

## Paper A

### South Yorkshire and Bassetlaw Sustainability and Transformation Plan

#### Collaborative Partnership Board

13 January 2017, The Birch and Elm Room, Oak House, Rotherham

#### Decision Summary

Ref	Item	Lead
1	<b>Minutes of the meetings held 11 November and 16 December 2016</b>	
02/17	(a) that the minutes of the previous meeting held 11 November 2016 and 16 December 2016 were ratified to be made publicly available subject to amendments recorded	ALL
	(b) that a query around the Sustainable Hospital Services Review terms of reference and research raised at the previous meeting would be discussed outside the session	WILL CLEARY-GRAY, MIKE PINKERTON
	(c) that discussions by the local authorities were still taking place around a proposal for focused support in each area.	LOCAL AUTHORITY LEADS
2	<b>Summary update to the Collaborative Partnership Board (CPB)/ Transformation funding to support clinical priority areas</b>	
04/17	(a) that the Mental Health and Learning Disabilities and Cancer transformation funding bids would cross reference one another	KATHRYN SINGH, JACKIE PEDERSON, LESLEY SMITH
	(b) that the summary update on next steps, when fully developed, would be shared with all for use when updating organisations	WILL CLEARY-GRAY
	(c) that CPB supported the proposal that work would take place on the workstreams and priorities to ensure clarity on deliverables, enabling the STP to track back what the ask was of the financial gap, working with place and having focus on the SYB outputs	WILL CLEARY-GRAY
3	<b>Communications and engagement approach to public consultation</b>	
05/17	(a) that an agreed approach on discussions with stakeholders and the public on the STP would be taken forward at place level and be consistent across the patch	ALL
	(b) that a draft report on the public consultations for Hyper Acute Stroke Services and Children's Surgery and Anaesthesia would be given to the STP CPB in March 2017	HELEN STEVENS
4	<b>Health, disability and employment</b>	

<b>06/17</b>	(a) that the STP CPB approved the work in principle and further detail including baseline metrics would be presented to the STP CPB in due course	<b>GREG FELL (CHRIS SHAW)</b>
<b>5</b>	<b>Healthy lives</b>	
<b>07/17</b>	(a) that the STP CPB committed to aspirations outlined in principle requesting that constituent organisations be consulted and a considered approach be delivered back to the STP CPB for final approval in April/May	<b>GREG FELL</b>
<b>6</b>	<b>STP governance Terms of Reference (ToR)</b>	
<b>08/17</b>	(a) that the STP CPB supported the ToR presented	<b>ALL</b>
<b>7</b>	<b>Workforce Terms of Reference</b>	
<b>09/17</b>	(a) that the STP CPB supported the ToR and agreed to contribute to this work where required.	<b>ALL</b>
<b>8</b>	<b>Social Kinetic 3De proposal</b>	
<b>12/07</b>	(a) that the STP CPB supported the proposal and would work with Social Kinetic 3De on leadership and development at the meeting on 3 February 2017	<b>ALL</b>

