

Public Document Pack

South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee Meeting

Wednesday 23 August 2023

10.00 am

Sheffield City Council Town Hall

Sheffield S1 2HH

1. Welcome and Housekeeping Arrangements

2. Apologies for Absence

3. Exclusion of Public and Press

To identify items where resolutions may be moved to exclude the press and public

4. Declarations of Interest

Members to declare any interests they have in the business to be considered at the meeting

5. Minutes of Previous Meeting

(Pages 3 - 8)

To approve the minutes of the meeting of the Committee held on 20th March 2023.

6. Updated Terms of Reference

(Pages 9 - 12)

Report of Deborah Glen, Policy and Improvement Officer, Sheffield City Council

7. Developing our NHS Five Year Joint Forward Plan for South Yorkshire

(Pages 13 - 32)

Joint report of Marianna Hargreaves, Strategy and Transformation Lead NHS South Yorkshire, Katy Davison, Deputy Director of Involvement NHS South Yorkshire and Will Cleary-Gray, Executive Director Strategy and Partnerships NHS South Yorkshire.

8. Yorkshire Ambulance Service

(Pages 33 - 34)

Report of Professor Adam Layland, System Partnership Director.

9. Work Programme for 2023/24

(Pages 35 - 38)

Report of Deborah Glen, Policy and Improvement Officer, Sheffield City Council.

10. Date of Next Meeting

The next meeting of the Committee will be held on 21st September 2023.

South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and
Scrutiny Committee

Meeting held 20 March 2023

PRESENT: Councillors Ruth Milsom (Chair), Sheffield City Council, Jeff Ennis, Barnsley Metropolitan Borough Council and Sarah Smith, City of Doncaster Council.

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillor Jean Wharmby, Derbyshire County Council and Councillor Taiba Yasseem, Rotherham Metropolitan Borough Council.

2. EXCLUSION OF PUBLIC AND PRESS

2.1 There were no items identified that required the exclusion of the press and public.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest from members of the committee.

4. PUBLIC QUESTIONS AND PETITIONS

4.1 There were no questions or petitions received from the public. The Chair advised that it was important that the public interacted with us, so she would encourage public questions at future meetings.

5. DEVELOPING OUR INITIAL INTEGRATED CARE STRATEGY FOR SOUTH YORKSHIRE

5.1 The Committee received a presentation on 'Developing our initial Integrated Care Strategy in South Yorkshire' and consider the NHS Five Year Joint Forward Plan for South Yorkshire report from Andrew Ashcroft – Director of Communications and Engagement – NHS South Yorkshire Marianna Hargreaves, Strategy and Transformation Lead, NHS South Yorkshire and Katy Davison, Deputy Director of Communications and Engagement, NHS South Yorkshire.

The presentation covered what the asks were in South Yorkshire.

August 2022 – The initial planning framework was set out and discussed with system leaders. Four early inputs to the strategy development were agreed including refreshing population health needs.

December 2022 – How the health, social care and wellbeing needs of the local population were being met through the Integrated Care Strategy and this addressed the integration of health, social care and health related services.

June 2023 – 5year forward plan described the NHS contribution to meeting the health needs of the local population and reflecting local priorities and addressing the four core purposes of the ICSs. The plan had to be coherent with detailed planning returns and jointly developed across NHS Trusts and ICB.

The committee were advised that two phases were run to ensure that the Integrated Care Strategy for South Yorkshire was informed by the views of the public.

Phase 1 reviewed the existing citizen insight collected over recent years. All the partners were invited to contribute and around 284 documents were reviewed.

Phase 2 asked the public – “What matters to you about your health and wellbeing?”

A survey was launched to reach as many of our South Yorkshire citizens as possible by free, digital means. The survey was promoted on social media accounts to the ICB membership and by word of mouth to partners from the NHS trusts, Healthwatch, VCSE umbrella organisations, local authorities, elected members, and the South Yorkshire combined Mayoral Authority who shared it on all of their networks. It received 465 responses. Healthwatch ran two Zoom focus group sessions. There was also a social media advertising campaign targeted at the hard to reach through organic posts and post in community languages.

Alongside that, work was going on with partners from VCSE and Healthwatch through face-to-face engagement.

The committee were advised of the number of respondents who lived in each of the four places in South Yorkshire –

Barnsley – 25%

Doncaster – 30%

Rotherham – 15%

Sheffield – 26%

Other – 5% (typically said they worked or lived on the border or accessed services in South Yorkshire).

The majority of respondents were female (72%), with some male and a small number of non-binary respondents. 10% of respondents described their sexual orientation as gay, lesbian, bisexual or other, 86% heterosexual and 4% preferred not to say.

1% of respondents were pregnant, 67% of respondents had children and 30% had caring responsibilities. A small number of military veterans completed the survey and around 25 of these were at the Rotherham event. 63% of respondents were currently working. 33% unemployed or retired and 1% were students.

In terms of demographics in the insight work people were invited to write their ethnicity rather than tick a box, this led to a large variation in descriptors.

- Approx 85% of respondents identified as White, White-British or White-English;
- The next largest groups were Pakistani (4%), British - but no reference to heritage (4%), and South Asian (2%).
- Other people who took part in the insight identified as follows: Middle-Eastern-Asian-British; Albanian; Moroccan; Sudanese; Catholic; Black-Caribbean; White Anglo-Saxon; Caucasian; White-mixed; Indian; Mixed-black-Caribbean-white; Black; White-Arab; Scottish; White-Yorkshire; British-Irish; Mixed; Black-African; Yemeni; British-Pakistani; Roma; Gypsy; Kurdish; White-Irish; Asian; Roma-Gypsy; Middle-Eastern; Yorkshire; English; White-European.

As well as UK Citizens a small number of EU nationals, Refugees and Asylum seekers also responded. The majority of respondents were Christian or no religion (mirroring the recent census) but the survey also identified Hindus, Muslims and Pagans.

The survey also heard from people of all ages with the highest number of respondents being in the 55-64 age bracket (21%) and the lowest being 85+ age bracket (1%).

The key themes to be identified through the survey was Access to care, Quality of care, improving mental health and wellbeing, support to live well, wider determinants of health and affordability – cost of living challenges.

