Public Document Pack

South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee Meeting

Monday 25 March 2024
4.00 pm
Town Hall, Sheffield, S1 2HH

1. **Welcome and Housekeeping Arrangements**

2. **Apologies for Absence**

3. **Exclusion of Public and Press**

   To identify items where resolutions may be moved to exclude the press and public

4. **Declarations of Interest** (Pages 3 - 6)

   Members to declare any interests they have in the business to be considered at the meeting

5. **Minutes of Previous Meeting** (Pages 7 - 10)

   To approve the minutes of the meeting of the Committee held on 7th December 2023.

6. **Public Questions**

7. **Change to Terms of Reference.** (Pages 11 - 20)

   Report of Deborah Glen, Policy and Improvement Officer.

8. **Start With People Strategy Refresh Update (ICB Citizen Involvement Strategy).** (Pages 21 - 58)

   Report of Katy Davison, Deputy Director of Involvement, NHS South Yorkshire.

9. **Dentistry in South Yorkshire.** (To Follow)

10. **Work Programme.** (Pages 59 - 60)

    Report of Deborah Glen, Policy and Improvement Officer.

11. **Date of Next Meeting**

    The next meeting of the Committee will be held at a date and time to be confirmed.

ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its Policy Committees, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

  *The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from David Hollis, General Counsel by emailing david.hollis@sheffield.gov.uk.

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SHEFFIELD CITY COUNCIL

South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

Meeting held 7 December 2023

PRESENT: Councillors Ruth Milson (Chair) (Sheffield City Council), Jeff Ennis (Barnsley Metropolitan Borough Council), Glynis Smith (City of Doncaster Council) and Taiba Yasseem (Rotherham Metropolitan Borough Council).

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence had been received from Councillors Sue Saddington (Nottnghamshire County Council) and Jean Wharmby (Derbyshire County Council).

2. EXCLUSION OF PUBLIC AND PRESS

2.1 There were no items of business identified where the public and press may be excluded from the meeting.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the previous meeting of the Committee held on 23rd August 2023 were agreed as a correct record, except for one duplicate paragraph, which was subsequently removed.

5. ONCOLOGY REVIEW.

5.1 The report which provided an update on the progress of a review of non-surgical Oncology outpatient appointments, was presented by Emma Latimer (Executive Place Director for Sheffield and Cancer Lead for South Yorkshire, South Yorkshire Independent Commissioning Board) (ICB), Julia Dicks (Consultant Oncoplastic Breast Surgeon and Clinical Director, South Yorkshire ICB), and Paul Parsons (Director at Stand).

5.2 A presentation was also delivered which was subsequently published on the Council's website. The aim of the presentation was to outline the drivers for change in the service, provide clarity on what the changes meant, give an overview of the process and involvement activity undertaken, outline the rationale for the proposed stabilisation model, provide assurance regarding mitigations to minimise the impact and gain a steer on next steps.

5.3 Panellists gave the following further information in response to questions from Members:

- When asked for clarification on the chart of the 5 specialist areas which stated “Barnsley/ Rotherham”, Julia Dicks advised that this had not been decided yet.
- Paul Parsons advised that engagement with vulnerable adults had taken place via the production of an “easy read” document. Also 23 different relevant groups had been consulted representing people who might not normally engage such as people of Asian heritage, young people, migrants, Afro Caribbean heritage, rural communities, a men’s cancer group and the elderly.
  The feedback from these groups had not been weighted by Stand, it had been left up to the decision makers how it was taken into account.
- Access to interpreters for consultant appointments had been highlighted as an issue by this research.
  The new model would provide an opportunity to address this.
- The key issue which had led to the formation of this temporary model was a lack of oncologists/ specialists.
  There were national plans to increase oncology trainees. Many allied health professionals were already involved in current care, but these roles could be brought on further, e.g. nurse led chemotherapy.
- The evaluation panel referred to at the bottom of page 13 of the report was made up of the oversight group with representatives from Place organisations. Julia Dicks advised that this group had known that leaving the situation in the Oncology service as it was, was not a realistic option so that had not been considered.
- The changes would ensure equality of waiting times and offer an equitable service. The key goal was to stabilise the service and then move forward.
- Once the temporary model was established further work would be done, in particular with the universities, to establish how to make the service attractive to the NHS workforce.
- Work was also being done to promote cancer prevention and to avoid patients presenting late to the service, i.e. with stage 3 or 4 cancer.
- Patients should have a choice between virtual or in person appointments and it should be ensured that either way, they had a quality consultation.
- A team method of working would be required to ensure continuity of care if patients did not get to see the same person for each appointment.

5.4 Members stated that they were keen to see continual high-quality engagement in place, i.e. a feedback loop with equality issues always kept in mind, rather than another consultation. They felt patient feedback should be central to the delivery of future services. In addition to the recommendations in the presentation they requested a further report after 6 months.

5.5 **RESOLVED:** That the Sub Committee: -

(a) Notes the approach to co-production of the service model, assurance process and progress to date.
(b) Supports the proposed approach for the Stabilisation phase of the programme.
(c) Notes the high level of patient and public involvement already achieved by

the programme, and the role it has played in the decision making.

(d) Expects patient feedback to be an ongoing process, rather than requiring a further consultation to take place in the stabilisation phase of the programme; and

(e) Requests a further update be provided after 6 months.

6. NEW ORTHOPAEDIC CENTRE, MEXBOROUGH.

6.1 The report, which outlined the development of the Mexborough Elective Orthopaedic Centre of Excellence (MEOC) was presented by Richard Parker (Chief Executive, Doncaster and Bassetlaw Teaching Hospitals).

6.2 A presentation was also delivered, which was subsequently published on the Council's website. This gave details of how the MEOC would be funded and staffed and what services it would offer. It also explained the key benefits of the new service and summarised how the public were being involved.

6.3 Richard Parker gave the following additional information in response to questions from Members:

- Transport to the MEOC would be discussed with patients at their pre assessment appointment. This would include potential eligibility for ambulances. Taxis would also be available.
- Transport to the site would be kept under review in order to respond to patients' needs.
- Most surgeries would be day surgery and if there were any complications patients would be transferred to the local hospital.
- The life span of the building was 40-50 years.
- This model of having a centre for elective (as opposed to emergency) orthopaedic procedures only, could be expanded in future for other elective operations.
- The MEOC would enable operation waiting times to be gradually reduced.
- There was an ongoing plan for recruitment and retention of staff to ensure sufficient staff were in place for when the centre opened on 15th January 2024. Surgeons had been pre-recruited, and many other vacancies filled.
- If the expected outcomes could be achieved then efficiencies should mean that demand would reduce, so ultimately fewer support staff would be needed.
- There would be a reduction in the cost of operations e.g. if one extra operation could be performed on each list to that done under the current system.
- It was anticipated that more operations would be conducted in a day at the new site, due to the centre being designed in order to achieve this e.g. operating theatres and wards being located near to each other rather than at opposite ends of the building.
- The aim was to give patients a better experience which would enable them to be discharged and return home on time.
- The operating theatres would be state of the art and this would also assist with recruitment.
- Information on the website regarding bus routes would be double checked

as it had been suggested to Members that it was not accurate.

- Patients could still choose to have their operation at their local hospital (e.g. if transport was a concern) and there would be no difference in the waiting times for this.
- Success would be measured in terms of patient satisfaction, reduction in waiting times and in the reduction of cancellations of operations.

6.4 Members requested further updates after 6 and 12 months of opening.

6.5 **RESOLVED**: that the Sub Committee:-

(a) notes the update; and
(b) requests further updates after 6 and 12 months of opening.

7. WORK PROGRAMME.

7.1 The report was presented by Deborah Glen (Policy and Improvement Officer, Sheffield City Council).

7.2 It was confirmed by Members that they were in agreement to moving the Committee to meeting quarterly rather than monthly. This was in order to better fit in with the work schedules of Members.

7.3 Members agreed that bearing in mind the move to quarterly meetings, the further updates regarding Oncology and Mexborough Orthopaedic Centre could be scheduled for September 2024.

7.4 **RESOLVED**: That the Sub-Committee agrees the work programme, including the additions and amendments identified

8. DATE OF NEXT MEETING

8.1 It was noted that the next meeting of the Committee will be in March 2024 on a date to be confirmed.

Health scrutiny and the new reconfiguration arrangements: a further guide for scrutiny practitioners

9 January 2024 (incorporating changes made on 17 January 2024)

info@cfgs.org.uk

The intention of this short guide is to give health scrutiny practitioners (especially members) a brief primer on the changes that are being made to health scrutiny in England, covered in more detail in a suite of guidance issued by the Department for Health and Social Care on 9 January 2024.

This guide has no official status and is intended purely to support practitioners' thinking and planning. It represents solely the views of the Centre for Governance and Scrutiny and has not been produced using Government funding. (For practitioners in committee system authorities, the detail of health scrutiny in that context is provided in the new iteration of the main health scrutiny guidance).

We may revise and reissue this guide in the coming weeks depending on practitioner and partner feedback. One such set of changes has been made since initial publication – the nature of these changes is listed in the appendix.

What do you need to know?

- From 31 January 2024, new rules are being put in place in respect of the aspect of health scrutiny that relates to reconfigurations of local health services;
- This means that from this date, local health overview and scrutiny committees (HOSCs) will no longer be able to formally refer matters to the Secretary of State where they relate to these reconfigurations;
- Instead, the Secretary of State themselves will have a broad power in intervene in local services – HOSCs will have the right to be formally consulted on how the Secretary of State uses their powers to "call in" proposals to make reconfigurations to local health services;
- NHS commissioners will have an obligation to notify the Secretary of State of planned reconfigurations that are "substantial", but these reconfigurations are not the only proposals that may be called in;
- The Secretary of State's powers to "call in" proposals will only be used as a last resort, and only when they consider that local methods for resolution have been exhausted;
- An NHS commissioning body must give effect to any decision made by the Secretary of State on a call-in;
- Other aspects of health scrutiny remain unchanged – the power to require representatives of NHS bodies to attend formal meetings, the power to get information from NHS bodies and the power to require NHS bodies to have regard to scrutiny's recommendations;
- HOSCs' status as statutory consultees on reconfigurations also remains in place, with health and care providers required to engage as they do currently.

<u>Transitional arrangements</u>

From 31 January 2024, referrals may no longer be made by HOSCs, or JOSCs, to the Secretary of State.

