



CHIEF EXECUTIVE REPORT

August 2020

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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 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		
Are there any resource implications (including Financial, Staffing etc)?			
N/A			
Summary of key issues			
This monthly paper from the System Lead of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) provides a summary update on the work of the SYB ICS for the month of July 2020.			
Recommendations			
The SYB ICS Health Executive Group (HEG) 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.			

South Yorkshire and Bassetlaw Integrated Care System CEO Report

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1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System System Lead provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of June 2020.

2. Summary update for activity during July 2020

2.1 Coronavirus (Covid-19): The South Yorkshire and Bassetlaw position

There continues to be a decline in new Covid-19 cases and deaths in South Yorkshire and Bassetlaw, signalling the end of the first wave of activity. However, Covid-19 is still circulating within communities with spikes in cases in some parts of the country as evidenced by the recent local lockdowns in Greater Manchester, East Lancashire and parts of West Yorkshire.

As of 1st August 2020, the NHS has moved from a Level 4 (national) to Level 3 (regional) incident. This means a greater role for NHS England and Improvement regional teams in the management of the incident response, to best allow for regionalised and localised responses to issues relating to Covid-19. However, a degree of national oversight will remain in place as a number of elements continue to apply regardless of region.

The situation is continually being assessed and all partners in the ICS remain on alert for any changes and are well advanced in their planning for a second wave. Among those plans is the introduction of 'point of care' testing. This is rapid testing with results back within an hour in hospitals (A&E) to identify anyone with Covid-19 so that they can be isolated quickly. This is expected to start from October, with a roll out ahead of winter and seasonal flu. The plans also include testing patients in advance of their planned care to reduce the time they need to self-isolate.

It coincides with new NICE Covid-19 rapid guidance published in July on arranging planned care in hospitals and diagnostic services. It is a shift from promoting all patients due to go to hospital for planned care needing to self-isolate for seven days to a more flexible approach based on individual circumstances and the type of procedure. This policy aims to support the prompt recovery of elective care, while advocating shared decision-making, balancing the risks and benefits.

At the beginning of the pandemic, the Royal Hallamshire Hospital was the only hospital in our region providing treatment for those most seriously ill with Covid-19 but as the number of patients rose, all our hospitals began to provide this care. Now, as numbers have reduced, we no longer need as many hospital beds available for Covid-19 patients and partners are now aiming for most people to be treated at the specialist centre, and will be putting this in place over August.

As the number of people who are seriously ill with Covid-19 is falling across the region, SYB is aiming to transfer patients with Covid-19 to the Royal Hallamshire Hospital Sheffield Teaching Hospital for treatment. This will allow patients to be cared for in South Yorkshire and Bassetlaw's only Infectious Diseases Unit, which is one of the specialist sites in the country. Leads in Trusts have been working together to agree the protocols and pathways, and to mitigate any risks.

Finally, a national piece of work has identified five key areas as being integral to the NHS' recovery; endoscopy, outpatients, diagnostics (CT / MRI scans), theatres and cancer. In addition to our regional approach in SYB we will be collaborating with regional partners and integrated care systems are expected to publish their own 'adopt and adapt' plans in response.

2.2 National update

2.2.1 Secretary of State address

On July 30th, the Health and Social Care Secretary, Matt Hancock, spoke at the Royal College of Physicians about the learning from how the NHS and social care worked during the pandemic, building back better and capturing a culture that is open to collaboration and change. The full speech can be downloaded from the GOV.uk website [here](#).

2.2.2 Government consultation on reducing bureaucracy in health and social care

The Department of Health and Social Care (DHSC), together with its health and social care partners, is reviewing how it can embed the positive changes that have occurred in recent months, as well as building on previous and current work to reduce bureaucracy and encourage innovation. There is an invitation to those currently working in health or social care, or those who have recently left, to share their insights and experiences of bureaucracy in the health and social care system. This includes clinical and non-clinical roles. To view the consultation, visit the GOV.uk site [here](#).

2.2.3 Recognition for the SYB response to driving down Covid-19 rates

The robust response across South Yorkshire to drive down rates of Covid-19 received national acknowledgement from the Chief Executive of Public Health England, the his weekly update, Duncan Selbie. He paid tribute to the targeted approach across our region with intelligence-led testing and agile decision making which enabled a reduction in cases. Duncan singled out the work of Greg Fell (Sheffield), Julia Burrows (Barnsley), Rupert Suckling (Doncaster), Teresa Roche (Rotherham) and their teams, along with the South Yorkshire Local Resilience Forum.

2.3 Regional Update

The North East and Humber Regional ICS Leaders continue to meet weekly with the NHS England and Improvement Regional Director to discuss where support during Covid-19 should be focused. Discussions during July focused on phase three planning, capital, the adapt and adopt approach, planning for the extensive seasonal flu vaccination programme, and national priorities such as improving BAME inclusion, the People Plan and digital progress.

2.4 Phase 3 Planning Letter

On 31 July, NHS England and NHS Improvement (NHSEI) Chief Executive Sir Simon Stevens and Chief Operating Officer Amanda Pritchard wrote to [NHS organisations to outline the third phase of the response to COVID-19 and the NHS's priorities](#) from 1 August. The focus for this phase is on restoring and recovering services and preparing for winter pressure demands. Broadly, it covers the priorities for the NHS from August as:

- Accelerating the return to near-normal levels of non-Covid-19 health services, making full use of the capacity available in the 'window of opportunity' between now and winter
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally.
- Doing the above in a way that takes account of lessons learned during the first Covid-19 peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

The guidance also provides guidance on financial arrangements. To support restoration, and enable continued collaborative working, current financial arrangements for CCGs and trusts will largely be extended to cover August and September 2020. The intention is to move towards a

revised financial framework for the latter part of 2020/21, once this has been finalised with Government.

