

South Yorkshire and Bassetlaw Integrated Care System CEO Report

**SOUTH YORKSHIRE AND BASSETLAW
INTEGRATED CARE SYSTEM**

February 2019

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Sponsor			
Is your report for Approval / Consideration / Noting			
For noting and discussion			
Links to the STP (please tick)			
<input checked="" type="checkbox"/> Reduce inequalities	<input checked="" type="checkbox"/> Join up health and care	<input checked="" type="checkbox"/> Invest and grow primary and community care	<input checked="" type="checkbox"/> Treat the whole person, mental and physical
<input checked="" type="checkbox"/> Standardise acute hospital care	<input checked="" type="checkbox"/> Simplify urgent and emergency care	<input checked="" type="checkbox"/> Develop our workforce	<input checked="" type="checkbox"/> Use the best technology
<input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> Work with patients and the public to do this		
Are there any resource implications (including Financial, Staffing etc)?			
N/A			
Summary of key issues			
This monthly paper from the South Yorkshire and Bassetlaw Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System over the last month.			
Recommendations			
The Collaborative Partnership Board partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.			

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1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System Chief Executive provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System over the last month.

2. Report – February 2019

2.1 ICS Leads and Regional Directors meeting

A workshop with the seven ICS Leaders for the North (South Yorkshire and Bassetlaw; Humber, Coast and Vale; West Yorkshire and Harrogate; Cheshire and Merseyside; Cumbria and North East; Lancashire and South Cumbria; Greater Manchester) took place on 4th and 5th February 2019.

The session was an opportunity to explore how the amalgamation of NHS England, NHS Improvement and the new regional management structure will work and interact with the ICS. Four key issues were discussed. Firstly, those responsibilities which will be undertaken by NHSE/I and those to be undertaken at ICS level and particularly at an advanced ICS level like South Yorkshire and Bassetlaw. Secondly, how the 20% reduction in CCG running costs will be worked through in 2019/20. Thirdly, how Local Authorities wish to work on care issues at an ICS level. Fourthly, the implications of the NHS Long Term Plan published on 7th January 2019.

Other topics that were discussed were the strategic workforce programme and talent management and South Yorkshire and Bassetlaw picked up the lead to shape this for the Northern ICSs for the next three months. This will play into the work currently being led by Julian Hartley (Chief Executive, Leeds Teaching Hospitals NHS Trust).

The productivity and efficiency programme was discussed and whether there was scope to run certain programmes across all seven ICSs. These included, for example, how we run outpatient services, medicines utilisation and how making strategic improvements in areas such as respiratory medicine and cardiovascular disease could bring huge quality benefits for patients, as well as be more cost effective.

Finally, a long session took place on planning for 2019/20, activity projections and contracts for the coming year and on the key delivery imperatives particularly focused on eliminating 52 week waits across the North. More detailed feedback will be given to CEOs/AOs during the coming weeks.

2.2 Performance Scorecard

The attached scorecards show our collective position at January 2019 (using November 2018 data) as compared with other areas in the North of England and also with the other nine advanced ICSs in the country.

It has been a disappointing month, with two standards (two week breast and referral to treatment (RTT)) dropping to red. Our position on A&E performance has also dropped (to 89.5 from 91.3 last month), though remains one of the best in the North. We are also still red for both 31 day and 62 day cancer standards. However, the data shows November's performance and does not take into

account the commitments made in January by provider chief executives to agree an action plan to deliver an improved position by the end of March 2019. We are determined to get back on track and to deliver strong performance from Quarter One in 2019.

The ICS financial position is reporting a year to date favourable variance against plan of £13.3 million excluding PSF; but is forecasting a £2.3 adverse variance against outturn.

2.3 NHS Long Term Plan - engaging with partners, staff, patients the public and other stakeholders

The NHS Long Term Plan sets out the requirement of ICSs to work together with local partners to develop their local response by producing an ICS five-year strategic plan by the Autumn of 2019. Colleagues have already begun to discuss the implications for neighbourhoods and Places and to support these conversations, an ICS workshop with chief executives and accountable officers will take place on March 12.

We are in a strong position in South Yorkshire and Bassetlaw, having already made excellent progress in our workstreams and the two reviews and the publication of the Plan enables us to consider our work so far and, where necessary, realign and refocus our priorities. The workshop will provide an opportunity to explore what it means for partners individually and collectively and to further build on our ambition for the region.

At the same time, arrangements are underway to co-ordinate communications and engagement work across all the partner organisations to inform staff, patients, the public and other stakeholders and influence the local response by capturing views and thoughts on the Plan.

The ICS is expected to take the lead in ensuring that communications and engagement staff from all the organisations are involved in delivering this activity and will support teams in local organisations to conduct conversations and liaise with them to ensure we are co-ordinating resources.

To support the work, NHS England is investing nationally in local Healthwatches and the Health and Wellbeing Alliance to provide extra capacity to support additional engagement with the local public, and in particular seldom heard groups, to that which partners are expected to deliver.

