

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

Collaborative Partnership Board

Minutes of the meeting of

8 September 2017

The Boardroom, 722 Prince of Wales Road

Decision Summary

Minute reference	Item	Action
88/17	National update	(a) that a mechanism would be put in place to provide updates on the national workstreams for the ACS (WCG)
89/17	Hospital Services Review	(a) that a discussion would take place outside of the session on the Hospital Services Review (HSR) public engagement event that took place in August 2017 (MR/HS/AN)
		(b) that a clear definition of the five specialties for CPB would be developed as part of the paper for the HSR Steering Board (AN)
		(c) that the work must be put in context of all other services, linking to the fourth objective of the HSR (AN)
		(d) that the section 1a report would record all governance clearly (AN)
91/17	Communications and engagement strategy	(a) that a meeting would be established of all communications directors across the patch, attended and supported by CEOs to work through resources to deliver the strategy (HS)
92/17	Workstream Charters	(a) that all provide comments on charters and the workforce strategy presented to Marianna Hargeaves in the ACS team (ALL)
93/17	Finance update	(a) that the Directors of Finance develop 3-5 key areas to accelerate the transformation programme for 18/19 finances across the system to bring about the largest savings, to be produced on three tiers: by organisation, place and system level (JC)

		(b) that business rules, with a clear and defined set of criteria around transformation funding would be developed for the next available CPB (JC)
94/17	Cancer 62 day recovering and assurance	(a) that all confirmed each place would work to the agreed inter-provider transfer policy to ensure the ACS would meet the 62 day recovery target (ALL)
		(b) that each organisation was asked to consider representation at the Cancer Alliance Board and confirm amendments to LS (ALL)
96/17	Primary Care workforce	(a) that a business case would be presented in conjunction with the Primary Care Steering board around resources required to support the findings of the SYB Primary Care Workforce Group

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

Collaborative Partnership Board

Minutes of the meeting of

8 September 2017

The Boardroom, 722 Prince of Wales Road

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 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	Deputy Chief Executive	✓		
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	✓		
Chris Edwards	NHS Rotherham Clinical Commissioning Group	Accountable Officer	✓		
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
Fiona Goudie	Sheffield Health & Social Care NHS FT	Clinical Director for Strategic Partnerships Consultant Clinical Psychologist	✓		
Frances Cuning	Yorkshire & the Humber PHE Centre	Deputy Director – Health & Wellbeing	✓		
Hayley Tingle	NHS Doncaster Clinical Commissioning Group	Chief Finance Officer	✓		Jackie Pederson
Helen Stevens	South Yorkshire and Bassetlaw ACS	Assoc. Director of Comms & Engagement	✓		

Idris Griffiths	NHS Bassetlaw Clinical Commissioning Group	Accountable Officer	✓		
Jackie Pederson	NHS Doncaster Clinical Commissioning Group	Accountable Officer		✓	
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	✓		
Kate Woods	SYB ACS	Project Management Office, Project Manager	✓		
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	✓		
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 Robinson	Health Education England	NHS Graduate Management Training Scheme Trainee	✓		
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	Acting Chief Executive		✓	

	Health Science Network				
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		✓	
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
84/17	<p>Welcome and introductions</p> <p>The Chair welcomed members to the meeting. It was noted that a strong structure was now in place for collaborative working for the population of South Yorkshire and Bassetlaw (SYB). The vision of the Accountable Care System (ACS) was reiterated as:</p> <ul style="list-style-type: none"> - To deliver the best health and care system in the country - To deliver the social determinants of health for the population that the ACS serves <p>The ACS would now move into phase 2. A dashboard would be presented to the ACS Executive Steering Group and implemented by the October CPB meeting, developing an understanding of how this translated in terms of delivery within each ACP. Cancer would be a priority (62 day delivery), as would finances and the key transformation projects (an opening draft of key 3 priorities would be presented at coming CPBs). AJC raised the need for clear leadership arrangements and set of behaviours to enable the system to help with potential issues through collaboration. Finally, the ACS must sign off the national MOU by 18th September.</p>	
85/17	<p>Apologies for absence</p> <p>AJC noted apologies for absence.</p>	
86/17	<p>Minutes of the previous meeting held 14th July 2017</p> <p>The minutes of the previous meeting were agreed as a true record.</p>	

