SHEFFIELD CITY COUNCIL

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

Meeting held 28 July 2020

(NOTE: This meeting was held as a remote meeting in accordance with the provisions of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020.)

PRESENT: Councillors Jeff Ennis, Eve Keenan, Mick Rooney and David Taylor

In attendance:-

Des Breen, Anna Clack, Lesley Smith, James Scott, Jaimie Shepherd Lesley Smith and Helen Stevens - South Yorkshire and Bassetlaw Integrated Care System (SYB ICS)

.....

1. APOLOGIES FOR ABSENCE

1.1 There were no apologies for absence.

2. EXCLUSION OF PUBLIC AND PRESS

2.1 No items were identified where resolutions may be moved to exclude the public and press.

3. DECLARATIONS OF INTEREST

3.1 Councillor Jeff Ennis declared a personal interest as a Non-Executive Director of Barnsley Healthcare Federation.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting held on 7th November 2019, were approved as a correct record.

4.2 *Matters Arising*

4.2.1 It was noted that a number of questions from members of the public were still outstanding and the Chair, Councillor Mick Rooney, together with Emily Standbrook-Shaw, Policy and Improvement Officer, would obtain answers to those questions and circulate them to Members within the next two weeks.

5. PUBLIC QUESTIONS

5.1 *Nora Everitt, on behalf South Yorkshire and Bassetlaw NHS Action Group*

SYBNHSAG) asked the following questions on behalf Peter Deakin:

5.1.1 (a) What protocol is there regarding national emergencies for not informing Scrutiny or the public about:
- how you will keep health and care services accessible and safe
- any changes to services you will be making?

(b) How, in this national emergency and possible second wave of virus infections, are you going to inform and involve the public to be sure you are transparent and accountable? Concerned that there were no public information on the website and no Joint Meetings of the CCG.

5.1.2 Lesley Smith and Helen Stevens, South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) responded by saying that each NHS body had a duty to ensure services were safe and report on the latest position of the pandemic to the public. When the national emergency was declared, the NHS took national command and control but the ICS could make changes regionally if it was considered that there was a risk to public safety. She added that the Integrated Care Service was not responsible for managing the effects of the pandemic, the pandemic was a public health issue the ICS served to provide updates and, where necessary, seek advice from NHS England on service changes. Helen Stevens stated that NHS bodies have a duty to continue to keep the public informed and Clinical Commissioning Groups and NHS Foundation Trust Groups were there to oversee that this was done. She referred to examples of information that had been given through social media, in particular Facebook, and also wrap-around reports in local newspapers as well as interviews on television and local radio stations. Also, the Clinical Commissioning Group (CCG) had been involved in carrying out online and telephone surveys and all NHS partners had been keeping the public well informed throughout the national campaign. Councillor Rooney considered that a verbal report, rather than a written report on this would be more effective as the pandemic was ongoing and changed daily, and whilst it was right and proper to provide regular updates, he said a written report might give an element of finality and, he felt, the pandemic was far from over. At a later date, there would be an in-depth analysis into the effects of the virus. Emily Standbrook-Shaw stated that here had been a significant response to the pandemic from local authorities and their respective Scrutiny Committees were looking into the how the virus had affected their local communities.

5.2 *Steve Merriman (questions asked by Nora Everitt)*

5.2.1 (a) Given the overwhelming gravity of C19, the gigantic effort put into fighting it and the fact that the last JHOSC meeting was last November, why is there no written report for the JHOSC members to consider?

(b) In accordance with the JHOSC Terms of Reference, can JHOSC request and consider a written report in order to form a view on the extent to which the pandemic has been successfully managed showing:

- comparative data for :

- SYBICS against other ICS's (re. Hospitals, Care Homes and Community)
- The 6 Committee Member Authorities in the SYBICS (re. Hospitals, Care Homes, Community)

- comparative data over time to do with :
  - Deaths per 100,000
  - C19 infections per 100,000

Deaths and infections by profession in NHS, Care Homes, and Community?

