DONCASTER METROPOLITAN BOROUGH COUNCIL

SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MONDAY, 18TH MARCH, 2019

A MEETING of the SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE was held at the 007A AND B - CIVIC OFFICE on MONDAY, 18TH MARCH, 2019, at 1.00 pm.

PRESENT:

Councillors; Andrea Robinson (Chair), Jeff Ennis (Barnsley MBC), Pat Midgley (Sheffield CC), David Taylor (Derbyshire CC)

Other;

- Lesley Smith, Deputy System Lead, SYBICS and Chief Officer, NHS Barnsley Clinical Commissioning Group
- Will Cleary-Gray, Chief Operating Officer, SYB ICS
- Katy Hide, Engagement Manager
- Alexandra Norrish, Programme Director, Hospital Services Programme, SYB ICS

10 Apologies for absence

Apologies for absence were made by Cllr Elizabeth Rhodes of Wakefield MDC and Cllr Simon Evans of Rotherham MBC.

Apologies were also received from Sir Andrew Cash, Chief Executive Officer, South Yorkshire and Bassetlaw Integrated Care System (SYBICS).

11 To consider the extent, if any, to which the public and press are to be excluded from the meeting

None

12 Declarations of interest, if any

There were no declarations of interest made.

13 Minutes of the meeting held at Barnsley MBC on 22nd October 2018

RESOLVED that the minutes of the meeting held at Barnsley MBC on the 22nd October 2018 was agreed as a true record.

It was noted that all information cited in the minutes had since been circulated to all Members of the Committee.

14 Questions from Members of the Public

The Chair informed members of the public, that a meeting would be arranged in early summer for Committee Members to meet with them to help better understand their concerns. It was

clarified that no more than 3 representatives from each of the Save Our NHS Areas, a representative from each Healthwatch area and finally a representative from the South Yorkshire and Bassetlaw group would be invited to the meeting.

Questions were raised from three individual Members of the Public.

The Chair referred to the full set of questions received which were as follows: -

DOUG WRIGHT QUESTIONS

NHS ENGAGEMENT WITH THE PUBLIC

A theme running through the above agenda is 'an essential part of the long term plan is undertaking wide engagement with Health and Care staff, parents, the public' .....

Yet both SYB Oversight and Assurance and Executive Steering Group meetings have always been held in secret.

The SYB Collaborative Partnership Board still refuses to allow the public to attend their meetings.

Both Barnsley and Doncaster Joint Commissioning Management Groups currently also exclude members of the public.

Will this Overview and Scrutiny Committee now belatedly consider recommending to these bodies, that members of the public can attend the above regional meetings and also ask them to have a standard early agenda item, 'questions to the public?'

JHOSC ANSWERS TO PUBLIC QUESTIONS

In future, can the rotating Chairs of this Committee ensure that answers to questions from the public are published in the minutes of JHOSC minutes?

PETER DEAKIN QUESTIONS

With regard to the

The South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee agenda

Agenda item 6b item 31 to 43 - Involving people and communities in taking forward the NHS Long Term Plan

Appendix 1 - Our approach to meeting the principles of the NHS England Patient and Public Involvement Framework

I am concerned that these actions/exercises do not and will not involve the public. In past few years the ICS and previous incarnations the actual events and surveys said to involve the public were and are stage managed to give the impression of public engagement. Many who take part are NHS staff, managers and supervisors and patient groups in order to produce the right input and right responses. This consists of limiting discussion, dismissing and not recording critical voices, whilst giving the pretence of full public engagement

Scrutiny Committees can undertake investigations into a specific topic. The Committee can then collect evidence from relevant people and organisations ('interested parties') so that the members of the Committee can produce a public report that covers their findings, conclusions and recommendations.

Can the JHOSC be sure that the construction of the long term plan, communication and engagement report (agenda item 6b), will involve the public and not be stage managed.

Can the JHOSC be sure that all of the suggested actions in (agenda item 6 and appendix 1) will happen and that this is not just a list of suggestions of what could be done to involve the public.

Can the JHOSC as part of the past and ongoing ICS public engagement, ask the ICS for evidence of how they have involved the public in decisions around, clinical priorities - (agenda item b 9 to 20), cancer care, maternity and neonatal care, cardiovascular disease, respiratory disease, primary and community care, mental health services, learning disabilities and autism, workforce and Digital technology.

NORA EVERITT

LTP Challenges – Money and Staffing:

The Long Term Plan deliberately skims over the two biggest SOLVABLE problems in the NHS.

The first is the money. 3.4% (it's actually 3.1% as many has commented) is totally inadequate when, just to stand still, requires, according to the Audit Office, 4.3%. What we are seeing is a deliberate inbuilt continuous underfunding of the health service in the future which in turn impacts on the workforce. With 106,000 vacancies the minimum year on year increase needs to be at least over 5% and additional funding to restore nurses bursaries.

The health service, with this funding and no immediate plan to fill the 106,000 vacancies can only continue by cutting services, beds, and/or introducing top up payments either from personal income/savings or private health insurance.