## **South Yorkshire and Bassetlaw Sustainability and Transformation Plan**

### **Collaborative Partnership Board**

#### **Minutes of the meeting of 13 January 2017, The Boardroom, 722 Prince of Wales Road, Sheffield**

##### **Present:**

Andrew Cash, South Yorkshire and Bassetlaw STP Lead/Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust (CHAIR)  
Adrian Berry, Medical Director, South West Yorkshire Partnership NHS Foundation Trust (Deputy for Rob Webster, Chief Executive)  
Dominic Blaydon, Associate Director of Transformation, The Rotherham NHS Foundation Trust (Deputy for Louise Barnett, Chief Executive)  
Catherine Burn, Director, Voluntary Action Bassetlaw  
Julia Burrows, Director of Public Health, Barnsley Metropolitan Borough Council (Deputy for Diana Terris, Barnsley Metropolitan Borough Council)  
Will Cleary-Gray, Director of Sustainability and Transformation, South Yorkshire and Bassetlaw STP  
Jeremy Cook, Interim Director of Finance, South Yorkshire and Bassetlaw STP  
Mike Curtis, Local Director, Health Education England  
Chris Edwards, Accountable Officer, NHS Rotherham Clinical Commissioning Group  
Adrian England, Chair, Healthwatch Barnsley  
Idris Griffiths, Interim Accountable Officer, NHS Bassetlaw Clinical Commissioning Group  
Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust  
Alison Knowles, Locality Director North of England, NHS England  
Ainsley Macdonnell, Service Director – North Nottinghamshire and Direct Services, Adult Social Care, Health and Public Protection, Nottinghamshire County Council (Deputy for Anthony May, Chief Executive)  
Richard Parker, Interim Chief Executive, Doncaster and Bassetlaw Hospitals NHS Foundation Trust  
Jackie Pederson, Accountable Officer, NHS Doncaster Clinical Commissioning Group  
Matthew Powls, Interim Director of Commissioning, NHS Sheffield Clinical Commissioning Group (Deputy for Maddy Ruff, Accountable Officer)  
Mathew Sandford, Associate Director of Planning and Development, Yorkshire Ambulance Service NHS Trust (Deputy for Rod Barnes, Chief Executive)  
Steve Shore, Chair, Healthwatch Doncaster  
Kathryn Singh, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust  
Paul Smeeton, Chief Operating Executive, Nottinghamshire Healthcare NHS Foundation Trust (Deputy for Ruth Hawkins, Chief Executive)  
Lesley Smith, Accountable Officer, NHS Barnsley Clinical Commissioning Group  
John Somers, Chief Executive, Sheffield Children's Hospital NHS Foundation Trust  
Richard Stubbs, Acting Chief Executive, The Yorkshire and Humber Academic Health Science Network  
Kevan Taylor, Chief Executive, Sheffield Health and Social Care NHS Foundation Trust  
Neil Taylor, Chief Executive, Bassetlaw District Council  
Jon Tomlinson, Assistant Director of Commissioning, Doncaster Metropolitan Borough Council (Deputy for Jo Miller, Chief Executive)  
Mark Tuckett, Assistant Director of Public Service Reform, Sheffield City Council (Deputy for John Mothersole, Chief Executive)

##### **Apologies:**

Louise Barnett, Chief Executive, The Rotherham NHS Foundation Trust  
Des Breen, Medical Director, Provider Working Together Programme  
Frances Cuning, Deputy Director of Health and Wellbeing, Public Health England  
Greg Fell, Director of Public Health, Sheffield City Council  
Ruth Hawkins, Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust  
Richard Henderson, Chief Executive, East Midlands Ambulance Service

Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council  
 Jo Miller, Chief Executive, Doncaster Metropolitan Borough Council  
 Leaf Mobbs, Director of Planning and Development, Yorkshire Ambulance Service NHS Trust  
 Paul Moffatt, Chief Executive, Doncaster Children's Services Trust  
 Tim Moorhead, Clinical Chair, NHS Sheffield Clinical Commissioning Group  
 Simon Morritt, Chief Executive, Chesterfield Royal Hospital NHS Foundation Trust  
 John Mothersole, Chief Executive, Sheffield City Council  
 Mike Pinkerton, Chief Executive, Doncaster and Bassetlaw Hospitals NHS Foundation Trust  
 Maddy Ruff, Accountable Officer, NHS Sheffield Clinical Commissioning Group  
 Diane Wake, Chief Executive, Barnsley Hospital NHS Foundation Trust  
 Rob Webster, Chief Executive, South West Yorkshire Partnership NHS Foundation Trust  
 Janet Wheatley, Chief Executive, Voluntary Action Rotherham

#### **In Attendance:**

Chris Shaw, Director of Health Improvement, Sheffield City Council  
 Susan Hird, Consultant in Public Health, Sheffield City Council  
 Lynsey Hamilton, Transformation Board Manager, Health Education England  
 Helen Stevens, Associate Director of Communications and Engagement, Commissioners Working Together  
 Janette Watkins, Programme Director, Providers Working Together Programme  
 Kate Woods, Programme Office Manager, South Yorkshire and Bassetlaw STP

<b>Minute reference</b>	<b>Item</b>	<b>Action</b>
<b>01/17</b>	<b>Welcome and introductions</b> The Chair welcomed members.	
<b>02/17</b>	<p><b>Minutes of the meetings held 11 November 2016 and 16 December 2016</b></p> <p>The minutes of the meetings held 11 November and 16 December were accepted as a true and accurate record subject to the comments below and were ratified by the STP CPB. The minutes will be published.</p> <p>Amendments were recorded as:</p> <p>11 November 2016 minutes: John Somers to be removed from apologies list and organisation for Neil Priestley to be amended to Sheffield Teaching Hospitals NHS Foundation Trust.</p> <p>The STP CPB noted that all actions arising from 11 November 2016 were complete.</p> <p>Actions outstanding from 16 December 2016 were noted as:</p> <p><b>Sustainable Hospital Services Review (Item 24/16 refers)</b> A query about research raised previously would be discussed outside the meeting.</p> <p><b>SYB STP resources (Item 26/16 refers)</b> It was confirmed that discussions by the local authorities were still taking place on a proposal for focused support in each area.</p>	<p><b>WILL CLEARY-GRAY, MIKE PINKERTON</b></p> <p><b>LOCAL AUTHORITY LEADS</b></p>

