Wednesday 18 October 2017, 4:30pm-5:30pm
The Boardroom, NHS Sheffield CCG,
722 Prince of Wales Road, Sheffield, S9 4EU

Meeting of the Joint Committee of Clinical Commissioning Groups held in public

Questions from members of the public should be put in writing to jane.anthony1@nhs.net, in which case written answers will be provided on the day or will be sent within 7 working days and posted on the Commissioners Working Together website **www.smybndccgs.nhs.uk/**

Confidential items are outlined in a separate confidential agenda; confidential items will be considered in a closed private session

AGENDA

Ref	Item	Presenter	Enc
4.30	**Preliminary Items**		
1	**Welcome and introductions**	Dr Tim Moorhead, Clinical Chair, NHS Sheffield CCG	**Verbal**
2	**Apologies for absence**	Dr Tim Moorhead, Clinical Chair, NHS Sheffield CCG	**Verbal**
3	**Declarations of interest**	Dr Tim Moorhead, Clinical Chair, NHS Sheffield CCG	**Verbal**
4.45	**For discussion**		
4	**Ratification of previous meetings** • **Previous minutes of the meeting held 28 June 2017**	Dr Tim Moorhead, Clinical Chair, NHS Sheffield CCG	**Enc A**
5	**Engagement Update**	Helen Stevens, Associate Director of Communications and Engagement, SYB ACS	**Presentation**
6	**Update on the hyper acute stroke reconfiguration**	Lesley Smith, System Reform Lead, SYB ACS Marianna Hargreaves, System Transformation Programme Lead, SYB ACS	**Enc B**
7	**Update on Children's Surgery and Anaesthesia**	Chris Edwards, SRO, Children's & Maternity, SYB ACS	**Enc C**
5.15	**Other Items and reports**		
8	**Questions from the public**		
9	**To consider any other business**		
10	**Date and Time of Next Meeting** The next meeting will take place on 22 November 2017, Time tbc, The Boardroom, NHS Doncaster CCG		

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Paper A

Joint Committee of Clinical Commissioning Groups

Meeting held 28 June 2017, 3.30pm- 5:00pm, at Doncaster CCG

Decision Summary for CCG Boards

Minute reference	Item	ACTION
37/17	**Previous minutes of the meeting held 24 May 2017** Prisca should read Priscilla in the list of those present. Andrew Goodall should be removed from the list of those present.	 **JA**
39/17	**Decision making case for Children's Surgery and Anaesthesia** Marianna Hargreaves confirmed that the existing Children's Surgery and Anaesthesia Working group will see the changes through to implementation and will be looking into the detail regarding implementation. Each governing body will receive detailed timescales when this is clearer so that they can communicate the detail with the public and stakeholders. The Chair informed members that a set script would be raised to aid consistency of the decision made here today.	 **MH** **MH** **MH**
40/17	**Questions from the public** The Chair informed members that written questions would be answered by Helen Stevens and they would be attached to, and form part of, the minutes which are a public document. Verbal questions were received and the Chair informed members that verbal questions will also be answered by Helen Stevens and would be attached to, and form part of, the minutes which are a public document.	 **HS** **HS**

Minutes of the meeting of the

Joint Committee of the Clinical Commissioning Group Meeting

held 28 June 2017, 3.30pm- 5:00pm, at Doncaster CCG

Present:
Dr Tim Moorhead, Clinical Chair, NHS Sheffield CCG (Chair)
Dr Nick Balac, Clinical Chair, NHS Barnsley CCG
Will Cleary-Gray, Director of Sustainability and Transformation, South Yorkshire and Bassetlaw Accountable care System (ACS)
Dr David Crichton, Clinical Chair, NHS Doncaster CCG
Dr Richard Cullen, Clinical Chair, NHS Rotherham CCG
Chris Edwards, Accountable Officer, NHS Rotherham CCG
Idris Griffiths, Interim Accountable Officer, NHS Bassetlaw CCG
Debbie Hilditch, Healthwatch Representative
Pat Keane, Chief Operating Officer, NHS Wakefield CCG (Deputy for Jo Webster, Accountable Officer)
Priscilla McGuire, Lay Member
Dr Ben Milton, Clinical Chair, NHS North Derbyshire CCG
Philip Moss, Lay Member
Jackie Pederson, Accountable Officer, NHS Doncaster CCG
Andrew Perkins, Clinical Chair, NHS Bassetlaw CCG
Maddy Ruff, Accountable Officer, NHS Sheffield CCG
Miles Scott, Finance Director, Hardwick CCG
Lesley Smith, Accountable Officer, NHS Barnsley CCG

Apologies:
Steve Allinson, Accountable Officer, NHS North Derbyshire CCG
Sir Andrew Cash, ACS Lead, Chief Executive STH
Alison Knowles, Locality Director – North, NHS England
Steve Lloyd, Hardwick CCG
Karen Watkinson, Corporate Secretary, NHS Hardwick CCG
Jo Webster, Wakefield CCG

