
The Health and Care Working Together in South Yorkshire and Bassetlaw Plan and the Hospital Services Review - stakeholder briefing

October 2017

Background: the South Yorkshire and Bassetlaw Plan

The NHS and local authorities across South Yorkshire and Bassetlaw have formed a partnership which is looking at how greater collaboration and working more closely together can help everyone in the region have a great start in life, with support to stay healthy and live longer.

Known as 'Health and Care Working Together in South Yorkshire and Bassetlaw', the partnership has been recognised nationally as one of the first accountable care systems in the country.

In October 2016, we published our vision, ambitions and priorities for the future of health and care in the region in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP). It was the result of many months of discussions across the partnership, including with patient representative groups and the voluntary sector.

The vision sets out how we will make improvements to health and care services, like making it easier to see a GP, speeding up access to appointments which will allow people to receive their diagnosis at the earliest possible time, and offering help faster to people with mental ill health problems.

It also acknowledges the challenges we face, such as growing demand for services, tough financial pressures and staff challenges.

Why change?

- People's needs have changed and they are living longer
- There are some big staff challenges
- We've got some tough financial pressures

Since its creation in 1948 the NHS has constantly adapted and it must continue to do so as the world and our health needs change. We have many great people working in our services – and we want to support staff to continue to do an excellent job; providing safe care for everyone in the future.

There have been some big improvements in health and social care over the last 15 years. For example, people with cancer and heart conditions are experiencing better care and living longer. However, **people's needs have changed and they are generally living longer**. They want their health and care services in a place and at a time that is right for them. For many, this means care that is provided at home, or in local healthcare centres - not in a hospital.

At the same time, people are waiting longer for treatment and spending lengthy periods of time in hospital when they could be at home, or seen by their GP or at a local healthcare centre.

Things can also seem unnecessarily complicated sometimes. For example, people having to repeat themselves to doctors, nurses and care workers and sometimes having to go to lots of different

appointments in different places. This could work better and services could be more joined up and easier to understand and use.

There are some big staff challenges that we need to deal with. Even though in recent years the number of qualified clinical staff in the NHS rose by 3.9 per cent, there are not enough nationally for some services. As healthcare has developed, so has the role of doctors and nurses. Care and treatment can be provided by a wide range of healthcare professionals - not just doctors. Working like this would mean people being seen and treated more quickly.

We've got some tough financial pressures too which is mostly down to increased demand on services and people living longer. It's a good thing that so many people are living longer but it means the way we work needs to change to meet the needs of an ageing population, so they can live well. We will also make the NHS more efficient.

What's the vision?

We want to run some healthcare services in local community clinics instead of hospital buildings. The idea is to make things more convenient for people who will no longer have to travel to a hospital for routine check-ups or for treatments that can be done in local healthcare centres or at home. We want services to be about keeping people well for longer, so they can live independent lives and avoid being admitted to hospital.

We need to use our hospitals for the things they are best for and make sure other services are available elsewhere. **We are committed to keeping all our local hospitals and providing urgent care in them all** so people will always have somewhere to go in an emergency.

We also need to keep up with new developments, technology and treatments and make sure we are taking advantage of the best ones.

The hospital services review

We want to future-proof local hospital services and are committed to having a local hospital in every town and city. The independent review of hospital services will look at how we can do this, identifying which services would benefit from being provided in different ways. It is just one part of the overall approach. At the same time as the review, we are continuing our work on developing more and more ways of treating and caring for people in their homes and local clinics, so that they don't need to go to hospital.

There are many examples of good work already taking place in our area:

- Primary care streaming in Doncaster
- Extended hours in primary care in Barnsley
- Consultant Connect in Bassetlaw (enabling a GP to dial a single number to immediately reach an appropriate specialist)
- New urgent and emergency care centre in Rotherham
- Direct booking out of hours appointments booked into four hubs in Sheffield

The Hospital Services Review will look at how services could be provided so that everyone in South Yorkshire and Bassetlaw has equal access to high quality, safe hospital services now and into the future.

Underpinning the review is a commitment to keeping all of our local hospitals and providing local urgent care.

Staff and citizen engagement

Existing staff will be giving their opinions as part of the review, so that recommendations are based on what the people who provide healthcare believe would make their services better and more equipped to deal with changing healthcare requirements. We will also be seeking the opinions of our citizens and patients throughout.

Fact finding and citizen involvement

In August, during the very early first stage of the review, we started to engage with members of the public. Members of the public from all localities engaged with us about the principles that underpin the review, and about the criteria being used for identifying the services that will be the subject of the review.

The review launches fully with the public in October, once the services that are being reviewed are confirmed. At this stage, a series of regular public, patient, staff, clinician and stakeholder engagement events will take place so that we can seek everyone's input throughout. We will have three events in every Place, organised with the local Healthwatches.

Hospitals included in the review

- Barnsley Hospital NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust]
- Mid Yorkshire Hospitals NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Sheffield Children's Hospital NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust

The mental health trusts covering the region – Sheffield Health and Care NHS Foundation Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust – are not included in the review as it is acute hospital services only. Exploring ways of improving mental health services is a key element of one of the workstreams in Health and Care Working Together.

Concluding the review

When the independent review concludes in March 2018 it is anticipated it will make a series of recommendations to the Health and Care Working Together Oversight and Assurance Group (OAG) about what changes could be made to future-proof the services.

The OAG is made up of chairs from Health and Wellbeing Boards, Foundation Trusts and clinical chairs from the Clinical Commissioning Groups.

It will decide if it wants to follow-up any of the recommendations. If the group decides to change any services on the back of the review recommendations, those changes would be subject to full public consultation.