



South Yorkshire and Bassetlaw Accountable Care System

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23 June 2017

Letter to: South Yorkshire and Bassetlaw Accountable Care System Chief Executives

Dear Colleague

Re: South Yorkshire and Bassetlaw Memorandum of Understanding

Following discussions at our boards, governing bodies and in council meetings on the draft Memorandum of Understanding (MoU) for South Yorkshire and Bassetlaw (SYB), I am pleased to attach the revised, final document.

The final version takes into account your comments and feedback and reflects the changes you requested. In addition to the changes, you also raised questions about some of the detail in the MoU and involvement of your organisation and Place in how the processes might develop. These are now incorporated in a separate document which will be shared with you and we will be working through these important questions in the next phase and as our Accountable Care System (ACS) matures.

If we are to achieve our ambitions, then we must always start with Place, allowing local areas to flourish as we collectively take on the challenges across our System. I would like to reiterate that the MoU does not replace the legal framework or responsibilities of our statutory organisations but instead sits alongside the framework to complement and enhance it. I would also draw your attention to your role within the Agreement.

As a core partner, you are a 'party to' the Agreement

'Parties to' have majority relationships (patient flows and contracts) within and across SYB and you are signing the agreement to be part of the emerging ACS in SYB. You will be subject to delegated NHS powers and a new relationship with other Parties, with both of the NHS regulators and are assured a package of support to transform health and care.

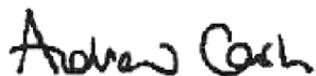
Your feedback and questions have been extremely valuable and as well as strengthening the document, will continue to shape our direction. I would like to thank you and your executive, non executive, lay colleagues and members for getting us to this point.

The documents reflects a point in time. We are still in negotiation with NHS England and NHS Improvement and the Arms Length Bodies on our MoU and are looking to take it to the 12 July Collaborative Partnership Board with a view to having support by the end of July.

The nature of our collective governance cycle means that it has taken us some weeks to get to this milestone but I am sure you will agree that it has been a thorough and valuable process. Our success to date is undoubtedly down to the strong relationships that exist between us and a proven history of working together. As we continue on our journey, we are building on very strong foundations and I look forward to working with you as we strengthen our position to bring about better health, care and life chances for the people of South Yorkshire and Bassetlaw.

We will be communicating about the ACS and our plans more widely in September and so the ask is that you now seek support for the direction of travel with your board, governing body and council meetings by the end of July.

Yours sincerely,

A handwritten signature in black ink that reads "Andrew Cash". The signature is written in a cursive, slightly slanted style.

Sir Andrew Cash
ACS Lead

Health and Care Working Together

South Yorkshire & Bassetlaw
Accountable Care System

Memorandum of Understanding
'Agreement'

June 2017

Title	Memorandum of Understanding for South Yorkshire and Bassetlaw Sustainability and Transformation Partnership		
Drafting coordinator	Will Cleary-Gray		
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23 rd June	0.4	Will Cleary-Gray	Initial feedback from CPB members
Approval by:			

Foreword

This document has been developed with South Yorkshire and Bassetlaw Health and Care partners. It is not a plan or a legal contract. We have already published our Plans across the five local Places and system in South Yorkshire and Bassetlaw. At the same time, each of our individual organisations has contracts in place.

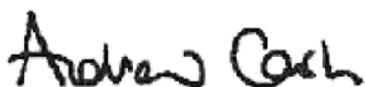
It does not replace the legal framework or responsibilities of our statutory organisations but instead sits alongside the framework to complement and enhance it. This document recognises the complexity of how health and care organisations currently work and interact together to provide the best possible care and services. It is also mindful of how health and care organisations are coming together to form partnerships locally in place; integrating health and care, commissioning and providing, including voluntary, community, GP, mental health and hospital services. At the same time, some of those same organisations have formed partnerships and are coming together across South Yorkshire and Bassetlaw to plan and commission strategically to ensure safe, sustainable and equitable acute services. In short, we are seeing increased collaboration, joint planning and integration of services that are focused entirely on bringing the greatest benefits to our population.

It is a complex picture and one which we must work through together as we continue to focus on what matters – the people in the populations we serve. This means constantly reviewing our approach, together with our staff, patients and citizens. We will also continue to build trust between us, working through what is best for our populations while using best practice where it exists and national guidance and support where we need it.

This document summarises and sets out our shared commitment to continue to work together on improving health and care for the people of Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield and collectively South Yorkshire and Bassetlaw. We still have much to work through and our plans and our approaches to delivering them continue to evolve.

This is our best assessment for 2017-19 on how we will work together, what we will work on and what we need to accelerate our vision and plans – the ‘Give’ and ‘Get’ which lies at the core of this MoU.

As we are in transition it is helpful to clarify how we are using terminology and acronyms for the purposes of this document. Sustainability and Transformation Plan (STP), Accountable Care System (ACS) and South Yorkshire and Bassetlaw Health and Care Partnership (SYB) are used throughout and they refer to the same thing – our SYB Partnership and our collaborative approach.



Sir Andrew Cash, ACS Lead

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1. Introduction and context

1.1. This document has been developed with South Yorkshire and Bassetlaw Health and Care partners. **It is not a plan** or a **legal contract**. We have already published our Plans across the five local Places and system in South Yorkshire and Bassetlaw. At the same time, each of our individual organisations has contracts in place.

1.2. It does not replace the **legal framework or responsibilities of our statutory organisations** but instead sits alongside the framework to complement and enhance it, setting out **the framework** within which our organisations will come together to establish how we will develop as **an Accountable Care System**.

1.3. South Yorkshire and Bassetlaw has **five strong health and social care communities** of **Barnsley, Bassetlaw, Doncaster, Rotherham** and **Sheffield** which have a long history of **working together** in each local **Place and across South Yorkshire and Bassetlaw** (SYB) to achieve positive change and improvements for local people.

1.4. The links between **poverty** and **ill health** are well established and are the driving force behind our joint working. Creating **jobs**, ensuring availability of affordable, good **quality housing** and targeting resources towards areas of **greatest need and reducing inequalities** are all important to **reduce poverty** and **improve our health and wellbeing**.

1.5. Our collective and collaborative approach is increasingly focused therefore on **prevention, integration, physical and mental health** and crucially, **co-production** with **citizens and communities**; addressing the **wider determinants of health together**. These are inextricably linked and include:

- **Employment**, opportunity and business
- **Adult and child health and social care**, enabling independence
- Raising levels of **education and skills** to improve opportunity
- Safe, clean and green **environment**
- **Life chances** for all

1.6. Each health and social care organisation in each Place **already has plans** which have been developed in partnership and in some cases, for example the **Better Care Fund Plan**, these plans are **jointly owned** between health and social care.

1.7. There is a shared view that in order to transform our services to the degree required to achieve **excellent** and **sustainable services** in the future, we need to have a single shared vision and single shared plan both for each Place and for South Yorkshire and Bassetlaw. For this reason, **leaders** from across health and social care in each Place have come together to develop a **single shared vision** and **single shared plan** which has resulted in **Place Plans** and the SYB Plan.

1.8. South Yorkshire and Bassetlaw is therefore in a good position with a single shared vision and plan in each Place. This is made possible by the commitment and significant contributions of each constituent organisation.

1.9. This puts each of our localities, and system as a whole, in a **strong position** to develop and realise an ambitious set of health and social care services for our patients and service users; ensuring the best possible quality of care within available resources.

1.10. In developing a joint vision and plans in each Place, we intend to maximise the value of our collective action and, through our joined up efforts, accelerate our ability to transform the way we deliver services. Our **Plans** are not starting from scratch or replacing individual partners' plans- they build on existing plans, taking a common view and identifying areas where it makes sense for us to work together and collaborate.

1.11. Central to these ambitions is developing different relationships with each other in Place, across the system and with those that assure and regulate our health services. This will enable us to focus on integrating health and social care services and ensuring safe, sustainable and equitable hospital services for everyone.

