

Update on 'Health & Care Working Together' - the South Yorkshire & Bassetlaw Integrated Care System

1.0 Introduction

- 1.1 The purpose of this report is to provide an overview and update to the Joint Health Overview and Scrutiny Committee (JHOSC) in relation to the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) known as 'Health and Care Working Together'.

2.0 Background

- 2.1 NHS, local authority, voluntary and community sector organisations already have a history of working together to deliver high quality services in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.
- 2.2 In 2016, NHS organisations and local councils were asked to come together to form 44 sustainability and transformation partnerships (STPs) covering the whole of England, and set out their proposals to improve health and care for patients.
- 2.3 In some areas, the partnerships evolved to form an integrated care system, a new type of even closer collaboration. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.
- 2.4 South Yorkshire and Bassetlaw Integrated Care System is one of 10 Integrated Care Systems which has been nationally chosen to test a new way of working together locally.
- 2.5 Most of the partnership work between the NHS, councils and the voluntary sector takes place at a local level in each of the five places covered by the arrangements: Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. The ICS supports this work and addresses issues that are best delivered through collaboration across the whole of South Yorkshire and Bassetlaw.
- 2.6 In South Yorkshire and Bassetlaw, all the partners have been working together for nearly two years. First as a Sustainability and Transformation Partnership, then as a first wave Accountable Care System and then formally as an Integrated Care System from October 2018.
- 2.7 Throughout this time our goal has remained the same: For everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well for longer.
- 2.8 The South Yorkshire and Bassetlaw Integrated Care System has a shared responsibility for the way health and care services are run and delivered to the 1.5 million people in the region. Made up of health and care organisations, it has more local ownership over local services to ensure the continued provision of services that our populations really need and deserve.
- 2.9 The new way of working means closer links across the region to improve people's life chances, employability and career aspirations, speed up care and treatments, make

stronger links between physical and mental healthcare, social care and the NHS and GPs and hospitals.

2.10 Nationally the vision for ICSs is that they will:

- Enable local services to provide better and more joined-up care for patients when different organisations work together in this way
- Support improved collaboration to help to make it easier for staff to work with colleagues from other organisations
- Enable systems to better understand data about local people's health, allowing them to provide care that is tailored to individual needs
- Work alongside councils, and draw on the expertise of others such as local charities and community groups, to help people to live healthier lives for longer, and to stay out of hospital when they do not need to be there
- Make faster progress than other health systems in transforming the way care is delivered, to the benefit of the population they serve

2.11 The development of ICSs reflects a need for services to be better joined-up around the needs of local populations. People are living longer with multiple, complex, long-term conditions and increasingly require long-term support from many different services and professionals. Fragmentation of services and a lack of co-ordination and communication between them can lead to a poor experience for people receiving care.

2.12 Integrated care system leaders gain greater freedoms to manage the operational and financial performance of services in their area (in ways that are consistent with their individual legal obligations).

2.13 The ICS does not replace any legal or statutory responsibilities of any of the partner organisations. It is simply an agreement to work together better.

2.14 The partnership includes:

Commissioners:

- NHS Bassetlaw Clinical Commissioning Group (BasCCG)
- NHS Barnsley Clinical Commissioning Group (BarCCG)
- NHS England (NHSE)
- NHS Doncaster Clinical Commissioning Group (DCCG)
- NHS Rotherham Clinical Commissioning Group (RCCG)
- NHS Sheffield Clinical Commissioning Group (SCCG)

Healthcare providers

- Barnsley Hospital NHS Foundation Trust (BHFT)
- Chesterfield Royal Hospital NHS Foundation Trust (CHFT)
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH)
- East Midlands Ambulance Service NHS Trust (EMAS)
- Sheffield Children's Hospital NHS Foundation Trust (SCFT)
- Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)
- The Rotherham NHS Foundation Trust (TRFT)
- Sheffield Health and Social Care NHS Foundation Trust (SHSCT)
- Rotherham, Doncaster, South Humber NHS Foundation Trust (RDaSH)
- Yorkshire Ambulance Service NHS Trust (YAS)

Heath Regulator, Assurer, Education and Training

- NHS England (NHSE)
- NHS Improvement (NHSI)
- Health Education England (HEE)
- Public Health England (PHE)

Local Authorities

- Barnsley Metropolitan Borough Council (BMBC)
- Doncaster Metropolitan Borough Council (DMBC)
- Nottinghamshire County Council (NCC) / Bassetlaw District Council (BDC)
- Rotherham Metropolitan Borough Council (RMBC)
- Sheffield City Council (SCC)

3.0 Current Position

3.1 On October 1st South Yorkshire and Bassetlaw Integrated Care System was officially launched. This means the ICS will start to take on more responsibilities for system performance, and invest transformation funds in priority areas in the public sector.

