

Board of Directors - Open

Date: 11 November 2020

Item Ref:

06

TITLE OF PAPER	Chief Executive's Report
TO BE PRESENTED BY	Jan Ditheridge
ACTION REQUIRED	<p>The Board are asked to consider the Care Quality Commission (CQC) publication "Out of Sight – Who Cares?" and consider our approach and actions in light of the CQC findings.</p> <p>The Board are asked to consider if we are sufficiently sighted on our contribution to and progress against the recommendations and actions in reports - The Detention of Young People with Learning Disabilities and/or Autism (November 2019) and Human Rights and the Government's response to CoVid-19: The Detention of Young People who are Autistic and/or have Learning Disabilities (June 2020)).</p> <p>The Board are asked to consider the CQC report "State of Care" in the context of our challenges, aspirations and strategic priorities and risks.</p> <p>The Board are asked to consider the NHS England/Improvement (NHSE/I) Report "Advancing Mental Health Inequalities" and our overall approach and contribution to improving health inequalities and opportunities or constraints identified.</p> <p>With reference to the SHSC CQC Report, the Board are asked to thank all of those involved in the improvements so far and recognise the challenge especially given the added complexity of the pandemic.</p> <p>The Board are asked to consider any changes or additions to our approach which will support the Board to lead the next phase of the improvement journey.</p> <p>The Board are asked to consider if the strategic priority "CoVid - Getting Through Safely" is still relevant and appropriate as one of our three strategic priorities. Are there any further strategic or immediate considerations, risks or opportunities given we are about to enter the next wave of the pandemic and the second national lockdown.</p>

OUTCOME	To update the Board on key policies, issues and events and to stimulate debate regarding potential impact on our strategy, risks and levels of assurance.
TIMETABLE FOR DECISION	November 2020 Board of Directors meeting.
LINKS TO OTHER KEY REPORTS / DECISIONS	CoVid19 Report Strategic Priorities 2020/21 Care Quality Commission Update
STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION	CQC - Getting Back to Good CoVid19 – Getting through safely Transformation Priorities – Changing things that will make a difference

LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	
CONSIDERATION OF LEGAL ISSUES	

Author of Report	Jan Ditheridge
Designation	Chief Executive
Date of Report	3 November 2020

Chief Executive’s Report

1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
	X		X		X	See below

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

2. National Issues

- 2.1 There have been a number of publications since we last met as a Board that are of importance and relevance to our organisation.

The Care Quality Commission (CQC) have published a number of these which include:

- a. Out of Sight – Who Cares? – A review of restraint, seclusion and segregation for autistic people, and people with a learning disability and/or mental health condition.

It will not be lost on Board members that this report and its contents are a salutary reminder of the focus this subject matter requires and has been central to our “Back to Good Programme”.

The key findings of this report are:

- People often end up in hospital because there is not adequate support, early enough in the community. The CQC point to a number of “missed opportunities” for these individuals, including issues relating to diagnosis, waiting times, transition planning and social care support.
- Hospital ward environments are often not therapeutic and there is evidence of inappropriate use of restrictive practices.
- While CQC found that community services were generally of high quality, with few restrictive practices, the right community care was not always available in a timely way, leading to the necessity for higher levels of intervention and admission.
- There was evidence that the government and statutory bodies need to do more to work more closely together to provide joined up services, that remove barriers to care, provide more funding to support more community placements, crisis services and skilled staff.

The Board are aware that the Back to Good Programme is focussed on actions to reduce the use of restraint, which include actions relating to clinical practice, the environment and policies and protocols.

Our transformations projects, particularly our Acute Care Programme and Community Teams review are also critical to this agenda.

The appointment of our new Director of Quality also creates a focussed leadership opportunity given her expertise and work at national level in the reduction of restrictive practice.

The Board are encouraged to read this important report in full and consider our approach and actions in light of the CQC findings.

The report can be found at:

https://www.cqc.org.uk/sites/default/files/20201023_rssreview_report.pdf

b. Joint Committee on Human Rights (JCHR) Report on the Detention of Young People with Learning Disabilities or Autism: Government Response

This is the government's formal response to the two report's recommendations published in November 2019 and June 2020 (The detention of young people with learning disabilities and/or autism (November 2019) and Human Rights and the Government's response to CoVid-19: The detention of young people who are autistic and/or have learning disabilities (June 2020)).

In 2019 the Committee concluded that the detention of young people with a learning disability and/or autism threatened:

- Their rights to family and a private life.
- Their right to freedom from inhuman and degrading treatment.
- Right to liberty and security.
- And in some cases, right to life.

