JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Held at County Hall, Matlock on 29 January 2018

PRESENT

Councillors S Evans (Rotherham MBC), W Johnson (Barnsley MBC), P Midgley (Sheffield City Council) and A Robinson (Doncaster MBC)

Also in attendance:-

Scrutiny Officers:- Anna Marshall (Barnsley MBC), Caroline Martin (Doncaster MBC), Janet Spurling (Rotherham MBC), Emily Standbrook-Shaw (Sheffield City Council), Jackie Wardle (Derbyshire County Council) and Andy Wood (Wakefield MDC)

NHS:- Peter Anderton (SYB ACS), Curtis Edwards (Rotherham CCG/SYB ACS), Mariana Hargreaves (SYB ACS), Gareth Harry (Derbyshire CCG), Alexandra Norrish (SYB ACS), Jackie Pederson (Doncaster CCG/SYB ACS), Lesley Smith (Barnsley CCG) and Helen Stevens (SYB ACS)

Apologies for absence were received from Councillors Betty Rhodes (Wakefield MDC) and D Taylor (Derbyshire County Council)

As Councillor Taylor was unable to attend the meeting the Committee agreed that Councillor Johnson would take the Chair.

1 DECLARATIONS OF INTEREST

Cllr Johnson declared an interest in respect of references to maternity services at Barnsley Hospital contained in the Minutes of the previous meeting and insofar as discussions related to this agenda as his daughter worked there.

2 MINUTES OF THE PREVIOUS MEETINGS HELD ON 31 JULY 2017

With regards to Item 9 of the previous Minutes and that 80% of the changes would take place locally, the Committee asked if the additional resources from central government for this work would be distributed locally. The Committee was advised that work being done by the SYB team was being distributed equally amongst the areas involved.

The Minutes of the previous meeting were agreed.

3 QUESTIONS FROM MEMBERS OF THE PUBLIC

The following public questions had been submitted and the responses below were provided retrospectively for inclusion in the Minutes -

(1) Will in future all local authorities hosting this committee ensure that Public Questions are an agenda item?

Response - This was included in the Committee's revised Terms of Reference which were to be considered later at this meeting.

(2) Will all local authorities try and ensure that the public know when the Scrutiny meetings are going to take place?

Response - Each local authority published the papers on their local website which the public could access and sign up for notifications. It was proposed that dates would be set for future meetings over the next year (on a 4-monthly basis); dates to be decided and published in due course.

(3) In relation to Minute 5 on the Minutes (Hospital Services Review) - Can you explain what scrutiny arrangements are linked to SYB STP?

Response - Under the terms of reference agreed by the Committee, there was provision for the Committee to consider 'any other health related issues covering the same geographical footprint' and under these principles the Committee would determine whether it was appropriate to meet as new NHS work streams emerged, therefore, the Committee would sit as and when appropriate in relation to SYB STP.

(4) In relation to Minute 9 on the Minutes (Discussion Regarding Scrutiny Arrangements) - What is included in the 20% that could be potentially be scrutinised by the JOHSC?

Response - Dr Moorhead had been referring to services where the NHS knew they needed to rethink and reshape services so that they could meet the needs of the population in modern and sustainable ways. The independent review of hospital services was giving them an understanding of which services they needed to concentrate on. The services selected were: urgent and emergency care; maternity services; hospital services for children who are particularly ill; services for stomach and intestines conditions (gastroenterology), including investigations (endoscopy); and stroke (early supported discharge and rehabilitation). The decision to examine these five services followed conversations with senior clinicians, the public and detailed examination

of information about these services including patient and staff experience of the services and other underpinning data.

The following questions were asked about the JHOSC Terms of reference item to be considered later on the Agenda

(1) On the 5 Councils within the Accountable Care System "footprint" and asked if a separate JHOSC would be set up to consider this?

Response – In line with the Terms of Reference, as new NHS workstreams and potential service reconfigurations emerged, the JHOSC would determine whether it was appropriate for the Committee to jointly scrutinise the proposals under development.