Given the speed with which the ICS is being introduced will the JHOSC:

a) confirm that the funding is insufficient,

b) seek assurances and details of how NHS England is going to fill the 106,000 vacancies and increase the funding to sustainable levels within the time allowed for the introduction of the ICS,

c) establish that bed closures will cease and confirm that the fundamental rules of the NHS being free at the point of need will not be replaced by a fixed budget.

NHS money & budgets:

The money still flows with the patient - even though the budgets are allocated on whole populations.

As currently, funding follows the patient, how will patients be funded if:

a) the funding is permanently inadequate?
b) there are fixed budgets either on a personal basis (as is being started with maternity) or on an individual ICS basis?

Privately Provided Home Care:

We have seen how disastrous the privatisation of care has been. Where once we had an imperfect but affordable system we now have an even more imperfect system which has become ludicrously expensive, has workers on appallingly low wages, on zero hours contracts and no payment for " journey time " between " what is laughingly referred to as " clients ".

Many of these elderly people were promised a cradle to the grave health service built upon a basic tax of 33% and that was what they got.

Care for the elderly has become a system by which they lose their homes, their pensions, their dignity and their sense of place in a community and it is well past the time to take the whole care system out of the hands of the inefficient, criminally expensive, private sector and have it as part of the NHS as part of a genuinely integrated care system. Why is that not being pursued?

Agenda Items 6, 6a, 6b

All 3 reports contain a RISK AND ASSUMPTIONS section completed with the statement ""There are no specific risks associated with the recommendation in this report".

This is combined with a RECOMMENDATIONS section that is again bland and unfocussed "That the Committee considers and comments on the information presented".

These two expressions negate what Scrutiny Committees should be about. The JHSOC agenda reports are designed to spoon-feed one option and avoid informed discussion, which is illegal under the Gunning Principles.

QUESTION Is Scrutiny content to continue supporting the illegal breach of the Gunning Principles by the ICS and accept the legal, financial and reputational consequences?

Agenda Item 6a

Para. 15 of the report says that
"changes set out in the Long Term Plan can be achieved within the current legislation".

This directly contradicts the minutes of the Meeting of NHS England and NHS Improvement of 28/2/19 that proposed revoking present legislation to do with Mergers, Competition Requirements, Contested Licence Conditions and Contested National Tariff Conditions and the introduction of a new 'best value test'.

QUESTION Are Scrutiny members aware of this contradiction, the FULL implications of revoking present legislation, and the discredited record of the 'best value test' in PFI contracts that have imposed inestimable financial misery on the NHS?

Respect for statutory duty and responsibility:

On 25th June 2018 the judge found that this Joint Health Scrutiny Committee was wanting in carrying out their scrutiny responsibilities on a previous NHS service change by a lack of records. This related to a lack in their meeting records of:

- any clarity that the NHS responses to the JHOSC questions around some concerns about the proposed NHS service change actually eliminated the JHOSC concerns
- any record of a clear decision that there were no recommendations to be made to the NHS to alter their proposals

The rather repetitive documents presented contain contradicting, or inaccurate, information e.g.

Paper 6 states (P11): "The purpose of this report is to provide Members with the opportunity to be consulted on the following areas:

A. Integrated Care System Governance Arrangements;

B. NHS Long Term Plan;

C. Transformation Workstream Programmes within the South Yorkshire and Bassetlaw (SYB) Integrated Care system"

And yet each Paper relating to A, B, and C states:

"There are no consultation implications within this report."

2. In paper 6a – relating to the ICS Governance arrangements specify in points 11-16 on P 14 that these involve action to "redesign services" and create "streamlined NHS commissioning arrangements to enable a single set of NHS commissioning decisions at a system level"
Both such actions require a statutory consultation of:

- The JHOSCs, as they are very extensive and significant changes
- The public as stated in Section 14Z2 (the statutory right to be consulted on changes in commissioning arrangements)

(14Z2 public involvement duty is for commissioners to 'involve individuals to whom the services are being or may be provided' in 'proposals [and decisions] about changes to commissioning arrangements where the implementation of the proposals [and decisions] would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them")

Is the JHOSC going to clarify if the ICS are formally consulting them on these three very complex areas of change in NHS services that are intended to set the scene for the next five or ten years?

If it is not a formal consultation, then is the JHOSC going to ask when the ICS intend to formally consult them, when this will take place and will the changes have been implemented before the consultation takes place?

Closure of some Ophthalmic Emergency services (Agenda Item 6c Ps 37/8):

In Paper 6c – point 35 on Ps 37/8 refers to Communications and Engagement, and the last bullet point refers to the Ophthalmic out of hour's emergency service. The decision to close this service in two hospitals is reported as being in 2015, but the survey information given to patients in February 2019 implies it happened a few months ago.

Local Senior Ophthalmic staff say it happened in November 2017 and Ophthalmic consultants across Yorkshire tell me that although it only affects few people, these patients still deserve safe, speedy accurate diagnosis and treatment, and explained that diagnosis cannot be accurately made virtually where the image of the eye cannot actually examined by the specialist.

