NHS
South Yorkshire
Integrated Care Board

NHS JOINT FORWARD PLAN SUMMARY FOR SOUTH YORKSHIRE

June 2023

Foreword

It has been four years since the publication of the Strategic Five-Year Plan for South Yorkshire. Since then, a lot has changed and we have made good progress in taking forward our ambitions, whilst also managing the impact of the Covid-19 pandemic, operational and workforce pressures, periods of industrial action and more recently the impact of the cost of living crisis on our communities.

It is within this challenging environment that we officially became an Integrated Care System, establishing our Integrated Care Board for South Yorkshire, followed by our Integrated Care Partnership, Chaired by our South Yorkshire Mayor. We have a refreshed energy and renewed commitment to collaborate as partners and to work together differently with our local communities of Barnsley, Doncaster, Rotherham and Sheffield, our diverse voluntary, community and social enterprise sector and wider partners.

Our shared aim is to address the wider determinants of health, and how the circumstances in which we live can shape our health. We aim to eliminate health inequalities, improve population health outcomes and equity and support the physical and mental health and wellbeing needs of people living and working in South Yorkshire. Together we published our initial Integrated Care Strategy in March 2023. In this we set out our commitment to continue to listen, engage and involve people and communities and those with lived experience, to shape the work we do and the priorities we set to go further faster to eliminate health inequalities.

Within our communities across South Yorkshire we know that people here are dying younger than they should and living more years in poor health than they need to. Health inequalities show unfair and avoidable differences in health across our population, and between different groups within our communities. However, they are not inevitable, and they are preventable.

This Joint forward plan is our delivery plan for how the NHS working with Local Authorities, the voluntary sectors and many others will deliver on the ambitions set out in our Integrated Care Strategy and over the next five years ensure our resources are going towards those with the greatest needs and that equity is improved by taking a more preventative approach.

Our immediate priority must be to continue to recover our care services in a way that all our communities have equitable access to the care and support they need. This JFP sets out how we will deliver the NHS operational requirements for 2023-24. At the same time, we must continue be relentless and creative to prevent ill health in the first place and in our commitment to working in collaborations on the wider determinants of health to achieve our ambition of eliminating health inequalities in South Yorkshire.

We must continue the progress in delivering the key ambitions set out in the in the NHS Long Term Plan and continue transforming the NHS for future generations. Our aim with this initial Joint Forward Plan is to create a strong platform on which to move forward confidently and collectively.

Gavin Boyle
Chief Executive Officer
NHS South Yorkshire Integrated Care Board

Implementing our Integrated Care Strategy with the Joint Forward Plan

This plan is our NHS Five Year Joint Forward Plan (JFP) for South Yorkshire.

It has been developed by NHS South Yorkshire jointly with all NHS trusts and foundation trusts in the South Yorkshire Integrated Care System and in collaboration with wider partners. The requirement of a JFP is set out in legislation under the Health and Care Act 2022. Guidance was published in December 2022 for Integrated Care Boards, NHS trusts and foundation trusts to develop these plans to meet the physical and mental health needs of their populations.

Our Plan is aligned with our four Health and Wellbeing Board strategies in each of our Places of Barnsley, Doncaster, Rotherham and Sheffield and it also builds from our Integrated Health and Care Plans in each Place and our previous South Yorkshire Five Year Plan (2019 - 2024). The Plan is directly linked to our initial Integrated Care Strategy and the ambition we have to reduce health inequalities and improve healthy life expectancy in South Yorkshire, and goes on to start to outline the NHS response and our shared delivery plans.

Initial Integrated Care Strategy for South Yorkshire

We want to see the people in all our communities live healthier and longer lives, have fairer outcomes and timely, equitable access to quality health and care services and support.

Our success here will ultimately be determined by improvements in Healthy Life Expectancy (HLE), narrowing the gap between the most and least deprived groups, eliminating inequalities in access and experience, and unwarranted variation.

Our vision and goals are supported by four shared outcomes that are reflected in all of our Health and Wellbeing Strategies and support the life stages of starting well, living well and ageing well.

Our intention is not to duplicate but to focus on a small set of bold ambitions where partners have agreed to align their collective power and influence to enable delivery at pace and scale.

Bold Ambitions

Our strategy to better health, recognises the work already ongoing and set out in strategies and plans for each of our Places across South Yorkshire. The bold ambitions are referred to throughout this plan where we have indicated areas of action that will support their delivery. Working together our bold ambitions are:

- Focus on development in early years so that every child in SY is school ready
- Act differently together to strengthen and accelerate our focus on prevention and early identification
- Work together to increase participation and support a fair, inclusive and sustainable economy
- Collaborate to value and support our entire workforce across health, care, VCSE and paid and unpaid carers. Developing a diverse workforce that reflects our communities.