1.12. We are committed to ensuring citizens and staff have the opportunity to be involved in conversations to help shape the direction of travel in the ACS and in Place. This ranges from their role in wellness, prevention and self-care; identifying what's important to them in the delivery of services; as well as more specific consultation about service changes; and on the ongoing transparency and opportunity for them to hold us to account for delivery.

1.13. A key test of our new relationships will be the extent to which we adopt, as a first principle, an altruistic approach to each other as partners 'working as one'. How we respond as partners in times of need will be crucial and we must always put the needs of individuals, patients and the public first.

1.14. This document sets out how we propose to **organise ourselves** to provide the best health and care, ensuring that **decisions** are always taken in the **interest of the patients** we serve. It allows us to push even further beyond organisational need and allows us to build on **working together in each Place and working together across SYB** - to take collective strategic decisions across the whole of South Yorkshire and Bassetlaw to **lift the standard of care** no matter where people live or the organisation charged with planning or delivering care.

1.15. South Yorkshire and Bassetlaw set out its **strategic ambition** and **priorities** to improve health and wellbeing for all local populations in the **Health and Care plan published** in November 2016, together with how this will be implemented in each of the five **Place Plans** across Bassetlaw, Barnsley, Doncaster, Rotherham and Sheffield.

1.16. Following publication of the Next Steps in the Five Year Forward View, South Yorkshire and Bassetlaw has been confirmed as a **high performing system** and named as one of the eight Accountable Care Systems nationally. This means being supported centrally with additional funding, capacity and capability to be able to have more local control over health and care resources and in the delivery of transformational changes to services for people of South Yorkshire and Bassetlaw. This ability to have more local control is mainly reflective of the potential devolved responsibilities from health, its regulatory and assurance framework and health funding and resources.

1.17. This 'Agreement' sets out the framework within which our partner organisations, including NHS England and NHS Improvement will come together 'working as one', in 2017/18 to establish how South Yorkshire and Bassetlaw will develop as an Accountable Care System. We will agree together the delegated powers and new relationships we adopt between partner organisations, health regulators and health assurers to better achieve ambitions set out in the Plan and five Place plans.

1.18. The MoU sets out the approach to collaborative working and ambition to work as a **shadow Accountable Care System in 2017/18**, together with **key milestones** to move to a full ACS in 2018/19. SYB will engage with **NHS England centrally**, the **Department of Health** and the national **Arm's Length Bodies (ALBs)** to work through in 2017/18 **how** and **what** devolved **NHS powers** it will receive in 2018 as an Accountable Care System and which will be reflected in and **subject to separate and specific agreements** both with NHS England and local statutory organisations. Throughout this process we will be mindful of the legal duties placed on each partner organisation.

1.19. This 'Agreement' should be read in conjunction with the **Plan**, published in November 2016 and the **five local Place plans** across South Yorkshire and Bassetlaw. It should be viewed as a **framework** to **enable** collaborative working, **secure central funding** and support **new**

relationships with Arms Length Bodies (ALBs) in the pursuit of becoming an ACS to better deliver **improved health and care for the population** of South Yorkshire and Bassetlaw.

1.20. This 'Agreement' recognises the importance of integration of health and social care in each *Place* and that this will be an important factor in working through how the **emerging Accountable Care Partnerships** - which are being developed in each Place across partners and complement the ACS - develop to deliver improved care.

2. Parties to and partners in the Agreement

2.1. In developing this Agreement consideration has been given to the different relationships with constituent member organisations within the SYB ACS and the different relationship that organisations may wish to have with it. There are many partners working together - **NHS** and **non NHS** including **local authorities** and the **voluntary sector** each have respective governance, accountabilities and in many cases regulation responsibilities.

2.2. It is accepted that not all partners would want to be subject to many aspects of this agreement or indeed it would not be appropriate. **NHS England** and **NHS Improvement** have assisted SYB to establish clarity on which organisations should be **Parties** to and which might be **Partners** in this Agreement in context of NHS governance, accountability, regulation and assurance. For clarity, collectively, Parties to and Partners in are all members of the **SYB Collaborative** and its associated **Partnership Board**.

2.3. **STP geographies were, in the large part, nationally defined.** **Core** and **associate** partner terminology has been established over the course of developing the Plan to describe different partners and to support a wide and diverse partnership and to enable cross geographical boundary relationships and working.

2.3.1. For the purposes of this MoU core partners ('Parties to' the MoU) are NHS partners who have the **majority relationships** (patient flows and contracts) within and across SYB while Associate partners ('Partners in' the MoU) have majority relationships (patient flows and contracts) as core members of **neighboring STPs**, and relationships in SYB generally confined to a *Place* or **Accountable Care Partnership (ACP)**. Associate partners are also likely to be subject to collaborative agreements in neighboring STPs or local ACP and receive support consistent with respective STPs. For clarity, collectively, 'Parties to' and 'Partners in' are all members of the **SYB Collaborative** and its associated **Partnership Board**

2.3.1. **In the case of Chesterfield Royal Hospital NHS Foundation Trust**, the trust became a core member in the partnership on the basis of its **strong history of clinical networks** within and across South Yorkshire and Bassetlaw including the Cancer Network and more recently the **Cancer Alliance** and its history of collaboration with acute trusts as part of the **Acute Vanguard, resulting in significant acute flows into SYB**. Early on in the plan development process, formal representation was made to NHS England and NHS Improvement jointly between the Partnership and Chesterfield Royal Hospital NHS FT for it to become a **full partner in SYB** which was supported.

2.3.1. It is recognised that Chesterfield sits within a neighboring STP and likely that it may be subject to agreements with the neighboring STP which will need to be worked through to establish the medium and longer term relationships with **SYB ACS which may change**. There may also be changes to the way other organisation engage in the MoU as we develop and mature as an ACS. This also applies to emerging organisations, federations and legal partnership including primary care federations and therefore we will need to review as we develop.

2.4. It is anticipated that **Parties 'to' will sign the agreement as** an emerging ACS in SYB, be subject to **delegated NHS powers** and a new relationship with each other, with both **NHS regulators** and **assures** and package of support to transform health and care.

2.5. It is anticipated that **Partners ‘in’** will **support the direction of travel** and work in partnership with SYB ACS. In some cases they may be subject to separate agreements in neighboring ACS and aligned agreements in ACP in Place within SYB.

2.6. The Parties to this agreement are:

2.6.1. Commissioners

- NHS Bassetlaw Clinical Commissioning Group
- NHS Barnsley Clinical Commissioning Group
- NHS England
- NHS Doncaster Clinical Commissioning Group
- NHS Rotherham Clinical Commissioning Group
- NHS Sheffield Clinical Commissioning Group

2.6.2. Healthcare Providers

- Barnsley Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Sheffield Children’s Hospital NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- Rotherham, Doncaster, South Humber NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust

2.6.3. Heath Regulator, Assurer, Education and Training

- NHS England
- NHS Improvement
- Health Education England
- Public Health England

2.7. The Partners in this agreement are:

2.7.1. Local Authority partners

- Barnsley Metropolitan Borough Council
- Doncaster Metropolitan Borough Council
- Nottinghamshire County Council / Bassetlaw District Council
- Rotherham Metropolitan Borough Council
- Sheffield City Council

2.7.2. Provider partners

- Nottinghamshire Healthcare NHS Foundation Trust
- South West Yorkshire Partnership NHS Foundation Trust
- East Midland Ambulance Service NHS Trust
- Doncaster Children’s Services Trust

3. Scope

3.1. The scope of South Yorkshire and Bassetlaw’s transformational plan covers all aspects of health and care, specifically:

- Public health
- Social care
- Primary care (including GP contracts)

- Community services
- Dental and screening services
- Mental health services
- Acute services
- Specialised services
- Research and development
- Health education and innovation
- Governance
- Assurance
- Regulation
- Resources and finance
- Capital and estate
- Information sharing and digital integration
- Workforce
- Communication and engagement

3.2. Key enablers to include:

- Appropriate governance and regulation
- Delegation of resources from relevant national partners in line with the delegation of statutory functions
- Access to fiscal and regulatory levers that enable the improvement of health and wellbeing outcomes through wider determinants e.g. education, employment etc.
- Empowered system leadership, supported by effective governance and accountability arrangements
- A shared strategic approach to capital and estates planning
- A shared strategic approach to communications and engagement
- A shared strategic approach to workforce planning (clinical and non-clinical)
- Development of new payment mechanisms that remove perverse incentives and encourage/ support new models of care
- Development of new information sharing system/ processes

3.3. Operating as a shadow ACS through 17/18, will require flexibility in terms of ways of working. As a result, it is expected that the scope will remain fluid over this time period, to allow arrangements to be tested and amended as required to secure the optimal outcomes.