In attendance:
Jane Anthony, Corporate Committee Administrator, Executive PA and Business Manager
Des Breen, Medical Director, Working Together
Marianna Hargreaves, System Transformation Programme Lead, SYB STB
Sophie Jones, Communications and Engagement, South Yorkshire & Bassetlaw Accountable Care System
Kate Laurance, Head of Commissioning, Children, Young People & Maternity Portfolio, NHS Sheffield CCG
Helen Stevens, Associate Director of Communications and Engagement Accountable Care System

Members of Public:
Deborah Cobbett, Sheffield Save Our NHS
Pete Deakin, Barnsley Save Our NHS
Doug Wright, Doncaster Save Our NHS

Minute reference	Item	ACTION
34/17	**Welcome and introductions** The Chair welcomed members of the public to the meeting.	
35/17	**Apologies** Apologies were received and noted.	
36/17	**Declarations of Interest** There were no declarations of interest.	
37/17	**Previous minutes of the meeting held 24 May 2017** Prisca should read Priscilla in the list of those present. Andrew Goodall should be removed from the list of those present. Subject to the above two amendments the minutes of the meeting held on 24th May 2017 were accepted as a true and accurate record.	**JA**
38/17	**Update on the Hyper Acute Stroke Reconfiguration** Marianna Hargreaves updated members on the hyper acute stroke services. Her report circulated to members highlighted the following: • The review of hyper acute stroke services across South Yorkshire, Bassetlaw and North Derbyshire is complex with many partners coming together in the analysis of the potential impact of changing services. • To ensure the Joint Committee of Clinical Commissioning Groups can make a fully informed decision, further detailed work with the region's hospital trusts is ongoing, with a decision likely to be made in the Autumn. Members discussed the update and noted that: • The deferment is about having more time to understand and ensure the implications of any changes made are worked through and addressed. • Existing service arrangements are maintaining safe effective services for patients. • The options consulted on with the public remain relevant. The Chair added that the Joint Committee of Clinical Commissioning Groups is expecting the proposals to be brought back in October will be thoroughly worked through. The Joint Committee of Clinical Commissioning Groups noted the current progress with the hyper acute stroke services reconfiguration.	

39/17	**Decision making case for Children's Surgery and Anaesthesia** A comprehensive report regarding the decision making case for children's surgery and anaesthesia has been previously circulated by Marianna Hargreaves. The report identified a summary of the key issues as being: • The purpose of the decision making business case is to assist commissioners in making a decision on changes to the configuration of non-specialised children's surgery and anaesthesia services across South Yorkshire and Mid Yorkshire, Bassetlaw and North Derbyshire, through a tiered approach, organized and planned at sub-speciality level by a Managed Clinical Network (MCN). The aim is to optimize existing and future workforce capacity and provide a sustainable service that will deliver high quality surgical care for children. • A clear clinical case for change, requiring us to work across a larger footprint and organisational boundaries in a network of provision to enable us to consolidate our skills and expertise where necessary. • The preferred option for children's surgery and anaesthesia is for three hubs, Doncaster Royal Infirmary, Sheffield Children's Hospital and Pinderfields General Hospital in Wakefield. Detailed collaborative work with providers reviewing delivery against the Royal College Standards has enabled us to continue to deliver most surgical procedures locally and so only a relatively small number (between 65 and 106) children presenting out of hours, requiring urgent surgery will need to be transferred to a hub annually. • The required joint investment is circa £100k (38k for transport and £61k for continuation of the Managed Clinical Network). The Chair invited Des Breen, Medical Director, Working Together, Helen Stevens, Associate Director of Communications and Engagement, Commissioners Working Together and Kate Laurance, Head of Commissioning, Children, Young People & Maternity Portfolio, NHS Sheffield CCG to give their presentation to the meeting. The Chair thanked Des Breen, Helen Stevens and Kate Laurance for their presentation. Kate Laurence informed members that the network would develop a process for providers to self-declare (via a peer support process) their clinical standards. A managed assurance process will be built into the implementation plan. Progress would first be with the self-declaration process and then later peer support process. This procedure will be ongoing. Helen Stevens responded to members comments as follows: • If families of patients meet specific criteria they can claim back their travelling expenses from the hospital concerned i.e. mileage	

and car parking.

- The telephone survey was undertaken by an independent company who work within market research company guidelines. The company involved routinely purchases data and the company can then pull out and utilise the data required. The random sample is of people who have agreed to be contacted by a market research company for market research purposes.

Des Breen responded to a question on how patients are allocated to hospital when an emergency occurs, there could be three options:

- You could call the ambulance and it will take you on a predetermined protocol.
- Secondly, there is an element of patient choice so if patients want to access another hospital of equal distance, they can do so.
- If they present at A & E and need to be transferred, a conversation between the Managed Clinical Network and those on call at night will help determine where that patient goes.

The Chair informed the meeting that questions were asked very early on in the process regarding data on children with disabilities, with two conclusions reached; first, that the numbers were too small to be statistically significant and second, that it was possible to work through a lot more data but this would take a significant amount of time . Given the pressing need to address current issues, the decision to go ahead was taken, recognizing the limitations of the data. Des Breen added that children with complex needs would always access Sheffield Children's Hospital.