Where a referral is made to the Secretary of State, under the 2013 scrutiny referral power, prior to 31 January 2024, the process taken will reflect the 2013 rules for such referrals. Specific provision has been made in Regulations for these arrangements to be "saved".

What do you need to do?

Now

- Check with the ICB, and with the HOSCs of neighbouring authorities, about the "live" status of proposed notifiable reconfigurations (especially ones where the launch of a formal consultation is expected to be imminent);
- Check with the ICB, and with the HOSCs of neighbouring authorities, about the progress of ongoing consultations;
- Confirm with the ICB and DHSC that (for the avoidance of doubt) any live referrals (made recently, or proposed to be made on any date up to and including the 30 January 2024) will continue to be dealt with under the 2013 system;
- Open discussions with the ICB and the HOSCs of neighbouring authorities about the need to make local arrangements for the drafting or redrafting of a protocol or memorandum of understanding to cover the new arrangements;
- Make initial contact with Local Healthwatch to co-ordinate on the above matters.

In the coming weeks, and probably by the end of March

- Discuss with the ICB their forward plan for possible service reconfigurations, identify whether any are likely to come forward in the first half of 2024, and if so identify the scope and nature of the consultation exercise that may need to follow;
- Take steps to agree a revised protocol or memorandum of understanding on health scrutiny to cover the ICB area (see below);
- Take steps to work with Local Healthwatch to publicise the changes to campaigners and user groups, and to create mechanisms to support people in the use of the requesting system.

Background to health scrutiny in general

History of the referral power

Local health overview and scrutiny committees (HOSCs) gained the power to scrutinise local health services further to the Health and Social Care Act 2001, with powers commencing in 2003. Previously, powers to oversee local health services were held by Community Health Councils. These powers were subsequently split between Patient and Public Involvement Forums (PPI Forums) and HOSCs. The role originally performed by PPI Forums is now carried out by Local Healthwatch.

The operation of the referral power has stayed broadly the same since then. The relevant legislation can be found in the National Health Service Act 2006, which is the main repository for the statutory provisions relating to the governance and organisation of the NHS in England.

Ongoing arrangements for health scrutiny

It is important to note that existing arrangements for health scrutiny, in a broader sense, will

continue. This means that upper tier and unitary authorities in England have the power to:

- review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services;

- require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny;

- require employees including non-executive directors of certain NHS bodies to attend before them to answer questions;

- make reports and recommendations to certain NHS bodies and expect a response within 28 days;

- where practicable, set up joint health scrutiny committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority.

HOSCs will continue to be statutory consultees where proposals for certain reconfigurations take place, and the new arrangements will require that evidence of HOSCs' views be shared with DHSC when NHS commissioners notify DHSC that a notifiable reconfiguration is proposed.

The changes in more detail

There are several relevant documents for you to be aware of in thinking about your obligations under the new arrangements.

- The Health and Care Act 2022, which makes changes to the National Health Service Act 2006
- The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (as amended at https://www.legislation.gov.uk/uksi/2024/16/contents/made):
- The National Health Service (Notifiable Reconfigurations and Transitional Provision) Regulations 2024: https://www.legislation.gov.uk/uksi/2024/15/contents/made
- Guidance: "Local Authority Health Scrutiny: Guidance to support local authorities and their partners to deliver effective health scrutiny" (DHSC, 2024). This replaces/supersedes guidance of the same name published in June 2014: https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services/local-authority-health-scrutiny
- Statutory guidance: "Reconfiguring NHS services – ministerial intervention powers" (DHSC, 2024). This is new guidance: https://www.gov.uk/government/publications/reconfiguring-nhs-services-ministerial- intervention-powers/reconfiguring-nhs-services-ministerial-intervention-

powers

- Guidance: "Health overview and scrutiny committee principles" (DHSC, 2022). This is guidance issued following the passage of the 2022 Act, and which remains in force: https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles/health-overview-and-scrutiny-committee-principles
- Guidance: "Planning, assuring and delivering service change for patients" (NHS England, 2018 plus 2022 addendum): https://www.england.nhs.uk/publication/planning-assuring-and-delivering-service-change-for-patients/

The importance of the health scrutiny principles

In 2022 Government published a document setting out some key principles to underpin the operation of health scrutiny arrangements. These act as the context for the operation of the new powers (and are referenced in the statutory guidance).

Of the principles, and the general role of health scrutiny, Government has said,

> "HOSCs, local authorities, ICBs, ICPs and other NHS bodies should [...] ensure that scrutiny and oversight are a core part of how ICBs and ICPs operate. Leaders from across health and social care should use these principles to understand the importance of oversight and scrutiny in creating better outcomes for patients and service users and ensure that they are accountable to local communities."

The principles, reflecting best practice for ways of working between HOSCs, ICBs, ICPs and other local system partners, are:

- **Outcome focused**. Outcome focused to scrutiny will look at cross-cutting issues – and the effectiveness of local measures to integrate health and care. HOSCs also have a role to evaluate place-based outcomes at local authority level, and to scrutinise place-based services as a result.

- **Balanced**. This is about a balance between being future focused, and response to current issues (including service performance and proposed reconfigurations). Of performance, the guidance says,

  > "ICBs should take a proactive approach to sharing at an early stage any proposals on reconfigurations, drawing a distinction between informal discussions and formal consultations. ICBs should also take a proactive approach to involving relevant bodies on any other matters which system partners expect to be contentious, to help navigate complex or politically challenging changes to local services".

- **Inclusive**. Health scrutiny is "a fundamental way for democratically elected local councillors to voice the views of their constituents, hold the whole system [...] to account and ensure that NHS priorities are focused on the greatest local health concerns and challenges".

- **Collaborative**. This is about clarity in the mutual roles of HOSCs, ICBs, ICPs, the

NHS, local authorities, HWBs and local Heathwatch. The guidance suggests joint working across ICB areas to ensure strategic issues of importance can be identified and acted on collaboratively – which may include the establishment of statutory, and non-statutory, JOSCs.

- **Evidence informed**. This involves proactively seeking out information about the performance of local services and challenging information provided by commissioners and providers – which brings with it an obligation for those organisations to provide information "positively and constructively".

We envisage that these principles will need to play a strong part in the drafting, and redrafting, of local memoranda of understanding between HOSCs and system partners.

How the new system will operate

In respect of proposals that are "substantial", and therefore notifiable

- An NHS provider, and commissioner, will need to consider if a proposed reconfiguration is **notifiable** (basically, this is whether it can be expected to trigger a local authority consultation). The notification should be made by the NHS commissioner to DHSC via a form created for this purpose. The notification given to DHSC **should consider the relevant HOSC's views on a proposal when deciding when to notify and should make it clear to the Secretary of State of the HOSC's view of whether this reconfiguration is notifiable.** (The statutory guidance does not cover those instances where a HOSC may be aware of a proposed change which it thinks is notifiable but where the relevant provider disagrees – this state of affairs should probably be covered in redrafted memoranda of understanding);
- Where a proposal is substantial, and therefore notifiable, it will be managed at the local level in the usual way - following the guidance's view that "**local organisations are best placed to manage challenges related to NHS reconfiguration**". This may involve the establishment of a statutory JOSC – it can also be expected to involve the usual liaison and dialogue between the relevant provider and the HOSC/JOSC, which should be covered in a relevant memorandum of understanding;
- If a HOSC considers that a proposal is substantial, but the NHS commissioner does not, it will still be open to the HOSC to make a request for call-in, as set out below.

In respect of any proposal for change in local services

- Anyone locally (including a HOSC) may make a request to the Secretary of State that a proposal be "called in" – whether that proposal is substantial or not. However, the guidance envisages that a proposal will be called in only under "exceptional" circumstances. There will be certain criteria used to determine this:
    - Attempts have been made to resolve concerns through the local NHS commissioning body, or through raising concerns with their local authority/ HOSC, and;
    - NHS commissioning bodies and local authorities/HOSCs have taken steps to resolve issues themselves, and;
    - There are concerns with the process that has been followed by the

commissioning body or the provider (eg, options appraisal, the consultation process), and/or;
    - A decision has been made (ie a Decision-Making Business Case has been approved) and there are concerns that a proposal is not in the best interests of the health service in the area.

  Ministers may also consider whether the proposal is considered to be "substantial", and the regional or national significance of a reconfiguration, and the impact of service quality, safety and effectiveness. These criteria are similar to – but not identical to – the current criteria for a referral by a HOSC to the Secretary of State;
- When a call-in request is received that request will be considered – and evidence gathered to support the Secretary of State's decision-making. This is a process that will be co-ordinated between DHSC and the Independent Reconfiguration Panel (IRP). A range of people may be contacted to provide further information in doing so (and we would expect that this will include the relevant HOSC). The guidance emphasises that this process of review will be entirely separate to the substantive review that will take place should a decision to call in be made;
- Should the Secretary of State decide to call in a proposal he or she will issue a Direction Letter to the NHS commissioning body, at which point the call-in becomes "live". The Direction Letter will set out the steps that the NHS commissioner is permitted to take next (which may or may not include continuing with a consultation). The requester will be informed as well. Others – such as the HOSC – will be copied in "if it is considered helpful to the stakeholder to have sight of the information included". It is difficult to envisage a situation where a HOSC would not find this helpful. It is worth noting that it is explicitly stated that the NHS commissioning body should themselves share information on the call-in with the HOSC at this stage;
- The Secretary of State may formally seek advice from the IRP at this point. Previous experience has been that the IRP has led on the detailed analysis of proposals at this stage (but that does not mean that will be the case in he future);
- The Secretary of State will also give interested parties the opportunity to make formal representations at this stage. The guidance states that it will "often be important" to involve the relevant HOSC. The guidance advises that where multiple HOSCs are involved without a joint arrangement, a single HOSC takes the lead on making representations);
- The Secretary of State will make a decision within six months. A number of decisions can be taken, up to and including that the proposal should not be taken forward. Decisions will be notified and published, and commissioners will have to act on them. Decisions are stated to be "final" although – like any administrative action – they will be subject to judicial review.