<p>87/17</p>	<p>Matters arising</p> <p>ACS Memorandum understanding (MOU) 75/17 It was reported that two meetings had taken place with the SYB Health and Wellbeing Board Chairs. A joint statement would be produced to be used for responses around the MOU, supporting the direction of travel. A further meeting would take place with AJC on place plans. A meeting was also held with Clinical Commissioning Group (CCG) Chief Officers, identifying a number of areas they are working on at place level that they wish to collaborate on and share learning.</p> <p>All other items would be picked up as part of the agenda.</p>	
<p>88/17</p>	<p>National Update</p> <p>ACS Development Day A national event took place on 19th July formally launching 44 Sustainability and Transformation Partnerships. AJC updated all on the session which was set out in three parts:</p> <ul style="list-style-type: none"> • An STP launch, attended by leaders and the media – introducing the scoring system and the 8 advanced ACSs • A session of the 8 leading ACSs private session with Jeremy Hunt and other leaders. This included a question and answer session • A discussion around national workstreams <p>WCG would ensure a mechanism was put in place to provide updates on the national workstreams.</p> <p>Development days would take place each quarter.</p> <p>National MOU All had signed up to the direction of travel. Finances and delivery would be crucial for the ACS. SK advised that correspondence would be received around this from the Local Authorities. WCG asked the group to note the link with the regulators. This was clear in the national MOU in terms of how the ACS lead would engage with NHS England and NHS Improvement (NHSE/NHSI) and the detail of this work would be addressed over the next six months. The scorecard for the system that would be implemented from quarter 3 onwards. Some improvement was required on this for the ACS. This would be worked on as a system.</p>	<p>WILL CLEARY-GRAY</p>
<p>89/17</p>	<p>Hospital Services Review</p> <p>A presentation was delivered on progress of the review.</p> <p>The group was reminded of the objectives of the review, noting the work would:</p> <ul style="list-style-type: none"> • Define and agree a set of criteria for what constitutes ‘Sustainable Hospital Services’ for each Place and for South and Mid Yorkshire, North Derbyshire and Bassetlaw. • Identify any services (or parts of services) that are 	

unsustainable, short, medium and long-term including tertiary services delivered within and beyond the ACS

- Put forward future service delivery model or models which will deliver sustainable hospital services
- Consider how local services can continue to be provided for the whole population of South Yorkshire and Bassetlaw in the context of the aspirations outlined in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) and emergent models of sustainable service provision

A request was made for a steer from the CPB on:

- Whether the Partnership Board was content to agree the proposed approach to reviewing services.
- Whether the Partnership Board was content with the approach that the review will take over the next 2 months.

The group was invited to comment.

For clarity, the group was advised that the ACS Oversight and Assurance Group would oversee the process.

Regarding maternity, CE advised that the Better Births guidance had stipulated that maternity services needed transforming. The current offer in SYB was focused on consultant led services. This was happening in parallel to the HSR. Regarding the acute paediatrics work, maternity must be addressed at the same time.

A comment was noted around the process and how decisions were made around the 20 services. It is crucial that the messages for the public need to be clear and transparent. Regarding the message for the services not included, it was confirmed that this needed to be clear and transparent also. This was agreed.

A comment was made around the emphasis of this work. It had been understood that the work was to address what was currently not sustainable and felt that the review had moved towards implementing new guidance.

A request was made that checks be done to ensure the CQC guidance was correct.

Regarding process and transparency, AN confirmed that the interdependencies between maternity and acute paediatrics in conjunction meant they would need to be addressed together. The workstream must be fully open and transparent as to why this was the case.

The CPB was updated on the next steps.

Regarding stroke and the review of the Hyper Acute Stroke Units, a comment was made that the decision process around this should not be delayed while the HSR work was taking place.

Some concerns raised at the NHS Sheffield governing body meeting around the public engagement session held in August 2017 would be picked up outside of the session.

**A NORRISH,
M RUFF,
H STEVENS**

	<p>Regarding Urgent and Emergency Care, a comment was made that the review needed to clearly describe how a member of the public would access the service they require.</p> <p>A comment was made around the importance of a consistent assessment across the patch.</p> <p>A comment was made that there were workforce challenges around maternity and acute however there were also gaps in other services.</p> <p>A discussion took place around the fourth objective of the HSR, and a comment made that this required further consideration setting in context of local place system and the wider ACS. Need to consider strategically and then the challenge of configuring a system that meets the needs across the patch.</p> <p>AJC summarised the discussion:</p> <ul style="list-style-type: none"> • A clear definition of the five specialties for CPB would be developed as part of the paper for the HSR Steering Board • Maternity was included due to Better Births report, CQC issues and links to the acutely ill child work, and the governance trails around this and the stroke work needed to be coherent and clear • This work referred to planned, specialised and lifetime condition services which were urgent services and therefore must be put in context of all other services, linking to the fourth objective of the HSR • The section 1a report would record all governance clearly 	<p>ALEXANDRA NORRISH</p>
<p>90/17</p>	<p>Oversight and Integrated Operational Report</p> <p>The CPB noted that work was underway to develop metrics and a dashboard to align with a national oversight streamlining piece of work. At the ACS Executive Steering Group this would be presented in detail. In response to a query, work was happening to break this down to place level. The ACS and CPB would receive a single operational report.</p> <p>A comment was made in relation to real time metrics and some refinement would be required on the report.</p> <p>Discussions would take outside the meeting around UEC and workforce metrics.</p> <p>A query was made around collaboration of staff across the system in response to an urgent workforce issue, AJC confirmed that the business rules needed further clarification.</p>	
<p>91/17</p>	<p>Communications and Engagement Strategy</p> <p>HS highlighted that the majority of comments and feedback received regarding the HSR engagement event held at the source indicated that this had been a robust and informative event. All comments and feedback would be considered.</p> <p>Regarding the ACS Strategy, the plan for the forthcoming 6-9 months</p>	

