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

BARNSLEY METROPOLITAN BOROUGH COUNCIL

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

22 October 2018

Present Councillors Ennis (Barnsley MBC), Evans (Rotherham MBC), Midgeley (Sheffield City C), Rhodes (Wakefield MDC), Robinson (Doncaster MBC), and Taylor (Derbyshire CC).

In attendance Anna Marshall (Barnsley MBC), Caroline Martin (Doncaster MBC), Peter Mirfin (Barnsley MBC), Jane Murphy (Barnsley MBC), Emily Standbrook-Shaw (Sheffield City C), Janet Spurling (Rotherham MBC), Jackie Wardle (Derbyshire CC), and Andy Wood (Wakefield MDC)

1 APOLOGIES FOR ABSENCE

No apologies for absence were received.

2 DECLARATIONS OF PECUNIARY AND NON-PECUNIARY INTEREST

Councillor Ennis declared a pecuniary interest in relation to his position on Barnsley Health Care Federation Community Interest Company, and made members aware that if discussion in any way related to this he would leave the chair and take no part in the discussion.

3 PUBLIC QUESTIONS

The following questions were received

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 Bassettlaw how democratically this will be done in the future?
2. Is it the responsibility of the above committee to scrutinise Doncaster Joint Commission 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?

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 14z2 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?

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 neonatal and maternity services and that they dispute the data used in making the HSR recommendations?

2. a) What reports have the JOHSC 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?

   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

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

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?

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?

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/)?

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?

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?

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?

From Peter Deakin:-

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

The Chair gave assurances that responses would be provided in writing directly to those providing questions.

RESOLVED that the questions be received and responses be provided in writing.

4 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting held on 12th June, 2018 were received.

In relation to Hyper Acute Stroke Services Members noted that the work is progressing, and it was suggested that a full report be brought to a future meeting of the committee.

Given that Doncaster Royal Infirmary was unable to be designated in relation to Children's Non-Specialist Surgery and Anaesthesia, an update was requested. Members noted that each hospital was reviewed under the designation process, which would finish at the end of the year. Not all hospitals were expected to reach the required standard, with some working towards these.

RESOLVED:-

(i) That the minutes be approved as a true and correct record.

(ii) That an update report on Hyper Acute Stroke Services be sent to Members of the committee in 4 weeks.

5 SOUTH YORKSHIRE AND BASSETLAW (SYB) INTEGRATED CARE SYSTEM (ICS)

The following witnesses were welcomed to the meeting:-

Lesley Smith, South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) Deputy System Lead and Lead for Strategy, Planning and Transformation Delivery as well as Chief Officer at Barnsley Clinical Commissioning Group (CCG);
Will Cleary-Gray, Chief Operating Officer SYB ICS;
Helen Stevens, Associate Director of Communications and Engagement, SYB ICS;
Alexandra Norrish, Programme Director, SYB Hospital Services Programme.

By way of introduction a brief overview of the report previously circulated was provided. The report provided a comprehensive update of the work of partners across SYB.

Members were reminded of the long history of partnership working across SYB, which helped to support integration. Over the past 2 years many lessons had been learned, and a number of priority programmes had been established to take work forward. All partners had committed to the vision of giving everyone in South Yorkshire and Bassetlaw the best start in life with support to stay healthy and live longer.

Members were reminded that the majority of the work was still undertaken in each of the five areas, with the role of the ICS to support the needs locally by working together.

The paper circulated provided an update on the progress made in each of the priority areas, including value added, and gave details of how staff, patients and the public had been engaged.

Questions were then invited from the committee, and the following areas were discussed and challenged:-

When asked of the biggest challenge facing the ICS that would have the greatest impact if resolved, it was suggested that demand for services continued to grow and meeting the expectations of the public was challenging. However, it was thought that the workforce presented the greatest challenge as it was not growing in line with demand.

The importance of public engagement was stressed, and the possibility of ICS colleagues attending community events was discussed. It was agreed that engagement was a priority and contact would be made in each of the places to engage in events at a community level.

Communications remained an issue and was acknowledged that this needs to be improved, with the system dependent on high quality communications. The need to differentiate between ICS work and that of each place was noted, and it was suggested that ICS and place based teams could work better together.

The Hospital Services Review was given as an example where consultation had been extensive including in libraries, GP surgeries, and pharmacies. Detailed conversations had also taken place with underrepresented groups such as the Chinese community and those in prisons. It was noted that feedback from consultation would inform the next stage.

Members also noted that many residents were also engaged through attendance at summer events. It was stressed that more could and would be done, but the key was ensuring that conversations were meaningful and tangible.

With regards to social prescribing and the public's understanding, it was noted social prescribing locally had been recognised as an exemplar, but there was always more that could be done. There were plans to build on the success, and share learning

across the area. Consideration was also being given on how social prescribing would be funded in the longer term.

In reference to additional finance invested in services and how sustainable these improvements were in the longer term, examples were given of how the transformation element was utilised. It was noted that this was small in comparison to the overall budgets in each of the five places, but that used in the short term could drive improvements in services which would then hopefully be sustained in the longer term without continued need for additional finance.

The committee discussed whether transformational funding would be available in the longer term, and it was noted that the financial situation would only be made clear when then long term NHS plan and financial settlement was made public.

Queries were received in relation to the term 'greater freedoms' alluded to in the report, and it was noted that this related to the ability for the local system to distribute finance where it was most needed locally.

With regards to the performance in each of the five places, Members heard how place were working well against NHS Constitution targets and each had a positive story to tell.