Systems have been asked to return a draft summary plan by 1 September covering the key actions set out in the letter, with final plans due by 21 September. The plans are expected to be the product of partnership working across the ICS, with clear and transparent triangulation between commissioner and provider activity and performance plans.

Nationally, the NHS will work with the wide range of stakeholders represented on the NHS Assembly to help track and challenge progress against these priorities. To ensure that listening and learning from patients and communities is embedded in local responses, systems are asked to act on the five principles for the next phase of the Covid-19 response developed by patients' groups through National Voices. The SYB response will ensure these are embedded throughout our strategic approach.

2.5 NHS People Plan

NHS England and NHS Improvement, and Health Education England published the next part of the NHS People Plan on 30 July. We are the NHS: People Plan for 2020/21 action for us all sets out what NHS people can expect from leaders and each other.

The plan is focused primarily on the immediate term (2020-21) with an intention for the principles to create longer lasting change. The Plan also includes 'Our People Promise,' which sets out ambitions for what people working in the NHS say about it by 2024.

Central themes of this report build on the Interim People Plan (IPP) which was published in June 2019. They are:

- More staff
- Working differently
- Compassionate and inclusive culture

The plan also sets out practical actions that employers and systems should take, as well as the actions that NHSEI and Health Education England will take. It focuses on:

- Looking after our people – with quality health and wellbeing support for everyone.
- Belonging in the NHS – with a particular focus on the discrimination that some staff face.
- New ways of working – capturing innovation, much of it led by our NHS people.
- Growing for the future – how we recruit, train and keep our people, and welcome back colleagues who want to return.

The plan is available from this link: <https://www.england.nhs.uk/ournhspeople/online-version/>

2.6 Planning for Flu

In light of the risk of flu and Covid-19 co-circulating this winter, the national flu immunisation programme will be absolutely essential to protecting vulnerable people and supporting the resilience of the health and care system.

Focus will be on uptake of the flu vaccine in existing eligible groups, as they are most at risk from flu or in the case of children transmission to other members of the community. Existing groups include all children aged two to eleven, people aged 65 years, those aged from six months to less than 65 years of age in a clinical risk group, all pregnant women, people living in long-stay residential care homes or other long-stay care facilities, those who are in receipt of a carer's allowance, or who are the main carer of an older or disabled person, health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from

exposure to influenza and health and care staff, employed by a voluntary managed hospice provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza.

This year as part of wider planning for winter, and subject to contractual negotiations, the season flu vaccination will be additionally offered to:

- Household contacts of those on the NHS Shielded Patient List. Specifically individuals who expect to share living accommodation with a shielded person on most days over the winter and therefore for whom continuing close contact is unavoidable.
- Children of school Year 7 age in secondary schools (those aged 11 on 31 August 2020).
- Health and social care workers employed through Direct Payment (personal budgets) and/or Personal Health Budgets, such as Personal Assistants, to deliver domiciliary care to patients and service users
- There is an aim to further extend the vaccine programme in November and December to include the 50-64 year old age group subject to vaccine supply

Planning is now underway in each of the five SYB Places to prepare local immunization programmes and these will be brought together in the SYB Plan. The SYB Flu Board has met twice and agreed four key areas of focus, which include guidance and delivery, learning and sharing, reporting and assurance and aligned communications.

Partners recognise that delivering the programme this year will be more challenging than previously due to the increased ambition and the impact of Covid-19 on health and care services and the way that they can provide services. Plans therefore take account of the increased ambition set against the potential restrictions and challenges created by staff absences, social distancing and potentially school closures. It is however more important than ever to maximise uptake in the delivery of our flu programme.

3. Finance update

A new national financial framework is being developed to cover the period from September 2020 to March 2021 which is built upon the financial framework adopted for the period from April 2020 to August 2020. As described above, the letter for the third phase of the response to COVID 19 was issued on 31 July. This requires draft plans to be submitted by 1 September with final plans by 21 September. These do not include any financial plans where the intention is to move to a new financial framework for the latter part of 2020/21 once this has been finalised with Government. The revised framework will contain simplified arrangements for payment and contracting. The intention is that systems will be issued with funding envelopes comprising funding for NHS providers equivalent in nature to the current block and prospective top-up payments and a system wide Covid-19 financial envelope. There will no longer be a retrospective payment mechanism. Systems will be expected to break even although providers and CCG's will be able to deliver a planned surplus or deficit through mutual agreement.

The system has submitted Covid-19 capital bids totaling £82.8m. To date the system has been informed that it will receive £11.5m of funding for A&E of which £8.7m was included within the £82.8m of bids. No announcements have yet been made yet on the other bids which include £33.8m for infection prevention and control and £32.9m for diagnostic.

The system has also been awarded £27.2m to deal with the critical estates infrastructure issues. This is welcome as the system has significant high and critical infrastructure issues particularly at Sheffield Teaching Hospitals and Doncaster & Bassetlaw Teaching Hospitals.

Andrew Cash
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Date: 7 August 2020