South Yorkshire & Bassetlaw Health and Care Working Together Partnership

Memorandum of Understanding 'Agreement'

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Final Draft

June 2017

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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 for the system of South Yorkshire and Bassetlaw, for our five local Places and for our individual organisations and contracts are in place.

It also does not serve to replace the legal framework or responsibilities of our statutory organisations, rather it will sit alongside to work with it and where possible 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 they can. 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. And at the same time how some of those same organisations are forming partnerships and coming together across South Yorkshire and Bassetlaw, either our hospitals, to ensure safe, sustainable and equitable acute services or our health commissioners to make consistent strategic planning and commissioning decisions. 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, joint planning and integration of services to benefit patients.

All this presents a complex picture, which together we will have to work through keeping our focus on what matters, which are the populations we serve. It will inevitably require us to constantly review the approach we are taking as we take control in shaping local health and care services. It will also require us to develop a great deal of trust in each other as we pragmatically work though what works best for our populations using best practice where it exists and national guidance and support where we need it.

This document has been produced to summarise and set out our shared commitment to continue to work together on those issues that we see as important for improving health and care for our local populations 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 an 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, STP 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 for the system of South Yorkshire and Bassetlaw, for our five local *Places* and for our individual organisations and contracts are in place.

1.2. It also does not serve to replace the legal framework or responsibilities of our statutory organisations, rather it will sit alongside to work with it and where possible enhance it, setting out the framework within which our partner 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 who have a long history of working together in each local Place and across South Yorkshire and Bassetlaw 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 which are inextricably linked and include:

- Employment, opportunity and business
- Adult and child health & 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 organisations 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 rather build on existing plans, taking a common view and identifying areas where it makes sense for us to work together and collaborate.

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1.11. Central to these ambitions are different relationships with each other in *Place* (to enable a focus on integration of health and social care services), across the system to enable safe, sustainable, and equitable hospital services across SYB and a different relationship with those that assure and regulate our health services.

1.12. We see a key test of these new relationships to 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 especially where this may have a negative impact on the quality of care. Putting the needs of individuals, patients and the public before organisations even when this risks the 'performance of one' for the 'greater good of all'.

1.13. This document sets out how we propose to organize ourselves to provide the best health and care, ensuring that decisions are always taken in the interest of our 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 delivery care.

1.14. 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.

1.15. Following publication of the Five Year Forward View – next steps South Yorkshire and Bassetlaw has been identified as an emerging Accountable Care System to be 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. SYB has now been confirmed as a high performing system and named as one of eight ACS' nationally.

1.16. 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.

1.17. 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 Arms-Length Bodies 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.

1.18. 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.

1.19. 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 Partnership develops to deliver improved care.

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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-STP. 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.

2.3. Core and associate partners have been established over the course of developing the Plan. Core partners having the majority relationships (patient flows and contracts) within and across the STP footprint. Associate partners having majority relationships (patient flows and contracts) in neighboring STPs, a core members in a neighboring STP, and relationships in SYB generally confined to a *Place* or Accountable Care Partnership. Associate partners are also likely to be subject to collaborative agreements in neighboring STPs or local ACP and receive support consistent with respective STPs.

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 FT for it to become a full partner in SYB which was supported. 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-STP.

2.3.2. For the purposes of this MoU and following discussions with NHS England and NHS Improvement we have used '*Parties to*' and '*Partners in*' to describe the relationship of each member of the Collaborative. For clarity, collectively, Parties to and Partners in are all members of the SYB Collaborative and its associated Partnership Board.

2.4. Parties 'to' will have majority relationships (patient flows and contracts) within and across the STP footprint or in the case of Chesterfield Royal Hospital NHS Foundation Trust, acute flows and membership to formal clinical networks, alliances and legal partnerships e.g. *CiC*: it is anticipated that they 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. Partners 'in' include local authorities and partners having majority relationships (patient flows and contracts) generally confined to Place or Accountable Care Partnership within the ACS and in some cases core partners in neighboring STPs: It is anticipated that they will support direction of travel and work in partnership with SYB ACS. In some cases 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 CCG
- NHS Barnsley CCG

- NHS England
- NHS Doncaster CCG
- NHS Rotherham CCG
- NHS Sheffield CCG

2.6.2. Healthcare Providers

- Barnsley Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw 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 Foundation 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

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- 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 communication 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 SY&B 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 segments of 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

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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 services 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 Public, Patients and staff on these ambitions during February and March 2017.

4.7. The NHS Five Year Forward View- next step 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. 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 minimizing 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 the 21st of October, STP partners made a commitment to upholding the principles summarised below, these include:

- 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 patients and people in SY&B 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**

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health inequalities or a worsening of health outcomes for any of our populations across the 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
- Participation - SY&B 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 SY&B will remain part of the NHS. All the commitments described in this Agreement aim to (i) strengthen health and care in SY&B 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 SY&B, 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. The present document outlines our desire, individually and collectively to achieve our vision of health and care in SY&B. A significant amount of work has been delivered through working together locally, to progress the system to its current state. However, we are 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, with national partners, 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.