The committee were advised that the next steps would be the launch of the initial strategy, commitment to ongoing engagement and commencing with the delivery planning including the NHS Five year joint plan.

The Integrated Care Board and NHS Trusts has a duty to prepare their first Joint Forward Plan (JFP) and it needed to be used to develop a shared delivery plan for the Integrated Care Strategy, the strategy needed to cover how services were arranged and delivered by the NHS to meet the populations needs and to align to the Joint Strategic Needs Assessment and Health and Wellbeing Strategies. A draft of the plan was to be shared with the Health and Wellbeing Boards and the final plan would be ready by the 30th June 2023 with engagement completing end of March.

A three-pronged approach would be taken in terms of the continuing the conversation with citizens.

- Working with Healthwatch to hear from more underserved communities;
- Supporting programmes to tap into citizen involvement mechanisms to ensure patient voice shapes parts of the plan and;
- Campaign to understand more from the wider population on the key themes identified within the strategy involvement.

Following questions from members of the committee, the key points to note were: -

- A huge amount of work had gone into gathering responses from the public and were thankful of the minimum responses received. The team would be doing further work to achieve a larger response from the public and was working with Healthwatch to build up relationships, Healthwatch were a key partner, who were held in high regard.
- It would be built into the future plan around how the team would engage the public and where in South Yorkshire engagement groups would be held. It was advised that Barnsley already had established groups and Doncaster residents were much harder to engage with.
- It was advised that a lot of mechanisms and existing relationships, for example with Healthwatch, helped to engage with the harder to reach people. The team regularly worked with South Yorkshire Charities and had regular discussions with the ICB to assist with engagement.
- The committee were advised that the plan would be refreshed up to 1st July, after which it would be adopted. The team wanted ongoing dialogue with the public to ensure the plan was as up to date as possible. Assurances were given that this was taken very seriously, and governance processes were embedded in the ICB. A clear commitment was given to listen to communities to help the ICB deliver services.
- The plan would be reviewed regularly to ensure it lined up with what mattered.
- The committee were advised that the Health and Wellbeing Boards already monitored the outcomes and had developed an outcomes framework. There was still a lot of work to be done on Children's readiness for school and work on stop smoking, so it was felt this would need some scrutiny.
- Member felt it was a great opportunity for the Local authorities and NHS to work together, especially in a time of budget constraints. Partnership working was the best way forward and to begin solving problems.

The committee thanked the team for their hard work in pulling the information together.

5.2 **RESOLVED:** that the Committee

- notes the work undertaken to develop the initial Integrated Care Strategy for South Yorkshire including the engagement work within the challenging timeline set nationally and the committee would like to hear more on the engagement and requests that they be part of that engagement;
- notes the plans for ongoing engagement; and
- notes the work underway to develop the NHS Five Year Joint Forward Plan for South Yorkshire and consider how to approach scrutiny. The Committee requests to be a full part of the process.

6. **NHS FIVE YEAR JOINT FORWARD PLAN FOR SOUTH YORKSHIRE**

6.1 This report was considered within the previous agenda item.

7. **DATE OF NEXT MEETING**

7.1 The next meeting of the committee would take place on a date to be confirmed in

May/June 2023.

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Joint Health and Overview and Scrutiny Committee

DATE 23rd August 2023

TITLE JHOSC Terms of Reference

Author: Deborah Glen, Policy and Improvement Officer, Sheffield City Council.

Deborah.glen@sheffield.gov.uk

Purpose of report

This paper is to provide the Committee with a revised terms of reference. This has been revised in light of changes to local NHS structures

Recommendations:

The Joint Health Overview and Scrutiny Committee is asked to discuss and agree the revised terms of reference.

Appendix – JHOSC Terms of Reference

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Terms of Reference for the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

The South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee is a joint committee appointed under Regulation 30 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218 and is authorised to discharge the following health overview and scrutiny functions of the authority (in accordance with regulations issued under Section 244 National Health Service Act 2006) in relation to health service reconfigurations or any health service related issues covering this geographical footprint:

a) To review and scrutinise any matter relating to the planning, provision and operation of the health service in its area, pursuant to Regulation 21 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

b) To make reports and recommendations on any matter it has reviewed or scrutinised, and request responses to the same pursuant to Regulation 22 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

c) To comment on, make recommendations about, or report to the Secretary of State in writing about proposals in respect of which a relevant NHS body or a relevant health service provider is required to consult, pursuant to Regulation 23 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

d) To require a relevant NHS body or relevant health service provider to provide such information about the planning, provision and operation of the health service in its area as may be reasonably required in order to discharge its relevant functions, pursuant to Regulation 26 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

e) To require any member or employee of a relevant NHS body or relevant health service provider to attend meetings to answer such questions as appear to be necessary for discharging its relevant functions, pursuant to Regulation 27 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

d) To scrutinise the commissioning and provision of health and social care services by the local Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) in accordance with the legislative framework established by the Health and Care Act 2022.

Principles

- The purpose of the committee is to ensure that the needs of local people are an integral part of the delivery and development of health services across this geographical footprint.
- The committee's aim is to ensure service configuration achieves better clinical outcomes and patient experience.
- As new NHS work streams and potential service reconfigurations emerge, the JHOSC will determine whether it is appropriate for the committee to jointly scrutinise the

proposals under development. Each local authority reserves the right to consider issues at a local level.

- All Members, officers, members of the public and patient representatives involved in improving health and health services through this scrutiny committee will be treated with courtesy and respect at all times.

Membership

- The Joint Committee shall be made up of six (non-executive) members, one from each of the constituent authorities.
- A constituent authority may appoint a substitute to attend in the place of the named member on the Joint Committee who will have voting rights in place of the absent member.
- Quorum for meetings of the Joint Committee will be three members from local authorities directly affected by the proposals under consideration.

