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

Tuesday, 12 June 2018

Present: Councillors Mrs E Rhodes Chair (Wakefield MDC), P Midgley (Sheffield City C), A Robinson (Doncaster MBC), J Ennis (Barnsley MBC), D Taylor (Derbyshire CC), and S Evans (Rotherham MBC)

Scrutiny Officers:- Christine Rothwell (Doncaster MBC), Jackie Wardle (Derbyshire CC), Janet Spurling (Rotherham MBC), Emily Standbrook-Shaw (Sheffield City C), Anna Marshall (Barnsley MBC) and Andy Wood (Wakefield MDC)

NHS:- Jackie Pederson (Doncaster CCG/SYB ACS), Lesley Smith (Barnsley CCG), Sue Cassin (Rotherham CCG), Will Cleary-Gray (Programme Director), Priscilla McGuire (JCCCCG), Philip Moss (JCCCCG), Helen Stevens (JCCCCG), Marianna Hargreaves (SYB ICS), T Moorhead (Sheffield CCG/JCCCCG), Alison Knowles (NHS England) and Alexandra Norrish (SYB ICS)

Observer:- Councillor Mrs C Ransom – Doncaster MBC

7 members of the public were in attendance at the meeting

1. DECLARATIONS OF INTERESTS

No declarations of interest were made.

2. MINUTES - 29 JANUARY 2018

Resolved – That the Minutes of the meeting of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee held on 29 January 2018 be approved as a correct record.

3. QUESTIONS FROM MEMBERS OF THE PUBLIC

The following public questions had been submitted and the responses below were provided.

Questions from Deborah Cobbett

(1) Will Scrutiny Members please consider the health needs of South Yorkshire communities set out in the Appendix of the Hospital Services Review (Annex D: Place Definitions)?

Response – The JHOSC would take into account all communities within the scope of the review. Local Health OSCs would also have an important role to play in addressing any local proposals.

(2) Do they feel that making cuts to services is the best way to address the health inequalities, diseases of poverty and conditions associated with the post-industrial communities they were elected to serve?

Response – Health scrutiny is outcome focused, looking at cross-cutting issues, including health improvement, wellbeing and how well health inequalities are being

addressed, as well as specific treatment services.

(3) Why did the Scrutiny Committee feel the need to be "developed" by NHS managers when your role is to scrutinise their activities, not to be directed or developed by them?

Response - The JHOSC session is to help further develop its understanding of the South Yorkshire and Bassetlaw, North Derbyshire and Mid Yorkshire Health and Care Partnership, as outlined in paragraph 5.4 Agenda item 9 – JHOSC future Work Programme.

The session's primary purpose is to develop a forward work programme for the JHOSC. Joint development sessions are outlined as good practice in statutory guidance issues by the Department of Health. Overview and Scrutiny Committees and JHOSCs must have regard to any guidance issued by the Secretary of State, in exercising, or deciding whether to exercise, any of their functions.

(4) Will you note the importance of Scrutiny, as set out by the House of Commons report on the effectiveness of Local Authority Overview and Scrutiny Committees?

Response - Each individual Authority will determine if and how it responds to the Select Committee report.

(5) Why should the JHOSC "add value" as stated on page 25, paragraph 5.6? What does this mean?

Response - This is good practice as identified by the Centre for Public Scrutiny and others, not specifically in relation to the Integrated Care System but all scrutiny reviews. To "add Value" is to ensure that any scrutiny review is focused and targeted on the key issues in order to avoid duplication and maximise member and officer resources.

Question from Leonora Everitt

(6) I have shared with you the information, as requested, about my experience as a member of the public, of the Calderdale and Kirklees Joint Health Overview and Scrutiny Committee. I was treated with respect with my verbal evidence heard, and my more detailed written evidence received, both as part of one regular meeting I attended and in a meeting dedicated to receiving evidence, verbal and written, from members of the public and from groups representing members of the public.

The Calderdale and Kirklees Joint Health Overview and Scrutiny Committee met regularly with a clear programme outlining the focus of each meeting and the relevant witnesses to be called. This programme covered all aspects of the substantial change proposed, and was adjusted to include any additional issues identified during the process.

Committee members deliberated together after each meeting and published their decisions and the reasons for them in brief shortly afterwards. They decided to make some recommendations regarding the NHS proposals and when these were not suitably responded to by the NHS they made a report to the Secretary of State. He referred it to the Independent Reconfiguration Panel which endorsed the Calderdale and Kirklees Joint Health Overview and Scrutiny Committee members' concerns.

