

**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**  
**Monday, 31st July, 2017**

Present:- Councillor Simon Evans (Rotherham MBC) (in the Chair); Councillors Pat Midgley (Sheffield City Council), Cynthia Ransome (Doncaster MBC) and David Taylor (Derbyshire County Council)

Also in attendance:-

Scrutiny Officers:- Anna Marshall (Barnsley MBC), Christine Rothwell (Doncaster MBC), Roz Savage (Derbyshire County Council), Janet Spurling (Rotherham MBC), Emily Standbrook-Shaw (Sheffield City Council) and Andy Wood (Wakefield MDC)

NHS:- Steve Allinson (North Derbyshire CCG), Dr. Peter Anderton (Commissioners Working Together), Lisa Bromley (Bassetlaw CCG), Will Cleary-Gray (NHS England), Alison Knowles (NHS England), Kate Laurance (Sheffield CCG), Dr. Tim Moorhead (Sheffield CCG), Maddy Ruff (Sheffield CCG), Lesley Smith (Barnsley CCG), Helen Stevens (NHS England) and Professor Chris Welsh (Yorkshire and The Humber Clinical Senate)

Apologies for absence:- Apologies were received from Councillors Keith Girling (Nottinghamshire County Council), Wayne Johnson (Barnsley MBC), Andrea Robinson (Doncaster MBC) and Betty Rhodes (Wakefield MDC).

**1. INTRODUCTIONS**

The Chair welcomed everyone to the meeting and attendees introduced themselves.

An additional agenda item on the Hospital Services review had been agreed by the Chair, as this meeting was a good opportunity to present this information to Members at an early stage.

**2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

Two questions had been received in advance of the meeting, with copies circulated to Members, including the introductory text for each question.

(1) Nora Everitt, Barnsley Save our NHS

As we feel that this Joint Health Scrutiny Committee do not currently demonstrate either consistency in the recording of its deliberations or independence in carrying out its scrutiny functions, in order to inspire the confidence of local people that they do fulfil their Statutory functions and demonstrates their statutory powers will they change their current practice/Terms of Reference by:

- Showing a clear independence from the NHS body attendees they invite to inform their scrutiny committee

- Clarifying, rather than confusing, the respective roles of the Scrutiny Committee and of the NHS bodies attending their Committee by request
- Reverting back to the name of their committee that describes the local authorities making up the Joint Committee and to cease using the new name that describes the NHS bodies that they scrutinise
- Meeting in Town Halls as is the accepted practice for scrutiny committees
- Clearly recording their deliberations, questions and decisions
- Considering live streaming their meetings *'to allow local people, particularly those who are not present at scrutiny-hearing meetings, to have the opportunity to see or hear the proceedings'* (Department of Health Local Authority Scrutiny 2014)?

Barnsley Save Our NHS were thanked for their timely question as the terms of reference were being reviewed and the points raised would be considered during the review.

(2) Doug Wright, Keep Our NHS Public Doncaster and Bassetlaw

I believe that the needs of local people are not considered when each core partner HAS to sign up to the South Yorkshire and Bassetlaw MOU, in order to receive the extra funding given to the new South Yorkshire and Bassetlaw Regional Accountable Care Systems. How can this this coercive approach be eliminated by this Committee in the proposed terms of reference to assist the core partners ensuring that the needs of local people .....?

Supplementary - Why are Mid Yorkshire and North Derbyshire Councils included in this terms of reference?

Keep Our NHS Public Doncaster and Bassetlaw were thanked for their question. It was clarified that the Joint Health Overview and Scrutiny Committee (JHOSC) had been established to scrutinise the Commissioners Working Together Programme that covered seven local authority areas including Wakefield and Derbyshire. The terms of reference referred to this workstream and not to the South Yorkshire and Bassetlaw (SY&B) Sustainability and Transformation Plan (STP) which had a different geographical footprint.

### **3. MINUTES OF THE PREVIOUS MEETINGS HELD ON APRIL, 2017**

Due to membership changes the minutes of the previous meeting were noted.

### **4. DECLARATIONS OF INTEREST**

There were no declarations of interest from Elected Members.

## **5. HOSPITAL SERVICES REVIEW**

Professor Welsh, Independent Review Director for the SY&B Accountable Care System Hospital Services Review gave a brief verbal update on this workstream.

This was an independent review and would take ten months to April 2018. The first stage would be to define the criteria to help understand what a sustainable hospital service was. Then the review would be looking at services and defining those which were non-sustainable and advising on future models of delivery to ensure long term sustainability.

The work was at a very early stage with the team in place for four weeks. They had met with commissioners in SY&B, providers and clinical commissioning groups. A programme of public engagement would be running going into the autumn and with local Elected Members over the coming months.