The 6 Committee Member Authorities are:

Barnsley Metropolitan Borough Council
Derbyshire County Council
Doncaster Metropolitan Borough Council
Nottinghamshire County Council
Rotherham Metropolitan Borough Council
Sheffield City Council

Covering NHS England and the following 3 NHS Integrated Care Boards (ICBs):

South Yorkshire ICB
Derby and Derbyshire ICB
Nottingham and Nottinghamshire ICB

Working Arrangements:

- The Committee will meet on an ad-hoc basis as topics require scrutiny.
- The Committee will agree the hosting and chairing arrangements.
- Meetings will take place in the Town Hall of the local authority hosting the meeting.
- Agenda, minutes and committee papers will be published on the websites of all the member local authorities 5 working days before the meeting.
- When possible, meetings will be recorded and/or webcast; however, this cannot be guaranteed on all occasions.
- There is a standing agenda item for public questions at every meeting. Time allocated for this will be at the discretion of the Chair.
- Members of the public are encouraged to submit their questions 3 working days in advance of the meeting to enable Committee Members time to consider issues raised and provide an appropriate response at the meeting.
- The Committee will identify and invite the appropriate NHS witnesses to attend meetings.

Joint Health and Overview and Scrutiny Committee

DATE 23rd August 2023

TITLE Developing our NHS Five Year Joint Forward Plan for South Yorkshire

Author: Marianna Hargreaves, Strategy and Transformation Lead, NHS South Yorkshire

Katy Davison, Deputy Director of Involvement, NHS South Yorkshire

Sponsor: Will Cleary-Gray, Executive Director Strategy and Partnerships NHS South Yorkshire

Purpose of report

This paper is to provide an update to the Joint Health Overview and Scrutiny Committee on the work undertaken to develop our initial NHS Five Year Joint Forward Plan for South Yorkshire, including engagement work. An engagement draft of our Joint Forward Plan can be found [here](#) and an Executive Summary is shared alongside.

Recommendations:

The Health Overview and Scrutiny Committee is asked to:

- Note the work undertaken to develop our initial five year NHS Joint Forward Plan for South Yorkshire including the engagement work and consider the engagement draft plan and provide feedback.

Developing our NHS Five Year Joint Forward Plan for South Yorkshire

21st August 2023

1. Purpose

1.1. This paper is to provide an update to the Joint Health Overview and Scrutiny Committee on the work undertaken to develop our initial NHS Five Year Joint Forward Plan for South Yorkshire. It builds on the update provided to the committee in late March 2023, at which it was agreed the Committee would come together at a later date to consider our Joint Forward Plan. An engagement draft of our Joint Forward Plan can be found [here](#) and an Executive Summary is shared alongside.

2. Background

2.1. The South Yorkshire Integrated Care Partnership published our initial Integrated Care Strategy for South Yorkshire on 24 March 2023. The Partnership has made a commitment to continue to engage and involve people and communities as we translate it into action and delivery. This includes development of our NHS Five Year Joint Forward Plan.

2.2. NHS England published guidance on developing Five Year NHS Joint Forward Plans (JFP) in December 2022, alongside the annual Operational Planning Guidance. [B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf \(england.nhs.uk\)](#)

2.3. Joint Forward Plans (JFP) are expected to set out how Integrated Care Boards together with their partner NHS Trusts will arrange and provide NHS services to meet both the physical and mental health needs of their local population, aligned to local joint strategic needs assessment and Health and Wellbeing Strategies.

2.4. The national guidance is clear that systems are to use their Joint Forward Plan as a shared delivery plan for their Integrated Care Strategy, setting out the NHS contribution. Our strategy is underpinned and supported by the development of an outcomes framework, and we have built upon this to support our Joint Forward Plan.

2.5. Joint Forward Plans are required to align to Operational Plans for 2023/24, and our initial Operational for South Yorkshire for 2023/24 was submitted in quarter one 2023/24.

2.6. It is expected that JFPs will address the NHS universal commitments, that includes the areas identified in the NHS Long Term Plan¹ and alongside this contribute to the delivery of the ICS' four core purposes:

- Improving outcomes in population health and health care
- Enhancing productivity and value for money
- Tackling inequalities in outcomes, experience and access
- Helping the NHS to support broader social and economic development

2.7. JFPs are expected to include the following:

¹ NHS Long Term Plan, 2019 - [NHS Long Term Plan » The NHS Long Term Plan](#)

- **Workforce** – Evidence based, integrated and inclusive workforce plans, aligned to operational planning, activity and finance plans.
- **Performance** – Specific performance ambitions with trajectories and milestones that align to operational plan submissions, with regard to LTP ambitions.
- **Digital/data** – Steps to increase digital maturity, contributing to delivering a digitised interoperable and connected health and care system
- **Estates** – Steps to create stronger, greener, smarter, better health and care infrastructure with efficient use of resources and capital to deliver them.
- **Procurement/supply chain** – Plans to deliver procurement to maximise efficiency, aggregation of spend and demonstrate delivery of best value.
- **Population health management** – The approach to supporting implementation of more preventative and personalised care models, data and insight driven.
- **System development** – How the system will organise itself for delivery, governance, role of places, provider collaboratives, clinical and care leadership and organisational development.
- **Supporting wider socio-economic development** – How the ICB and NHS Trusts will support development and delivery of local strategies to influence social, environmental and economic factors that impact on health and wellbeing.

2.8. The JFP will enable us to dispatch a range of legal requirements as set out in the guidance including our duties to improve the quality of services, promote integration and reduce health inequalities.

2.9. There is an acknowledgment that the ask to develop our Joint Forward Plan comes at a significantly challenging time. A time when the NHS is recovering from the covid pandemic, there is ongoing industrial action and there are significant workforce and operational pressures across health and care services, and it is within this challenging context that we have continued to develop and shape our initial Joint Forward Plan for South Yorkshire.

3. Developing our Joint Forward Plan for South Yorkshire

Engagement Approach – Citizens, Patients and Carers

3.1. As set out in the update in March, to ensure that our initial Integrated Care Strategy was informed by people living in South Yorkshire we took a phased approach to engagement.

3.2. Working within the challenging timeline set nationally for developing our Integrated Care Partnership Strategy we started by exploring what we already know matters to people living in South Yorkshire by gathering insight from a wide range of engagement and involvement activities undertaken in South Yorkshire in the last two years by our partners, from **284 different sources**. We then asked our communities a simple question to build on this: **‘What Matters to You’?**

3.3. This campaign took place over November and December 2022. Working with our local Healthwatches and voluntary, community and social enterprise sector (VCSE) we reached out to as many people as possible in South Yorkshire, including our health and care workforce, children and young people, under-represented and socially excluded groups and more than 500 individuals and groups responded.