Members were informed that:

- The care pathways will remove any element of any doubt, and any uncertainty regarding where a patient should be treated would be resolved through the network.
- Information systems that enable any clinician to access results from anywhere in the footprint are starting to be put in place.
- As part of our collaborative working together we have a digital workstream. The main priority of the digital workstream is to get everyone communicating and talking to each other. There is a national bid for monies to support this work.

The Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning Group considered all the information set out within the Decision Making Business Case and approved the proposed changes to deliver the preferred service model for children's surgery and anaesthesia.

Marianna Hargreaves informed members of the stages of the implementation process and stated that from January onwards members would see some tangible changes taking place.

Debbie Hilditch suggested that it would be useful to see some of the detail about patient experiences when implementation starts and experiences regarding repatriation.

	The Chair noted the JCCC would want assurance as the changes started to take place, including the operational detail. Marianna Hargreaves confirmed that the existing children's surgery and anaesthesia working group would see the changes through to implementation and would be regularly examining the detail regarding implementation. The Joint Committee of Clinical Commissioning Groups would appreciate updates to this committee on the successful progress regarding the implementation. Each governing body will receive detailed timescales when this is clearer so that they can communicate the detail with the public and stakeholders. Dr Ben Milton acknowledged the concerns raised in consultation especially in North Derbyshire CCG and Hardwick CCG, however, despite the concerns raised North Derbyshire CCG would support the better outcomes of this proposal. Idris Griffiths expressed the approval of Bassetlaw CCG regarding this proposal and welcomed the recommendation. Lesley Smith reflected that at the outset of the consultation process, there had been significant concerns from colleagues in Barnsley which had now been worked through. These discussions has been helpful and we have clarity about the number of patients affected by the proposed changes. This has been an important journey, with the creation and development of a managed clinical network, giving assurance now and into the future. Dr Richard Cullen stated Rotherham CCG was supportive of the changes and commended the Joint Committee of Clinical Commissioning Groups not to take their decisions in private. The Chair informed members that consistent wording would be shared to support communication of the decision made here today.	**MH** **MH** **MH**
40/17	**Questions from the public** The Chair welcomed members of the public to this meeting. The Chair informed members that a number of questions had been received from Deborah Corbett of Sheffield Save Our NHS and Peter Deakin of Barnsley Save Our NHS. The Chair informed members that written questions would be answered by Helen Stevens and they would be attached to, and form part of, the minutes which are a public document. The Chair thanked members of the public for attending in person and invited them to ask any questions they may have to the committee. Verbal questions were received and the Chair informed members that	**HS**

	verbal questions will also be answered by Helen Stevens and would be attached to, and form part of, the minutes which are a public document. All questions from this meeting and those received via e-mail, together with responses to same are attached at Appendix A of these minutes. The Chair thanked everyone for their attendance at this meeting.	**HS**
41/17	**To consider any other business** There was no other business brought before the meeting.	
42/17	**Date and Time of Next Meeting** The next meeting will take place on 26 July 2017, 3.30pm to 5.00pm, Sheffield CCG.	

APPENDIX A

28 June 2017

The Chair invited questions from members of the public who were actually present at the meeting.

Peter Deakin, Barnsley Save Our NHS had submitted written questions sent in by e-mail but had the following questions to ask in person at the meeting of 28th June 2017.

Question 1
Decision with hyper acute stroke service how would the public be involved in the ongoing developments regarding the stroke service. It's the same question about for Children's Surgery and Anaesthesia, you said January and you said between now and January there would be a workgroup now in line with my written questions that gives a reference to a document that gives guidelines on how to involve the public, that questions is in relation to that document and how it suggests that is this done.

Answer 1
The Joint Committee is made up of seven CCGs, NHS England and Hardwick CCG. Each has a legal responsibility under the Health and Care Act 2012 S.14Z2 to ensure public involvement and consultation in commissioning processes and decisions. The involvement and engagement in the proposals to change how children's surgery and anaesthesia services and hyper acute stroke services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire was carried out by each CCG, strategically led and overseen by the Commissioners Working Together programme team. The documents relating to these can be found on the Commissioners Working Together website:

- Children's surgery and anaesthesia services: https://smybndccgs.nhs.uk/what-we-do/childrens-surgery
- Hyper acute stroke services: https://smybndccgs.nhs.uk/what-we-do/critical-care-stroke-patients

The findings from the consultations can be found here:

https://smybndccgs.nhs.uk/application/files/8614/9183/4440/Independent_Consultation_Analysis_March_2017.pdf

Question 2
Travel we had a big question on travel last time, one of our members is big on travel, he is a member of the Freedom Riders and keen on public transport in this area and he asked me to ask a question. It is really about relatives and how relatives will manage regarding cost and public transport which he has a better understanding that me and how long that takes and how they will manage to get around really. Basically, the idea about the travel, it does not take into consideration people really, about people and families You said it will only be small number, I accept that but it only needs to be one family that has to travel 4 days, there are probably be concessions and I really hope that is the case.

