



Chief Executive Report

Health Executive Group

8 February 2022

Author(s)	Gavin Boyle Chief Executive designate NHS South Yorkshire Integrated Care Board	
Sponsor		
Is your report for Approval / Consideration / Noting		
For noting and discussion		
Links to the ICS Five Year Plan (please tick)		
Developing a population health system	Strengthening our foundations	
<input checked="" type="checkbox"/> Understanding health in SYB including prevention, health inequalities and population health management	<input checked="" type="checkbox"/> Working with patients and the public	
<input checked="" type="checkbox"/> Getting the best start in life	<input checked="" type="checkbox"/> Empowering our workforce	
<input checked="" type="checkbox"/> Better care for major health conditions	<input checked="" type="checkbox"/> Digitally enabling our system	
<input checked="" type="checkbox"/> Reshaping and rethinking how we flex resources	<input checked="" type="checkbox"/> Innovation and improvement	
Building a sustainable health and care system	Broadening and strengthening our partnerships to increase our opportunity	
<input checked="" type="checkbox"/> Delivering a new service model	<input checked="" type="checkbox"/> Partnership with the Sheffield City Region	
<input checked="" type="checkbox"/> Transforming	<input checked="" type="checkbox"/> Anchor institutions and wider contributions	
<input checked="" type="checkbox"/> Making the best use of resources	<input checked="" type="checkbox"/> Partnership with the voluntary sector	
	<input checked="" type="checkbox"/> Commitment to work together	

Where has the paper already been discussed?

Sub groups reporting to the HEG:

Quality Group

Strategic Workforce Group

Performance Group

Finance and Activity Group

Transformation and Delivery Group

System governance groups:

Joint Committee CCGs

Acute Federation

Mental Health Alliance

Place Partnership

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 provides a summary update on the work of the South Yorkshire and Bassetlaw health and care partners for the months of December 2021 and January 2022. The Health Executive Group adapted in December to become the Health Cell of the LRF in response to the new Omicron variant of Covid-19.

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 as appropriate.

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SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

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1. Purpose

This paper from the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) designate Chief Executive Officer provides an update on the work of the South Yorkshire and Bassetlaw health and care partners for the months of December 2021 and January 2022. The Health Executive Group meeting was adapted from December 2021, becoming the health cell of the LRF to support leaders across the system with coming together to respond to the Omicron variant of Covid-19.

2. Summary update for activity during December/January

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

2.1.1 Covid cases

December and January were particularly challenging across SYB ICS, as they were in the rest of the country. In December, following the announcement of a UK-wide Level 4 covid alert, the NHS declared a national Level 4 Incident, which currently remains in place. At the time the last CEO report was written in late November, there were no cases of Omicron in SYB, but this situation changed rapidly during December. Omicron became the dominant strain of the virus in most of the population, except for under 15s where numbers of the Delta variant were initially similar. By 10 January, cases of Covid had risen to 2000 per 100,000; the highest rate seen during the pandemic. The number of children under 12 with Covid are at levels 20 times higher than previously seen with a notable spike in cases when schools reopened in January.

Although the overall numbers of new cases are now decreasing, we are still expecting a peak in bed occupancy to follow at the end of January into early February but do not anticipate that this will be on the scale of the previous waves. Bed occupancy will also be affected by hospital discharge figures and the numbers/levels of local outbreaks in care homes and assisted care accommodation sites. However, at the end of January bed occupancy numbers are stable and encouragingly, there continue to be fewer admissions to intensive care units. This reflects the impact of the booster programme and new treatments which are helping to reduce severe illness and death.

2.1.2 Staff absences

The emergence of the Covid Omicron variant in November 2021 led to predictions of a sharp increase in numbers of people affected nationally due to the high transmissibility of the virus. This proved to be the case, with very high levels of community infection, which in turn led to an increase in hospital admissions but fortunately not at the same rate as previous waves due to the impact of the vaccine. Because of the number of people infected with Omicron, high levels of staff absence were anticipated and as a system we put plans in place to mitigate against this. Despite this, mid-December to mid-January proved to be extremely challenging with higher rates of staff absence than would normally be seen at this time of year creating pressures across the system. Although some staff had Covid, many were absent because they were caring for relatives with Covid or were required to self-isolate.

