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Our ref: HH/SMC

15 April 2019

Dear Matthew,

RE: NHS England proposed changes to specialised commissioned vascular services across West Yorkshire

Thank you for your letter, dated 26 March 2019, in response to my initial comments following receipt of the draft communications and engagement plan. Again, I shared your letter with all members of the West Yorkshire JHOSC (including representatives from North Yorkshire County Council), which helped inform consideration of the draft communications and engagement plan at a joint meeting on 8 April 2019.

The following comments represent the jointly agreed feedback on the draft communications and engagement plan. A number of these comments were highlighted during the JHOSC's meeting held on 11 February 2019 and are reflected in the agreed minutes of that meeting (copy enclosed).

- The JHOSC is disappointed the issues around vascular services have not been brought to its attention at a much earlier stage and more actively engaged in the development of the proposal set out in the draft communications and engagement plan. NHS England's engagement with the JHOSC should have started soon after the Yorkshire and Humber Clinical Senate published its first report (April 2016), where it was noted, *'If Yorkshire and the Humber is to meet the population, workforce and quality standards within the specification, there will need to be significant changes to the current service model.'*
- The JHOSC remains concerned that the proposals do not include more than one option for what has been described as a substantial service change that requires formal public consultation.
- The JHOSC is concerned that the proposals do not adequately present:
 - The potential impact or implications for other health services as a result of the proposals.
 - Any risks associated with the proposals and if/how these have or can be mitigated.
 - An overall appraisal of the advantages and disadvantages of the proposals.

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- In presenting support for the proposals (summarised in the 'Experts agree that services need to change' section of the proposed public consultation document), the JHOSC believes NHS England should explicitly include the reservations highlighted by the Clinical Senate in Section 5 of its January 2017 report; including if/how these have been addressed.
- The JHOSC acknowledges the proposals presented represent a whole system service change that requires consideration on an overall system level. However, it is also acknowledged the proposals are likely to have a greater impact on the population in specific areas within the overall system. The JHOSC believes the public engagement plan should better reflect this position that benefits from a universal approach across the system (as a minimum) coupled with a targeted approach in those areas where patients are likely to be most affected by the proposals.
- As the proposals are likely to have a greater impact on specific populations; the JHOSC believes this should also be reflected more explicitly within the consultation document.

The reports provided by the Clinical Senate reference proposed changes to Vascular Services across the whole of Yorkshire and the Humber, summarised in three wedges – South Yorkshire, West Yorkshire and Humber Coast and Vale. The JHOSC believes the proposed changes should be provided within this broader context of the wider region; and more explicit reference to potential patients around the boundaries reflected in the list of external stakeholders (set out in Appendix B of the draft consultation and engagement plan). The JHOSC also believes some consideration should be given to the potential impact on patients in parts of East Lancashire and how this will be addressed as part of the planned consultation and engagement.

- Details of external stakeholders (set out in Appendix B of the draft consultation and engagement plan) should not only reflect all the external stakeholders in the overall system, but the correct terminology should also be used to describe those stakeholders (For example, '*City of Huddersfield*').
- NHS England has not yet provided a definitive start date for its planned public consultation – although it has indicated this will be May 2019. However, it is unclear what activity is likely to take place during the early stages of the consultation, as the planned listening events are scheduled between 10 June 2019 and 24 June 2019. To allow the public the greatest opportunity to attend the listening events and subsequently provide any consultation responses, the JHOSC believes the listening events should commence as close to the start of the 12-week consultation period as possible.

At the joint meeting, JHOSC members agreed this joint response would not prevent individual authorities providing separate feedback. Any other responses will be provided by individual authorities, where necessary.

Nonetheless, I trust the above comments are helpful and will inform NHS England's development of its communication and engagement plan and associated materials relating to vascular services.

Establishing a mandatory JHOSC

NHS England has provided inconsistent requirements regarding the need to establish a mandatory JHOSC to formally consider the proposed changes to Vascular Services in West Yorkshire.

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The most recent details were confirmed in your letter dated 26 March 2019, which set out the requirements across six constituent authorities – i.e. the five West Yorkshire local authorities and North Yorkshire County Council.

As previously explained, the JHOSC currently operates on a discretionary basis and its terms of reference and rules of procedure are subject to an ongoing review. In order to function as a mandatory JHOSC, all constituent local authorities need to agree the terms of reference and delegated functions for a mandatory JHOSC. As such, the current JHOSC is unable to fulfil the functions of a mandatory joint committee until such time as those arrangements have been agreed and are in place; and consultation with a mandatory JHOSC cannot formally commence until this time.

Please note that each constituent authority is considering the individual timeline required to establish a mandatory JHOSC. The anticipated timetable will be shared with you as soon as possible to help with your planning for consulting with the mandatory JHOSC. While the JHOSC will require sufficient time to formally consider the proposals, and any emerging issues arising from the public engagement and consultation; it is the view of JHOSC members that the timetable for establishing a mandatory JHOSC does not, necessarily, need to negatively impact on the timing of the public consultation and engagement. However, this may impact on NHS England's overall decision-making timetable and arrangements.

Should you need any points of clarification or further information, please do not hesitate to contact me.

Yours sincerely,



Councillor Helen Hayden

Chair, West Yorkshire Joint Health Overview and Scrutiny Committee

Encl.

cc All West Yorkshire Health Overview and Scrutiny Committee Chairs
North Yorkshire County Council Scrutiny of Health Committee Chair
All members of the West Yorkshire Joint Health Overview and Scrutiny Committee
Sherry McKiniry, Service Specialist, NHS England Specialised Commissioning (Y&H)
Sarah Halstead, Senior Service Specialist, NHS England Specialised Commissioning (Y&H)
Matt Graham, WYAAT Programme Director
Mr Neerja Bhasin, WY Vascular Service Clinical Director
Gill Gait, Head of Communications and Engagement, NHS England (North Specialised Commissioning Team)
Michele Darwin, NHS England