

SHEFFIELD CITY COUNCIL

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

Meeting held 23 July 2025

PRESENT: Councillors Councillor Mick Stowe (Barnsley), Eve Keenan, Councillor Dave Knight (Doncaster), Mary Lea (Substitute Member) and Wright (Substitute Member)

1. WELCOME AND HOUSEKEEPING ARRANGEMENTS

- 1.1 Due to the chair's apologies, nominations for a chair were requested. Councillor Mick Stowe nominated himself, this was seconded by Councillor Mary Lea. No further nominations were made. There were 5 votes in favour of appointing Councillor Mick Stowe, 0 against and 0 abstentions. Councillor Mick Stowe was appointed Chair of the Committee.

2. APOLOGIES FOR ABSENCE

- 2.1 Apologies for absence had been received from Councillors Ruth Milsom (Sheffield City Council) and Mike Robertson (Nottinghamshire County Council). Councillors Mary Lea (Sheffield City Council) and Simon Wright (Nottinghamshire County Council) attended as substitutes.

3. EXCLUSION OF PUBLIC AND PRESS

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

4. DECLARATIONS OF INTEREST

- 4.1 There were no declarations of interest.

5. MINUTES OF PREVIOUS MEETING

- 5.1 The minutes of the previous meeting of the Committee held on 10th October 2024 were agreed as a correct record.

6. PUBLIC QUESTIONS AND PETITIONS

- 6.1 No public questions or petitions had been submitted prior to the meeting.
- 6.2 Three people in attendance at the meeting sought to ask a public question. Notice of these requests were received shortly before the start of the meeting, and the Chair of the Committee, Councillor Mick Stowe, agreed to use his discretion for

the questions to be asked.

- 6.3 Doug Wright asked whether the public questions agenda item could be deferred until after the other agenda items had been discussed and why going forward the future committee meetings would only be held in Sheffield.
- 6.4 Councillor Mick Stowe responded that item six was the appropriate time for public questions to be asked and that any questions regarding items on the agenda should be submitted prior to the meeting taking place so the appropriate officers can provide responses. Councillor Mick Stowe also confirmed that a response in writing would be send to Doug Wright in regard to why future meetings were being held solely in Sheffield.
- 6.5 Nora Everitt asked for comments regarding public involvement in changes and proposals to change commissioning arrangements that might affect services.
- 6.6 Councillor Mick Stowe explained that the representative from the Integrated Care Board would respond to these concerns whilst discussing item 7.
- 6.7 Nick Trott's, gastroenterology dietitian specialist, question concerned the Engagement Plans for potential changes to Gluten Free prescribing Guidelines, therefore it would be heard before that item.

7. ICB ORGANISATIONAL CHANGE UPDATE

- 7.1 The report which provided an update on proposed changes to the Integrated Care Board was presented by Gavin Boyle, ICB CEO.
- 7.2 The following information was given in response to questions and comments from Members:
- Due to the reduction of staff, the ICB will no longer be able to provide oversight of partner organisations. There are ongoing conversations with NHS England as to what they will take on.
 - Internal arrangements will be most seriously affected. The ICB will continue to maintain balance from a commissioning perspective but will not be able to provide oversight nor system management.
 - There is ongoing work for colleagues working in ICB to transition to NHS England to minimise redundancies. Difficult environment but other organisations have also been asked to reduce running costs. Another piece of work needed to let employers more generally know that there will be significant numbers of highly trained people entering the labour market.
 - The delay in consultation will cause difficulties to meet the original timescale of completing the process by the end of the calendar year. The new timescales are currently unknown, discussions are happening between the department of health, the treasury and NHS England. The intelligence is that an agreement will be reached within the next two or three weeks, allowing the consultation to start in September.
 - The closure of Healthwatch was unexpected and the plans involved working even more closely with Healthwatch. More now needs to be put in,

regarding engagement and public involvement given that Healthwatch will be disbanded.

- In the ICBs new form they will be able to commission integrated services. It will also incentivise partnership working. The ICB has faced challenges when putting in bids against the national development programme. The ten-year plan references integrated health organisations, and they would like their place partnerships to become those organisations.
- Currently, a member of the ICB is the place lead for Doncaster and Bassetlaw which includes Bassetlaw hospital. Commissioning for Bassetlaw would be the responsibility of the Nottinghamshire ICB.
- The ICB has done gap analysis. There are things not as strong as would like in the ten-year health plan such as health inequality which the ICB are thinking about.
- The most negative outcome of the exercise is the impact on the people who work the ICB. Managing the transition is a different role and that transition will need careful management.

7.3 **RESOLVED** That the Committee: -

1. Thanks Gavin Boyle for attending and presenting the report.
2. Notes the update provided in the report.

8. **ENGAGEMENT PLANS FOR POTENTIAL CHANGES TO GLUTEN FREE PRESCRIBING GUIDELINES**

8.1 The Chair invited Nick Trott to introduce himself and ask his question.

Nick Trott asked-

1. *Why is option 4 the preferred option as we have been down this before and the rationale and justification is no longer evidence based. Who will be most impacted by this who can't access gluten free foods either financially or geographically. Relying on naturally gluten free food reduces intake of iron and increase bone density loss and increased anaemia. Ultra-processed should not be used as justification for non-prescribing of these foods. This will increase inequality and arguments from Leicester ICB, Isle of Wight ICB and Nottinghamshire ICB where prescriptions have stopped.*

8.2 The report which briefed the Committee on the engagement plans for potential changes to gluten free prescribing guidelines was presented by Dr David Chrichton (ICB Chief Medical Officer), Govinder Bhogal (ICB Programme Director for Medicines Optimisation) and Katy Davison (ICB Deputy Director of Involvement)

8.3 The following information was given in response to questions and comments from Members:

- As time goes on seeing more availability of gluten free products. Whilst big supermarkets have quite a range your local shop might not be as well stocked up. Biggest health inequality is those who don't know that they have it, task to educate and support people before thinking about treatment.