<u>Summary of HOSCs' duties and opportunities to feed in</u>

We think the HOSCs can:

- **Engage early** with commissioners and providers to understand where notifiable reconfigurations are under development, discussing how they and the associated consultation processes might be designed;
- **Work with Local Healthwatch** to provide a first port of call for concerns about the proposal, to avoid the unilateral submission of requests for intervention by local campaigners which are likely to result in a negative response;
- Where appropriate, **co-ordinate / support an appropriate request for intervention** to ensure that – when made – it is backed by evidence to meet the criteria set out above.

Memoranda of understanding

Central to these arrangements working properly is a meeting of minds between commissioners, providers, and scrutineers in the form of both local Healthwatch and relevant HOSCs.

Many areas have established memoranda of understanding with local providers and commissioners to provide certainty both on activity around reconfiguration, and on wider health scrutiny.

While the presence of such memoranda is not a formal requirement, it is notable that the language of the guidance has shifted to form an expectation that they should be in place, in order to ensure that the system can operate effectively.

Inevitably, this means that practitioners will now need to begin the task of determining how such memoranda should be concluded. We think that the following issues will need to be resolved:

- The geography to be covered. With a shift in strategic commissioning activity to "system" level, it is likely that memoranda will need to cover the geography of multiple local authorities;
- The organisations to be covered;
- Clarity on appropriate arrangements for proactive information sharing by commissioners and providers;
- Accountability on who "owns" the memorandum, amongst the different system partners signed up to it;
- Arrangements for joint scrutiny (see below);
- Detailed arrangements for managing reconfigurations;
- Dispute resolution arrangements – in particular, for when there may be disagreement on whether a proposed reconfiguration is substantial and/or notifiable. We are particularly keen to gather evidence of dispute resolution arrangements so that this aspect of the guidance can be expanded when it is reviewed in January 2025.

We think that memoranda should start with the health scrutiny principles, and work up from there.

Over the coming months we hope to be able to work with councils and partners to support

the development and redevelopment of these memoranda. In doing so we should note that it is unlikely that a single "template" memorandum can be developed for everyone to adopt, because memoranda will have to reflect unique local circumstances. We are engaging with NHS England to ensure that the importance of this activity is shared with commissioners and providers, and with other system partners.

Joint working

One of our concerns about some of these changes has been the expectation that more commissioning will happen at system level, and that this will result in an expectation of more joint scrutiny activity.

We know that joint scrutiny activity can be resource-intensive, and difficult to facilitate when geography makes the convening of in-person meetings a challenge across large geographical areas.

Nothing in the guidance suggests that areas should set up standing joint committees for statutory and non-statutory work. In our view, most health scrutiny work should remain carried out, practically, at "place" level. But there is likely to be a need for more, and more regular, informal liaison between councils within ICBs' areas. Where an ICB is home to important tertiary provision (eg a hospital of national significance) this will be especially important to manage and clarify.

Councils will though need to think about how they can pre-empt the resource demands of joint working by having arrangements which can sit in shadow form, and be "stepped up" to a live, formal state as necessary. We know that some areas already operate in that manner.

HOSCs facilitating and support wider debate, and facilitating requests for the Secretary of State to intervene

HOSCs should not be seen as gatekeeping the requesting process. Although the obligation that local attempts at resolution be exhausted could be seen as presupposing that making a successful request will hinge on the view of the HOSC, this is not the case.

HOSCs can and should however be seen as a space for making local attempts at resolution, and we think that it is sensible that this public forum, led by elected councillors, be seen as the focus for campaigners and patient advocates.

There is likely to be a need for HOSCs, and local Healthwatch, to think about the way that the requesting process is communicated to campaigners – especially in advance of a reconfiguration that can be expected to be contentious. Healthwatch and HOSCs can act as system navigators for campaigners and patient advocates, providing support and advice.

Appendix: changes made to this guidance since 9 January

On 17 January a revised version of this guidance was produced. In brief, the changes were:

- An amendment to reflect the fact that only matters on which a formal referral has been made, prior to 31 January 2024, will continue to be dealt with under the 2013 rules. The original version erroneously stated that matters where a consultation had begun would be caught by these saving provisions;
- Removal of a reference to Local Healthwatch having the right to be consulted / make representations where the Secretary of State uses their powers;
- Clarification to explanation of the process to emphasise that not only substantial variations can be called in;
- An amendment to reflect the fact that the revised health scrutiny guidance is not statutory;
- A number of typographical amendments, including a spelling mistake, a duplicate sentence and a couple of changes to assist with legibility.

Joint Health and Overview and Scrutiny Committee

DATE 25 March 2024

TITLE Refreshing our NHS South Yorkshire ICB Start with People Strategy

Author: **Katy Davison, Deputy Director of Involvement, NHS South Yorkshire**

Sponsor: **Will Cleary-Gray, Executive Director Strategy and Partnerships NHS South Yorkshire**

Purpose of report

- The purpose of this report is to provide an update to the committee on the approach being taken towards refreshing the NHS South Yorkshire ICB citizen involvement strategy – The Start with People Strategy.

Recommendations:

The Joint Health Overview and Scrutiny Committee is asked to note and consider:

- The stakeholder and citizen involvement approach to the refresh
- The proposed structure and development of the refreshed strategy

Refreshing our NHS South Yorkshire ICB Start with People Strategy

March 2024

1. Purpose

1.1. The purpose of this report is to provide an update to the committee on the approach being taken towards refreshing the NHS South Yorkshire ICB citizen involvement strategy – The Start with People Strategy.

2. Background

2.1 On 1 July 2022 NHS South Yorkshire launched our people and communities strategy, known as 'Start with People: South Yorkshire'. The strategy sets out how 'at the heart of our role as a new integrated care board is the commitment to listen consistently to, and collectively act on, the experience and aspirations of local people and communities'.

2.2 When we wrote the strategy we undertook to work with our communities and stakeholders as widely as possible to help them to shape our document, but always accepted there were limitations. We also knew that as we were launching the strategy at the start of our new organisation that things would likely change as the organisation more clearly found its way, we therefore acknowledged that this would be our starting position and we would change and adapt, looking specifically at a one-year review of the Strategy.

2.3 In late February 2023 we let people know on our website that we would be planning our refresh and should there be any feedback that people would like to submit they could do so via email. Other than that statement on our website, we delayed the work to refresh the strategy to allow the JFP and running cost allowances programme to be further developed so that the refreshed Strategy is informed by a position that better reflects the future of the organisation, and to address capacity limitations within the team during this time.

2.4 Work on the ambitions within the initial strategy did not stop during this time and good progress has been made towards the priorities identified in the original Start with People Strategy, these are demonstrated in our annual involvement reports, with 2022-23 available on our website here and 2023-24 currently being finalised.

3. Approach to the refresh 2024/25

3.1. We started with what we already heard from our citizens in various citizen involvement pieces of work (including from our initial involvement activity when we launched the original strategy). This included our own involvement work and information that our partners shared with us. This was pulled together in a report that can be found at appendix A.

3.2. The ambition was to ensure a much more joined up approach with our partners than when the initial Strategy was written. Therefore the refresh has been led by a Task and Finish Group of involvement professionals from across South Yorkshire and citizens/ citizen representatives. Virtually this group includes over 40 attendees and has met a number of times since an initial workshop.

3.3. An initial workshop with the task and finish group took place on 29th November with 20 participants from a range of sectors and places within South Yorkshire (as follows):

- Healthwatch Doncaster
- Healthwatch Sheffield

- Voluntary, Community, Social Enterprise (VCSE) Alliance representative
- Citizen – Member of the Cancer Alliance Patient Advisory Board
- Rotherham Council
- Cancer Alliance
- Citizen – Andy's Man Club representative
- Rotherham FT
- Voluntary Action Rotherham
- Sheffield Council
- NRS Healthcare
- Rotherham United Community Sport
- NHS South Yorkshire Integrated Care Board
- Chair: Lesley Dabell, Non-Executive Director from NHS South Yorkshire Integrated Care Board and Chair of the Quality, Performance, Patient Involvement and Experience Committee.
- Independent Facilitator: Paul Parsons, The Consultation Institute Associate

3.3 The workshop covered:

- Background and where are we now
- Where are you now
- Where do we want to be
- WAGOLL – features of a good involvement strategy
- How do we involve citizens in refreshing our strategy

3.4 The themes from the workshop were used to shape a 6 page citizen involvement plan, which can be found at Appendix B. We set out in the plan how we've got to where we've got, what we think might change and stay the same in our refresh, the timescales for the work and how people could get involved. We endeavoured to provide a number of ways that people could get involved so that they could pick their preferred method, this included:

- An email address for people who prefer inputting via open text
- A survey for people who prefer to be more guided in their responses
- An online meeting
- Four drop in sessions, one in each of South Yorkshire's places
- An invite for community groups to invite us to their existing meetings
- An opportunity to be involved in a Readers Panel

3.5 We invited citizens who are signed up to our 1400 strong membership network if they wanted to be on a Readers Panel for this piece of work. Thirteen people joined the panel and gave their input to the citizen involvement plan before it was launched. The invite to be part of the Readers Panel was included in the citizen involvement plan for people who would like to read and contribute their views to the draft strategy.

3.6 Emails promoting the opportunity to get involved and signposting to the citizen involvement plan were sent to:

- All system comms leads with ask of them to circulate in their networks and share on social media
- JHOSC Officers with ask of them to send to JHOSC members and Council Membership colleagues for circulating to all elected members so that they could chose whether they would like to contribute and also invite their constituents to contribute
- The 1400 strong NHS SY ICB Membership
- All system involvement leads with ask of them to circulate
- Healthwatch leads

  The opportunity to get involved was also shared on social media from this date and every couple of days there-after and a press release was issued to the local media.

3.7 Alongside the opportunities for our actively engaged citizens to input into the refresh, we have also commissioned the South Yorkshire Healthwatches to work with our underserved communities to ensure the refreshed strategy reflects their voices. They have developed a Community Conversations Pack that can be found at Appendix B. They are going to go back to the communities with whom they worked on the Joint Forward Plan Involvement and in a three stepped approach will:

- offer some feedback on what's happened since we spoke with them last
- ask them how they found being involved with us and how we could improve our involvement (to help inform the SWP Strategy refresh)
- ask for views on the refresh of the JFP

3.8 In recognition of the importance of working in partnership with the VCSE around citizen involvement, on the 30 January 2024 we held a workshop with the VCSE, attended by 45 individuals from across the South Yorkshire VCSE sector. The findings from the session are to be agreed at the follow up webinar, which is taking place mid-March.

