



Joint Committee of Clinical Commissioning Groups

Public Meeting held 24 October 2018, 3:30 – 4pm, at NHS Sheffield CCG

Action Summary for CCG Boards

94/18	Matters Arising Doug Wright, member of the public, requested that future meeting agendas are to include “Questions from the public” as the first agenda item, as previously agreed. The Chair apologised this had not been actioned and assured the meeting that future agendas would be set as agreed.	MM
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**Public Minutes of the meeting of the
Joint Committee of the Clinical Commissioning Group Meeting
Public Meeting held 24 October 2018, 4- 5:30pm, at NHS Sheffield CCG**

Present:

Dr Tim Moorhead, Clinical Chair, NHS Sheffield CCG (Chair)
Dr David Crichton, Clinical Chair, NHS Doncaster CCG
Dr Richard Cullen, Clinical Chair, NHS Rotherham CCG
Chris Edwards, Accountable Officer, NHS Rotherham CCG
Andrew Goodall, Healthwatch Representative
Idris Griffiths, Accountable Officer, NHS Bassetlaw CCG
Dr Eric Kelly, Clinical Chair, NHS Bassetlaw CCG
Priscilla McGuire, Lay Member
Dr Ben Milton, Clinical Chair, NHS North Derbyshire CCG
Philip Moss, Lay Member
Brian Hughes, Director of Commissioning and Performance, NHS Sheffield CCG
Jeremy Budd, Director of Accountable Care, NHS Barnsley CCG

Apologies:

Will Cleary-Gray, Chief Operating Officer, South Yorkshire Bassetlaw Integrated Care System
Lesley Smith, Accountable Officer, NHS Barnsley CCG
Maddy Ruff, Accountable Officer, NHS Sheffield CCG
Alison Knowles, Locality Director – North, NHS England
Jackie Pederson, Accountable Officer, NHS Doncaster CCG
Julia Newton, Director of Finance, NHS Sheffield CCG
Dr Nick Balac, Clinical Chair, NHS Barnsley CCG
Sir Andrew Cash, Lead, South Yorkshire and Bassetlaw Integrated Care System
Dr Chris Clayton, Chief Executive Officer, NHS Derbyshire CCG
Dr Phillip Earnshaw, Clinical Chair, NHS Wakefield CCG
Pat Keane, Chief Operating Officer, NHS Wakefield CCG (Deputy for Jo Webster, Accountable Officer)
Dr Steven Lloyd, Clinical Chair, NHS Hardwick CCG
Jo Webster, Chief Officer, NHS Wakefield CCG

In attendance:

Mags McDadd, Corporate Committee Clerk, Exec Pa Business Manager, South Yorkshire Bassetlaw Integrated Care System
Lisa Kell, Director of Commissioning Reform, South Yorkshire Bassetlaw Integrated Care System
Alexandra Norrish, Programme Director, Hospital Services Programme, South Yorkshire Bassetlaw Integrated Care System
Helen Stevens, Associate Director of Communications and Engagement, South Yorkshire and Bassetlaw Integrated Care System
Marianna Hargreaves, Transformation Programme Lead, South Yorkshire and Bassetlaw Integrated Care System

Members of the Public

Elaine Borthwick, Pfizer
Ken Dolan, SYBNAG



Nora Everett, SYBNAG
 Doug Wright, KONHSP
 Steve Merryman, SYBNAG
 Julie Ingram, SYBNAG

Minute reference	Item	ACTION
90/18	<p>Welcome and introductions</p> <p>The Chair welcomed members and the public to the meeting.</p>	
91/18	<p>Apologies</p> <p>Apologies were received and noted.</p>	
92/18	<p>Declarations of Interest</p> <p>There were no declarations of interest.</p>	
93/18	<p>Previous minutes of the meeting</p> <p>The minutes of the meeting held on 22 August 2018 were accepted as a true and accurate record and are published on the website www.healthandcaretogethersyb.co.uk</p>	
94/18	<p>Matters Arising</p> <p>Doug Wright, member of the public, requested that future meeting agendas are to include “Questions from the public” as the first agenda item, as previously agreed. The Chair apologised this had not been actioned and assured the meeting that future agendas would be set as agreed.</p> <p>There were no other matters arising.</p>	MM
95/18	<p>Stroke HASU update</p> <p>The Chair welcomed Marianne Hargreaves to give an update of Hyper Acute Stroke Services.</p> <p>The Joint Committee of Clinical Commissioning Groups made a decision to reconfigure hyper acute stroke services across South Yorkshire and Bassetlaw in November 2017. Planning work is now well underway to enable implementation of the new HASU model with the aim for delivery to commence in Spring 2019.</p> <p>The JCCCG is asked to note progress to commission and contract for the new SYB HASU model and the progress and outstanding areas of work to enable implementation of the new SYB HASU model.</p> <p>There is significant work to be undertaken to enable implementation of</p>	