Discussion and questions ensued covering the following points:-

- How would the review want to involve Elected Members and the JHOSC?  
There was a timetable of engagement with Elected Members into the autumn and it would be expected to return to the JHOSC in the future as the work progresses.
- For it to be positive it needed the clinical requirements now and for the public to be informed about what the review was aiming to achieve.  
It was to ensure high quality patient care in each place within SY&B. The review would make recommendations but the expectation would be that the majority of care would still be at people's local hospital, although some things were technology dependent or depended on high quality skills in the workforce.

Very specific care may mean travel elsewhere, as now for example with coronary care. It was a case of getting people as quickly as possible to the place where they would receive the best high quality care, which might not be their local hospital.

It was suggested that further discussion was needed about how scrutiny may wish to be involved, including at different stages, possibly linked in with scrutiny arrangements for the SY&B STP below.

Resolved:- That the timescales for the consultation and the work on the hospital services review be provided at the next JHOSC meeting.

**6. CHILDREN'S NON SPECIALISED SURGERY AND ANAESTHESIA UPDATE**

Dr. Moorhead introduced a short briefing paper summarising the key issues regarding the proposals for children's non specialised surgery and anaesthesia. Attention was also drawn to the powerpoint slides attached to the minutes of the last meeting summarising the case for change, options, travel impact, and the consultation process and outcomes.

A unanimous decision had been 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.

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.

It is very early days in terms of implementation but a mobilisation plan is under development, including the ongoing designation process and development of a managed clinical network. It has been agreed to implement within existing commissioning and contracting arrangements and it is anticipated that implementation will commence from quarter four 2017/18 onwards.

Members sought clarification on hospital capacity in the case of a major incident such as a road traffic accident involving a large number of injured children. - The major trauma centre was located at Sheffield Children's Hospital and although the hospital had finite capacity if necessary it would assume the lead for overall co-ordination across local hospitals.

It was confirmed that plans for implementation would be in place by the end of December 2017 and that a further update could be brought to the Joint Health Overview and Scrutiny Committee (JHOSC) in two to three months.

Cllr Midgley informed the JHOSC that if Members were interested visits could be arranged to see the improvements made at Sheffield Children's Hospital.

Resolved:- (1) That the current position to progress the changes to children's non specialised surgery and anaesthesia be noted.

(2) That future updates on implementation be received by the Committee.

## **7. UPDATE ON HYPER ACUTE STROKE SERVICES**

Lesley Smith introduced a short paper setting out the current position regarding the review of hyper acute stroke services and the development of the business case.

No decision had been made yet and it was likely to be October before the final decision was taken as work was still ongoing, particularly with the region's hospitals. Although the clinical case for change was strong it was in the context of a complex set of interactions and the full implications on all partners, staff and patients needed to be understood to enable an informed decision on the future of services.

Numbers and the pathway for people with suspected strokes needed to be considered further.

It was acknowledged there were potential risks with deferring the decision to reconfigure hyper acute stroke services and work would continue with hospitals to manage these to ensure existing services were supported. For example the stroke pathway for Barnsley had for a while seen thrombolysis carried out elsewhere.

Resolved:- (1) That the current progress with the hyper acute stroke services transformation be noted.

(2) That an update be provided to the Committee in October following the meeting of the Joint Committee of Clinical Commissioning Groups.

## **8. REVIEW OF JHOSC TERMS OF REFERENCE**

There was a brief discussion with regard to formalising arrangements for receiving and responding to questions from members of the public. For example whether a specific length of time should be incorporated in the agenda and whether they should be submitted with a few days' notice, such as by the end of the Wednesday before the meeting, in order to facilitate the response.

No other suggestions were made at the meeting with regard to the principles, membership or working arrangements but it was agreed that more time was necessary for discussion.

In light of the issues around the current remit of the JHOSC and the different geographical footprints involved for various NHS workstreams, NHS

England highlighted the interconnectivity and commented that they would welcome one place for joint scrutiny.

Resolved:- (1) That the scrutiny officers and Elected Members work on the review of the terms of reference and amend them to take account of points made in the questions from the public.

**9. DISCUSSION REGARDING SCRUTINY ARRANGEMENTS FOR THE SOUTH YORKSHIRE AND BASSETLAW SUSTAINABILITY AND TRANSFORMATION PLAN**

It was suggested that it would be helpful to have or create a scrutiny committee for the SY&B footprint and that scrutiny officers could work with the Elected Members to determine when this would be appropriate.

NHS England commented that as patient flows crossed boundaries some changes would not be confined to the SY&B footprint but would also involve Mid Yorkshire and Chesterfield. They added that the current JHOSC membership would also work for the hospital services review.

This complexity might mean it would be a case of identifying the best memberships according to the workstreams.

Dr. Moorhead 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 this 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. – Proposals could be brought to the next JHOSC meeting to help identify future work.

Resolved:- (1) That this issue be discussed in conjunction with the review of the terms of reference.

(2) That the STP proposals be presented at the next meeting for Members' consideration.

**10. DATE OF NEXT MEETING**

Resolved:- That the next meeting of the Joint Health Overview and Scrutiny Committee be held in October 2017, date and time to be confirmed.