03/17	<p><b>National update from the STP Lead</b></p> <p>The STP CPB were updated on a time-out for the STP leads taking place in January 2017 and it was anticipated that a further national update would be available at this session.</p> <p>LS updated the group on an STP summit, highlighting a case study presented to this group by Simon Stevens. There was also reference at the session to ensuring fragmentation between organisations was proactively resolved. Discussions had taken place on the challenges to come together for the planning of the STP and therefore consideration was required around ensuring there was capacity to deliver the plans. Discussions had taken place around leading at an organisational level as well as leading across the wider footprint to underpin the STP and that engaging Councilors as part of the process was crucial. There had been a focus at the session on ensuring systems were not “stifled by regulation.”</p> <p>The group noted that local contracts were signed off, highlighting a shift in behaviours between systems and organisations to achieve this at such an early stage.</p> <p>It was anticipated that the direction of travel for the STP would emerge shortly and would move from plan to implementation. A delivery timetable would be developed collaboratively.</p> <p>An electronic update would be circulated weekly sharing work and best practice within the STP.</p>	
04/17	<p><b>Summary update to the Collaborative Partnership Board/ Transformation funding to support clinical priority areas</b></p> <p>The STP CPB was updated on work within the Mental Health and Learning Disabilities and Cancer work streams.</p> <p><b>Mental Health and Learning Disabilities</b></p> <p>The group noted that a Mental Health and Learning Disabilities Steering Group had been established and would review the Case for Change and agree next steps for four priority focus areas. An initial meeting of the Mental Health Provider Alliance between RDaSH and SHSCT would be held in January. It was noted that capacity had been identified as the main risk.</p> <p>An update on the transformation bid was given:</p> <p><b>Integrated IAPT</b></p> <p>The purpose was outlined: to expand the IAPT workforce to offer psychological therapies to long term conditions pathways and for people with medically unexplained symptoms, evidence for highest savings from Diabetes, Cardiovascular and Respiratory Disease. This supported the five year forward view (FYFV) access target that by 2020/21, at least 25% of people with common mental health conditions could access services each year. The total national funding available was highlighted as £20m in 2017/18.</p> <p><b>Urgent and Emergency Mental Health Services</b></p>	

