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Date 04 June 2018

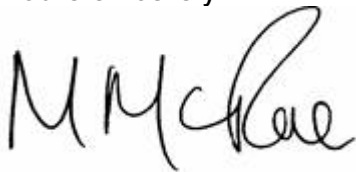
To: Members of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee

Dear Member,

SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – TUESDAY, 12 JUNE 2018

It is with pleasure that I write to invite you to attend a meeting of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee which is to be held at **1:00 pm on Tuesday, 12 June 2018 in the Committee Room A, County Hall, Wakefield** to consider the items set out in the agenda attached.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M McRae'.

M McRae
Chief Executive

As a courtesy to colleagues will you please turn off your mobile phones and pagers prior to the start of the meeting.

This agenda can be provided in large type, cassette, Braille or in another format or language if required. Please contact the person named above to discuss your requirement.

**SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

Tuesday, 12 June 2018

AGENDA

1. Attendance and Apologies.
2. Declarations of Interests.
3. Urgent Items.
4. Minutes of the last Meeting of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield JHOSC held on the 29 January 2018. (Pages 1 - 7)
5. Questions from Members of the public.
6. Hyper Acute Stroke Services. (Pages 9 - 14)
Representatives from the NHS will be in attendance for this item.
7. Children's Non-specialist Surgery and Anaesthesia. (Pages 15 - 19)
Representatives from the NHS will be in attendance for this item.
8. Hospital Services Review.
Representatives from the NHS will be in attendance for this item and will provide a verbal report.
9. JHOSC future Work Programme. (Pages 21 - 26)
10. Date and Time of Next Meeting.

A14073

**SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT
HEALTH OVERVIEW AND SCRUTINY COMMITTEE (FORMERLY COMMISSIONERS
WORKING TOGETHER)**

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 -

SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (FORMERLY COMMISSIONERS WORKING TOGETHER)

(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?

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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 position 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;

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(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

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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

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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

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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.

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.

	<p style="text-align: center;">REPORT TO South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Scrutiny Committee</p> <p style="text-align: center;">TO BE HELD ON 12 June 2018</p>
<p>Strategic Theme: All</p>	<p>Key Decision No</p> <p>Forward Plan Ref No: N/A</p>

REPORT OF: OVERVIEW & SCRUTINY OFFICERS

WARDS AFFECTED: All

1. SUBJECT: HYPER ACUTE STROKE UPDATE

2. PURPOSE OF REPORT

2.1 To provide an update to the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Scrutiny Committee on hyper acute stroke services.

3. RECOMMENDATION

3.1 That the Joint Health Scrutiny Committee members are asked to note the update on hyper acute stroke services.

4. WHAT DOES THIS MEAN FOR THE DISTRICT'S PEOPLE

4.1 The report is for information only.

5. BACKGROUND INFORMATION

5.1 The Joint Committee of Clinical Commissioning Groups (JCCCG) approved the decision making business case to progress changes to hyper acute stroke services and implement a new service model across South Yorkshire and Bassetlaw in November 2017. The attached paper provides a brief outline of the current position.

6. OPTIONS APPRAISAL

6.1 No options other than the recommendation are proposed.

7. STRATEGIC IMPLICATIONS

7.1 None arising from this report.

8. FINANCIAL IMPLICATIONS

8.1 None arising from this report.

9. ENGAGEMENT

9.1 None arising from this report.

10. CORPORATE IMPLICATIONS

10.1 None arising from this report.

Head of Service: Bernadette Livesey City Solicitor

Contact Officer:

Andy Wood, Overview & Scrutiny Officer
Room 53, County Hall
Telephone No: 01924 305133
E-mail address: awood@wakefield.gov.uk

Background Papers:

