



Chief Executive Report

Health Executive Group

9 March 2021

Author(s)	Andrew Cash	
Sponsor		
Is your report for Approval / Consideration / Noting		
For noting and discussion		
Links to the ICS Five Year Plan (please tick)		
Developing a population health system	Strengthening our foundations	
<input checked="" type="checkbox"/> Understanding health in SYB including prevention, health inequalities and population health management	<input checked="" type="checkbox"/> Working with patients and the public	
<input checked="" type="checkbox"/> Getting the best start in life	<input checked="" type="checkbox"/> Empowering our workforce	
<input checked="" type="checkbox"/> Better care for major health conditions	<input checked="" type="checkbox"/> Digitally enabling our system	
<input checked="" type="checkbox"/> Reshaping and rethinking how we flex resources	<input checked="" type="checkbox"/> Innovation and improvement	
Building a sustainable health and care system	Broadening and strengthening our partnerships to increase our opportunity	
<input checked="" type="checkbox"/> Delivering a new service model	<input checked="" type="checkbox"/> Partnership with the Sheffield City Region	
<input checked="" type="checkbox"/> Transforming care	<input checked="" type="checkbox"/> Anchor institutions and wider contributions	
<input checked="" type="checkbox"/> Making the best use of resources	<input checked="" type="checkbox"/> Partnership with the voluntary sector	
	<input checked="" type="checkbox"/> Commitment to work together	
Are there any resource implications (including Financial, Staffing etc)?		
N/A		
Summary of key issues		
This monthly paper from the System Lead of the South Yorkshire and Bassetlaw Integrated Care		

System provides a summary update on the work of the South Yorkshire and Bassetlaw health and care partners for the month of February 2021.

Recommendations

The SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.

Chief Executive Report

SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM

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1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System System Lead provides an update on the work of the South Yorkshire and Bassetlaw health and care partners for the month of February 2021.

2. Summary update for activity during February

2.1 Coronavirus (COVID-19): The South Yorkshire and Bassetlaw position

South Yorkshire and Bassetlaw (SYB) continues to experience a downward trend in COVID-19 infections across the five places in common with the wider North East and Yorkshire region where the rolling seven-day rate of positive cases is 150 per 100,000 population.

Sheffield currently has a reduction in positive COVID-19 cases (now below 100 per 100,000 population) compared with the rest of SYB, with Barnsley and Doncaster experiencing a similar steady decrease also. Whilst there are slightly higher rates in Bassetlaw and Rotherham, the overall picture is one that is showing a gradual decline in community infections, and an overall feeling of optimism that SYB has passed the peak of the third wave.

The number of hospital admissions is falling faster than the number of new cases, with the fall in hospitalisations also faster among the age groups already vaccinated (compared with those in younger age groups yet to get a jab). This steady decline in admissions, particular among the COVID-19 vaccination priority groups (1-4), has the added positive effect on reducing hospital bed occupancy rates - much improved since early October 2020.

Data from the Office for National Statistics shows that Covid-related deaths across Yorkshire and the Humber are around 320 per week (as per the latest report) with the trend steadily decreasing.

Whilst there are small increases in the infection rate among individuals of a working age (16 – 64), and particularly within younger age groups, we are not seeing any stacking (incidental passing of the virus to older generations in their family or household who are more likely to develop serious illness).

Similarly, as a result of the good weather at the end of February, mobility data shows that more people were leaving the house for walking which saw a steady increase in park use and workplace visitations. Data and reports also suggest that people are still very much abiding by the rules.

In summary, the news is encouraging and means that we are starting to see the parallel impact of SYB's vaccination programme and lockdown restrictions curtailing the spread of COVID-19.

2.1.1 SYB Vaccination Programme

We are now more than 12 weeks into the vaccination programme with over 20 million people in the UK having now received their first dose of a COVID-19 vaccine. In SYB, over 415,000 have now received their vaccination as of 2nd March.

To support the national target, SYB Vaccination Programme Steering Group met last week to discuss modelling and supply lines and we remain on-track to meet our 18 April target to vaccinate JCVI priority groups 5-9.