Answer 2

During pre-consultation and consultation, travel was a theme consistently raised and acknowledged as an important area for further work. An independent travel analysis was carried out and the findings from this are on the website, incorporated into the decision making business case and were included in the JCCC presentations. For children's surgery and anaesthesia services, the key findings are:

- The vast majority of the population is within 30 – 45 minute drive-time to the proposed centres – with cost of parking in Doncaster and Wakefield less than they would currently pay at their local centres for up to 4 hours.
- For Barnsley and Chesterfield patients families there would be a 141% and 102% increase in parking charges at Sheffield Children's Hospital respectively.
- 26% of people in Rotherham and 27% in Barnsley don't have cars (census data) and so we analysed the impact of travelling by public transport. The majority of citizens can get to a site within 90 minutes maximum (as a visitor) on buses, trains or trams.
- For places outside this travel time, they would mostly be treated/travel to a different NHS region (eg, far west of North Derbyshire would likely go to Manchester or Stockport and Cottam (Bassetlaw) are more likely to go to Lincoln).

The new model will mean that for most patients, for most of the time, they would continue to access high quality care close to home, though the Joint Committee is mindful of the impact of extra travel for a small number of people. While the Committee acknowledges the impact of the increased travel, improved outcomes and safety of patients is of paramount importance. In addition, the Committee is are assured that local hospital travel reimbursement policies will compensate those people who are on low or no income.

Question 3

When we have been out in public and talking to people travel was a big issue and how people who had to do that would manage. I did not realise there were so many people who did not have access to cars in this area.

Question 4

Worth mentioning that we did a petition we have been on the streets and talked to people we handed a petition in which on the documentation it had one petition and in that one petition it covers as many people as the rest of the people in this rest of it together in terms of asking how many people and what they think about it. So it is marked down as one petition it took a long time to do.

Answer 4

The petition is recorded in line with independent consultation analysis methodology. The Barnsley Save Our NHS Petition on children's surgery and anaesthesia services asked people to sign the statement 'There is currently a proposal to close a great deal of Children's Surgery and Anaesthesia Services at Barnsley Hospital.' There were 785 signatures.

The petition on hyper acute stroke services asked people to sign the statement: 'Stop the closure of Barnsley stroke unit.' There were 5022 signatures.

Question 5

Questions about the consultation and how it's been, how it's happened, how it's come about and how it's been conducted. In Goldthorpe there were 4 people from the public that came to that and the 4 people came to that were 4 people from Barnsley Save Our NHS. There were more consultants, doctors and staff etc there than any public that came along at all. It is important that if you have a meeting in Goldthorpe you get the people from Goldthorpe there as it costs a lot of money.

Answer 5

The Joint Committee is made up of seven CCGs, NHS England and Hardwick CCG. Each has a legal responsibility under the Health and Care Act 2012 S.14Z2 to ensure public involvement and consultation in commissioning processes and decisions. The involvement and engagement in the proposals to change how children's surgery and anaesthesia services and hyper acute stroke services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire was carried out by each CCG, strategically led and overseen by the Commissioners Working Together programme team. The documents relating to these can be found on the Commissioners Working Together website:

- Children's surgery and anaesthesia services: https://smybndccgs.nhs.uk/what-we-do/childrens-surgery
- Hyper acute stroke services: https://smybndccgs.nhs.uk/what-we-do/critical-care-stroke-patients

The findings from the consultations:

https://smybndccgs.nhs.uk/application/files/8614/9183/4440/Independent_Consultation_Analysis_March_2017.pdf

Question 6

Consultation in Penistone I thought that meeting was a good meeting and I thought that was how it should be. I spoke to a Senior Anaesthetist who worked with 18 people and he said to me as I spoke to him in a one to one that he nor his 18 colleagues had been asked or spoken to about this had been spoken to at all I only brought his up in the staff briefings there were none This begs the question that in that case that if he weren't spoken to I'm not sure what might happen. He did speak about this but in language that I did not understand, Anaesthetist for adult and Anaesthetist for children, that's another question, when are you going to speak to the Anaesthetists.

Answer 6

The involvement and engagement in the proposals to change how children's surgery and anaesthesia services and hyper acute stroke services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire was carried out by each CCG, strategically led and overseen by the Commissioners Working Together programme team. The documents relating to these can be found on the Commissioners Working Together website:

- Children's surgery and anaesthesia services: https://smybndccgs.nhs.uk/what-we-do/childrens-surgery

- Hyper acute stroke services: https://smybndccgs.nhs.uk/what-we-do/critical-care-stroke-patients

The findings from the consultations:

https://smybndccgs.nhs.uk/application/files/8614/9183/4440/Independent_Consultation_Analysis_March_2017.pdf

Question 7

Another thing was telephone questions how why and when. The questions were what were asked on the telephone and after seeing some of the elections questions that were asked I just wonder what was asked, questions can be leading questions. I have not seen a script for what this marketing company were asking I am just interested that is all, because you did rely on these answers quite heavily. On that, the telephone canvassing as well as the online survey it was said in other meetings the questions were leading questions, would you like your child to live or die, they weren't quite as blatant as that but basically, not would like you child to travel an hour to a hospital, have wait for its parents to come every day, but would you like your child to have to best that they could have. Of course you would but they took that on as a yes, of course it is a positive, but that is what I am saying about asking questions as part of a consultation.

