

South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview
and Scrutiny Committee

Meeting held 7 November 2019

PRESENT: Councillors Mick Rooney (Chair), Jeff Ennis, Eve Keenan and David Taylor (Derbyshire CC).

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1. APOLOGIES FOR ABSENCE

1.1 An apology for absence was received from Councillor Andrea Robinson, Doncaster MBC.

2. DECLARATIONS OF INTEREST

2.1 Councillor Jeff Ennis declared an interest as a Non-Executive Director of Barnsley Healthcare Trust

3. PUBLIC QUESTIONS

3.1 Councillor Mick Rooney, Chair of the Committee, referred to two questions he had received from Nora Everitt, the first of which could not be taken due to Purdah (the pre-election period before an election), and the second question would be included within Item 7 on the agenda "Hospital Services Review".

3.2 Nora Everitt

3.2.1 Ms Everitt raised concerns that there may be a loophole in scrutiny arrangements, if issues cannot be considered by local scrutiny committees because they fall under the remit of the Joint Health Overview and Scrutiny Committee.

3.2.2 Emily Standbrook-Shaw, Policy and Improvement Officer, Sheffield City Council, stated that under the Terms of Reference of the Joint Health Overview and Scrutiny Committee, each authority reserves the right to consider issues at a local level. A refresh of the Terms of Reference was planned, and would consider this issue.

3.3 Pete Deakin

3.3.1 Pete Deakin said that he had asked three questions at the previous meeting of the Committee and was not satisfied with the responses. He had concerns about the transparency and accountability of the Integrated Care System/Joint Committee of Clinical Commissioning Groups (ICS/JCCCG). Mr. Deakin asked when would the South Yorkshire and Bassetlaw Response to the Five Year Plan become available to view.

3.3.2 Councillor Mick Rooney asked Mr. Deakin to send in his written questions and he would provide a response to him. Helen Stevens, Associate Director of

Communication and Engagement South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) stated that all questions and responses were recorded in the minutes of the previous meeting and published on the website of the hosting Local Authority. In addition, a supplementary document was also published onto the website. Helen Stevens added that, due to Purdah, the response to the Five Year Plan will be published after the General Election and also when national guidance on the Plan has been received.

3.4 Doug Wright

3.4.1 Doug Wright asked questions regarding progress made on delivering the savings targets that were identified when the Sustainability and Transformation Plan was initially published.

3.4.2 Helen Stevens stated that due to the forthcoming General Election, she was unable to provide an answer to this, but after the Election and national guidance has been received, the Five Year Plan would be a good starting point to consider financial issues.

3.5 Alistair Tice

3.5.1 Alistair Tice referred to an item on the agenda – Hospital Services Review – and felt that the recommendations contained in the report would enable individual CCGs to close units within their own areas without consultation, which was a contradiction to the South Yorkshire and Bassetlaw Plan

3.5.2 In response, Councillor Mick Rooney stated that discussions on this had been held during the pre-meeting to this meeting and would be dealt with under the Hospital Services Review item on the agenda.

3.6 Louisa Fletcher

3.6.1 Louisa Fletcher asked about Workforce Planning and its role in transformation.

3.6.2 Lisa Kell, Director of Commissioning, SYB ICS, said that nursing staff shortfall across the NHS was very concerning, so there was a need in the Five Year Plan to focus on strong workforce planning across the area. Councillor Mick Rooney stated that it was hoped that an item on Workforce Planning would be included on the agenda of a future meeting.

4. MINUTES OF PREVIOUS MEETING

4.1 RESOLVED: That the minutes of the meeting of the Joint Committee held on 18th March, 2019, were approved as a correct record.

4.2 Matters Arising

4.2.1 Page 7 of the printed minutes, there was some confusion around how the ICS, CCGs and JCCCGs would all work together. Councillor Mick Rooney requested that a flow chart and/or diagrams be produced to show how the SYB ICS works,

including points of access for members of the public.

- 4.2.2 Page 10 of the printed minutes, at bullet point three in the resolution, Councillor Mick Rooney asked that a link to a report relating to patient and public engagement in shaping health services, which had been submitted to the Collaborative Partnership Board and Executive Steering Group, be provided. With regard to Part iii. of the resolution, which asked the Joint Committee to hold a session on the ICS approach to the prevention agenda, he suggested that each Council should hold individual sessions on this and included the role of the voluntary, community and faith sector.