3.2 In September 2018, in preparation for the launch, Chief Executive System Leads officially joined the ICS. Their appointment provides additional leadership in the ICS and, together with all the Chief Executive and Accountable Officers who are supporting the workstreams, enables the priorities to move forward at a faster pace. The leads are continuing in their current, substantive roles, whilst also taking on part time roles within the ICS. The leads are:

- Lesley Smith, Chief Officer of NHS Barnsley CCG will be the Deputy System Leader as well as taking responsibility for Strategy, Planning and Transformation Delivery
- Richard Jenkins, Chief Executive of Barnsley Hospital NHS Foundation Trust will take responsibility for NHS Provider Development
- Richard Parker, Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust will take responsibility for Integrated Assurance and Improvement (for NHS Providers)
- Maddy Ruff, Chief Officer of NHS Sheffield CCG will take responsibility for Population Health and Primary Care
- Chris Edwards, Chief Officer of NHS Rotherham CCG will take responsibility for Estates and Capital
- Idris Griffiths, Chief Officer for NHS Bassetlaw CCG will take responsibility for Integrated Assurance and Improvement (for NHS Commissioners)
- Kevan Taylor, Chief Executive of Sheffield Health and Social Care NHS Foundation Trust will take responsibility for Workforce

3.3 In delivering the wider priorities for the ICS, the partnership has 15 areas of focus, the workstreams and their enablers (finance, estates, leadership & organisational development (OD), communications and engagement). The workstreams and some of their achievements to date and their priorities going forwards include:

3.4 **Primary Care** - key work to date includes the establishment of Local Care Networks/Primary Care Networks in all 5 areas across SYB which, when further developed, will work together to develop resilience through sharing estates, data and IT at network and system level. Where possible, and in collaboration with staff, this could also include workforce.

- 3.5 The primary care workstream priorities are now to:
- Put in place the national plan to help struggling GP practices, reduce workload, expand a wider workforce, invest in technology and estates and speed up transformation of services - the GP Forward View
 - Further develop digital 'interoperability' between practices, including access to records and data sharing agreements in place; ability for patients to access on-line booking, repeat prescription requests and access to health records and test results; and implementation of GP WiFi
- 3.6 **Urgent and emergency care (UEC)** - key work to date includes showcasing successful UEC initiatives to partners; improved relationships between senior colleagues across organisations resulting in open discussions about successes and challenges; implementation of (partial to date) a system for tracking live where in SYB UEC services are most under-pressure at any one time; development of an Integrated Urgent Care (IUC) model for SYB used to inform and influence the procurement of a new IUC Service (111 and clinical advice) across Yorkshire and Humber.
- 3.7 The UEC workstream priorities are now to:
- Conclude the IUC procurement by November 2018
 - Develop and co-produce a transport improvement plan with a focus on increasing the number of patients being seen and treated by ambulance medical professionals and as a result not needing taking to a hospital, and standardising pathways across SYB
 - Focus on reducing the amount of time people spend in hospital unnecessarily
- 3.8 **Cancer** - key work to date includes the Cancer Alliance Board agreeing a mutual accountability model, testing new ways of working (governance) further and faster as part of the SYB ICS; an inter-trust messaging pilot initiated to improve working across trusts to ensure patients are seen by the right person in the right place at the right time; a campaign launched to improve awareness of signs and symptoms; a series of primary care education events undertaken with each Clinical Commissioning Group (CCG).
- 3.9 The cancer workstream priorities are now to:
- Continue to deliver the National Cancer Taskforce recommendations. The taskforce looked at how cancer services are currently provided and set out a vision for what cancer patients should expect from the health service. The report included 96 recommendations to help transform the care that the NHS delivers for all those affected by cancer.
 - Implement rapid pathways by March 2019 (colorectal, lung, and prostate cancer pathways) and deliver the 28 day faster diagnosis standard.
 - Continue work to support all partners to meet the 62 day standard (this refers to the urgent referral for suspected cancer to a patient's first treatment)
- 3.10 **Mental health and learning disabilities** - key work to date includes securing targeted suicide prevention funding of £555,622, to reduce our suicide rate by 10%; securing £881,000 for targeted perinatal mental health funding, to provide a specialist community perinatal mental health service across Doncaster, Rotherham and Sheffield; supporting the successful commissioning and procurement of the health led trial "Working Win" which is helping people stay in and get back to work - with 1,000 referrals to the trial already achieved across Sheffield City Region since May.
- 3.11 The mental health and learning disabilities workstream priorities are now to:
- Support the implementation of the suicide prevention plans in each place