4. System objectives

4.1. In our STP submission we set out the objectives for the SYB systems aligned to the dimensions of the triple aims of the STP. These are summarised below:

4.2. The parties share the following system objectives

4.3 Care and quality

- Joined up, high quality services across hospitals, care homes, general practices, community and other services
- Easy and convenient access to services across settings and times of day
- Greater availability of services closer to home
- Better quality, more specialised hospital based care
- Greater availability and variety of non-health services that enhance people's health

4.4 Health and wellbeing

- Better support for individuals in relation to physical and mental wellness and prevention
- A wider variety of healthy living schemes aimed at all communities within the population
- Active networks and links that connect people across communities and provide support
- Greater collaboration across the public sector relevant to the wider determinants of health

4.5 Finance and sustainability

- High quality, efficient services which provide good value for money for tax payers
- Reduced waste and greater efficiency in service delivery
- Greater use of available funding in enabling individuals to stay well and providing care closer to their homes
- A workforce and service that works flexibly to respond to individual needs and how people live locally, ensuring that the right skills and services are present in the right place and the right time

4.6 The NHS Constitution and Mandate sets out clearly what patients, the public and staff can expect from the NHS. SYB wants to build upon the rights and pledges of the Constitution and provide further opportunities for patients and the public to be involved in the future of their NHS - building on the Plan and the early conversations we have had with the citizens, patients and staff on these ambitions during February and March 2017.

4.7. The NHS Next Steps on the Five Year Forward View articulates why change is urgently needed, what that change might look like and how it can be achieved. It describes various models of care which could be provided in the future, defining the actions required at local and national level to support delivery. It sets out the development of new models and SYB is committed to being an early implementer and a test bed for new, innovative approaches of:

- a. An Accountable Care System **across SYB**, with devolved freedoms, accountabilities and responsibilities and **new relationships with member organisations**, including NHS England, NHS Improvement and the ALBs
- b. A **closer relationship between commissioning and providing**, integrating and aligning approaches to strategic planning and transformation of services
- c. Accountable Care Partnerships with **providers across SYB**, delivering new models of acute and specialist care
- d. New models of **commissioning at system level** for acute services, reducing variation and duplication and minimising transactional activity
- e. Operating and managing a system **control total** for health
- f. Accountable Care Partnerships in each local **Place** delivering **integrated health and social care aligned to an overall SYB ACS**

4.8. SYB needs to develop different relationships and have freedoms and responsibilities to optimise its potential. This Agreement builds the collaborative partnership established to develop the Plan, creates the platform for SYB to build on these to implement its ambitions through the invitation to SYB commissioners and providers to develop an emerging ACS.

5. Overarching principles

5.1. In the documents that were submitted as part of the STP submission on 21 October 2016, STP partners made a commitment to upholding the principles summarised below:

- **Improving quality and outcomes** - As a system, partners will work collectively to improve quality and population outcomes for people and reduce health inequalities for all of our local populations.
- **'No worse off' principle** – Decision making will be focused on the interests of people in SYB and our collaborative partnership will work to ensure those interests are served. We will ensure that our collective working and decisions **do not lead to increased health inequalities or a worsening of health outcomes for any of our populations across SYB**
- **Inclusiveness** - All stakeholders (including commissioners, providers, patients, carers and partners) will be included in decision making and empowered to shape the system as it continues to develop. This will require active and sustained communications and engagement, informing and involving people early and in ways that allow them to get involved and help shape the direction of travel as we tackle the challenges
- **Participation** - SYB will be involved in all decisions that materially impact on the health and care provided to its population or by its local partners
- **Integration** - Partners will work to support improvements in outcomes through increased integration
- **Subsidiarity** - Partners will work to support delegation of decision making to the most appropriate level, subject to robust governance and accountability mechanisms
- **In the NHS family** - Healthcare services in SYB will remain part of the NHS. All the commitments described in this Agreement aim to (i) strengthen health and care in SYB and (ii) uphold the NHS values and standards
- **Transparency** - Decision making will be underpinned by transparency and open information sharing between and amongst local and national partners
- **Co-production** - National partners will take a co-production approach with SYB, in which decision making is facilitated by national partners to devolve and by local partners to 'receive' and deliver delegated functions
- **Form aligned to function** - the delivery of shared outcomes will drive changes to organisational form where appropriate
- **Wider system (NHS) focused** - Further delegation decisions will continue to be subject to consideration by national partners.
 - Local partners commit to working with national partners to ensure alignment between national policy objectives and the strategic direction taken locally.
 - Local partners will continue work to support nationally agreed priorities, including those set out in the Five Year Forward View.
- **Accountability** - All organisations will retain their current statutory accountabilities for health and social care and any commitments made will remain subject to organisations' continuing ability to meet these accountabilities.

6. Direction of travel and key milestones

6.1. This document outlines our desire, individually and collectively, to achieve our vision of health and care in SYB. A significant amount of work has been delivered through working together locally to progress the system to its current state. However, we know that more work remains to be done and that a clear roadmap, agreed with all parties, will provide a clear and transparent way forward. We will continue to work together as local partners and with national colleagues to define the specific mechanisms and timescales associated with any further delegation of responsibilities and associated funding. Delegation of functions

from national partners to local partners on behalf of the “system” will take place in a series of agreed steps, the speed and scale of which will likely be determined by:

- The achievement of assurance criteria determined by national partners
- Demonstrated capability
- The strength/ appropriateness of governance arrangements
- The clarity of the delivery plan
- Suitability of gateway milestones

6.2. This approach will ensure that the system will only take on greater responsibilities and powers when it has the capability and resources to manage them appropriately.

Key milestones in the process include:

- By end **July 2017**, an MoU **Agreement** between SYB Parties giving the **Framework** by which SYB will ‘**work as one**’ to develop as an Accountable Care System and implement its Plan.
- **By September 2017**, taking staff and public feedback into account, we will refresh and rebrand the STP from a communications and engagement perspective to reflect becoming an ACS and what this means for the future of health and care
- **By September 2017** we will **agree a delivery plan for 2017/19** for SYB ‘working as one’ to include priority areas including **urgent and emergency care, primary care, mental health and learning disabilities and cancer** to demonstrate delivery and enable testing of key ACS objectives outlines in 4.7.
- **By September 2017**, governance and an approach for agreeing and monitoring investment decisions within the ACS will be agreed
- **By the end of October 2017**, with capital and transformation funding, we will agree how we will operate a system control total for health in 18/19
- **By end October 2017**, we will agree a new **NHS single oversight and assurance framework** for SYB to be operational by April 2018 with aligned resources to support an integrated SYB ACS oversight and assurance function which will work with **streamlined regional and national oversight arrangements**.
- **By end of October 2017**, we will agree system and place commissioning responsibilities for agreed functions and services to enable alignment for ACPs to focus on new ways of contracting and allocating resources including **population budgets, population health management** and segmentation approaches for Place tier 0 - 1 and a system commissioning function for tier 2 and 3 services (all to be agreed).
- **By April 2018**, we will agree governance and approach for delivery of tier 2 services following the **hospital services review** outcome to support a **horizontally integrated accountable network of hospital based services**.
- Each of the five Places has confirmed they wish to continue to develop their Accountable Care arrangements and it is anticipated that these will be in **shadow form in 2017/18**.
- **By October 2017**, SYB ACS will be ‘working as one’ with NHS England and NHS Improvement and working with ACPs in shadow form to provide support so that they will be **legally constituted partnerships by April 2018** (at the latest).

