Joint Committee of Clinical Commissioning Groups

Meeting held <u>IN PUBLIC</u>

23 October 2019, at the Boardroom, NHS Sheffield CCG

<u>Action Summary DRAFT</u>

155/19	**Declarations of Interest** New members of the Committee to submit completed Declaration of Interest forms to the Committee Clerk.	**TH**
156/19	**Questions from the Public** That a simplified "easy read" version of the Hospital Services Programme be produced for the public, explaining the difference between transformation and reconfiguration.	**AN**
159/19	**Update on Hospital Services Programme** That an easy read version be produced as well as a simple one-page summary of the document.	**AN / HS**
	Issue a letter to NHS Derby and Derbyshire CCG asking for sign off for the report as they were not present at the meeting.	**AN**

**Minutes of the Meeting of
The Joint Committee of Clinical Commissioning Groups
Public Session**

**Meeting held 23 October 2019,
at Boardroom, NHS Sheffield CCG DRAFT**

Present:

Dr David Crichton, Clinical Chair, NHS Doncaster Clinical Commissioning Group (Chair)
Andrew Goodall, Healthwatch Representative
Priscilla McGuire, Lay Member
Lisa Kell, Director of Commissioning, South Yorkshire and Bassetlaw Integrated Care System
Jackie Mills, Director of Finance, NHS Sheffield Clinical Commissioning Group
Helen Stevens, Associate Director of Communications and Engagement, South
Yorkshire and Bassetlaw Integrated Care System
Idris Griffiths, Accountable Officer, NHS Bassetlaw Clinical Commissioning Group
Chris Edwards, Accountable Officer, NHS Rotherham Clinical Commissioning Group
Dr Nick Balac, Clinical Chair, NHS Barnsley Clinical Commissioning Group
Dr Richard Cullen, Clinical Chair, NHS Rotherham Clinical Commissioning Group
Jeremy Budd, Director of Commissioning, NHS Barnsley Clinical Commissioning Group
Jackie Pederson, Accountable Officer, NHS Doncaster Clinical Commissioning Group
Brian Hughes, Director of Commissioning and Performance, NHS Sheffield Clinical Commissioning
Group
Dr Terry Hudsen, Clinical Chair, NHS Sheffield Clinical Commissioning Group
Dr Eric Kelly, Clinical Chair, NHS Bassetlaw Clinical Commissioning Group

Apologies:

Dr Chris Clayton, Chief Executive Officer, NHS Derby and Derbyshire Clinical Commissioning Group
Dr Avi Bhatia, Clinical Chair, NHS Derby and Derbyshire Clinical Commissioning Group
Matthew Groom, Assistant Director, Specialised Commissioning, NHS England
Philip Moss, Lay Member
Lesley Smith, Accountable Officer, NHS Barnsley Clinical Commissioning Group and Interim
Accountable Officer, NHS Sheffield Clinical Commissioning Group

In attendance

Sir Andrew Cash, Chief Executive, South Yorkshire Bassetlaw Integrated Care System
Alexandra Norrish, Programme Director Hospital Services Review, South Yorkshire and Bassetlaw
Integrated Care System
Mags McDadd, Corporate Committee Clerk, South Yorkshire and Bassetlaw Integrated Care System

Public in attendance

Nora Everitt, SYBNAG	Steve Merriman SYBNAG	Peter Deakin BSONHS
Ben Skidmore, Novo Nordisk Ltd	Steve Sullivan, Bayer	Ken Dolan, BSONHS
S Henley, BSONHS		

Minute reference	Item	ACTION
C153/19	**Welcome and introductions** The Chair welcomed members and attendees to the meeting. Dr Terry Hudsen, Clinical Chair, NHS Sheffield CCG was welcomed to his first meeting of the JCCCG. Public members present were thanked for the questions submitted in advance of the	

	meeting.	
C154/19	**Apologies** Apologies were received and noted. There was no representation from NHS Derby and Derbyshire CCG.	
C155/19	**Declarations of Interest** There were no declarations of interest. New members of the Committee were asked to submit completed Declaration of Interest forms to the Committee Clerk	**TH**
C156/19	**Questions from the public** Questions were submitted prior to the meeting. The JCCCG provided a response. Questions from SYBNAG members to the JCCCG October 2019 meeting: **1. Commissioning for Outcomes Policy:** **a)** How will people be involved in proposals and decisions about the clinical procedures that will be added to the list of those already on the existing SYB Commissioning for Outcomes Policy, given that this will reduce the range of services available to people in SYB? Response: The JCCCG invites written questions on the items on our agenda. Unfortunately, this item is not on the agenda. However, we will give some consideration to this when developing this work. **b)** What are the arrangements for monitoring how the Commissioning for Outcomes Policy has affected people in SYB and will these arrangements involve patients, carers and the public across SYB? Response: The JCCCG invites written questions on the items on our agenda. Unfortunately, this item is not on the agenda. However, we will give some consideration to this when developing this work. **2. Hospital Services Review** **a)** What do you see as being the main drivers of the transformation strategy and what are the main outcomes that you are looking to achieve before you would reconsider reconfiguration? Response: The main drivers of the transformation strategy are concerns around the sustainability of acute hospital services: in particular, workforce shortages and the implications for quality and equality of services that result from these. The main outcome that we would be aiming to achieve is a more stable and sustainable approach to workforce. In particular, this includes improved recruitment and retention, and better use of new workforce roles, enabling us to achieve sustainable levels of staffing without relying on locum and agency staff. **b)** What metrics will be used to measure the success of transformation and will these include a patient focus?	