- Continue to support implementation of specialist community perinatal mental health service across Doncaster, Rotherham and Sheffield
 - Continue to work collaboratively on a definition for out of area placements with the ultimate aim of reducing these across SYB
- 3.12 **Living well and prevention** - key work to date includes gaining support from the hospital chief executives for a hospital wide quit smoking programme; being recognised by NHS England as having the most comprehensive social prescribing offer of all ICSs/STPs and being featured as a case study in their new social prescribing guide to be published later this year; supporting voluntary sector partners to bid for national funding for social prescribing - with two successful partners.
- 3.13 The living well and prevention workstream priorities are now to:
- Start to develop hospital based implementation plans for the quit programme and to identify clinical champions
 - Develop an action plan and a social prescribing strategy
- 3.14 **Elective and diagnostics** - key work to date includes, as a result of establishing the SYB Radiography Academy, we now have a first cohort of eight radiographers who are able to report (this is starting to ease some of the pressure on this staff group across SYB); the development of a radiology system-wide work plan and draft workforce strategy; a capital bid for networked radiology developed and prioritised; significant improvement in system performance on delivery of echocardiograms (a scan used to look at the heart and nearby blood vessels).
- 3.15 The elective and diagnostics workstream priorities are now to:
- Identify longer term resource for the radiology programme
 - Identify ways in which we can improve hospital outpatient services for people
- 3.16 **Children's and maternity** - key work to date includes setting up networks of health professionals from across primary and secondary care organisations (Managed Clinical Networks); securing significant transformation funding to plan the design and delivery of maternity services as set out in the national *Better Births* plan (in Maternity Place Plans); making good progress towards implementation of the Children's Surgery and Anaesthesia's new service specification.
- 3.17 The children's and maternity workstream priorities are now to:
- Support the development and delivery of Maternity Place Plans – including development of effective local Maternity Voices Partnerships (MVP) in each of our places. MVPs are a team of women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care
 - Continue to implement the Children's Surgery and Anaesthesia Service Specification
- 3.18 **Digital and IT** - key work to date includes the development of a digital plan through partnership working which will empower patients and support new ideas. We are a member of the Yorkshire and Humber Local Health and Care Record Exemplar group, and one of five areas in the country to successfully bid for resources to explore, consult and design the health and care record sharing. We have installed WiFi in 41% of the 288 GP practices in our area, the work to reach 100% coverage continues.
- 3.19 The digital and IT workstream priorities are now to:

- Complete remaining GP WiFi work for Doncaster (43 sites), Barnsley (57 sites), Rotherham (45 sites) and Bassetlaw (16 sites)
 - Design the health and care record sharing computer system
- 3.20 **Medicines optimisation** - key work to date includes the recent establishment of the workstream, with clear membership and remit; and delivery of savings.
- 3.21 The Medicines optimisation workstream priorities are now to:
- Reduce unnecessary NHS spend by using lower cost medicines; reducing the volume of inappropriate medicines prescribed
 - Support the delivery of shared campaigns with partners to standardise prescribing practice
 - Maximise efficiencies between primary and secondary care
- 3.22 **Corporate services** - key work to date in the corporate services workstream has focused on trusts taking a collective approach to corporate services so that they can reduce waste and improve efficiency and effectiveness. This means that they can focus resources on improving patient care and services. The work includes the development of a joint procurement workplan delivering savings of around £2.5m with a further £1m to be delivered e.g. electronic rostering, salary sacrifice, training - with up to £3.6m efficiencies enabled across trusts over the last three years; delivery of a joint medical staff bank pilot; a digital pathology event which attracted 140 attendees, provided local staff with the opportunity to see and hear about the technology and operational processes, and raised the profile of SYB pathology.
- 3.23 The corporate services workstream priorities are now to:
- Deliver existing in year procurement schemes
 - Complete live bank / agency management initiatives
 - Complete Human Resources (HR) streamlining projects
 - Define options for pathology operational model and complete data collection to inform evaluation, complete risk analysis of procurement options and agree preferred option
- 3.24 The continuation of a Hospital Services Programme (see separate JHOSC paper) and work with commissioners to consider how they can best work together to improve services for all populations in SYB are also priorities for the ICS for 2018/19.
- 3.25 **Workforce** - workforce issues are a key driver for much of the work of the Integrated Care System. A workforce team supports the ICS workstreams, and has already supported the establishment of the workforce hub in the ICS and the successful recruitment of 96 trainee Advanced Nurse Practitioners and 160 trainee Nursing Associates to support workforce. Advanced Nurse Practitioners carry out duties such as interpreting the results of many different assessments and investigations in order to make a diagnosis, and plan and deliver care; prescribe and work with individuals to manage their medicines; plan and provide care to meet a patient's health and social care needs involving or referring on to other members of the healthcare team as appropriate. The Nursing Associate is a new role currently being trialled to help build the capacity and capability of the nursing workforce in England. The role aims to bridge the gap between health and care support workers, who have a care certificate, and registered nurses.
- 3.26 Going forwards the workforce team is looking to improve engagement with partners at a Place level, through establishing Place based workforce leads who can ensure co-ordination between organisation, Place and ICS. The workforce team is also looking to