(2) On the quorate figure of 3 Members contained in the Terms of Reference.

Response - This was in accordance with Local Government Administration guidance and the Terms of References of all the Councils

(3) On where details could be found of the governance for the JHOSC?

Response - The JHOSC was established in accordance with the Health Scrutiny Regulations 2013 which set out the remit and responsibilities of Health Scrutiny Committees and the obligations of Health service organisations to provide information to, and hold discussions with, Health Scrutiny Committees. The regulations stipulated that if a group of CCGs formally requested those Councils in whose areas their services were provided to form a Joint Committee to hold an overview on cross-border services, the Councils must comply. The link below provided the Government's guidance on the regulations, Section 3.1.16 refers to JHSCs.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

4 REVIEW OF THE TERMS OF REFERENCE OF THE JHOSC

In light of health service providers indicating that future work streams might result in service reconfigurations that would impact on part or all of the geographical footprint of the local authorities represented on the JHOSC, public questions seeking clarity of the Committee's name, scope and remit, Committee Members being cognisant of the demands placed on NHS resources and the desire to streamline attendance of NHS representatives, and the need to ensure that the meetings were

accessible to the public and that the Committee was in a positon to provide appropriate and timely responses to public questions, it was resolved at the previous meeting of the that the Terms of Reference for the Committee should be reviewed.

The proposed Terms of Reference were attached to the report; amendments were agreed following public questions raised earlier in the meeting.

RESOLVED that (1) the name of the JHOSC is revised to reflect the Local Authorities represented on the Committee. Therefore the name of the Committee will be the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield JHOSC;

(2) future JHOSC meetings are held in the Town Hall of the local authority hosting the meeting;

(3) meetings would be scheduled on a 4-monthly cycle;

(4) members of the public are encouraged to submit their questions 3 working days prior to the meeting to the Clerk of the hosting authority for inclusion on the agenda and to allow Committee Members time to consider the issues raised and provide an appropriate response at the meeting;

(5) public questions are included as a standard agenda item at future meetings and that time allowed on the day of the meeting for public questions is managed by the Chairperson, however, as a guide a maximum of three people will be allowed to speak for up to a total of five minutes per person.;

(6) quorum for the JHOSC meetings will be three Members from geographical areas directly affected by the proposals under consideration;

(7) as new NHS work streams and potential service reconfigurations emerge the JHOSC will determine whether it is appropriate for the Committee to jointly scrutinise the proposals under development. Each local authority reserves the right to consider issues at a local level. This decision will be based on information, provided by the relevant NHS bodies, setting out the scope and timeframes of future work streams and the geographical footprint that may be affected by the potential changes; and

(8) NHS witnesses attending the meeting will be limited to officers and/or health professionals presenting reports or information to

Members, plus any additional witnesses specifically requested to attend by Members.

5 IMPLEMENTATION OF HYPER ACUTE STROKE SERVICES RECONFIGURATION

The Committee received a detailed presentation on the proposals to change Hyper Acute Stroke Services in South and Mid Yorkshire, Bassetlaw and North Derbyshire. Information on the reasons for change, the options available and the preferred option of the "Commissioners Working Together" which went out for public consultation, were highlighted. Details of the outcomes of the public consultation and engagement, and an assessment of the emergent themes, was provided to the Committee, as was an analysis of how the CCGs proposed to address the themes identified in the consultation.

The Committee noted that, due to the scale of the change, phased implementation was proposed, with Rotherham being de-commissioned in the first phase and Barnsley to follow later.

Given the recent winter pressures on the NHS, the Committee challenged the availability of ambulance services to ensure HASU patients received treatment within the required time. The Committee was assured that times could be met and were given an explanation of the process for dealing with HASU patients as well as additional funding proposals to the ambulance service.