3.9 We have also undertaken a broad range of stakeholder meetings to ensure we have given as many of our stakeholders as possible the opportunity to input. This includes:

- The Integrated Care Partnership
- The Children and Young People's Community of Interest Group
- The Mental Health, Learning Disability and Autism Collaborative
- The Maternity Voices Partnership
- Place partnership meetings
- Healthwatch leads meeting

4. Proposed structure

4.1 Using the feedback to date we have started to develop a proposed structure for the refreshed document. This has been co-designed with our Task and Finish group and the Readers Panel have been asked to contribute their feedback.

Section title	Content	Changes to previous
Front cover		New branding
Accessibility Statement in Easy Read	Signpost to website for all languages and full easy read document	New
Introduction	From Lesley Dabell - to include: ICB commitment to involvement (inc links to constitution); scope of strategy – ICB but with system input (fitting with ICP shared commitment to involvement); system we serve – links to other docs; how engagement helps tackle health inequalities; how engagement can help improve outcomes; progress and challenges to date – link to involvement annual report; Priorities for organisation - will change in life of this strategy - so link to JFP/ ICP Strategy online;	Shorter and more focused than existing intro and welcome *Focus on why this should matter to our people and communities, why this makes a difference to their lives*

	Involvement approach flower/ rainbow (to show breadth of involvement covered by strategy)	
Why get involved?	Testimonials from real people	New
How can you get involved? *Note to readers to see also 'Involving specific communities' section*	**Ongoing involvement opportunities** - Insights bank - Work with vcse on underserved communities - What matters to you ongoing process - Complaints and experience - Membership - Patient panels (*web copy*) - Public meetings **Bespoke involvement opportunities:** Once we have the existing insight correlated we can tailor our bespoke involvement opportunities to ensure we hear from those groups from whom we have heard least and we can ensure we focus on the areas about which we have heard least. We would also use this approach for service change. Our bespoke opportunities include: • Taking the conversation to existing experts by experience/ citizen involvement groups that exist across the system • Involving our 1400 strong virtual membership • Working through our VCSE partners • Using all partners social media platforms and staff and citizen facing bulletins and networks • Funding involvement exercises that increase reach such as f2f street engagement; telesurveys; deliberative involvement link to one offs page of website **Involvement at each of our places** – Barnsley, Doncaster, Rotherham, Sheffield **Public consultations** **Co-production and co-design**	Completely different (currently p10 'overview of how and where people can influence' and p18-25 'our mechanisms') –more detailed specifics of how people can get involved than the 'we will' from previous version of strategy. Will ensure all mechanisms noted in previous strategy remain but are more logically placed in the strategy refresh new structure.
Involving specific communities and working with partners to involve citizens	To include (each with it's own page again for ease of access): Involving patients through primary care; Involving people who work and volunteer in a health and care role; Involving children and young people; Involving people from the learning disability and autism community; Involving people from our disadvantaged communities, and working with voluntary sector partners; Working with Healthwatch	Completely different – much more detailed than previous strategy (with sub-sections/ much shorter more bullet-pointed copy rather than long free-flow text etc)

Principles for how we will involve you	10 existing principles	As is in current strategy – just check language is simple and accessible Potentially explore the link between the principles and our priorities/ aims (as per team action plan) to cover involvement priorities
Our involvement aims	Plan on a page (from JFP)	New
How we use what you tell us		New
Measuring how citizen involvement is making a difference	Developed from citizen involvement work – what matters to people	Different – needs to be more accessible and informative Keep reference to use of theory of change model to measure the activities of the team are contributing to overarching aims/ principles/ goals
Our involvement decision making processes	Plan on a page? (see W Yorks)	Much more accessible
People who lead involvement for the ICB	People chart with pictures, inc QPPIE members and involvement team + references to wider board and whole organisational responsibility (ref training and toolkit)	Much more accessible
Meeting our legal duties	Updated version of current strategy appendix	Updated version of current strategy appendix
How did we involve citizens in the development of this strategy	Existing appendix from previous version of strategy updated to include all the refresh work	Existing appendix from previous version of strategy updated to include all the refresh work
Glossary of terms		New

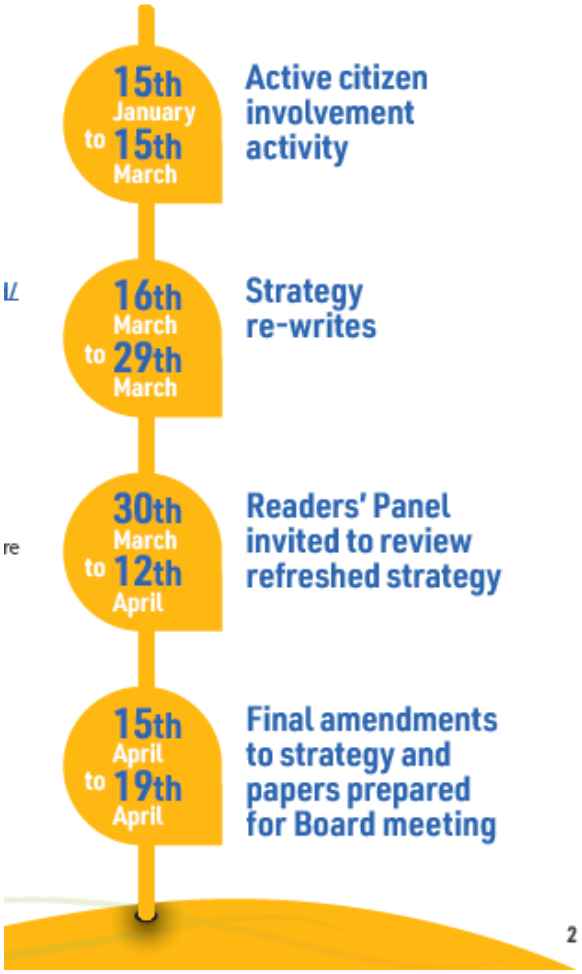
5. Timescales and next steps

5.1 Next Steps

- Strategy currently being re-written
- Citizen Involvement with underserved communities via Healthwatch continues, with any previously unconsidered feedback to be used alongside the Readers Panel review feedback
- Proposals to the organisation around some additional involvement mechanisms and funding
- Ongoing VCSE Webinars
- Ongoing system wide discussions about system-wide commitments development

5.2 Timescales

The proposed timeline for involvement is as follows:



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Appendix A
What we already know about how people want to be involved

Over the last 18 months, work has taken place across a variety of partner organisations where there has been a theme or link to involvement in general terms. It is important that we acknowledge and use all available resources and assets where this is appropriate, and in this context, we acknowledge the work done by the following organisations.

- CYP voice – connected to the Health Equity Collaborative work which includes SY
- Octa – Call to action
- Engagement Charter for the engagement of Children and Young People in Barnsley's Mental Health and Wellbeing Services.
- General YP
- The South Yorkshire Children and Young People's Alliance Key Vision and Aim, August 2023
- Feedback from the People and Communities Strategy
- Working Together in Research workshops: Themes relevant to engagement
- South Yorkshire and Bassetlaw Integrated Care System Insight into the experiences of all populations of services for Antenatal and Postnatal Maternity Services Evaluation report summary document
- BAME Women's Health workshops

The key themes emerging from this are:-

- **Relationships and trust are important in all the work considered.**
  Building trusted relationships is vital to solid involvement work. This needs to determine the nature of the work, where ongoing conversations with familiar trusted partners are seen as far more positive than one-off calls for involvement, and far more likely to elicit a response.
  Communities and organisations want – and need – to work with familiar people who understand the community issues. We (statutory organisations must work with honesty and openness, and be able to build shared values, aims and priorities with the communities we work with.

- **Accessibility and process**
  A lot of comments from different organisations centred around how we can ensure that we meet a variety of different, and sometimes conflicting accessibility needs. It is clear that there is no 'one size to fit all', no one format, venue or time that works for everyone. Its also important that we go to people where they are, and where they are comfortable, and safe, but without forcing or intruding on communities, people and organisations. Each community or organisation will have different preferences, and ideally organisers would work with the target community to plan sessions where, when and in the format preferred – or could potentially devolve that action to the relevant community lead.
  Most bodies referred to language, the use and avoidance of jargon and large amounts of text; accessible language should be used whenever possible, and explained if necessary. We need to check with communities if translators are needed, and resource this.
  People liked and valued interesting, interactive and creative ways to involve people, and using a variety of different methods, no one method is right for everyone.
  We need to involve people and communities as early as possible in pieces of work, not bring things nearly complete to be 'signed off'. As part of this, we need to offer appropriate support and training, and resource this where needed, building capacity, knowledge and skills as we develop this approach. Decision makers need to be part of the involvement process, ideally in the room, showing that they are really listening to people.
  Importantly there needs to be enough time given to make sure that involvement is real and meaningful, both in terms of the time communities and organisations need to plan, build and

prepare and in enough time in any meetings or events, acknowledging that informal communities meetings and activities can take longer than formal 'business' meetings

- **Principals and Values**
  There was a strong message that having your voice heard is a right, not a favour; this needs to be reflected generally in how we ask people for their time and involvement. This is a right that applies to all, we need to ensure an equal voice to all, not just the loudest, most resourced and confident voices. In addition, we need to avoid duplication, sharing outputs and insight where we can. Our activity should not be seen as taking out of communities, but putting in and adding value, building knowledge, skills and resources, as well as services that meet people's needs.
  Equally important was the acknowledgement that people want to be involved in improving the services that impact their lives directly; people want to be a part in shaping the things that are important to them, however these may not be our priorities. Linking into this, it is important that we work with people and communities with clear and shared aims within involvement work and projects.
  We need to demonstrate clearly how we value and use people's lived experience, and the value we place on involvement. This could be in a number of ways, though allocating resources to VCS bodies, through attractive events, through offering training, vouchers or payment. A key part is also demonstrating the importance of participation and involvement by having the decision makers in the room, or a clear pathway to the decision makers, and providing timely and solid feedback on decisions and actions.