Attached

Hyper Acute Stroke Update

Joint Overview and Scrutiny Committee

12th June 2018

Author(s)	Marianna Hargreaves, Programme Lead, South Yorkshire and Bassetlaw Integrated Care System Dr Lisa Wilkins, Consultant in Public Health Medicine, South Yorkshire and Bassetlaw Integrated Care System Helen Stevens – Associate Director of Communications and Engagement
Sponsor	Lesley Smith – System Reform Lead Will Cleary-Gray – Director of Sustainability and Transformation
Is your report for Approval / Consideration / Noting	
For Noting	
Are there any resource implications (including Financial, Staffing etc)?	
N/A	
Summary of key issues	
<ul style="list-style-type: none"> • A decision was made by the Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning Group to approve the decision making business case and changes to hyper acute stroke services in November 2017. • The proposed model included a Stroke Managed Clinical Network to support the development of networked provision and the consolidation of hyper acute stroke care at Doncaster Royal Infirmary, Royal Hallamshire Hospital (Sheffield) and Pinderfields Hospital (Wakefield). Plus the continuation of existing provision at the Royal Chesterfield Hospital. It will be supported by the gradual implementation of Mechanical Thrombectomy commissioned by NHS England. • Since the decision was made a challenge has been received from a SYB resident seeking a Judicial Review. It was confirmed in early May that permission for a Judicial Review was refused. A renewal notice (appeal) has now been initiated and a hearing to determine if a substantive hearing is necessary is expected in June 2018. • We are advised to continue to plan, but not take any irreversible steps. • HASU providers are strengthening contingency planning to ensure continuation of existing HASU provision pending an outcome of the Judicial Review. 	
Recommendations	
The Joint Overview and Scrutiny Committee members are asked to note the progress.	

Hyper Acute Stroke Services Update
Joint Overview and Scrutiny Committee

12th June 2018

1. Purpose

The purpose of this brief is to update the Joint Overview and Scrutiny Committee on hyper acute stroke services. JCCCG approved the decision making business case to progress changes to hyper acute stroke services and implement a new service model across South Yorkshire in Bassetlaw in November 2017. The JHOSC were able to hear and scrutinise the decision making business case at this time. This update paper provides a brief outline of the current position.

2. Introduction

A decision was made by the Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning Group to approve the decision making business case and changes to hyper acute stroke services in November 2017.

The proposed new model included the following:

- A **Stroke Managed Clinical Network (MCN)** to support the development of networked provision of stroke care across the South Yorkshire and Bassetlaw Integrated Care System
- **Consolidation of hyper acute stroke care** at the following units –
 - **Doncaster Royal Infirmary**
 - **Royal Hallamshire Hospital**
 - **Pinderfields Hospital Wakefield**
 - Plus the continuation of hyper acute stroke care at Royal Chesterfield Hospital.
- The hyper acute stroke model above will be supported by
 - **The gradual implementation of mechanical thrombectomy, commissioned by NHS England commissioning**
 - A review of the wider stroke pathway as part of the Hospital Services Review
- There is also a need to continue improvements in primary and secondary prevention of stroke risk factors.

3. Current Position

Since the decision to change the way hyper acute stroke services are provided across the region was made, a SYB resident has made a challenge to the decision and is seeking a judicial review.

We understand that the minutes from the January Joint Health Overview and Scrutiny Committee confirm that the Committee has no further questions or queries and would like updates on implementation every four months.

There were two areas of challenge: First, that there was a failure to carry out meaningful and lawful consideration with the Joint Health Overview and Scrutiny Committee and second, that there was a failure to take into account those people responding to the telephone survey “did not have proper information on which to form a view.”

It was confirmed in early May that permission for the Claimant to bring a judicial review was refused by Mr Justice Turner.

The Judge disagreed with the Claimant’s analysis of the duty to consult local authorities. Regarding the use of the telephone survey Mr Justice Turner said that the deployment of this method of consultation and the means by which the results were later promulgated fell well within the bounds of lawfulness.

The Claimant had 7 days to lodge an ‘appeal’ to seek an oral hearing. A renewal notice and the Claimant’s grounds for renewal were received by the sICS in mid May. It is now anticipated that a hearing to determine if there are grounds for a substantive hearing will take place in June 2018. We will continue to update the Joint Health Overview and Scrutiny Committee on the progress around this.

Pending the outcome of the Judicial Review, we are advised by our lawyer to continue to plan, but not to take any irreversible steps. We have therefore continued to further develop the service specification for the new model and the financial arrangements.

Due to the fragility of existing HASU services as set out in the business case providers are strengthening joint contingency plans, to ensure continuation of HASU provision if for any reason any of the existing services were no longer able to operate.


In the spring of this year, The Rotherham NHS Foundation Trust had to instigate a temporary divert of some patients to Doncaster Royal Infirmary for patient safety reasons due to a temporary staffing shortage. Rotherham Overview and Security Committee were informed.