The Committee noted that, in those areas where there would no longer be a HASU that patients would be repatriated to their local hospital within 72 hours. However, as stroke services were included in the Hospital Service review could reassurances be given that this would still be the case? The Committee was advised that there were different discharge processes and for some, patients might be able to receive care in their local community. The outcomes of the Hospital Services review would be considered with regards to how they could best provide care to patients.

The Committee sought assurances that existing services at the proposed HASUs would not be compromised (eg scanning capacity) by the increased patient numbers resulting from reconfiguration. The Committee was advised that some capital investment and bed-based plans would be required, and that implementation would be phased, not going live until appropriate resources were in place.

A further question was asked on the potential risk for the non-specialist strokes centres in recruiting and retaining staff given the current

shortage of suitably trained and qualified staff. It was acknowledged that there were challenges around staffing and the CCGs were working to meet these challenges as part of the service reconfiguration.

The Committee would request updates on these issues as implementation progressed.

6 CHILDREN'S NON-SPECIALIST SURGERY AND ANAESTHESIA – PROGRESS ON IMPLEMENTATION

A brief update was given on the progress to implement approved changes to Children's Surgery and Anaesthesia services.

Approval of the preferred model enabled the majority of surgery to continue to be delivered locally and through the development of three hubs, Doncaster Royal Infirmary, Sheffield Children's Hospital and Pinderfields General Hospital in Wakefield.

The decision meant that once implemented around one or two children per week needing an emergency operation for a small number of conditions, at night or at a weekend, would no longer be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would receive their treatment at one of the three hubs.

Implementation was now progressing with detailed work being undertaken to agree clinical pathways through the Managed Clinical Network, and a series of designation visits (to be completed by mid-February 2018). There had been some slippage from the anticipated due date of end Q4 2017-18, however, implementation was still expected in Q1 2018-19.

The Committee noted the progress made to enable the changes to children's non-specialist surgery and anaesthesia.

7 INDEPENDENT HOSPITAL REVIEW – UPDATE

The Committee received a presentation on the aims and objectives of the review. These were to

- **Define and agree a set of criteria** for what constituted 'Sustainable Hospital Services' for each Place (South Yorkshire and Bassetlaw, North Derbyshire and Mid Yorkshire)

- **Identify any services** (or parts of services) **that were unsustainable**, short, medium and long-term including tertiary services delivered within and beyond the STP

- **Put forward future service delivery model** or models which would deliver sustainable hospital services

- **Consider what the future role of a District General Hospital** was in the context of the aspirations outlined in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) and emergent models of sustainable service provision

A report would be made to the Clinical Commissioning Group at the end of April following a 10-month review.

A major concern which had arisen from engagement with staff was the availability of staff at all levels.

Key themes were transforming care and engaging with the workforce, reducing variation in standards in care, configuring services with core services and non- emergency services, supporting organisations by working together.

Clarification was sought regarding the implications of the review for Rotherham Hospital given the recent investment in a new Urgent and Emergency Care Centre. It was noted that further details would be available as the review progressed.

A meeting would be arranged to discuss the timeline of changes and recommendations in the April report so the JHOSC could determine appropriate times to convene.

8 REVIEW OF SPECIFIC HOSPITAL SERVICES

The Joint Committee of CCGs, as part of the South Yorkshire and Bassetlaw Accountable Care System, was reviewing the health services provided to the communities as part of a Hospital Services Review. The services included in the review were urgent and emergency care; maternity services; hospital services for children who were particularly ill; services for stomach and intestines conditions (gastroenterology), including investigations (endoscopy); and stroke (early supported discharge and rehabilitation).

The Joint Committee of CCGs expected to bring change proposals to patients and the public formally within the next year and would like to continue to share cases for change with the JHOSC before it proceeded to formulate, engage and consult on any options for future service configuration.

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It was suggested that the Joint Committee might wish to consider a joint representative of the Healthwatch bodies within the footprint to assist (in a non-voting capacity) and advise it for the purposes of the consultation process.

RESOLVED (1) to receive the report; and

(2) not to appoint a co-opted member from the Healthwatch organisations at this stage.

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