We are making a joint set of commitments that will enable us to work together differently.

Listening to our South Yorkshire communities and what matters to them

Building on the engagement to inform our initial Integrated Care Strategy, we made a commitment to ongoing engagement with our communities. And to help inform our Joint Forward Plan we used what we had heard from our previous engagement alongside continuing the 'What Matters to You' conversation.

To ensure we heard from a more diverse breadth of our communities we commissioned Healthwatch Barnsley, Healthwatch Doncaster and Healthwatch Sheffield and Voluntary Action Rotherham to work with our underserved communities, with a focus on the most deprived communities in South Yorkshire (all of which are in the 20% most deprived nationally) as well as other groups from our communities who are known to suffer worse outcomes.

As well as this targeted approach we also created a survey for the general population and commissioned a street survey of people across South Yorkshire who are demographically reflective of our population. A question was included about whether people had responded to our 'What Matters to You' campaign in November 2022 so that we were able to tell who was a new respondent and who was adding detail to their previously submitted response.

We heard from more than 1,000 people through street surveys, over 700 NHS staff and nearly 800 people from community groups and the general public, taking the combined total to more than 2,500.

What did our communities say?

There are some common themes that are often mentioned among all audiences and which are referenced among all aspects of the insight sought, namely what's important to people about their health, what barriers exist to accessing services and how quality of care can be improved.

- **Accessibility**

  Being able to access care services in a timely and convenient way was the most commonly mentioned concern because it affects the quality of a patient's experience. This was felt particularly strongly in terms of demand for accessing GP services. Removing barriers to accessing information, support and services were mentioned by all.

- **Affordability**

  The costs of transport, parking, medication, treatments, as well as being able to live more healthily, were also mentioned universally. The cost of living challenge provides the context to these responses.

- **Agency**

  Many people want to be in control of their own care and want better access to the information, tools and capacity to manage this.

Throughout the Joint Forward Plan we have endeavoured to illustrate where our planned actions will address the issues identified by our citizens and communities. There are some elements such as the cost of public transport, where the NHS does not have direct control, but is committed to working with partners and ensuring that patients and families are aware of reimbursement schemes. The full involvement report can be found here. This is an engagement draft of our Plan and provides an opportunity for interested citizens to review the full draft. We are committed to ongoing involvement as we develop and implement more detailed plans.

Our thanks to all the individuals, groups and organisations who held focus groups or provided feedback through surveys that helped to influence this Joint Forward Plan.

The current position and key challenges

During autumn 2022 we began a strategic baseline assessment and as part of this in December 2022, we went on to undertake a review of the health of South Yorkshire's population.

The findings from that review and our engagement work, informed our Integrated Care Strategy and this Joint Forward Plan. People of South Yorkshire are living shorter lives than they should. People living in our most deprived areas have both shorter lives and are living those years in poorer health. The key findings that have influenced this plan are:

Male life expectancy is 77.3 years (Eng 78.7 years)

Female life expectancy is 80.9 years (Eng 82.7 years)

Gap in life expectancy between most and least deprived areas in South Yorkshire is for males 8.7 years, for females 7.6 years

Number of years lived in good health is 59.5 years for males and 60.2 years for females (a gap of 3.6 years compared to England)

Males and females living in the most deprived parts of South Yorkshire will live on average 19 years more in poor health compared to those in the least deprived

This is being affected by:

- **Multi-morbidity:** We are beginning to see an increase in the prevalence of multi-morbidity, e.g. having more than one long term condition, and an earlier onset, especially in the most deprived parts of South Yorkshire where this could be as much as 15 years earlier.
- **Mortality:** The biggest underlying causes of deaths in South Yorkshire were heart disease, Covid-19, Dementia, lung cancer, Stroke and lower respiratory disease.
- **Impact of Covid-19:** The pandemic had a significant impact on our elective admission rates as well as our waiting times for interventions. We also observed that there was an increase in the referrals to children's mental health services.
- **Inequalities:** The wider determinants of health affect demand for services, for example those in the most deprived areas have higher emergency admission rates, but lower access for elective care. Very poor health and lower average age of death is often experienced by people who have become socially excluded as a result of multiple adverse events such as homelessness, addiction, racism, violence, crime and complex trauma.
- **Risk Factors:** Many of the risk factors associated with our main diseases can be changed through preventative and proactive care and support, especially where nearly one in six people smoke, more than a third don't have their blood pressure controlled to target and two thirds are overweight or obese.
- **Early Detection:** We are working with primary care to improve the diagnosis rates for people with dementia, hypertension and cancer. Those with serious mental illness and those with learning disabilities are more likely to have physical ill health, and so early detection and prevention are key.