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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 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 will agree governance and approach for agreeing and monitoring investment decision within the ACS – capital and transformation funding and by end October 2017 how we will operate a system control total for health in 2018/19.
- By end October 2017 agree 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 to work with a streamlined regional and national oversight arrangements.
- By end of October 2017 agree system and place commissioning responsibilities for agreed functions and services to enable alignment to 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 agree governance and approach for delivery of tier 2 services following the Hospital Services Review outcome to support horizontally-integrated accountable network of hospital-based services.
- Each of the 5 places have 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 'working as one' with NHS England and NHS Improvement will work with ACPs, working 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 serve to replace the legal framework or responsibilities of our statutory organisations, rather it will sit alongside to work with it and where possible enhance it. It recognises the complexity of how health and care organisations currently work and interact together to provide the best possible care and services they can.

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.

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7.0.4. All of this 'pushes' at the boundaries of the existing legal frameworks but other systems have found ways to work with this 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 CCG's to: improve the quality of services; reduce healthy qualities; 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 details 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 (the operational name which brought together monitor, 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 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 relationship with NHS England and NHS improvement who will retain legal responsibility for CCG assurance and FT oversight respectively

7.1.3. From June 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.

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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 5 places have 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 throughout locally developed model with an integrated single oversight and assurance process within the ACS.

7.1.6. SYB working together 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 SY&B relationship with NHS Improvement (NHSI) and NHS England (NHSE) providing 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 Together working with NHS England and NHS Improvement will establish a Single Accountability Framework 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, provider, 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 Working Together to support delivery of the SAF
- The external assurance and reporting system for SYB Working Together 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 Working Together (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.

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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. And much of what is described in this MoU is about improving quality and safety, either through our organisations choosing to work together on common challenges and those key priorities which are most in need of a different way of working and collaboration 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 support how we are coming together in Place, as emerging ACPs and across SYB as an overall ACS. We will also align NHS England and NHS Improvement resources to support an integrated function to enable us to streamline our approach and be more effective.

7.3.3. There is growing evidence that 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 across the ACS. The proposals will be developed through the STP Directors of Finance Steering Group and ultimately approved by the Collaborative Partnership Board. The areas to be considered are as follows:

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 basket 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

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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 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, 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 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 the STP, 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. SYB 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 ASC.

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.

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

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7.7.2.1. Oversight and Assurance Group: membership includes Chairs from constituent statutory bodies including Provider FTs, Commissioning, and Health and Well-being Boards.

7.7.2.2. Collaborative Partnership Group: membership includes CEOs and AOs from providing 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 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 strategy and transformation 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 SRO. Each has a director of Finance lead and a Programme manager supporting.

7.7.3. This governance will remain in place for 217/18 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 and this will be in place for 1 April 2018.

7.8. Joint Committees and Committees in Common

7.8.1. SY&B 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 Membership. During 2017/18 we will review the scope of delegation to reflect the outcomes of the Sustainable Hospitals 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 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 back- office 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 Sustainable Hospital Review and Commissioning Reform 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 this does not currently extend for community mental health providers to the formal CiC.

7.8.4. The two programme offices and teams supporting both commissioning collaborations and provider collaborations have now collocated 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 its 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 outcomes of their local.

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 work-streams include:

- Urgent and Emergency Care
- Cancer
- Healthy Lives, Living Well & Prevention
- Primary Care
- Mental Health
- Elective Care & Diagnostics
- Maternity & Children's

8.0.2.1. Enabler work-streams

- Workforce

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- Digital and IT
- Carter, Estates & Shared Services
- Finance
- Communications and Engagement

8.0.3. For 2017/18 – 19 South Yorkshire and Bassetlaw has identified a focused number key priorities for delivery improvement 'working as one'. We will align resources and priority work-streams 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. System (ACS).

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 work-streams have taken a unique perspective on how best they can contribute to delivering the 'Key Improvements' set out in Next Steps for 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 exploited, 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 the STP footprint showing the SY&B 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 work-stream's immediate priority is to achieve efficiency savings that will help to reduce the financial gap and, in particular, is focusing 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 services areas that have shown, through the benchmarking data, the greatest saving opportunities, and which takes into account the synergies and dependencies between these service areas HR services, Finance including Payroll, and Procurement.

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

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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 and this is also reflected through formal HR six streamlining / standardisation priorities targeting reduction of unwarranted variation and duplication across: workforce systems and compliance (including collaborative commercial with Allocate); 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 whose role is to provide strategic oversight, planning and direction to STP clinical work-streams 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 work-stream will support the implementation of a sustainable estate strategy that will help to deliver those objectives and also consider the findings of the Sustainable Hospital 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 STP 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 & Spatial Mapping.