- 3.4. The engagement work identified that there was a need for more information about health prevention and availability of different health and social care services, to make it easy for people to access health and social care services and removing barriers and to provide people with the information, tools and capacity to manage their own care.
- 3.5. Individuals and groups said their highest priorities were **access to and quality of care**, improving mental health and wellbeing, support to live well, the wider determinants of health, and affordability, given the pressure on the cost of living. All of these themes were used to shape our Integrated Care Strategy and inform our Joint Forward Plan.
- 3.6. Building on the engagement to inform our initial Integrated Care Strategy we made a commitment to ongoing engagement and as part of this ensuring that we hear from those we are yet to hear from and therefore we chose to 'continue the conversation'.
- 3.7. We commissioned **Healthwatch in Barnsley, Doncaster and Sheffield, and Voluntary Action Rotherham** to work with our underserved communities and asked them to focus on the most deprived communities in South Yorkshire (all of which are in the 20% most deprived nationally) and to ensure they chose some communities with a high proportion of ethnic minority groups as well as some with lower proportions of minority ethnic communities. They were also looking to engage other groups that suffer worse outcomes, (other than deprivation and ethnicity):
- Inclusion groups, such as people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery
 - Disabilities - physical as well as mental health and learning disabilities, autism and their carers.
 - Vulnerable children, that includes those in care and those leaving care (17–19-year-olds), those with gender identity issues
 - Digitally excluded communities
- 3.8. As well as this targeted approach we also created a survey for the general population and commissioned a street survey of people across South Yorkshire who are demographically reflective of the South Yorkshire population. Over 2500 responses were received. More details can be found in the full [involvement report](#). The findings have been independently analysed and a set of common themes identified as follows:
- **Accessibility** – being able to access care services in a timely and convenient way was the most commonly cited concern linked to effects on the quality of care and a experience. This was felt particularly strongly in terms of demand for accessing GP services. Removing the barriers to accessing services – reducing waiting times and knowing where to access information and support - was mentioned by all audiences. Vulnerable and harder to reach groups also felt their access was limited by their particular circumstances / conditions / background.
 - **Affordability** – the costs of transport, parking, medication, treatments as well as being able to live more healthily was also mentioned universally although this was especially important for underserved and underrepresented communities as well as health and care staff. Cost of living challenges is providing the context to these responses.

- **Agency** – many people want to be in control of their own care and some are frustrated by the barriers that prevent this. Many welcome the opportunity that digital solutions (eg NHS App) provide but some want more from this eg access to medical records. Many, particularly more vulnerable groups, struggle to navigate the system so want better support, information and guidance to overcome this. People across all groups also wanted access to the resources and knowledge to make sure they and their families could live healthier lives. More details on the findings can be found in the Engagement Report.

3.9. Throughout our Joint Forward Plan we have endeavoured to illustrate where our planned actions will address the issues identified by our citizens and communities in our engagement. In some cases, for example the cost of transport, this is not within the direct control of the NHS but is an area we need to work with others to address, whilst also ensuring that we are doing what we can to ensure that those with the greatest needs are aware of and able to access the arrangements we have in place for reimbursement.

4. Working together to develop our South Yorkshire NHS Five Year Joint Forward Plan

4.1. A Joint Forward Plan Coordination Group was established in January 2023 to bring together places, provider collaboratives and alliances to coordinate our initial Plan for South Yorkshire. It has built upon significant work to date, our strategic baseline, work to understand our transformation programmes and work undertaken through our provider collaboratives and alliances to bring people together to consider and agree priorities for their respective areas of focus.

4.2. Since January 2023 work has progressed at pace including:

- Ensuring all constituent members are sighted on our initial Integrated Care Strategy, our vision, shared outcomes, bold ambitions and joint commitments.
- Revisiting the South Yorkshire Strategic Health Needs Assessment (HNA) and taking account of our strategic baseline assessment.
- Taking account of our strategic baseline assessment and the requirements of the 23/24 operational priorities and the Long-Term Plan priorities
- Building on the engagement and involvement approach which shaped our Integrated Care Strategy, continuing the conversation working with Healthwatch and VCSE (as described)
- Building on all our existing Strategies and Plans, including Health and Wellbeing Strategies, Place Integrated Health and Wellbeing Plans and our South Yorkshire Five Year Strategic Plan (2019).
- Taking a distributed leadership approach across our places, provider collaboratives and alliances, to gather key information and milestones through a co-produced template to enable development of an action focused JFP
- Sharing outputs with a focus on year 1 & 2 priorities and discussions around key enablers, workforce, digital, innovation and cross-cutting themes, prevention first, improving population health and reduce health inequalities in all that we do.
- Developing a 'working draft' of our initial Joint Forward Plan.
- Work to identify our JFP strategic objectives and bring together our 'working draft' of our initial Joint Forward Plan.

5. Joint Forward Plan objectives and priorities across the life of the plan

5.1. Within the 'working draft' we identified a set of **JFP Shared Objectives**, a focus on year 1 and 2 priorities as well as a **longer-term view of priorities** across the life of the plan. A summary plan on a page can be found in **Appendix, A**.

5.2. The following JFP shared objectives were identified:

- Reducing health inequalities and a prevention first NHS
- Improving access, quality & transforming care
- Supporting and developing our entire workforce
- Partnerships and collaboration to deliver our plan
- Digital, data and technology and research and innovation
- Making the best use of our collective resource

5.3. The priorities in year 1 and 2 include a focus on **improving timely access** and **quality** of care, as identified as what matters most to people and a focus on the areas identified in the operational planning guidance, including the 31 national operational requirements.

5.4. Our draft JFP has been brought together to:

- Address the key issues that South Yorkshire citizens are telling us matter to them and identified as our key challenges, including improved access and quality
- Act as a shared South Yorkshire delivery plan for how the NHS working with Local Authorities, VCSE and others will deliver the Integrated Care Strategy
- Deliver on our immediate priorities to continue to recover services in a way that all our communities have equitable access to the care and support they need whilst supporting and developing our entire workforce.
- Continue being relentless and creative in both preventing ill health in the first place and our commitment to working in collaborations on the wider determinants of health to eliminating health inequalities in South Yorkshire.
- Progress in delivering key ambitions set out in the in the NHS Long Term Plan including maximising on innovation and continuing transform the NHS for future generations.

