Board of Directors - Public

SUMMARY	**Meeting Date:** 27 July 2022
	Agenda Item: 06

Report Title:	**Chief Executive Briefing**
Author(s):	Jan Ditheridge, Chief Executive
Accountable Director:	Jan Ditheridge, Chief Executive
Other meetings this paper has been presented to or previously agreed at:	**Committee/Tier 2 Group/Tier 3 Group** N/A
	Date: N/A
Key points/recommendations from those meetings	-

Recommendations

To consider the items discussed in this report in relation to impact and opportunity on our strategic priorities and risks.

Recommendation for the Board/Committee to consider:

Consider for Action	**X**	**Approval**		**Assurance**	**X**	**Information**	**X**

Please identify which strategic priorities will be impacted by this report:				
Covid-19 - Recovering effectively	**Yes**		**No**	**X**
CQC Getting Back to Good – Continuous improvement	**Yes**	**X**	**No**	
Transformation – Changing things that will make a difference	**Yes**	**X**	**No**	
Partnerships – working together to make a bigger impact	**Yes**	**X**	**No**	

Is this report relevant to compliance with any key standards?					State specific standard
Care Quality Commission Fundamental Standards	*Yes*		*No*	X	
Data Security and Protection Toolkit	*Yes*		*No*	X	
Any other specific standard?	*Yes*	X	*No*		Draft Mental Health Bill

Have these areas been considered? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	*Yes*	X	*No*		Health & Care Act Draft Mental Health Bill 100 Day Challenge
Financial (revenue &capital)	*Yes*	X	*No*		Health & Care Act
Organisational Development /Workforce	*Yes*	X	*No*		Estates & Facilities Management Action Plan Messenger Report
Equality, Diversity & Inclusion	*Yes*	X	*No*		Health Inequalities Improvement Dashboard
Legal	*Yes*	X	*No*		

Title	Chief Executive Briefing

Purpose

The purpose of this report is to inform the Board of current national, regional and local policy and issues that require consideration in relation to our strategic priorities and Board Assurance Framework risks, and to stimulate Board strategic discussion.

1.1   Cabinet Changes

Following the resignation of key Cabinet post holders, ministers and, a few days later the Prime Minister, urgent changes were made to the Cabinet and ministerial portfolios. Importantly there were several changes to the Health and Social Care portfolio following the resignation of the Secretary of State for Health and Social Care and Minister of Health, Sajid Javid and Edward Argar respectively.

The Secretary of State for Health and Social Care has overall responsibility for the business and policies of the department, including financial control, oversight of all NHS delivery and performance, mental health and championing patient safety.

Former Health Minister and Brexit Secretary Steve Barclay has been appointed as the new Health and Social Care Secretary and Maria Caulfield has been promoted to Minister of State for the health team. James Morris is now responsible for the Patient Safety and Primary Care portfolio.

The risks involved in so many potentially short-term changes could lead to change in focus, the previous Secretary of State had a particular interest in mental health and had championed the development of a new strategy for mental health, or delays in policy and legislation progress, for example the new Draft Mental Health Act. There may of course be opportunities as new Ministers will want to demonstrate they are capable, able and committed to their new roles.

The Board are asked to consider the impacts and opportunities to our strategic priorities and risks given the changes in the Government and in particular the Health and Social Care portfolio.

1.2   The Health & Care Act 2022 (The Act)

This Act received Royal Assent in April 2022 and the implementation of its scope and content continues.

To remind the Board the most significant structural changes brought about by the Act are:

- Establishment of Integrated Care Boards (ICB) and abolition of the Clinical Commissioning Groups (CCG)
- Shift from competitive tendering to collaborative delivery
- Formal merger of NHS England and Improvement

On 1st July 2022 South Yorkshire Integrated Care Board (ICB) was formally established, marked by the first full Board meeting, taking over statutory responsibility for planning local NHS services within South Yorkshire.

The Board will provide leadership to the Integrated Care system (ICS) with the aim of improving the lives of the people who live and work in south Yorkshire by:

- Improving outcomes in population health and healthcare

- Tackling in equalities in outcomes experience and access

- Enhancing productivity and value for money

- Helping the broader NHS support broader social and economic development

Appendix A is the letter shared with all partner organisations within the Integrated Care System (ICS) setting out, in a straight-forward way, how the ICS is organised, to ensure these aims are realised.

The merger of NHS England and NHS Improvement, to become NHS England, has also facilitated the opportunity to bring together Health Education England and NHS Digital.