5. PRE CONSULTATION ON GLUTEN FREE PRESCRIBING

- 5.1 Due to the contents of the report and pre-election rules, this item was withdrawn from consideration and will be brought to a future meeting of the Committee.

6. HOSPITAL SERVICES REVIEW

- 6.1 Alexandra Norrish, Programme Director for Hospital Services, South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) presented the report and stated that over the last two years, the South Yorkshire and Bassetlaw (SYB) health and care system has been considering how best to support the long term sustainability of acute hospital services in the South Yorkshire and Bassetlaw (SYB), Mid Yorkshire and North Derbyshire area. Regular reports on the development of the Hospital Services Review have been provided to the Joint Scrutiny Committee and updates on the recommendations are set out in the report. Alexandra Norrish said that the recommendations had been submitted to all CCG Governing Bodies within the area, for their consideration, which had subsequently been agreed and would be published at a later date. The report recommends that the system should take forward shared working between the Trusts, with the focus on developing Hosted Networks as an important vehicle for transformation going forward. Hosted Networks will work in three ways: Level 1 will focus on shared approaches to workforce, clinical standardisation and innovation; Level 2 will involve a higher level of sharing resources across the system; and Level 3 will consist of a closer relationship with one Trust providing or supporting services on another Trust's site.

- 6.2 Members of the Committee made various comments and asked a number of questions, to which responses were given as follows:-

- It was difficult to predict until after the General Election any potential savings that might be made and what the implications of Brexit might have, but these could be addressed at the next meeting.
- With regard to public engagement, a number of large open events have been held throughout the two years of the Review with individual events within each Place, run by Clinical Commissioning Groups. There has also been targeted activity focused on seldom heard groups, such as BME communities, asylum seekers, the traveller community, the LGBT community and people with disabilities.

- Committee members requested that future reports contain sufficient evidence for the Committee to be able to effectively scrutinise issues.
- Feedback and data on the consultation is available on the Integrated Care System website, however, as was pointed out, not everyone was able to access the internet and it was acknowledged that there was a need to find the right balance in providing information to all members of the public.
- The aim of the review was to reduce barriers between the Trusts and use the Hosted Networks to agree standardised transfer protocols between Trusts, so that patients can be transferred more easily, and to standardise care pathways, based on best practice, so that patients receive similar care whichever hospital they are in.

6.3 A written question was received from the South Yorkshire and Bassetlaw NHS Action Group as follows:-

“Will the JCCCG recommend the reinstatement of the Transport Patient and Public Panel, that was disbanded last month because the Hospital Services Programme had not found “reconfiguration” necessary, now that it has been agreed to reintroduce the possibility of “reconfiguration” into the Hospital Services Programme with regular monitoring and reviewing of the success of implementing “transformation”?”

6.4 Helen Stevens, Associate Director of Communication and Engagement SYB ICS, responded that the Transport Patient and Public Panel were no longer meeting because the Hospital Services Review had not resulted in any reconfiguration and therefore there was no business for the Panel to consider. If that position changes in the future, Ms Stevens assured the Committee that the Panel would be re-established.

6.5 RESOLVED: That the Committee:-

- (a) notes the report;
- (b) requests that future reports contain sufficient evidence for the Committee to be able to effectively scrutinise issues; and
- (c) requests that a report on the development of the hosted networks is brought back to a future meeting of the Committee, including feedback from staff and clinicians.

7. HYPER ACUTE STROKE SERVICES - REVIEW

7.1 Marianna Hargreaves, Transformation Programme Lead, South Yorkshire and Bassetlaw Integrated Care System (SYB ICS), gave an update on the implementation of the new South Yorkshire and Bassetlaw model of hyper acute stroke care (HASU). She said that after a comprehensive review of stroke services across the area, a strong clinical case for change underpinned the development of a new model to improve access to high quality urgent specialist

