Public Document Pack

MEETING:	South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee
DATE:	Tuesday, 28 July 2020
TIME:	11.00 am
VENUE:	THIS MEETING WILL BE HELD VIRTUALLY

AGENDA

1 South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee Meeting (Pages 3 - 54)

Please use the link below to access the papers for the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee to be held on Tuesday 28th July, 2020 at 11am

http://democracy.sheffield.gov.uk/ieListDocuments.aspx?CId=520&MId=7630&Ver=4

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South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee Meeting	Tuesday 28 July 2020 11.00 am To be held as an online video conference

1. Welcome and Housekeeping Arrangements

2. Apologies for Absence

3. Exclusion of Public and Press

To identify items where resolutions may be moved to exclude the press and public

4. Declarations of Interest

Members to declare any interests they have in the business to be considered at the meeting

5. Minutes of Previous Meeting (Pages 1 - 6)

To approve the minutes of the meeting of the Committee held on 7th November, 2019.

6. Public Questions

To receive any questions from members of the public.

7. Update - Covid 19 and the Integrated Care System

Integrated Care System Officers to provide a verbal update.

8. Children's Surgery and Anaesthetic Services (Pages 7 - 34)

Joint report of James Scott (Senior Programme Manager) and Anna Clack (Children's Network Manager) South Yorkshire and Bassetlaw Integrated Care System.

9. Update on Hyper Acute Stroke Services (Pages 35 - 44)

Report of Jaimie Shepherd, Network Manager - South Yorkshire and Bassetlaw Stroke Hosted Network, South Yorkshire and Bassetlaw Shadow Integrated Care System / Sheffield Teaching Hospitals NHS Foundation Trust.

10. Amendments to the Joint Health Overview and Scrutiny Committee Terms of Reference (Pages 45 - 50)

Report of Emily Standbrook-Shaw, Policy and Improvement Officer, Sheffield City Council.

11. Date of Next Meeting

The next meeting of the Committee will be held on a date to be arranged.

SHEFFIELD CITY COUNCIL

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

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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 pf "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.

Report to Joint Health Overview and Scrutiny Committee for South Yorkshire, Nottinghamshire and Derbyshire 28th July, 2020

Report of: Report on update on the children's surgery and anaesthesia work and recommendations to change the appendicectomy pathway

Subject: **Update:** Children's Surgery and Anaesthesia

Author of Report: James Scott (Senior Programme Manager, SYB-ICS) and Anna Clack (Children's Network Manager, SYB-ICS)

Summary:

In June 2017 the Joint Committee for Clinical Commissioning Groups (JCCCG) for South Yorkshire and Bassetlaw took a decision to change the way some children's surgery and anaesthesia services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire. At that time, the JCCCG agreed to clinical recommendations that children needing an emergency operation for a small number of conditions, at night or at a weekend, would not be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfields General Hospital in Wakefield.

Since that decision, a number of factors have changed (as detailed in this report) which mean that a new recommendation has been put forward by local clinical experts. The new recommendation is for surgery for three of the four conditions covered by the previous decision (post-tonsillectomy bleeding, foreign body in the airway, torsion of the testes) to continue being provided in the local District General Hospitals, i.e. with no change to the current provision. The recommendation for the fourth condition – suspected appendicitis – is that for children aged under 8, and for children with complex needs, appendicectomies should be conducted at Sheffield Children's Hospital. This would affect around 45 children a year from across South Yorkshire and Bassetlaw. Arrangements for mid-Yorkshire children are now configured under their own local ICS.

We have a number of sources of information showing the views of patients, the public, parents and carers from across South Yorkshire and Bassetlaw on potential changes to children's surgery. In total we have received over 3500 responses about

this issue over the course of the last four years (see engagement report at Appendix A).

The involvement that has taken place over the four years has used a mixed method approach to reach out to our communities, including paper copies of documents, postcards and flyers distributed to hospitals, GP practices, libraries and children's centres, dental practices, campaign groups, town halls, community venues and organisations; public events in towns and communities as well as locations central to South Yorkshire and Bassetlaw; digital communications and engagement; broadcast and print media coverage; social media; a significant amount of engagement activities with seldom-heard communities.

Our recommendation is that due to the significant efforts that have been made over the last four years to hear from the South Yorkshire and Bassetlaw public about their views on changes such as the one proposed for appendicectomy, a further full public consultation on the proposed change, which will only affect approx 45 children a year, is not necessary.

In summary, across all of the patient involvement there are two key conflicting areas of feedback:

- The desire for children to receive the best possible specialist care, and being willing to travel to the Sheffield Children's Hospital to receive that
- The desire for children to be seen and treated in the local hospital

Despite these areas of conflicting views, there is clear consensus around the need for children to receive safe, caring, quality care and treatment; to be seen and treated by knowledgeable staff; for there to be great communication – between children, parents, carers and their clinicians – and also between hospitals; and in speed of appointment.