7. Governance, accountability and assurance

7.0.1. This MoU **does not replace the legal framework or responsibilities** of our statutory organisations but instead sits alongside the framework to complement and enhance it. It recognises the complexity of how health and care organisations currently work and interact with each other to provide the best possible care and services.

7.0.2. Our health and care organisations are already coming together to **form partnerships in Place**; integrating health and care, commissioning and providing, including **voluntary, community, GP, mental health and hospital services**. These are taking varying forms and the governance and how this best supported in an overall ACS will be a **key priority in 2017/18** and will be an area for which we will receive national guidance and support.

7.0.3. At the same time, some of these same organisations are forming necessary partnerships and coming together across South Yorkshire and Bassetlaw, either our hospitals, to ensure safe, sustainable and equitable acute services as a **'group of hospitals'** or our health commissioners to make consistent strategic planning and commissioning decisions as a **system commissioner**. In all of this, how the traditional separation between health commissioning and providing and the focus on competition is giving way to a focus on collaboration and integration.

7.0.4. All of this **'pushes'** at the boundaries of the **existing legal frameworks** but other systems have found ways to work where there is evidence that it better serves to make improvement to the populations we serve.

7.0.5. Current statutory requirements for CCG assurance

7.0.5.1 NHS England has a duty under the NHS Act 2006 (as amended by the 2012 act) to assess the performance of each CCG each year. The assessment must consider, in particular, the duties of CCGs to: improve the quality of services; reduce healthy inequalities; obtain appropriate advice; involve and consult the public; and comply with financial duties. The 2012 Act provides powers for NHS England to intervene where it is not assured that the CCG is meeting its statutory duties.

7.0.5.2 NHS England must publish a report each year which summarises the results of each CCG's assessment. The detail of the CCG assurance framework which underpins the publication is NHS England policy rather than set in statute or regulation.

7.0.6. Current statutory requirements for Foundation Trust oversight

7.0.6.1. NHS Improvement (NHSI - the operational name which brought together Monitor and the Trust Development Authority (TDA) and their associated teams on 1 April 2016) has a duty under the NHS Act 2012 to ensure the operation of a licensing regime for Foundation Trusts (and other providers of NHS services). The licensing regime covers requirements on FTs in relation to: general conditions; pricing; choice and competition; integrated care; continuity of services; and governance. The 2012 Act provides powers for NHS improvement to enforce or set conditions on a provider's license.

7.0.6.2. The licensing regime is underpinned by the NHS Improvement Single Operating Framework which aims to help providers attain and maintain CQC ratings of good or outstanding. The framework is NHS Improvement policy rather than set in statute regulations.

7.1 Principles and underpinning assumptions

7.1.1. The Agreement is drafted by all *Parties* including NHS England, NHS Improvement and the ALBs where this is appropriate. The Agreement is intended to be **flexible** to achieve the right balance of **'Give' and 'Get'** - financial, capacity, capability or devolved freedoms and flexibilities in return for improved delivery, operational, financial, quality, and transformational change.

7.1.2. There will be continual **engagement** and **consultation** with **Boards, Governing Bodies and Councils** throughout development. ACSs are **not statutory bodies** - they supplement accountabilities of individual statutory organisations. 2017/18 will be the first phase of SYB ACS and statutory organisations will **continue** with statutory accountabilities and relationships with NHS England and NHS Improvement, which will retain legal responsibility for CCG assurance and FT oversight respectively.

7.1.3. From September 2017, SYB Health and Care Partnership will adopt the 'Working Together' brand and as such will continue to deliver NHS Constitution and Mandate commitments in full and remain part of the wider NHS System. **The Health and Care Working Together Partnership** will deliver the FYFV ambitions through the development of an **Accountable Care System with five constituent Accountable Care Partnerships** and implementation of its **Health and Care Working Together Plan** (October 2016, revised April 2017) and **five Place Plans**.

7.1.4. The development of the Accountable Care System during 2017/18 will establish how individual organisations will be **held to account** for their contribution to the delivery of NHS Constitution and Mandate and the Health and Care Working Together Plan. Each of the five Places has confirmed they wish to continue to develop their Accountable Care arrangements and it is anticipated that these will be in shadow form in 2017/18. What constitutes 'shadow' is to be worked through and to be discussed and agreed with statutory organisations. SYB ACS 'working as one' with NHS England and NHS Improvement will work with ACPs providing support where required, especially where ACPs look to move to legal forms.

7.1.5. **Operational management** of the **assurance** and **oversight processes** will be through SYB working together and we will deliver the principles of the two national frameworks with a **locally developed model** with an **integrated single** oversight and assurance process within the ACS.

7.1.6. SYB will be **assured once**, as a place, for delivery of the NHS constitution and mandate, **financial** and **operational control** and **quality**.

7.2. NHS assurance, regulation and accountability

7.2.1. We would expect to move to a **SYB relationship** with NHSI and NHSE providing a **single 'one stop shop' regulatory relationship** with NHSE and NHSI in the form of **streamlined oversight arrangements**. An **integrated CCG Improvement Assessment Framework (IAF)** and **Trust single oversight framework**. CCGs will still require an annual review with NHSE. This will be in place from April 2018.

7.2.2. Single Accountability Framework

Within 2017/18, SYB working with NHS England and NHS Improvement will establish a Single Accountability Framework (SAF) which brings together the NHS England CCG Assurance

Framework and the NHS Improvement Single Operating Framework at a local level. The SAF will be implemented from 1 April 2018 and will set out:

- The **roles and responsibilities** of the parties to this Agreement (CCGs, providers, NHS England and NHS Improvement)
- The **scope of the SAF** including NHS constitutional commitments, national targets, quality indicators and productivity measures
- The **internal governance, assurance and reporting** system within SYB to support delivery of the SAF
- The **external assurance** and reporting system for SYB to NHS England and NHS Improvement
- The **agreed trigger points and process** where NHS England and NHS Improvement may **exercise their statutory responsibilities for intervention**.

7.2.3. The **Single Accountability Framework** will operate in shadow form within 2017/18. In shadow form, its scope will reflect the priorities of SYB (for example, cancer and urgent & emergency care).

7.2.4. The scope of the SAF **will widen as the ACS matures** until it covers the full range of NHS responsibilities. The timeline for the development of the scope of the SAF will be agreed between the Parties to the Agreement.

7.2.5. In 17 / 18 we will **align NHS England and NHS Improvement functions** and resources to support delivery of the 'integrated within SYB ACS' element of the Single Accountability Framework.

7.3. Quality and safety

7.3.1. South Yorkshire and Bassetlaw has a well established quality and safety approach at, organisation, Place and System level. Very much of what is described in this MoU is about **improving quality and safety**. This is both through our organisations choosing to work together on common challenges and on those issues which are most in need of a different way of working or most likely to deliver improvements through our joint efforts.

7.3.2. We commit to reviewing our approaches in light of developing as an ACS in 2017/18 to ensure our **quality and safety oversight and assurance** best supports how we are coming together in Place, as emerging ACPs and across SYB as an overall ACS.

7.3.3. There is growing evidence that the improvements we are aiming to achieve within our plan will give measurable **improvements in quality** ahead of any financial efficiency improvements. We would therefore want to develop clear quality metrics for SYB to enable us to track these quality improvements.

7.4. Financial

7.4.1. There are a number of areas that the ACS wishes to develop in conjunction with NHS England and NHS Improvement to support robust governance, accountability and assurance. The proposals will be developed through the SYB Directors of Finance Steering Group and ultimately approved by the Collaborative Partnership Board. The areas to be considered are outlined below.

7.4.2 How a system control total would work across the ACS?

This would focus on the following areas:

- How to create in year flexibilities including the potential use of a contingency or other specific business rules?
- How to reflect the impact of an agreed transformational scheme which differentially impacts organisational financial performance?
- Consideration of Place based control totals?
- Consideration of monitoring, management and reporting arrangements?
- Whether a set of efficiency indicators could be used to inform the application of a system wide control total?

7.4.3 Consideration of moving to a risk based approach to contracts?

Consideration will be given to developing a risk based approach to contracts where risks are identified and aligned to the organisation best placed to manage the risk and which supports the development of a system wide solution.