Will the JHOSC question why there was a full statutory consultation of both the JHOSC and the public when similar closures were planned in Children's Acute Services in 2017 but were not carried out when this closure of out of hours emergency Ophthalmic services were planned, and implemented in the same year?

The Chair thanked those members of the public for their questions submitted prior to and raised at the meeting. The Chair provided assurances that the questions and statements had been considered and would be incorporated into the Committees questions as well as being addressed through responses provided where applicable. It was added that a full set of written responses would be provided to those questions that were within the remit of the Committee.

Please see following link: - Responses to Public Questions

15 South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee Covering Report

Members were presented with the covering report that presented the following areas for discussion.

16 Governance Arrangements For South Yorkshire And Bassetlaw Integrated Care System For 2019/20

A report was provided that outlined the next phase of governance arrangements for South Yorkshire and Bassetlaw (SY&B) Integrated Care System (ICS) for 2019/20. It was explained that work would continue on the full governance arrangements, which recognised both the national developments on NHS system architecture and the work with system partners in order to develop an overall system governance framework for the ICS.

It was noted that shared governance working arrangements had been in place since the South Yorkshire and Bassetlaw (SY&B) Sustainability Transformation Plan (STP) had begun before becoming the Integrated Care System (ICS). Members were informed how a number of changes would be undertaken this year, which would help strengthen the collaboration.

It was stated that given the work being undertaken amongst partners (and which included the public), there was a need to share information effectively within South Yorkshire so commissioners were able to make shared decisions with providers. Members were reminded that to date the Joint Committee of CCGs had considered service changes specifically around Hyper Acute Stroke Services as well as Children's Non-Specialist Surgery and Anaesthesia but that this might not be the case for other areas in the Long-Term Plan.

Members were informed how the SYB ICS leadership had engaged directly with local authority partners to shape proposals for partnership working and identify priorities, which would benefit from system collaboration and where greater value could be added. The Committee was informed that this was seen as a required step for health partners to do so before undertaking wider discussions with system partners. It was reported that the Collaborative Partnership Board would continue to meet on a bi-monthly basis (to be reviewed) in due course further to work undertaken with local authority partners and system partners.

It was emphasised that the ICS was not an organisation but a partnership and therefore not a decision making body.

It was explained that further work would be undertaken to consider what the actual governance arrangements would look like. It was commented that within the majority of local authorities, there were Health and Wellbeing Boards to support this process.

It was outlined that from the outset it had made sense to join up and take decisions collectively in relation to what was taking place around health within each of 5 places that made up the SYB ICS. It was continued that Health and Wellbeing Boards, local Overview and Scrutiny and local providers had a great deal of work to undertake and that all elements of the architecture were considered as important.

It was noted that Project Management Teams working on behalf of partners, were in place to move the agenda items forward.

It was noted that in comparison to the previous model, the new model was clearer and more focused with decisions being tracked back to state organisation discussions that had taken place in front of the public, therefore providing assurances with the new set of arrangements.

Accountability – The Committee was informed how the ICS partnership was able to exercise what was referred to as 'mutual accountability' being the statutory accountability that rested in 5 places with statutory organisations. It was explained that this was about being able to access care to the same clinical standards.

A Member raised their concerns about how broad the area was and sought assurances that the public would be supported to understand how everything was working together and to alleviate some of their concerns. It was suggested that further work could be undertaken around 'myth busting'.

In terms of barriers, it was viewed that in time, greater decisions would need to be considered and made back in place and that was where there may be issues around mutual accountability.

It was outlined that ICSs were required to work together with local partners to develop their local response to the Long-Term Plan through producing an ICS five-year strategic plan by autumn 2019. It was explained to the Committee that the ICS five-year strategic Plan would set out what was needed to achieve the ambition set out by the Government and that the ICS was on time to produce the plan.

It was expressed that South Yorkshire was currently in a good place to build on what had already been established rather than by producing a fresh strategic plan.

RESOLVED that the Committee;

I. Note the report and;

II. Support further work to be undertaken around myth-busting

17 NHS Long Term Plan

A report was provided to the Committee that set out the background and context to the NHS Long Term Plan. It highlighted areas of focus within the Plan that included clinical priorities, key service area commitments and enablers to delivery.

It was explained how the plan was intended to provide a framework for local planning over the next five years. The report outlined how SYB ICS would engage with its many audiences to determine what the NHS Long Term Plan meant for them and to co-design the most effective ways to put the commitments into practice locally. It was recognised that healthcare was constantly evolving and this resulted in changing expectations and its own challenges.

It was expected that the changes set out in the Plan could be achieved within the current legal framework, although it was stated that proposals were being made to change legislation that related to the NHS. Members were informed that national

consultation had been launched on potential proposals for changing current primary legislation relating to the NHS and this would close on the 25th April 2019.

It was stated that in respect of procurement, a “best value test” could be applied and where best value could be offered by a NHS provider, then the service would not necessarily need to go through the procurement process.

It was noted that the Plan, alongside primary care networks, was committed to developing ‘fully integrated community-based health care’. It was reported that this involved developing multi-disciplinary teams, including GPs, pharmacists, district nurses, and allied health professionals working across primary care and hospital sites. It was recognised that it was about how everything worked together as a system and what it would take to achieve that ambition.