4. Summary

A SYB resident has requested a Judicial Review challenging the decision to reconfigure hyper acute stroke services in South Yorkshire and Bassetlaw. Their initial request has been dismissed by a Judge and a renewal hearing is due in June.

In line with our legal advice, planning for the new model of the hyper acute stroke care continues but no steps that are irreversible will be taken pending the possible Judicial Review.

Providers are strengthening contingency planning to ensure continuation of current hyper acute stroke care.

	<p style="text-align: center;">REPORT TO South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Scrutiny Committee</p> <p style="text-align: center;">TO BE HELD ON 12 June 2018</p>
<p>Strategic Theme: All</p>	<p>Key Decision No</p> <p>Forward Plan Ref No: N/A</p>

REPORT OF: OVERVIEW & SCRUTINY OFFICERS

WARDS AFFECTED: All

1. SUBJECT: CHILDREN’S NON SPECIALISED AND ANAESTHESIA UPDATE

2. PURPOSE OF REPORT

2.1 To provide an update to the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Scrutiny Committee on progress to implement approved changes to Children’s Surgery and Anaesthesia (CS&A) services.

3. RECOMMENDATION

3.1 That the Joint Health Scrutiny Committee members are asked to note the progress to enable the changes to children’s non specialised surgery and anaesthesia.

4. WHAT DOES THIS MEAN FOR THE DISTRICT’S PEOPLE

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

5. BACKGROUND INFORMATION

5.1 The Joint Committee of Clinical Commissioning Groups (JCCCG) approved the decision making business case to progress the changes in a meeting in public on the 28 June 2017. The attached paper follows earlier updates provided to the JHOSC in July 2017 and January 2018.

6. OPTIONS APPRAISAL

6.1 No options other than the recommendation are proposed.

7. STRATEGIC IMPLICATIONS

7.1 None arising from this report.

8. FINANCIAL IMPLICATIONS

8.1 None arising from this report.

9. ENGAGEMENT

9.1 None arising from this report.

10. CORPORATE IMPLICATIONS

10.1 None arising from this report.

Head of Service: Bernadette Livesey City Solicitor

Contact Officer:

Andy Wood, Overview & Scrutiny Officer
Room 53, County Hall
Telephone No: 01924 305133
E-mail address: awood@wakefield.gov.uk

Background Papers:

Attached.

Children’s Non Specialised Surgery and Anaesthesia Update

Joint Overview and Scrutiny Committee

12th June 2018

Author(s)	James Scott, Maternity & Children’s Workstream, South Yorkshire and Bassetlaw Integrated Care System Marianna Hargreaves, Transformation Programme Lead, South Yorkshire and Bassetlaw Integrated Care System Additional material provided by Prof Des Breen, Medical Director sICS Emma Andrews, Interim Clinical Networks, Project Consultant
Sponsor	Will Cleary-Gray, Director of Transformation and Sustainability, SYB Accountable Care System Chris Edwards – SRO Maternity and Children’s Workstream
Is your report for Approval / Consideration / Noting	
For Noting	
Are there any resource implications (including Financial, Staffing etc)?	
N/A	
Summary of key issues	
<ul style="list-style-type: none"> • A decision was made by the Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning Group to approve the decision making business case for children’s non specialised surgery and anaesthesia in June 2017. • Approval of the preferred model enables the majority of surgery to continue to be delivered locally and the development of three hubs, Doncaster Royal Infirmary, Sheffield Children’s Hospital and Pinderfields General Hospital in Wakefield. • The decision means 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, will no longer be treated in hospitals in Barnsley, Chesterfield and Rotherham, and will receive their treatment at one of the three hubs. • Implementation continues to progress with most clinical pathways agreed by the Managed Clinical Network and designation visits completed in early 2018. • It was anticipated that implementation of the changes would progress after designation in Qtr 1 2018/19. Through the designation process it was identified that further work is required with hub centres to enable them to deliver all aspects of the service and as such this has been prioritised ahead of implementation, with the aim for the changes to be enacted in Qtr 3. This approach was agreed with the Joint Committee of Clinical Commissioning Groups in March 2018. 	
Recommendations	
The Joint Overview and Scrutiny Committee members are asked to note the progress to enable the changes to children’s non specialised surgery and anaesthesia.	