Will you consider a similar approach to ensure that you take account of the views of the people you are accountable to and whose interests you serve, and that you also ensure that you carry out your full statutory scrutiny function as effectively as the Calderdale and Kirklees Joint Health Overview and Scrutiny Committee have done for their population?

Response – There was a fundamental difference between the Calderdale and Kirklees Joint Health Overview and Scrutiny Committee and the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee in that Calderdale and Kirklees had agreed the proposals were a substantial variation to services – a much advanced position to where we are at the moment in relation to the Hospital Services Review. As such, they laid out a programme of meetings to deal with each aspect of the review, including a specific meeting for public involvement, which included submissions as opposed to questions. The South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee may replicate this process should it decide that any proposals (which are some way off yet) involve a substantial variation to services or require a more detailed review.

A number of questions were asked that it was deemed inappropriate for the Committee to address.

4. HYPER ACUTE STROKE SERVICES

The Committee received an update on the proposals to change Hyper Acute Stroke Services in South and Mid Yorkshire, Bassetlaw and North Derbyshire.

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

The proposed model included a Stroke 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 would be supported by the gradual implementation of Mechanical Thrombectomy commissioned by NHS England.

In February 2018, a challenge was made of the decision from a resident seeking a Judicial Review. It was confirmed in early May that permission for a Judicial Review had been refused. A renewal notice (appeal) had now been initiated and a hearing to determine if a substantive hearing was necessary was expected in June 2018. The Clinical Commissioning Groups had been advised that they could continue to plan but could not take any irreversible steps. The Hyper Acute Stroke Services Update providers were strengthening contingency planning to ensure continuation of existing provision pending an outcome of the Judicial Review.

Resolved – That the report be noted and further information be provided following the outcome of the appeal.

5. CHILDREN'S NON-SPECIALIST SURGERY AND ANAESTHESIA

An update was provided on the progress to implement approved changes to Children's Surgery and Anaesthesia Services.

A 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 in June 2017.

Approval of the preferred model would enable the majority of surgery to continue to be delivered locally at three hubs at Doncaster Royal Infirmary, Sheffield Children's Hospital and Pinderfields General Hospital at Wakefield. Once the proposals were implemented it would mean around one or two children per week needing an emergency operation for a small number of conditions, at night or at the weekend, would no longer be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would receive their treatment at one of three hubs.

Implementation continued to progress with most clinical pathways having been agreed by the Managed Clinical Network and many designated visits had been completed in early 2018.

It had been anticipated that implementation of the changes would progress after designation in quarter 1 2018/19. However, through the designation process it was identified that further work was required with hub centres to enable them to deliver all aspects of the service and this would be prioritised ahead of implementation. It was now the aim that the changes would be enacted in quarter 3 2018/19. This approach had been agreed with the Joint Committee of Clinical Commissioning Groups in March 2018.

Resolved – (1) That the report be noted.

(2) That a briefing summary of the planning process reports (feedback on designation process and action plans, together with progress on patient pathways) sent to the Trusts be provided to the Joint Health Overview and Scrutiny Committee in the next four weeks.

(3) That the Joint Heath Overview and Scrutiny Committee consider the information requested at their next meeting.

6. HOSPITAL SERVICES REVIEW

The Committee received a detailed presentation on the Hospital Services Review. The objective of the review was to identify ways in which acute hospital services in South Yorkshire, Bassetlaw, Mid Yorkshire and North Derbyshire, can be put on a sustainable footing, in the face of significant challenges. The review had identified that the population was ageing, demand was increasing, the workforce was increasingly overstretched, people's needs were changing and the types of healthcare that can be provided are changing. However, the NHS has not changed to keep up.

The reviewed focused on some of the most challenged services and highlighted services which were facing significant difficulties with workforce and quality and have a significant impact on the service as a whole. Specifically these services included:

- Urgent and Emergency Care
- Maternity
- Care of the Acutely Ill Child
- Gastroenterology and Endoscopy
- Stroke

These issues had been discussed with the public through a range of events. An online and telephone survey had also been used to consult and engage with a wide range of individuals. A number of clinical working groups had been held to find out the views of staff. The Members felt that much greater consultation was required with the public. It was explained that activities had been arranged with the Chamber of Commerce. Toddler groups and GPs surgeries would also be targeted.