Key Challenges

On submission of our plans against the NHS planning objectives, several challenges were identified that impact on our population's health, our delivery plans and our financial position. The four key challenges are:

- **Ambulance waits:** The improvement to the Category 2 Ambulance response times requires a multi-system response with significant transformation across all elements of the urgent and emergency care pathway.
- **Elective waits:** Eliminating 65 week elective waits given system pressures, including continued industrial action. The required system response is planned working with the Acute Federation.
- **Mental Health Support:** Improving access to mental health support for children and young people and the reduction in inappropriate out of area placements remain a challenge.
- **Primary Care Access:** There is increasing demand and pressure on primary care which is in turn impacting on patients' timely access to services.

Joint Forward Plan Objectives and Summary

To support delivery of our initial Integrated Care Strategy, the national objectives set out in the NHS Planning Guidance for 2023/24 and our statutory requirements, we have identified a number of areas of focus that underpin and are fundamental to delivery of our Joint Forward Plan and they are described as a set of objectives.

In addition, the plan sets out specific areas of focus and more detailed plans across a range of programmes and the outcomes we are striving to deliver. These can be found in the main document.

Taking a preventative, population health approach and reducing health inequalities in all we do by focusing on those with greater needs

Improving access, quality and transforming care

Working in partnership with people and communities and Voluntary, Community & Social Enterprise (VCSE)

- Improving maternity services and services for children and young people (0-25 years).
- Improving access to Primary Care (GPs, Primary Care Networks (PCNs), community pharmacists, optometrists and dentists).
- Transforming Community Services (Including proactive integrated community teams, delivery of urgent community response and expansion of virtual wards.).
- Recovering urgent and emergency care, including developing alternatives to A&E, improving processes, hospital flow and discharge.
- Recovering & optimising cancer, elective and diagnostic pathways, implementing best practice and reducing variation.
- Improving access and transforming mental health services for children and young people and adults.
- Improving access and redesigning specialist services for those with learning disabilities and autism.

Supporting and developing our entire workforce

Maximising opportunities and benefits of digital, data and technology and research and innovation

Making best use of our collective resources

Phasing in our Joint Forward Plan

Our plan is to take a phased approach to delivery.

Our immediate priority is to continue to recover our services in a way that all our communities have equitable access to the care and support they need. Whilst continuing to be relentless and creative to prevent ill health in the first place, we remain committed to working in collaboration on the wider determinants of health to achieve our ambition of reducing health inequalities in South Yorkshire. We will also continue to progress delivery of the key ambitions in the NHS Long Term Plan to transform the NHS for future generations.

Year 1 - 2

- Developing a population health led and health inequalities aware system, including building our South Yorkshire Population Health Academy to help enable and support our workforce with the skills, tools and capability to do this
- Refreshing and building intelligence and population health management approaches and engagement mechanisms working with VCSE
- Acting differently together to strengthen and accelerate our focus on prevention and early identification focusing on those with greatest needs
- Focusing on smoking and delivery of the South Yorkshire QUIT Programme connecting with and building on our tobacco control work
- Taking a personalised, preventative approach to long term conditions, implementing management priorities and addressing multi morbidity
- Developing our workforce strategy to support, develop and expand our workforce
- Delivering our Digital Strategy and developing a data and intelligence strategy
- Delivery of the three year plan for Maternity and Neonatal Services
- Addressing needs of children and young people by implementing the Children and Young People's Transformation Programme (CYP)
- Focusing on immediate actions to recover services, to improve timely access to primary care, diagnostic, elective and cancer pathways, mental health and learning disability services for children and young people and adults, and urgent and emergency care, including delivery of integrated community services, urgent community response and expanding virtual wards
- Delivering the national objectives in the Operational Planning Guidance for 2023/24 and 2024/25

Year 3 - 5

- Embedding population health management approaches to become a mature population health led system
- Continuing to collaborate with partners, focusing on prevention and early identification for those with greatest needs
- Embedding a primary prevention for all approach and working with people and communities to codesign sustainable prevention programmes
- Complete delivery of the three year plan for Maternity and Neonatal Services and the CYP Transformation Programme
- Deliver new service models that integrate primary, community and hospital services enabled by our Provider Collaboratives and Alliances
- Embed quality improvement, taking an evidence based approach to improve quality of care and health outcomes to reduce inequalities in access, experience and outcomes, address unwarranted variation in care pathways and further contribute to addressing health inequalities.
- Continue to transform and redesign mental health services and learning disability and autism services to improve access and quality of care
- Continue delivery of annual Operational Planning Requirements beyond 2024/25 and NHS universal commitments in the NHS Long Term Plan

South Yorkshire Joint Forward Plan - Outcomes

This Joint Forward Plan is a key delivery vehicle for our Integrated Care Strategy and has the same ultimate vision and goals. So the approach we are taking is to build on our existing Outcomes Framework (OF) to include the key measures and metrics that align to the JFP objectives and priorities.