The aim of the new NHS England Board is to provide high quality care and services for all to be achieved by:

- supporting local systems to improve the health of their populations and reduce health inequalities

- making the NHS a great place to work

- working collaboratively to ensure that healthcare workers have the right knowledge skills values and behaviours to deliver accessible, compassionate care

- optimising the use of digital technology, research and innovation

- delivering value for money and increased productivity and efficiency

Our Board has discussed the development of these structures and their aims over many months and importantly how Sheffield Health & Social Care NHS FT (SHSC) are involved in and contribute to the new approach to system leadership.

1.3   The Draft Mental Health Bill
The Bill was named in the Queens Speech May 2022 and the main features covered at our last meeting.

On 27th June the government published the Bill which will now undergo pre-legislative scrutiny.

The Mental Health Act Legislation Committee will consider the implications as the Bill progresses through Parliament and engage and keep the Board informed as appropriate.

1.4   Messenger Report (June 2022)
Commissioned by the Secretary of State for Health in October 2021 this report sets out to examine the state of leadership and management in the health and care sector, with a request for recommendations for the future.

The full report can be found here: Messenger Report and I recommend that the Board read and consider its contents, as it is important to consider in its entirety, and something is lost in attempting to summarise.

The recommendations of the report point to:

- Targeted interventions on collaborative leadership and organisational values
- Positive equality, diversity and inclusion action
- Consistent management standards delivered through accreditation training
- A simplified, standard appraisal system for the NHS
- A new career and talent management function for managers
- More effective recruitment and development of non-executive directors
- Encourage top talent into challenged parts of the system

The Director of People is working with colleagues across the system to consider the recommendations and how we might work together to address them effectively in South Yorkshire and within SHSC.

1.5   George Cross awarded to the NHS

On 12ᵗʰ July 2022, Amanda Pritchard, NHS Chief Executive, and May Parsons, the nurse who delivered the world's first COVID-19 vaccination outside a clinical trial, received the George Cross on behalf of the incredible 1.5 million NHS colleagues in England.

The George Cross, the highest civilian award for gallantry, recognizes the incredible dedication, courage, compassion and skill shown by NHS staff – from nurses and doctors to porters, cleaners, therapists and countless other roles – over more than seven decades, particularly in the face of the CoVid pandemic.

1.6   Fuller Report – Next Steps for Integrating Primary Care (May 2022)

Dr Claire Fuller was commissioned by the government to produce a report setting out a new vision for integrating Primary Care. The premise of the work pivots around the reorientation of the health and care system to a local population health approach through the further development of neighbourhood teams, streamlining access and helping people to stay healthy.

It is an important opportunity to re-establish primary care as an integral part of local systems to meet local population needs.

Our primary care mental health transformation programme is well placed to demonstrate the principles of the Fuller report, facilitating an integrated approach for the benefit of the communities in Sheffield who have mental ill health or problems.

The Fuller report can be found here Fuller Report - Next Steps for Integrating Primary Care

1.7   NHS Oversight Framework

The oversight framework sets out how the priorities in the operational planning guidance will be reviewed and monitored. This year it will include Integrated Care Boards as well as individual Providers, so we will be formally monitored as a system as well as an autonomous organisation.

This will be a year of transition with the aim to develop a long-term model of oversight of system led care. It will be a key change driver to help systems work differently together.

Our lead Director for Performance, Phillip Easthope, will work with his team to ensure that we understand the updates and changes both to the approach and metrics we are required to meet this year. These changes will be reflected in the appropriate reporting and accompanying narrative.

The Performance Framework will be reviewed to consider if any revisions are required. The Finance and Performance Committee will have oversight of this activity.

1.8   100 Day Challenge

Appendix B sets out the expectations regarding the safe and timely discharge of patients residing in an Acute hospital bed. While the recommendations are Acute focused, they are principles that can be adopted within our own Inpatient settings and given the challenges we face to facilitate admission and discharge in a timely way, working with partners we are adopting the best practice initiatives. We are of course also supporting our Acute colleagues to ensure that service users with need of a mental health placement or assessment are facilitated in a timely way.

1.9   Health Inequalities Improvement Dashboard

This is new, building on the learning during CoVid 19 pandemic, and provides key strategic indicators relating to health inequalities all in one place. The dashboard covers the five priority areas for narrowing healthcare inequalities in the 21/22 planning guidance. It is available to regions, systems and individual providers.

A number of staff including the Chief Executive from SHSC have attended webinars to better understand how we access and optimise the dashboard.

Our inequalities leaders will provide further insights through the relevant committees as we understand

how to use it to influence our inequalities work.

1.10   A Plan for Digital Health and Social Care
NHS England and the Department for Health and Social Care have published this plan setting out the vision for a digital future for leaders in health and social care and the technology sectors.

