South Yorkshire and Bassetlaw Sustainability and Transformation Partnership

Collaborative Partnership Board

Minutes of the meeting of

13 October 2017

Birch and Elm Room, NHS Rotherham CCG,
Oak House, Moorwhead Way, Rotherham, S66 1YY

Decision Summary

Minute reference	Item	Action
101/17	Matters Arising (Finance Update)	(a) That 3-5 key areas to accelerate the transformation programme and a clear and defined set of criteria around transformation funding and how this would be weighted would be discussed at Executive Steering Group (ESG) and brought back to Collaborative Partnership Board (CPB) **(JC)**
	Matters Arising (Cancer 62 day recovering and assurance)	(a) That each place confirm to Lesley Smith that they have implemented and are using the Inter Trust Transfer Policy (ITP) **(CEs of NHS FTs)** (b) That each place should revisit members of their Cancer Alliance Board and confirm amendments by 20 October 2017 **(CEs of NHS FTs)**
102/17	National update	(a) That information following a national meeting of the ACS Leads and James Kent would be circulated following the meeting **(WCG)**
103/17	Hospital Services Review	(a) That comments on the Hospital Services Review criteria be sent to Alexandra Norrish as soon as possible **(ALL)**
104/17	Communications and engagement	(a) That slides on the ACS awareness campaign would be circulated post meeting **(HS)**
105/17	Workstream priorities	(a) That a comparison of the priorities with the new financial modelling would be made to examine benefits **(JC)**

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Name	Organisation	Designation	Present	Apologies	Deputy for
Sir Andrew Cash CHAIR	South Yorkshire and Bassetlaw ACS	ACS Lead/Chair and CEO, Sheffield Teaching Hospitals NHS FT	✓		
Adrian Berry	South West Yorkshire Partnership NHS FT	Deputy Chief Executive		✓	
Adrian England	Healthwatch Barnsley	Chair	✓		
Ainsley Macdonnell	Nottinghamshire County Council	Service Director		✓	Anthony May CEO
Alison Knowles	Locality Director North of England,	NHS England		✓	
Alan Davis	South West Yorkshire Partnership NHS FT	Director of Human Resources	✓		Adrian Berry
Alexandra Norrish	South Yorkshire and Bassetlaw ACS	Programme Director – Hospital Services Review	✓		
Andrew Hilton	Sheffield GP Federation	GP		✓	
Anthony May	Nottinghamshire County Council	Chief Executive		✓	
Ben Jackson	Academic Unit of Primary Medical Care, Sheffield University	Senior Clinical Teacher		✓	
Caitlin Richens	Attain	NHS Management Trainee	✓		
Chris Edwards	NHS Rotherham Clinical Commissioning Group	Accountable Officer	✓		
Chris Welsh	South Yorkshire and Bassetlaw ACS	Independent Chair Hospital Services Review	✓		
Des Breen	Working Together Partnership Vanguard	Medical Director	✓		
Diana Terris	Barnsley Metropolitan Borough Council	Chief Executive		✓	
Greg Fell	Sheffield City Council	Director of Public Health		✓	John Mothersole CEO
Frances Cunning	Yorkshire & the Humber PHE Centre	Deputy Director – Health & Wellbeing		✓	

