

**South Yorkshire and Bassetlaw Sustainability and Transformation  
Partnership**

**Collaborative Partnership Board**

**7 April 2017, The Birch/Elm Room, Oak House, Rotherham**

**Decision Summary**

<b>Ref</b>	<b>Item</b>	<b>Lead</b>
<b>1</b>	<b>Minutes of the meetings held 17 March 2017</b>	
<b>31/17</b>	<b>Matters arising:</b> (a) that each Mental Health trust would advise KT on contact details for the provider lead for Improving Access to Psychological Therapies (IAPT) and an update on this and the proposed joint infrastructure and Department for Work and Pensions (DWP) initiative would be given at the May meeting	<b>MH LEADS</b>  <b>KEVAN TAYLOR</b>
<b>2</b>	<b>National update</b>	
<b>32/17</b>	(a) that in principle the Local Authority (LA) Chief Executives would be asked to support the direction of travel of the Memorandum of Understanding (MOU) as partners	<b>LA CHIEF EXECUTIVES</b>
	(b) that all statutory bodies would be engaged and consulted with on the MOU and members of the South Yorkshire and Bassetlaw (SYB) Collaborative Partnership Board (CPB) would assist with this, to facilitate discussions and develop an MOU and principles	<b>ALL</b>
	(b) that the CPB noted the proposed timelines and that the draft MOU would be circulated to all on 2 May to take through governing bodies, board and key meetings for consideration and comment.	<b>WILL CLEARY-GRAY</b>
	(c) that the Manchester MOU and the Sheffield City Region (SCR) agreement would be shared with all as an example of the detail expected	<b>WILL CLEARY-GRAY</b>
	(d) that any concerns or queries around the outlined process and timeline be brought to the attention of the Chair	<b>ALL</b>
<b>3</b>	<b>Finance update</b>	
<b>33/17</b>	(a) that links were required between workforce development and finance processes and it was agreed that MC would discuss with JC	<b>MIKE CURTIS, JEREMY COOK</b>
	(b) that we would need to develop and agree criteria for how future transformation funding and capital were aligned to priorities and this commitment would be in the MoU	<b>JEREMY COOK</b>
<b>4</b>	<b>STP communications and engagement approach</b>	

<b>34/17</b>	(a) that a report on the STP communications and engagement approach would be given at the next meeting	<b>HELEN STEVENS</b>
	(b) that a short template be produced making the purpose of a document clear, what was required, and who it could be shared with.	<b>HELEN STEVENS</b>
	(c) that a lessons learnt exercise from the two major consultations would be helpful for future consultation work and proposals for how this was undertaken would be discussed with the steering group	<b>HELEN STEVENS</b>
<b>5</b>	<b>Independent review of hospital services</b>	
<b>37/17</b>	(a) that all partners were asked to use the circulated the update paper for discussion at key private meetings	<b>ALL</b>
<b>6</b>	<b>Any other business – Work stream update</b>	
<b>39/17</b>	(a) that updates from work stream leads would be delivered at future CPB meetings	<b>ALL</b>