5.2.2 Councillor Mick Rooney stated that, as was mentioned earlier, each constituent local authority was carrying out its own analysis of the situation, and indicated he would be happy to discuss whether there should be joint analysis with colleagues on this Scrutiny Committee to avoid duplicity. It was reiterated again that the ICS was not responsible for the management of the pandemic.

5.3 *Luisa Fletcher (questions asked by Councillor Mick Rooney)*

Q1. What arrangements have been made in the plans being discussed under agenda items 8 and 9 to address the likelihood of a second wave of the COVID-19 pandemic?

5.3.1 There had been a huge amount of emergency planning at the beginning of lockdown, however the majority of services had remained intact and many lessons had been learnt and continuously updated. As there was improvement in dealing with the first wave of the crisis, protocols had been put in place to be able to effectively manage a second wave. With regard to the treatment of serious medical conditions such as cancer and heart attacks and also elective surgery, all which had been put on hold throughout the pandemic, Des Breen stated that the public had been afraid to go to hospitals due to fear of being infected with the virus and also not wanting to place extra burden on NHS staff working in the hospitals. When this became apparent, the NHS published a statement saying they were "still open for business". Although appointments initially would be held virtually, every effort would be made to encourage people to attend for treatment. It was also stated the Derbyshire Health Services were working as well as they possibly can.

Q2. P12. Point 3.8 The Equality Impact Assessment (presented to the SY&B JCCCG Feb'20) identified that the changes would have an impact on some children and families. (Carers, Lone Parents, Low Income families and Employment implications). The impact was considered low despite four categories affected. The paper intended for the cancelled Mar'20 meeting acknowledged there were identified groups affected by these changes.

- *Why is there no reference to these groups identified in the EIA as*

affected by the changes in today's update?

- *Why has there been no commitment to attempt to reduce any such an impact the changes will have on these families?*

5.3.2 Anna Clack stated that whilst additional protocols had been put in place during the pandemic, overall the EIA would ensure that no family would struggle to travel between hospitals should that situation arise. The position was fully explained to parents should a child require an appendectomy. Only those requiring surgery were transferred.

5.3.3 With regard to the financial impact on parents, a child that had had an appendectomy would be required to stay in hospital overnight, and only in very rare cases would a child be required to stay in hospital any longer, which would then mean a parent or carer would have to take time off work. In cases where children had been transferred to Leeds, reasonable costs in line with local hospital policy would be covered to ensure parents were able stay with their child.

5.3.4 An evaluation of the situation between parents and the Liaison Service based at Sheffield Children's Hospital, had taken place to ensure safe emergency transfer of patients during Covid. A significant amount of patient feedback had been received and this feedback had been very positive, one of the main points that had been picked up was that the whole experience was very smooth, there had been good communication between staff and families. However, the majority of questions from parents were where could they get a cup of tea and the best way to enter and leave the hospital.

Q3. The report (point 4.2) says the Hosted Network will be "monitoring the delivery of the new HASU model" listed some aspects they will look at. What have they learned from this and how have they been consulting with patients about their experience of the new model?

5.3.6 Jaimie Shepherd stated that the Network Team had been working across all services within the pathway. The Team had been participating in setting up a number of sub-groups and working with the Stroke Association. All clinicians were working well together, and close relationships have been developed. Patients have moved into the system as anticipated, but we are keeping eye on the national audit, patients entered onto this audit to monitor that HASU services were offering a high quality service and consistency in the services received. It was acknowledged that there was a need to increase Thrombolysis and Thrombectomy rates across the region. Patient experience which had been monitored through the Friends and Family Test and had shown that in February 2020 (the last published results) 100% of families were happy to recommend the services in Doncaster and Sheffield and 96% in Wakefield. The HASU performance dashboard had been suspended during Covid, but it was anticipated that an evaluation report would be published after October, 2020 allowing the service to gather a full year of data. Focus Groups (and/or surveys) would be developed to ask patients and families for their views.