The focus is on collaboration, reducing the number of disparate systems across health and social care while improving the digital offer to support our patients and staff.

You can read more about this here: A plan for digital health and social care

The Chief Digital & Information Officer is considering the plan and will explore through relevant teams, meetings and committees. The Finance & Performance Committee led by the Director of Finance will share this thinking for consideration and any recommendations with the Board.

1.11   Estates and Facilities Management Action Plan
This is a most welcome plan to focus on maintaining, developing and celebrating the estates and facilities workforce. This is a timely document given the recent review of our own Estates and Facilities workforce review and will support our next steps and implementation.

The nine key actions of the Estates and Facilities Management (EFM) workforce plan are:

- Boost wellbeing and improve the work environment
- Make the NHS EFM an inclusive place to work
- Create new career pathways
- Future proof skills
- Embed data driven decision making
- Develop our managers
- Recruit the best talent
- Be the UKs EFM employer of choice
- Invest in what matters to people

These actions are directly mapped onto the People Plan key themes.

The plan can be found here NHS Estates and Facilities Workforce Action Plan

The Director of Strategy and the Director of People will lead the implementation of the plan in line with the recommendations and those of our own internal estates and facilities capacity and capability review. This will be monitored via the People Committee.

1.12   National Recovery Support Programme Conference June 2022
SHSC was invited, along with several other Trusts across England, to this conference, sharing practice and interventions that have led to improvements for those organisations supported by the National Recovery Support programme. The day was opened by David Sloman, Chief Operating Officer NHS England, supported by speakers from a wide range of disciplines that focus on improvement.

SHSC fielded our Chair, Chief Executive and Director of Nursing, Professions and Operations.

The day was useful to listen to others' stories, share good practice and ideas and network, an activity that none of us had done for some time due to the pandemic and we realised how much it had been missed.

1.13   Executive Focus

- *Appraisals & Objective Setting*
All Executive Directors have now undertaken their annual appraisal and set their objectives for the coming year.

At a recent development session, the Executive undertook a confirm and challenge process to check out interdependencies and ensure collectively their objectives will deliver our priorities.

- *Well Led – Next Steps*
Work continues to assess our level of compliance against the Well Led key lines of enquiry in preparation for our Board self-assessment review in the early Autumn.

- *Strategies – Year 2*
Focus has also turned to the implementation of year 2 of our strategies. Review papers are being prepared for each of the relevant Board committees providing an update on progress to date.

- *Leaving Fulwood – Move to Centre Court & Distington House*
Executives are leading final preparations to leave Fulwood and move into the new headquarters at Centre Court and Distington House, Atlas Way.

JD/jch
July 2022

NHS
South Yorkshire
Integrated Care Board

South Yorkshire Integrated Care Board
Management Office: 722 Prince of Wales
Road
Sheffield
S9 4EU
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4 July 2022

Sent by email to: ICB Partner Organisations - NHS South Yorkshire ICB

Dear Colleagues

The implementation of the Health and Care Act 2022 marks a significant change in direction for the NHS. We are moving from an organisation based around the principles of competition and an internal market, to one of partnerships, collaboration, and the integration of services. The formal establishment of South Yorkshire ICB on 1 July is part of this change. It was marked by our first full Board meeting where we took over the statutory responsibility for planning NHS services locally, previously undertaken by Clinical Commissioning Groups. You can view a recording of our Board meeting here.

Over the past few months, we have been working together to build on all the exceptional partnership working that has taken place in our area for many years developing the Integrated Care Board (ICB), Integrated Care Partnership (ICP), Place-based partnerships and provider collaboratives and alliances. We are confident that this work has put us in an excellent position to launch our new organisation and refresh our partnerships as we embark on the start the next phase of our journey in South Yorkshire together.

We thought it would be helpful to take the opportunity to once again to summarise the roles and relationships within the South Yorkshire Integrated Care System (ICS), including the Integrated Care Partnership (ICS), Integrated Care Board (ICB), Place-based partnerships, and provider collaboratives.

The Integrated Care System (ICS) is a partnership made up of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area by:

- **Improving outcomes** in population health and healthcare
- **tackling inequalities** in outcomes, experience and access
- enhancing **productivity and value for money**
- helping the NHS support broader **social and economic development**.

The ICS includes:

- The **Integrated Care Partnership (ICP)** is a statutory committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP brings together a broad alliance of partners concerned with improving the care, health and wellbeing of the population. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.
- An **Integrated Care Board (ICB)** is a statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. With the establishment of ICBs, clinical commissioning groups (CCGs) have been abolished.
- Within each ICS, **place-based partnerships** lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships involve the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers, and representatives and other community partners with a role in supporting the health and

wellbeing of the population. There are four Place areas in South Yorkshire: Barnsley, Doncaster, Rotherham, and Sheffield. Partners should continue to work with us and our colleagues as they have in recent months, as your local place-based and system contacts will not be changing at this time.