In the most recent engagement that has taken place, specifically seeking views on the proposed appendicectomy changes, 86% of respondents were in favour of the change, rising to 95% when taking into account the participants' likelihood to be affected by the change (ie parents/ carers with children aged under 8, or who may have children in the future).

There is no legal definition of 'substantial development or variation', we are therefore seeking the views of the South Yorkshire and Bassetlaw Joint Health Overview and Scrutiny Committee with regards whether they believe the proposed change to appendicectomy surgery for under 8s (affecting approx. 45 children per year) is substantial and would therefore trigger the duty to consult with the local authority under the s.244 Regulations.

As the JHOSC is aware, between April - June 2020 all emergency surgery for children under the age of 16 years was consolidated at Sheffield Children's Hospital as part of the Covid-19 response. This was short term work, which happened independently of the appendicectomy proposal. The majority of this emergency pathway work has now been stepped down however under 8 appendicectomies are still transferring to Sheffield Children's Hospital under the emergency protocol for

safety reasons. Should the JHOSC determine that they do require us to consult with them about the appendicectomy change this temporary measure is likely to stay in place pending the outcome of the consultation.

The development of the emergency surgery pathways during Covid-19 has resulted in the development of safe and quality generic protocols and extensive pathway development with all Trusts and partner organisations. This has therefore provided a valuable insight into how the proposed appendicectomy pathway would work. The (very positive) feedback from Trusts, NHS partners, children and families to support its effectiveness has provided further assurance of safe and quality care and improved health outcomes.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	**X**
Other	

The Scrutiny Committee is being asked to:
Consider the recommendations of the report and provide the JCCCG with any views or comments.

Provide their views on whether any changes to the appendicectomy pathway in South Yorkshire and Bassetlaw for children under 8 and those with complex needs would be considered a substantial development or variation, and accordingly if they recommend that there is a formal duty to consult with the relevant Local Authorities under the s244 regulations.

Category of Report: OPEN

Report to update on the children's surgery and anaesthesia work and recommendations to change the appendicectomy pathway

1. Introduction/Context

1.1 The purpose of this paper is to provide an update to the Joint Health Overview and Scrutiny Committee on proposed changes since the Committee were last updated on the South Yorkshire and Bassetlaw Children's Surgery and Anaesthesia work (February 2019).

1.2 This paper sets out details of a new proposal for a revised service model, and the implementation of an associated pathway for paediatric appendicectomy surgery. The proposal has been put forward by Clinicians working in South Yorkshire and Bassetlaw and has been supported in principle, subject to JHOSC's view, by the Joint Committee of Clinical Commissioning Groups (JCCCG).

1.3 The JHOSC is being asked to consider the recommendations of the report and to provide their views on whether any changes to the appendicectomy pathway in South Yorkshire and Bassetlaw for children under 8 and those with complex needs would be considered a substantial development or variation, and accordingly if they recommend that there is a formal duty to consult with the relevant Local Authorities under the s244 regulations.

2. Background

2.1 In June 2017 the Joint Committee for Clinical Commissioning Groups (JCCCG) for South Yorkshire and Bassetlaw took a decision to change the way some children's surgery and anaesthesia services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire.

2.2 At the time, the JCCCG agreed to clinical recommendations that children needing an emergency operation for a small number of conditions, at night or at a weekend, would not be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfields General Hospital in Wakefield.

2.3 Since the decision:

- Strengthened partnerships across the region and even closer ways of working have been formed across the patch

- Closer joint working across the NHS Hospitals has strengthened Ear, Nose and Throat (ENT) services and made them more stable and sustainable
- The more detailed investigation that happens before any proposed change takes place (known as the designation process) has shown the services to be more complex than the original business case assumed
- There is evidence that the torsions pathways are appropriate and should be retained
- The introduction of Integrated Care System geographical footprints has changed previous joint working arrangements. In South Yorkshire and Bassetlaw this has impacted on working arrangements with Mid Yorkshire Hospitals

2.4 These changes of circumstance therefore led the Children's Surgery and Anaesthesia Managed Clinical Network (which is a regular meeting of working clinicians from South Yorkshire, Bassetlaw and North Derbyshire) to develop revised recommendations, which meet the principles from the original work of:

- Commitment to a model where children are guaranteed to be seen by surgeons and anaesthetists who have current training in, and / or who regularly work on, the care of children
- Commitment to no unnecessary transfers of patients, and that care close to home, where this is able to be delivered in line with standards, is the preferred outcome

2.5 The revised recommendations do not support the three hub geographical model proposed in 2017.

2.6 A new paper, which was received by the Joint Committee of Clinical Commissioning Groups (JCCCG) in February 2020, instead recommended that clinical models should be different depending on the type of surgery.