7.4.4 Investment decisions and business case development?

Agreeing a process to ensure investment decisions are optimal for the ACS footprint and are consistent with the ACS strategy. This will include a process on how any additional capital, transformation and any other external funding can be best deployed across the ACS. Developing a process to agree financial principles and assumptions to be used in ACS business cases

7.4.4 Agreeing a process for business planning, financial reporting and performance

To develop an ACS business planning process including agreement to a consistent set of planning assumptions, where appropriate, and taking into account national guidance. To develop in partnership with NHS England and NHS Improvement a monthly ACS report which covers both financial performance and performance against key operational targets.

7.5. Operational

7.5.1. In 2017/18 and as part of our approach to developing an integrated single oversight and assurance approach within SYB, we will review operational assurance and oversight including our approach to planning and delivery assurance so that it is integrated within SYB. We will also align NHS England and NHS Improvement functions and resources.

7.6. Shadow Accountable Care System

7.6.1. In 2017/18, SYB will develop as an **Accountable Care System**. This will include collective decision making, governance and a **single accountability framework** which will align the individual statutory responsibilities of Parties to the Agreement to the delivery of the Health and care Plan (November 2016).

7.6.2. Where it serves to improve population health outcomes and to meet the needs of patients, we will develop integrated working between commissioners and providers to transform services and reduce transactional costs in the system.

7.6.2. Each of the five Places will develop an **Accountable Care Partnership** (ACP) to deliver the ambition set out in its **Place Plan** and the **wider Health and Care Plan (2016)**. The five ACPs will operate in shadow form within 2017/18 and will **be legally constituted partnership by 1 April 2018**, at the latest.

7.6.3. The five ACPs will bring together health and care services from statutory and non-statutory organisations to create a **vertically integrated care system** in each Place. This will include hospital services from tier 1.

7.6.4. Each of the five Places will explore new ways of contracting and allocating resources to its ACP including **population budgets, population health management** and segmentation approaches.

7.6.5. The five ACPs will connect between the five Places and with a horizontally integrated network of hospital based care (tiers 2 and 3) to support seamless care for patients and to create the overall accountable care system (ACS) for South Yorkshire and Bassetlaw.

7.6.6. A system wide commissioning function will be in place within 2017/18 which will result from a reform of commissioning. We will build on approaches we have established in SYB, integrating approaches to planning and transformation and explore new ways of contracting and allocating resources to network of hospital based care. From April 2018, we will start to test the **'contract once' with the 'network of provider'** to support sustainable services and drive improved outcomes for patients.

7.7. ACS governance

7.7.1. South Yorkshire and Bassetlaw has established collaborative governance. This governance **recognises statutory governance** of member organisations and where statutory organisations have come together to formally delegate to **a joint committee or Committees in Common**. It serves to support and supplement where agreed and appropriate, statutory governance and is the basis from which we will develop as an ACS.

7.7.2. A summary of SYB governance includes an **Oversight and Assurance Group**, a **Collaborative Partnership Board**, an **Executive Steering Group** and a range of programme Boards and project Boards.

Summary schematic - South Yorkshire & Bassetlaw Health and Care Working Together Partnership Governance



7.7.2.1. Oversight and Assurance Group: membership includes chairs from constituent statutory bodies including providers, commissioners, and Health and Wellbeing Boards with chief executives (CEOs) and accountable officers (AOs) in attendance.

7.7.2.2. Collaborative Partnership Board: membership includes CEOs and AOs from partner organisations including mental health and primary care, commissioning and local authority organisations, voluntary action groups, Healthwatch, NHS England and the ALBs. We also have clinical membership from primary and acute care. We plan to strengthen our Collaborative Partnership Board and review primary care input and wider clinical input and with lay membership.

7.7.2.3. Executive Steering Group: this group combines both the former STP executive steering group and the former finance oversight committee. Membership includes CEO and AO representation, together with directors of strategy, transformation and delivery and directors of finance.

7.7.2.4. Programme Boards: we have a range of programme boards delivering key priorities which are all led by a CEO and AO senior responsible officer (SRO). Each has a director of finance lead and a programme manager supporting.

7.7.3. This governance will remain in place for 2017/18 and during this time SYB will work with the Department of Health, NHS England, NHS Improvement and the ALBs as an ACS to review and establish governance that will best support us. This will be in place for 1 April 2018.

7.8. Joint Committees and Committees in Common

7.8.1. SYB CCGs, in partnership with North Derbyshire and Wakefield CCGs, have already established a joint committee and CCG governing bodies have **delegated authority** for the review of children's surgery and hyper acute stroke services. The membership includes accountable officers, clinicians and lay members. During 2017/18, we will review the scope of delegation to reflect the outcomes of the Hospital Services Review and the Commissioning Review so that formal governance arrangements are in place by 1 April 2018.

7.8.2. SYB acute providers, in partnership with Chesterfield Royal Hospital NHS Foundation Trust and Mid Yorkshire Hospital NHS Trust, have established a **Committees in Common (CiC)** to better support collaborative working between trusts including streamlining decision making. The collaboration has already supported changes in a number of programme areas including support services (back office functions) and a number have been joint with commissioners working together across the same geographical area.

7.8.3. During 2017/18, we will review the scope of delegation to reflect outcomes of the Hospital Services Review and Commissioning Review so that governance arrangements are in place by 1 April 2018. At this stage, the wider acute provider partnership includes both acute providers and community mental health providers. However the CiC does not currently extend to community mental health providers

7.8.4. The two programme offices and teams supporting commissioning and provider collaborations have now co-located to provide a joined up approach to planning and transformation delivery of acute services across SYB.

7.9. Place and accountable care development

7.9.1. CCGs and local authorities will continue to receive their respective health and care funding and to be statutorily accountable for their allocation.

7.9.2. Within 2017/18 each CCG will agree with its corresponding local authority the integrated governance structure which will support the **allocation of resources** to their ACP based on delivery of their agreed Place plan, wider Health and Care plan and agreed local outcomes.

8. Delivery improvement 2017/18-19

8.0.1. South Yorkshire and Bassetlaw has developed a number of priorities to support delivery of its Plan. These are led by chief executives and accountable officers with strong input from senior clinicians, public health, senior finance and operational colleagues from member organisations.

8.0.2. Transformation priority workstreams include:

- Urgent and emergency care
- Cancer
- Healthy lives, living well and prevention
- Primary care
- Mental health and learning disabilities
- Elective care and diagnostics
- Maternity and children's

8.0.2.1. Enabler workstreams

- Workforce
- Digital and IT
- Carter, estates and shared services
- Finance
- Communications and engagement

8.0.3. For 2017/18 – 19 South Yorkshire and Bassetlaw has identified a focused number of key priorities for delivery improvement 'working as one'. We will align resources and priority workstreams to support delivery of these key priorities at all levels within the emerging Accountable Care System and we will use these priorities to test new ways of working together and with NHS England and NHS Improvement to show additional benefits to patient and service delivery:

1. at organisational level
2. at Place (ACP) level
3. at System (ACS) level

8.0.4. Catalyst for change – in 2017/18 we will focus delivery improvements in urgent and emergency care, primary care, mental health and learning disabilities and cancer (or subsets of these priority areas) where we plan to make tangible improvements which will serve as a real catalyst for change across SYB. Each of our transformational workstreams has taken a unique perspective on how best they can contribute to delivering the 'key improvements' set out in the Next Steps on the Five Year Forward View. We will also take a unified approach to tackle efficiency improvement 'working as one' where this makes sense to do so.

8.1. Efficiency programmes, back office, Carter, Naylor

8.1.1. The efficiency programmes agenda is being addressed through two workstreams.

8.1.2. Firstly; The Provider Efficiency Group, which is responsible for the oversight of the acute and mental health trust providers programme and is addressing the eight nationally defined corporate service areas to ensure that collaborative opportunities are identified and maximised, including consolidation where appropriate. Its strategic objective is to develop systems that capture and optimise the cost effectiveness of corporate services so that services are assessed not only on direct costs and non financial quality indicators, but in relation to professional influence in driving efficiencies across trust systems, policies and processes. Its key aim is to reduce service costs with the summary data for showing the SYB position as 27/44, with potential savings of £4.4m to £10m, taking into account the national median and upper quartile benchmarking data from 2015/16. This is in line with estimated savings contained in the case for change submission October 2016.