The report made a number of recommendations:

- Establishment of a No. 10 unit to drive urgent reform.
- A review of the framework of provision of services for people with learning disabilities with new legal duties for Local Authorities and Clinical Commissioning Groups.
- Strengthened legal entitlements for individuals' care, education and treatment reviews to be on a statutory footing.
- Narrowing of criteria for detention under the Mental Health Act to avoid inappropriate detention.
- Families to be recognised as human rights defenders.
- Reform of the CQC's approach and processes.

In June the committee also published recommendations following an inquiry into the implications for human rights of the Government's CoVid-19 response which related to:

- Visiting.
- Secretary of State will see weekly data on restrictive practice and detentions.
- All CQC inspections should be unannounced.
- CQC should prioritise in person inspections at institutions with a history of abuse/malpractice or those rated Inadequate/Requires Improvement.
- CQC hotline for patients, families and staff to report concerns.
- Rapidly progressing the discharge of young people to safe homes in the community must be a Government priority.
- Comprehensive data be made available on those who are CoVid positive and those who have died of CoVid.

The Government have now responded setting out what has already been actioned and where the focus will be going forward, immediate and longer term.

The full detail can be found in the body of the report, which can be found at:

<https://www.gov.uk/government/publications/jchr-reports-on-the-detention-of-young-people-with-learning-disabilities-or-autism-government-response>

The Board are asked to consider if we are sufficiently sighted on our contribution to and progress against the recommendations and actions in these reports and response within our own services.

c. Care Quality Commission Annual State of Care Report

This report will be explored in more detail at the Quality Assurance Committee, but merits full Board consideration.

The report is split into four key headings:

- Quality of care before the pandemic
- The impact of the pandemic
- Collaboration between providers
- Looking forward, the challenges and opportunities ahead.

It is this last heading that is possibly worthy of note, although it is recommended that all Board members read the full report. The key issues that relate to our organisation are:

- CoVid has again highlighted the need to design services around people's needs, if we are to improve health outcomes.
- Adult social care workforce needs to be different to better recognise and value the profession and its people.
- Primary Care need to ensure patients can access easily and have confidence to interact early into health concerns.
- Waiting lists – where these have lengthened during CoVid ensure emergency and urgent work is addressed, and those waiting have their risk of waiting regularly reassessed.
- Use the learning from the pandemic.

The CQC summarised that the care people received in 2019/20 was mostly of good quality, maintained but not improved on the previous year.

They remain concerned about a number of issues which will resonate with the Board:

- Care that is harder to plan for is of poorer quality.
- Care needs to be more joined up.
- Adult social care provision is "fragile".
- Poorest quality services struggle to improve.
- Significant gaps in access to good quality care (geographically and within organisations). Inequalities persist.
- Deprivation of Liberty Standards remain challenged.

The Board are asked to consider this report in the context of our challenges, aspirations and strategic priorities and risks.

d. Further CQC Publications

- *Assessment of Mental Health Services in Acute Trusts*
- *Review of Mental Health Rehabilitation in Inpatient Services*

Both of these reports will be considered for learning and benchmarked against our present service delivery and emerging strategy.

The report focussing on Acute Trusts will be shared and discussed with partners and the Sheffield wide mental health/learning disability group.

These reports can be found at:

[https://www.cqc.org.uk/Assessment of MH Services in Acute Trusts](https://www.cqc.org.uk/Assessment%20of%20MH%20Services%20in%20Acute%20Trusts)

[https://www.cqc.org.uk/Review of Mental Health Rehab Inpatient Services](https://www.cqc.org.uk/Review%20of%20Mental%20Health%20Rehab%20Inpatient%20Services)

e. Advancing Mental Health Inequalities

NHS England/Improvement has published its first Advancing Mental Health Equalities Strategy summarising the actions that need to be taken to address the gaps for communities fairing worse than others in mental health services.

Three workstreams have been identified with a range of actions sitting beneath them. These are summarised below:-

Workstream 1: Supporting local health systems by:

- Developing patient and carers race equality framework to improve BAME communities experience of care.
- Introducing provider collaborative impact framework.
- Supporting funding streams to address inequalities.
- Sharing good practice.

Workstream 2: Data & Information – improve quality and flow of data to national data sets, informing progress and identifying system support offers.

Workstream 3: Workforce: - Share emerging good practice in advancing disability and race workforce equality and support systems to review training pathways.

This compliments the direction of travel set out in the NHS Mental Health Implementation Plan 2019/20 – 2023/24.