Summary of key points from all the documents – colour code is at the end
Relationships and trust came through as important in all the work considered

- Trusted relationship
- Genuine
- Build relationships
- Open and friendly
- Treat people with honesty and respect
- Value meaningful connections, real conversations, show that people care
- Honesty
- Valued
- Trust
- Familiar people/people I feel comfortable with
- Knowing people care
- Shared values
- It needs to be transparent
- **Relationships, trust were cited frequently**
- No relationships/trust; feeling used.
- People won't get involved if they think they have heard it before, but nothing has been done
- Trust/collaboration/relationship important
- Most of the individuals consulted during this review were highly vulnerable for a variety of reasons. Many were not comfortable with an 'outsider' speaking to them. This was tackled by organising focus groups lead by a project manager familiar to those consulted to sit with them and talk them through everything we were doing. The project manager helped facilitate the questions and we took the notes and feedback.
- There was a lack of institutional trust - the groups often feel like their views are not truly valued and expressed concerns that they were only being asked to 'tick another box'. One support group said 'We only agreed to do this because it is yourself [SYCF] asking for help'.
- An open and honest approach, building relationships and trust was important
- Work towards a system of community researchers/activators/engagement champions?
- The women wanted to keep an open conversation, not meeting so often that it became onerous, but ongoing contact, voice and access was important

Acessibility

- Interpreters
- Avoid jargon
- Tone of communication
- Communication not written in a culturally sensitive way
- Written information not being available in different languages
- Interpretation
- Big words and jargon (mentioned several times)
- Putting clinical terminology into community languages; the number of languages
- Difficulties in translating one community language into another
- Interpreting concepts; simple translation doesn't work without context, also context changes possible meanings, for example not knowing how health system works
- No translation available – we tend to approach English speakers only
- Translation costs mentioned several times
- Focus and resources often target 'popular' languages- need to be specific for community
- Reliance on family members to translate/views impact on translation and privacy
- Making assumptions that someone speaks/writes xxx language
- Sign language is not written
- Literacy

- No spoken language/LD/Autism/non verbal
- People might not read the language they speak
- Resource for translation / Funding for resources in different languages
- Access to translators for some community languages, ie those less commonly spoken; and ensuring quality of translation
- Use everyday words/plain English/ Easy read
- Researchers who speak community languages/BAME researchers
- Don't use hierarchical language – ie top down, bottom up
- People used and liked diagrams to explain things, and felt they could be used more

Other Barriers

- Digital access for some people remains poor
- A discussion was preferred to a lot of written text
- One of the biggest barriers was found to be that Black, Asian and other minoritised ethnic communities don't share or talk about personal issues including their health even when informed that their thoughts would be invaluable.
- It was hard to ensure that ethnic minorities and people with disabilities were given a voice.

Principals and values

Validation

- Having your voice heard is a right not a favour
- Validate experiences
- Value lived experiences
- Deal with prejudice
- People want to be involved in designing and improving services that impact them.
- Not Tokenistic
- Don't just hear the positive comments
- Knowing the results of what we did and that something will happen as a result
- Feel that my voice has been heard
- Feeling that it made a difference

Inclusion

- Make sure people know there is an invitation to take part in consultation / engagement taking place
- All are involved and heard
- Included
- Equal voice
- Equality of thinking
- Equal authority
- People are believed
- No-one is excluded
- Clear representation
- Everybody is different
- (everyone is) Valued and listened to
- Go to where people affected are, including healthcare settings, community spaces and leisure and retail spaces.
- Lack of understanding, information, previous negative experiences hinders involvement
- It should involve the right people in the right way at the right time
- Involve the right people; acknowledge demographic bias – ie the more confident people, and those with skills and personal resources are most likely to come forward

Avoiding Duplication

- Community fatigue is real - address this by finding ways of better sharing insight and information and avoid duplicating work
- Having a "one stop shop" portal for NHS South Yorkshire to promote all involvement opportunities including the outcomes of previous involvement exercises

Other

- Neutral perspective
- Safe space
- Work is often 'extractive' – i.e. it takes out but doesn't give back

Process- How to involvement; practical issues

Interesting & creative activity relevant to people

- Creative mechanisms -Use story telling and drama for example
- Engaging – interesting activities
- Interactive engaging process
- Accessible and diverse ways to engage
- Make it interesting
- Not boring and formal
- Interactive activities
- Not too formal (what people wear and the way the event works)
- Not dull, soulless and corporate
- There should be a mix of ways for people to have their say for any given involvement
- Work in ways preferred and valued by the community
- Technology, tablets
- Community champions
- The sessions that worked best were very interactive; for example, demonstrating breast examination on models, and using visual aids

Clear aims

- Clear goals
- Being clear about the aims and objectives of the involvement so that everyone would know what the value of their contribution was and how it would influence decisions
- Avoid over consulting
- Open discussions

Support to include

- Chat before meeting (briefing)
- Know what happening in advance
- Not understanding whats happening, no info beforehand
- Hard to join in
- Info before and afterwards
- Training so people understand participation and their roles
- Find the middle ground in competing ideas

Listening

- Active listening
- Really listen to people
- Listened to
- Assurance that you are listened to/info will be used
- Not being asked questions directly/put under pressure to share views or experiences
- People able to speak without interruption

- Active listening

Decision making

- Include people in decision making, not just consultation
- Top decision makers in the same room and actually listening, demonstrating interest
- Young person/service user led
- Involving people as early as possible in any decision-making process and offer them opportunities for continued involvement (so that there is potential involvement from planning stages through implementation and evaluation).
- Making sure that decision-makers were bought into the process of community and stakeholder engagement from the onset.
- It has to have a clear pathway to and from decision-makers so that people know who is responsible and accountable

Real partnerships

- Work as a team
- Working together
- Setting up more opportunities for there to be genuine co-production of solutions between patients and professionals
- Don't tick boxes
- Co-production – everyone has a different interpretation of what this is

Subjects for engagement

Topics should be those most important to the community; some topics may be taboo

The subjects were determined by the women, not dictated by services – they attended because the subjects were important to them

Value and appreciate people and their contribution,

- Show appreciation
- Give credit
- Reimburse travel
- Development opportunities
- Offer refreshments, rewards, credits, certificates
- Celebration events
- Demonstrate lasting and visible change
- Pride when able to contribute to change
- Paid for time
- Reimburse people
- No cost to me
- Make the experience positive; for example people felt they learnt something, they remembered the session afterwards, they met new people, or went away smiling
- Freebies, goody bags or food; gift card
- Activity must be cost neutral for individuals and VCS bodies
- Funding and resources allocated pre-involvement; ie to support development and capacity building
- We rely on participation through goodwill and people giving freely of their own time- and potentially resources; ie travel. VCS bodies or individuals might provide tea and coffee out their own budgets etc

- Funding and the VCS – acknowledgment that VCS bodies are in many cases struggling for funding, and don't have the resources and capacity, and flexibility, that they had previously
- Acknowledge constraints within VCS bodies ie timescales imposed by funding regimes and they may not have the flexibility to respond quickly to initiatives

Follow up and feed back

- Make sure the suggestions and ideas are heard
- Let people know when and where you will use their work
- Manage expectations
- Honesty about what can and cant be changed
- Follow up and feed back
- follow up and feedback
- Debrief or feed back
- Feedback
- Continuous feedback
- Keep updated
- Feeding back the outcome and impact of any involvement and engagement exercise both to those who had taken part and the wider public and stakeholder communities

Other issues

The impact of the significant rise in the cost of living and managing to keep accommodation, and felt that the general stress of managing day to day to be a huge pressure

Service issues

-the lack of gender and transgender services and support
-they felt eating disorders don't just need to be about being seriously ill and more should be done in this space
-access to health services in general is very difficult, they described access to GPs etc as particularly challenging
Access to dentistry services and impact on people

Engagement -Hard to define engagement; NHS use involvement; Overlap with participate etc. Context is important. Could define as a spectrum. Consultation has specific legal meeting for statutory bodies. Co-production often used to mean co-design or involvement.

'Being Involved in something'

Colour code – who said what

CYP voice – connected to the Health Equity Collaborative work which includes SY
Octa – Call to action
Engagement Charter for the engagement of Children and Young People in Barnsley's Mental Health and Wellbeing Services.
General YP
The South Yorkshire Children and Young People's Alliance Key Vision and Aim, August 2023
Feedback from the People and Communities Strategy

Working Together in Research workshops: Themes relevant to engagement
South Yorkshire and Bassetlaw Integrated Care System Insight into the experiences of all populations of services for Antenatal and Postnatal Maternity Services Evaluation report summary document
BAME Women's Health workshops

NHS
South Yorkshire
Integrated Care Board

ON OUR START WITH PEOPLE STRATEGY

NHS SOUTH YORKSHIRE INTEGRATED CARE BOARD (ICB) AND THE SOUTH YORKSHIRE INTEGRATED CARE SYSTEM

This involvement exercise **closes on 15th March 2024**

HAVE YOUR SAY...

Involving you

To make our services the best they can be we need to hear from and work with the people who use them. To achieve this we involve people in a number of different ways.

We are required to have a document (or Strategy) that explains how and why we will involve our citizens. In South Yorkshire it is called:

START WITH PEOPLE SOUTH YORKSHIRE

We wrote it over a year ago and a lot has changed since then so we want your help to update our Strategy. You can view the current strategy on our website here: https://southyorkshire.icb.nhs.uk/get-involved/start-people-south-yorkshire

Who we want to hear from

If you want to give us your views on how we should involve you and what we should include in our strategy then we want to hear from you.

We know that some communities in South Yorkshire can find it hard to give us their views so we will work hard to ensure we hear from people living in those communities.

We want to listen to the views of our citizens on how we should involve you and include you in our strategy. We will work hard to ensure that all communities in South Yorkshire have the opportunity to be heard.

Timeline for involvement

We plan for the refreshed Strategy to go to the NHS South Yorkshire Integrated Care Board (ICB) meeting on 1st May 2024.

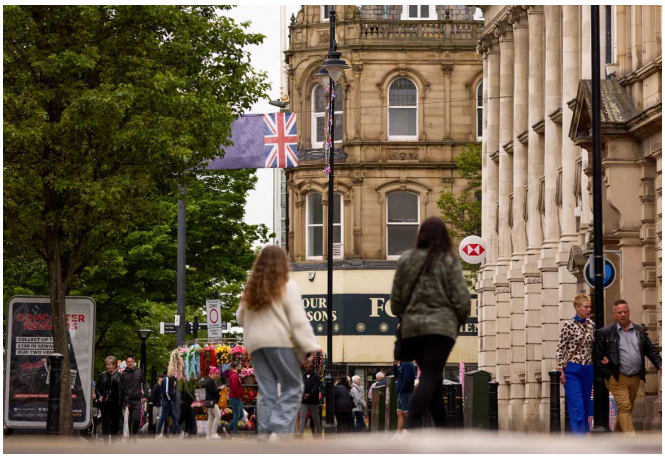
The proposed timeline for involvement is as follows:

- **15th January to 15th March** — Active citizen involvement activity
- **16th March to 29th March** — Strategy re-writes
- **30th March to 12th April** — Readers' Panel invited to review refreshed strategy
- **15th April to 19th April** — Final amendments to strategy and papers prepared for Board meeting

HAVE YOUR SAY...