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

## **Collaborative Partnership Board**

### **Minutes of the meeting of 7 April 2017, The Birch and Elm Room, Rotherham**

#### **Present:**

Andrew Cash, South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) Lead/Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust (CHAIR)  
Adrian Berry, Deputy Chief Executive, South West Yorkshire Partnership NHS Foundation Trust (Deputy for Rob Webster, Chief Executive)  
Dr Des Breen, Medical Director, Working Together Partnership Vanguard  
Dominic Blaydon, Associate Director of Transformation, The Rotherham NHS Foundation Trust  
Will Cleary-Gray, Director of Sustainability and Transformation, South Yorkshire and Bassetlaw STP  
Jeremy Cook, Interim Director of Finance, South Yorkshire and Bassetlaw STP  
Sandra Crawford – Associate Director of Transformation – Nottinghamshire Healthcare NHS Foundation Trust (Deputy for Ruth Hawkins, Chief Executive)  
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  
Susan Hird, Consultant in Public Health, Sheffield City Council (Deputy for Greg Fell, Director of Public Health)  
Ben Jackson, Senior Clinical Teacher, Academic Unit of Primary Medical Care, Sheffield University  
Bob Kirton, Director of Strategy and Business Development, Barnsley Hospital NHS Foundation Trust  
Alison Knowles, Locality Director North of England, NHS England  
Wendy Lowder, Executive Director Communities, Barnsley Metropolitan Borough Council (Deputy for Diana Terris, Chief Executive)  
Anne Marie Lubanski, Director of housing, Rotherham Metropolitan Borough Council (Deputy for Sharon Kemp)  
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, Chief Executive, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust  
Jackie Pederson, Accountable Officer, NHS Doncaster Clinical Commissioning Group  
Brigid Reid, Chief Nurse, NHS Barnsley Clinical Commissioning Group (Deputy for Lesley Smith, Chief Executive)  
Maddy Ruff, Accountable Officer, NHS Sheffield Clinical Commissioning Group  
Kathryn Singh, Chief Executive, Rotherham, Doncaster and South Humber NHS Foundation Trust  
John Somers, Chief Executive, Sheffield Children's Hospital NHS Foundation Trust  
Richard Stubbs, Acting Chief Executive, The Yorkshire and Humber Academic Health Science Network  
Patrick Birch, Programme Manager, Commissioning and Contracts Adults and Communities, Doncaster Metropolitan Borough Council (Deputy for Jo Miller, Chief Executive)  
Kevan Taylor, Chief Executive, Sheffield Health and Social Care NHS Foundation Trust  
Janet Wheatley, Chief Executive, Voluntary Action Rotherham

#### **Apologies:**

Louise Barnett, Chief Executive, The Rotherham NHS Foundation Trust  
Greg Fell, Director of Public Health, Sheffield City Council (Deputy for John Mothersole, Chief Executive)  
Matthew Groom, Assistant Director of Specialised Commissioning, NHS England Specialised

## Commissioning

Ruth Hawkins, Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust

Richard Henderson, Chief Executive, East Midlands Ambulance Service

Dr Richard Jenkins, Medical Director, Barnsley Hospital NHS Foundation Trust

Sharon Kemp, Chief Executive, Rotherham Metropolitan Borough Council

Anthony May, Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust

Jo Miller, Chief Executive, Doncaster Metropolitan Borough Council

Leaf Mobbs, Director of Planning and Development, Yorkshire Ambulance Service NHS Trust

Dr 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

Matthew Sandford, Associate Director of Planning and Development, Yorkshire Ambulance Service NHS Trust

Steve Shore, Chair, Healthwatch Doncaster

Paul Smeeton, Chief Operating Executive, Nottinghamshire Healthcare NHS Foundation Trust

Lesley Smith, Accountable Officer, NHS Barnsley Clinical Commissioning Group

Helen Stevens, Associate Director of Communications and Engagement, South Yorkshire and Bassetlaw STP

Neil Taylor, Chief Executive, Bassetlaw District Council

Rob Webster, Chief Executive, South West Yorkshire Partnership NHS Foundation Trust

## In Attendance:

Janette Watkins, Programme Director, Providers Working Together

Kate Woods, Programme Office Manager, South Yorkshire and Bassetlaw STP

Minute reference	Item	Action
29/17	<p><b>Welcome and introductions</b></p> <p>The Chair welcomed members, outlining the content of the meeting, and noted apologies for absence.</p> <p>The meeting would cover:</p> <ul style="list-style-type: none"><li>- The next steps for the NHS Five Year Forward View Delivery Plan</li><li>- Being clear on developing the Memorandum of Understanding (MOU) and the process for this and that NHS England and NHS Improvement were partners to this work as the area moved towards a managed system.</li><li>- An update on each area would be requested under AOB</li></ul> <p>AJC advised that a common definition would be developed for Accountable Care Systems (ACS) and Accountable Care Organisations (ACO) during the course of 2017/18 A working definition was agreed as ACS referring to the overall STP system and ACPs referring to local places until this was worked through formally.</p>	
30/17	<p><b>Minutes of the previous meeting held 17 March 2017</b></p> <p>The minutes of the meeting were accepted as a true and accurate record and would be published.</p>	
31/17	<p><b>Matters arising</b></p> <p>All matters arising would be picked up as part of the agenda. An</p>	