Helen Stevens	South Yorkshire and Bassetlaw ACS	Associate Director of Communications & Engagement	✓		
Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer	✓		
Jackie Pederson	NHS Doncaster Clinical Commissioning Group	Accountable Officer	✓		
Jane Anthony	South Yorkshire and Bassetlaw ACS	Corporate Committee Administrator, Executive PA & Business Manager	✓		
Janette Watkins	Working Together Partnership Vanguard	Director	✓		
Janet Wheatley	Voluntary Action Rotherham	Chief Executive	✓		
Jeremy Cook	South Yorkshire and Bassetlaw ACS	Interim Director of Finance	✓		
John Mothersole	Sheffield City Council	Chief Executive	✓		
John Somers	Sheffield Children's Hospital NHS Foundation Trust	Chief Executive		✓	
Jo Miller	Doncaster Metropolitan Borough Council	Chief Executive		✓	
Julia Burrows	Barnsley Council	Director of Public Health	✓		
Karen Curran	South Yorkshire and Bassetlaw ACS		✓		
Kathryn Singh	Rotherham, Doncaster and South Humber NHS FT	Chief Executive	✓		
Kevan Taylor	Sheffield Health and Social Care NHS FT	Chief Executive		✓	
Lesley Smith	NHS Barnsley Clinical Commissioning Group	SYB ACS System Reform Lead, Chief Officer, NHS Barnsley CCG	✓		
Lisa Kell	South Yorkshire and Bassetlaw ACS	Director of Commissioning Reform	✓		
Louise Barnett	The Rotherham NHS Foundation Trust	Chief Executive	✓		
Mark Janvier	NHS England	Head of Operations and Delivery	✓		Alison Knowles
Maddy Ruff	NHS Sheffield Clinical Commissioning Group	Accountable Officer	✓		
Matthew Groom	NHS England Specialised Commissioning	Assistant Director	✓		
Matthew Sandford	Yorkshire Ambulance Service NHS Trust	Associate Director of Planning & Dev	✓		Rod Barnes
Mike Curtis	Health Education England	Local Director	✓		
Neil Taylor	Bassetlaw District Council	Chief Executive	✓		
Paul Moffat	Doncaster Children's Services Trust	Director of Performance, Quality and Innovation		✓	
Paul Smeeton	Nottinghamshire Healthcare NHS Foundation Trust	Chief Operating Executive		✓	
Richard Henderson	East Midlands Ambulance Service NHS Trust	Chief Executive		✓	
Richard Jenkins	Barnsley Hospital NHS Foundation Trust	Chief Executive		✓	

Richard Parker	Doncaster and Bassetlaw Teaching Hospitals NHS FT	Chief Executive	✓		
Richard Stubbs	The Yorkshire and Humber Academic Health Science Network	Acting Chief Executive	✓		
Rob Webster	South West Yorkshire Partnership NHS FT	Chief Executive		✓	
Rod Barnes	Yorkshire Ambulance Service NHS Trust	Chief Executive		✓	
Roger Watson	East Midlands Ambulance Service NHS Trust	Consultant Paramedic Operations		✓	Richard Henderson
Rupert Suckling	Doncaster Metropolitan Borough Council	Director of Public Health	✓		
Ruth Hawkins	Nottinghamshire Healthcare NHS FT	Chief Executive		✓	
Sandra Crawford	Nottinghamshire Healthcare NHS FT	Associate Director of Transformation Local Partnerships Division	✓		Paul Smeeton
Sharon Kemp	Rotherham Metropolitan Borough Council	Chief Executive	✓		
Simon Morritt	Chesterfield Royal Hospital	Chief Executive	✓		
Steve Shore	Healthwatch Doncaster	Chair		✓	
Tim Moorhead	NHS Sheffield Clinical Commissioning Group	Clinical Chair		✓	
Will Cleary-Gray	South Yorkshire and Bassetlaw ACS	Sustainability & Transformation Director	✓		

Minute reference	Item	Action
98/17	**Welcome and introductions** The Chair welcomed members to the meeting	
99/17	**Apologies for absence** The Chair noted apologies for absence.	
100/17	**Minutes of the previous meeting held 8th September 2017** The minutes of the previous meeting were agreed as a true record.	
101/17	**Matters arising** **91/17 – Communications and Engagement Strategy** A meeting has been arranged for 17th October 2017 and is taking place in Sheffield.	