Q4. "Repatriation" (points 3.9 and 3.10) is a very emotive word for many people, particularly those in ethnic minority communities. Why is the ICS not more sensitive in its use of language when other words, or phrases, can be used to describe a transfer from one hospital to another?

5.3.7 It was acknowledged that the word "repatriation" was a very emotive word, and an apology was given for any offence caused by this. It was explained that when staff speak to patients they use the word "transfer" not "repatriation" and that repatriation was a NHS technical term.

5.3.8 The final question asked by Luisa Fletcher re the Workforce Plan, would be dealt with in the mop up questions to be circulated at a later date.

6. UPDATE - COVID 19 AND THE INTEGRATED CARE SYSTEM

6.1 Lesley Smith gave a verbal update on Covid 19 and the Integrated Care System (ICS). She reiterated the point made earlier that the ICS was not a statutory body but linked in to the Joint Scrutiny Committee through transformation work. She said that during the Covid crisis, the ICS had adapted to be able to support local organisations and enable them to respond to the Covid crisis and facilitate mutual aid. She said that a group had been established to hold weekly meetings across the area. There had been a collective approach towards cancer patients to ensure that their treatment continued in line with clinical priority. Due to the decline in new cases of coronavirus in the South Yorkshire and Bassetlaw area, the ICS was in a position to implement Phase 3 in the recovery from the crisis, and that between August 2020 and August 2021, it would be looking into treatments that had been postponed and tackle lengthening waiting lists. One of the challenges had been the supply of Personal Protective Equipment (PPE) and it should be noted that 50 local companies had adapted their businesses to produce PPE. Lesley Smith stated that hospital staff and patients had been swabbed for the virus, and referred to the sites which had been set up at Doncaster and Meadowhall to carry out tests on all key workers and members of the public, and also the mobile testing units in Barnsley, Rotherham and the Dearne Valley that had been set up within communities to enable them to test, track and trace so that staff would be able to respond to local outbreaks or clusters. There had been a need to increase the intensive care capacity for the treatment of infectious diseases, which was based at Sheffield Hallamshire Hospital, but had been developed across all sites, however, as the number of coronavirus infections decrease, care was being returned to the Sheffield site to free up intensive care at District Hospitals. Community support was being given to survivors of Covid 19, particularly those who required longer term rehabilitation. Each member organisation with theICS was working closely with its local authority to develop robust plans in tackling future spikes in the virus.

The ICS had also been involved in the Nightingale Scheme. More than 600 final year nursing and allied health students from Sheffield Hallam University had volunteered to join NHS and support the frontline. Local Authorities were working with care homes and local resilience forums to offer support in care homes, which included education, training, development, tutorial on the safe use of PPE and safe disposal of contaminated items. There had been the deployment of specialist

hospital equipment to help with deep cleaning inside care homes.

6.2 Helen Stevens stated that a Citizens Panel was in development, however the company that had been commissioned to deliver this work across the NHS, usually built membership databases face to face, but due to the current situation, recruitment had had to be carried out online and was doing all it could to reach across different demographics. There were plans to work with voluntary organisations and to start an online campaign initially through Facebook, and then look at where the gaps were.

6.3 Recent discussions had focused PPE supplies, recognised the impact of Covid within the region and looked at the local economy and what was required to stimulate employment within the area, and felt that it was important to connect with Sheffield City Region to recognise the economic challenges in the area.

6.4 The Chair thanked Lesley and Helen for the update.

7. CHILDREN'S SURGERY AND ANAESTHETIC SERVICES

7.1 The Committee received a report which provided an update on proposed changes on the South Yorkshire and Bassetlaw Children's Surgery and Anaesthesia Work. The report set out details of a new proposal for a revised service model and the implementation of an associated pathway for paediatric appendectomy surgery. The proposal had been put forward by Clinicians working within South Yorkshire and Bassetlaw and had been supported, in principle, by the Joint Committee of Clinical Commissioning Groups.