The Board are asked to consider our overall approach and contribution to Health Inequalities and opportunities or constraints identified.

This report can be found at:

<https://www.england.nhs.uk/advancing-mental-health-equalities-strategy.pdf>

3. Integrated Care System (ICS) and Accountable Care Partnership (ACP)

It is reasonable and expected that the main focus of system and place partnership working has been on managing the pandemic and through the summer addressing the phase three, or re-set, as things settled.

As we go into the winter, this is again likely to be the focus, but with a slightly different emphasis that health and care provision maintain “normal business” while managing the next wave of the CoVid virus.

The ICS and ACP have taken time through the summer to consider governance arrangements, especially given the expected changes to legislation by the end of the year, the ACP have started a piece of work on the 10 year strategy for Sheffield which we will discuss and influence as a Board and of course the plans for 2019/20 – 20/21 have been a core focus for discussion.

Appendix A is from the South Yorkshire & Bassetlaw (SYB) system lead for the Board's consideration.

There are a number of papers addressing the areas of focus already mentioned, more appropriate for the private session of the Board meeting and are on that agenda for Board members' information. It is expected that we will have something on the ACP emerging strategy and future governance to discuss at our next meetings.

4. **Sheffield Health & Social Care NHS FT**

4.1 **CQC Report – October 2020**

The Board are aware that CQC published their latest report following focussed inspections of mainly our Acute Services undertaken in August 2020.

The focus was on those areas that they had most concern about when they conducted a full review at the beginning of the year, report published June 2020.

The CQC reported that they could see evidence of improvement in all areas visited, and were satisfied that the issued warning notices could lapse. They recognised there is more to do, particularly in our adult acute ward areas, in relation to the environment, recruitment and maintaining and sustaining the progress made so far.

It is important to recognise that the Quality Assurance Committee, Board and leaders across the service had a pre-empted, shared and agreed view of the CQC findings.

The report is presently being mapped against our "Getting Back to Good" improvement plan, the actions refreshed accordingly, ready to return to the CQC as requested. The Quality Committee will continue to oversee progress, driven by the Back to Good Programme Board, supported and led by the Board.

The reports can be found here: [CQC Final Inspection Reports August 2020](#)

The Board are asked to thank all of those involved in the improvements so far and recognise the challenge especially given the added complexity of the pandemic.

The Board are asked to consider any changes or additions to our approach which will support the Board to lead the next phase of the improvement journey.

4.2 **CoVid Pandemic**

As we enter the winter months and much tighter measures to control the virus, we continue to work to keep our service users, carers, families and our staff safe and well.

Our approach, risks and actions will be reported later on the agenda, but the Board are asked to consider looking back, how much we have learned from the first wave back in the spring, looking forward to the winter and beyond what we should be doing to optimise safety and well being while ensuring our services are sustained and if the strategic priority "CoVid - Getting Through Safely" is still relevant and appropriate as one of our key areas of focus.

The Board are asked to consider if the strategic priority “CoVid - Getting Through Safely” is still relevant and appropriate as one of our three strategic priorities.

Are there any further strategic or immediate considerations, risks or opportunities given we are about to enter the next wave of the pandemic and the second national lockdown.

JD/jch/November 2020

CHIEF EXECUTIVE REPORT

October 2020

Author(s)	Andrew Cash, System Lead		
Sponsor			
Is your report for Approval / Consideration / Noting			
For noting and discussion			
Links to the STP (please tick)			
<input checked="" type="checkbox"/> Reduce inequalities	<input checked="" type="checkbox"/> Join up health and care	<input type="checkbox"/> Invest and grow primary and community care	<input checked="" type="checkbox"/> Treat the whole person, mental and physical
<input checked="" type="checkbox"/> Standardise acute hospital care	<input checked="" type="checkbox"/> Simplify urgent and emergency care	<input checked="" type="checkbox"/> Develop our workforce	<input checked="" type="checkbox"/> Use the best technology
<input checked="" type="checkbox"/> Create financial sustainability	<input checked="" type="checkbox"/> Work with patients and the public to do this		
Are there any resource implications (including Financial, Staffing etc)?			
N/A			
Summary of key issues			
This monthly paper from the System Lead of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) provides a summary update on the work of the SYB ICS for the month of September 2020.			
Recommendations			
The SYB ICS Health Executive Group (HEG) partners are asked to note the update and Chief Executives and Accountable Officers are asked to share the paper with their individual Boards, Governing Bodies and Committees.			