	<p>and the HSR plan was presented to the group. All were asked to note the resource implication put forward due to the work involved to engage staff, clinicians and the public. All were asked to consider how much of the current resource in the system could be put forward to assist. The importance of this was emphasised by AJC and by LS.</p> <p>A comment was made that discussion could take place at place level to integrate core communications services.</p> <p>After discussion, it was agreed that a meeting would be established of all communications directors across the patch, attending and supported by CEOs to work through this.</p>	<p>HELEN STEVENS</p>
<p>92/17</p>	<p>Workstream Charters</p> <p>Charters were circulated to all on the key areas highlighted, building on the original cases for change. The documents presented detail of the delivery plans focused on activity, capturing aims, objectives, benefits and outcomes. The key three priorities of each workstream were being developed. Comments were welcomed over the coming weeks. A second tranche of Charters would be circulated for the next CPB.</p> <p>On 19th September, the top three priorities for Urgent and Emergency Care, Mental Health and Learning Disabilities and Elective and Diagnostics workstreams would be presented. Some focused time would be given to these at the October CPB.</p> <p>The group was asked to note the links to local and national MOUs. It was important to connect good work locally with improvement delivery and metrics.</p> <p>The reports were available on the ACS extranet for viewing. Comments on the documents should be directed to Marianna Hargreaves in the ACS team.</p> <p>The group was asked to note a different approach to workforce; with a strategy developed in place of a charter. Comments and feedback on this were welcomed also.</p> <p>It was noted that the ACS would be as transparent as possible and therefore a plain English versions of the charters would be drawn up in due course.</p>	<p>ALL TO NOTE</p>
<p>93/17</p>	<p>Finance update</p> <p>JC updated all on key finance developments and the group was invited to comment.</p> <p>Regarding the 18/19 position it was requested that the Directors of Finance develop 3-5 key areas to accelerate the transformation programme for finances across the system to bring about the largest savings. This was agreed would be produced on three tiers, by organisation, place and system level.</p> <p>A comment was made around the benefits of modelling and addressing CIP and QIPP plans in collaboration.</p>	<p>JEREMY COOK</p>

	<p>A comment was made around ensuring the ACS had a clear and defined set of criteria around transformation funding and how this would be weighted. It was agreed that business rules would be developed for this and discussed at the next available CPB meeting.</p> <p>A comment as made on how local place plans were being reviewed within the criteria for funding. Clarity on this was welcomed. LAs should be collaborated with in partnership to this.</p> <p>The CPB noted that a pot of money would be available for digital IT and this was being worked on.</p>	JEREMY COOK
94/17	<p>SCR/STP health led IPS employment service</p> <p>Fiona Goudie updated the CPB members, noting that a bid had been successful for £5-6m funding into the Sheffield City Region for a health led employment service to support people with mild mental health and musculo-skeletal problems to get into work. The trial procurement process was out to market. It was noted that this would not be the IAPT workforce.</p> <p>A joint board between the ACS and the combined authority to oversee this work would be established.</p> <p>There would be an opportunity to bid for national transformation money to deliver support and information for people with complex and serious mental illness. It was noted that leading ACSs would bid from quarter 4 for this on ACS footprint, collaborating with LAs.</p> <p>RS highlighted a Doncaster bid for funding to support the drug and alcohol service.</p> <p>Members noted the update.</p>	
95/17	<p>Cancer 62 day recovering and assurance</p> <p>The group, noting the ACS vision to be the best delivery system in country, confirmed that all places would work to the agreed inter-provider transfer policy. This would help to ensure the ACS would meet the 62 day recovery target.</p> <p>Each organisation was asked to consider representation at the Cancer Alliance Board and confirm to LS if wish to amend.</p>	<p>ALL</p> <p>ALL</p>
96/17	<p>Primary Care workforce</p> <p>A presentation was delivered on the work of the primary care workforce group.</p> <p>The CPB noted the next steps for success:</p> <ul style="list-style-type: none"> • Primary Care Programme Board to adopt and operationalize the proposal, monitor and report on progress, support co-ordinated activity across the region • Other ACP workstreams to describe impact on primary care 	

	<p>workforce of planned changes</p> <ul style="list-style-type: none"> • Greater understanding of how 'new models of primary care workforce will impact on services <p>In response to a query around the GP transformation recommendation from the primary care workforce to the system it was advised that change was required at practice level. Discussions were happening around this.</p> <p>A comment was made that this was core to ensuring the success of the ACS agenda. A five year programme would be required. A business case would be presented in conjunction with the PC Steering board around resources required to support this work.</p>	<p>BEN JACKSON</p>
<p>97/17</p>	<p>Date and Time of Next Meeting</p> <p>The next meeting will take place on 13th October 2017 at 9.30am to 11.30am in Birch/Elm Room at Oak House, Rotherham.</p>	