7.2 Des Breen introduced the report and stated that the proposal would ensure that children presenting with acute abdominal pain would be seen by surgeons and anaesthetists who were trained in the care of children. District General Hospitals carried out a lot of paediatric care but there was a need to target surgeons who currently carried out surgery on adults but had no formal paediatric training and encourage to them train and carry out surgery on children. The Royal College of Surgeons considered that a child was someone who was 16 years and under. The reduction in hours in recent years for junior doctors had led to limited training. When asked how far down the age range can an adult surgeon carry out general surgery on children it was considered that the cut off age was around eight. He said the numbers of appendectomies on children were very small and that some surgeons in District General Hospitals only carried the procedure once or twice over a five year period. Appendectomies were not time critical so patients could be safely transferred. Clinicians have developed a pathway which monitors abdominal pain through a scoring system that decided which patients should be transferred for local district hospitals to Sheffield Children's Hospital. He said it was safer and better for children under the age of eight to be seen by someone trained to operate on size appropriate. Des Breen said that the clinical pathway to be developed to transfer children under eight years old from local hospitals to Sheffield Children's Hospital would only affect about 45 children a year with appropriate arrangements being put in place to ensure their safe transfer. The acute response to Covid had meant that all emergency operations were carried out in Sheffield, but it was now possible for those services to be returned to district

hospitals. Des Breen asked for the Scrutiny Committee's views and whether this matter needed further consultation.

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

- Across South Yorkshire and Bassetlaw, children under the age of six were already transferred from District Hospitals to Sheffield Children's Hospital and this was seen as an extension of this. Processes were in place to transfer a child with a parent or guardian and parents were reassured that their child would receive the highest quality of care and that the proposed pathway was seamless.

- Children who presented at District Hospitals with abdominal pain were assessed first and not necessarily transferred straight away, it was found that three out of four cases often don't require surgery. There was a period of observation and children were given pain relief and if necessary, transferred to Sheffield Children's Hospital by ambulance under close observation.

- Operating on children under the age of eight was all about the confidence of an adult surgeon and their ability to carry out such operations.

- During the Covid 19 pandemic it had been agreed that throughout April and May, all non-time critical emergency surgery for children should be carried out at Sheffield Children's Hospital to ensure the continuation of safe services for children during the pandemic and this had applied to all children under the age of 16. This had been a temporary pathway and surgery was being handed back to District Hospitals but it had been agreed that emergency surgery stay at Sheffield Children's Hospital.

- It was felt that anaesthetic skills and ear, nose and throat pathways be retained at District Hospitals and there was no need to diminish the level of paediatric care at those hospitals.

- Whilst taking account of parents' concerns, children under the age of five were always transferred to Sheffield. There was a process to follow when transferring children with a parent or guardian and support processes were in place. Parents were reassured that their child would be treated in the safest place which often mitigated their anxieties and transfers were often seamless.

- During the pandemic, all children were transferred to Sheffield at the rate of one per week for under 16s and much less for under 8s. Robust data was available as to what had happened during that time, however the landscape changed all the time, so it was felt only right and proper that this matter was revisited and brought back for discussion.

- These proposals would decrease the numbers of children being transferred, the only increase would be in abdominal cases transferring to

Sheffield. District Hospitals provide excellent services and would continue to do so, and parents should feel confident in the services they provide. Intrinsically it doesn't seem right that a surgeon would possibly only operate once or twice during a three to five year period.

- When looking at other surgical pathways, there was great assurance of what was happening in district hospitals and it was felt that there was a strong basis for maintaining work in district hospitals. The proposed change would not negatively impact on this.

RESOLVED: That the Scrutiny Committee does not consider the proposed change to be a 'substantial variation' to the service and therefore does not require further consultation on this matter.