	92/17 – Workstream Charters Information is being fed back to Marianna Hargreaves. **93/17(a) – Finance Update** This is work in progress, a report will be brought back to the next Collaborative Partnership Board meeting. **93/17(b) – Finance Update** This item will be discussed by the Executive Steering Group on 17th October 2017 and will be brought back to the next Collaborative Partnership Board meeting. **94/17(a) – Cancer 62 day recovering and assurance** By 20th October 2017 each Place should confirm to Lesley Smith that they have implemented and are using the Inter Trust Transfer Policy (ITP) as they should be using the system. **94/17(b) – Cancer 62 day recovering and assurance** Each Place should take the opportunity to revisit the membership of their Cancer Alliance Board and confirm this and any amendments to Lesley Smith by 20th October 2017. All other items were either completed or would be picked up as part of the agenda. The Chair commented that it would be useful to have the quarter two dashboard of the ACS for information only.	**Jeremy Cook** **Jeremy Cook** **CEs of NHS FTs** **CEs of NHS FTs**
102/17	**National Update** **CEO ACS Report** The Chair gave his Chief Executive Officer's report to the meeting. This monthly report provides members with an update on: • The work on the ACS CEO over the last month. • A number of key priorities not covered elsewhere on the agenda. The Chair added that the meeting of 44 ACS and STP leads discussed 6 big national items that were also to be applied locally: 1. 111 service - A higher proportion of patients are going to A&E and not accessing the 111 service, therefore this service is going to be promoted nationally and in future there will be more clinical advice available within the service. 2. Ambulance services – the 999 service is going to be categorised and graded into tiers. 3. The standardisation of urgent treatment regarding the minor injuries unit walk-ins.	

	4. GP availability and accessing the service out of hours. 5. GP 'streaming' at the front door. 6. Flu the importance of getting staff vaccinated. The Chair informed members that at all the meetings he has attended recently are dominated by two themes, preparing for winter and finance. The Collaborative Partnership Board noted the update. **National MOU** Will Cleary-Gray presented the report distilling the key deliverables within the National MoU. The focus will help to inform discussions with national bodies as the ACS develops. The National MoU has been circulated, together with a report that summarises the key actions and deliverables expected within the National MoU. The National MoU connects well with our local South Yorkshire and Bassetlaw MoU which focuses on those priorities which are important, locally as well as setting out what we need to do to address them. Members noted the update and would use the information to facilitate discussions locally. **12th October 2017** Will Cleary-Gray updated members on a visit to meet James Kent (the new Advisor of Health to the Prime Minister) at No. 10 Downing Street and on behalf of the SYP Lead. The visit was with other ACS leads. James Kent reported that the discussion he had with the ACS leads had proved very helpful. It covered: • Political support for the ACSs • ACSs are essential to the 5 Year Forward View plan • Future of capital funding • Funding • The Prime Ministers priorities which are (i) getting out of the winter cycle, (ii) getting a grip on finances, (iii) support to ACS and ACP, (iv) primary care at scale. Further discussion was balanced between health and care and ACS leads shared what they viewed as helpful to support ACS development: 1. Delegation devolved – engage with regulators when necessary. 2. Sustainability and transformation funding and how this flows at system level 3. Specialised commissioning and primary care delegation.	

	4. Long term view of capital planning with funding settlement. 5. All transformational funding into one pot for ACSs. The programme for the afternoon covered finance, IT strategy, resourcing ACSs and next Steps. Will Cleary-Gray will circulate information from the event to members of this group. The Chair added that there are 4 stakeholder sessions being progressed: 1. 27th October 2017 an event for Governors at Rotherham United FC Ground. 2. Councillors and MPs (date tbc) 3. Non-executive and lay members (date tbc) 4. Guiding Coalition (date tbc) The Chair added that at a local level he had attended Sheffield System timeout with all the executives of Trusts, CCGs and Councils present. John Mothersole added that there is an acceptance to engage in SYB ACS at a local government level. **National ACS Development Programme – Workstream Plans on a Page** This item was a discussion document (not national policy) that identified six areas for priority action from a meeting of ACS leaders held by Malcolm Macdonnell on 3rd May 2017. 1. Accelerating service improvement 2. Finance and efficiency 3. Leadership and governance 4. System design 5. Population health management 6. Communications and engagement The Chair requested members to take this item as read	**Will Cleary-Gray**
103/17	**Finance Update** Jeremy Cook, Interim Director of Finance SYB ACS, presented his finance report to the meeting. The report updated members on a number of items e.g. recent meetings of Directors of Finance, capital matters and transformational funding, financial plan refresh, risks, outstanding actions, next steps, hyper acute stroke business case and the financial position of the ACS. The Chair thanked Jeremy Cook for his report. The Chair added that the contents of the report will be discussed in detail at the Executive Steering Group meeting. Will Cleary-Gray added that each Place required its own Single	