develop a strategy for the whole region in relation to schools engagement and widening participation. They will also be supporting workstreams to pilot models with the aim of resolving some workforce issues through innovative workforce transformation.

- 3.27 **Communications and engagement** - The SYB ICS Communications, Involvement and Equality and Diversity Strategy is currently being refreshed to enable the partnership to publically renew our commitment to involving, communicating and consulting with citizens, staff, stakeholders and partners in the development and implementation of our work, as we want the future of local health and care services to be shaped by the people who need, use and work in them.
- 3.28 An ICS Citizens' Panel has been recruited and has now been in place for over a year. The Citizens' Panel provides an independent view and critical friendship on matters relating to the ICS. In particular the group ensures engagement opportunities are created for citizens, patients and carers and that they are meaningful, targeted and relative to the changes suggested. The panel ensures its work and the issues reflected by citizen engagement are given equal importance to the work of the professional health and care partners. Minutes from the Citizens' Panel meetings are made available on the ICS website: <http://www.healthandcaretogethersyb.co.uk/index.php/get-involved/meet-citizens-panel/meeting-minutes> The panel has been involved in assuring ICS engagement approaches to the Hospital Services Review, 111 procurement, and medicines optimisation campaigns.
- 3.29 The ICS communications and involvement team has supported the Hospital Services Review (HSR) and ensured there are opportunities throughout for the views of the public to influence emerging thinking. This has included regional events, online opportunities, local community events, and targeted community focus groups and deliberative events (with a particular focus on seldom heard communities) on the back of emerging equalities data and a gap analysis. All of the opportunities have been widely promoted via media relations and using all the partners' communication networks (see separate JHOSC paper for more information on the HSR). The Consultation Institute have been supporting and assuring the HSR involvement activity.
- 3.30 The ICS is currently working with the national patient participation and involvement (PPI) team to further strengthen our patient/ public engagement approach, having been selected as one of two ICSs nationally to pilot the new national engagement framework. A workshop in November involving members of the ICS' senior team, and partners from across South Yorkshire and Bassetlaw will support us to benchmark our engagement work and develop an action plan to address any gaps.
- 3.31 Staff and clinical engagement includes through the speciality specific networks, where groups of clinicians from the same speciality meet regularly to address needs in their field. This is through the Clinical Working Groups established by the Hospital Services Review; via targeted events, such as a discussion with Professor Don Berwick (one of the world's leading healthcare experts and former advisor to Barack Obama), which was predominantly attended by primary care clinicians; a nursing roadshow, in which we visited five hospital sites across the five places in one day with a national NHS Chief Nurse; and two events for Allied Health Professionals (AHPs). Examples of the types of AHPs who attended include dietitians, radiographers and occupational therapists. The ICS also meets monthly with the Staff Partnership Forum, which has regional representation from all of the Unions. We will also embark on a clinical engagement project with support from the national team, which will involve establishing a network of clinicians who are involved in ICS developments.