8.1.8. Key outcomes are the production of an STP 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 their respected geographical areas to deliver the estate objectives highlighted within the STP submission. 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 Optimizing Care

8.2.1. The Elective and Diagnostic Care work-stream will be responsible for the planning, oversight and governance of a regional or sub-regional elective and diagnostic care system. Closing the elective work-stream’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 local and system levels through 8 interventions, however, immediate priorities for 2017-2019 are:

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.

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8.2.3. Procedures of low clinical value & 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 work-stream 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 general practice and primary care is a national priority mirrored by key priorities for all of our local *Places.* During the course of 2017/18 -19 we will deliver extended access to general practice for 100% of the local population by March 2019 and where this is 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 more nurses in general practice.

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

8.3.4. Expand multi-disciplinary care by deploying the STP's share of 1300 clinical pharmacists and 1500 mental health therapists, as well as physicians' associates and more nurses in general practice by (TBA)

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, this 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 STP 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 has identified seven UEC priorities which will be included in the work programme. Specific priorities for 2017/18 include;

- We will work with place and collectively across the system to ensure delivery of the four hour A&E standard and we will work as one with NHSE and 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 a realistic improvement trajectory to increase the volume of calls transferred from 111 to a clinician, working

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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 Centres established by March 2018, this 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 to enable 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

8.5.1 A number of priorities for the MH&LD work-stream have been identified, reflecting the requirements set out in *Implementing the Five Year Forward View for Mental Health* and identifying where and how an STP level approach offers opportunities for improvements in service development and delivery. Key objectives for the work-stream 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 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 work-stream is proactively addressing local issues, including gaps in services for adults with ASD and ADHD and workforce issues. It will also work closely with the Healthy Lives, Living Well and Prevention work-stream to roll out innovations around social prescribing and employment support.

8.5.3 The STP will also oversee and support delivery of national objectives around access to services, including increasing access to psychological therapies, delivery of the 18 week

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referral to treatment target, and access to physical health checks for people with severe mental illnesses.

8.5.4 The work-stream 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 the STP footprint; 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 Five Year Forward View 'next steps', the Cancer Taskforce strategy and our own Cancer Alliance Delivery Plan. Immediate priorities for delivery are:

- 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 headline 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, facilitate the introduction of bowel cancer screening and primary HPV testing for cervical screening.

- We will continue to work with place across to fully deliver person centered care for people affected by cancer by implementing the living with and beyond cancer model of care.

- We have established an 'Advisory board' of people affected by Cancer to support decision making as part of our LWABC programme, one of our four Cancer Alliance work-streams. 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 There is agreement to work together through the Children's and Maternity STP 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

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adoption of a consistent 'blueprint' for services in each Place. This will be supported by a Managed Clinical Network, 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 STP work streams 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 seeking 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 STP priority and enabling work-streams 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

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- Self-Health Connect
- Well-being 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 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, latest.

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

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 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.

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 establishing in the STP integrating approaches to planning and transformation and explore new ways of contracting and allocating resources to the integrated network of hospital-based care. From

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.

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 horizontally-integrated network of hospital-based care (Tiers 2 and 3 determined by the hospital 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.

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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 STP 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 at an STP footprint 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 includes 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 SY&B footprint level. During 17/18 work will take place with the STP 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 SY&B footprint 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 the STP – from Apr 18
- 18/19 – work towards integration of services within ACS.

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

8.13. Sustainable 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 the South Yorkshire and Bassetlaw STP).

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 the STP

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 need in the context of the aspirations outlined in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) and emergent models of sustainable service provision.

9. NATIONAL AND REGIONAL SUPPORT FROM THE DEPARTMENT OF HEALTH, NHS ENGLAND, NHS IMPROVEMENT AND THE ALB

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 9 accelerating ACSs only.

9.2.2. SYB will therefore receive a share of the £450 million transformational funding allocated for the 8 high performing systems and a share of the £325 million capital funding.

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

9.4. Nationally supported work-streams and peer support

9.4.1. National ACS work-streams / learning set have been established to work with and support the 8 named Accountable Care Systems including:

- Communications and public engagement

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- 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

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10. Glossary of terms and acronyms

ACP	Accountable Care Partnership. The partnerships forming in each of the 5 local places of Bassetlaw, Barnsley, Doncaster, Rotherham and Sheffield.
or	Advanced Clinical Practitioner
ACS	Accountable Care System; here covering South Yorkshire & Bassetlaw with 5 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
IAPT	Improving Access to Psychological Therapies
JC CCG	Joint Committee of Clinical Commissioning Groups - as 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

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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 TDA & teams from 2016
PA	Physician's Associate
PACS	Primary and Acute Care System
Place(s)	One of 5 geographical subdivisions of SYB with the same footprint as the ACPs
SAF	Single Accountability Framework
SHSR	Sustainable Hospital Services Review
SRO	Senior Responsible Officer, the visible owner of the overall business change, accountable for successful delivery
STP	Sustainability & 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 & Bassetlaw
TBA	To be announced
TBC	To be confirmed
U&EC	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 30,0000 – 50,000 populations
Horizontally–integrated	**FYFV delivery next steps:** Where provider organisation 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

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