2.7 All of the information about the original proposal and consultation can be found here: https://smybndccgs.nhs.uk/what-we-do/childrens-surgery

3 Proposal

3.1 A new paper, which was received by the Joint Committee of Clinical Commissioning Groups (JCCCG) in February 2020, and which was put forward by local clinicians, recommended that clinical models should be different depending on the type of surgery.

3.2 The new proposal suggests all district general hospitals maintain the provision of these pathways where there is evidence that they are able to provide a safe, quality and sustainable service. Only in a small number of cases would activity be transferred from district general hospitals to the Sheffield Children's Hospital which will be supported by clear clinical protocols.

3.3 Anaesthetic skills across South Yorkshire and Bassetlaw, including within district general hospitals, are deemed to be effective and safe in managing paediatric cases.

3.4 The Ear Nose and Throat (ENT) pathways currently in place, developed through the previous Working Together collaborative programme are clinically appropriate and should be retained.

3.5 Torsions pathways should be retained. Further work is required within Doncaster and Bassetlaw Teaching Hospitals to recruit the workforce to secure a long term torsion service comparable to the torsion service provided in other district general hospitals.

3.6 Abdomens are the most complex pathway. Issues include:

- An inconsistency of approach, particularly with regards to the age ranges covered by District General Hospitals and those already transferred to SCH (children <5-7 years dependent on Trust).
- The number of appendicectomies (surgery to remove the appendix) undertaken in South Yorkshire and Bassetlaw each year on children under 8 is very small. The numbers are so small that some surgeons in some of the district general hospitals had only been exposed to one or two cases in the past 5 years.
- Children under 8 are not 'small adults' and if they need an appendicectomy, it is better and safer for them to be seen by a surgeon who is trained to and regularly operates on children their size.
- Appendices do not have the time criticality of testicular torsions. All Trusts, including Sheffield Children's Hospital, already operate a policy of not operating on children after midnight, except in extremis.

A clinical pathway model was developed by senior local clinicians to address this, and would involve the movement of children under 8 years or with significant complexities or comorbidities from district general hospitals to Sheffield Children's Hospital. This would affect about 45 children a year and arrangements would be put in place to ensure safe transfers. This has been corroborated by the cases seen during the Covid-19 response paediatric emergency surgery pathway, that has seen approximately 1 transfer per week (for children <16 years requiring appendicectomy surgery from across SYB and Chesterfield).

3.7 For those children who will remain at their local DGH for appendix surgery, the proposal also suggests additional ways to strengthen the service – these are that all children will be jointly managed between the paediatrics and surgical teams to ensure that the child's holistic needs are met; surgery will be undertaken (or directly supervised) only by consultant surgeons. There is a view from our clinical experts that this would put our area ahead of most other parts of the UK in assuring a quality service.

3.8 An Equality Impact Assessment (EIA) was completed to identify whether the proposed changes to the appendicectomy pathway are likely to result in any

adverse or negative impacts in the promotion of equality and diversity. The proposed changes to the pathway are aimed at assuring equitable access to high quality surgical capability for all children and young people in South Yorkshire and Bassetlaw. The proposed changes to the pathway are not considered to hinder the promotion of equality and diversity.

3.9 The JCCCG supported the changed proposal, subject to the outcomes of the discussion at the JHOSC and should it be deemed necessary to carry our any subsequent consultation. If the JHOSC deem that consultation with the local authorities is not required, work would take place to change the remaining elements of the appendectomy pathway during 2020.

3.10 It was felt that the proposal outlined within this document addresses the issues in an appropriate and proportionate way given the changing context, whilst meeting the spirit and intent of the 2017 work in terms of ensuring all children area treated by professionals who have access to appropriate skills, and wherever possible close to their homes.

4. What does this mean for people in South Yorkshire, Bassetlaw and North Derbyshire?

4.1 More care will be retained closer to home than was originally agreed in 2017. Children with three of the conditions that were looked at during this work - post-tonsillectomy bleeding, foreign body in the airway, torsion of the testes - will now have their surgery provided in their local district general hospitals, as it is currently, and patients will not have to travel to one of the three out of hours hubs as had previously been agreed in 2017.

4.2 The proposal is for children aged under 8, and for children with complex needs, appendicectomies should be conducted at Sheffield Children's Hospital, this would affect about 45 children a year and arrangements that have been put in place during the temporary consolidation of children's surgery during the pandemic would be built upon to ensure safe transfers.