South Yorkshire and Bassetlaw Integrated Care System CEO Report

CHIEF EXECUTIVE REPORT

October 2020

1. Purpose

This paper from the South Yorkshire and Bassetlaw Integrated Care System System Lead provides an update on the work of the South Yorkshire and Bassetlaw Integrated Care System for the month of September 2020.

2. Summary update for activity during September 2020

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

While the number of positive cases of Covid-19 are slowly increasing in all places across South Yorkshire and Bassetlaw (SYB), the cases continue to be predominantly in 15 to 34-year-olds. Admissions to hospitals are also rising slightly but they remain low overall and the death rates (as of late September) are normal for this time of year.

Some parts of our region have seen a rising trend above the SYB average and has meant that Sheffield has been added to the most recent Government Watch List under 'Areas of enhanced support and concern'. Rotherham also has higher case numbers.

Based on all the insight and data, public health experts continue to say that we are not yet in a second wave but as the infection rates move into adults from the younger generations we are expecting the numbers to climb. These are likely to peak in November and stretch through to March. If people pay heed to the changes asked of them by the Government we are hopeful that the peak will be lower than in the first wave.

A robust regional Wave 2 plan that takes account of various scenarios of increasing numbers of Covid-19 patients who would need hospital care and treatment was submitted at the end of September. Thanks to Chief Operating Officers and Directors of Commissioning across the partnership who supported the planning within a tight timescale.. The plans are based on a continuation of non-Covid-19 services and patients continuing to attend outpatient clinics and planned surgery.

The Government has published its new Personal Protective Equipment (PPE) Strategy which sets out clear targets related to reliable procurement of key items of PPE in the event of a second wave. In SYB stock levels are excellent and learning from wave one means we have well established supplies routes and ways of working that enable fair and speedy distribution across our health and care settings.

2.2 National Update on Wave 2 Planning

Following the submission of Wave 2 Plans, the regional ICS Leads in the North met with Simon Stevens and his Executive Team to discuss them.

The SYB Wave 2 Plan is built on the Phase 3 Recovery Plan and therefore starts from a robust position thanks to the extensive testing that has been done. The combination of SYB's September delivery figures being on track and in line with our plans and the track record of working together in a networked approach in SYB gave added confidence in the SYB approach. The feedback from Keith Willets, Director for Acute Care at NHSE, was that the SYB plan was impressive and the NHSE team was assured.

Simon asked ICSs to pay particular attention in the coming months to:

- The importance of using the independent sector and having a plan for using the Nightingale Hospitals
- Thinking about how to use pillar one testing to reduce staff absences
- Protecting care homes
- The importance of talking and good communications with patients about what services are available
- The importance of pregnant women being accompanied by their partners for ante-natal care and birth

2.3 Regional Update

NHS North East and Yorkshire (NEY) has published its Covid-19 Interim Review. It is an evaluation of the regional NHS incident response to Covid-19 has been published. Informed by insights from SYB's health and care leaders, the Interim Review takes a functional look at the initial health response in Phase 1 of Covid-19, before setting out lessons learned and areas for further consideration as part of the restoration period (Phases 2 and 3) and for any subsequent Covid-19 resurgence.

The Review highlighted a number of thematic areas that health and care leaders attributed as good practice:

- Business Continuity - robust business impact analysis documentation allowed organisations to stand down services in a staggered and structured way in order to respond to the needs of Covid-19.
- Command, Control and Coordination – health organisations in the NEY region report positive experiences of Command and Control, both within their own organisation and with partners. Colleagues felt there was a “clear sense of purpose and shared objective across all organisations, cells and workstreams” from the outset of the response.
- The role of the Integrated Care System (ICS) in incident response - most organisations involved in the Review fed back positively around the pivotal role played by the ICS in supporting system leadership, with the ICS seen as the forum where the priorities of its member organisations were considered, valued and addressed as part of the incident response.
- Partnership Working and Coordination – Integrated Care Systems and Integrated Care Partnerships (ICP) - relationships within the NEY region were enhanced by collaborative working between colleagues in performance, improvement, system transformation and across the localities and SHCGs.
- The Review acknowledges the importance of collaboration, staff working ‘above and beyond’ and a collective joined-up mentality to get things done by taking a pragmatic, diligent approach.

The review outlined that there is more work to be done in supporting staff wellbeing – allowing frontline colleagues the opportunity to recharge their batteries – and the resultant stress and pressures placed on staff. It also covers the provision of Personal Protective Equipment (PPE), communication between national to regional cascade (and vice versa), clinical guidelines and the use of established networks such as Single Point of Contacts (SPOCs) and data reporting for the Sitreps.