8.1.3. The workstream's immediate priority is to achieve efficiency savings that will help to reduce the financial gap and, in particular, focus on savings and innovations that can be delivered during 2017/18. To enable effective oversight and delivery of collective solutions, a phased approach has been agreed on the key service areas that have shown, through the benchmarking data, the greatest saving opportunities, and which take into account the synergies and dependencies between these service areas. These are **HR services, finance including payroll, and procurement.**

8.1.4 . The ambition and commitment is to have regional networked arrangements using the same financial, HR and procurement solutions that will use consolidation and integration of transactional services as an enabler for common standardisation and streamlining of e-processes across all trusts to make efficiencies. Where and when appropriate, market testing may be undertaken.

8.1.5. The focus is therefore not just on changes to operating models but where with the use of technology and removal of transactional activity, significant efficiencies could be made. This is also reflected through formal HR streamlining and standardisation of priorities that target reduction of unwarranted variation and duplication across: workforce systems and compliance (including collaborative commercial relationships); general recruitment; bank and agency management (phase one focusing on medical agency including case for collaborative bank); occupational health/absence management; mandatory and statutory training; common bandings/gradings.

8.1.6. Secondly; there is a system wide Strategic **Estates** Group, the role of which is to provide strategic oversight, planning and direction to SYB clinical workstreams and the CCG Local Estate Forums (LEFs), enabling the delivery of more effective, Place based health facilities, property assets and health/public land across South Yorkshire and Bassetlaw. This workstream will support the implementation of a sustainable estate strategy that will help to deliver those objectives and also consider the findings of the Hospital Services Review and support the development and implementation of estates strategies arising from it. This will ensure a more integrated approach through the delivery of a smaller, more cost effective and efficient estate which is aligned more closely with the delivery of frontline public services.

8.1.7. The Strategic Estates Group brings together organisations which own health facilities, property assets and health/public land to facilitate the better use of all health and public

sector estate and will review principles for collaborative use of built assets. Its immediate priorities for 2017/18 – 2018/19 are based on three themes: strategic estates planning; aligning investment and disinvestment; and estates intelligence and spatial mapping.

8.1.8. Key outcomes are the production of a strategic estates plan and accompanying action plan, which sets out clear priorities for the delivery of better use of all local public land and property assets within respective geographical areas to deliver the estate objectives highlighted within the Health and Care Plan . It will also review the findings of the Naylor Review of surplus land and challenge partner organisations to address any recommendations, which will support the development of affordable estates and infrastructure plans and associated capital strategy

8.2. Managing demand and optimising care

8.2.1. The elective and diagnostic care workstream will be responsible for the planning, oversight and governance of a regional or sub regional elective and diagnostic care system. Closing the elective workstream’s gap will be achieved by focusing on two priorities: reducing system demand and improving efficiencies in how we deliver our services. These themes will be delivered at Place and System levels through eight interventions; however, immediate priorities for 2017-2019 are described below.

8.2.2. Correct referral pathway – we will implement best practice demand management approaches that will reduce unnecessary or inappropriate referrals and ensure patients reach their most appropriate treatment first time. This will be achieved by piloting local solutions to advice and guidance and referral support with consideration to developing a regional solution. We will undertake local place based reviews of clinical pathways to reduce demand and attendance in hospital by developing community based services. We will support local organisations to improve utilisation of non face-to-face clinic delivery, alternative workforce models to drive efficiency and ensure effective access and discharge policies are in place to reduce unnecessary follow up appointments.

8.2.3. Procedures of low clinical value and clinical thresholds – we will develop a SYB policy for effective commissioning including a common set of controls and clinical thresholds for procedures to ensure adherence to best practice guidance.

8.2.4. Diagnostics – we will implement workforce and IT solutions that will reduce the demand and capacity gap in radiology reporting. We will work with the cancer workstream to develop diagnostic solutions that support early diagnosis.

8.2.5. Clinical efficiency – we will use benchmarking analysis (Getting It Right First Time) to identify and target variation along clinical pathways in order to deliver efficiencies. We will ensure our surgical activity is aligned to the appropriate setting and we will identify and transfer activity that can be delivered closer to home in the community.

8.3. General practice and primary care

8.3.1. Supporting and investing in general practice and primary care is a national priority mirrored by key priorities for all of our local Places. During the course of 2017 -19 we will deliver extended access to general practice for 100% of the local population by March 2019 and where possible, take steps locally to boost GP numbers including improving retention.

8.3.2. Expand multidisciplinary care including clinical pharmacists, mental health therapists, physician associates and increase the number of nurses in general practice.

8.3.3. Ensure 100% of GP practices are working together in hubs or networks by March 2019 that offer a greater scope of services which are increasingly capable of taking on population health responsibilities.

8.3.4. Expand multi-disciplinary care by deploying SYB's share of 1300 clinical pharmacists and 1500 mental health therapists, as well as physicians' associates and increase the number of nurses in general practice.

8.4. Urgent and emergency care (UEC)

8.4.1. We will continue to develop and strengthen the urgent and emergency care networks and partnership working through the UEC Steering Board, which builds upon the UEC Network established in 2015. A programme of work is currently being developed to take account of national requirements and the case for change described in the Health and Care Plan, with delivery models developed at place with a joint focus on redesigning the urgent and emergency care system and developing out of hospital services to reduce demand on A&E and acute beds.

8.4.2. The Five Year Forward View identified seven UEC priorities which will be included in the work programme. Specific priorities for 2017/18 include;

- We will work within Place and collectively across the System to ensure delivery of the four hour A&E standard and we will work as one with NHSE/I to agree improvement trajectories at System level with oversight on place delivery.
- We will work with Place to ensure the implementation of primary care streaming for each emergency department and with NHSE/I to agree at system level targets for activity flows through primary care streaming.
- We will work with Place to develop and identify the requirements for a clinical advisory service at three levels, 1) Place, 2) System 3) Regional to develop a hub and spoke arrangement to clinical advice using local clinicians/services where possible and scaling to system level where it is more efficient to do so.
- We will work as one with NHSE/I to agree at System level a realistic improvement trajectory to increase the volume of calls transferred from 111 to a clinician, working with providers of 111, out of hours and with place to deliver the ambition of 50% by March 2018 ensuring that NHS 111 connects into the appropriate clinical services and patients are directed to the most appropriate clinician/service.
- We will express an interest in becoming a pilot at system level for NHS 111 online in 2017/18 subject to the national roll out plan.
- We will work with Place to develop a plan to have at least one designated urgent treatment centre established by March 2018, which will include a review of existing urgent care centres, minor injury and walk in services to establish the baseline position and develop a plan to have a model for urgent treatment centres across the System in place by 2019.
- We will work with ambulance providers to implement the ambulance response programme and work as one with NHSE/I to develop realistic implementation plans. This will include working with Place to develop consistent offers on alternative pathways to conveyance to A&E.

- We will work with Place to improve patient discharges and flow through hospitals, including the establishment of a pilot to roll out the use of care home electronic bed states.
- We will work with Place to establish a common and shared approach to escalation management developing a plan to roll out a single system for better connections between Place and allow System level oversight of pressures in the UEC system.
- *We will work as one with NHSI and NHSE to align differential standards to secure delivery of integrated urgent care between 111 and out of hours providers.*

8.5. Mental health and learning disabilities (MHL D)

8.5.1 A number of priorities for the MHL D workstream have been identified, reflecting the requirements set out in *Implementing the Five Year Forward View for Mental Health* and identifying where and how a System level approach offers opportunities for improvements in service development and delivery. Key objectives for the workstream are:

- Development of core 24 liaison mental health services in all acute hospitals to support a reduction in pressure on the urgent and emergency care system, including reducing emergency admissions and length of stay for people with mental health problems.
- Providing support across all areas to develop integrated improving access to psychological therapies (IAPT) to ensure that people with long term conditions have their mental health needs met, reduce presentations for people with medically unexplained symptoms and improve patients' ability to self manage to reduce reliance on healthcare services.
- Taking a collaborative approach to developing perinatal mental health pathways and services.
- Working with specialised commissioning on specialist beds and community alternatives across children and young people's and secure mental health services.
- Improving the management of people with complex dementia needs, as part of moving care closer to home across the mental health and learning disabilities health and social care system.