- **Provider collaboratives** and alliances will bring providers together to achieve the benefits of working at scale across multiple places and one or more ICS, to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers.

You can find out more about South Yorkshire ICB on our website, which includes our constitution, information about our executives, non-executives and partner members, our governance arrangements and mechanisms and our organisational priorities.

We would like to thank all the organisations, partners and colleagues who've worked with us to establish the new organisation and we look forward to continuing working with you towards improving outcomes and tackling inequalities for our population.

Yours sincerely

Pearse Butler
Chair
NHS South Yorkshire Integrated Care Board

Gavin Boyle
CEO
NHS South Yorkshire Integrated Care Board

Twitter: @NHSSYICB
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To:
- Acute trust CEOs and COOs
- ICB chief executives
- Community trust CEOs and COOs

cc.
- Directors of adult social services
- Local authority CEOs
- NHS England regional teams
- NHS England regional executive discharge leads

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

1 July 2022

Dear Colleagues

Acute Hospital Discharge '100-Day Challenge'

The National Health and Social Care Discharge Taskforce brings together partners from across health and social care to focus on opportunities to improve discharge. In particular, the taskforce aims to improve the outcomes for patients who no longer meet the 'criteria to reside' so they can be discharged from hospital, cared for in more appropriate settings, and to release much-needed capacity within acute providers.

We recognise and would like to thank you for significant efforts that you have made in improving system flow over several years. The taskforce has found there is still significant variation between hospitals and systems as a result of the processes employed by individual trusts and their partners. As a result, there is a need to codify and systematically implement change across England to ensure consistency and drive improvement for the benefit of patients, carers, and families.

Building on the work of the taskforce and the learning from the 14 NHS pilot sites and 12 social care sites that the taskforce has supported to date, 10 best practice initiatives have been identified that demonstrably improve flow and should be implemented in every trust and system to improve discharge:

1. Identify patients needing complex discharge support early
2. Ensure multidisciplinary engagement in early discharge plan
3. Set expected date of discharge (EDD), and discharge within 48 hours of admission
4. Ensuring consistency of process, personnel and documentation in ward rounds
5. Apply seven-day working to enable discharge of patients during weekends
6. Treat delayed discharge as a potential harm event
7. Streamline operation of transfer of care hubs
8. Develop demand/capacity modelling for local and community systems
9. Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges
10. Revise intermediate care strategies to optimise recovery and rehabilitation.

The 100-day challenge approach

To support this rollout, we are launching a '100-day challenge' and asking you, across your systems and with our support, to adopt the above processes, which we know can make a significant difference in facilitating discharge and improving care for patients.

To deliver against the 10 initiatives there will be a need for engagement across systems with key leaders from the NHS, local government and other relevant local partners, and with support from regional executive discharge leads. We are writing to you about this challenge today, on 1 July, which marks the legal establishment of integrated care systems and presents a significant opportunity for local systems to make real progress in this priority area to improve care for their populations.

A number of the initiatives are directly within the control of NHS and NHS-funded provider organisations, and as such, we are requesting that all system and provider leadership teams ensure there is focused executive and clinical leadership from medical, nursing and allied health professional colleagues. There should also be consistent and appropriate oversight of discharge performance from trust boards and ICBs.

The aim of the 100-day challenge is to improve the current position around discharge and ensure that we are in the best possible position ahead of winter. By 30 September 2022 – which will be 100 days on from our 'soft launch' event on 23 June – we ask that all trusts and systems have:

- a full understanding of the 10 interventions and the associated tiered support offer available from NHS England to assist with implementation
- infrastructure in place to focus on the implementation of the 10 initiatives.

The 100-day challenge will lead to recommendations for the ongoing improvement, support and monitoring that systems may need around discharge going forwards.

Next steps

A dedicated national NHS England team will work with each regional executive discharge lead to establish a launch meeting in each system, that will ensure there is a focus on improving processes and performance around discharge and working across the wider system to address challenges. In the meantime, please do begin to discuss as a system your current application of the 10 initiatives, and identify leadership and operational teams, and governance and reporting mechanisms, to help drive implementation over the 100-day period.

I would like to take this opportunity to thank you and your teams for your continued hard work on the important issue of improving discharge in the challenging context of ongoing pressures throughout the health and care system.

Yours sincerely,

Sir David Sloman
Chief Operating Officer
NHS England