Answer 7

The findings from the consultations, which includes a full analysis of all responses and has the telephone survey script in the appendices, can be found here:

https://smybndccgs.nhs.uk/application/files/8614/9183/4440/Independent_Consultation_Analysis_March_2017.pdf

Question 8

Are there any statistics on it children recover better if they have more access to their relatives parents and friends than if not, are there any statistics on that, I think there are.

Answer 8

We have sought advice from the commissioning lead for children, young people and maternity and they are unaware of any statistics or evidence that supports this assertion. We would welcome any information or statistics that the member of the public has on this.

Question 9

We all want the best for our children right but if the services in Sheffield that will be accessed by a lot people in Barnsley. If my child in Barnsley had an appendicitis in the night and I need to get to a hospital, I live in Penistone, I would want to get them to Barnsley as that is the nearest hospital, as soon as possible. If the service has moved to Sheffield the service for the kids in Sheffield get a better service than the kids in Barnsley, this means the kids on Barnsley have a second class service. I just ask if you agree with that.

Answer 9

The proposals to change how some operations out of hours are provided for children were based on a strong clinical case, which can be found on the Commissioners Working Together website (as above). The Joint Committee agreed the proposals at its June meeting.

Question 10

I suppose it is just worth saying that our communications from Barnsley Save Our NHS are through social media, we have got a lot of members on our Facebook and on our Twitter site we also connect with other Save Our HNS groups and others. We also have messages from Bassetlaw already on Facebook that this is just not working at all in terms of getting kids to Doncaster on our Facebook and people have been writing quite bad things about what has happened. That means that we as a group together, and we will call ourselves something like, South Yorkshire and Bassetlaw Save our NHS, and we will be monitoring this and watching out for what is happening that because we can do that between areas.

End of verbal questions from Peter Deakin.

Verbal questions from Doug Wright asked in person at the meeting of 28th June 2017.

Question 1

One of us should be a non-voting member of this group, Health Watch or a Voluntary Sector organisations should be approached to be a non-voting member of this group.

Answer 1

The Joint Committee follows good public involvement practice with two lay members, who were recruited through an open and fair process, and representation from all the Healthwatches.

Question 2

Can we have like the papers for this meeting circulated 7 days in advance

Answer 2

Papers, including the agenda, are published on the Commissioners Working Together website seven days in advance of the Joint Committee meetings in public. For the decision making business case meeting on 28 June 2017, the only paper not available until 10am on the day was the business case. This was to ensure that all stakeholders with an interest in the decision received timely and consistent communications.

End of verbal questions from Doug Wright.

Deborah Cobbett of Sheffield Save Our NHS has submitted written questions sent in by e-mail but had the following questions to ask in person at the meeting of 28th June 2017.

Question 1

Something that occurred to me whilst I was listening was that there was not much mentioned of the pressure on staff which is something we hear a lot about, about the low morale in the NHS among the frontline staff, and people them leaving to work in other countries because of the difficulties they

are facing, you didn't refer to any consultations with staff or with unions so that is a question that occurred to me whilst I was listening.

Answer 1
The consultations on both service change proposals involved staff and unions.

As part of the discussions within the workforce workstream in the South Yorkshire and Bassetlaw Accountable Care System, there is a regional forum where staff representatives are involved.

End of verbal question from Deborah Cobbett.

Questions received via e-mail from Peter Deakin - Barnsley Save Our NHS

Public questions for the meeting of the Joint Committee of Clinical Commissioning Groups
Wednesday 28 June 2017, 4:00pm-5:30pm

My questions are asked with reference to the document

Patients and public participation in commissioning health care
Statutory guidance for clinical commissioning groups and NHS England

1st paragraph
This guidance is for clinical commissioning groups (CCGs) and NHS England. It supports staff to involve patients and the public in their work in a meaningful way to improve services, including giving clear advice on the legal duty to involve.

Appendix A : legal duties
2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):
(a) in the planning of the commissioning arrangements by the group
(b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals 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 and
(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

Question 1
Q. How will the Joint Committee of the Clinical Commissioning Group and the individual CCGs carry out the instructions in the document, Patients and public participation in commissioning health care. Statutory guidance for clinical commissioning groups and NHS England. This document gives very specific guidance on how and when to involve the public in all aspects of the NHS.