System leaders from SY health and care organisations shaping the Plan

5.5. A series of system development sessions took place in May and June with our System Leaders Executive (SLE) and these have helped shape and strengthen our JFP including:

- Additional emphasis throughout on taking a preventative approach
- Careful consideration of the level of ambition
- Ensuring mental health and wellbeing is threaded throughout
- The need for us to continue to create the conditions for collaboration
- The need to be intentionally biased towards addressing health inequalities in all that we do and that this needs a culture change to enable
- Addressing health inequalities is not separate to our financial challenges and working in a way that supports those with greatest need and tackles inequalities will also contribute to us making better use of our collective resource and finances

- Opportunity to explore flexibility and freedoms to enable providers to work together differently, move beyond transactional commissioning and contracting and share responsibility differently across our developing Provider Collaboratives & Alliances.
- SLE feedback also advocated an increased focus on outcomes. In response to this the latest draft includes a set of measurable outcomes for each area and the Outcomes Framework developed to underpin our Integrated Care Strategy has been expanded to cover our JFP.

Health and Wellbeing Boards, Places, Collaboratives and Alliances considering the Plan

5.6. The draft JFP was shared with our Place Partnerships, each of our Health and Wellbeing Boards, our Provider Collaboratives and Alliances in late May and early June for feedback. Feedback has been received from a wide range of partners and the themes were similar in nature to those put forward by our System Leaders Executive and Integrated Care Partnership. The feedback continues to be taken on board to shape the latest engagement draft, that is enclosed. This draft was shared with NHS England on 30th June.

5.7. The engagement draft is now on our NHS South Yorkshire website to enable interested citizens to consider and feedback on a full draft. It has been shared alongside an Executive Summary (both enclosed) and an easy read version is under development.

5.8. In addition to the work to develop our SY NHS Five Year JFP Place Partnerships have been refreshing their integrated health and care place delivery plans. These plans are aligned to our JFP and fundamental to delivery.

5.9. Provider Collaboratives and Alliances have also continued to develop detailed delivery plans for year 1 and 2, whilst simultaneously considering the longer term. As part of this a number of key strategies have been developed and/or are under development including a number of service focussed practical strategies:

- A Clinical Strategy led by the South Yorkshire and Bassetlaw Acute Federation – now finalised and available here - [clinical_strategy_documentv8.pdf \(syics.co.uk\)](#)
- A Strategy for Children and Young People, led by the CYP Alliance – under development
- A Mental Health Strategy, co-produced with the Mental Health and LD Provider Collaborative and ICB – under development

South Yorkshire Integrated Care Partnership considering the Plan

5.10. The South Yorkshire Integrated Care Partnership considered the draft JFP and emerging findings from our engagement work on 23rd May and the feedback has been used to further strengthen our JFP including:

- Ensuring sufficient focus on what is described as 'left shift' throughout, that is taking a preventative approach with a focus on upstream, early identification & intervention
- Strengthening the focus on multi morbidity & preventing onward LTC acquisition
- Ensuring a clear focus on the immediate areas of challenge that matter to people in South Yorkshire, including access to GP services and primary care, and waiting times for elective and diagnostic, cancer pathways and mental health services.
- The opportunity to consider further the role of social care, noting fundamental to discharge and keeping people well and supported in their communities.

- Potential to strengthen links to housing and work and health eg opportunity via primary care networks in local communities to employ local people and act as anchor institutes

6. Developing our Outcomes Framework

- 6.1.** As outlined in our previous update we developed an Outcomes Framework to underpin our Integrated Care Strategy. We have built upon this existing ICS Outcomes Framework (OF) to include the key measures and metrics that align to the JFP objectives and priorities (**Appendix, B**). As the JFP and ICP strategy have the same ultimate goals it makes sense to use the same Outcomes Framework. The OF will support the Integrated Care Board in measuring and evaluating its role in improving patient outcomes, population health and system performance as well as its progress towards the ICP goals and ambitions.
- 6.2.** The Outcomes Framework will provide a comprehensive set of outcomes relating to our priorities including population health outcomes, patient experience, safety, efficiency and equity. The outcomes selected will be measurable so we can track progress over time, and it will be dynamic and flexible to allow for changes in priorities or emerging issues and it will be reviewed regularly. The plan is to be transparent and publish the metrics so that they are publicly available.
- 6.3.** The framework will consist of a set of outcome-specific metrics as well as the key performance metrics (KPI) that will inform our progress towards the desired outcomes. **Appendix B** is a summary of the Outcomes that have been identified in the JFP.

7. Next Steps

7.1. The following key next steps are identified:

- **Ongoing Engagement** – To ensure that feedback continues to be taken on board to inform the final draft of our JFP and that the learning from the engagement work, the approach taken, and partnerships forged with Healthwatch and VCSE partners is captured to inform our ongoing engagement activities.
- **Outcomes Framework** - To continue the work commenced to expand our System Outcomes Framework. This will inform how the ICB and system partners develop outcome focussed approaches to planning and delivery including a dashboard to evaluate progress and success.
- **System financial outlook** - building on the 23/24 financial strategy and outlook and give a forward look to the shape of the economic impact of the South Yorkshire strategy and its delivery through the JFP.
- **Develop full final draft JFP** - To finalise our initial JFP for South Yorkshire reviewing and responding to feedback from citizens, NHS England and JHOSC over the summer and finalising in readiness for early September. Noting that this is our initial JFP and there is an expectation that it will be updated annually, through which we will have the opportunity to work with our partners to further strengthen as our plans develop.

- **Launch plans** – To develop plans and a suite of resources to launch our initial SY JFP during September.

8. Recommendations:

8.1. The Health Overview and Scrutiny Committee is asked to:

- Note the work undertaken to develop our initial five year NHS Joint Forward Plan for South Yorkshire including the engagement work and consider the engagement draft plan and provide feedback.