- 3.32 The communications and involvement team also meets monthly with the CCG lay representatives, and over the past year have held a Trust Governors event and an event for CCG lay members and Non-Executive Directors (NEDs) from Trusts. We are now embarking on establishing a 'guiding coalition' of lay members, NEDs, Trust governors and elected members from Local Authorities.
- 3.33 To support the launch and address concerns that the ICS is still an unknown quantity to many in South Yorkshire and Bassetlaw, the communications team is embarking on a series of activities to raise the profile of the partnership. This will include a series of media releases, new materials explaining who the ICS are and what we do and attending partners' staff and public events (such as Annual General Meetings [AGMs]).
- 3.34 **Finance** - Since South Yorkshire and Bassetlaw ICS came together as a Sustainability and Transformation Partnership (formerly) the evolution of the financial arrangements have mirrored the evolution of the partnership. The financial team has been working hard to ensure taking a system position is to the benefit of all partners (and therefore their patients). The team has negotiated a strong position for the ICS, so that in 2018/19 the benefits of working as an ICS benefits the partnership.
- 3.35 In addition to negotiating a strong financial position for 2018/19, the ICS finance team also ensured the system financial targets were met in 2017/18; completed a five year ICS financial model and one year system plan; and secured national capital funding, only available via STP systems. The capital funding will develop CT (computerised tomography) scan capacity at Doncaster and Bassetlaw Teaching Hospitals Trust (£4.9m), support the Yorkshire Ambulance Trust to develop an urgent and emergency care hub in Doncaster (£7.1m), support the co-location of the children's emergency department and assessment unit at Barnsley hospital (£2.5m) and support the reconfiguration of the hyper acute stroke unit at Sheffield Teaching Hospitals.
- 3.36 The key priority for the finance team, alongside continuing to manage the system financial progress is to work with the NHS England and NHS Improvement teams to help shape the development and then agree the new ICS financial framework.
- 3.37 In addition to our progress outlined above, our performance on our NHS Constitution commitments to patients and the public as five Places over the last year has also strengthened. The attached scorecards (see **Appendix 1**), which show our collective position at July 2018 as compared with other areas in the North of England and also the other ICSs, show that while we have work to do in some areas, our collective performance nationally is strong. The scorecards are currently health focused only (due to data that is available) but we are working on a wider scorecard, one which highlights the work we are doing to tackle the wider socio-economic determinants of health.
- 3.38 As we prepare for the next stage of our ICS development, a key priority for the system is to review its governance and ways of working arrangements. The independent review is currently underway and is expected to conclude with recommendations consistent with organisations' individual legal obligations that also ensure all our stakeholders shape and are involved in the work. (**Appendix 2** shows a diagram of the system-wide governance including the local 'Places'. **Appendix 3** shows the ICS governance specifically).
- 3.39 The South Yorkshire and Bassetlaw ICS is one of eight first wave ICSs to feature recently in an independent report by The King's Fund 'A year of integrated care systems – reviewing the journey so far': <https://www.kingsfund.org.uk/publications/year-integrated-care-systems>

3.40 The King's Fund report summarised that:

- Most ICSs are making progress in developing their capabilities to work as systems, and organisations are working more collaboratively to manage finances and performance in a way that was not happening previously
- There are some early signs of progress in delivering service changes, particularly in relation to strengthening primary care, developing integrated care teams and reviewing how specialist services are delivered. It is early days, and more time is needed to embed these changes and determine their impact
- The challenge now is to build on the foundations that have been laid by removing barriers and providing time and support to ICS leaders to take their work to the next stage of development. As this happens, the understandable desire to see change happen quickly needs to be married with realism about the scale and complexity of what is being attempted

4.0 Future Plans & Challenges

4.1 Currently NHS England is developing the national Long Term Plan (engagement upon this is currently taking place:

<https://www.engage.england.nhs.uk/consultation/developing-the-long-term-plan-for-the-nhs/>) and in South Yorkshire and Bassetlaw we are taking into account the long term planning of all partners as we revise our plan in line with the national one. We are expecting the national plan to be published late in 2018 and will then work with our lay members, Citizens' Panel, and wider partners and stakeholders on our plan.

4.2 Supporting the system to meet national targets, such as those for cancer waiting lists and Accident and Emergency (A&E) waiting times, will be a key priority to ensure patients across South Yorkshire and Bassetlaw receive the best possible care, as well as ensuring we can access the system-wide transformation fund financial incentives which are dependent upon meeting the targets. The targets sit within the remit of the workstreams, and their priorities include the implementation of initiatives to ensure these targets are met. The emerging governance arrangements will ensure the system holds itself to account for any un-met targets.