8.5.2 In addition to supporting delivery of national objectives, the workstream is proactively addressing local issues, including gaps in services for adults with autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) and workforce issues. It will also work closely with the healthy lives, living well and prevention workstream to roll out innovations around social prescribing and employment support.

8.5.3 SYB will also oversee and support delivery of national objectives around access to services, including increasing access to psychological therapies, delivery of the 18 week referral to treatment target, and access to physical health checks for people with severe mental illnesses.

8.5.4 The workstream is also looking to explore opportunities for alternative commissioning and provider models where these will improve outcomes for patients, secure efficiency savings and secure service capacity and quality across SYB; including provider alliances and system commissioning.

8.6. Cancer

8.6.1. We will strengthen the newly formed **Cancer Alliance** by working with member organisations and at Place across the Cancer Alliance footprint; South Yorkshire, Bassetlaw and North Derbyshire. Our mandate and deliverables are explicitly articulated through the

Next Steps on the Five Year Forward View, the Cancer Taskforce strategy and our own Cancer Alliance Delivery Plan. Immediate priorities are outlined below:

- We will work to **deliver the 62 day referral to treatment standard at System level** as a single measure across our provider organisations by March 2018. This will create capacity to focus not only on the target but also enable us to focus on measures which hold the greatest significance to people affected by cancer such as quality of life, whilst also working to improve inter provider transfers within 38 days and improve earlier diagnosis.
- We will work with Place to **implement interventions to achieve earlier diagnosis of cancer** through raising awareness of signs and symptoms and maximising uptake in screening. We will understand capacity and demand across our diagnostics services, priorities in access to diagnostics and explore new models of access to diagnostics.
- We will support the delivery, through the local Cancer Alliance, of the strategic priorities to improve early diagnosis, services and outcomes for cancer patients as per the Cancer Taskforce report and facilitate the introduction of bowel cancer screening and primary HPV testing for cervical screening.
- We will continue to work with Place to fully deliver person centered care for people affected by cancer by **implementing the living with and beyond cancer (LWABC) model of care**.
- We have established an **'advisory board' of people affected by cancer to support decision making** as part of our Living With and Beyond Cancer programme, one of our four Cancer Alliance workstreams. The Cancer Alliance board will also access this group on a topic by topic basis to support decision making on a range of issues such as performance.

8.7 Children's and maternity care

8.7.1 We have established a Children's and Maternity Delivery Board to support system transformation across three initial priority areas:-

1. Following public consultation, to reconfigure children's surgery and anaesthesia, developing new models of care with consistent management across providers, with sustainable care pathways that meet the newly specified standards of care.
2. For the acutely ill child, there is variation in the provision of care, and local assessment (in line with the national picture) identifies the current models are not sustainable, particularly in terms of workforce sustainability and coordinated care pathways. Therefore, there is a need to plan across a larger footprint and network provision. The immediate priority is to work together to develop sustainable new models of care for acute paediatrics, ensuring equity for children right across the SYB area through the adoption of a consistent 'blueprint' for services in each Place. This will be supported by a managed clinical network (MCN), ensuring a strong clinical input throughout. The blueprint will include paediatric acute services and consistent management across hospital settings, promoting demand management and supported discharge models in community settings, and the use of short stay assessment models.

3. For maternity services, we will work together to review the current offer and develop a single implementation plan for maternity care across SYB proposing changes in line with the implementing better births, through our Local Maternity Systems (LMS).

8.8. Workforce

8.8.1. The Local Workforce Action Board (LWAB) is the main vehicle for driving and managing the workforce work stream. There is an overarching aim and ambition to make SYB an attractive place to work to both attract and retain staff.

The LWAB is focusing on three initial priorities:

- **Development of the South Yorkshire and Bassetlaw region excellence centre (1 of 7 in England)** which aims to raise the standard for support staff by promoting vocational education including focusing on apprenticeships, sharing resources and acting as a vehicle for innovation.
- **Creation of a faculty of advanced clinical practice** for the region which aims to ensure consistent practice standards and secure resources for advanced clinical practitioners (ACPs) and physician associates (PAs).
- **Sustainable primary care;** plans include an increase in GP, practice nurse and clinical support worker numbers, plus further development of physician associates, AHP practitioners, care navigators and clinical pharmacists.

8.8.2. As an enabling work stream, the LWAB is committed to supporting the SYB workstreams to identify their workforce requirements and transform their services.

8.9 Digital and IT

8.9.1. We will be relentless in focusing on the needs of our citizens and our patients and will seek opportunities for technology to improve the ability of our staff and our partners to meet those needs. Therefore, on the journey towards achieving our vision we will:

- Directly support and influence the work of the SYB priority and enabling workstreams to ensure they are able to maximise the benefit of digital solutions.
- Transform the way in which we engage with patients and citizens, supporting them to maintain their own health and wellbeing through digital solutions.
- Improve the way in which health and care providers engage at all levels to ensure an integrated approach to digital transformation.
- Accelerate mechanisms that promote record and data sharing as more care is delivered outside a hospital environment, enabling clinicians to provide the best care in all settings, particularly via the use of mobile technology.
- Exploit big data analytics to inform frontline clinical decision making, provide real time system level management information and better targeting of prevention initiatives.
- Support and empower our staff, patients and citizens so they can maximise the potential of new technologies as they become available to them.
- Invest in interoperability and infrastructure to enable change

8.9.2. Focus areas from a recent development workshop (and a draft programme of interventions) are:

- Digital inclusion
- Self help connect
- Wellbeing and recovery
- Healthcare co-ordination

- Sharing data, predictive analytics
- Shared services and information governance
- Technical interoperability
- Digital health innovation

8.10 Development of accountable care in Place and System

8.10.1. In 2017/18, SYB will develop as an **Accountable Care System**. This will include collective decision making, governance and a **single accountability framework** which will align the individual statutory responsibilities of Parties to the MoU to the delivery of the Health and Care Plan (November 2016).

8.10.2. Where it serves to improve population health outcomes and to meet the needs of patients, we will develop integrated working between commissioners and providers to transform services and reduce transactional costs in the system.

8.10.3. Each of the five Places will develop an **Accountable Care Partnership (ACP)** to deliver the ambition set out in its **Place Plan** and the **wider Health and Care Plan (2016)**. The five ACPs will operate in shadow form within 2017/18 and will **be legally constituted by 1 April 2018**, at the latest.

8.10.4. The five ACPs will bring together health and care services from statutory and non statutory organisations to create an **integrated care system** in each Place. This will include hospital services from tier 1 (to be determined).

8.10.5. Each of the five Places will explore new ways of contracting and allocating resources to its ACP including **population budgets, population health management** and segmentation approaches.

8.10.6. The five ACPs will connect between the five Places and with a **horizontally integrated** network of hospital based care (Tiers 2 and 3 to be determined) to support seamless care for patients and to create the overall accountable care system (ACS) for South Yorkshire and Bassetlaw.

8.10.7. A system wide commissioning function will be in place within 2017/18 which will result from a reform of commissioning. We will build on approaches we have established in the STP, **integrating approaches to planning and transformation** and we will explore new ways of contracting and allocating resources to the integrated network of hospital based care.

8.11. Commissioning reform

8.11.1. During 2017/18, we will undertake a review of commissioning as part of our system reform. This will consider the development of ACP in Place and the developing ACS and will need to influence and respond to:

- a. The five ACPs bringing together **health and care services** from statutory and non statutory organisations to create a **vertical and horizontal integrated care system** in each Place, include hospital services from tier 1 (to be determined).
- b. Developing new ways of contracting and allocating resources to its ACP including **population budgets, population health management** and segmentation approaches.
- c. Connect between the five Places and with a horizontally integrated network of hospital based care (tiers 2 and 3 determined by the hospital services review and

delivery of safe and sustainable services) to support seamless care for patients and to create the overall Accountable Care System (ACS) for South Yorkshire and Bassetlaw.