Children's Non Specialised Surgery and Anaesthesia Update

Joint Overview and Scrutiny Committee

12th June 2018

1. Purpose

The purpose of this brief is to update the Joint Overview and Scrutiny Committee on the progress to implement approved changes to Children's Surgery and Anaesthesia (CS&A) services. JCCCG approved the decision making business case to progress the changes in a meeting in public on Wednesday 28th June 2017. The JHOSC were able to hear and scrutinise the decision making business case at this time. This paper follows earlier updates provided to the JHOSC in July 2017 and January 2018.

2. Introduction

A decision was made by the Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning Group to approve the decision making business case for children's non specialised surgery and anaesthesia on 28 June 2017.

Over the last three years clinical commissioners and hospital trusts providing services in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham, Sheffield and Mid Yorkshire, have come together to review and improve the care and experiences of all children needing an emergency operation in our region.

By working together in partnership across all hospitals and commissioning organisations, new ways of working have been developed which means the number of children currently likely to be affected by these changes has reduced significantly since the launch of the consultation in October 2016 and this has given staff working in the services more opportunities to improve and enhance their skills.

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

The decision means 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, will no longer be treated in hospitals in Barnsley, Chesterfield and Rotherham. They will instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfields General Hospital where the right staff, with the right skills, will be available 24 hours a day, seven days a week. The service at Bassetlaw Hospital will remain the same, as it already does not provide acute surgery for children out of hours.

3. Implementation Progress

Implementation is progressing with the Managed Clinical Network taking a lead role. In particular progress has been made to –


- **Implement the Designation process.** There has been strong engagement from all the Trusts in populating teams for the designation visits. All visits have now been completed, as has the process of providing post visit feedback to Trusts. In most cases the designation visits have confirmed what was anticipated from the initial self-assessment work and services are ready to be designated at the level anticipated to deliver the new service model.

The review team requested detailed action plans from each organisation and are in the process of following these up to ensure that they offer assurance that areas identified in the visits are being addressed and they will be able to meet the expected service requirements. Through the visits it was identified that further work is required with the hub centres to enable them to deliver all aspects of the service and as such this has been prioritised ahead of implementation. This approach was agreed with the Joint Committee of Clinical Commissioning Groups in March 2018.

- **Develop and agree clinical pathways.** Working groups were set up for each clinical pathway facilitated by the Managed Clinical Network. Through these groups good progress has been made to develop pathways or adopt existing pathways where possible and appropriate to do so. The Managed Clinical Network has signed off most of the pathways as anticipated, and where there is still work to do a plan is in place to progress this.

There remains an expectation that transfer numbers, given the adherence to the designation standards, will be low. Agreeing the necessary transport arrangements to facilitate these transfers continues to be a key part of the plan going forward.

It was anticipated in our previous update that implementation of the changes would progress after designation in Quarter 1 2018/19. As described above through the designation process it was identified that further work is required with hub centres and that this would be prioritised ahead of implementation. The plan is for the implementation of the new model to take place when this further work is complete, during Quarter 3 2018/19.

	<p style="text-align: center;">REPORT TO South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Scrutiny Committee</p> <p style="text-align: center;">TO BE HELD ON 12 June 2018</p>
<p>Strategic Theme:</p>	<p>Key Decision No</p> <p>Forward Plan Ref No: N/A</p>

REPORT OF: OVERVIEW & SCRUTINY OFFICERS

WARDS AFFECTED: All

1. SUBJECT: WORK PROGRAMME

2. PURPOSE OF REPORT

2.1 This report provides an opportunity for members of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee to consider and agree the priorities for developing its future work programme.

3. RECOMMENDATION

3.1 Members are asked to consider the matters set out in this report and agree the priorities for developing the future work programme of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee

4. WHAT DOES THIS MEAN FOR THE DISTRICT'S PEOPLE

4.1 This report is for information only at this stage.

5. BACKGROUND INFORMATION

5.1 The JOHSC was established in 2015 for the purpose of overseeing the NHS “Working Together” programme. It was set up following a formal request made by the NHS Clinical Commissioning Groups (CCGs) that provide services in South and Mid Yorkshire, Bassetlaw and North Derbyshire. The request was made to the local authorities with responsibility for scrutinising health services across the same geographical footprint.