What do we think could change?

- Tell you clearly how you can get involved in our work
- Provide information on the range of different ways you can get involved
- Use simpler language, bullet points, shorter text and more images
- Have different sections so that people can go straight to the information that they want
- Include information about how different parts of our system work together to involve people
- Include real stories of how being involved in our work helps the NHS and benefits you at the same time
- Talk about how we measure whether we have been successful involving people
- Describe how we will feedback to people, especially around the difference sharing their views has made
- Be clear about our commitment to how we'll work with you
- Find ways of hearing from people regularly and not just when we want to ask something
- Be clearer about things like principles and priorities and whether they are the same or not
- Everything should be focused on 'what does this mean to the community'



What do we think could stay the same?

- The 10 Principles
- Include 'We will' statements as these are powerful (but not necessarily the same ones)
- Glossary of terms
- Quotes from real people
- As a strategic document, we know it needs to include all the elements that are required in this type of document
- We need to keep the references to co-design and co-production and our commitment to increasingly working with our citizens as equal partners, such as the below:

HAVE YOUR SAY...

What have we done to come up with these ideas for improving our strategy?

We held a workshop on 29th November 2023 with 20 participants whose job is working with, hearing from and involving the public. We also included some citizens in the workshop.

The workshop covered

- Background and where are we now?
- Where do we want to be?
- What are the features of a good involvement strategy?
- How do we involve citizens in refreshing our strategy?

In the workshop we looked at the feedback that we had from our citizens when we developed the strategy in July 2022, which included over 100 responses. We also looked at lots of other examples of involvement strategies. We used the feedback from our citizens and from the workshop participants who work with the public to come up with these ideas for improving the strategy when we refresh it.

The 10 Principles that are in our Strategy are Principles that are used by lots of different parts of the NHS across England; they are in our constitution for NHS South Yorkshire ICB; and we involved people in discussions about whether we should change them or not when we launched our strategy last year, and people said no. This is why we think that these 10 principles should stay the same in our refresh.

HAVE YOUR SAY...

What have people already told us?

As part of the process of developing the Start with People Strategy in 2022, we invited patients, members of the public and stakeholders to let us know: "What would good patient and public involvement from an NHS organisation look like from your point of view?"

People and organisations were invited to have their say by taking part in an online survey; e-mailing their responses in freeform or by taking part in an online survey hosted by the South Yorkshire Community Foundation (SYCF) that was targeted at underserved communities.

The engagement took place between 25 March and 6 May 2022 and over 120 responses were received. Headlines from findings - There was a feeling that NHS South Yorkshire ICB should see this as an opportunity to overcome some of the previous involvement and engagement challenges and to set high standards from the start.

The feedback suggests that good patient and public involvement can be summarised in the following ways:

- It has to be meaningful
- It should be inclusive
- It needs to be valued
- It needs to be transparent
- It should allow people to have a say on every aspect of their care journey
- It should be proactive
- It should be joined up across the health and social care system
- It has to have a clear pathway to and from decision-makers so that people know who is responsible and accountable
- It needs to be embedded both culturally and structurally within the NHS system so that a "patient-first" approach exists at all levels
- It should involve the right people in the right way at the right time

The full report on this involvement exercise can be viewed on our website: **https://southyorkshire.icb.nhs.uk/get-involved/start-people-south-yorkshire**

We know that other pieces of work have happened in the system to ask people how they would like to be involved and what would good patient and public involvement looks like, including from the South Yorkshire Children and Young People's Alliance, and we are bringing this together into one document to help inform our strategy refresh.

HAVE YOUR SAY...

How to share your views

Email us

If you have read our strategy and want to share your thoughts on what you think we should change in the refresh please email **syicb.involve@nhs.net**
You may also want to give us your views on the ideas in this document.

This method of responding is for people who prefer open-text responding and do not wish to be guided by questions.

Survey

If you prefer questions that guide you to respond please fill in our quick online survey **https://re-url.uk/WUZI**.

Online meeting

If you would like to have a discussion to contribute your views please join us at our online session on Wednesday 21st February at 6pm. Email us at **syicb.involve@nhs.net** for login details.

Invite us to an existing meeting

If you are part of an existing meeting where you think the other participants would like to contribute, and you are meeting during Jan / Feb / March 2024 please email **syicb.involve@nhs.net** to ask us to attend.

Readers' Panel

If you would like to be part of a Readers' Panel to review the entire strategy when it has been refreshed please email **syicb.involve@nhs.net**

Drop in sessions

If you prefer in-person we are holding a series of drop-in sessions in each of our places as follows:

- **Barnsley**

  Wednesday 21st February, 10am-12pm.
  BHF Priory Centre, Pontefract Road, S71 5PN.
  Help to get to BHF Priory Centre can be found here:
  https://www.bhfpriorycentre.co.uk/contact-us

- **Doncaster**

  Tuesday 27th February, 10am-12pm.
  Danum Gallery, Library and Museum, DN1 3BZ.
  Help to get to Danum Gallery, Library and Museum can be found here:
  https://www.doncaster.gov.uk/services/culture-leisure-tourism/danum-gallery-library-and-museum-dglam

- **Rotherham**

  Thursday 22nd February, 10am-12pm.
  The Spectrum, Coke Hill, S60 2HX.
  Help to get to The Spectrum can be found here:
  https://www.varotherham.org.uk/how-to-find-us

- **Sheffield**

  Thursday 29th February, 10am-12pm.
  The Circle, 33 Rockingham Lane, S1 4FW.
  Help to get to The Circle can be found here:
  https://www.thecirclesheffield.org.uk/how-to-find-us/

Refreshments will be available at each drop-in.
If you would like to attend a drop in and need additional support to do so, please contact us at **syicb.involve@nhs.net** or ring **0114 305 1713** and leave a message for a member of the Involvement Team to get back to you to discuss your needs and how we can help.

NHS South Yorkshire Integrated Care Board (ICB) and Integrated Care Partnership (ICP)

Start with People Strategy Refresh

Detailed Timeline/ Action Plan

Date	Meeting/ correspondence group	Action	Outcome
February 2023	Public/ users of our website	Invited people to email their thoughts on the strategy to us	No responses to date 29.12.23
3 October 2023	QPPIE	Comment on/ approve the SWP Strategy Refresh Plan	Approved. FU meeting with QPPIE Chair LD to agree next steps
17 – 27 October 2023	JHOSC	Invited virtually to comment on the SWP Strategy Refresh Plan	One response received from Barnsley HOSC
29 November 2023	SWP Refresh Workshop	Participants invited to contribute in a number of ways and co-design approach	See workshop report
11 December 2023	ICP Operational Group	Comment on organisation vs system for the final strategy and commit to all partners supporting the refresh	Attendees agreed to link together and share what is in place as individual organisations re engagement with citizens/people and communities, what approaches, strategies, frameworks etc
14 December 2023	CYP Community of Practice	Asked to support us in ensuring the voices of CYP are heard in our plans	Over 30 individuals representing organisations who directly work involving CYP. FU inviting people to attend the VCSE workshop or contact me for further information/ involvement.
15 December 2023	ICB Operational Executive	Note and support planned approach	Felt strategy should be for ICB as statutory organisation but also describe system elements/ contributions Caution to ensure we have the capacity to deliver what we commit to OE asked that any areas of 'lightness' are flagged
5 January 2024	Membership invited to join Readers' Panel	SY ICB 1400 Membership invited to express an interest in joining a readers' panel to help co-design involvement materials and to read final draft	13 individuals immediately expressed an interest in joining the panel
8 January 2024	Readers' Panel sent Draft Citizen Involvement Plan and patient survey for comment	People who expressed an interest were thanked and invited to comment on the draft plan and survey with deadline for response of 12.1.24	Three individuals provided feedback

8 January 2024	Healthwatch leads meeting	Discuss involvement of Healthwatch	Discussed and agreed a potential way to work with Healthwatch to hear from seldom heard communities, subject to funding agreement. Discussed and agreed to schedule a longer f2f meeting regarding Healthwatch as partners
9 January 2024	System Leadership Executive	Comment on organisation vs system for the final strategy and commit to all partners supporting the refresh	Meeting agreed with the proposed approach and partners supported the ongoing involvement from their engagement teams
9 January 2024	Doncaster Transformation Team	Informed as part of involvement training	
9th January 2024	Rotherham ICP (comms and engagement place enabler group)	Provided with information and requested to circulate when available	
11 January 2024	Draft Citizen Involvement Plan and patient survey shared	Task and finish group updated on next steps and invited to comment on draft documents	
12 January 2024	LD involvement partner	Met with LD involvement partner to discuss engaging the LD community in the refresh	Post meeting agreed appropriately adjusted paperwork and LD partner sharing with their networks/ groups
15 January 2024	Citizen involvement exercise launches		Emails promoting the opportunity to get involved sent to: All system comms leads with ask of them to circulate in their networks and share on social media JHOSC Officers with ask of them to send to JHOSC members and Council Membership colleagues for circulating to all Cllrs NHS SY ICB Membership All system involvement leads with ask of them to circulate Healthwatch leads Shared on social media from this date and every couple of days there-after Press release issued
16 January 2024	Operational Exec ref Healthwatch	Operational Exec agrees to funding the Healthwatch activity to engage vulnerable communities	Healthwatch informed of funding agreement and commences their planning
18 January	Rotherham contacts	Send to PPG and PCN contacts, VCS contacts; TRFT	
18 January 2024	Sheffield VCS contacts	Sent to Reach Up Youth; ACT; African Women's Health Group; Age UK; Ashiana; Ben's Centre;	