	<p>the new HASU model and it will be possible to provide a further update once work has sufficiently progressed.</p> <p>Following discussion, the Committee noted the contents of the report.</p>	
<p>96/18</p>	<p>Hospital Services Review:</p> <p><u>Public Involvement Report – Hospital Services Review</u> The Chair welcomed Helen Stevens to provide an update on the progress on the public involvement in the Hospital Services Review to date.</p> <p>A series of discussions and events were held in partnership with each of the six areas in the region, identifying communities who had not previously provided their views and facilitating meaningful discussions. Groups and individuals had opportunities to complete a survey as part of the discussions.</p> <p>The Committee received a full report of independent analysis of the survey and conversations with the communities and individuals which will inform the next stage of working together on the Hospital Services Programme.</p> <p>Helen Stevens advised the meeting that the report was presented to the Joint Health Overview Scrutiny Committee meeting, for information.</p> <p>The Committee noted the contents of the report.</p> <p><u>Recommendations Strategic Outline Case</u> The Chair invited Alexandra Norrish to provide an update on the Strategic Outline Case (SOC) on the Hospital Services.</p> <p>The SOC was published on the website on the 19th October, following the receipt and approval by the ICS Collaborative Partnership Board, in two parts:</p> <ol style="list-style-type: none"> 1. Public engagement undertaken over the summer months. 2. An easy read version. <p>Following publication, the system will take forward the three main workstreams of Hosted Networks, transformation and reconfiguration identified within the SOC.</p> <p>The Committee noted the contents of the report.</p>	
<p>97/18</p>	<p>Questions from public members</p> <p>1. Question: Why are you still not involving the public in any NHS changes? Are you going about involving people the right way? The letter of Oct 16th says you haven't been involving people and that you have been acting secretly.</p> <p>Response: The JCCCG is a formal joint committee of the CCG commissioners</p>	



within the South Yorkshire and Bassetlaw Integrated Care System (ICS). It has specific delegated responsibility from its member CCGs to make specified decisions on two services: hyper acute stroke services (HASU) and out of hours children's surgery for some conditions. The Committee has no delegated authority to make decisions outside of this scope; all other decisions will continue be taken by the individual CCG statutory Governing Bodies.

In both HASU and children's surgery, involvement with patients and the public to inform the proposals and formal consultation on the options has been carried out with decisions on changes made in the Joint Committee. In addition to the feedback informing the service specification, engagement with recent and current users of the service is also a part of the ongoing discussions with providers as the new service is commissioned.

The involvement work on behalf of the JCCCG followed national guidance and was guided by advice from The Consultation Institute. The letter from Simon Stevens and Ian Dalton (chief executives of NHS England and NHS Improvement) is to all Provider Chief Executives and CCG Accountable Officers and sets out the ask of NHS organisations once the NHS Long Term Plan is published.

Question: Why is the JCCCG approach to improvements to Stroke services only focusing on the hospital (hyper acute stroke) and not the whole pathway? In West Yorkshire, they are looking at the whole pathway.

Response:

We have been working closely with West Yorkshire in relation to our proposals to change the way hyper acute stroke services are provided, as Mid Yorkshire Hospitals (Pinderfields) was identified as a receiving HASU for some patients who live in the north of Barnsley.

As part of the hospital services review, we are now looking at the stroke pathway that follows HASU to see where further improvements could be made. The recommendations from the review included looking at developing a hosted network for stroke, which as well as providing an opportunity to look at the whole pathway, we will also be able to look at prevention. Our close working relationship with West Yorkshire means we can also learn from the work they are taking forward.

Question: What is the JCCCG's interpretation of the letter of 16 October from NHS England and NHS Improvement re five year view regarding planning for the next 12 months?

Response:

The letter from Simon Stevens and Ian Dalton (chief executives of NHS England and NHS Improvement), sets out the ask of NHS organisations once the NHS Long Term Plan is published. This includes a need to work together more across 'systems' (the ICS).

As members of the ICS, the CCGs within the JCCCG (noting not all members of the JCCCG are members of the SYB ICS) will respond individually as organisations, as well as with other partners in each 'place, and with the ICS. This collaborative and collective way of working