The following diagram summarises the outcomes we have identified and the indicators will also have an inequalities lens applied to them. These will be monitored alongside our Integrated Care Strategy outcomes as well as our key performance indicators relating to the operational planning objectives.

NHS South Yorkshire - Outcomes

Long Term Conditions
- Percentage of adults who smoke
- Hospital admissions for alcohol-specific conditions
- Percentage of adults that are obese
- The rate of deaths in the under 75s from major diseases
- Rate of emergency admissions for major diseases
- Prevalence of multi-morbidity in patients with LTC
- Proportion of people feeling supported to manage their condition

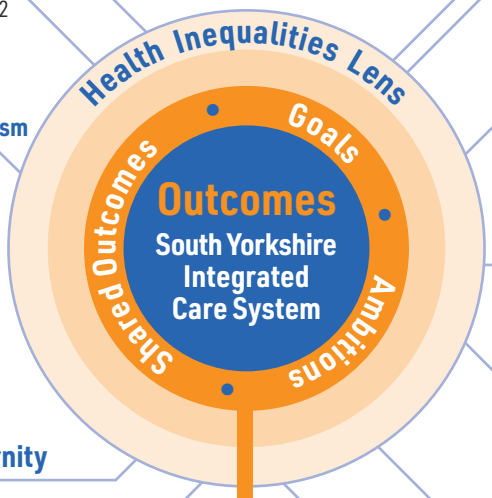
Cancer Services
- Percentage of cancers diagnosed at stage 1 and 2
- Five-year survival rate from all cancers
- Premature mortality rate for cancer

Mental Health Learning Disabilities and Autism
- Excess under 75 mortality rates in adults with SMI or LD
- Hospital admissions as a result of self harm
- Suicide rates by sex and by LD/A
- Gap employment rate for those with SMI or LD
- Smoking prevalence for those with SMI
- Dementia diagnosis rate in those aged 65
- Prescribing of anti-psychotic medication
- School exclusions for those with LDA

Ensuring the best start in life - Maternity
- Neonatal mortality and stillbirth rate
- Percentage of mothers that reported smoking at time of delivery
- Maternal mortality rate
- Rate of premature births
- Admission rates of babies aged under 14 days
- Prevalence of breastfeeding

Children and Young People
- Unplanned admission rates for asthma, diabetes and epilepsy
- Hospital tooth extractions due to decay
- Elective waiting times for children
- School absenteeism

Our Shared Outcomes
- Achieving Net Zero
- Reduce mortality amenable to healthcare
- Patient and family experience measures
- Inequalities in access, experience and outcomes
- Core20 Plus 5 metrics



Integrated Community Services
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions
- Numbers of people dying at home/hospital/hospice/care home
- Admissions for falls in older people
- Older people who were still at home 91 days after discharge from hospital into reablement services

Specialised services
- Number of patients accessing thrombectomy
- Stillbirth and neonatal mortality rate
- Cancer 5 year survival rate
- Reduced rate of growth in new referrals to renal dialysis

Elective and Diagnostics
- Inequality in elective admissions by deprivation decile
- Waiting times for diagnostics and elective care
- Hospital readmission rate within 30 days of discharge

Urgent and Emergency Care
- Patient and staff experience of A&E
- Mortality attributable to A&E pressures (TBC)
- Preventing harm metrics (TBC)

Primary Care
- Patient satisfaction with accessing GP services
- Patient satisfaction with accessing NHS dental services
- Units of dental activity
- Number of GP practice appointments

Integrated Pharmacy and Medicines
- Antibiotic prescribing rates
- Hypertension diagnoses
- SABA prescribing

Sustainability
- Energy consumption and transition to renewable sources
- NHS Fleet related emissions
- SABA use in asthma patients and use of DPI inhalers
- Emissions from Entonox

Enablers

- Data, Digital and Technology
- Continuous Quality Improvement and Research & Innovation
- Developing our Workforce
- Making best use of our resources
- Working with People
- Partnerships including working with VSCE and our role as an anchor