stroke care. It was acknowledged that if changes were made, there would be improved outcomes to those being diagnosed as having had a stroke. A HASU Implementation Group was established in December 2018, with representation from all providers, the Yorkshire Ambulance Service, Sheffield CCG and the Stroke Association and the Group agreed implementation dates for a phased delivery of the new model during 2019. The HASU in Rotherham Hospital ceased in July 2019, and, as was anticipated, those suffering from a stroke who resided in Rotherham, have been taken to the Sheffield HASU for their urgent stroke care. Following such care, they have been either discharged directly home, home with early supported discharge and/or community stroke services or transferred back to Rotherham hospital for ongoing acute stroke care and inpatient rehabilitation. After successful implementation in Rotherham in July, the changes were then carried out in Barnsley from 1st October, 2019 with patients going to Pinderfields, Doncaster or Sheffield and again timely transfer after their urgent care back to Barnsley Hospital for ongoing care and support. Early feedback from patients and their families and staff has been very positive.

- 7.2 Marianna Hargreaves circulated a leaflet which had been developed to help explain the regional model and outline what patients and their families could expect. She said further work was continuing to develop an accessible, easy to read patient leaflet. She stated that the information on many leaflets was in the form of pictures and diagrams to assist patients, particularly those with aphasia, and the aim was to develop an accessible, easy read patient leaflet. Helen Stevens, Associate Director of Communication and Engagement, SYB ICS, said that every hospital has a substantial amount of leaflets, covering all aspects of health care, and every leaflet needed to be checked every two years to refresh the information as necessary.
- 7.3 A regional patient flow policy has also been developed jointly by all partners setting out clear expectations to enable smooth and timely patient flow through the regional service. The policy includes a daily teleconference call for all providers to participate in, to enable joint oversight of the patient flow. Initial feedback is that patient flow is working out as anticipated.
- 7.4 Workforce planning and recruitment had been progressed in a phased way during 2019, with each HASU successfully recruiting additional nursing and therapy staff, through staff movement and career development. Each HASU has reviewed their internal medical cover arrangements to consider how best to put in place increased cover for the new model. However, workforce planning and recruitment for the future continues to be an area that requires further work, for both HASU and the whole stroke pathway.
- 7.5 In response to a number of questions from Members, Marianna Hargreaves stated that it was too early to provide evidence of improvement, but that data is being collected and will be brought to a future meeting of this Joint Committee. She reported that it was also too early to tell whether there were any unintended consequences of the changes, but so far the changes had gone smoothly. With regard to the closure of the Units in Rotherham and Barnsley, she stated that planning for any additional capacity that would be required at the other Units had been anticipated, and repatriation is happening within 48-72 hours.

7.6 NHS England has concluded that there is sufficient evidence to support the routine commissioning of Mechanical Thrombectomy for acute ischaemic strokes and Sheffield has a neuroscience centre which was crucial to the provision of complex, highly specialised neurological and neurosurgical quality care. The centre is open Monday to Friday but it is planned to increase coverage following the development of the highly specialised skills necessary.

7.7 RESOLVED: That the Committee:-

(a) notes the report; and

(b) requests that a report is brought to a future meeting of the Committee, including evidence to demonstrate that the new model is working as planned; information on patient flows; feedback from patients and families and feedback from the hospitals providing the additional services.

8. JOINT COMMITTEE OF CLINICAL COMMISSIONING GROUPS - FORWARD WORK PROGRAMME

8.1 The Committee received a report from Lisa Kell, Director of Commissioning, South Yorkshire and Bassetlaw Integrated Care System (SYB ICS), which set out the current and future work of the Joint Committee of Clinical Commissioning Groups (JCCCGs). Lisa Kell stated that in July, 2019, the JCCCG had updated its Terms of Reference which resulted in a number of changes, including a change in membership due to NHS Wakefield CCG withdrawing as an associated member. A new work programme was implemented and as work progresses the JCCCG will identify any areas where this Joint Committee would need to be consulted. Two areas identified were the continued implementation of the Hospital Services Programme and Gluten Free prescribing.

8.2 RESOLVED: That the Committee notes the forward work programme and requests that it is brought back to a future meeting.

9. DATE OF NEXT MEETING

9.1 The Policy and Improvement Officer stated that, as Wakefield had officially withdrawn from the Joint Committee, the name of the Committee would need to be amended, along with the Terms of Reference.

9.2 It was agreed that the next meeting the Joint Committee would be held on a date and time to be agreed late January/early February, 2020, at Sheffield Town Hall.