It was noted that the SYB ICS response to the NHS Long Term Plan will be published in the autumn. The areas of focus will form the basis of the ICS work plan for the next five years and therefore the current workstreams will be reviewed and aligned. Priorities included smoking, obesity, air pollution, resistance to antibiotics, maternity, Children and Young People mental health, learning disabilities and autism, children and young people with cancer.

It was reported that some of the key messages developed since the publication of the plan included;

- Boosting out of hospital care;
- Publication of new GP contract;
- Encouraging to work in networks going forward;
- Backed up by new staff in out of hospital care.

Reference was made to the next steps for public engagement as outlined in the report. It was reported that the above reports and updates would be shared with Members of the Committee. The steps included that;

- the communications and engagement plan would be shared with the Collaborative Partnership Board and Executive Steering Group and once finalised, shared with Boards and Governing Bodies for their meetings in public.

- updates on the engagement and themes emerging from the feedback would be brought to the Collaborative Partnership Board and Executive Steering Group.

- a report on the engagement would be brought to the Collaborative Partnership Board and Executive Steering Group in the summer, in order to inform the South Yorkshire and Bassetlaw Integrated Care System response to the NHS Long Term Plan.

The Committee held a discussion and the following areas were raised;

Public Engagement - In terms of what lessons had been learnt from previous engagement, the Committee was informed that work was being undertaken to ensure that there was a broader representative from members of the public who did not normally engage with NHS. Reference was made to “working well” people who did not tend to use health services, therefore, work was being undertaken with larger employers and through Healthwatch utilising their contacts in the community. The

Committee was informed that although engagement had been positive and meaningful at deliberative events, those sessions did not provide the opportunity to engage with larger groups of people.

It was clarified that Healthwatch England had tasked local Healthwatch groups to undertake some targeted work, personalised around the priorities and remit to work with seldom heard groups. It was noted that the national approach was to engage with Healthwatch as part of the process and this would provide the necessary expertise and steer to take it forward and identify other areas to engage with.

A Member of the Committee highlighted that information on patient and public engagement in shaping health services was lacking from National Plans. Therefore, it was especially important that we ensure this is undertaken in our local area; to which the NHS representatives agreed.

Prevention - A Member of the Committee raised their concern that although individuals were keen to keep well in terms of prevention, issues around health inequalities could work against that. It was considered important that communities had the necessary resources to be able to work effectively together to support the agenda around prevention and deliver services effectively. Concern was also raised that smaller community groups may lose out to larger more established organisations, which would not be able to provide a more localised service.

Members supported holding a separate session to discuss what resources were available at this stage and the financing available behind it.

Budget Cuts - A Member of the Committee expressed concern that reductions had been made to Public Health money and questioned the impact of this at a time when Councils own budgets were also being reduced.

Members were reminded of the role that Simon Stevens had played lobbying for a settlement for social care and health. It was also noted that there was hope for the outcome of the Spending Review, which was due to be published later this year. Members were informed that there had been a focus around the investment into health inequalities and that a great deal was already happening in place. Reference was made to Social Prescribing Link Workers and Cancer Champions, demonstrating what investment had been made within health and how there were a number of exemplar places within the system.

Workforce – Reference was made to Paragraph 18 in the report about the challenges that workforce issues were presenting in delivering the agenda.

It was reported that the Plan recognised the scale of the challenge and had set out a number of specific measures to address it. It was noted that many wider changes would not be finalised until after the 2019 Spending Review, when the budget for training, education and continuing professional development (CPD) was set. It was continued that to inform these reforms, NHS Improvement, Health Education England and NHS England would establish a cross-sector national workforce group and publish a workforce implementation plan later in 2019.

It was noted that some areas of South Yorkshire and Bassetlaw were experiencing difficulties with recruiting in from outside of South Yorkshire and Bassetlaw. It was explained that there had been ongoing issues with recruiting GPs although there had

been success around the recruitment of clinical pharmacists. It was commented that the closer individuals were in distance to a teaching hospital, the simpler it was to recruit to those areas. It was expressed that service changes (such as that of Hyper Acute Stroke) had progressed workforce issues as consideration had been given as to how the population could access safer and sustainable services.

Concerns were raised around shortages in workforce, whether that was in relation to not training sufficient numbers and also that some members of staff moved outside the NHS once they have been trained. It was outlined how there had been attempts to build a more local workforce and Members were informed that the establishment of the workforce hub in the ICS work had been supported. It was also noted that the workforce team were looking at the strategy for the whole region through developing pathways schools or apprenticeships and partly through other non-traditional routes.

It was raised that individual areas had the potential to build their own expertise and that it was part of collaborative working how that could be developed. It was noted that with a lack of guidance from the national plan, there was a need to focus on delivering the plan as best as possible.

