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MEETING:	South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee
DATE:	Monday, 22 October 2018
TIME:	1.00 pm
VENUE:	Reception Room - Barnsley Town Hall

SUPPLEMENTARY AGENDA

3 Public Questions (Pages 3 - 8)

To receive questions from Members of the Public, which will be managed at the discretion of the Chair.

Enquiries to: Anna Marshall, Scrutiny Officer, Barnsley Council Anna Marshall via scrutiny@barnsley.gov.uk

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Item 3

3 PUBLIC QUESTIONS AT THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON MONDAY 22ND OCTOBER 2018

The following questions were received and the responses are provided below:

From Doug Wright:-

- 1. The Joint Overview and Scrutiny Committee have previously stated that 80% of all NHS business (presumably from STP to ICS) should be scrutinised at a local level. In Doncaster there has been no NHS business scrutinised by the Doncaster Overview and Scrutiny Committee since at least 2015. I believe that some of the other four ICS local authorities may be in a similar position. Can you inform me and the 1.5 million people in South Yorkshire and Bassetlaw how democratically this will be done in the future?**

The Joint Overview and Scrutiny Committee is responsible for reviewing and scrutinising matters relating to the planning, provision and operation of health services within South Yorkshire, Derbyshire, Nottinghamshire and Wakefield. This is set out in the terms of reference.

It is a matter for each local authority to determine its own Scrutiny arrangements and the extent to which NHS issues affecting its area are considered within its work programmes. The agendas for each local authority's scrutiny meetings are published 5 clear days before the meetings.

Whilst it is not the role of this joint committee to monitor the work plans of each member authority's Health Scrutiny Committee, I understand that a number of important NHS and CCG led issues have been considered by Doncaster's Health and Adult Social Care Overview and Scrutiny Panel during 2017/18 including:

- Sustainable Transformation Partnership and Place Plan updates
- South Yorkshire and Bassetlaw accountable Care System Memorandum of Understanding - 22nd Nov 2017
- Doncaster Strategic Health and Social Care Plans (sustainability and transformation plan, place plan, adult and health wellbeing transformation programme – 22nd Nov 2017
- A number of substantial variations – GP Branch Merger. Phoenix Medical Practice and Flying Scotsman Health Centre, Barnburgh GP Surgery

- 2. Is it the responsibility of the above committee to scrutinise Doncaster Joint Commissioning Management Board? (DJCMB) I ask this question because both Doncaster CCG and Doncaster Council have held many DJCMB meetings without giving formal notice of meetings, consulting or allowing members of the public to participate in any form. For procedural reasons this is unlikely to change for another ten months. If this committee is not responsible for DJCMB then who is?**

Doncaster Health and Adult Social Care Overview and Scrutiny has the responsibility to scrutinise the work of the Doncaster health and care system including the Doncaster Joint Commissioning Management Board.

The Board is not currently a public meeting although minutes are available on the Council's website <http://www.doncaster.gov.uk/services/health-wellbeing/joint-commissioning-management-board>

This Board plays a role in the identification, development, implementation and oversight of joint commissioning arrangements between the NHS Doncaster CCG and the council that are central to success of the Doncaster Place Plan.

The joint commissioning management Board has no delegated decision making powers from either the CCG or the council and as such all decisions will still need to follow existing decision making process including Health and Adult Social Care Scrutiny.

From Leonora Everitt:-

- 1. Are the JHOSC members aware that the ICS public involvement does not meet the CCGs' statutory involvement duty and that:-**
 - **The public should be involved in commissioning proposals, plans and decisions, as the law states in Section 1422 of the H&SC Act 2006 – as amended in 2012?**
 - **The Citizen's Panel only has two thirds of its membership selected as citizen representatives, the remaining third being from ICS partners and ICS staff?**
 - **The 'citizen' members of the Citizen's Panel do not represent the geographical demographics across the five places in SY&B proportionately?**

In terms of patient and public involvement, legislation has created a number of far-reaching requirements on the NHS to consult service users and prospective users in planning services, in the development and consideration of proposals for changes in the way services are provided and in decisions affecting the operation of those services. The JHOSC would expect the NHS to discharge its public involvement duties in accordance with the Regulations. The specific reference to the Citizen's Panel is a matter for the NHS to address as follows.

The ICS is a partnership, made up of the organisations in the five places in South Yorkshire and Bassetlaw. Most of the partnership work between the NHS, councils and the voluntary sector takes place at a local level in each of the five places covered by the arrangements: Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. The work that takes place across the system addresses issues that are best delivered through collaboration across the whole of South Yorkshire and Bassetlaw.