	<p>ensures that our approach is aligned so that all our populations can benefit.</p> <p>Question: Are you a public body? You have delegated CCG responsibility for decisions? You should have every meeting in public. The decision to commission HASU services was not made in public and is not in your minutes.</p> <p>Response: The JCCCG is a formal joint committee of the CCG commissioners within Bassetlaw, Barnsley, Doncaster, Rotherham Sheffield, North Derbyshire and Wakefield. It has specific delegated responsibility from its member CCGs to make specified decisions on two services: hyper acute stroke services (HASU) and out of hours children's surgery for some conditions. The Committee has no delegated authority to make decisions outside of this scope. The vast majority of commissioning business occurs in CCGs with local partners. Each of our 5 places have well established relationships and arrangements to work collaboratively with its partners to improve health and care outcomes to improve population health through the Integrated Care Partnerships Boards. The ICPs are jointly leading transformation to integrate care in each place and developing joint decision making arrangements to facilitate and enable partnership working. The decision to commission new specifications for hyper acute stroke services and also some out of hours children's surgery was made in public in November 2017. The minutes, presentations and recording of the decision are all available at www.healthandcaretogethersyb.co.uk</p>	
98/18	<p>To consider any other business</p> <p>There was no other business brought before the meeting.</p>	
99/18	<p>Date and Time of Next Meeting</p> <p>The Chair informed the meeting that the next meeting will take place on 19 December 2018 in The Boardroom, NHS Sheffield CCG, 722 Prince of Wales Road, Sheffield, S9 4EU.</p>	
	<p style="text-align: center;">Response to questions to JCCCG</p> <p>Questions from Doug Wright, Doncaster and Bassetlaw Keep Our NHS Public</p> <p>1. Social Care is currently means tested. Hospital patients pay no costs. Will the South Yorkshire and Bassetlaw ICS model mean that in the future hospital patients will also incur costs if they remain in hospital?</p> <p>Response: No.</p> <p><u>Procedural Question</u></p> <p>2. This JCCG states (only on the website) 'we promise you we will allow 10 minutes before the start of each meeting for you to make a statement or ask a question about items on that day's agenda'.</p>	

There has only been six public meetings of the JCCG since 1 July 2017. (One scheduled public agenda item each meeting allows one hour for the general public to participate in JCCG meetings in fifteen months). Will you consider (a) extending the above ten minutes to thirty minutes and (b) deleting the above 'about items on that day's agenda'.

Response:

The approach for asking questions in the JCCCG meeting in public was discussed and agreed by the Joint Committee members at their meeting in June 2018. Members felt that the timeframes, for both written questions in advance and also oral questions at the meeting, was in keeping with the practice of member CCGs and fair to the public. They also agreed that keeping questions to the items on the agenda was appropriate for the Joint Committee, which considers system-wide commissioning issues that have been delegated by each CCG governing body.

3. Follow up question after the meeting:

Please explain in theory and in practice what 'system-wide commissioning issues' means?

Response:

System-wide commissioning is where all CCGs have agreed to look at a service and commission it together where it adds value from a quality, consistency, efficiency, effectiveness and perspectives to undertake commissioning activities and functions once rather than five times across five CCGS. For the JCCCG, this has so far been for hyper acute stroke services and out of hours children's surgery.

The vast majority of commissioning business occurs in CCGs with local partners. Each of our 5 places have well established relationships and arrangements to work collaboratively with its partners to improve health and care outcomes to improve population health through the Integrated Care Partnerships Boards. The ICPs are jointly leading transformation to integrate care in each place and developing joint decision making arrangements to facilitate and enable partnership working.

Questions from Nora Everitt, Secretary SYBNAG

Q 1. STRATEGIC OUTLINE BUSINESS CASE:

Are you all aware that many paediatric staff do not support the HSR reconfiguration of paediatric services, and say the data used in making the HSR recommendations was inaccurate?

Response:

The Hospital Services Review, and now the Strategic Outline Case on Hospital Services, lay out the challenges across the five services that the Review considered, including paediatrics. The Clinical Working Group on Care of the Acutely Ill Child was involved in developing the analysis and proposals, and the group confirmed that they believed that the status quo was not sustainable. The report lays out a range of options to address the issues, and clinicians have not been asked to endorse any one solution.

Are you all aware that many paediatric staff say the data used in making the HSR recommendations was inaccurate? Will the inaccurate data used in the recommendations for paediatrics be corrected before