	<p>update was given on the following actions:</p> <p><b>13/17 LA CEO meetings</b>  AJC would attend a South Yorkshire and Bassetlaw (SYB) LA Leaders meeting to further discuss proposals around funding and would update the Board at the next meeting in May.</p> <p><b>17/17 finance update</b>  A revised indicative budget would be brought to May Sustainability and Transformation Partnership (STP) Collaborative Partnership Board (CPB) subject to clarification of transformation funding.</p> <p><b>23/17 Healthy lives work stream update</b>  It was noted that the SCR had funding from the Department of Work and Pensions (DWP) to support an employment service across the SCR. Work was being done around aligning this with the STP footprint. A request was made for each area to provide KT with a provider lead for IAPT. It was noted that the DWP would commission an IAPT employment support service. An update would be given at the May meeting.</p>	<p><b>ALL MH LEADS</b></p> <p><b>KEVAN TAYLOR</b></p>
<p><b>32/17</b></p>	<p><b>National Update</b></p> <p><b>Delivery plan key messages</b></p> <p>The next steps on the NHS Five Year Forward View was published on Friday 31 March. AK presented a summary of this, highlighting the key themes and considering how SYB would take it forward.</p> <p>It was noted that SYB must retain focus on delivery and on the financial position, delivery of the priorities, and to take maximum advantage of the space for co-creation, local innovation and integration.</p> <p>The CPB were invited to comment.</p> <p>It was confirmed in response to a query around 9 accountable care organisations being referred to within the presentation, that other systems could come forward over coming months to form part of this group.</p> <p>The CPB were asked to recognise that Healthwatches were funded by LAs and might require investment.</p> <p>The CPB discussed major regional universities. It was confirmed that the MOU would be developed and as part of the delivery of the programme, a wider coalition would be considered. This would also include local colleges within the workforce discussions as well as greater collaboration with the SCR leads and police and crime commissioners.</p> <p>In response to a query around the development of the MOU enabling transformation funding, a parallel process was taking place around bidding for national funding, it was confirmed that the transformation funding would include the current bids whether successful or not. Due to parallel running and potentially short timescales for the development of bids, coherence around the bidding process and what</p>	

	<p>SYB needed to do was required as soon as possible.</p> <p>It was noted that the process for allocation of transformation funding would be worked through as a partnership board. An implementation plan would be produced by the end of June 2017. A time out on 28 April was taking place to develop the MOU and it was anticipated that urgent and emergency care, Cancer, Primary care Metal Health and Learning Disabilities would feature as a key programme in 17/18. Concurrently, work was continuing the sustainable hospital services review and the commissioning review. Workforce was discussed as a key issue for all the work and an update would be brought to the May meeting.</p> <p>SYB would need to consider different models and ways of working moving forward.</p> <p>It was agreed that engaging politicians as part of this process was crucial and this would be a discussion agenda when AJC met with LA CEOs.</p> <p>Local elections would take place and thereafter an engagement exercise. In principle the LA CEOS would be asked to support the direction of travel of the MOU which was viewed by LA colleagues in attendance as the right approach in principle. The exercise would be to ensure politicians were well informed and where they wished, to participate and contribute. It was not to seek commitment for the direction of travel.</p> <p>It was agreed that there was learning to take from other STPs and collaborations nationally for the SYB.</p> <p><b>SYB Memorandum of Understanding development</b></p> <p>SYB had been invited, as one of the 9 emerging accountable care systems, to develop and MoU which would secure funding, additional support and devolved responsibilities from health to better deliver plans.</p> <p>A paper was circulated to set out a framework for an SYB MOU. The focus would be on securing the support SYB needed to delivery its plans and enabling confidence in devolved responsibilities. It was highlighted that the MOU should be have the right balance of commitment and flexibility.</p> <p>All partners would be part of the development of the MOU, which would enable the delivery of key priorities and recognised the legal framework that all were currently working within.</p> <p>All statutory bodies would be engaged and consulted with on the MOU. Members of the CPB would be required to assist with this, to facilitate discussions and develop an MOU and its principles.</p> <p>It was expected that 17/18 would be shadow year recognising that the STP was not a statutory organisation and the region would continue to work together to deliver what was required.</p> <p>The Next Steps on the Five Year Forward View ambitions would be</p>	<p><b>LA CEOS</b></p> <p><b>ALL</b></p>
--	--	---