	Operating Policy to align activity and system and this is identified as a prerequisite of becoming an ACS.	
103/17	**Hospital Services Review** An update on the review was delivered by Professor Chris Welsh and Alexandra Norrish. Members were notified that Stage 1a Report will be published on the ACS website once the Oversight and Assurance Group has signed it off on 17th October. The Stage 1a Report will be accompanied on the website by: • The Technical Annexes to the Stage 1a report • Terms of Reference for the Clinical Working Group • Terms of Reference for the Overarching Group Professor Welsh and Alexandra Norrish responded to comments from members as follows: • The interdependencies between maternity and acute paediatrics meant they would need to be addressed together. The report will not look into individual elements. • Regarding communications and clarity, partners are aware of the challenges of the services. It is important to make the public aware of the challenges well in advance of the final report. • If we do nothing it may result in the five services significantly challenged. • The Hospital Services Review has five services that cannot be identified formally until the Oversight and Assurance Group have formally approved them. • The final list will be published soon after the Oversight and Assurance Group meeting on Tuesday, 17th October 2017. • A briefing plan has been arranged with Helen Stevens. A comment was made that maternity was driven by the Better Births guidance which was being driven by patients' voices. A comment was made about stroke and it being identified as one of the five services on the shortlist. In particular, the rationale involved for having an ASU pathway in the Hospital Services Review or HASU and ASU at system level. Professor Chris Welsh stated that there this is a strong rationale for including stroke in the Hospital Services Review. The recommendations that come out of the Review will go to commissioners who have commissioned the review. Alexandra Norrish added that it is helpful to have a system wide overarching view of a service to support a system wide HASU	

	and a coherence regarding rehabilitation etc. After discussion, members agreed to keep stroke in the final shortlist of 5 services with the Hospital Services Review and discussion relating to the HASU should remain with the Joint Committee of Clinical Chairs Group. The Chair noted that it was essential to convey the importance of 'Place' in the narrative. The Collaborative Partnership Board: *Report* 1. Agreed the text of the report for publication, subject to Oversight and Assurance Group comments. In particular: a) Agreed to change the definition of a sustainable service to include • The service is likely to be deliverable within the resource envelope that is likely to be available. b) Agreed the process that has been followed to identify a shortlist of services which have been identified as he focus of the Review. c) Agreed the choice of the services for the final shortlist: 1. Urgent and Emergency Care 2. Maternity 3. Care of the Acutely Ill Child 4. Gastroenterology and Endoscopy 5. Stroke *Public engagement* 2. Agreed the write-up of the public engagement session, for publication subject to Oversight and Assurance Group comments. *Terms of Reference* 3. Agreed the revisions to the TOR, in response to feedback from lawyers / comms, for publication subject to OAG comments. *Presentation* 4. Agreed the draft list of evaluation criteria included in the slide presentation. The Chair thanked Professor Welsh and Alexandra Norrish for their attendance at this meeting. Alexandra Norrish conveyed their thanks to the workstreams and staff for all the data they have provided. She requested members to send any comments directly to her regarding the criteria.	**ALL**