To date, the work at system has co-ordinated public involvement regarding 'Working Together on Hospital Services'. There have so far been three phases of public involvement:

- Phase 1: To understand what makes a sustainable health service, what is important to them about hospital services and to support the development of a series of principles to inform the services selected for review.
- Phase 2: To receive patient and public input into the development of evaluation criteria to be used to assess options going forwards and to engage with patients and the public to understand their main concerns around the five services and to ask for their ideas on good practice.
- Phase 3: Through analysis of the data captured so far on our involvement with the public and patients and with our Citizens' Panel's advice, we identified communities from whom we had not yet heard views. A series of events and conversations were set up over the Summer to enable meaningful engagement with these communities

The findings from phase one were considered as part of the analysis to determine which services were to be reviewed. The findings from phases two and three have been independently analysed, with phase two findings influencing the Strategic Outline Case and the phase three findings will now be used to inform the next stage of the work, as the SOC moves forward.

The involvement work is delivered in partnership with the CCGs and all involvement reports are on the ICS website and updates are taken to the JCCCG and Collaborative Partnership Board for discussion.

The partnership is also advised and guided by the Consultation Institute in its involvement work.

The Citizens' Panel

The Citizens' Panel (CP) provides an independent view and critical friendship on matters relating to the work of the Integrated Care System (ICS).

The group was set up to ensure that the voice of the local population is heard and influences any developments. It does this by making sure engagement opportunities are created for citizens, patients and carers and that they are meaningful, targeted and relative to the changes suggested.

The Panel ensures that its work and the issues reflected by citizen engagement are given equal importance to the work of professional health and care partners. The CP is an advisory body and as such is not a decision making body and has no delegated authority. Its role is to advise and make recommendations to the Collaborative Partnership Board.

We endeavour to ensure that recruitment is broadly representative of the population served, in particular by locality. Members are appointed for two years in line with the person specification. They are not paid but they are eligible to claim for expenses. The terms of reference states up to 15 members and there are currently 12 members. Recruitment to ensure population balance is ongoing, with conversations taking place in Rotherham and Barnsley (where we currently have one Panel member) and we are grateful to our Panel members who volunteer their time. The Panel is supported by officers.

The Citizens' Panel is included in the current governance review of the ICS.

From Deborah Cobbett on behalf of South Yorkshire NHS Action Group (SYBNAG):-

- 1. Are the JHOSC members aware that many paediatric staff are not supportive of the proposals for paediatric services, including those involved in neonatal and maternity services and that they dispute the data used in making the HSR recommendations?**

JHOSC Members are aware of the ongoing consultation with the workforce and that should formal consultation be undertaken on any proposals, staff will have the opportunity to provide their feedback.

- 2. a) What reports have the JHOSC received on the red and amber risks relating to the Integrated Care System (ICS) and the Hospital Services Programme (HSP) in the last two months; and when did the JHOSC last consider the risk register for both the ICS and HSP?**

The JHOSC has not received specific reports on the risk register however are aware of these being discussed at local CCG governing body meetings and available in the public domain.

b) Do the risk registers include risks relating to:

- Lack of public information and involvement
- Diversion of funds from patient care to, for example
 - *Outsourcing of engagement tasks
 - *Commissioning and managing contracts
- Transport for patients and families
- The level of staff 'buy in'
- the speed and secrecy of decision-making outside a legal framework for the ICS

Each transformation workstream within the ICS has a risk register which are compiled by the workstream leads. Significant risks are taken to the Collaborative Partnership Board on a monthly basis. The risk registers include risks around the duty to involve and capturing the views of

stakeholders, including staff engagement. Risks in relation to transport are captured within the HSP risk register.

c) What items on the risk register are of most concern to the JHOSC members?

The JHOSC Members have individual concerns about items on the risk registers which they will pursue both as lines of enquiries within JHOSC meetings as well as items they will take up with their local NHS representatives outside of the meetings.

From Deborah Cobbett:-

- 1. Future challenges include: "Governance that supports change and doesn't delay it." (page 21, para 4.3). Are Scrutiny members satisfied with this, given public concerns about the speed and secrecy of decision-making outside a legal framework for the ICS?**

The JHOSC Members are keen to ensure appropriate governance for this work and will challenge governance arrangements which do not support transparency and democracy.