South Yorkshire Joint Forward Plan

- Summary



NHS South Yorkshire - Outcomes



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NHS JOINT FORWARD PLAN SUMMARY FOR SOUTH YORKSHIRE

June 2023



Foreword

It has been four years since the publication of the Strategic Five-Year Plan for South Yorkshire. Since then, a lot has changed and we have made good progress in taking forward our ambitions, whilst also managing the impact of the Covid-19 pandemic, operational and workforce pressures, periods of industrial action and more recently the impact of the cost of living crisis on our communities.

It is within this challenging environment that we officially became an Integrated Care System, establishing our Integrated Care Board for South Yorkshire, followed by our Integrated Care Partnership, Chaired by our South Yorkshire Mayor. We have a refreshed energy and renewed commitment to collaborate as partners and to work together differently with our local communities of Barnsley, Doncaster, Rotherham and Sheffield, our diverse voluntary, community and social enterprise sector and wider partners.

Our shared aim is to address the wider determinants of health, and how the circumstances in which we live can shape our health. We aim to eliminate health inequalities, improve population health outcomes and equity and support the physical and mental health and wellbeing needs of people living and working in South Yorkshire. Together we published our initial Integrated Care Strategy in March 2023. In this we set out our commitment to continue to listen, engage and involve people and communities and those with lived experience, to shape the work we do and the priorities we set to go further faster to eliminate health inequalities.

Within our communities across South Yorkshire we know that people here are dying younger than they should and living more years in poor health than they need to. Health inequalities show unfair and avoidable differences in health across our population, and between different groups within our communities. However, they are not inevitable, and they are preventable.

This Joint forward plan is our delivery plan for how the NHS working with Local Authorities, the voluntary sectors and many others will deliver on the ambitions set out in our Integrated Care Strategy and over the next five years ensure our resources are going towards those with the greatest needs and that equity is improved by taking a more preventative approach.

Our immediate priority must be to continue to recover our care services in a way that all our communities have equitable access to the care and support they need. This JFP sets out how we will deliver the NHS operational requirements for 2023-24. At the same time, we must continue be relentless and creative to prevent ill health in the first place and in our commitment to working in collaborations on the wider determinants of health to achieve our ambition of eliminating health inequalities in South Yorkshire.

We must continue the progress in delivering the key ambitions set out in the in the NHS Long Term Plan and continue transforming the NHS for future generations. Our aim with this initial Joint Forward Plan is to create a strong platform on which to move forward confidently and collectively.

Gavin Boyle

Chief Executive Officer

NHS South Yorkshire Integrated Care Board



Implementing our Integrated Care Strategy with the Joint Forward Plan

This plan is our NHS Five Year Joint Forward Plan (JFP) for South Yorkshire.



It has been developed by NHS South Yorkshire jointly with all NHS trusts and foundation trusts in the South Yorkshire Integrated Care System and in collaboration with wider partners. The requirement of a JFP is set out in legislation under the

Health and Care Act 2022. Guidance was published in December 2022 for Integrated Care Boards, NHS trusts and foundation trusts to develop these plans to meet the physical and mental health needs of their populations.

Our Plan is aligned with our four Health and Wellbeing Board strategies in each of our Places of Barnsley, Doncaster, Rotherham and Sheffield and it also builds from our Integrated Health and Care Plans in each Place and our previous South Yorkshire Five Year Plan (2019 - 2024). The Plan is directly linked to our initial Integrated Care Strategy and the ambition we have to reduce health inequalities and improve healthy life expectancy in South Yorkshire, and goes on to start to outline the NHS response and our shared delivery plans.



Initial Integrated Care Strategy for South Yorkshire

We want to see the people in all our communities live healthier and longer lives, have fairer outcomes and timely, equitable access to quality health and care services and support.

Our success here will ultimately be determined by improvements in Healthy Life Expectancy (HLE), narrowing the gap between the most and least deprived groups, eliminating inequalities in access and experience, and unwarranted variation.

Our vision and goals are supported by four shared outcomes that are reflected in all of our Health and Wellbeing Strategies and support the life stages of starting well, living well and ageing well.

Our intention is not to duplicate but to focus on a small set of bold ambitions where partners have agreed to align their collective power and influence to enable delivery at pace and scale.

Bold Ambitions

Our strategy to better health, recognises the work already ongoing and set out in strategies and plans for each of our Places across South Yorkshire. The bold ambitions are referred to throughout this plan where we have indicated areas of action that will support their delivery. Working together our bold ambitions are:

- Focus on development in early years so that every child in SY is school ready
- Act differently together to strengthen and accelerate our focus on prevention and early identification
- Work together to increase participation and support a fair, inclusive and sustainable economy
- Collaborate to value and support our entire workforce across health, care, VCSE and paid and unpaid carers. Developing a diverse workforce that reflects our communities.

We are making a joint set of commitments that will enable us to work together differently.



Listening to our South Yorkshire communities and what matters to them

Building on the engagement to inform our initial Integrated Care Strategy, we made a commitment to ongoing engagement with our communities. And to help inform our Joint Forward Plan we used what we had heard from our previous engagement alongside continuing the 'What Matters to You' conversation.

To ensure we heard from a more diverse breadth of our communities we commissioned Healthwatch Barnsley, Healthwatch Doncaster and Healthwatch Sheffield and Voluntary Action Rotherham to work with our underserved communities, with a focus on the most deprived communities in South Yorkshire (all of which are in the 20% most deprived nationally) as well as other groups from our communities who are known to suffer worse outcomes.

As well as this targeted approach we also created a survey for the general population and commissioned a street survey of people across South Yorkshire who are demographically reflective of our population. A question was included about whether people had responded to our 'What Matters to You' campaign in November 2022 so that we were able to tell who was a new respondent and who was adding detail to their previously submitted response.

We heard from more than 1,000 people through street surveys, over 700 NHS staff and nearly 800 people from community groups and the general public, taking the combined total to more than 2,500.

What did our communities say?

There are some common themes that are often mentioned among all audiences and which are referenced among all aspects of the insight sought, namely what's important to people about their health, what barriers exist to accessing services and how quality of care can be improved.

