Proposal for Scrutiny Task Group:

Cllr Stuart Barnes

Introduction and Background

The Vale of York Clinical Commissioning Group (CCG) faces major financial challenges, having recently published a financial recovery plan which indicates the extent of the problem.

Historically there have been examples of the CCG implementing commissioning changes without sufficient engagement or consultation. One example of this was the closure of Archways Intermediate Care Unit.

Since 2016 the CCG has been under legal direction from NHS England (NHSE) and there are some reasons for optimism with the CCG having made significant changes to its management structure and having indicated that it has adopted a more 'open' approach to discussions with scrutiny committee members.

Nevertheless, there are major challenges faced by the CCG and as it begins to implement both its own financial recovery plan, and continues to progress plans for service reconfiguration as part of the Humber Coast and Vale Sustainability and Transformation Plan (HCV STP), the level of service change is likely to be significant.

Ultimately, it is citizens of York (and the wider Vale of York footprint) who will be affected by the changes that will be made to local services.

Duty to involve the public in commissioning

Under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), CCGs and NHS England have duties to involve the public in commissioning, (under sections 14Z2 and 13Q respectively).

- Furthermore, in guidance published by NHSE, it is acknowledged that the case for patient and public involvement goes beyond simply complying with legal duties. The NHSE document *Patient and Public Participation Equality and health inequalities – full analysis and associated resources* states that:

  Patient and public participation is important because it helps the NHS to improve all aspects of health care quality, including:

  - *patient safety*
  - *patient experience and*

- *health outcomes – giving people the power to live healthier lives.*

Participation, by the people who use and care about services, enables the NHS to understand and respond to their needs, including those people who have the poorest health. This helps us to improve access to services and reduce differences in health in different communities. It helps us to see things through other people's eyes and to be innovative, leading to better use of taxpayers' money.

NHS England has recently issued (April 2017) revised guidance for NHS Commissioners, *Patient and Public Participation in Commissioning Health and Care: Statutory Guidance for Commissioning Groups and NHS England*

This new guidance is statutory and CCGs must have regard to it, as must NHS England staff. It includes ten 'Principles of Participation', as shown below.

The principles of participation

NHS England has developed 10 principles of participation based on a review of research, best practice reports and the views of stakeholders.

1. Reach out to people rather than expecting them to come to you and ask them how they want to be involved, avoiding assumptions.
2. Promote equality and diversity and encourage and respect different beliefs and opinions.
3. Proactively seek participation from people who experience health inequalities and poor health outcomes.
4. Value people's lived experience and use all the strengths and talents that people bring to the table, working towards shared goals and aiming for constructive and productive conversations.
5. Provide clear and easy to understand information and seek to facilitate involvement by all, recognising that everyone has different needs. This includes working with advocacy services and other partners where necessary.
6. Take time to plan and budget for participation and start involving people as early as possible.
7. Be open, honest and transparent in the way you work; tell people about the evidence base for decisions, and be clear about resource limitations and other relevant constraints. Where information has to be kept confidential, explain why.
8. Invest in partnerships, have an ongoing dialogue and avoid tokenism; provide information, support, training and the right kind of leadership so everyone can work, learn and improve together.
9. Review experience (positive and negative) and learn from it to continuously improve how people are involved.
10. Recognise, record and celebrate people's contributions and give feedback on the results of involvement; show people how they are valued.

Joint Commissioning

Given the changes in the ways that organisations are working and the willingness in many areas to take innovative approaches to commissioning, the new guidance (referred to above) explains that:

> *The NHS does not commission services in isolation, but works closely with local authorities and other partners. In light of this, the guidance includes information on co-commissioning and local variations in commissioning arrangements.*

It goes on to explain that there are new options and powers available to CCGs and their partners in terms of the way that they approach joint commissioning, specifically:

New options under the Cities and Local Government Devolution Act 2016

The Cities and Local Government Devolution Act 2016 enables the transfer of powers and funds from central government to local government and strengthens integration of public service functions in local areas. In particular, the Act enables:

- A complete transfer of functions from one organisation to another.
- A transfer so both organisations perform the functions jointly.
- A transfer so both organisations perform the functions at the same time but independently.
- A transfer so both organisations perform the functions jointly but the original organisation also retains the ability to perform the function independently.

Much more detail is contained within the guidance from NHSE, including references to emerging Accountable Care Systems and consideration of their role in relation to engagement.

Suggestion for Scrutiny Task Group

There is a multitude of guidance on public involvement in commissioning, including the newly issued guidance of April 2017.

There are also a number of different working models and practices adopted by health scrutiny bodies within Local Authorities to ensure that the interests of citizens are best safeguarded by the function of Local Authority Scrutiny.

It is proposed that a City of York Council Health Scrutiny Task Group is established to explore the efficacy of current practice for the involvement of the public and stakeholders in commissioning in York.

The task group, in partnership with Healthwatch York and possibly other co-opted members (potentially including a representative of the CCG in the spirit of partnership working), could look at current NHSE guidance to consider the extent to which it feels the CCG meets expectations set out in relevant guidance.

The scrutiny task group would act as a ‘critical friend’ in this regard, with the aim of reaching a view as the adequacy of current involvement practice and developing a set of recommendations for the CCG for future involvement of both the public and other stakeholders (including the local authority) in commissioning.

This could include a list of criteria against which CYC scrutiny would in future review all commissioning activity of the CCG, with a clear set of guidelines making clear the categories of commissioning decision that the committee would expect to be informed of in future. This could include thresholds based on factors such as contract size, number of patients affected, level of impact etc.

We could also explore options for an ‘Involvement charter’ agreed between the CCG, Providers, The Local Authority and Healthwatch.

Under such a model, all parties could agree to a set of involvement and scrutiny principles with Healthwatch acting as the arbiter and producing a public bi-annual report showing the extent to which commissioners and providers had fulfilled their commitments for public and stakeholder involvement under the charter.