RESOLVED that the Committee;

i. Note the report; and

ii. That the Committee receive further information on;

- The SYB ICS NHS Long Term Plan communications and engagement plan by the end of April 2019.
- Updates on the engagement and themes emerging from feedback in June 2019
- A report on the engagement as taken to the Collaborative Partnership Board and Executive Steering Group summer 2019, in order to inform the South Yorkshire and Bassetlaw Integrated Care System response to the NHS Long Term Plan by August 2019.

iii. That the Committee hold a session on the ICS approach to the prevention agenda, including the role of the Voluntary Community and Faith Sector;

18 Transformation Workstream Programmes within the South Yorkshire and Bassetlaw (SYB) Integrated Care System

A report provided an update to the Committee on the transformation workstream programmes within the South Yorkshire Bassetlaw (SYB) Integrated Care System (ICS). It was outlined that the corporate services workstream priorities were to 1. Agree the procurement work plan for 2019/20 and 2. Support the development of 'hosted networks' that will support shared working between the acute Trusts =.

A presentation was provided on progress made with Hosted Networks. The following areas were included:-

- The proposal for Hosted Networks
- Hosts of Hosted Networks

- Role of the Hosted Networks
- Developing Priorities and Resources for each Network
- Generic Structure

It was explained that there were a number of existing structures to take forward shared working between acute providers, but that some existing structures had failed to gain traction. The the hosted networks therefore represented a formal collaboration between acute providers which were intended to have more levers to support shared working, and a higher degree of transparency, in order to give them the best chance of success. It was explained that there would be three levels of hosted networks, beginning from collaboration on workforce and clinical standardisation, and gradually moving up the levels with increasing levels of collaboration around resources and capacity. . The intention of this shared approach was that patients would be receiving services to the same standards across South Yorkshire and Bassetlaw.

It was added that work was now being undertaken to work with Trusts and commissioners to agree the structure, membership and work programme of the individual networks. It was commented that the work programme for each of the networks would focus on different areas in line with the requirements for that specialty.

It was explained that the role of the Host for each network would be to facilitate this shared working. Trusts had put themselves forward to each host one of the Networks.

It was outlined that each Network would include a Network Steering Group which would provide direct oversight and ensure that the Hosted Network was linked to the leadership of the Host and the ICS governance structure. It was noted each network would also have a Clinical Group formed part of the generic structure, which was likely to include representatives from primary care and other services.

It was reported that the networks were provider led but that commissioners would have an important role in ensuring that proposals in line with strategic priorities for the system were deliverable. It was explained that any areas requiring decisions would be linked into the Joint Committee of NHS CCGs and issues may be escalated into the governance of the Integrated Care System.

Further to concern raised by a Member of the Committee, it was commented that there was no intention to create disengagement amongst those Trusts that were not hosting a particular network. The Networks would include a variety of roles, such as clinical leadership, which might well be drawn from organisations other than the Host.

Members were informed that there had been a dialogue with those Trusts beyond the South Yorkshire and Bassetlaw geographical footprint which footprint, which sent patients to this area.

It was outlined that Level 1 networks would focus on developing the workforce in each separate organisation. At Level 2 there might be more flexible working across sites, for specific Trusts and specific groups of staff. It was pointed out that this already happens in some places and for some specialties, for example, where consultants from Sheffield Teaching Hospital deliver outpatient clinics at other Trusts.

Reference was made to the Long Term Plan, which aims to reduce variation between places across the country. It was explained that there was a national drive to

standardise service specifications, clinical protocols and standards, and that leads needed to consider how the Network might support this national direction.

Conversations had been held with the Trusts to discuss where there were existing patient groups that could appropriately engage with the hosted networks.

A Member of the Committee asked whether there was a need for public consultation on the Hosted Networks. It was noted that the hosted networks themselves do not need to go out for public consultation, since the networks are simply a way of organising shared working between the Trusts. Some of the proposals that the networks go on to develop might potentially need public consultation, if the Networks were to make proposals which impact on how or where services are delivered to patients.

In relation to this, questions were raised about the work that the Hospital Services Programme was taking forward to look at changing the clinical model for maternity, paediatrics and gastroenterology. It was explained that this work was being taken forward with input from Clinical Working Groups and public engagement. It was looking at what was the right clinical model for each trust, to deliver sustainable services in every Place.

Assurances were provided that the timeline was on track for October 2019.

Other areas discussed included;

Medicines Optimisation - Reference was made to the updates outlined in the report around Medicines Optimisation, one Member commented that within their local NHS CCG, it had been reported that £16 million was lost per year through medicine wastage when there were other alternatives such as 'over the counter' medicines that could potentially reduce that figure. Members were provided assurances that this was considered as a priority area.

Social Prescribing – In terms of how disadvantaged communities could be supported to deliver social prescribing, for example, through available funding streams, it was explained that social prescribing models were being worked to across South Yorkshire and Bassetlaw and ranged from the recruitment of Link Workers to what investment could be made within the voluntary sector. It was explained that the voluntary sector model might be able to pick up questions around what support was available to disadvantaged communities as this area was progressed within those areas. Concerns were raised about the impact that austerity has had on this.

It was reported that there was a mix of new monies available for the recruitment of Social Prescribing Link Workers, which in many places were linked to an agency or body that was an umbrella employer. Members were told how this then allowed those Link Workers to obtain access to voluntary services (in partnership with other authorities) which meant that procurement requirements would be at a minimal.