- d. Having a **system wide commissioning function** in place within 2017/18 with new ways of contracting and allocating resources to the integrated network of hospital based care. From April 2018, contracting once for a range of agreed services with the network to support sustainable services and drive improved outcomes for patients.

Organisations have agreed to fully engage in the review to support the objectives and also to support implementation of the **review recommendations**.

8.12. Specialised services

8.12.1. In many clinical areas, including cancer, mental health and learning disabilities, the commissioning of services is often split across a number of different organisations, which makes it much more difficult to plan the provision of integrated care. Different sets of commissioners make separate decisions about areas of provision which – for the patient – combine to form their whole patient journey. In children and young people’s mental health, for example, young people move between types of provision that are commissioned and provided by separate organisations.

8.12.2. Whilst commissioning responsibilities have become more dispersed over recent years, our collective responsibility is to ensure that any differentiation in the commissioning of services does not manifest itself in fragmented services for patients. The development of the ACS gives the opportunity for specialised commissioners to work with local systems to ensure that joined up pathways are both commissioned and delivered across multiple health and social care settings and that the transitions between services are explicitly supported.

8.12.3. Commissioning specialised services across SYB helps remove some of the structural barriers that reinforce the separation between different elements of provision. It means that integration – for example between inpatient services and community services in mental health, or between chemotherapy and follow-up care in cancer – is ‘designed-in’ to local NHS services by joining up the commissioning processes across specialised and non specialised services, and across NHS and local authority care. Decision making is shifted as far as possible from the national to the local, to ensure it is based on the specific requirements of that geographical locality, giving local systems more say on how specialised budgets are spent in their area, making use of their deep understanding of their local population and giving them a voice in how resources are used locally in line with the established national service specifications.

8.12.4. The specialised services commissioned by NHS England include a diverse range of services, from the rare and highly specialised to more common/higher volume services. It follows that the most appropriate footprint for planning these services also varies (depending on a range of factors such as: patient numbers, shape of provision, financial risk, service specifications, strategy). NHS England has worked with its regional teams to undertake an initial segmentation of the services. This has resulted in developing a list of 20 services that are suitable for planning at populations up to 2.5m and thus at SYB level. During 17/18, work will take place with SYB and specialised commissioners to explore areas of focus that would be most relevant to work towards being part of the ACS.

8.12.5. Milestones:

- Areas of focus for specialised services to be planned at an SYB level agreed - Mar 18
- Shadow run budget for areas of focus for specialised services agreed - from Apr 18

- Ensure that for areas of focus agreed, any decisions on changes to services is made in partnership with SYB – from Apr 18
- 18/19 – work towards integration of services within ACS.

Further work is still required to understand the staff resource implications of this work and this will be explored during 17/18.

8.13. Hospital services review

8.13.1. Both commissioners and acute providers across South Yorkshire and Bassetlaw, North Derbyshire and Wakefield have all committed to support an independent review of hospital services. The review will be completed in 2017/18. The terms of reference have been established and include the following key review objectives:

- a) Define and agree a set of criteria for what **constitutes ‘Sustainable hospital services’** for each **Place** and for South Yorkshire and Bassetlaw, North Derbyshire and Mid Yorkshire (in the context of South Yorkshire and Bassetlaw).
- b) Identify any services that are **unsustainable and not resilient against** these criteria, in the short, medium and long-term, including tertiary services delivered within and beyond SYB.
- c) Put forward a future service **delivery model or models** which will deliver sustainable hospital services.
- d) Consider the future role of a **district general hospital** in best meeting patient needs in the context of the aspirations outlined in the South Yorkshire and Bassetlaw Health and Care Plan and emergent models of sustainable service provision.

9. National and regional support from the Department of Health, NHS England, NHS Improvement and the Arms Length Bodies

9.1. Capacity and capability

9.1.1. To support SYB ACS development there will be a process of aligning resources from ALBs to support delivery and establishing ACS integrated single assurance and regulation approach.

9.1.2. National capability and capacity will be available to support SYB from central teams including governance, finance and efficiency, regulation and competition, systems and national programme teams, primary care, urgent care, cancer, mental health, including external support.

9.2. Financial including transformation and capital funding

9.2.1. In year one, an allocation of central funding has been ring fenced for the eight accelerating ACSs only.

9.2.2. SYB will therefore receive **a share of the £450 million transformational funding** allocated for the eight high performing systems and **a share of the £325 million capital funding**. How this funding is allocated to deliver our system plan is to be worked through and agreed.

9.2.3. Bespoke support to work through financial governance and operating a shared system control total and alternative payment models.

9.3. Nationally supported workstreams and peer support

9.3.1. National ACS workstreams/learning set have been established to work with and support the eight named Accountable Care Systems including:

- Communications and public engagement
- Leadership
- Scaling up primary care
- Urgent and emergency care
- Devolved transformation funding
- Spreading new care models and integrating care
- Capital funding
- Shared system control totals
- Alternative payment models
- System wide efficiency opportunities
- Governance
- Streamlining oversight
- Future of commissioning functions
- External partnerships to support population health.

10. Glossary of terms and acronyms

ACP	Accountable Care Partnership. The partnerships forming in each of the five local places of Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.
or	Advanced Clinical Practitioner
ACS	Accountable Care System; here covering South Yorkshire and Bassetlaw with five constituent Places of Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield
ALB	Arm's Length Body; see https://www.gov.uk/government/publications/arms-length-bodies/our-arms-length-bodies
AO	Accountable Officer at a Clinical Commissioning Group
Carter	Lord Carter's review: 'Unwarranted variation: A review of operational productivity and performance in English NHS acute hospitals' (2016)
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CiC	Committees in Common
CPB	Collaborative Partnership Board
CQC	Care Quality Commission, the independent regulator of all health and social care services in England
DoH	Department of Health
FT	Foundation Trust; a semi--autonomous organisational unit within the NHS
FYFV	Five Year Forward View; a strategy for the NHS (2014)
GB	Governing Body - governance of Clinical Commissioning Groups
GP	General Practitioner
GPFV	General Practice Forward View
HEE	Health Education England
HSR	Hospital Services Review
IAPT	Improving Access to Psychological Therapies
JC CCG	Joint Committee of Clinical Commissioning Groups - a statutory body where two or more CCGs come together to form a joint decision making forum. It has delegated commissioning functions.
LA	Local Authority, an administrative body in local government

LWAB	Local Workforce Action Board sub regional group within Health Education England
MCP	Multi-specialty community provider
MHLD	Mental Health and Learning Disabilities
MoU	Memorandum of Understanding; a formal agreement between two or more parties to establish official partnerships
Naylor Review	Sir Robert Naylor’s review of NHS property and estates and how to make best use of the buildings and land (2017)
NHS	National Health Service
NHS 111	A national free to call single non-emergency number medical helpline
NHSE	NHS England
NHSI	NHS Improvement; operating name for Monitor, NHS Trust Development Authority and teams from 2016
PA	Physician’s Associate
PACS	Primary and Acute Care System
Place(s)	One of five geographical subdivisions of SYB with the same footprint as the ACPs
SAF	Single Accountability Framework
SRO	Senior Responsible Officer, the visible owner of the overall business change, accountable for successful delivery
STP	Sustainability and Transformation Plans (2016); the NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care
SYB	South Yorkshire and Bassetlaw
TBA	To be announced
TBC	To be confirmed
UEC	Urgent and emergency care
Vertical integration	FYFV delivery next steps: horizontally operating provider organisations simultaneously operating as vertically integrated care system, partnering with local GP practices formed into clinical hubs serving 30,000 – 50,000 populations
Horizontally integrated	FYFV delivery next steps: Where provider organisations collaborate to form care systems. There are different forms; from virtual to actual mergers, for example, having ‘one hospital on several sites’ through clinically networked service delivery