At the meeting of the JHOSC on 31 July 2017, it was resolved that the local government officers supporting the Committee would meet to review the terms of reference. This was in light of:

- Health service providers indicating that future work streams may result in service reconfigurations that will impact on part or all 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 to the demands placed on the NHS resources and the desire to streamline attendance of NHS representatives.
- The need to ensure that the meetings are accessible to the public and that the Committee is in a position to provide appropriate and timely responses to public questions. The revised Terms of Reference were agreed by the JHOSC at its meeting held on the 29 January 2018.

5.2 Since the formal establishment of the JHOSC, a number of issues / work streams have been considered by the Committee, including:

- Hyper Acute Stroke Services
- Children’s non-specialist surgery and anaesthesia
- Hospital Services Review

5.3 At the JHOSC meeting held on the 31 July 2017, Members were asked to consider the wider implications of the SY&B footprint and that patient flows would also involve Mid Yorkshire and Chesterfield. It was noted that the current configuration of the JHOSC would work for the hospital services review. It was confirmed that 80% of the Sustainability and Transformation Plan (STP) was at a local level and there would be no need to replicate local scrutiny. The other 20% was wider and could potentially be scrutinised by the JHOSC. Clarity was sought on the timescale for having a clear plan and programme for the STP, in particular the wider 20% beyond the individual place plans

5.4 In order to further develop the understanding of the South Yorkshire, Bassetlaw, North Derbyshire and Mid Yorkshire Health and Care

Partnership, the JHOSC held a development session with the NHS to consider:

- Current and future governance and decision-making arrangements of the Partnership, including the position of the JHOSC within the wider arrangements of an Accountable Care System;
- The Partnership's approach to public engagement and involvement;
- To have a fuller appreciation of the various programmes of the Partnership
- To identify priority areas and an outline forward plan for the JHOSC including timeline etc.

5.5 The outcome of the development session, particularly the various programmes and timeline will help assist members in developing the JHOSC forward programme of work, based on identified priorities and an agreed schedule of meetings.

5.6 In continuing to develop its future work programme, the following matters are particularly highlighted as 'good practice' suggestions for the JHOSC to consider:

- Avoid duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue.
- Ensure any scrutiny activity has clarity and focus of purpose; adding value within an agreed time frame.
- Avoid pure "information items" except where that information is being reviewed as part of an identified policy/scrutiny review.
- Seek advice about the available resources and relevant timings, taking into consideration the overall workload of the JHOSC and the Health Overview and Scrutiny Committees across the constituent authorities.
- Build sufficient flexibility to enable the consideration of urgent matters that may arise during the year.

5.7 The following matters are also worthy of consideration in the development of a future work programme:

- The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide for local NHS bodies to consult with the appropriate health scrutiny committee where there are any proposed substantial developments or variations in the provisions of health service in the area(s) of a local authority
- It is further noted that under the legislation officials from relevant NHS bodies are required to attend committee meetings; provide information about the planning, provision and operation of health services; and must consult on any proposed substantial developments or variations in the provision of the health service.

- With the lack of any nationally recognised definition of what constitutes a 'substantial' development or variation in the provision of the health service, it is recognised as good practice for NHS commissioners and providers to engage with the appropriate health scrutiny committees (or JHOSC, where appropriate) as early as possible to discuss any proposed service developments or variations in order to help define the necessary level of formal consultation.

6. OPTIONS APPRAISAL

6.1 No options other than the recommendation are proposed.

7. STRATEGIC IMPLICATIONS

7.1 None specifically arising from this report.

8. ENGAGEMENT

8.1 Not applicable at this stage.

9. CORPORATE & COMPREHENSIVE IMPACT IMPLICATIONS

9.1 None specifically arising from this report.

Financial Implications

9.2 None arising from this report.

Legal Implications

9.3 None arising from this report.

Equality Implications

9.4 None specifically arising from this report.

10. RECOMMENDATION(S)

10.1 Members are asked to consider the matters set out in this report and agree the priorities for developing the future work programme of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee

11. REASON FOR RECOMMENDATION

11.1 To discuss and develop a work programme for the municipal year 2018/19.

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Background Papers:
None.