	<p>reflected in MOU. The SYB STP would aim to be the best delivery system in the country and a system commitment was required.</p> <p>NHS England and NHS Improvement as assurers would be part of drafting the MOU.</p> <p>The CPB noted that the 9 areas highlighted in the Next Steps on the Five Year Forward View had been asked to come forward as ACSs and the SYB must define what this meant. The CPB discussed this. Work was taking place around the definitions of Accountable Care Organisations and Accountable Care Partnerships.</p> <p>How the SYB system linked into other systems must also be considered.</p> <p>A comment was made around the challenging timescales to enable all organisations to contribute to developing the MOU.</p> <p>AK highlighted that nationally work was taking place around Accountable Care Partnerships. The work around new assurance systems involved with Accountable Care Organisations was noted. Organisations could collaborate and work with partnerships without changing organisational form.</p> <p>The CPB noted the proposed timelines and that a jointly developed MOU would be circulated to all on 2 May to take through governing bodies, board and key meetings for sign off. The Manchester MOU and the SCR agreement would be shared with all as an example of the detail expected.</p> <p>CPB was asked to raise any concerns or queries around the outlined process and timeline.</p>	<p><b>WILL CLEARY-GRAY</b> <b>WILL CLEARY-GRAY</b></p> <p><b>ALL</b></p>
<p><b>33/17</b></p>	<p><b>Finance update</b></p> <p>The CPB were updated on the finances, noting:</p> <ul style="list-style-type: none"> <li>• A review of the financial model had been completed and a pack of data had been produced; this identified errors within the model and a refresh would take place.</li> <li>• A meeting took place with the Health Economy and Intelligence Unit within NHS Improvement. There would be no national request to submit an update on plans at this point and would develop guidance consistent with operational plans. JC was asked to join the national group to help develop the next plans to be completed.</li> <li>• Work was taking place with STP Director of Finance (DOFs) around the processes and governance around bidding for additional capital and transformation funds.</li> <li>• Plans for how to report monthly to CPB were being developed. The DOFs would work up proposals through the STP DOF Steering Group for discussion at Finance Oversight Committee and would be approved by the CPB.</li> <li>• Work was taking place on the Stroke business case to agree</li> </ul>	

	<p>financial principles and to aid development of final draft business case being considered by Joint Committee of Clinical Commissioning Groups (JCCC) on 24 May.</p> <p>A comment was raised around linking workforce development to finance and it was agreed that MC would discuss with JC.</p> <p>A discussion took place around the need for organisations to work together, developing local commissioning models for the population to develop a sustainable workforce. It was commented that work to consider workforce to deliver against local place plans was required and to test the thinking for broader workforces. Communications around this would be also important. It was highlighted that there was work to be done around urgent and emergency care.</p> <p>The CPB noted that discussions had taken place at the Finance Oversight Committee around the current structures and processes for the STP and clear governance around how funding would be distributed was required. A revised structure for this would be contained within the MOU.</p>	<p><b>MIKE CURTIS, JEREMY COOK</b></p> <p><b>JEREMY COOK</b></p>
<p><b>34/17</b></p>	<p><b>STP communications and engagement approach</b></p> <p>A report and presentation would be given at the May meeting.</p> <p>The CPB had previously supported the commissioning of work with Healthwatch and Voluntary Action groups to engage early with the public and staff on the ambitions of the STP. This was taking place in all local areas.</p> <p>Feedback would be captured and form part of the next steps on developing and defining the plans and building a network for engagement.</p>	<p><b>HELEN STEVENS</b></p>
<p><b>35/17</b></p>	<p><b>Hyper Acute Stroke Services and Children's Services</b></p> <p>A full analysis was circulated from the public consultation. The themes had previously been shared from this from the various stakeholders. The summation of this consultation was also shared noting varied responses to the proposals and demonstrated a full and considered process for the consultation.</p> <p>It was noted that the report had been shared with the Joint Health Overview and Scrutiny Committee (JHOSC). There were no major questions on the consultation and therefore considered to be a full and appropriate consultation on the proposals. Feedback on the report was welcomed from CPB to form a key element of the decision business case being considered by the JCCC in May.</p> <p>It was requested that a short template be produced which was clear on the purpose of a document, what was required, and who it could be shared with.</p> <p>A discussion took place around lessons learned from these work streams and next steps. A lessons learnt exercise from the two major consultations would be helpful for future consultation work. It was noted that there would be a number of caveats around the business</p>	<p><b>HELEN STEVENS</b></p> <p><b>HELEN STEVENS</b></p>