Members noted the journey undertaken over the past two years culminating in the formal recognition of the ICS. The positive working relationships that led to this were acknowledged.

With regards to the work under the Children's and Maternity workstream, questions were raised about implementation of the transformation programme, given the national shortage of midwives and the backlog faced. It was suggested that a report specifically on this issue would be brought to the committee in the future. It was also noted that each of the five places had developed local maternity plans, and Overview and Scrutiny Committees may wish to consider these.

Members noted the need to differentiate between issues dealt with by each place, and therefore considered by place based scrutiny functions, and the work undertaken by the ICS and the need for consideration by the JHOSC.

Those present noted the work with neighbouring systems to share best practice and planning, and this work extended through regional and national networks.

RESOLVED

(i) That thanks be given to all witnesses for their contribution to the item;
(ii) That the update report be received;
(iii) That an update report be provided to Committee Members in 4 weeks on the Children's and Maternity Services workstream.

6 HOSPITAL SERVICES PROGRAMME

The following witnesses were welcomed to the meeting:-

Lesley Smith, South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) Deputy System Lead and Lead for Strategy, Planning and Transformation Delivery as well as Chief Officer at Barnsley Clinical Commissioning Group (CCG);
Will Cleary-Gray, Chief Operating Officer SYB ICS;
Helen Stevens, Associate Director of Communications and Engagement, SYB ICS;
Alexandra Norrish, Programme Director, SYB Hospital Services Programme.

In introducing the item, Members were made aware that the Strategic Outline Case (SOC) had been to the CCG Governing Bodies in the area and had received their approval and it had therefore been formally published. Members noted that an easy to read version had been developed and published alongside the SOC in response to feedback from the Committee. Also published was a report detailing the engagement which had been undertaken over the summer.

Members were reminded of the two main themes to build on the potential for shared working facilitated by the ICS, and to develop sustainable care across the acute sector.

The SOC contained a number of proposals which included establishing Hosted Networks, to further enable shared working, standardise care, share best practice and maximise the impact of the workforce. The proposals also included plans to build on innovation, ensuring this was adopted across organisations and across geographical boundaries. Proposals for transformation, ensuring patients are dealt with in the most appropriate setting by a flexible workforce were also included.

In addition further development of models for reconfiguration was proposed, to ensure future sustainability, and clinical working groups had been established to drive this agenda. Public consultation would be ongoing throughout and appropriate consultation would take place once options had been more fully developed.

Members noted that work to develop Hosted Networks was ongoing with the aim to appoint hosts around Christmas, 2018 and have these operational by April 2019.

The Committee noted the need for local consideration of place based plans through Health and Wellbeing Board and Overview and Scrutiny Committees once proposals were more developed.

Questions were welcomed from the Committee and the following concerns were pursued:-

In considering reconfiguration, Members were concerned that there may be unforeseen impacts which could potentially lead to further health inequalities.

Assurances were given that the ICS approach was one where any intervention should not make inequalities worse, with the principal for this included in the

Memorandum of Understanding. In addition the terms of reference for the Hospital Services Review had ncluded the consideration of health inequalities.

The proposals contained within the SOC were intended to standardise care across the area in order that everyone receives the best possible care. Members also noted that in taking forward any reconfiguration, any evaluation criteria would consider health inequalities.

It was acknowledged that when considering travel and transport, modelling would be undertaken at Lower Super Output Area (LSOA) level, and that the patient and public forum would include a wide range of representatives. It was noted that it was proposed that these would be recruited through South Yorkshire Housing Association. In addition the clinical working groups would consider the clinical issues associated with transfer.

With regards to how confident officers were that plans would be delivered within timescales and resources, it was noted that these differed for different workstreams but that these were expected to be deliverable with resources to undertake the work set appropriately. Members were assured that the resource implications of any changes would be considered carefully as part of the modelling.

In respect of making the public aware of proposals, questions were raised regarding the availability of information through sources other than the internet. It was noted that easy to read leaflets would be distributed in public places, and as part of the next phase detailed conversations would again take place. An offer was made for the Committee to consider the communications plan which they requested be undertaken.

Members noted the discussions taking place between bordering trusts and STPs/ICSs with regards to the impacts of potential changes in maternity, and this would involve consideration of travel times and distances.

An overview was given of the governance structure, with workstreams feeding into a steering group which then fed into wider ICS and Trust governance. Members were assured that ongoing dialogue with the Committee would also continue. The important role of Elected Members having oversight of change, ensuring wherever patients were seen they received the same level of care, and that any changes did not increase health inequalities was acknowledged.

The Committee discussed the drive to ensure consistency in care, and the potential for some services to deteriorate as part of any equalisation. Reassurance was provided that any intervention would be to try to bring any area of underperformance up to a required standard. Many of the proposals included intervention to increase staff recruitment and retention in order to do so, and the Committee requested a further report on workforce issues to be presented for consideration.

In relation to the establishment of Hosted Networks, it was noted that hosts were expected to be appointed by the end of the year, the hosts would then be responsible

for further development of the network in their speciality area, which would include detailed conversations with relevant parties. Members noted that hospitals did work closely, however the networks would help provide structure to this.

RESOLVED:-

- **(i)** That witness be thanked for their attendance and their contribution;
- **(ii)** That witnesses acknowledge the general improvements required in relation to communications highlighted throughout the meeting including using local authority networks and Health and Wellbeing Board;
- **(iii)** That the communications /engagement plan be submitted to Committee Members in 4 weeks for their consideration;
- **(iv)** That a further report be submitted to Committee Members within 4 weeks detailing workforces issues and plans to address these.

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Chair