2.1.2 Additional funding to tackle vaccine inequalities

An additional 100k funding been awarded to SYB to support the improved vaccine uptake among Black Asian and Minority Ethnic (BAME) groups. It is part of the national pot of £4.2 million pounds being made available to deliver the COVID-19 vaccine deployment programme. This NHS funding complements the £1.4m awarded to councils and voluntary organisations in the five SYB places in February to support those most at risk from COVID-19 and boost vaccine take up.

The funding will help to deliver a wide range of measures to protect those most at risk - building trust, communicating accurate health information and ultimately helping to save lives. This will include developing new networks of trusted local champions where they don't already exist and will also support areas to tackle misinformation and encourage vaccination take-up.

These developments to help reduce vaccine inequality were further boosted by the addition of individuals on the GP learning disability register now being fast-tracked for a COVID-19 vaccination in England (as part of Group 6), equating to an additional 150,000 people, supporting some of our most vulnerable groups across SYB.

2.1.3 National Vaccination Programme

To further support the national roll-out, NHS England and NHS Improvement (NHS E/I) issued a letter setting out the key priorities and actions for immediate review.

The letter pays particular focus in the areas of ensuring maximum reach/uptake across Joint Committee on Vaccination and Immunisation (JCVI) priority cohorts, including second dose planning and delivery preparations for vaccination when supplies increase. There are also new recommendations around how to boost vaccination uptake from within social care staff groups.

At this point, two million more invites will be sent to people aged 60 to 63 years-old with Primary Care Networks continuing to invite their patients (of all ages) who are particularly at risk due to a health condition/or living with a learning disability.

This follows the news of sixteen frontline charities (including The British Heart Foundation, Macmillan Cancer Support and Mencap) joining up to form a new partnership to encourage those with long-term health conditions and their carers to get the COVID-19 vaccine.

2.2 Regional update

The North East and Humber Regional ICS Leaders continue to meet weekly with the NHS England and Improvement Regional Director to discuss the ongoing COVID-19 incident, planning that is taking place to manage the pandemic and where support should be focused. Discussions during February focused on recovery and military supported planning, ICS development, the COVID-19 response and vaccination programme.

2.3 National update

On February 11th 2021, the same day the Department for Health and Social Care published its White Paper Integration and Innovation: working together to improve health and social care for all,

NHS England and NHS Improvement (NHS E/I) set out its response to its earlier engagement on Integrating Care: Next Steps and its recommendations to government.

The document, [Legislating for Integrated Care Systems: five recommendations to Government and Parliament](#), makes recommendations to Government on the question of how to legislate to place Integrated Care Systems (ICSs) on a statutory footing, having gathered the views of the NHS, local government and wider stakeholders. The recommendations built on the successful integration, collaboration and partnership efforts of ICSs to date. The recommendations are:

- **Legislative recommendation 1:** The Government should set out at the earliest opportunity how it intends to progress the NHS's own proposals for legislative change.
- **Legislative recommendation 2:** ICSs should be put on a clear statutory footing, but with minimum national legislative provision and prescription, and maximum local operational flexibility. Legislation should not dictate place based arrangements.
- **Legislative recommendation 3:** ICSs should be underpinned by an NHS ICS statutory body and a wider statutory health and care partnership. Explicit provision should also be made for requirements about transparency.
- **Legislative recommendation 4:** There should be maximum local flexibility as to how an ICS health and care partnership is constituted, for example using existing arrangements such as existing ICS partnership boards or health and wellbeing boards where these work well.

The composition of the board of the NHS ICS body must be sufficiently streamlined to support effective decision-making. It must be able to take account of local circumstances as well as statutory national guidance.

Legislation should be broadly permissive, mandating only that the members of the NHS ICS Board must include a chair and CEO and as a minimum also draw representation from (i) NHS trusts and Foundation Trusts, (ii) general practice, and (iii) a local authority. As with CCGs now, NHSE/I should approve all ICS constitutions in line with national statutory guidance.

- **Legislative recommendation 5:** Provisions should enable the transfer of primary medical, dental, ophthalmology and pharmaceutical services by NHS England to the NHS ICS body. Provision should also enable the transfer of delegation by NHS England of appropriate specialised and public health services we currently commission. And at the same time, NHS England should also retain the ability to specify national standards or requirements for NHS ICSs in relation to any of these existing direct commissioning functions.

2.4 Department for Health and Social Care white paper Integration and Innovation: working together to improve health and social care for all

On February 11th 2021, the Department for Health and Social Care published its White Paper [Integration and Innovation: working together to improve health and social care for all](#).