- Gluten is found in many products that isn't obvious. Impossible to avoid gluten completely so education after diagnosis is key element. Focus on educating children to understand that if this is the case what they need to do going forward.
- There is more parity in the pricing of gluten free products, with a wider range and more availability in larger stores. The costs of these products has come down considerably from where it previously was.
- When the ICB was CCG they were looking at those who would be most affected which were, Doncaster and Rotherham. Sheffield had been through a big consultation due to changing their provision. Going forward their needs to be a South Yorkshire wide exercise.
- The ICB works with Coeliac UK as the representative body who can lobby wider than the ICB.
- The changes have the potential to disproportionately affect those on low incomes so work has taken place with food banks as availability of these products at food banks is lower so work is required there.
- In Wales they use a voucher scheme for people being prescribed who can take to place of their choice to get produce that is more readily available and could cost less than a prescription charge. However, if Sheffield used this option they would still be restricted to using the vouchers on bread mixes due to national guidance. York ran a similar scheme, and we can learn from them.
- Young people are the most vulnerable, don't want to see poverty in a family causing young people not to be cared for and is why a blanket no prescribing was not proposed.

8.4 **RESOLVED** That the Committee: -

1. Welcome the ICBs commitment to engage with those impacted and reconsider options
2. Request a further report on the results of the engagement prior to the ICB Governing Body making a final decision.

9. ENGAGEMENT PLANS FOR POTENTIAL CHANGES TO THE IVF POLICY WITH REGARDS COMMISSIONED CYCLES

9.1 The report which briefed the Committee on engagement plans for potential changes to the IVF Policy with regards to commissioned cycles was presented by Lisa Kell (ICB Programme Director for Population Health Commissioning), Katy Davison (ICB Deputy Director of Involvement) and Dr David Chrichton (ICB Chief Medical Officer).

9.2 The following information was given in response to questions and comments from Members:

- The consultation has to involve anyone who is directly affected or who might be affected e.g. any women up to the age of 40. To ensure this doing a broader exercise to get the information out there to give anybody the opportunity to comment. Also do more targeted work with communities who are hesitant to come forward. The Equality Impact Assessment will identify those communities who will be most disproportionately affected health inequalities wise.

- When working with more deprived communities they work with the voluntary sector partners. They have put feelers out as to what groups will be meeting over the next five weeks and beyond to see who they can go out and talk to. 40% of South Yorkshire are deprived.
- Important to have a good mix of communities and individuals across South Yorkshire.
- Legislation says to involve all people affected and their family members so this will also be involved.
- Need to involve those with lived experience as they will understand how traumatic the experience can be. Also parents who have lost children during a natural cycle should be involved as it is another form of trauma.
- When the is brought back to the committee they will be able to share how many individuals this will affect. Baseline figures are 200 with 20%-30% going through a second cycle.

9.3 **RESOLVED** That the Committee: -

1. Welcome the ICB's commitment to extend the proposed engagement periods.
2. Request a further report on the results of the engagement prior to the ICB Governing Body making a final decision.

10. UPDATE ON THE NON-EMERGENCY PATIENT TRANSPORT CHANGES FOLLOWING ROLL-OUT EARLIER THIS YEAR

- 10.1 The report on the update on non-emergency transport changes following roll-out earlier this year was presented by Dr David Chrichton (ICB Chief Medical Officer), Lesley Carver (ICB Urgent and Emergency Care Programme Manager) and Katy Davison (ICB Deputy Director of Involvement).
- 10.2 The board have approved to proceed with the intention to move to a national eligibility criteria for South Yorkshire. This has been in place since the 1st April 2025. West Yorkshire went live on 28th April 2025 and Humber and North Yorkshire went live on 27th May 2025.
- 10.3 The following information was given in response to questions and comments from Members:
- Those who have mobility problems will still use YAS service in preference as there is a parking issue at the hospital. To get from where front door is and where they park the vehicle.
 - Firefly provide service between Doncaster and Sheffield. The ICB are trying to maximise and utilise Firefly and alternative transport.
 - Healthcare travel cost is a national scheme, some local variation. ICB keen to engage with pre-paid travel pass pilot scheme but it was tied up with financial challenges and they are doing local work independent of that. West Yorkshire are piloting the scheme which is being watched and waiting for the evaluation to come through.
 - Linked into alternative providers for community transport. Being mindful of if there is an increase in community transport how would the provider be able to provide that service with no additional funding. Contract manager having

weekly conversations to keep watch.

- Information regarding how many people have been denied transport under new criteria will be available next week. The information can be provided at a future meeting.
- Sign language and visual aid training should be standard for YAS.
- The impact of introducing the new criteria has not seen an increase in those not attending appointments.
- There is a commitment with YAS to review the new criteria. Want to make sure that the needs of the local population are being captured across the three ICBs.

10.4 **RESOLVED** That the Committee: -

1. Request a further update at a future meeting.

11. WORK PROGRAMME

- 11.1 The report was presented by Emily Standbrook-Shaw (Policy and Improvement Officer, Sheffield City Council).
- 11.2 Emily Standbrook-Shaw advised that they would liaise with Katy Davison and other support officers to establish a timescale for today's agenda items to come back
- 11.3 Emily Standbrook-Shaw confirmed that the actions regarding Thrombectomies and the Mexborough Centre would be chased up.

12. DATE OF NEXT MEETING

- 12.1 It was noted that the next meeting of the Committee will be on a date and time to be confirmed.