of total waiting list: *Maintain March 2018 objective*	🟢	🟢	🟢	🟢	🟢	🟢	Objective met in March 2020, some risk in-year due to profiling.
Cancer	Cancer Waiting Times: *2 Week Wait*	🟢	🟢	🟢	🟢	🟢	🟢	
	Cancer Waiting Times: *2 Week Wait (Breast Symptoms)*	🟠	🟠	🟠	🟠	🟠	🟠	ICS has not delivered the standard Q1, Q2 or Q3 2018/19.
	Cancer Waiting Times: *31 Day First Treatment*	🟢	🟢	🟢	🟢	🟢	🟢	
	Cancer Waiting Times: *31 Day Surgery*	🟢	🟢	🟢	🟢	🟢	🟢	
	Cancer Waiting Times: *31 Day Drugs*	🟢	🟢	🟢	🟢	🟢	🟢	
	Cancer Waiting Times: *31 Day Radiotherapy*	🟢	🟢	🟢	🟢	🟢	🟢	
	Cancer Waiting Times: *62 Day GP Referral*	🟠	🟠	🟠	🟠	🟠	🟠	ICS has not delivered the standard Q1, Q2 or Q3 2018/19.
	Cancer Waiting Times: *62 Day Screening*	🟢	🟢	🟢	🟢	🟢	🟢	
	Cancer Waiting Times: *62 Day Upgrade*	🟠	🟠	🟠	🟠	🟠	🟠	ICS has not delivered the standard Q1, Q2 or Q3 2018/19.

9. Governance

9. Governance

- The 2019/20 Operating Plan has been developed within the overall ICS Governance structure .
- The delivery of the plan will be monitored through the four delivery groups (finance, performance, quality, transformation)
- Executive scrutiny will take place in the System Health Executive Group
- Non-executive scrutiny will take place in the Integrated Assurance Committee
- Regional oversight will take place in the System Health Oversight Board.



10. Alignment with Long Term Plan

Aligning 2019/20 System Operating Plan to System Strategic Plan

Key principles: 2019/20 sets both the baseline for the system strategic plan and is implementation year 1 of the ICS five year plan.

Building on	We will continue to build on SYBs implementation of the Five Year Forward View and the 2019/20 system operating plan informs us of the progress made across SYB; setting both a revised baseline and refresh of priorities for transformation delivery in year one of the strategic plan, including activity, finance, delivery improvement requirements. We have established both a system planning mechanism to develop our system operating plan and also strategic plan, engaging key partners.
Key priorities	SYB has established priorities and delivery mechanisms covering the full range of national priorities within the LTP and key local priorities. These are being reviewed in light of the LTP, objectives refreshed and re-focused and delivery strengthened to ensure year 1 continues our journey of sustainability through transformation and improvement delivery including: plans and trajectories for further integration, implementing new models for example Primary Care Networks across the ICS and improvements in key constitutional standards.
Engaging with partners	Building on the strong relationships and leadership within each Place and across the whole of the ICS together with our experience of planning together, transforming together, delivering together and sharing risk together, within a mutual accountability framework we have begun the next of this journey, starting to engage with all partner organisations, patients and the public in the context of the long term plan. We have also strengthened our framework for how we do this with renewed governance, with a clear focus on delivery and transformation.
Whole system model	SYB has a population of 1.5 million. Health and care needs are met by many partners working together; health and care commissioners and providers, including, primary , community care , acute services and the voluntary sector. Meeting the needs of the total populations requires close working at a very local level in communities and networks across our five places and across SYB. Our strategy will set a vision for a sustainable whole system following the principles of the LTP.

Version Control

Version	Date	Description
0.1	11/02/19	Outline structure
1.0	18/02/19	Working Draft 1 – initial collation
1.1	18/02/19	Draft for ESG discussion – 19/02/19
1.2	19/02/19	Draft submitted to NHSE / I
2.0	11/04/2019	Final submission to NHSE/I
2.1	07/05/2019	Final draft for Health Executive Group Review 14/05/19

This version