Answer 1

The Joint Committee is made up of seven CCGs, NHS England and Hardwick CCG. Each has a legal responsibility under the Health and Care Act 2012 S.14Z2 to ensure public involvement and consultation in commissioning processes and decisions. The involvement and engagement in the proposals to change how children's surgery and anaesthesia services and hyper acute stroke services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire was carried out by each CCG, strategically led and overseen by the Commissioners Working Together programme team. The documents relating to these can be found on the Commissioners Working Together website:

- Children's surgery and anaesthesia services: https://smybndccgs.nhs.uk/what-we-do/childrens-surgery
- Hyper acute stroke services: https://smybndccgs.nhs.uk/what-we-do/critical-care-stroke-patients

The findings from the consultations:

https://smybndccgs.nhs.uk/application/files/8614/9183/4440/Independent_Consultation_Analysis_March_2017.pdf

Any future service change proposals will be formulated with public involvement and consultation carried out in line with legal duties and guidance.

Q. The public involvement in any part of the process is very limited. When will the Joint Committee of the Clinical Commissioning Group start to follow these Statutory guidelines.

A. Please see above on how the CCGs have involved and consulted with the public on the proposals.

Q How can the public be expected to become involved when most people have little or no understanding of the STPs and the many other issues. Will the Joint Committee of the Clinical Commissioning Group be arranging education and training sessions for the members of the public and patients. After all how else will people begin to understand and become involved in the vast changes to NHS?

A. Between February and April this year, partners within the STP held conversations with their staff and the public on the South Yorkshire and Bassetlaw Sustainability and Transformation Plan. This included commissioning Healthwatch and the voluntary sector across all areas to engage with groups and communities, with a particular emphasis on the seldom heard to capture and report their feedback on the plans.

The response to Barnsley Save Our NHS of 10 March outlines the work that was undertaken in February, March and April to raise awareness and to engage with people in conversations.

The methodology and findings from the conversations is available on the Commissioners Working Together website:

https://smybndccgs.nhs.uk/what-we-do/stp/staff-and-public-conversations

A key finding from the work was for increased engagement with communities and communities of interest in the next stages of the Partnership. A communications and engagement strategy is now being developed, with a campaign with citizens and staff a priority area.

With reference to Minutes of the meeting of the Joint Committee of the Clinical Commissioning Group Meeting held 24 May 2017, 3.30pm- 5:00pm, at Sheffield CCG

Questions in response to, 29/17 Helen Stevens' report

The public want services, they are not concerned who provides them or what the delivery structure is like, they are concerned with what any changes will mean to them.

Question 1
Which services? How many people? Which changes?

Answer 1
These comments were made by the Healthwatch representative in relation to the conversations they had with the public on the South Yorkshire and Bassetlaw STP.

Please see the link to the reports on the conversations:

https://smybndccgs.nhs.uk/what-we-do/stp/staff-and-public-conversations

Question 2

Many people had not heard about the Sustainability and Transformation Plan before the conversation sessions.

How many people know about the STPs after the conversations?

Answer 2
These comments were made by the Healthwatch representative in relation to the conversations they had with the public on the South Yorkshire and Bassetlaw STP.

Please see the link to the reports on the conversations:

https://smybndccgs.nhs.uk/what-we-do/stp/staff-and-public-conversations

The Healthwatch Representative added that colleagues and voluntary sector umbrella organisations can access deeper and broader with groups than statutory organisations. Therefore, STP should continue to engage and communicate directly with these groups.

Question 2
Which Healthwatch representative? Which voluntary sector umbrella organisations? How will the STP engage and communicate directly with these groups?

Answer 2

The South Yorkshire and Bassetlaw Healthwatch organisations have a representative from Healthwatch Doncaster who attends the committee meeting on their behalf and co-ordinates representation at the meeting to ensure all views are communicated. The comments refer to the work undertaken on the STP as above and the reports from the conversations can be found as above.

Partners in the STP have many and varied mechanisms for connecting with and involving their local communities and groups.

There is already a mechanism in place for the public to engage with e.g. representative democracy. We need clarity on the areas we can shape and what we can't. We must listen, engage and change on the basis of this.

Question 3

What is the representative democracy, mechanism for the public to engage.? Please note the guidence documents use the word, involve the public

Answer 3

The Joint Committee is made up of seven CCGs, NHS England and Hardwick CCG. Each has a legal responsibility under the Health and Care Act 2012 S.14Z2 to ensure public involvement and consultation in commissioning processes and decisions.

Questions received via e-mail from Deborah Cobbett - Sheffield Save Our NHS

QUESTIONS TO JOINT CCG from Sheffield Save Our NHS

These questions arise from the minutes of the last meeting, which we have circulated and discussed over the last few days.

Firstly, we wish to challenge the statement that public are not concerned with who provides services or what the delivery structure is like.

Question 1

What evidence do you have that the public do not care about who provides services? We are concerned about private providers for several reasons, which include:

- putting profit before quality and service
- using staff trained at public expense
- destabilising the NHS, for example, by contesting outcomes of tendering

Answer 1

These comments (at 29/17 in the minutes) were made by the Healthwatch representative in relation to the conversations they had with the public on the South Yorkshire and Bassetlaw STP.