• Accessibility

Being able to access care services in a timely and convenient way was the most commonly mentioned concern because it affects the quality of a patient's experience. This was felt particularly strongly in terms of demand for accessing GP services. Removing barriers to accessing information, support and services were mentioned by all.

• Affordability

The costs of transport, parking, medication, treatments, as well as being able to live more healthily, were also mentioned universally. The cost of living challenge provides the context to these responses.

• Agency

Many people want to be in control of their own care and want better access to the information, tools and capacity to manage this.

Throughout the Joint Forward Plan we have endeavoured to illustrate where our planned actions will address the issues identified by our citizens and communities. There are some elements such as the cost of public transport, where the NHS does not have direct control, but is committed to working with partners and ensuring that patients and families are aware of reimbursement schemes. The full involvement report can be found [here](#). This is an engagement draft of our Plan and provides an opportunity for interested citizens to review the full draft. We are committed to ongoing involvement as we develop and implement more detailed plans.

Our thanks to all the individuals, groups and organisations who held focus groups or provided feedback through surveys that helped to influence this Joint Forward Plan.



The current position and key challenges

During autumn 2022 we began a strategic baseline assessment and as part of this in December 2022, we went on to undertake a review of the health of South Yorkshire's population.

The findings from that review and our engagement work, informed our Integrated Care Strategy and this Joint Forward Plan. People of South Yorkshire are living shorter lives than they should. People living in our most deprived areas have both shorter lives and are living those years in poorer health. The key findings that have influenced this plan are:



Male life expectancy is 77.3 years
(Eng 78.7 years)
Female life expectancy is 80.9 years
(Eng 82.7 years)



Gap in life expectancy between most and least deprived areas in South Yorkshire is for males 8.7 years, for females 7.6 years



Number of years lived in good health is 59.5 years for males and 60.2 years for females (a gap of 3.6 years compared to England)



Males and females living in the most deprived parts of South Yorkshire will live on average 19 years more in poor health compared to those in the least deprived

This is being affected by:

- **Multi-morbidity:** We are beginning to see an increase in the prevalence of multi-morbidity, e.g. having more than one long term condition, and an earlier onset, especially in the most deprived parts of South Yorkshire where this could be as much as 15 years earlier.
- **Mortality:** The biggest underlying causes of deaths in South Yorkshire were heart disease, Covid-19, Dementia, lung cancer, Stroke and lower respiratory disease.
- **Impact of Covid-19:** The pandemic had a significant impact on our elective admission rates as well as our waiting times for interventions. We also observed that there was an increase in the referrals to children's mental health services.

- **Inequalities:** The wider determinants of health affect demand for services, for example those in the most deprived areas have higher emergency admission rates, but lower access for elective care. Very poor health and lower average age of death is often experienced by people who have become socially excluded as a result of multiple adverse events such as homelessness, addiction, racism, violence, crime and complex trauma.
- **Risk Factors:** Many of the risk factors associated with our main diseases can be changed through preventative and proactive care and support, especially where nearly one in six people smoke, more than a third don't have their blood pressure controlled to target and two thirds are overweight or obese.
- **Early Detection:** We are working with primary care to improve the diagnosis rates for people with dementia, hypertension and cancer. Those with serious mental illness and those with learning disabilities are more likely to have physical ill health, and so early detection and prevention are key.

Key Challenges

On submission of our plans against the NHS planning objectives, several challenges were identified that impact on our population's health, our delivery plans and our financial position. The four key challenges are:

- **Ambulance waits:** The improvement to the Category 2 Ambulance response times requires a multi-system response with significant transformation across all elements of the urgent and emergency care pathway.
- **Elective waits:** Eliminating 65 week elective waits given system pressures, including continued industrial action. The required system response is planned working with the Acute Federation.
- **Mental Health Support:** Improving access to mental health support for children and young people and the reduction in inappropriate out of area placements remain a challenge.
- **Primary Care Access:** There is increasing demand and pressure on primary care which is in turn impacting on patients' timely access to services.



Joint Forward Plan Objectives and Summary

To support delivery of our initial Integrated Care Strategy, the national objectives set out in the NHS Planning Guidance for 2023/24 and our statutory requirements, we have identified a number of areas of focus that underpin and are fundamental to delivery of our Joint Forward Plan and they are described as a set of objectives.

In addition, the plan sets out specific areas of focus and more detailed plans across a range of programmes and the outcomes we are striving to deliver. These can be found in the main document.





Phasing in our Joint Forward Plan

Our plan is to take a phased approach to delivery.

Our immediate priority is to continue to recover our services in a way that all our communities have equitable access to the care and support they need. Whilst continuing to be relentless and creative to prevent ill health in the first place, we remain committed to working in collaboration on the wider determinants of health to achieve our ambition of reducing health inequalities in South Yorkshire. We will also continue to progress delivery of the key ambitions in the NHS Long Term Plan to transform the NHS for future generations.

Year 1 - 2



- Developing a population health led and health inequalities aware system, including building our South Yorkshire Population Health Academy to help enable and support our workforce with the skills, tools and capability to do this
- Refreshing and building intelligence and population health management approaches and engagement mechanisms working with VCSE
- Acting differently together to strengthen and accelerate our focus on prevention and early identification focusing on those with greatest needs
- Focusing on smoking and delivery of the South Yorkshire QUIT Programme connecting with and building on our tobacco control work
- Taking a personalised, preventative approach to long term conditions, implementing management priorities and addressing multi morbidity
- Developing our workforce strategy to support, develop and expand our workforce
- Delivering our Digital Strategy and developing a data and intelligence strategy
- Delivery of the three year plan for Maternity and Neonatal Services
- Addressing needs of children and young people by implementing the Children and Young People's Transformation Programme (CYP)
- Focusing on immediate actions to recover services, to improve timely access to primary care, diagnostic, elective and cancer pathways, mental health and learning disability services for children and young people and adults, and urgent and emergency care, including delivery of integrated community services, urgent community response and expanding virtual wards
- Delivering the national objectives in the Operational Planning Guidance for 2023/24 and 2024/25