	<p>The purpose was outlined: to pump prime and accelerate existing plans to expand acute hospital liaison mental health services so that they operate at the required standard within one year of receiving the funding. This supported the FYFV target that by 2020/21, all acute hospitals would have all-age mental health liaison teams in place, and at least 50% of these would meet the required standard service standard as a minimum. The total national funding available was highlighted as £19m in 2017/18 and 2018/19 and the approach taken was outlined to the group.</p> <p><b>Learning Disabilities – Reducing reliance on specialist inpatient care</b></p> <p>The purpose was outlined: supporting the implementation of the Transforming Care Partnerships three year plans for reforming services, in line with <i>Building the Right Support</i>, October 2015. This had included strengthening support in the community and reviewing specialist inpatient services. The total national funding available was highlighted as £15m in 2017/18 and £15m in 2018/19.</p> <p><b>Reduction in children placed away from their home and local community</b></p> <p>The purpose was outlined: providing Positive Behavioural Support based services for children to improve support for children and young people that display behaviour that challenges and prevents escalation and the need to be looked after away from home. The total national funding available was highlighted as £1m in 2017/18 and 2018/19.</p> <p><b>Cancer</b></p> <p>The STP CPB was asked to note that the current process covered 2017/18 and 2018/19 only. Colleagues from the South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance member organisations had supported the development of the Delivery Plan and Transformation Fund Bid. A draft Delivery Plan and bid was supported in principle by the Cancer Alliance Board. The Delivery Plan added to the next level of detail onto the work undertaken by the STP Cancer work stream. Includes funding to support the Cancer Alliance in 2017/18 &amp; 2018/19.</p> <p>An update on the transformation bid was given:</p> <p><b>Cancer Transformation fund bids</b></p> <p><b>Early Diagnosis</b></p> <p>The purpose of the bid was outlined: the funding would be to support the interventions on early diagnosis in the Cancer Alliance delivery plan. The bid proposed a package of interventions.</p> <p><b>Recovery package</b></p> <p>The purpose of the bid was outlined: existing funded Living With And Beyond Cancer programme with Macmillan and all localities within our Cancer Alliance footprint and therefore the bid focused on integrating</p>	
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	<p>'electronic holistic needs assessments' into existing Trust systems.</p> <p>In response to a query, it was confirmed that the early diagnosis bid would be focused on reducing inequalities and to move the Cancer Alliance agenda forward.</p> <p>It was agreed that the Mental Health and Learning Disabilities and Cancer bids would cross reference one another, acknowledging the work to be done.</p> <p><b>Diabetes</b></p> <p>The STP CPB noted that the bids were being developed locally. The bids being submitted were structured into four components; education, NICE treatment targets, multi-disciplinary foot care teams, and inpatient specialist nursing services. There were links between places for some elements of the bids.</p> <p>All transformation bids would be submitted on behalf of SYB by the STP PMO by 18 January 2017 (IAPT bid due 25 January 2017).</p> <p>As part of a general update, the STP CPB noted key next steps for the coming months. The group was reminded of the approach taken to develop the STP, and how this had been worked through in terms of the STP process. The themes and priorities of the STP were highlighted, using place plans and the submission of the STP. An outline on establishing the workstreams was delivered. Collaborative programmes, projects and the task and finish groups were outlined, showing where there was a clearly defined project and programme to deliver and where this was under development that would change and evolve.</p> <p>The group was invited to comment.</p> <p>In response to a query around demonstrating place on the diagram, it was confirmed that place colleagues had been asked to overlay workstream information with local work taking place alongside the work of across SYB. Strategic direction and coordination would take place at SYB level for those workstreams for those workstreams that SYB coordinate for whole system delivery. The presentation would be developed further to reflect this.</p> <p>In response to a query around community integration, it was confirmed that the programmes outlined in the presentation to STP CPB were collaborative, connecting with place. Discussions would be required around what was taking place at South Yorkshire and Bassetlaw level and local.</p> <p>Key outputs over the past year were highlighted to the STP CPB, including the STP, Commissioning Intentions, the cases for change, the implementation plan, and place plans.</p> <p>System wide objectives were noted by the STP CPB.</p> <p>An update was given on the financial strategy noting triangulation between the financial plans submitted in December and the STP submitted in October 2016. Changes in assumptions were outlined to</p>	<p><b>KATHRYN SINGH, JACKIE PEDERSON, LESLEY SMITH</b></p>
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	<p>the group which may reflect increased financial risk, noting deterioration in the underlying position, Clinical Commissioning Group (CCG) allocation adjustments to reflect changes in national tariff and identification rules, non-recurrent income not reflected in control totals, that clinical negligence scheme for trusts premium increases may not be cost neutral as assumed in the STP plan, that financial plans between commissioners and providers may not be aligned, and the delivery risks on provider Cost Improvement Programme plans and commissioner Quality, Innovation, Productivity and Prevention plans.</p> <p>It was proposed that work would take place on the workstreams and priorities to ensure clarity on deliverables, enabling the STP to track back what the ask was of the financial gap, working with place and having focus on the SYB outputs. This was supported.</p> <p>Work was also taking place around how the STP would develop as a whole system. Workshops had taken place around how this would happen. There existed already cross-working between collaboratives. A proposal would be taken to both programme boards to set out how to best align the delivery teams to support the STP.</p> <p>The STP CPB noted that the current meeting schedules would be readdressed. Work would take place around this and a proposal given to the group.</p> <p>It was agreed that the narrative presented was helpful and would be used to update organisations across the patch. This would be further developed and circulated.</p> <p>The presentation would also be circulated in its current format for information.</p>	<p><b>WILL CLEARY-GRAY</b></p> <p><b>WILL CLEARY-GRAY</b></p> <p><b>KATE WOODS</b></p>
<b>05/17</b>	<p><b>Communications and engagement approach to public consultation</b></p> <p>HS updated the STP CPB on work undertaken with communication and engagement colleagues across the partnership. The group had been developing the shape of discussions with the public. An approach and principles had been agreed. The STP CPB noted these:</p> <ul style="list-style-type: none"> <li>• That this must be an open conversation</li> <li>• That the difficult issues faced should be outlined and ask for views and what is important</li> <li>• That public conversations would be led by Healthwatch and the voluntary sector, with commissioner support</li> <li>• That staff conversations would be led by provider teams, with STP support</li> <li>• That political conversations would be led by STP partners, with STP support</li> <li>• That these discussions would happen at place level.</li> </ul> <p>The governance approach for this was outlined; a task and finish group to be established made of representatives from all areas, co-</p>	