8. UPDATE ON HYPER ACUTE STROKE SERVICES

8.1 The Committee received a report giving an update on the ongoing delivery of the new South Yorkshire and Bassetlaw model of hyper acute stroke services. The report also set out how the pathway had been sustained and delivered in line with the hyper acute stroke unit (HASU) service specification throughout the Covid-19 pandemic.

8.2 Jaimie Shepherd presented the report giving an update on the HASU. She said that changes to the Service were approved in 2017 and enacted in 2019. HASU services were now provided in Doncaster, Sheffield and Wakefield for South Yorkshire and Bassetlaw patients (SYB). HASU care was usually offered for up to 72 hours. Mechanical Thrombectomy surgery (a clot retrieval treatment) was carried out in Neuroscience Centres and SYB patients can receive this treatment in either Sheffield or Leeds. Work was ongoing to monitor HASU patient flow and patient activity numbers. The Stroke Hosted Network has been monitoring the quality of care and feedback on the HASU model has been positive. A dashboard had been developed which would will monitor the model and allow for patient activity and flow through the pathway to be reported. Full implementation of the dashboard had been delayed due to Covid-19.

8.3 Jaimie Shepherd stated that Stroke Services nationally participated in the Sentinel Stroke National Audit Programme (SSNAP) where every patient was entered onto a clinical audit web tool. Each quarter, results are collated and services receive level scores to indicate the quality of their services. The South Yorkshire and Bassetlaw services area have scored very highly in the most recent report. The SYB Stroke Hosted Network Steering Group which has representation from all providers, and including the Yorkshire Ambulance Service, Clinical Commissioning Group and the Stroke Association meet regularly to oversee the work of the Network and monitor progress with HASU. Patients are moving through the HASU pathway generally as expected. There have been a small number of delays in patients transferring between Sheffield and Rotherham. However, providers were working together to resolve this and it was being managed by the daily calls between the Services where joint actions were agreed. The SYB Stroke Hosted Network consists of Senior Clinical and Managerial multi-disciplinary leaders and has support from a Workforce Lead, Data Analyst and

Administrator, the focus of the Network is to reduce unwarranted variation in care through the development and application of consistent clinical guidelines, to take a strategic and collaborative approach to workforce planning and explore the opportunities to take an innovative approach to improving care delivery. The Network's work programme will go beyond just hyper acute stroke services and will focus on the whole stroke pathway, from prevention through to living with a stroke.

8.4 Nora Everitt was invited to ask her questions on this item which were as follows:-

The report (point 2.7) mentions the new Mechanical Thrombectomy service offered in Sheffield. This is a relatively new procedure with only a few thousand people a year in England considered suitable to receive it.

- *How long has this been offered in Sheffield?*
- *How many thrombectomies have been carried out since it was first offered?*
- *How do you ensure the person carrying out the procedure does it often enough to maintain the necessary skills?*
- *Will Barnsley people be assessed for thrombectomy before transferred to Wakefield?*
- *Before the pandemic lockdown in March, there was an average of 22 cases transferred each month from both Rotherham and Barnsley to a HASU. Since March, the number transferred per month appears to have increased to 32 cases for each town. (Numbers based on the two reports Mar'20 and Jul'20)*
- *Why do you think this is, given that nationally people going to A&E with strokes reduced dramatically after the lockdown?*

Before a response was given, it was agreed that Councillor Eve Keenan be invited to ask a question on this matter, as follows:-

I understand that there is a link between certain strains of Covid 19 and increase in strokes, have you seen increase in cases? I have also heard that detailed research into patients in Doncaster and Barnsley, as well as other areas. Do you intend to roll out this treatment would be rolled out in Rotherham?