However, I am pleased to report that by the end of January, the situation had improved considerably. We anticipate that the Health Secretary's announcement on 14 January reducing isolation from seven days to five days following consecutive negative tests will also help to reduce staff absences. But as the level among school children under 12 remains high, the virus will continue to circulate in the community, potentially causing reinfection which is passed on to parents and carers which in turn can translate into further staff absences.

I would like to take this opportunity on behalf of the ICS to record our heartfelt thanks to all our staff, who yet again have risen to another challenge with great dedication, courage and professionalism.

2.1.3 Reducing Covid hospital admissions

SYB has successfully established five Covid Medicine Delivery Units, which can provide treatment with neutralising monoclonal antibodies (nMABs) to patients who are at high risk if they contract Covid. Each patient is individually assessed by a clinician, which means that they get rapid treatment to help ensure they don't become very unwell with the virus. nMABs are highly recommended as a treatment option for non-hospitalised adults and children (aged 12 years and above) in the highest risk patient groups. This service is also helping to reduce the number of admissions to hospital.

The government has also announced details on PANORAMIC, a new national Covid study which aims to recruit 10,000 UK patients at greatest risk of serious illness to a trial the drug Molnupiravir at home. This is a new antiviral which has proved to be successful in clinical trials in reducing the risk of hospitalisation and death among the most vulnerable of non-hospitalised adults by 30 per cent.

2.1.4 System pressures and recovery

Ongoing pressures to SYB's urgent and emergency services have required some adaptations to patient-facing services, mostly connected to elective care and non-urgent services, to redeploy staff to the most in need services.

The impact of Omicron on staff absence resulted in specific pressures for the Yorkshire Ambulance Service (YAS), which had to put temporary measures in place to prioritise its most important services. For a short period in January, YAS had to suspend its Patient Transport Services (PTS). But following support from military colleagues and the number of YAS staff able to return to work, the service recommenced for all eligible patients requiring PTS services from 24 January.

The on-going infection control measures for Covid have also helped to ensure that the numbers of cases of flu remain well below normal seasonal levels with few admissions to hospital, and no admissions to intensive care. Cases of norovirus also continues to be very low.

2.1.5 Vaccination programme

The drive for booster vaccinations to help protect people against the Omicron variant was ramped up across the country in December. Vaccination teams did an amazing job in SYB and vaccination centre hours were extended to 12 hours a day seven days a week and we worked with local authority partners on additional sites and pop-up centres. Currently, over 80 per cent of the eligible population in SYB have now received their booster, which is an extraordinary achievement in such a short time scale, and I would like to offer my thanks on behalf of the ICS.

During January the number of people coming forward for their Covid vaccinations has been falling and currently we are vaccinating around 2000 people a day. To counteract this, SYB's Covid Vaccination Programme has been redoubling efforts to increase uptake of the booster programme to support the immunisation of all over-18's in the region. We have been offering popup vaccination sites and arranging vaccination sessions at places of employment for example Amazon.

Work has begun to look at how we can best use the vaccination capability which has been built up since January 2021 going forward, which will be shaped by the vaccination requirement over the next 12 months.

From 31 January we will also be offering vaccinations to children aged 5 - 12 who are clinically vulnerable or live in a household with someone who is immunosuppressed.

2.1.6 Vaccination as a condition of deployment (VCOD)

Following an announcement from the Department of Health and Social Care (DHSC), all staff who undertake CQC regulated activities and have direct contact with patients must be fully vaccinated against Covid 19 by 1 April 2022. This applies to the NHS and independent sector and follows a similar requirement for those working in social care. Across the system we are doing everything possible to support staff who are currently unvaccinated who want to be vaccinated before the deadline.