Year 3 - 5



- Embedding population health management approaches to become a mature population health led system
- Continuing to collaborate with partners, focusing on prevention and early identification for those with greatest needs
- Embedding a primary prevention for all approach and working with people and communities to codesign sustainable prevention programmes
- Complete delivery of the three year plan for Maternity and Neonatal Services and the CYP Transformation Programme
- Deliver new service models that integrate primary, community and hospital services enabled by our Provider Collaboratives and Alliances
- Embed quality improvement, taking an evidence based approach to improve quality of care and health outcomes to reduce inequalities in access, experience and outcomes, address unwarranted variation in care pathways and further contribute to addressing health inequalities.
- Continue to transform and redesign mental health services and learning disability and autism services to improve access and quality of care
- Continue delivery of annual Operational Planning Requirements beyond 2024/25 and NHS universal commitments in the NHS Long Term Plan



South Yorkshire Joint Forward Plan

- Outcomes

This Joint Forward Plan is a key delivery vehicle for our Integrated Care Strategy and has the same ultimate vision and goals. So the approach we are taking is to build on our existing Outcomes Framework (OF) to include the key measures and metrics that align to the JFP objectives and priorities.

The following diagram summarises the outcomes we have identified and the indicators will also have an inequalities lens applied to them. These will be monitored alongside our Integrated Care Strategy outcomes as well as our key performance indicators relating to the operational planning objectives.

NHS South Yorkshire - Outcomes



Report to South Yorkshire Joint Health Overview Scrutiny Committee

Yorkshire Ambulance Service NHS Trust

Prof. Adam Layland, System Partnership Director, South Yorkshire

August 2023

Background

Yorkshire Ambulance Service NHS Trust (YAS) introduced new executive-level roles in each of the new NHS integrated care systems (ICS) at the end of 2022. These new strategic positions were created to ensure an integrated approach to the engagement of services delivered by YAS. Transformation and strategic planning for the future are key aspects to the role and the roles oversee all YAS services in the ICS areas.

Yorkshire Ambulance Service NHS Trust is the provider of an emergency ambulance service (999), urgent care services (111), patient transport services (PTS) and the Embrace children's service across Yorkshire and the Humber. These services are supported by a workforce of over 7000 people, and in South Yorkshire operates from 11 sites.

With the introduction of the System Partnership Directors, YAS is now fully integrated at both 'place' and 'system' across the NHS in South Yorkshire, and has regular engagement with local authorities, police, fire and rescue, voluntary and charitable services. Recently YAS contributed to the development of the NHS Joint Forward Plan for South Yorkshire and is committed to continuing to develop partnerships that improve services provided to the population.

Proposal

To ensure that services are reflective of local needs and to meet the YAS ambition of being a collaborator with partners, it is suggested that regular engagement with the South Yorkshire Joint Health Overview Scrutiny Committee (JHOSC) would provide benefit to the population overall. It is proposed that the YAS System Partnership Director for South Yorkshire attends JHOSC in a formal capacity twice per year to provide the committee with an overview of YAS delivery and key information. In addition, at the request of the committee, YAS will be able to attend any meeting as a partner to contribute to discussions on health and care as well as to provide expert views to inform committee members of the urgent and emergency care landscape.

For the remainder of 2023, YAS will be developing a new strategy for the next five years and would welcome views from the committee on a new strategy. In addition, YAS produces an annual quality report and at the appropriate attendance YAS will be able to present this to the committee and seek comments for the improvement of quality across South Yorkshire.

Recommendation

The committee are asked to note the report and discuss how YAS can better support the work of the committee.

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Joint Health and Overview and Scrutiny Committee

DATE 23rd August 2023

TITLE Work Programme 2023/24

Author: Deborah Glen, Policy and Improvement Officer, Sheffield City Council.

Deborah.glen@sheffield.gov.uk

Purpose of report

This paper is to provide the Committee with a draft work programme covering 2023-24.

Appendix – JHOSC Work Programme 2023/24

Background:

At its last meeting, this committee agreed the need for the establishment of a forward work programme to cover the year 2023/24. The agreed requirement was for a programme of work that is not just responsive to the requirements of our NHS partners, but is also proactive in identifying areas of work of mutual interest to the Local Authority partners. The benefits of developing such a work programme are that officers are able to effectively plan workload around publication requirements and attendance at the committee itself.

The draft work programme appended to this report, is the first attempt to pull this together. It is still not fully populated and an update will be provided at the meeting. It should be noted, however, that it is unlikely to ever be a “completed” document, flexibility being the key to keeping up with the needs of the committee. It may also be that not all of the dates are required, in which case, the Committee may decide to cancel if required. For these reasons, the Committee needs to maintain an oversight of the work programme, therefore it is suggested that it is reviewed at every meeting.

Recommendations:

The Joint Health Overview and Scrutiny Committee is asked to:

1. Agree the draft work programme, with the proviso outlined above.
2. Agree to review the work programme at every meeting.
3. Note any verbal update provided at the meeting.

Appendix – Draft JHOSC Annual Work Programme 2023-24

Item	Description	Lead Officer (s)	Report deadline
Meeting 1 August 23 rd 2023 10.00			14 th August 2023
NHS Joint Forward Plan	First report to the committee to share the emerging JFP with JHOSC for their input and also to give an overview of the involvement process	Will Cleary-Gray Marianna Hargreaves Katy Davison	
Yorkshire Ambulance Service	Overview of the Trust's activities and a discussion on the best way of working together in the future	Professor Adam Layland	
Terms of Reference	Updated to reflect new NHS structures	LA officers – Anna Marshall	
Work programme	To agree future dates and work programme	LA officers – Deborah Glen	
Meeting 2 September 21 st 2023 10.00			12 th September 2023
Oncology Review	Update for JHOSC on the position with regard to this review and to consider responses to questions raised by Members. To consider the Committee's position with regard to consultation.	Erin Brady, Cancer Alliance Katy Davison, NHS SY	
Work programme	To be considered at each meeting	LA officers – Deborah Glen	
Meeting 3 October 26 th 2023 10.00			17 th October 2023
Meeting 4 November 22 nd 2023 14.00			11 th November 2023

Meeting 5 December 7 th 2023 14:00			28 th November 2023
Meeting 6 January 18 th 2024 14.00			9th January 2024
Meeting 7 February 15 th 2024 10.00			6 th February 2024
Meeting 8 TBC			