Response:
The NHS already has a large number of performance metrics which are measured and tracked at a national level. Part of the success of transformation would be whether we become more able to achieve these metrics: for example, does transformation of Urgent and Emergency Care make us more able to meet the national target for 4 hour waiting times in A&E; or has transformation improved scores against the Friends and Family Test which is one of the main measures of patient satisfaction.

In addition we will be asking each of the Hosted Networks to develop a small number of specific metrics to track the impact of transformation and to act as early warning signals if transformation is not having the necessary impact. These will be developed once the Networks are set up, but they might for example include measures of patient feedback, or measures around workforce.

c) Will the six monthly review process considering the successful progress of transformation directly involve patients and will the findings be shared with patients and the public?

Response:
The review process to track the impact of transformation will be designed once the Networks are set up.

d) Can you provide some information for the public explaining, in Plain English, the difference between transformation and reconfiguration, but in addition to the usual Easy Read versions of information?

Response:
Transformation is described in the reports of the Hospital Services Review as being about improving services in the settings where patients currently receive care, or about enabling acute care to be provided closer to home.

It is often about using the workforce in a different way, for example bringing in Advanced Medical Practitioners to support the traditional roles of consultants and nurses. It is also about making sure that all hospitals in the area provide the same care in a given situation, so that all patients are getting good quality care. Reconfiguration is defined by the House of Commons Research Briefing as "changes in location or the type of treatment provided, usually as part of a reorganisation of services across a larger health geography."

There can be some overlap between these two terms, and reconfiguration would usually be accompanied by transformation.

e) What implications are there for patients in a hospital unit where experienced staff are moved to support another hospital's unit that is struggling, as part of the hosted network approach?

Response:
None of the Hosted Networks are currently proposing to move staff from one hospital to another.

As the Networks are set up, there are many different ways that hospitals could support each other. At the moment, some of the hospitals regularly send consultants to other sites, for example where Sheffield Teaching Hospital consultants run regular outreach clinics in the other hospitals. Some hospitals have appointed staff who work half their time in one hospital and half in another, for example some gastroenterologists who work across Barnsley and Rotherham. This is designed as a

	standard part of job planning for the two sites.	
	NE requested a simplified "easy read" version of the Hospital Services Programme to be available for the public, explaining the difference between transformation and reconfiguration.	**AN**
157/19	**Ratification of previous meetings** The minutes of the public meeting held on 25 September 2019 were accepted as a true and accurate record.	
158/19	**Matters Arising** All items are scheduled for future agendas.	
159/19	**Update on Hospital Services Programme** The JCCCG received the updated final report on the Hospital Services Programme, DC confirmed that the final report of the Hospital Services Programme had been provided to the Joint Committee for discussion and agreement. AN advised that a draft of the final report had been discussed in all the CCG Governing Bodies in August / September, and in the September JCCCG meeting. There had been two main comments: that there needed to be greater clarity on the difference between emergency and planned reconfiguration; and that the impact of transformation needed to be monitored on an ongoing basis. AN said that she had worked with members of the JCCCG to develop the revised text, which had been circulated to the JCCCG for agreement. IG for Bassetlaw CCG and NB for Barnsley CCG confirmed that their concerns had been met and they were content with the text. Representatives from Rotherham, Sheffield and Doncaster CCGs confirmed that the changes to the text were sufficiently small that they did not feel they needed to take the revised version back to their Governing Bodies prior to agreement. PMG requested that an easy read version should be produced, and it was agreed that the ICS team would commission one, as well as producing a simple one-page summary of the document. EK queried whether the document would be available in other languages, and HS confirmed that the website has a translate function. The Chair queried whether NHS Derby and Derbyshire CCG would need to sign off the report, since they were not present at the meeting. The group agreed that it would be good practice to confirm their agreement in writing. The Chair advised that the JCCCG were content to sign off the report for publication, subject to agreement from Derby and Derbyshire CCG.	**AN / HS** **AN**
160/19	**Any other business** There was no further business noted.	

161/19	**Date and Time of Next Meeting**	
	The Chair informed the meeting that the next meeting will take place Wednesday 20th November 2019 at NHS Sheffield CCG.	