2.2 Regional update

2.2.1 Leaders meeting

The North East and Yorkshire (NEY) Regional ICS Leaders meet weekly with the NHS England and Improvement Regional Director. During December and January discussions focused on the ongoing Covid response and vaccination programme, urgent and emergency care, winter resilience, planning and recovery and ICS development. Specific pressures on the system, particularly in the ambulance service due to staff sickness levels and the impact of delayed discharge from hospital.

2.3. National updates

2.3.1 Planning guidance

On 24 December, NHS England and NHS Improvement (NHS E/I) released new operational planning guidance for 2022/23, outlining 10 clear priorities for health and care systems to enact over the next two years. Key elements of the guidance include reinforcing and strengthening our workforce, enhancing our access and capacity across primary care networks (PCN's) and continuing with transformation to reduce health inequalities through data and analytics. Covid response and treatment (including vaccination) is also firmly embedded within these priorities aligning this more closely with business-as-usual activities.

These plans are all set against the proposed Integrated Care Board (ICB) formation, which although subject to the Health and Care Bill passage - provides both stability and assurances of the direction of travel for health and care systems in their future operational planning.

2.3.2 GP patient survey

The 2022 GP patient survey was launched on 10 January. The Survey is a key source of information about primary care in England. Last year, more than 850,000 people gave feedback on around 6,700 GP practices. The 2021 results are available on the website, and this year for the first time, ICS slide packs have been produced which provide an ICS level view of the results for key questions from the survey with comparative 2020 data where available.

2.3.3 Weight loss support on the High Street

People struggling to lose weight will now be offered help from their local high street pharmacy in the latest drive to tackle rising obesity levels and type 2 diabetes. Community pharmacy teams can now refer adults living with obesity, and other conditions, to the 12-week online NHS weight management programme. GPs have already referred 50,000 adults to the programme. Adults living with obesity plus hypertension or diabetes will qualify for the service, which people can access via an app on their smartphone.

2.3.4 Childhood MMR Campaign

A new national campaign launches on 1 February 2022 encouraging parents to get their children vaccinated against measles, mumps, and rubella. The goal is to boost parents' confidence that getting their children vaccinated is the right thing to do, by providing information on the risk of measles, mumps, and rubella. The campaign's call-to-action tells parents and carers whose children have missed one of their two MMR doses to contact their GPs and book their vaccine.

2.4 Integrated Care System update

2.4.1 Establishing ICBs postponed until 1 July 2022

In December, the government announced a revised target date for the establishment of ICBs to 1 July 2022 from 1 April as originally planned. The decision was taken based on the anticipated passage of the Health and Care Bill through Parliament. NHS South Yorkshire, the confirmed public facing name for the ICB in South Yorkshire, will now formally establish on 1st July. National and local plans are being adjusted to reflect the new target date.

The change in date does not change our direction but gives more time to deepen preparations and continue to develop more integrated services in our Places and in our Provider Collaboratives and Alliances. The ICB provides the best opportunity to address unfair, avoidable and systematic differences in the opportunity for all our citizens to live healthily and well.

Until 1 July, CCGs will remain in place as statutory organisations. They will retain all existing duties and functions and will conduct their business (collaboratively in cases where there are multiple CCGs within an ICS footprint), through existing governing bodies. CCG leaders will be working closely with designate ICB leaders in key decisions which will affect the future ICB, notably commissioning and contracting. NHSEI will retain all direct commissioning responsibilities not already delegated to CCGs.

However, boundary changes will go ahead on 1 April. This means that Bassetlaw CCG will become part of Nottingham and Nottinghamshire ICS on that date. We are currently developing a Memorandum of Understanding between South Yorkshire and Nottinghamshire to ensure the continuation of joint working between Bassetlaw and South Yorkshire given the important of this to the population of Bassetlaw who access almost all their secondary and specialised care in South Yorkshire.

2.4.2 ICB constitution and establishing ICB Board

The ICB draft Constitution, which set out our Board size, its make-up and approach to our eligibility, nomination and selection criteria was approved by NHS England on 23 December 2021 England.