	<p>cases presented to the JCCC in May, for example around potential impact on the acute element of the pathways and rehabilitation for Stroke, and the decisions would be taken considering the impact on other elements of the pathway.</p> <p>A discussion took place around the proposals and the original ambitions. It was noted that if there was a scaling back on the work it was because this was the right thing to do for patients. In relation to Children's Services, the size of the change was still to be defined and the work could still be transformational.</p> <p>The CPB noted that the consultation analysis had helped to inform the proposals and was a crucial part of the process to support change. While commissioning services consideration of the issues flagged by the public was very important. It was commented that the quality and safety issues were clearly stated at the public consultation sessions.</p> <p>The CPB noted that final decisions would be taken on the business cases by the Joint Committee in May.</p>	
<b>36/17</b>	<p><b>Independent Review of Hospital Services</b></p> <p>The CPB were updated on developments with the hospital review.</p> <p>An update paper was circulated for use at private governing body, trust board and council meetings.</p> <p>Further developments were outlined by WCG, noting that the advert for an Independent Review Director Lead had gone out and the closing date was 7 April. The recruitment process would be supported by NHS England and the Sustainable Hospital Services Review Steering Group.</p> <p>The infrastructure for the work was being put into place including recruitment of a secretariat and appropriate project support.</p> <p>All partners were asked to use the circulated paper for discussion at private key meetings.</p>	<b>ALL</b>
<b>37/17</b>	<p><b>Review of commissioning</b></p> <p>The CPB were updated on developments, noting discussions with NHS England. The functions of Clinical Commissioning Groups and where they may align in the future was being addressed. Work was progressing around agreeing definitions of tier 1 and tier 2 and making the connections to the hospital services review.</p> <p>Commissioner input into the MOU was taking place and discussions taking place with NHS England on this.</p> <p>A positive contribution from LAs around commissioning collectively had previously been highlighted, and this would be taken forward.</p>	
<b>38/17</b>	<p><b>Unadopted minutes of Finance Oversight Committee</b></p> <p>The minutes were ratified by the CPB.</p>	

<p><b>39/17</b></p>	<p><b>Any Other Business</b> The ACOs were asked to update on their area:</p> <p><b>Bassetlaw</b> An accountable care partnership board was in place, and discussions had taken place to ensure that the Bassetlaw 'Place' Plan was fully inclusive. Excellent partnership involvement was noted. Overarching outcome measures and agreeing key priorities to take the Place Plan forward would be agreed at the next meeting. Integrated neighbourhood teams were established. Work was taking place with partners and providers around integrated physical and mental health and the contracts had been restructured to facilitate this. Work was taking place to develop social prescribing with the community and voluntary sector, looking at the wider determinants of health and working with partners to build healthier communities. Work was taking place around public engagement to align this with GP practice involvement groups, the council and other neighbourhood groups.</p> <p><b>Sheffield</b> An accountable care partnership was in place. Work was taking place to agree the priority work streams with UEC being one of these. A strong relationship was in place with primary care in Sheffield and the LA. Work was taking place around the commissioning functions of an ACP. Organisational Development (OD) work would be required for Boards and director teams. Three successful engagement events around the Sheffield Place Based Plan had taken place.</p> <p><b>Rotherham</b> Working to an accountable care partnership approach. A Place Plan was agreed and work was now taking place to develop a delivery plan. Work was also taking place on governance moving from shadow form to formal from 2018. Work on OD was required for this.</p> <p><b>Barnsley</b> Work on an accountable care partnership board was progressing. Barnsley would be going live on intermediate care services shortly. This was challenging however there was enthusiasm to work together. Barnsley has an active Save Our NHS Group and work is ongoing to ensure the group is informed.</p> <p><b>Doncaster</b> The Place Plan was agreed and was agreed that there would be an integrated commissioning function and accountable care partnership approach.</p> <p><b><u>Workstream updates</u></b> Updates from each work stream would be given at future meetings.</p>	<p><b>STP PMO</b></p>
---------------------	---	-----------------------