Mental Health and Learning Disabilities_– Reference was made to the update as contained within the report on these services provided across Doncaster, Rotherham and Sheffield. Members were informed that a great deal of work around this was already happening in each of those places.

RESOLVED that the Committee note the report

19 Dates and Times of Future Meetings

It was noted that a date had not yet been identified for the next meeting of the Committee. It was proposed that this could be further considered following the proposed meeting in early summer with representatives of Save Our NHS and HealthWatch.

CHAIR:_____ DATE:_____

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JHOSC PUBLIC QUESTIONS AND DRAFT RESPONSES

DOUG WRIGHT QUESTIONS

NHS ENGAGEMENT WITH THE PUBLIC

A theme running through the above agenda is 'an essential part of the long term plan is undertaking wide engagement with Health and Care staff, parents, the public' .....
Yet both SYB Oversight and Assurance and Executive Steering Group meetings have always been held in secret.

The SYB Collaborative Partnership Board still refuses to allow the public to attend their meetings.

Both Barnsley and Doncaster Joint Commissioning Management Groups currently also exclude members of the public.

Will this Overview and Scrutiny Committee now belatedly consider recommending to these bodies, that members of the public can attend the above regional meetings and also ask them to have a standard early agenda item, 'questions to the public?'

Response: Members of the Joint Health Overview and Scrutiny Committee agreed to write to the relevant bodies. They will seek to ask that they consider their governance and decision making programmes in line with their publication schedules to ensure openness and transparency where possible.

JHOSC ANSWERS TO PUBLIC QUESTIONS

In future, can the rotating Chairs of this Committee ensure that answers to questions from the public are published in the minutes of JHOSC minutes?

Response: Where responses are given to the public at the meeting they are recorded in the minutes which are published on the website of the hosting Local Authority. A supplementary document will also be published on the hosting authority's website containing all questions/responses.

PETER DEAKIN QUESTIONS

With regard to the

The South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee agenda

agenda item 6b item 31 to 43 - Involving people and communities in taking forward the NHS Long Term Plan

appendix 1 - Our approach to meeting the principles of the NHS England Patient and Public Involvement Framework

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Scrutiny Committees can undertake investigations into a specific topic. The Committee can then collect evidence from relevant people and organisations ('interested parties') so that the members of the Committee can produce a public report that covers their findings, conclusions and recommendations.

Q Can the JHOSC be sure that the construction of the long term plan, communication and engagement report (agenda item 6b), will involve the public and not be stage managed.

Response: At the meeting held on the 18th March 2019, this question was taken into account as part of the Committee's own questions.

Any further evidence gathering (such as additional meetings or a meeting for further public involvement) to deal with any particular aspect within the Committees remit will be discussed and agreed to be undertaken at the appropriate time if required by the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny the Committee (JHOSC).

In terms of public questions at meetings, public questions are included as a standard agenda item.

Q Can the JHOSC be sure that all of the suggested actions in (agenda item 6 and appendix 1) will happen and that this is not just a list of suggestions of what could be done to involve the public.

Response: The ten areas for good public engagement, as outlined in the ICSs approach to conversations with the public about the NHS Long Term Plan, are those issued by NHS England for ICSs. SYB ICS is using the areas of focus to ensure its approach follows good practice.

They will be used alongside the statutory duties and guidance previously issued by NHS England for CCGs and NHS England to ensure that each statutory organisation within the ICS continues to meet its legal obligations.

In addition, the ICS recently worked with representatives from Healthwatch, the community and voluntary sector, local authorities, Clinical Commissioning Group lay members, Foundation Trust governors, members of the South Yorkshire and Bassetlaw Integrated Care System Citizens' Panel, engagement and communications leads and campaign groups (including Save Our NHS Groups from South Yorkshire) from across South Yorkshire and Bassetlaw to develop a locally-owned plan for public engagement across SYB. This Plan includes a range of actions which will also support ongoing engagement with the public. Information about the development of the plan (including independent analysis of surveys and conversations during the half day development session to produce themes) and the actions agreed are available here: https://www.healthandcaretogethersyb.co.uk/application/files/1115/5066/8512/JCCCG_Public_Meeting_agenda_and_papers_-_27_February_2019.pdf

Any further evidence gathering (such as additional meetings or a meeting for further public involvement) to deal with any particular aspect within the Committees remit will be discussed and agreed to be undertaken at the appropriate time if required by the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny the Committee (JHOSC).

Q Can the JHOSC as part of the past and ongoing ICS public engagement, ask the ICS for evidence of how they have involved the public in decisions around, clinical priorities - (agenda item b 9 to 20), cancer care, maternity and neonatal care, cardiovascular disease, respiratory disease, primary and community care, mental health services, learning disabilities and autism, workforce and Digital technology.

