



Health and Care Working Together in South Yorkshire and Bassetlaw

An Integrated Care System (ICS)

August 2018

ICS Workstreams

- Prevention
 - Primary Care
 - Cancer
 - Urgent and Emergency Care
 - Elective and Diagnostics
 - Mental Health
 - Children's and Maternity
 - Medicines Optimisation
 - Estates
 - Workforce
- Back Office functions
Digital



System leadership in the ICS

Chief Executive: Sir **Andrew Cash**

Deputy System Leader and Strategy, Planning and Transformation Delivery :
Lesley Smith

NHS Provider Development: **Richard Jenkins**

Integrated Assurance and Improvement (NHS Providers): **Richard Parker**

Population Health, Prevention and Primary Care: **Maddy Ruff**

Estates and Capital Development: **Chris Edwards**

Integrated Assurance and Improvement (NHS Commissioners): **Idris Griffiths**

Workforce and Organisational Development: **Kevan Taylor**



Key work so far – reviewing hospital services

- An Independent Review of hospital services report recently published
- How can we make sure our services are of the safest and highest quality, now and in the future?
- The review team spent ten months looking at hospital data, patient outcomes and experience and engaging with staff, patients and the public
- The services reviewed were:
 - Urgent and emergency care
 - Acute stroke
 - Maternity
 - Care for the acutely ill child
 - Gastroenterology and endoscopy



Reviewing hospital services – recommendations

- Majority of services should remain in local hospitals
- All seven emergency departments should remain
- Develop “**networks of care**” for each one of the reviewed services
- Expand services for children in the community and short stay units
- Consider work the option of a small reduction in the number of inpatient paediatric units
- Improve choice over maternity care in the community and at home
- Develop a ‘**Health and Care Institute**’ and an ‘**Innovation Hub**’ linked with universities, colleges and schools to develop and support the workforce and for researching new developments and technologies



Reviewing hospital services – next steps

- The report is currently being considered and discussed by all committees and individual boards and governing bodies within the partnership
- If the partners agree that a further phase of work should take place, to scope out options and to develop business cases for change, this would take another year with continued patient, public and staff involvement and, where appropriate, the relevant Health Scrutiny Committees
- If any major service changes required consultation, this would likely take place in 2019, with another one to two years before changes took effect.



Key ICS work to look out for

- £600,000 to improve maternity services across the region
- A South Yorkshire Region Excellence Centre will be launched
- Mental health services will receive £555,000 in order to help in the fight against suicide across South Yorkshire and Bassetlaw



Bassetlaw Accountable Care Programme


Bassetlaw
Clinical Commissioning Group



healthwatch
Nottinghamshire

Doncaster and
Bassetlaw Hospitals 
NHS Foundation Trust




Nottinghamshire Healthcare
NHS Foundation Trust

Bassetlaw
Primary Care Homes



About the ACP

- Partnership of chief executives and senior leaders
- Underpinned by a memorandum of understanding
- Board chaired by Catherine Burn (BCVS)
- Managed by Programme Directors, and supported by a programme office.

Aims

- Reduce inequalities
 - Improve health and wellbeing
 - Deliver sustainable, effective and high quality services
-
- By tackling the wider determinants of health
 - By working in collaboration across all sectors
 - By supporting leadership in neighbourhoods and across the system

Partnership achievements so far

- The Bassetlaw Hospital Assessment and Treatment Centre (ATC)
- Integrated Neighbourhood Teams (INTs)
- Reducing pressure ulcers and related admissions
- An integrated approach to falls prevention
- Quality improvements in care homes (barometer etc)
- 3 Primary Care Homes covering all Bassetlaw

Sexual Health

Nottinghamshire Health and Wellbeing Strategy

Daniel Flecknoe - Specialty Registrar in Public Health,
Nottinghamshire County Council