As anticipated, the White Paper proposals follow the journey of integrating care in neighbourhoods, places and across the system that we have been on across SYB for many years and is designed to support us by removing many of the obstacles that stand in our way on a daily basis. It builds on the ambitions of the Long-Term Plan to tackle health inequalities through a whole population health approach, to plan for improvements in health and health care at system level and to work in partnerships at place and in provider collaboratives. This will allow us to join up care and to ensure that no matter where people live, they have the same opportunity to access services and the opportunity to level up health outcomes across the system.

ICSs will be established, to include an NHS body and a Health and Care Partnership

The NHS body will be:

- Responsible for strategic planning, taking on the commissioning functions of CCGs and be directly accountable for NHS spend and performance within the system, with its chief executive becoming the accounting officer for NHS money allocated to the NHS ICS body
- As a minimum, include a chair, the chief executive and representatives from NHS trusts, general practice and local authorities, with others determined locally. ICSs will also need to ensure they have appropriate clinical advice when making decisions
- Responsible for developing a plan to meet the health needs of the population within their defined geography; developing a capital plan for the NHS providers within their health geography; and securing the provision of health services to meet the needs of the system population.

The Health and Care Partnership will be responsible for developing a plan that addresses the wider health, public health and social care needs of the system, with the NHS ICS board and local authorities having to regard that plan when making decisions.

SYB health and care partners have agreed a framework for taking forward the proposals and this is set around the four key building blocks of an ICS:

- Place Partnerships
- Provider collaboratives
- Future commissioning and how the nature of commissioning will change
- ICS operating model

In addition, there are two enabling work streams:

- HR and people transition
- ICS Financial framework

An ICS Development Steering Group, made up of partners from across the ICS, has been formed to oversee all workstreams and it is working on a Compact for the Health and Care Partnership to support the direction of travel in the 2021/22 transition years and until the Bill is enacted. The Compact is based around the SYB quadruple aim of better health and wellbeing for the whole population, better quality care for all patients, sustainable services for the taxpayers, reduction in health inequalities. The HCP roles, responsibilities and terms of reference are also being developed as part of the work.

In the coming weeks, we expect to conclude the governance arrangements for the transition year and capture the outputs from the wider workstreams. This will include a review of the existing meeting arrangements to streamline them where possible.

At the same time, we are embarking on a collective approach to the transition with staff working in CCGs, the ICS PMO and NHS E/I. All four ICSs in the North are taking a consistent approach with agreed HR principles that build on the FAQs that came out with the white paper. These are minimum disruption, smooth transition, reducing anxiety, employment commitment and “one workforce”, while recognising the importance of place and place teams.

National HR principles to guide the transition and further guidance after the second reading of the Bill are expected in due course. In the meantime, the HR transition is being supported by Christine Joy, ICS Change and HR/OD Programme Lead from the national HR and OD team. Christine is working closely with the ICS to develop an inclusive engagement approach with staff to minimise uncertainty and enable us to work together to co-create the new SYB ICS NHS Body.

2.5 Government roadmap for England

The release of the Government's four-step roadmap on February 22nd outlined the plan for the coming months. [The plan](#) will be punctuated by five-week intervals to assess the impact at every phase, with 'data not dates' being used to guide and steer the decision-making process on future relaxations. It will be assessed against the data performance in four key areas:

1. Vaccine deployment - the programme continuing successfully.
2. Variants of Concern - the assessment of the risks is not fundamentally changed by new strains.
3. Hospitalisations and deaths in those vaccinated - evidence showing vaccines are sufficiently effective in reducing both numbers.
4. Surge in hospitalisations causing high concern - infection rates do not translate into unmanageable spikes in new cases that would put unsustainable pressure on the NHS.

Benchmarking against these measures will be vital and will take place over four-week intervals, allowing public health teams to safely evaluate effectiveness of each new phase. If the data at these check-points show a worsening position or public health concern, the dates and timelines may be altered accordingly. If each of the criteria is met, this will trigger a seven-day notice to proceed with the next step of relaxations.

2.6 What Matters to You

World Cancer Day took place on Thursday 4 February and as part of the commitment to providing high quality, personalised care for patients who experience cancer, the South Yorkshire and Bassetlaw Cancer Alliance has launched an important new initiative to help shift the focus of health and care professionals from, "What is the matter with you" to "What matters to you?"