		Sheffield Carers; Archer Project; Chinese Community Centre; City of Sanctuary; Deaf Advice Centre; Disability Sheffield; Fir Vale Communty Hub; ISRAAC; Longely 4G; Maan; Manor and Castle Development Trust; Sheffield Mencap; Parson Cross Development Forum; Roshni; SACMHA; SADACCA; SAYiT; Sheffied Royal Society for the Blind; Shipshape; SOAR; South Yorkshire Housing Association; SPRING; Sheffield Hospice; Unity Gym; Together Women	
19 January 2024	Maternity Alliance Programme Director	Met with the Programme Director of the maternity alliance to discuss ensuring reach to maternity networks	Programme Director subsequently discussed at MVP meeting and shared in their bulletin and on socials
19 January 2024	Cancer Alliance Communications and Involvement Leads	Met with the communications and engagement leads from the Cancer Alliance to discuss ensuring reach to cancer patients	Leads subsequently ensured their Patient Advisory Board and membership were provided with the opportunities to have their say
23 January 2024	Doncaster Place Involvement partners	Partners across City of Doncaster Council, DBTH, HealthWatch	
24 January 2024	NHS SY ICB All staff	Attended the all staff webinar to ask for staff to get involved and to share the opportunity with family and friends	Followed up by reminders in staff bulletins
25 January 2024	CYP Alliance Programme Director and involvement lead	Met with the CYP alliance programme director and the CEO of their involvement partner Chilypep to ensure CYP given the opportunity to share their voice	Both shared recent intelligence they had gathered from CYP on how they want to be involved Also the opportunity was again shared with the CYP CoP network Invited to attend the CYP event on 6 Feb to gather further info
25 January 2024	Barnsley Place Committee and Partnership Board	Public meeting. Sharing work being undertaken as part of Place Director report.	
25 January 2024	ICP Board	Note and support planned approach and commit to all partners supporting the refresh	Partners agreed to support. SCC asked to ensure work dovetailed with what was happening at place.
29 January 2024	ICP Comms Leads meeting	Attended by all the communications leads from all the NHS organisations, SYMCA and LAs	All agreed to share/ re-share the opportunities for people to get involved with their networks/ on social media
30 January 2024	VCSE Workshop	To co-design with the VCSE what their role in supporting citizen involvement looks like	44 attendees actively participated in good discussion about how we could work in partnership to involve citizens Follow up email to event with details on opportunities for the citizens they work with to get involved directly

1 February 2024	Healthwatch conversation pack	Content for the Healthwatch conversation pack is agreed	Healthwatch commences series of activity with vulnerable communities
1 February 2024	Doncaster VCS contacts	Sent to Active Fusion; Adwick Family Hub; Age UK Doncaster; Alzheimer's Society; Arksey communities ladies group; Armthorpe Family Hub; Asian Women Group; Askern Community Hub; Askern Family Hub; Aspiring 2; Aurora Wellbeing Centres; B:Friend; Balby & Hexthorpe; Community Engagement CIC; Balby Family Hub; Be Well Doncaster; Bentley Baptist Church; Bentley Family Hub; BME Doncaster United; Breaking Beats; Caged Steel; Central Family & Young People's Action Group; Central Family Hub; Changing Lives – Doncaster; Chase; Citizen's Advice Doncaster; Making Space; Creative Directions; Denaby & Conisbrough Family Hub; Dial Doncaster; Dice Enterprise; Doncaster And District Association For The Visually Impaired; Doncaster Cancer Support Drop-in Centre; CAT (Carers All Together) Group; Doncaster Central Learning Centre CIC; Doncaster Conversation Club; Doncaster Deaf Trust; Doncaster Ethnic Minority Regeneration Partnership; Doncaster Food Bank (Trussell Trust); Doncaster Housing for Young People; Doncaster MENCAP; Doncaster Mind; Doncaster Minster; Doncaster Partnership for Carers; Doncaster Pride; Doncaster Youth Council; Donmentia; DRASACS (Doncaster Rape and Sexual Abuse Counselling Service); Edlington Community Organisation; EXPECT Youth; Firefly Cancer Awareness and Support; Glowing Mummas; Healthwatch Doncaster; Helping Hands Community Centre Herstory; Hexthorpe youth drop in; Highfields Community Partnership; Hope Spring Horticulture; Inspire Doncaster; Intake Community Enterprise; Mexborough Family Hub;	

		Moorends Family Hub; Moorends Miners; Welfare & Community Development Centre; North Doncaster Development Trust; People Focused Group; Project 6 Doncaster; REME; Association Doncaster & District Branch; Rossington Family Hub; Rossington Miners' Welfare; Rotary Club of Doncaster; Sine FM; Sprotbrough Community Library; St Leger Homes; Stainforth Family Hub; The Avalon Group; The Elpis Project - Aurora Wellbeing; The Junction – Hexthorpe; The Me Project; Three Little Birds; VoiceAbility; Voluntary Action Doncaster; Wheatley Family Hub; YMCA Doncaster; YWCA Yorkshire - Green Gables	
2 February 2024	Doncaster and Sheffield Place	Briefing sent to Dept Place Dirs	To be shared at Sheffield's SPET and SMT
5 February 2024	Rotherham contacts	Re-sent materials to Rotherham PPG and PCN contacts; key umbrella organisations; VAR for Newsletter (500 plus groups reach)	
6th February	Rotherham ICP (comms and engagement enabler group)	Given info and asked to share	
7 February 2024	ICB Board Development	To update the Board on the involvement work that has taken place since the original version of the strategy and seek their views on the refresh and bringing involvement to Board more frequently	Helpful feedback from Board and renewed commitment to involvement and the strategy refresh.
7 February 2024	SCH Care Engagement and Experience Group	Plan shared with group	
8 February 2024	Sheffield Transformation team	Informed as part of involvement training	
February 2024	QPPIE	Approve work to date and ongoing plans, suggest any further work	
21 February 2024	Barnsley Drop in		See drop in feedback notes
22 February 2024	Rotherham drop in		See drop in feedback notes
23 February 2024	One to one conversation	Requested by member of the public	X 1

23rd February	Rotherham Population Health Management Operational Group	Shared information and plan, asked partners to share/contribute. Discussion on format, principles and potential for shared approach	Suggestion that final document includes references to relevant partner plans/strategies and documents, to demonstrate read across and partnership approach ie RMBC Digital Inclusion Strategy
27 February 2024	Doncaster Drop in		See drop in feedback notes
29 February 2024	Sheffield Drop in		See drop in feedback notes
1 March 2024	One to one conversation	Requested by members of the public	X 2
4 March 2024	Re-promotion of email and survey	Re-promotion of the opportunity to feedback via email/ survey	Emails promoting the opportunity to get involved re-sent to: All system Communications leads with ask of them to circulate in their networks and share on social media JHOSC Officers with ask of them to send to JHOSC members and Council Membership colleagues for circulating to all Cllrs NHS SY ICB Membership All system Public Involvement leads with ask of them to circulate Healthwatch leads
7 March 2024	Re-promotion of email and survey	Re-promotion of the opportunity to feedback via email/ survey	Sheffield, Barnsley and Doncaster contacts
13 March 2024	VCSE Webinar	Follow up to workshop to continue to co-design work with the VCSE on citizen involvement partnership	
15 March 2024	Citizen Involvement exercise closes		
15-29 March	Strategy refresh re-writes		
25 March 2024	JHOSC		
2 April – 16 April	Readers' Panel invited to review refreshed strategy		
16 April – 19 April	Final amends to strategy and papers prepared for Board meeting		
May 2024	ICB Board	For sign off of the refreshed strategy	

Community Conversation Activity Pack

Group:

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Date:

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Contents

Introduction

Last year we ran a campaign to ask people in South Yorkshire '**What matters to you about your health and wellbeing?**' You may remember giving us your views?

The feedback we received helped us to write our Integrated Care Partnership Strategy **'Working together to build a healthier South Yorkshire'**. This Strategy sets out how all partners, including councils, the South Yorkshire Mayor, and voluntary sector organisations can play their part in building a healthier South Yorkshire, working with health services. It also helped us to develop our **Joint Forward Plan**, which sets out how the NHS will change to help deliver on the Strategy's commitments.

We wanted to come back to you to tell you a bit about what we'd done with what you told us and to ask you a bit about how it felt to be involved.

Feedback

Some of the key things you told us that make it harder for you to get the healthcare you need include:

- Difficulty getting appointments, particularly GP and dentist
- Cost – for transport, parking, medication, treatments and trying to live healthier
- Finding it hard to navigate the complicated healthcare system
- Long waiting times
- Complicated booking systems
- Language barriers
- British Sign Language (BSL) interpretation barriers
- Lack of cultural awareness from staff, racism and stigma
- Being expected to do things online when you don't have the skills or equipment to do that
- Not being able to do some things online if it would help make your healthcare journey simpler or help you take more control

We want you to know that we are working hard to address the barriers you've told us about.

Many of what you told us are the things that matter to you are the same things that we know are key challenges facing health and care services as we continue to recover from the pandemic, and whilst we are working hard to address them they will take time.

Whilst we know it won't solve the problems overnight, in the plans that we wrote after we spoke to you, we committed to doing lots of things to address the problems you told us about, including:

- Expanding the workforce in primary care (GP and Dentistry) to increase appointments
- Developing different, better options for same day healthcare and making it simpler to understand where to go for what healthcare need
- Improving technology in primary care, so things like booking an appointment are easier
- Developing family hubs, a one-stop-shop to support parents and carers in their communities
- Improving services for children and young people's mental health, learning disability and autism to help reduce waiting times
- Putting things in place to help reduce waiting times for hospital appointments, such as the new Mexborough Orthopaedic Centre
- Working with our partners to improve transport and making sure our patients are aware of reimbursement schemes so they can see if they are eligible for help paying for their transport or parking
- Training and developing our staff to help them better help our patients
- Improving technology for those who wish to use it
- Tackling issues that make it harder for the most vulnerable people in our society to get the same healthcare as everyone else – such as issues with translation and interpretation and cultural awareness

It's important that you know when you are giving us feedback in sessions like this that your feedback will be gathered together with feedback from other people. We then use that to see what the big issues are that lots of our citizens are facing. We then put plans in place to

address these issues. Often they are not overnight problems that we can solve, but we are happy to come back to you as often as you like to let you know about the progress we are making towards addressing them.

If you have a general complaint about a service that you have received care from it's a good idea for you to feed that back to the service too, either directly or through Healthwatch. Your feedback will help services improve the care they provide too.

Question 1

Do you feel like you are being listened to?