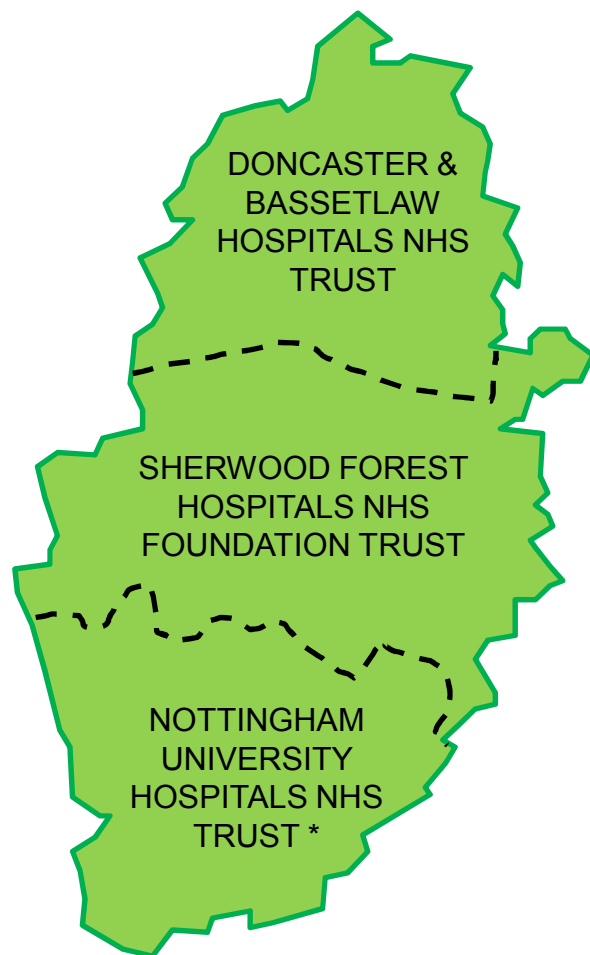
&

Dr Ruth Taylor - Consultant in Sexual Health & HIV,
Nottingham University Hospitals NHS Trust



**Nottinghamshire
County Council**

Integrated Sexual Health Service



Performance indicators for Sexual Health in Nottinghamshire.

Indicator	Period	Range
Shigella incidence rate/100,000	2017	
New STI diagnoses (exc chlamydia aged <25) / 100,000	2017	
Syphilis diagnostic rate / 100,000	2017	
Gonorrhoea diagnostic rate / 100,000	2017	
Genital herpes diagnosis rate / 100,000	2017	
Genital warts diagnostic rate / 100,000	2017	
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02)	2017	
		<1,900 1,900 to 2,300 ≥2,300
Chlamydia proportion aged 15-24 screened	2017	
HIV diagnosed prevalence rate / 1,000 aged 15-59	2016	
		<2 2 to 5 ≥5

<https://fingertips.phe.org.uk/search/sexual#page/1/gid/1/pat/6/par/E12000004/ati/102/are/E1000024/iid/93357/age/1/sex/4>

* - Jointly commissioned with Nottingham City Council.

Chlamydia

- Chlamydia detection rate improving since Q3 2016, converging with England average (currently 7% lower).
- Targeted work by provider colleagues.
- Online chlamydia testing service commissioned November 2017.
- >1200 online tests. 117 positives referred for treatment. Service uptake is increasing.

Health Promotion

- Health Promotion (HP) activities help prevent STI transmission & unplanned pregnancies.
- HP teams do outreach in schools, youth groups, colleges, business and traveller sites, among other locations.
- Sexual health awareness week 2018 (24th - 31st September) will focus on the issue of Consent.

Challenges on the horizon

- Managing demand across the system.
- Ensuring people receive the right treatment in the most appropriate location.
- Dealing with emerging STIs which place large additional financial burdens upon the service.
- Working with providers to achieve cost savings of £100k from 2020/21.

Summary

- Good progress towards key population health goals. Significant challenges ahead.
- Sexual health is a fragmented commissioning environment. Better outcomes through more integrated working.
- Continuing to deliver a comprehensive, open-access service for the population of Nottinghamshire is our primary goal.