	<p>publication of the SOBC?</p> <p>Response: The data used in the Review was provided by and validated by the Trusts between October 2017 and April 2018. It is currently being refreshed to ensure that the modelling in the next stage of the Review is based on the most up to date numbers.</p> <p>Who will carry out the proposed Modelling, and at what cost?</p> <p>Response: The modelling will be undertaken by Deloitte. The cost of the modelling is part of a wider contract so resources will be used flexibly as required by the project but the cost dedicated to modelling is likely to be approximately £240,000.</p> <p>What methodology will they use? How will the ICS convince the public that such modelling will be robust enough to provide valid conclusions?</p> <p>Response: The methodology for modelling is being developed at present, with oversight from a modelling steering group which includes representatives drawn from amongst the executive teams of the relevant trusts, as well as the finance team of the Integrated Care System, and Health Education England. The methodology has also been shared with the overarching group of all Directors of Finance and Chief Finance Officers and with other dedicated groups such as the Human Resources Directors and the Hospital Services Steering Group. It will be signed off by the Collaborative Partnership Board before modelling begins. The data used in the modelling is being collected at present and will be validated and signed off by the Medical Directors of each Trust.</p> <p>Why does the HSP timeline show the public being consulted after all decisions are made in 12 months time but not being 'involved' directly in commissioning proposals, plans and decisions as the law requires?</p> <p>Response: The public have been involved throughout the process so far, and the latest report on public involvement over the summer has been published on the SYB website. Going forward, the timeline for the programme shows the public being engaged throughout the development of all proposals, and consultation on the options being carried out on options as required by statute.</p> <p>Q 2. HASU COMMISSIONING: How are you going to involve the public in the commissioning arrangements for the new HASU model as required by law?</p> <p>Response: The new HASU model was set out in the proposals to change the way hyper acute stroke services is provided across the region. The consultation ran from 3 October 2016 to February 14 2017 and the decision to provide them differently was made on 15 November 2017. The key themes from the consultation have informed the draft HASU specification and the JCCCG has agreed that Sheffield CCG will be the lead commissioner for service. In the next phase, patients and the public will be involved in shaping how</p>	
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the service is delivered, with some areas already having been identified where meaningful involvement will be particularly beneficial. This includes designing the new pathways/patient flows and patient information and this will be done with people who have recently used or are currently using the services. The specification will be agreed in the NHS Standard Contract that contractually requires communication and engagement with service users, public and staff.

[Why is the Rotherham Acute Stroke service reporting that it now works less well since the HASU closure was announced?](#)

Response:

The current model in Rotherham means that patients do not routinely have access to thrombolysis but under the new model they will.

[Q 3. SYBICS : HOSPITAL SERVICES REVIEW DJS REPORT](#)

[How much did this report cost?](#)

Response:

The cost was £17,500 plus VAT.

[Could we have a copy of the brief provided to DJS?](#)

Response:

The brief provided for the engagement analysis was:

“Hospital Services Review Engagement Analysis and Report

“The recent independent review of hospital services across South Yorkshire & Bassetlaw made a series of recommendations to create sustainable hospital services that are part of an integrated healthcare system.

“Health & Care Working Together in South Yorkshire and Bassetlaw is currently seeking the views of local people on some of the recommendations from the review to inform the next stage of conversations about local changes in each place. This engagement includes general feedback provided, a survey (online, but mostly in paper format) and a range of discussion groups across the region (where discussions have centred around the same questions as the survey).

“The insight gathered needs to be analysed and a final report is required by the end of September. Some of the insight can be provided immediately upon commencement of the contract, some however will only be supplied a week prior to requiring the report.

“We are looking for an organisation with the capacity to provide us with the independent analysis and reporting of the responses in our timescales.

If you have the capacity to deliver our requirements please submit a quote by Midday on Monday 3rd September. Costs should be inclusive of travel and expenses, and it should be clear whether the quote is inclusive or exclusive of VAT.”

[Was this contract subject to competitive tender?](#)

Response:



	<p>Yes. We are always keen to hear from suppliers who have the credentials to carry out work that is commissioned to support communications and engagement. Suppliers who would like to register their interest for future work should contact hellworkingtogether@nhs.net</p> <p><u>Did DJS conduct the research wholly themselves, independently of SYBICS staff?</u> Response: The research was conducted by engagement leads in partner organisations within the ICS, the SYBICS communications and engagement team and facilitated in some cases by third parties (eg where the community group’s first language was not English). DJS provided the analysis of the data collected.</p> <p><u>Q 4. PREVENTION OF ILL HEALTH</u> A claimed major plank of the SYBICS is prevention by focusing on “keeping people well”, “slowing or stopping ill health developing”, “supporting some of the most vulnerable in our communities to live healthier, more fulfilling lives”. SYBICS intends to achieve this by “bringing together the regions public services”, “to tackle shared issues that affect people’s life chances”, and “join up health and care and improve health and welfare across the region”. Given the critical importance of prevention, what analysis, consultancy, and research has been undertaken to inform SYBICS and the JHOSC about the obvious and clearly adverse impact on mental and physical health of the Government’s austerity policies? Response Our priority to improve the health and wellbeing of the SYB population is being delivered through greater integration of health and care in each of our 5 ‘places’ (ie Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield). It is built on our foundation of GPs and other health and care professionals working together in primary care networks or neighbourhoods. Each place has well-established integrated multidisciplinary working with health, social care, and the voluntary sector to provide high quality, seamless care for patients and service users. This is underpinned by a focus on prevention and population health management approaches that address health inequalities and the wider determinants of health.</p> <p>The SYB ICS has a plethora of public health data and intelligence to show the health needs of the SYB population which it uses to inform commissioning plans, services and interventions at system and place level.</p>	
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