Please see the link to the reports on the conversations:

https://smybndccgs.nhs.uk/what-we-do/stp/staff-and-public-conversations

Question 2
What evidence do you have that privately provided services within the NHS are of better quality than previous equivalent NHS services and/or that these services can be provided at a lower cost for equivalent quality? In our view private sector service providers damage the fundamental integrity of the NHS, are likely to operate with initial 'loss leader' prices and will push up the overall costs of public healthcare in the medium to long term.

Answer 2
The Joint Committee is working with the NHS providers of services in South Yorkshire and Bassetlaw to deliver the agreed proposals for children's surgery and anaesthesia services. The proposals to change hyper acute stroke services are also developed with NHS providers and any future services would continue to be delivered by them.

Question 3
Secondly, we are concerned about your statement on public awareness of STPs:

1 What steps will you take to inform more people about STPs and other proposals?
2 Why did support for STPS fall from 89% to 73% when people had more 'context'?
3 What 'context' was provided?
4 Why are no criticisms of STPs put to the public?

Answer 3
These comments were made by the Healthwatch representative in relation to the conversations they had with the public on the South Yorkshire and Bassetlaw STP.

Please see the link to the reports on the conversations:

https://smybndccgs.nhs.uk/what-we-do/stp/staff-and-public-conversations

Question 4
Thirdly, we note the statement that you wish to expand public involvement and hope that this will be more open and genuine:

1 How many people have been involved in 'conversations' with the public and staff?
2 How do you plan to increase numbers and depth of involvement?
3 What information can you give us about the so-called Vanguard proposal, beyond anodyne declarations about the value of working together, exemplified in the video with 10-year-old Harriet here: https://www.england.nhs.uk/2017/06/what-on-earth-is-a-vanguard/

Answer 4
Between February and April this year, partners within the STP held conversations with their staff and the public on the South Yorkshire and Bassetlaw Sustainability and Transformation Plan. This included commissioning Healthwatch and the voluntary sector across all areas to engage with groups and communities, with a particular emphasis on the seldom heard to capture and report their feedback on the plans.

The methodology and findings from the conversations is available on the Commissioners Working

Together website:

https://smybndccgs.nhs.uk/what-we-do/stp/staff-and-public-conversations

Question 5
A key finding from the work was for increased engagement with communities and communities of interest in the next stages of the Partnership. A communications and engagement strategy is now being developed, with a campaign with citizens and staff a priority area.

Answer 5
The national vanguard programme has been in place since 2015. More information about it was produced in a new publication in September 2016 and can be found here: https://www.england.nhs.uk/wp-content/uploads/2015/11/new_care_models.pdf

Locally the Working Together Partnership Vanguard is about the Hospital Trusts working together to see where we can offer a better service to patients using a more joined up approach. Practical examples of where joined up working has enabled benefits to staff and patients includes an IT system that supports staff who work in more than one Trust to move seamlessly between the Trusts, an IT system that allows better sharing of patient information across Trusts, a procurement approach that means all the Trusts are not independently and repeatedly undergoing the same procurement exercise. More information about the Working Together Vanguard can be found on the website: http://www.workingtogethernhs.co.uk/

The following question was from the body of the e-mail:

Question 6

In addition to the important questions in the attachment, we wonder if you are really thinking of repatriating stroke patients, or if this is a misprint.

Answer 6

The phrase 'repatriate' is sometimes used by NHS staff to refer to the return of patients to their local hospital or health care facility, after they have received care and treatment in a different, usually specialist, centre.

End of Questions from the public.

Maddy Ruff, Accountable Officer, NHS Sheffield CCG responded to the question of travel and how to cope. Assure the public that Sheffield Childrens' Hospital have a superb facilities for families needing to stay together overnight. They have proper facilities for parents and other siblings to stay in proper facilities overnight whilst their sibling is cared for. There has been huge amount of care, thought and planning knowing that there are families coming out of the area. Assurance to members the public of what it is like to visit and how they are trying to make it easy for parents, families and siblings.

Paper B

Hyper Acute Stroke Services

Joint Committee of Clinical Commissioning Groups Terms of Reference

JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS

18th October 2017

Author(s)	**Marianna Hargreaves, Transformation Programme Lead**
Sponsor	**Will Cleary-Gray, Director of Transformation and Sustainability, SYB STP**

Is your report for Approval / Consideration / Noting

For Noting

Are there any resource implications (including Financial, Staffing etc)?

N/A

Summary of key issues

- The review of hyper acute stroke services across South Yorkshire, Bassetlaw and North Derbyshire brings together many partners and is therefore complex.
- Significant work has been undertaken to further develop the decision making business case including more detailed work with clinicians and more broadly to understand all the implications of the proposed service change.
- A further insight into the Greater Manchester experience of reconfiguring hyper acute stroke care has also been obtained and learning from this is influencing the further development of the decision making business case.
- To ensure the Joint Committee can make a fully informed decision, further detailed work with the region's hospital trusts is ongoing, with a decision likely to be made in the late autumn.

Recommendations

The Joint Committee of Clinical Commissioning Groups is asked to note the current progress with the hyper acute stroke services reconfiguration.