Dr Ruth Taylor

**Consultant in Sexual Health & HIV, Nottingham
University Hospitals NHS Trust**



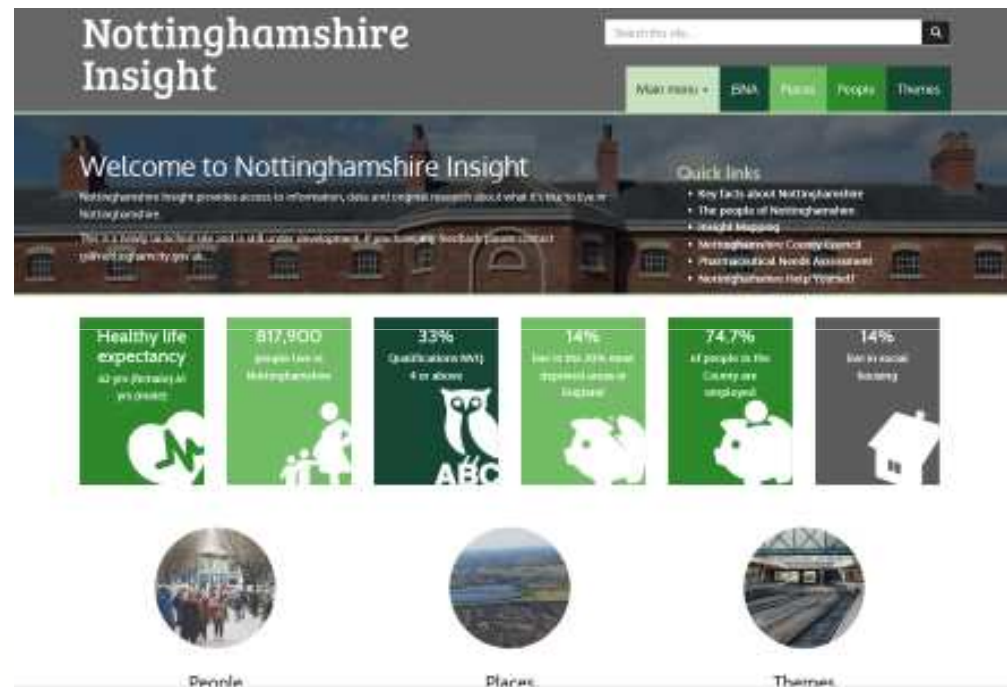
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Nottinghamshire Joint Strategic Needs Assessment

Jonathan Gribbin
Director of Public Health



Nottinghamshire Insight



Joint Strategic Needs Assessment



The screenshot shows the Nottinghamshire Insight website. The header includes the logo, a search bar, and navigation tabs for 'Main menu', 'JSNA', 'People', and 'Themes'. The breadcrumb trail reads 'Home / Research areas / Joint Strategic Needs Assessment'. The main heading is 'Joint Strategic Needs Assessment'. Below it, a paragraph states: 'The Joint Strategic Needs Assessment (JSNA) provides a picture of the current and future health and wellbeing needs of the local population. The JSNA consists of three chapters - Adults and Vulnerable Adults, Children and Young People and Older People. Each chapter is made up of several sections supported by a summary outlining the key messages from each. You can download each chapter using the links below. We have made changes to the way we present our JSNA and have moved towards shorter, topic-based interactive documents.'

Summaries and overviews »

- [Pharmaceutical needs assessment](#)
- [JSNA evidence summary \(2017\)](#)
- [The People of Nottinghamshire \(2017\)](#)

Cross-cutting themes »

Children and young people »

- [Breastfeeding and healthy start programme \(2014\)](#)
- [Child poverty \(2016\)](#)
- [Children and young people's oral health \(2014\)](#)
- [Emotional and mental health of children and young people \(2014\)](#)
- [Excess weight in children, young people and adults \(2016\)](#)

JSNA chapters structure

What do we know?

- Who is at risk & why?
- Size of the issue locally
- Targets & performance
- Current activity, services provision & assets
- Evidence of what works
- What is on the horizon?
- Local views

What does it tell us?

- Unmet needs & service gaps
- Knowledge gaps

What should we do next?

- Recommendations for consideration by commissioners