Response: Items 9 to 20 refer to the NHS Long Term Plan, which NHS England widely consulted on. In particular, the process included:

- 14 working groups that ensured the proposals benefited from a breadth of expertise and experience, with membership drawn from a range of organisations including patient groups, staff and clinical representatives and senior doctors, nurses or Allied Health Professionals (AHPs), and local NHS leaders
- 200 distinct engagement events, and over 2,500 responses to the engagement questions from a range of respondents and organisations together representing a combined total of 3.5 million individuals or organisational members/supporters
- work in partnership with the Patients Association and Healthwatch England to engage patients and the public, with Healthwatch England submitting evidence from over 85,000 people.

There is more information about the national engagement process here:
https://www.longtermplan.nhs.uk/online-version/chapter-7-next-steps/engaging-people/

Agenda item 6B 31 to 47 outlines the proposed SYB ICS process to involve the public, staff and stakeholders in its response to the NHS Long Term Plan.

Any further evidence gathering (such as additional meetings or a meeting for further public involvement) to deal with any particular aspect within the Committees remit will be discussed and agreed to be undertaken at the appropriate time if required by the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny the Committee (JHOSC).

NORA EVERITT

Q1. LTP Challenges – Money and Staffing:

The Long Term Plan deliberately skims over the two biggest SOLVABLE problems in the NHS.

The first is the money. 3.4% (it's actually 3.1% as many has commented) is totally inadequate when, just to stand still, requires, according to the Audit Office, 4.3%. What we are seeing is a deliberate inbuilt continuous underfunding of the health service in the future which in turn impacts on the workforce. With 106,000 vacancies the minimum year on year increase needs to be at least over 5% and additional funding to restore nurses bursaries.

The health service, with this funding and no immediate plan to fill the 106,000 vacancies can only continue by cutting services, beds, and/or introducing top up payments either from personal income/savings or private health insurance.

Q. Given the speed with which the ICS is being introduced will the JHOSC:

a) confirm that the funding is insufficient,

b) seek assurances and details of how NHS England is going to fill the 106,000 vacancies and increase the funding to sustainable levels within the time allowed for the introduction of the ICS,

c) establish that bed closures will cease and confirm that the fundamental rules of the NHS being free at the point of need will not be replaced by a fixed budget.

Response: The focus of the South Yorkshire Derbyshire Nottinghamshire and Wakefield (SYDN&W) Joint Health Overview and Scrutiny Committee (JHOSC) is on the planning, provision and operation of health services within its geographic footprint as opposed to national NHS policy. Through its work the Committee has, and will consider the local impact of issues such as funding and workforce. Such questions that fall outside of the Committees remit will therefore not be responded to.

Q 2. NHS money & budgets:

The money still flows with the patient - even though the budgets are allocated on whole populations.

Q. As currently, funding follows the patient, how will patients be funded if:

a) the funding is permanently inadequate?
b) there are fixed budgets either on a personal basis (as is being started with maternity) or on an individual ICS basis?

Response: The focus of the SYDN&W JHOSC is on the planning, provision and operation of health services within its geographic footprint as opposed to national NHS policy. Through its work the Committee has, and will consider the local impact of issues such as funding and workforce. Such questions that fall outside of the Committees remit will therefore not be responded to.

Q 3. Privately Provided Home Care:

We have seen how disastrous the privatisation of care has been. Where once we had an imperfect but affordable system we now have a even more imperfect system which has become ludicrously expensive, has workers on appallingly low wages, on zero hours contracts and no payment for " journey time " between " what is laughingly referred to as " clients ".

Many of these elderly people were promised a cradle to the grave health service built upon a basic tax of 33% and that was what they got.

Care for the elderly has become a system by which they lose their homes, their pensions, their dignity and their sense of place in a community and it is well past the time to take the whole care system out of the hands of the inefficient, criminally expensive, private sector and have it as part of the NHS as part of a genuinely integrated care system. Why is that not being pursued?

Response: The focus of the SYDN&W JHOSC is on the planning, provision and operation of health services within its geographic footprint as opposed to national NHS policy. Through its work the Committee has, and will consider the local impact of issues such as funding and workforce. Such questions that fall outside of the Committees remit will therefore not be responded to.

Q 4. Agenda Items 6, 6a, 6b

All 3 reports contain a RISK AND ASSUMPTIONS section completed with the statement “"There are no specific risks associated with the recommendation in this report".

This is combined with a RECOMMENDATIONS section that is again bland and unfocussed “That the Committee considers and comments on the information presented”.

These two expressions negate what Scrutiny Committees should be about. The JHSOC agenda reports are designed to spoon-feed one option and avoid informed discussion, which is illegal under the Gunning Principles.

QUESTION Is Scrutiny content to continue supporting the illegal breach of the Gunning Principles by the ICS and accept the legal, financial and reputational consequences?

Response: All consultation, implications, risks and assumptions are contained within the attachments to the covering report. The reports provided by the NHS CCG are not decision papers but position statements.

The ICS uses national guidance (which includes the Gunning Principles) alongside the statutory duties and guidance issued by NHS England to ensure that each statutory organisation within the ICS continues to meet its legal obligations when involving the public.

The Gunning Principles specifically apply to consultations. There are currently no formal consultations underway on any of the work of the ICS but the ICS is continually involving people (patients, staff and the public) in conversations that are shaping work programmes.

Q 5. Agenda Item 6a

Para. 15 of the report says that
"changes set out in the Long Term Plan can be achieved within the current legislation".

