

Covernote for mental health and community providers and Local Authorities
on the
Strategic Outline Case on Hospital Services
August 2018

1. Summary

Local Authorities, and the Boards of community, mental health and ambulance service providers in South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire, are invited to note the attached Strategic Outline Case on hospital services.

In May, the Hospital Services Review (HSR) published its final report. Boards, Governing Bodies, some Local Authorities and members of the public have now given their feedback on the recommendations in the report.

The feedback has been used to inform a Strategic Outline Case (SOC), which is the system's statement of intent around how it will take forward the recommendations of the HSR.

The SOC largely accepts the recommendations of the HSR, with two main changes:

- it emphasises the transformation of the workforce more than the HSR did
- it outlines that the Clinical Working Groups on maternity and paediatrics will be asked to explore clinical models that could satisfy interdependencies between maternity and paediatrics, as a possible alternative to moving to a Standalone Midwifery Led Unit.

The SOC has been circulated to CCG Governing Bodies for agreement, in line with their statutory responsibility to make decisions on issues related to service change. It has also been circulated to Boards of acute providers as the organisations most directly affected.

It is circulated to other provider and Local Authority members of the Collaborative Partnership Board to note. The full copy list of organisations is attached below.

The SOC will be submitted to the next meeting of the Joint Health Overview and Scrutiny Committee (JHOSC).

The Boards of community, mental health and ambulance service providers, in South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire, are invited to note the attached Strategic Outline Case for information.

Local Authorities are invited to note the SOC for information. In line with the agreed governance arrangements, they are asked to discuss the paper in the JHOSC rather than in individual Overview and Scrutiny Committees.

2. Background: responses to the HSR

The final report of the independent Hospital Services Review was published on 9th May 2018.

Governing Bodies, provider Trust Boards, Local Authorities and the public were invited to comment on the report by 12th July (this was not a formal public consultation). Responses were received from providers (including the community and mental health trusts and ambulance services); CCGs; 1 local authority; and 2 members of the public. All responses received as of 21st August are at Annex B.

The responses from the CCG Governing Bodies, Boards and Local Authorities broadly supported the recommendations. Some points were raised which were addressed in the drafting of the SOC (section 3 below).

In July NHSE also provided input through Gateway 1 of the NHSE assurance process. NHSE approved the process thus far, and laid out the areas which will need further work if the system takes forward the recommendations.

3. The Strategic Outline Case

Up to May, the HSR was an independent review. The vehicle for the system to confirm its response to the recommendations, and publicly state its next steps, is the Strategic Outline Case (SOC).

Content of the SOC

The draft SOC lays out the overall direction for the SYB Integrated Care System (as SYB defined in the Sustainability and Transformation Plan) with Mid Yorkshire and North Derbyshire; the case for change; and the response to the HSR recommendations. The document says that the system will take forward work in three areas:

- **Shared working between acute providers:** through developing Hosted Networks and a system-wide Health and Care Institute, alongside an Innovation Hub
- **Service transformation:** building on and supporting the shift of activity out of hospital into the primary and community care sectors; and transforming workforce roles and clinical pathways
- **Reconfiguration:** modelling options for reconfiguration of maternity and paediatrics on 1-2 sites; considering moving to 3-4 sites for emergency GI bleeds out of hours; and looking at options to support stroke services on sites which only have an Acute Stroke Unit through joint working, while standardising access to e.g. Early Supported Discharge and stroke rehabilitation across the trusts.

The 5 trusts of SYB, plus Chesterfield Royal Hospital NHS Foundation Trust will participate in all of these workstreams. Mid Yorkshire Hospitals NHS Trust will consider whether they want to be part of the Hosted Networks and service transformation workstreams as these develop; they are not part of the reconfiguration workstream.

Changes between the HSR and the SOC

In response to the comments received, the following key changes have been made between the HSR and the SOC. A more detailed point by point response to each of the replies received is at Annex B.

- **A greater focus on transformation** has been introduced, in particular a stronger role for Clinical Working Groups in redesigning job roles and clinical pathways. This is now a workstream in its own right.
- **The timeline has been lengthened**, to allow more time to develop the transformation of the workforce roles before modelling reconfiguration, and to allow more time for Boards and Governing Bodies to engage.
- **On maternity and paediatrics**, several organisations raised concerns about interdependencies and Standalone Midwifery Led Units. The SOC says that the Clinical Working Groups will be asked to explore alternative ways of addressing interdependencies between maternity and paediatrics, without moving to a SMLU. Any models which are proposed would be scrutinised by the Clinical Senate.
- **On elective services**, the HSR recommended that the next stage of work should look at some elective services. CEOs and AOs agreed that this should not be a part of the next stage of work on hospital services, although work on improving quality of elective services will continue through the elective workstrand.

- **In relation to Chesterfield**, the SOC makes it clearer that the SYB ICS will work with the Derbyshire STP in developing proposals and mitigations.
- **Where a reconfiguration option would result in some patients moving to trusts which are not within SYBND**, the SOC says that the team will do due diligence around any quality issues while the options are being modelled, and the quality implications will be assessed against the evaluation criterion on quality.
- **The data in the financial analysis** has been slightly updated. Some updated numbers on activity levels were provided by some trusts too late to be included in the HSR. They make only a very marginal difference and do not change the decision making but in the interests of completeness they will be published alongside the SOC.
- **Local Authorities** requested that they should be more closely involved in the development of the next stage of work. This is being taken forward formally through the context of the wider ICS governance review and through relationships between the ICS and Local Authorities, and individual Places and Local Authorities.
- **Members of the public** raised a number of concerns. The detailed response to the points raised is at Annex B, and clarifications (e.g. around the intention to retain all existing A&Es, and to engage with transport organisations) have been provided in the SOC where possible.

The Boards of community, mental health and ambulance service providers, in South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire, are invited to note the attached Strategic Outline Case for information.

Local Authorities are invited to note the SOC for information. In line with the agreed governance arrangements, Local Authorities are asked to discuss the paper in the Joint Health Overview and Scrutiny Committee rather than in individual Overview and Scrutiny Committees.

Alexandra Norrish
 Programme Director, Hospital Services Programme
 28 August 2018

This paper is copied to:

- The Boards of South West Yorkshire Partnership NHS Foundation Trust; Sheffield Health and Social Care NHS Foundation Trust; Rotherham, Doncaster and South Humber NHS Foundation Trust; and Nottinghamshire Healthcare NHS Trust
- The Boards of East Midlands Ambulance Service and Yorkshire Ambulance Service
- The Boards of Barnsley Metropolitan Borough Council; Derbyshire County Council; Doncaster Metropolitan Borough Council; Nottinghamshire County Council; Rotherham Metropolitan Borough Council and Sheffield County Council.