We began the process for recruiting new executive and non-executive appointments in December with closing dates in January. We have had very encouraging responses so far and particularly from non-executive roles representing local community interests. Interviews are scheduled for February and March. We are continuing advertise for non-executives with specific areas of expertise in finance and strategy.

Over the next couple of months as the new Board is recruited, we will be focusing on discussions with our partners on co-production work to inform wider governance and how NHS South Yorkshire can best support the ambitions and priorities of our Places, Provider Collaboratives and Alliances. We will also be revisiting our current ICS governance in advance of the new statutory arrangements. The new target date of 1 July gives us more time to get the new shadow Board up and running in the first quarter.

The development work in our Places and Provider Collaboratives also continues to progress focussing on ambition and priorities and the arrangements needed to continue to work well together. We are considering the relationship and arrangements needed between these and the future ICB / ICP to continue to support thriving Places and strong and vibrant Provider Collaborates and Alliances.

2.4.3 Organisational development work on functional design

The organisational development work on functional design of the emerging new organisation is now well underway, although some workshops were delayed by a month because of the declaration of a level 4 incident and the need focus on system pressures. Workshops are now rescheduled and are back on track. The process began with the staff most affected by the changes who will become employees of NHS South Yorkshire (ICB) but will now involve the wider one workforce of the ICS and partners. A key objective of the work is to ensure there an understanding of the transferring functions and good practice supporting integration and opportunities.

We have also published a formal response to the Consultation on the proposed new executive board level roles in SY ICB Integrated Care Board. A copy of the report is available to all staff on the SYB Hub. I hosted a webinar for staff to go over the feedback received and answer questions.

2.4.4 ICCS £57.5m capital investment from treasury

SYB ICS have secured £57.5m from the Treasury to invest in primary and community facilities across our region. Only two areas in the country were selected and we will see over 20 projects delivered by the end of 2023 which will be instrumental in allowing us to provide seamless services, improve service quality, improve patient experience and deliver value for money.

2.5. Finance

The system had a £28.7m surplus at Month 8 which was £28.8m favourable to plan. The surplus all sits with provider organisations. The forecast position is a £0.3m surplus which is £0.3m favourable to plan. Organisations have been asked to undertake a detailed review of forecasts at Month 9 and revise forecast accordingly. This exercise is expected to increase the forecast surplus.

Capital spend at Month 8 showed a spend of £57.6m which was £7.4m or 12.8 per cent behind plan. The forecast adjusted performance is break even against plan. Providers have been asked to undertake a detailed review of the forecast at Month 9 and revise the forecast accordingly.

Final draft system allocations have been issued that shows that the system will receive £40.3m additional net resource compared to the opening baseline allocation (1.2 per cent increase). This includes allocation reductions of £147.2m or 4.5 per cent.

2.6 Retirement of Sir Andrew Cash

I would like to formally record my thanks to Sir Andrew Cash on behalf of SYB ICS on his retirement as System Lead for the ICS at the end of January 2022. Andrew has had a long and very distinguished career dedicated to improving patient care. He has made an enormous contribution to the development of the NHS in South Yorkshire and Bassetlaw and the wider NHS over the last six years in developing the ICS and prior to that as CEO of Sheffield Teaching Hospitals NHS Trust from 2004 to 2018. He has also championed partnership working which has been hugely instrumental in ensuring we have become one of the leading ICSs in the country. The transformational work across SYB has touched the lives of many thousands of people improving health and care services and addressing health inequalities.

I know that colleagues within the NHS locally and nationally, local authorities and the voluntary and community sector will join me in thanking him and wishing him well in his retirement. 'Although Andrew has stepped down as SYB ICS executive lead at the end of January 2022 he will remain involved on a part time basis in helping lead the transition to the new ways of working across the wider NHS , in the North East and in the Yorkshire and Humber (NE and Y and H) for a while yet. He will chair the NE and Yorkshire and Humber Transition Oversight Group for the four ICSs and

Region. I know that he will continue to contribute his wisdom and energies to health and care both locally and nationally'.

Gavin Boyle

Chief Executive designate NHS South Yorkshire Integrated Care Board

Date: 01 February 2022