	<p>creating the plan and timelines. A report would be delivered to the STP CPB in April 2017.</p> <p>It was agreed that actions at local level must be cohesive and consistent.</p> <p>In response to a query, it was confirmed that discussions and engagement with members would take place in February 2017.</p> <p>An update was given on the HASU and Children's Services consultation. A piece of work had been undertaken at the midpoint of the consultation, and as a result of the outcomes of this review, the deadline had been extended to 14 February. At the end of this process, an independent analysis would take place to show key themes and feedback. The draft report would be given to the STP CPB and Joint Healthy Overview and Scrutiny Committee before being taken to the Joint Committee of Clinical Commissioning Groups.</p>	<b>HELEN STEVENS</b>
<b>06/17</b>	<p><b>Health, disability and employment</b></p> <p>The STP CPB noted the data presented around the numbers of unemployment across the patch and the landscape across the city region and that initiatives were taking place across the city region/city. Money was available across the city region and what was required now was coordination and potentially to collaborate.</p> <p>The STP CPB was invited to comment.</p> <p>It was noted that two elements that would impact on health were employment and cessation of smoking.</p> <p>A request was made to ensure links were made to the workforce workstream, particularly around possibilities with apprentices.</p> <p>It was highlighted that discussions and engagement with employers was crucial to ensure occupational health services were utilised appropriately in organisations.</p> <p>It was noted that access to support must be simplified and links to IAPT for this was important.</p> <p>The STP CPB approved this work in principle. Further detail including baseline metrics would be brought back to the STP CPB.</p>	<b>GREG FELL (CHRIS SHAW)</b>
<b>07/17</b>	<p><b>Healthy Lives</b></p> <p>The STP CPB noted the Healthy Lives workstream related to three elements; scaling up primary care, workforce and healthy lifestyles. A key recommendation for this was employment and smoking. The STP was asked to sign up to a 10% prevalence for smoking in SYB. Detail around work that all could collaborate on was also highlighted.</p> <p>The group was invited to comment.</p> <p>It was highlighted that the 10% prevalence target felt ambitious. The timescale was confirmed as 5 years.</p> <p>In response to a query it was confirmed that the resource</p>	

	<p>requirements for this work had been included in the STP plan.</p> <p>It was commented that there was work that acute providers could do to support this.</p> <p>A discussion took place around smoking and mental health and that the work needed to align with the MH workstream to change the prevalence trend.</p> <p>The STP CPB committed to aspirations outlined in principle requesting that constituent organisations be consulted and a considered approach be delivered back to the STP CPB for final approval in April/May.</p>	<b>GREG FELL</b>
<b>08/17</b>	<p><b>STP governance terms of reference</b></p> <p>The STP CPB was sighted on detail of the establishment of the Governance Group. Two initial pieces of work were agreed at the first meeting; to draft out the terms of reference (ToR) and to produce a summary of the governance as it currently existed and to work with boards and members to consider what future governance could look like. Two gaps were noted in membership for Local Authority and Medical Director representation which would be considered further.</p> <p>A discussion took place, noting that Neil Riley was linked to this work with experience in his previous role of board secretary.</p> <p>The STP CPB supported the ToR.</p>	
<b>09/17</b>	<p><b>Workforce terms of reference</b></p> <p>The STP CPB were updated on the Local Workforce Action Board which had a programme of work established. A briefing would be developed, giving a comprehensive overview of the workforce landscape. A briefing would then be delivered to the board in 3-4 months time. A workstream lead was required. HEE would fund this. Business intelligence would be provided by HEE but links would be required locally.</p> <p>The STP CPB supported the ToR and agreed to contribute to this piece of work where required.</p>	
<b>10/17</b>	<p><b>Independent review of hospital services</b></p> <p>The STP CPB were updated on the progress around the Sustainable Hospital Review, noting the draft ToR had been agreed, steering group membership was being established and that the first meeting was taking place 7 February 2017. A project plan was being developed as well as a business case to engage support from NHS England and NHS Improvement.</p> <p>In response to a query, it was noted that an initial task of the steering group would be to define what sustainable services would mean.</p> <p>It was confirmed that the amendments to the TOR in light of discussions at the previous meeting around researched were accepted.</p>	

	An update would be given at the next meeting.	
<b>11/17</b>	<p><b>Review of commissioning</b></p> <p>The STP CPB were updated on the review of commissioning, noting that an external consultancy would be engaged to work with CCGs and that a fuller scope would be developed. A senior commissioning operations group would be established, the first meeting of which was taking place 13 January. The ambition outlined was for shadow commissioning arrangements to be in place by April 2017, aligning with the pace of the hospital services review.</p>	
<b>12/07</b>	<p><b>Social Kinetic 3De proposal</b></p> <p>The group was updated on a meeting that had taken place around the leadership work with Social Kinetic and the proposal was that the STP CPB would engage with this group and utilise a future meeting to start this work.</p> <p>The STP CPB supported taking this work forward.</p>	