Every person is different. As is their journey and experience of cancer. In partnership with Voluntary Action Rotherham (VAR) the What Matters To You initiative provides an online learning platform for any health and care professional in contact with people with a cancer diagnosis to become a Certified Care Professional.

Launching primarily within the voluntary and community sector, we hope that the What Matters To You certification becomes synonymous with quality personalised care which can be recognised by both professionals and patients throughout South Yorkshire and Bassetlaw.

2.7 QUIT Programme

The funding agreement with Yorkshire Cancer Research has now been signed which will secure £1.8m to support the delivery of the QUIT Programme. This will fund the appointment of 45 whole time equivalent specialist Tobacco Treatment Advisors (TTAs) who will help deliver QUIT across SYB NHS Trusts in the Programme.

The first Trusts (Barnsley Hospital NHS Foundation Trust and the Rotherham, Doncaster and South Humber NHS Foundation Trust) are now recruiting and the first TTAs will be in post by May 1, 2021. They will be supported by the Trust Healthy Hospital Programme Managers and Health Improvement Managers.

The QUIT Programme recognises that smoking is an addiction, a preventable illness that can and should be treated - NOT a lifestyle choice. It will ensure that treatment for tobacco dependency is built into the routine care offered to every patient attending any hospital in South Yorkshire and Bassetlaw. Support and treatment will also be available for Trust staff who wish to quit and for parents of paediatric patients.

A wide range of training and treatment resources have been put together and will be accessible through a dedicated QUIT website that will go live at the beginning of April.

Nearly 200,000 people smoke in South Yorkshire and Bassetlaw. More than half of those people will die prematurely from smoking-related illness, losing on average 10 years of life. Decreasing the prevalence of smoking is a key Long Term Plan ambition for South Yorkshire and Bassetlaw Integrated Care System and a major strand to our developing health inequalities plan.

The QUIT Programme is based on evidence from Ottawa, Canada, and if it proves as successful in South Yorkshire and Bassetlaw, we have the potential to save 2,000 lives and up to 4,000 hospital readmissions in a year.

2.8 Voluntary, Community and Social Enterprise SRO Update

In recent months, the ICS strengthened and embedded partnership working with the VCSE within the SYB system with the formation of the South Yorkshire and Bassetlaw Voluntary Community and Social Enterprise (VCSE) Leaders Group and the appointment of Catherine Burn as ICS VCSE Senior Responsible Officer (SRO).

Catherine, who is both Director at Bassetlaw Community and Voluntary Services (BCVS) and Chair of the Bassetlaw Place Partnership, is stepping down from her role at BCVS at the end of March 2021 to take up a new appointment in Cumbria. Catherine has been on the integrated care journey with SYB from the very beginning when we started life as a Sustainability and Transformation Partnership in 2016, through to becoming an Integrated Care System in October 2018. Throughout the last five years she has provided VCSE leadership and been instrumental in establishing strategic partnerships with the voluntary sector. We have been extremely fortunate to have such an experienced and talented VCSE leader in our system and we wish Catherine all the very best in her new role.

The VCSE Leaders Group will now discuss and agree which of its members will take on the VCSE SRO role and put forward their recommendation to the HEG in due course.

2.9 SYB Reporting Radiographer Academy

Twelve new trainee radiographers started their training at the SYB Reporting Radiographer Academy in January 2021. There have been many challenges to getting the Academy started this year and it is credit to the team that the trainees are now well underway with the programme. When fully trained, the radiographers will go on to provide crucial extra support for image reporting across South Yorkshire and Bassetlaw.

3. Finance update

The financial position at Month 10 forecasts a surplus of £42.7m which is £6.6m better than the Month 9 forecast and £46.6m better than the planned deficit of £3.9m. Forecast capital slippage against plan is £21m. This will allow the system to meet its two key financial targets for the year.

The planning round for 21/22 has been deferred and the financial framework that has been in place for months 7/12 20/21 will be rolled forward to Q1 and possibly to Q2. No decision has yet been taken on the financial framework for the remainder of the financial year. System capital envelopes are due out shortly with an indicative timetable of mid-April for submission of system capital plans.

Andrew Cash
System Lead, South Yorkshire and Bassetlaw Integrated Care System

Date: 4 March 2021