104/17	**Communications and Engagement** Helen Stevens presented the following reports to members. **Engagement approach and update (including citizens panel opportunity)** This report considers the opportunities, challenges and risks around embedding public and patient involvement in the work of the ACS. The report highlights the work completed and ongoing to strengthen accountability and assurance with regards to public and patient involvement. In particular, the paper: • Gives the Board strategic overview and assurance • Brings the Board up to date on what's been developed/is happening • Highlights areas where there are gaps and work is continuing. The Collaborative Partnership Board discussed and approved the recommended approach to engagement at ACS level and the resource request, especially in relation to the legal responsibilities. The Collaborative Partnership Board: • Approved the development of an ACS wide remuneration policy for public and patient involvement. • Approved the engagement framework and SYB public and patient participation 14Z2 form. • Approved the Citizen's Panel approach and recommended approach to public and patient involvement in workstreams. • Approved discussions on recurrent funding to take place in the Joint Committee of CCGs (for CCG local engagement activity) and the ACS Executive Steering Group (for the allocation of funding for region wide events across all partners). **Process for publishing on the website** Helen Stevens presented this report, a summary of the key issues from the report are: • The South Yorkshire and Bassetlaw Accountable Care System (SYB ACS) is committed to operating in an open, honest and transparent way. • SYB ACS wants the public, staff and stakeholders to be well informed and have access to documents and reports that are developed and written on behalf of the ACS to inform its conversations and those of its working groups and committees.	

	• The paper outlined the process for publishing documents and reports on the website. The Collaborative Partnership Board approved the recommended approach to publishing documents and reports on the Health and Care Working Together on South Yorkshire and Bassetlaw website. The Collaborative Partnership Board approved the following documents for publication on the ACS website: • The SYB ACS Memorandum of Understanding – abridged version (as attached in the report) • The SYB ACS Engagement Framework • The SYB ACS Retrospective Engagement and Consultation Mapping Exercise • The SYB ACS Communications and Engagement Strategy (agreed at September Collaborative Partnership Board meeting) Subject to the approval of the Oversight and Assurance Group on 17th October 2017 the Collaborative Partnership Board approved the following items relating to the Hospital Services Review for publication on the ACS website: • Stage 1a Report • The Technical Annexes to the Stage 1a report • Terms of Reference for the Clinical Working Group • Terms of Reference for the Overarching Group **ACS Awareness Campaign** Due to constraints upon time Helen Steven agreed to circulate her slides for the ACS Awareness Campaign to members after this meeting.	**Helen Stevens**
105/17	**Workstream Priorities** **Elective and Diagnostic** Idris Griffiths presented the Elective and Diagnostic workstreams top 3 priorities for the Collaborative Partnership Boards approval as: • Efficiencies through optimising demand • Outpatient efficiencies • Delivering key diagnostic wait and Referral to treatment (RTT) standards Idris Griffiths informed members that the priorities would return short to medium term benefits and are making good progress. The workstream is working with the Hospital Services Review regarding endoscopy. The Collaborative Partnership Board approved the top 3 priorities for this workstream as presented.	

	Rupert Suckling noted that the priorities came out of the old financial modeling and requested a comparison with the new financial modeling should be made to examine the benefits using the new financial model. **Urgent and Emergency Care** Louise Barnett presented the Urgent and Emergency Care workstreams top 3 priorities for the Collaborative Partnership Boards approval as: • Integrated urgent care • Improving system intelligence • Improving discharge processes Louise Barnett added the model is challenging. The workstream requires £480k for the Electronic Management System (EMS) and has secured funding of £311k, and if the rest of the required funding is acquired then the system can be implemented and used this winter. A mechanism is required that will give transparent oversight in all five places over winter so immediate action can be implemented when necessary. The Collaborative Partnership Board approved the top 3 priorities for this workstream as presented. **Workstream Charters** Will Cleary-Gray presented this report that introduced the following workstream charters (which were accessible via the ACS extranet): • Children's and Maternity • Prevention • Digital and IT • Estates The Collaborative Partnership Board: • Noted and would provide comment over the next two weeks on the approach taken across the workstreams to develop more detailed plans. • Received programme Charters accessed via the web link • Would provide feedback to the workstreams. • Anticipated receiving the final charter on medicines optimization in November. • Would give support for future 'in focus' sessions to enable sharing, further engagement and input to the work.	**Jeremy Cook**
106/17	**To consider any other business** There was no other business.	
107/17	**Date and Time of Next Meeting**	

	The next meeting will take place on 13th November 2017 at 9.30am to 11.30am in Birch/Elm Room at Oak House, Rotherham.	