Responses to these questions and questions from Members of the Scrutiny Committee were as follows:-

- Mechanical thrombectomy was a relatively new procedure which had been offered to patients in Sheffield since April 2018, and since then 57 patients had received this type of treatment. There were only three neurology surgeons trained to do it. As far as expertise was concerned, it takes two years to train a specialist to carry out the procedure, although it was not dissimilar to other procedures, it basically removes a blood clot caused by a stroke in a different way to Thrombolysis. Anyone who presented with an acute stroke, was taken to the Hyper Acute Stroke Unit where an assessment and a CT scan was carried out to determine whether the patient should be considered for the thrombectomy procedure was to be carried out. So anyone in Barnsley or Rotherham would be directed to the

HASU first, receive assessment and them be transferred to a neuro science centre if Thrombectomy is indicated.

- One of the things known about the coronavirus was that it can cause clots in the heart, the lungs and other areas around the body, it can make the blood very sticky.

- With regard to the increase in numbers and managing demand, it had been seen across South Yorkshire and Bassetlaw (SYB), that there had been a slight reduction in stroke admissions across the region with the exception of Sheffield. Numbers of Barnsley and Rotherham patients being admitted to HASU's have remained fairly stable. It was not unusual to see fluctuations in the numbers of strokes throughout the year, a slight rise in admissions had been seen in Rotherham during March this year. During the pandemic, there had been a national reduction in the number of patients presenting at hospital with a suspected stroke, and there was a national concern that patients wouldn't present with symptoms. However, stroke admissions have now begun to return to normal levels and a number of organisations have sent out clear messages to members of the public to encourage them to access stroke services. One of the Stroke Nurse Consultants based in Sheffield was interviewed on "Look North" and encouraged people with stroke symptoms to present at hospital. There had also been a reduction in cases where someone had had all the symptoms of having a stroke, but on investigation, it had been found not to be the case (stroke mimics).

- In terms of links to Covid 19, Clinicians were still working to discover whether there was a link to strokes and the virus and were studying the latest evidence. One of the SYB Stroke Hosted Clinical Leads who works at Rotherham Hospital was capturing patient experiences of experiencing a stroke during the COVID-19 incident. Some of the questions that had been asked during the telephone review were whether people had received face to face rehabilitation or remote rehabilitation using the technology that was available and what was their experience of it.

- If something was to go wrong within the Service, HASU have a number of clinicians and key leaders so if there was failure to respond within that Service, on investigation into that incident would be carried out and the results fed into a Steering Group that had been set up and the Service would be held accountable. There was a clear governance structure to deal with all aspects of the Service that was provided and its providers. Individual providers have statutory duties around patient safety and quality of care and a standards process to follow if there was serious risk to patients.

- Discussions had been held with a Clinical Lead in Wakefield with regard to the "B" rating it had received on SSNAP. On the whole, the service was very strong, the main area which that had reduced the overall SSNAP level score was speech and language therapy, linked to the level of intensity offered and whether this meets the national guidance on this. Performance on this has fluctuated. There had been a reduction in speech and language

staffing levels at the beginning of the year and currently a recruitment initiative was being carried out in an effort bring the speech and language domain scores service back up to an "A" rating. Mid Yorkshire was around four points off the overall level ratings for Doncaster and Sheffield. This is a relatively small number and there was a plan was in place to identify areas requiring improvement. Lessons learned from the "Getting It Right First Time" programme had helped to inform the Network on where to focus.

- Community teams in SYB include stroke specific specialists, offering early supported discharge. To be considered a specialist a clinician should care for stroke patients 80% of the time which was important. Patients could access generic services further down their care as their health improved.

RESOLVED: That the contents of the report be noted.

9. AMENDMENTS TO THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE TERMS OF REFERENCE

9.1 Emily Standbrook-Shaw, Policy and Improvement Officer, Sheffield City Council referred to the Terms of Reference of the Joint Scrutiny Committee and stated that (a) a change would be made showing that Wakefield had opted out of being part of the Committee, (b) there were slight changes to the operating arrangements of the Committee and (c) the Terms of Reference would be kept under review as things change.

10. DATE OF NEXT MEETING

10.1 It was agreed that the next meeting of the Joint Scrutiny Committee will be held on a date in October, 2020 yet to be agreed.

This page is intentionally left blank