Clinicians, patients and the public identified three main areas of challenge. There were significant shortages of staff, across the workforce. Shortages mean that staff work long hours and don't have time for training and in worst cases they leave the organisation. Patients had made comments that care often felt rushed. Every trust had its own way of doing things, even when there were supposed to be national standards. This makes joint working difficult and impacts on patients. IT often doesn't work across organisations, and the system is not good at making the most of new technologies. Whilst there are some excellent new ideas emerging, these are usually in isolation of other trusts.

In developing solutions to these problems the review was guided by three main principles:

- There will continue to be a hospital in every place: we are not closing any District General Hospitals.
- Most patients will receive most of their hospital-based care at their local District General Hospitals.
- We need the staff we have – we do not expect that the review will lead to any redundancies, although some staff might have to work differently.

A solution identified was to ensure the hospitals worked better together through shared working on hosted networks. A single approach to recruitment, retention and training could be established. This could be further enhanced by the establishment of standardised clinical protocols. This would create a much greater degree of accountability. If working together was not enough, changing the way services were configured could be considered and how services could continue in a sustainable way.

For the services identified the review tested the possible options for each of the services against five criteria; workforce, affordability, access, quality and interdependencies. The review provided specific recommendations regarding delivery in the services identified.

The Hospital Services Review had been published 10 May 2018. There would be a public Joint Committee of Clinical Commissioning Groups discussion of 26 June 2018 regarding the review. These views would then be discussed at Trust Boards and Governing Bodies during June and July. Public responses to the recommendations, and the views of trusts and commissioners, would inform the drafting of a Strategic Outline Case. This would then be signed off by the Joint Committee and Clinical Commissioning Groups and the Collaborative Partnership Board.

Final comments on the report were required by 12 July 2018 and every effort would be made to publicise this to ensure a wide range of people were engaged with. It was stressed that the original report was an independent consultant's report and that no decisions had been made. The appropriate people would be invited to future meetings to discuss the finding and potential recommendations. The JHOSC was concerned

regarding the deadline for comments on the HSR report and how this would be publicised to the general public. It was suggested that existing routes would be used to advertise the deadline.

The JHOSC felt the HSR report was a complex document consisting of 180 pages together with a large number of technical annexes, which was not very reader friendly. The Committee requested that an easy read summary document is produced specifically for a public audience, and that a copy is sent to the JHOSC for comment.

In terms of general comments, the JHOSC considered that there may be a significant risk that the proposed workforce proposals would not go far enough over the next few years, leading to a further review around options for reconfiguration, particularly in relation to Emergency Departments.

With regard to maternity services, the HSR report suggests that in line with the requirement for mothers to be offered greater choice of birth options closer to home, the system should consult with the public on whether stand-alone Midwife-led Units (MLUs) are an option that they would support, and should further develop the home births service in each Place. Given that 71% of all deliveries in South Yorkshire, Bassetlaw and North Derbyshire (SYBND) are medium to high risk the JHOSC questioned the viability of standalone MLUs.

The HSR report recommended that SYB(ND) should establish a Transport Reference Group (TRG) with a remit to develop a system-wide transport strategy and the specific functions to support and deliver it. The JHOSC felt that it was important the TRG had sufficient powers and that its recommendations would be given sufficient weight in the decision-making process.

Notwithstanding these general comments, the Chair re-emphasised that the HSR report was an independent report commissioned by the JCCCG and at this stage should be viewed as such. The JHOSC will carefully consider the outcome of discussions at the JCCCG and constituent Trust Boards during June and July and will prioritise its own work programme to coincide with the decision-making process.

Resolved – That the JHOSC note the report at this stage and determine any future scrutiny activity to coincide with the decision-making process and in accordance with the Committee's agreed work programme.

7. JHOSC FUTURE WORK PROGRAMME

A report was submitted which provided an opportunity for Members to consider and agree the priorities for developing its future work programme.

The JHOSC 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.

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

At the JHOSC meeting held on 31 July 2017, Members were asked to consider the wider implications of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan 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 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.

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 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 a timeline.

The outcome of the development session, particularly the various programmes and timeline would help to assist Members in developing the JHOSC forward programme of work, based on identified priorities and an agreed schedule of meetings. The work programme would require a level of flexibility in order to deal with any issues that arise throughout the year on a local, regional and national level.

Resolved – (1) That Members note the information provided and give future consideration to the matters detailed to develop the Joint Committee's work plan.

(2) That NHS colleagues provide a timeline and forward plan of topics, together with assigned officers to the JHOSC within four weeks.

8. DATE AND TIME OF NEXT MEETING

Resolved – That the next meeting of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee be held in early October 2018 at Barnsley Council. Date to be confirmed.

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