This directly contradicts the minutes of the Meeting of NHS England and NHS Improvement of 28/2/19 that proposed revoking present legislation to do with Mergers, Competition Requirements, Contested Licence Conditions and Contested National Tariff Conditions and the introduction of a new 'best value test'.

QUESTION Are Scrutiny members aware of this contradiction, the FULL implications of revoking present legislation, and the discredited record of the 'best value test' in PFI contracts that have imposed inestimable financial misery on the NHS?

Response: The focus of the SYDN&W JHOSC is on the planning, provision and operation of health services within its geographic footprint as opposed to national NHS policy. Through its work the Committee has, and will consider the local impact of issues such as funding and workforce. Such questions that fall outside of the Committees remit will therefore not be responded to.

Q 6. Respect for statutory duty and responsibility:

On 25th June 2018 the judge found that this Joint Health Scrutiny Committee was wanting in carrying out their scrutiny responsibilities on a previous NHS service change by a lack of records. This related to a lack in their meeting records of:

- any clarity that the NHS responses to the JHOSC questions around some concerns about the proposed NHS service change actually eliminated the JHOSC concerns
- any record of a clear decision that there were no recommendations to be made to the NHS to alter their proposals

Response: The Committee will endeavour to ensure that any concerns and/or recommendations that are raised by the Committee are appropriately recorded in the minutes of the meeting.

The rather repetitive documents presented contain contradicting, or inaccurate, information e.g.

1. Paper 6 states (P11): "The purpose of this report is to provide Members with the opportunity
   to be consulted on the following areas:

   A. Integrated Care System Governance Arrangements;
   B. NHS Long Term Plan;
   C. Transformation Workstream Programmes within the South Yorkshire and Bassetlaw (SYB) Integrated Care system"

   And yet each Paper relating to A, B, and C states:
   "There are no consultation implications within this report."

Response: All consultation, implications, risks and assumptions are contained within the attachments to the covering report. The reports provided by the NHS CCG are not decision papers but position statements.

2a. In paper 6a – relating to the ICS Governance arrangements specify in points 11-16 on P 14 that these involve action to "redesign services" and create "streamlined NHS commissioning arrangements to enable a single set of NHS commissioning decisions at a system level"

Both such actions require a statutory consultation of:

- The JHOSCs, as they are very extensive and significant changes
- The public as stated in Section 14Z2 (the statutory right to be consulted on changes in commissioning arrangements)

(*14Z2 public involvement duty is for commissioners to 'involve individuals to whom the services are being or may be provided' in 'proposals [and decisions] about changes to commissioning arrangements where the implementation of the proposals [and decisions] would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them")*

Q. Is the JHOSC going to clarify if the ICS are formally consulting them on these three very complex areas of change in NHS services that are intended to set the scene for the next five or ten years?

If it is not a formal consultation, then is the JHOSC going to ask when the ICS intend to formally consult them, when this will take place and will the changes have been implemented before the consultation takes place?

Response: At the meeting held on the 18th March 2019, this question was taken into account as part of the Committee's questions.

Any further evidence gathering (such as additional meetings or a meeting for further public involvement) to deal with any particular aspect within the Committees remit will be discussed and agreed to be undertaken at the appropriate time if required by the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny the Committee (JHOSC).

Q 7. Closure of some Ophthalmic Emergency services (Agenda Item 6c Ps 37/8):

In Paper 6c – point 35 on Ps 37/8 refers to Communications and Engagement,and the last bullet point refers to the Ophthalmic out of hours emergency service. The decision to close this service in two hospitals is reported as being in 2015, but the survey information given to patients in February 2019 implies it happened a few months ago.

Local Senior Ophthalmic staff say it happened in November 2017 and Ophthalmic consultants across Yorkshire tell me that although it only affects few people, these patients still deserve safe, speedy accurate diagnosis and treatment, and explained that diagnosis cannot be accurately made virtually where the image of the eye cannot actually examined by the specialist.

Q. Will the JHOSC question why there was a full statutory consultation of both the JHOSC and the public when similar closures were planned in Childrens' Acute services in 2017 but were not carried out when this closure of out of hours emergency Ophthalmic services were planned, and implemented in the same year?

Response: - In 2014, it was identified that the emergency out of hours ophthalmology service across South Yorkshire and Mid Yorkshire was seeing very small numbers of patients (less than one a week); less than one a week per hospital and that staffing a 24 hour service in all hospitals was not effective or efficient.

The proposal to change the emergency out of hour's service was raised with each CCG and their Local Authority Overview and Scrutiny Committee as this was pre the JHOSC. There was no requirement to consult on the proposal due to very small numbers and the actual numbers have been smaller than projected. Three from Barnsley (since December 2018) and 24 from Rotherham (since November 2017).

The children's surgery and anaesthesia services out of hour's proposals initially identified one in seven children needing an emergency or overnight stay for an operation would be affected. The JHOSC felt that these numbers were high enough to require a formal consultation process which was undertaken. During the consultation, it emerged that the numbers needing to be transferred was considerably lower than initial projections.