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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

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 puplic were and are stage managed to give the impression of public engagment. Many who take part are NHS staff, managers and supervisors and patient groups in order to produce the right input and right reponses. This consists of limiting discusion, dismising 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.

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.