

**Commissioners Working Together Joint Health Overview and Scrutiny Committee
(JHOSC)**

Monday 23 May 2016 (2.00pm)

Sheffield CCG Headquarters, 722 Prince of Wales Road, Sheffield, S9 4EU

Present	
Cllr Jeff Ennis (Barnsley MBC) (Chair)	Alice Nicholson (Sheffield CC)
Anna Morley (Barnsley MBC)	Andy Wood (Wakefield MDC)
Cllr Sean Bambrick (Derbyshire CC)	Phil Mettam (Bassetlaw CCG)
Jackie Wardle (Derbyshire CC)	Lesley Smith (Barnsley CCG)
Cllr Rachael Blake (Doncaster MBC)	Jackie Pederson (Doncaster CCG)
Christine Rothwell (Doncaster MBC)	Chris Edward (Rotherham CCG)
Cllr Colleen Harwood (Nottinghamshire CC)	Maddy Ruff (Sheffield CCG)
Martin Gately (Nottinghamshire CC)	Michele Ezro (Wakefield CCG)
Cllr Stuart Sansome (Rotherham MBC)	Helen Stevens (Working Together Programme)
Janet Spurling (Rotherham MBC)	Will Cleary-Gray (Working Together Programme)
Cllr Pat Midgley (Sheffield CC)	

1. Apologies for Absence

1.1 Apologies were received from Cllr Betty Rhodes (Wakefield MDC).

2. Declarations of Pecuniary and Non-Pecuniary Interest

2.1 There were no declarations of interest.

3. Minutes of the Previous Meeting

3.1 The minutes of the previous meeting held on 12th October 2015, were approved as a true and accurate record.

4. Committee Terms of Reference

4.1 Principles

- The committee agreed to an amendment of the first 'Principle', to remove 'considered as'.
- To add a third 'Principle' 'To ensure service configuration achieves better clinical outcomes and patient experience'.

4.2 Membership

Following discussion, it was agreed that quorum for the meeting should be reviewed in 2 meetings' time to decide whether to increase this from 3 to 4 members, to ensure an attendee is present from the South Yorkshire region.

5. Commissioners Working Together Programme Briefing

5.1 Will Cleary-Gray gave an update on the programme and explained that since the previous meeting the eight CCG's have been working together to work through the potential challenges of the geographical area involved. Today's meeting focuses on two service areas: Children's Surgery and Anaesthesia; and Hyper Acute Stroke Services. Work has already been done to engage communities and providers in relation to these

services and we are going to work up an options appraisal in relation to these services to be brought to the next meeting of this JHOSC.

- 5.2 Concerns were raised by committee members in relation to the consistency in decision making over geographical areas in relation to stroke services, as well as ensuring the location of centres are accessible to all within the critical first hour. The committee were advised that these concerns have been taken into consideration and we are looking to make sure that services can be accessed within a 45 minute time-frame. This work is also being carried out within the context of local Sustainability and Transformation Plans (STPs).
- 5.3 Other concerns were raised by Elected Members in relation to them being held accountable should these services not be effective, therefore they want to be forewarned of any problems through this committee so that they can report back to their Local Authorities as appropriate. The committee were informed that NHS representatives endorsed the comments on consistency in decision making and that principles in delivering these programmes comes from ensuring effective clinical outcomes and not making health inequalities worse.
- 5.4 The committee were referred to its previous meeting that there are a number of challenges services in our locality face, in particular in relation to the workforce. It was also highlighted that there is best practice which services are not currently meeting; therefore we need to get agreement on taking a different approach.

6. Pre-consultation Report for Children's Surgery and Anaesthesia and Hyper Acute Stroke Services

- 6.1 Helen Stevens gave an update to the committee on the consultation work which had taken place between January and April 2016 including liaising with patient user groups, developments in relation to websites and social media. Hundreds of people responded to the consultation which included representatives from a variety of communities. The attached report outlines the key themes which were identified and the feedback will be used to inform the options appraisal.
- 6.2 The committee suggested that the services need to ensure they're giving the right information to the right people at the right time, for example in relation to carers, particularly as different schemes for them will be in place across the areas, for example in Nottinghamshire they have a carer's passport.
- 6.3 Commendation was given by the committee in relation to the work that had been undertaken however queried what feedback had been received from Care Homes, what information will be given to parents in relation to children's issues, also what is available for those not on social media. The group were advised that at the moment the information is deliberately strategic to get Members' views on this work, and then further work can be done to drill down in to the detail. Work has been done with our CCGs to develop the strategy and we have also worked with Healthwatch to check nothing has been missed.
- 6.4 The committee asked what the anticipated cost was in relation to communications given consideration for different language requirements and were advised that this had been at the forefront of concerns. The committee was advised that best practice on how consultations have been done in other areas was considered as we don't necessarily need to have printed leaflet drops but we just need to be confident that we are reaching different communities. We will put time and resources into local communications, such

as speaking to local Imams. We will also create awareness through our partner agencies and volunteers.

- 6.5 Queries were raised regarding how feedback will be given to those who have provided feedback on the consultation so they can continue to monitor this work and its implementation. The committee was advised that a link to the report was sent round to those who participated as well as put on social media. However it was acknowledged that the suggestion that those who participated in the consultation could be involved in measuring outcomes and the implementation of changes would be helpful. It was therefore agreed that Helen Stevens would contact Cllr Blake outside the meeting to discuss her ideas further.

7. Draft Strategy and Plans for Consultation for Children's Surgery and Anaesthesia and Hyper acute Stroke Services

- 7.1 Helen Stevens gave an overview of the document provided, and explained the importance of this being shared with partners and that different communities across the geographical area are engaged with.
- 7.2 The committee asked if any preliminary trends had been identified for specific geographical areas as a result of the consultation and were advised that the questions asked in the consultation were general, such as 'what matters to you'. As a result of this specific information on what this means for each area is not available, however the committee requested that once this is they would like an update on the trends.
- 7.3 The committee recommended that the main consultation should be open for a minimum of 12 weeks and also highlighted that in other areas it was helpful to have a review during the consultation so that any issues could be identified and addressed then rather than at the end when it is too late. It was therefore agreed that a meeting of this committee would be held mid-point during the formal consultation to highlight and address any issues.

The Chair thanked all for their attendance and asked if there was any other business to discuss. Doncaster Council agreed to Chair and administer the next meeting and it was agreed that nameplates for attendees would be helpful. Following this, the Chair declared the meeting closed.

Action Points

1. 'Principles' to be amended on the Committee Terms of Reference.
2. Meeting quorum to be reviewed in 2 meetings' time.
3. Commissioners Working Together representatives to bring an options appraisal in relation to the services to the next JHOSC meeting.
4. Helen Stevens to contact Cllr Blake to discuss how those consulted could be involved in measuring outcomes and implementation of services.
5. Committee to be kept updated on geographical trends identified in responses in relation to what matters to the local population.
6. Committee meeting to be held mid-point during the formal consultation so any issues can be highlighted and addressed.
7. It was agreed for Doncaster Council to Chair and administer the next meeting, and for it to be held at Bramley in Rotherham if possible.