There is also ongoing work with Local Authority chief executive colleagues to shape proposals for joint working on the health and care agenda and following a workshop in February we will have an agreed way forward for future arrangements.

2.4 Visit from NHS England Chair, Lord David Prior

Last month, we hosted a visit from Lord David Prior, Chair of NHS England. The visit showcased examples of working together to wrap support, care and services around people as individuals and brought 'integrated care' to life. The overriding theme from all the visits was that getting rid of organisational barriers and putting the needs of people first changes lives.

The visit highlighted the integrated work taking place in neighbourhoods, at Place and across the system. GP Partner, Dr Steve Kell, from Larwood Health Partnership, talked through their Primary Care Home, services "under one roof" and how working together differently at a local community level had made a positive difference to patient care.

The Doncaster Complex Lives Alliance, made up of local public sector and voluntary sector partners, works together to help some of the most disadvantaged people living in the town who are often dealing with a combination of multiple issues including homelessness, drug and alcohol addiction, offending behaviour, mental ill-health and poor physical health. The team explained that by working across traditional organisational boundaries they were able to make a difference to the

lives of those who may not know how to, or for many reasons don't usually, access health and care support.

The final part of the visit was at specialist cancer hospital, Weston Park, as part of Sheffield Teaching Hospitals NHS Foundation Trust. Here Lord Prior heard about how specialist services work at a system-level, providing a service not only to Sheffield residents but to those from across the region requiring specialist treatment and care.

Lord Prior was very positive about the initiatives and it was another opportunity for us to highlight ourselves on a national level, showing how we are developing as a first wave integrated care system.

2.5 ICS Integrated Primary Care event

Colleagues from Clinical Commissioning Groups, GP Federations, GP Practices, Community Pharmacy, Voluntary Sector, Local Authorities and NHS England came together at an event on January 16th 2019 to discuss Integrated Primary Care.

Each of the five South Yorkshire and Bassetlaw Places showcased their developing primary care systems and their plans for the coming year, including ways to tackle workforce challenges which most provider organisations are currently facing.

The event helped to develop delegates' understanding of the way in which primary care infrastructure, workforce and service delivery is evolving and raised awareness of the potential opportunities by sharing best practice.

2.6 New GP Contract and Primary Care Network Contract

The NHS Long Term Plan committed £4.5 billion more for primary medical and community health services by 2023/24 to support better care for patients outside hospital in their local communities.

Last month, NHS England and the British Medical Association's General Practitioners Committee agreed a five-year GP (General Medical Services) contract framework from 2019/20. The new contract framework marks some of the biggest general practice contract changes in over a decade and will be essential to deliver the ambitions set out in the NHS Long Term Plan through strong general practice services.

The contract increases investment and more certainty around funding and looks to reduce pressure and stabilise general practice. It will ensure general practice plays a leading role in every Primary Care Network (PCN) which will include bigger teams of health professionals working together in local communities. It will mean much closer working between networks and the Integrated Care System.

In summary:

- Core general practice funding will increase by £978 million per year by 2023/24.
- A PCN contract will be introduced from 1 July 2019 as a Directed Enhanced Service (DES). It will ensure general practice plays a leading role in every PCN and mean much closer working between networks and their Integrated Care System. This will be supported by a PCN Development Programme which will be centrally funded and locally delivered.
- By 2023/24, the PCN contract is expected to invest £1.799 billion, or £1.47 million per typical network covering 50,000 people. This will include funding for around 20,000 more health professionals including additional clinical pharmacists, physician associates, first contact physiotherapists, community paramedics and social prescribing link workers. Bigger teams of health professionals will work across PCNs, as part of community teams, providing tailored care for patients and will allow GPs to focus more on patients with complex needs.

- A new shared savings scheme for PCNs so GPs benefit from their work to reduce avoidable A&E attendances, admissions and delayed discharge, and from reducing avoidable outpatient visits and over-medication through a pharmacy review.
- A new state backed indemnity scheme will start from April 2019 for all general practice staff including out-of-hours.
- Additional funding of IT which will allow both people and practices to benefit from the latest digital technologies. All patients will have the right to digital-first primary care, including web and video consultations by 2021. All practices will be offering repeat prescriptions electronically from April 2019 and patients will have digital access to their full records from 2020.
- A new primary care Fellowship Scheme will be introduced for newly qualifying nurses and GPs, as well as Training Hubs.
- Improvements to the Quality and Outcomes Framework (QOF) to bring in more clinically appropriate indicators such as diabetes, blood pressure control and cervical screening. There will also be reviews of heart failure, asthma and mental health. In addition there will be the introduction of quality improvement modules for prescribing safety and end of life care.
- Extra access funding of £30 million a year will expand extended hours provision across PCNs and from 2019 see GP practices taking same-day bookings direct from NHS 111 when clinically appropriate.

3. Recommendation

The Collaborative Partnership Board partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.

Andrew Cash
Chief Executive, South Yorkshire and Bassetlaw Integrated Care System

Date 5 February 2019