Hyper Acute Stroke Services

Joint Committee of Clinical Commissioning Groups Terms of Reference

JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS

18 October 2017

1. Purpose

The purpose of this brief is to update the Joint Committee of Clinical Commissioning Groups on the progress to review hyper acute stroke services across South Yorkshire, Bassetlaw and North Derbyshire and the development of the decision making business case.

2. Summary

The review of hyper acute stroke services across South Yorkshire, Bassetlaw and North Derbyshire brings together many partners and is therefore complex. Over the summer work has been undertaken to understand and analyse all the potential impacts of the proposed service change and translate learning from Greater Manchester. The detailed work is to ensure that the Joint Committee can make a fully informed decision.

3. Current Position

All partners continue to support the clinical case for change to hyper acute stroke services. Significant further work has been undertaken to develop the decision making business case including more work with clinicians on the proposed new service model to refine assumptions, more detailed work to understand all the implications of the proposed service change and overall cost implications for all partners.

A further insight into the Greater Manchester experience of reconfiguring hyper acute stroke care has also been obtained and learning from this is influencing the further development of the decision making business case.

To be able to make an informed decision the joint committee needs to fully understand all aspects of the proposed changes and how they would impact on all partners, staff and patients and are therefore continuing to spend time to further develop the decision making business case to ensure the proposed changes are possible, financially sustainable and will provide the best and safest care for all patients. This will enable us to ensure that we are proposing the most clinically and cost effective new service model that is clinically and financially sustainable for the future.

4. Next Steps

We are continuing to work with all partners on this and we are still planning to finalise the decision making business case for discussion in the late autumn.

It is acknowledged that there are potential risks with deferring the decision to reconfigure hyper acute stroke services and we will continue to work with our provider partners to operationally manage these as we have to date to ensure that existing services are supported to deliver whilst we progress the development of the decision making business case.

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Paper C

Update - Children's Surgery and Anaesthesia

JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS

18th October 2017

Author(s)	**Linda Daniel, Workstream lead, South Yorkshire and Bassetlaw Accountable Care System** **Marianna Hargreaves, Transformation Programme Lead, South Yorkshire and Bassetlaw Accountable Care System**
Sponsor	**Will Cleary-Gray, Director of Transformation and Sustainability, South Yorkshire and Bassetlaw Accountable Care System**

Is your report for Approval / Consideration / Noting

For Noting

Are there any resource implications (including Financial, Staffing etc)?

N/A

Summary of key issues

- The Joint Committee of Clinical Commissioning Groups approved the business case proposing changes for the delivery of children's surgery and anaesthesia at the end of June 2017.
- Over the summer and early autumn a detailed implementation plan has been developed and agreed.
- Work is underway to complete the designation process, a review team has been agreed and a series of visits to each hospital site planned.
- The Managed Clinical Network (MCN) is taking a lead role in the implementation and has set up task and finish groups for each pathway.
- The project team have been approached by British Association of Paediatric Surgeons to potentially endorse the designation toolkit and specification.

Recommendations

The Joint Committee of Clinical Commissioning Groups is asked to note the progress to take forward the approved changes to children's surgery and anaesthesia.

Update - Children's Surgery and Anaesthesia

JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS

18th October 2017

1. Purpose

The purpose of this paper is to provide a brief update to the Joint Committee of Clinical Commissioning Groups (JCCC) on the progress to implement the approved changes to children's surgery and anaesthesia. The JCCC approved the business case to progress the changes at the end of June 2017.

2. Implementation Update

2.1 Designation

Work is underway to progress the designation process. The first part of the designation approach, a self -declaration is complete. The second part, a peer review process will be undertaken via the Managed Clinical Network (MCN).

To date a suite of tools and a clear framework has been developed and agreed for the peer review process. A core review team has been secured from network stakeholders (including a clinical lead, network manager, surgeon, anaesthetist, paediatrician, nurse). Visit dates are in the process of being secured.

2.2 Managed Clinical Network (MCN)

The MCN is taking a lead role in the implementation of the approved changes for children's surgery and anaesthesia, including leading the development of hospital wide operational policies, pathways and guidelines. Task and finish group leads and members have been identified for the sub speciality pathways to enable this and will feedback progress regularly to the MCN Steering Group.

2.3 Commissioning and contracting

As the majority of surgery in the future model will continue to take place locally with only a small number of children requiring urgent surgery out of hours being transferred the plan is to progress within existing arrangements, and this has been built into the implementation plan.

3. British Association Paediatric Surgeons (BAPS)

The project team have been approached by BAPS regarding the service specification and designation toolkit with a view towards endorsement, in the development of a national service specification for non-specialised children's surgery.

4. Next steps

Work will continue to progress to confirm peer review visits and complete the designation process. A specification is under development for the Managed Clinical Network. The MCN will continue to take a lead role in the implementation in particular the development of clinical pathways, operational policies and guidelines for the anaesthetic and surgical sub-specialities prior to the changes in service delivery.

5. Recommendation

The Joint Committee of Clinical Commissioning Groups is asked to note the progress to take forward the approved changes to children's surgery and anaesthesia.