4.3 Workstreams have also undertaken work to identify their perceived challenges and mitigating actions, common themes include:

- Ensuring 'Place' and 'system' function effectively and don't work against each other - the Chief Executive system leads will help ensure Place and system complement rather than compete
- Securing whole system partner support for initiatives and supporting a culture of mutual support – continuous and ongoing staff and clinical engagement will support this, as will strong system leadership
- Governance that supports change and doesn't delay it – the governance review will address this
- Digital, information governance and IT limitations – the digital workstream is clear about their important role enabling the wider workstreams
- Workforce – a key focus for most of the workstreams, to be underpinned by the workforce hub
- Where potential changes are particularly sensitive – strong and continuous engagement with patients/ public/ staff and stakeholders will help ensure people's views are taken into account and changes are the right changes for the patients of South Yorkshire

5.0 Implications for Local People

- 5.1 The goal of the ICS is for everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well for longer.
- 5.2 By bringing together the region's public services we have more opportunities to tackle shared issues that affect people's life chances, join up health and care and improve health and wellbeing across the region.
- 5.3 Around 80% of health problems can be prevented and the partnership are promising to focus on keeping people well, slowing or stopping ill-health developing and support some of the most vulnerable in our communities to live healthier, more fulfilling lives.
- 5.4 In all this it is envisaged that the largest implications on local people and the local community will be positive.
- 5.5 Inevitably some of the proposed changes that may emerge as a result of the work of the partners within the five places that make up the ICS (for example proposed reconfiguration in the Hospital Services Review [see separate JHOSC paper]) will have more immediate impacts on the local population. The approach of the partners within the ICS is to continue to ensure a robust approach to involvement by working effectively and efficiently as a partnership while meeting their statutory duties. Equality and diversity assessments will ensure any potential impacts are always taken into consideration before any decisions are made (in line with the legal requirements on our partner statutory organisations).

6.0 Conclusions

- 6.1 As per the findings of the national King's Fund review 'There are some early signs of progress in delivering service changes, particularly in relation to strengthening primary care, developing integrated care teams and reviewing how specialist services are delivered. It is early days, and more time is needed to embed these changes and determine their impact.' Locally we feel this also accurately summarises the progress of the South Yorkshire and Bassetlaw ICS, in our evolution from STP to ICS we have started to make some great in-roads and also to develop some innovative and exciting plans for how integrated care can truly improve the lives of the people in South Yorkshire and Bassetlaw.

7.0 Background Papers and Useful Links

- 7.1 The following links have been used in the preparation of the report and may be useful for further information:
- <http://www.healthandcaretogethersyb.co.uk/>
- <https://www.engage.england.nhs.uk/consultation/developing-the-long-term-plan-for-the-nhs/>
- <https://www.kingsfund.org.uk/publications/year-integrated-care-systems>

8.0 Glossary

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| 8.1 | BDC | Bassetlaw District Council |
| | BHFT | Barnsley Hospital NHS Foundation Trust |
| | BMBC | Barnsley Metropolitan Borough Council |
| | CCG | Clinical Commissioning Group |
| | CHFT | Chesterfield Royal Hospital NHS Foundation Trust |

DBTH	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
DMBC	Doncaster Metropolitan Borough Council
H&CWT	Health & Care Working Together (the name of the ICS)
HEE	Health Education England
ICS	Integrated Care System
IUC	Integrated Urgent Care
JCCCG	Joint Committee of Clinical Commissioning Groups
JHOSC	Joint Health Overview and Scrutiny Committee
MOU	Memorandum of Understanding
NCC	Nottinghamshire County Council
NHSE	NHS England
NHSI	NHS Improvement
PHE	Public Health England
RDaSH	Rotherham, Doncaster, South Humber NHS Foundation Trust
RMBC	Rotherham Metropolitan Borough Council
SCC	Sheffield City Council
SCFT	Sheffield Children's Hospital NHS Foundation Trust
SHSCT	Sheffield Health and Social Care NHS Foundation Trust
STHFT	Sheffield Teaching Hospitals NHS Foundation Trust
SYB	South Yorkshire and Bassetlaw
TRFT	The Rotherham NHS Foundation Trust
UEC	Urgent & Emergency Care
YAS	Yorkshire Ambulance Service NHS Trust