For this question we would like you to choose which emoji fits your answer best. Or you could draw your own emoji if there isn't one to suit how you feel. If you've chosen to draw your own emoji, what feeling does it represent?

						
Happy	**Angry**	**Mind blown**	**Sad**	**Amazing**	**Confused**	**My own emoji**

Please tell us in the box below why you have chosen this emoji and how it reflects you?

Question 2

What more could we do to make it as easy as possible for you to get involved or share your valuable insights and experiences to make services better suited to your needs?

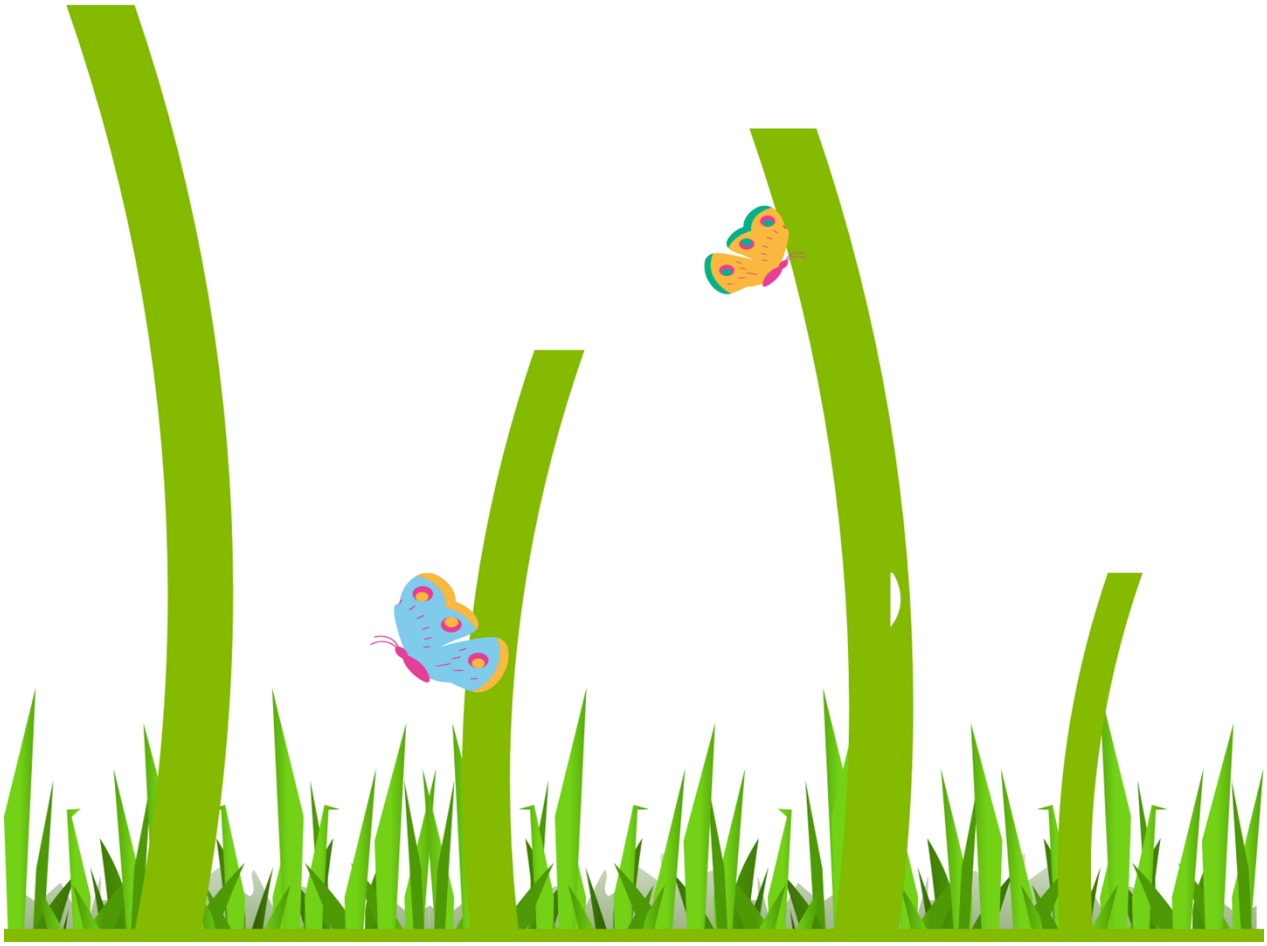
Tick the box/boxes which would make it easy for you to talk to us

Where	
Us to attend your regular group	
Set up a coffee morning especially for your group	
Set up a coffee morning for anyone to drop in	
Online meeting via Teams or Zoom	
Send out a survey for people to complete in their own time	
An online survey	
One to one discussions	
Come and talk to us in your local shopping centre	
Come and talk to us in your Library/Leisure Centre	
Citizens Panel	
Other (please add below)	

Question 3

Has the answer you gave us last year to ‘what matters to you about your health and wellbeing’ changed?

Have a think about what makes you happy and well, some of the things you told us last year were being close to family and friends, having access to open spaces, being able to get appointments when needed.
Take a flower and tell us what matters to you now.

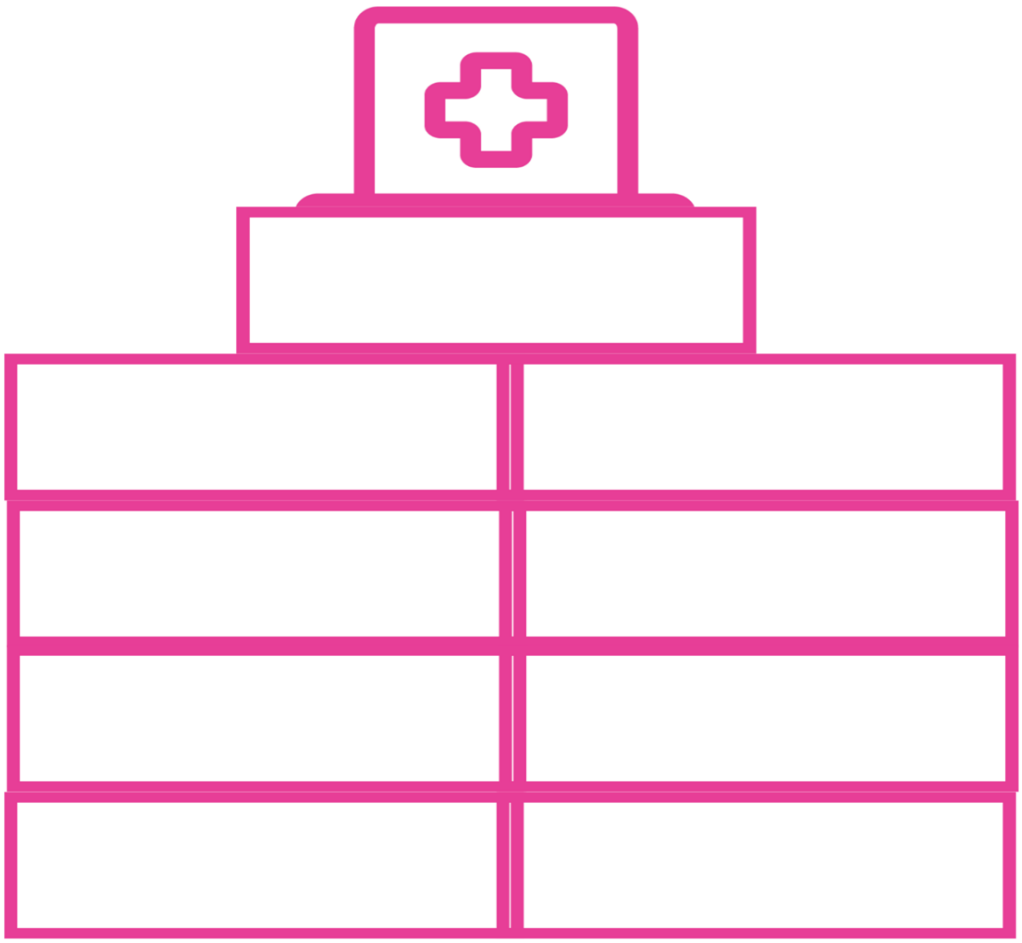


Question 4

Think about your experiences of the NHS, those of your friends and family, what you’ve heard or seen about the challenges facing the NHS.

What would you expect us to prioritise?

If you could build your own health care system, what would your priority be? Build your own health centre below – what would be at the top and what would you place at the bottom?



Question 5

In addition to the areas you said you would like us to focus on, we would like to add women's health and end of life care.

Do you have anything you'd like to tell us about these areas?

Write any notes below

Question 6

Any other information you would like to share?

For example

- Do you feel there are any specific barriers for you accessing health and social care?
- Do you feel we are missing an important question?

Write any notes below

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Item	Description	Lead Officer (s)	Report deadline
Meeting – 7th December 2023 14:00 Sheffield Town Hall			29/11/2023
Oncology Review	Update for JHOSC on the position with regard to this review. To consider the Committee's position with regard to formal consultation.	Julia Jessop; Trish Fisher; Emma Latimer; Erin Brady – Cancer Alliance	
New Orthopaedic Centre at Mexborough.	Report for information		
Work programme	Updated work programme proposed by LA and NHS officers	Deborah Glen	
Meeting – March 2024 16:00 Sheffield Town Hall			tbc
Start with People Strategy Refresh Update (the ICB Citizen Involvement Strategy)			
Dentistry	to look at progress since the regional event taking place on 30/11/23	Tbc	
Amended TOR		All	
Work programme	Standard item	Deborah Glen	

Meeting – June 2024 Date and time tbc			tbc
YAS Strategy and Services	To consider the outcomes from the Strategy consultation and the new Strategy	Prof Adam Layland, YAS	
Work programme	Standard item	LA officers – Deborah Glen	
Meeting – September 2024 Date and time tbc			Tbc
Oncology Review	Follow up report from Dec 23	Julia Jessop; Trish Fisher; Emma Latimer; Erin Brady – Cancer Alliance	
New Orthopaedic Centre at Mexborough.	Follow up report from Dec 23		
Work programme	Standing item	LA officers – Deborah Glen	
Meeting – December 2024 Date and time tbc			Tbc
New Orthopaedic Centre at Mexborough.	Follow up report from June 24		
Work programme	Standing item	LA officers – Deborah Glen	