2.4 Equality, Diversity and Inclusion (EDI) framework

Work to support equality, diversity and inclusion across SYB is moving forward and key actions agreed include:

- Plans underway for the establishment of an SYB BAME Network
- The development of leadership programmes for BAME staff
- The wider roll-out in SYB of the 'Stepping-up' development programme for BAME nurses
- Establishing a BAME Steering Group

2.5 Winter communications

Winter communications plans across the partnership will be seeking to ensure that the public continues to have confidence in using NHS services, encouraging them to attend appointments, take up the flu vaccination and to seek advice and help where they have concerns.

Partners will be backing a series of national campaigns that focus on cancer awareness and encourage people to act on their concerns and to seek support. A further campaign to encourage pregnant women to continue to access services during their pregnancy is also planned.

In addition to using wide ranging channels of communications, approaches will target communities where mainstream advertising and social media channels don't reach. In particular, there will be a focus on areas where the data shows there is extra work to do – such as BAME communities, traveller communities, asylum seekers and groups of men from skilled working, working class and non-working groups.

2.6 Flu vaccination programme

There is an ICS focused approach to flu immunization this year and the South Yorkshire and Bassetlaw Flu Board is progressing well. Place based engagement and leadership is key to delivering almost double the vaccinations of last year's programme. Each SYB Place has developed a Flu Plan which have been submitted and discussed at local Accident and Emergency Boards.

Stress testing of the collective ICS plan was facilitated by the Ministry of Defence in September which built on the Covid-19 plan stress test experience. The process helped to identify any gaps and risks and put mitigation in place.

There are currently no known vaccine supply issues, although vaccine delivery is staggered across the season for some manufacturers

2.7 Covid-19 vaccination programme

A new report 'Priority groups for coronavirus (COVID-19) vaccination: advice from the Joint Committee on Vaccination and Immunisation (JCVI), 25 September 2020' has been published and sets out that staff and care homes in SYB are the most likely to receive the Covid-19 vaccine first once it is available.

The infrastructure for the national Covid-19 vaccination programme is being developed and likely to include one regional vaccine hub in SYB for storage and distribution and which will be integral to implementation. Plans will also include three levels of vaccination sites – fixed mass (big venues near major transport routes such as motorways), semi-fixed (reminiscent of mobile CT scanner sites) and mobile units. Early discussions suggest that SYB could have two fixed mass, 16 semi-fixed and 130 mobile sites across the patch.

2.8 Diabetes Pilot Scheme

In early September it was announced that South Yorkshire and Bassetlaw had received £50k towards funding implementation of a promising new diabetes scheme across the region. The NHS Low Calorie Diet Programme is an important new development involving ten localities across the UK. In SYB we are aiming to recruit 500 suitable patients to take part within a two year window, which will contribute towards the 5,000 national target.

The NHS, and its partners Public Health England and Diabetes UK, are working together to tackle a rise in Type 2 diabetes cases, which is estimated to cost the NHS £10 billion a year. One in every 20 prescriptions by GPs relates to diabetes treatment and this scheme aims to address this using a preventative, drug-free approach.

Patients enlisted onto the Programme will have a strict 900 calories a day diet for up to 12 weeks, replacing normal meals with soups, shakes and supplements. It is thought the majority of take-up will be amongst overweight patients, where the risk of complications and serious illness (including death) from Covid-19 is greater.

Research earlier this year revealed people with Type 2 diabetes are two times more at risk of dying from Covid-19.

2.9 Barnsley CCG Accountable Officer

Barnsley Clinical Commissioning Group announced the appointment Chris Edwards as their new Accountable Officer. Chris will continue in his existing role as Accountable Officer at Rotherham Clinical Commissioning Group and lead both CCGs.

2.10 Shadow Board Development - Health Executive Group

At the June 2019 Health Executive Group meeting it was agreed to support the first SYB ICS Shadow Board development programme. The Shadow Board forms part of an approach to talent management and supporting our next generation of leaders. During September 2020 they came together to celebrate their learning and share their experiences. It was great to hear from the participants how they felt that the programme had stretched and developed them and their offer of continuing to support system working. Congratulations to all participants on completing the programme.

3. Finance update

The system funding envelopes were published on 15 September. The ICS has submitted its draft plan on 5 October in line with the national timetable which shows an adjusted system shortfall of £58.7m against the funding envelope of £1.9b. Further discussion is taking place with regional and national teams and within the system on how this deficit in the draft financial plan is to be managed. The national timetable allows for a final plan to be submitted by 22 October.

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

Date: 6 October 2020