- 2. In section 6, on the Hospital Services Review, it is stated, on page 7, that there was an online and telephone survey, but I don't recall a phone survey being mentioned before. Do members agree with criticisms of telephone surveys on complex issues made by Sheffield Healthwatch in relation to the Urgent Care Review? Would you agree that being cold-called by somebody with a long complicated script is not conducive to giving an informed opinion on a complex issue?**

Telephone surveys should be seen in the context of a wide ranging consultation exercise that utilises various engagement methods. However, the JHOSC is unclear at this time of the specific concerns raised by Sheffield Healthwatch or indeed the nature and complexity of the telephone survey in question. The JHOSC will take this up with the NHS and Sheffield Healthwatch and will respond in due course. Due to staff absence, we hope to provide this by the end of November.

UPDATED RESPONSE: Further to contact with Sheffield Healthwatch, they responded that in relation to the Sheffield Urgent Care Review the CCG used mixed survey methods. If the CCG had relied on telephone interviews only then Healthwatch would have had cause for concern about that specifically. Sheffield Healthwatch's stated concerns were about the visibility and inclusivity of the consultation over all. The full briefing on this by Sheffield Healthwatch is available here: <https://www.healthwatchsheffield.co.uk/news/urgent-care-briefing/>

- 3. The JHOSC requested an easy read version of the Hospital Review Report. I have read this and it seems patronising in style and at times economical with the truth for example:**
 - Why are there so many grammatical errors and meaningless sentence fragments, such as: For children who need specialist treatment have an equal chance to have specialist care within the South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire areas. (page 8)**
 - Is it acceptable to omit the recommendation for fewer consultant-led units and just state: It may be better to have larger maternity units with more senior specialist doctors (consultants) in each of these units. (page 9)**

Do Scrutiny members find the pamphlet acceptable or would the guidelines of the Plain English Campaign (<http://www.plainenglish.co.uk/>) be more helpful than the rewriting by the Friendly Information Company (<http://www.friendlyinformation.org.uk/>)?

The easy read version of the guides were undertaken by a company called 'Speak Up' who are experts in developing and delivering accessible information and prepared the information in consultation with their colleagues with learning disabilities.

- 4. The word 'inappropriate' is used to describe some public questions and some prescribed medicines. Surely there is no such thing as a stupid or inappropriate question if the public are concerned about something, while in the case of prescriptions, there is implied criticism of the ability of clinicians to do their job properly.**

Who decides what is appropriate in questions or in prescribed medication?

As Scrutiny Committees are non-partisan, questions of a political nature are deemed as not appropriate to be answered by the Committee.

The question appears to relate to Public Health England research:

<https://www.gov.uk/government/news/research-reveals-levels-of-inappropriate-prescriptions-in-england>

We cannot comment on the research or the use of language within it.

- 5. Paragraph 3.28 refers to the Citizens' Panel and its published minutes. These seem very one-sided in that no response is made to any of the suggestions, which in any case resemble the type of issues already raised in PPG Network meetings in Sheffield and Hospital Service Review public events.**

What value is being added by the Panel, in the sense that duplication should be avoided and resources maximised?

The Panel is not a statutory body and minutes are not taken, but in the interested of openness, notes are made to show the issues and items considered, and general feedback given, in relation to ICS workstreams. The Panel is made up of people from across South Yorkshire and Bassetlaw and provides valuable insight and advice for the workstream leads. Bringing the group together monthly is an efficient and effective method for gathering ongoing feedback.

From Ken Dalwin:-

- 1. The latest information from NHS England indicates a 5 year plan is forthcoming, but given our area is a pilot and in advance of others, is it expected that progress will be paused?**

No.

From Peter Deakin:-

- 1. What can be done to make sure the public are aware of events and can be involved?**

In all communications and engagement activity, we (SYB ICS) work with all our local partners and tailor our messages and methods accordingly to each individual group to ensure we maximise all opportunities for connecting with, informing and engaging with our target audiences.

With all public involvement work to date, CCGs have led on local events, with support from the team working at a system level. As well as CCGs raising awareness of involvement opportunities, the local Healthwatch and/or community and voluntary sector organisations also reach out into communities and organisations to let people know.

In addition, leaflets have been distributed to pharmacies, GPs, dentists and libraries and there is extensive online activity (via social media) to promote opportunities for the public.

The involvement work on behalf of the partnership follows national guidance and is guided by advice from The Consultation Institute.

An updated communications and engagement plan, setting out the approach for the next phase of involvement for Working Together on Hospital Services, is being drafted and will be published shortly.