

13 June 2019

By email:

[andrew.cash1@nhs.net](mailto:andrew.cash1@nhs.net)

Sir Andrew Cash, ICS Leader, South Yorkshire and Bassetlaw ICS

Dear Sir Andrew,

### **ICS Focus meeting with South Yorkshire and Bassetlaw**

Thank you for coming to Quarry House on 16<sup>th</sup> May 2019 for the South Yorkshire and Bassetlaw ICS Focus meeting and for a constructive discussion on the key strategic and delivery issues in your area, including a review of progress made in 2018-19.

### **Strategic progress**

SY&B continues to make good progress in addressing the health and wellbeing, care and quality and efficiency gaps. There are notable areas of strong delivery and innovation, such as; the reduction in DTOC from a very challenged position, recovery and maintenance of improved diagnostic performance, delivery of all mental health standards, the introduction of new care models for children and young people and support for homelessness and isolation and people with complex lives.

All organisations met or exceeded their control total, apart from SCH where offsets were used to secure Q4 PSF, recognising the lessons to be learned from the changes to the incentive scheme in 2018/19. I encourage you to share areas of best practice with other STPs and ICSs.

### **Leadership and Governance**

Governance and enabling workstreams are well developed - the ICS continues to refine its governance to support partnership working and delivery. The System Health Oversight Board and the System Health Executive Group are key parts of the overall governance structure as is the Partnership Board. The ICS is considering the potential establishment of an ICS Assembly, reflecting national arrangements.

The ICS has a clear ambition to be the best delivery system and this will be key to creating the headroom needed for a major focus on improving health inequalities

NHS England and NHS Improvement



and outcomes, where there is an urgent need to accelerate progress across the ICS, in common with the rest of the north. These health challenges are significantly higher than those being experienced in other areas of the country and deteriorating. This will be a key theme as the ICS continues to develop its five-year strategy over the spring and summer and critical to your ambition to become the most transformed system. The strategy will need to clearly address the choices and trade-offs to be made across the ICS.

## Key challenges

SY&B is generally a well performing system with a clear approach to improvement which aims to use partnership and peer approaches to identify risks and drive delivery. Benchmarking against the best performing systems should continue to be used as a tool to improve.

The strategic and delivery challenges facing the ICS, and the issues requiring particular focus and effort to effect change over the coming year are summarised below.

- **Ensuring strategic sustainability** - RDASH and SHSCFT– the ICS is in discussions with these organisations considering an alliance, you will keep me briefed as this progresses. The ICS will also continue to make progress on the HSR having already engaged positively with mpatients and the public. The development of a compelling narrative for change will be a key part of the ICS's development of its 5 year plan. A strategic approach to the challenges of **workforce and talent management** will be essential.
- **Quality** - TRFT and DBHFT CQC action plans are a key focus for improvement.
- **Elective performance** – total waiting list size is an area for focus although elective performance is otherwise good.
- **Cancer waiting times** – long term sickness and growing demand in urology have impacted on delivery – particularly in relation to 62 day performance. Changes to cancer alliance boundaries will need to be managed carefully to ensure that improved delivery is supported.
- **A&E** – NGH and TRFT are the highest risks to delivery and the ICS will support organisations to have a forensic focus on what is needed to remedy performance, and to ensure that this is driven by organisational leadership. The ICS should ensure that improvements at Rotherham mean that the system is in a much improved position by this time next year. The ICS will start to plan for an up to 20% increase in inpatient NEL capacity needed over the winter, by improved seasonal profiling, reduced LoS,



increased same day services etc.

- **2019/20 planning** – £2m real plan alignment differences of which £1.8m is DBTH and Bassetlaw CCG. Non-elective activity is off plan and the ICS will work to identify and address the drivers behind this position. Assurance was provided that sufficient financial coverage had been set aside locally to fund the alignment concern once the local reviews had concluded.
- **Finance** - There is also a need to recognise the level of non-recurrent support being provided for the ICS in year, and to plan for the withdrawal of this support by the next financial year. Further work will take place to ensure the deliverability of CIPs and high risk QIPP, particularly at SCH, D&BNFT and Bassetlaw CCG, and also to prioritise capital requirements in the context of the recent letter from Julian Kelly. We will ensure that Jeremy is aware of the advice we have given to STHNFT on tariff.
- In response to the significant national overcommitment of capital aspirations compared with the available ceiling on **capital spend**, it is likely that STPs will need to undertake a prioritisation exercise to manage scheme proposals within a set amount available to each STP/ICS Community. Details are likely to be announced shortly and NHS England and Improvement colleagues will work with local communities on this exercise.
- **Learning Disabilities** – this remains a challenged area and a major focus for improvement to ensure that numbers of in patients reduce, and people receive the care that they need in a community setting.
- **MOU** – in common with other ICSs the year end assessment against SYB's MOU will be formally submitted to the national team.

## Regional and ICS operating model

The NE&Y and SY&B operating model will continue to evolve as the new regions become established. Alison Knowles as the newly appointed Locality Director for SY&B is already aligned to the ICS and will continue to support this work.

SY&B would like to become a test bed for the new regional and ICS operating model, which I am happy to support, recognising that we will be developing similar working relationships with all of the STP/ICSs across the North east and Yorkshire. The NHSE/I phase 3 design work will take a few more months, given the need for a period of staff consultation and recruitment to the new structures which have just been designed. Alison Knowles will work with you to help take this forward , e.g. in terms of testing scenarios such as the approach to escalation and I will continue to work with you directly in addition.

The System Health Oversight Board will become a focus for assurance and we will

NHS England and NHS Improvement



work together to develop how regulatory oversight could be discharged through this body. We agreed to take stock of the focus meeting approach and discuss arrangements for next year which may include alternate v/c and face to face meetings – including meetings at your local sites.

I will continue to work with you as we refine our operational arrangements together, recognising the need for the ICS to develop sustainable capacity.

**Long Term Plan** - The development of commissioning – at neighbourhood, place and system level is a key focus for the coming year and one on which we will continue to work with you. A focus on the development of primary care networks, as well as place-based and strategic commissioning will continue, in line with the aspirations set out in the Long Term Plan. Mental Health, cancer, digital and workforce are also high priorities. The ICS is already working on its approach to addressing these as part of its development of its 5 year plan. We acknowledge the current challenges around Sheffield CCG and the need to deliver an action plan to restore positive local relationships.

## Summary

The ICS is to be congratulated on its progress and innovative approaches in many areas and is committed to addressing its delivery challenges and to becoming an international exemplar in health and care. Addressing A&E, Transforming Care and sustainability challenges are key areas for action in the coming year as is a focus on improving outcomes and reducing inequalities as you develop your 5 year plan.

I look forward to continuing to work with you on these issues, and to the development of our mutually beneficial operating model.

Yours sincerely



**Richard Barker**  
**Regional Director**  
**(North East and Yorkshire)**

Cc: Alison Knowles