4.3 The JHOSC is being asked to consider these proposals and to provide views on whether this change is a substantial development or variation, and if they recommend that there is a formal duty to consult with the Local Authority under the s244 regulations.

5. Covid-19 Response – Paediatric Emergency Surgery Pathway

5.1 During the Covid-19 pandemic the NHS has been placed in level 4 incident and under NHSEI direct command. The SYB Strategic Health Co-ordination Group which was established to coordinate and manage the NHS response to the crisis agreed to temporarily transfer all non-time-critical emergency surgery for children to Sheffield Children's Hospital to ensure continuation of safe services for children during the pandemic and applied to children under

16 from Barnsley, Chesterfield, Doncaster and Bassetlaw, and Rotherham hospitals.

5.2 This temporary pathway was initiated at the end of March, as clinicians raised concerns that the Covid-19 pandemic might impact negatively on care for children in South Yorkshire and Bassetlaw, primarily due to:

- all Trusts converting operating theatres into critical care beds;
- anaesthetists being reallocated to focus on intubation of critical patients.

5.3 Proposals for a temporary pathway were developed by clinicians from the SYB acute providers plus Chesterfield, the ambulance trusts (Yorkshire Ambulance Service and East Midlands Ambulance Service), primary care, 111, and commissioners. This included extensive work developing and implementing robust protocols and surgical red flags guidance to support ambulance services, primary care and Emergency Departments. These were signed off by NHSEI under its powers of the Health and Social Care Act 2006 (and as amended in 2012) to direct the NHS in its crisis response to the national incident.

5.4 This work is time limited and driven by the pandemic. It is separate to the proposed long-term appendicectomy pathway which is the subject of this paper. However, the findings of this temporary work are felt to be both pertinent and reassuring.

5.5 Since the Covid-19 initiated temporary pathway went live on 16th April, it has been very successful, with excellent patient and staff feedback. In summary:

- **Activity**: 177 patients have been transferred to Sheffield Children's Hospital through the pathway: 96 from Doncaster and Bassetlaw Teaching Hospitals, 35 from Barnsley, 26 from Rotherham, 20 from Chesterfield. 96 of these were admitted and the remainder treated in A&E
- **Services**: Of the 96 admissions 46 were for general paediatric surgery, 34 for trauma and orthopaedics, 7 for plastics, 5 for Ear, Nose and Throat and 3 Facial Surgery
- **Appendicectomy surgery**: 12 admissions were for the emergency excision of the appendix, supporting the projected numbers expected as part of the Under 8 appendicectomy pathway proposal (average 1 per week for all children <16 years)
- **Incidents**: a formal process for monitoring risks and recording serious incidents was put in place, but no serious incidents have occurred.

5.6 Patient feedback was collected throughout. Patients described a "really good experience", "ambulance staff were brilliant", "transfer process was good", "fantastic care". Some patients would have appreciated more information about the Sheffield Children's site, particularly about where to find food or drink or how to re-enter the building, and there was one comment about not having enough change for the car park. Notably, there were no concerns raised about having to transfer or about accessing Sheffield Children's.

5.7 This temporary pathway is now, largely, being brought to an end where this can be done safely. The pathways for the majority of Trusts have returned largely to normal, with some exceptions including:

- Appendicectomies for children under 8 years. The interim arrangement for these has been maintained because of the safety concerns which form the rationale for the long-term proposal discussed in this paper. Following assessment at the nearest DGH, children will be transferred to Sheffield Children's Hospital. This remains a temporary measure driven by safety concerns, and does not seek to pre-empt the views of the JHOSC with regard to the longer term situation. For the long term, JHOSC's view on whether or not consultation is required (i.e. the subject of this paper) remains a key question, and this will drive the substantive development of this pathway.

5.5 The successful implementation of the Covid crisis response children's emergency surgery pathway has provided valuable insight into how the proposed appendicectomy pathway could work and the feedback from Trusts, partners, children and families to support its effectiveness has provided further assurance around the ability of the pathway to deliver safe and quality care and improved health outcomes.

6. Recommendations

6.1 The JHOSC is asked to consider the proposal within this report and to provide the JCCCG with any views and comments.

6.2 The JHOSC is asked to **provide their views on whether any changes to the appendicectomy pathway in South Yorkshire and Bassetlaw for children under 8 and those with complex needs would be considered a substantial development or variation, and if they recommend that there is a formal duty to consult with the relevant Local Authorities under the s244 regulations**. They are asked to consider:

- The small number of cases involved (c45 per year)
- The quality and safety aspects
- The evidence and views from the public engagement already undertaken.

Appendix A: Patient and Public Involvement Report:

Patient and public involvement to inform the proposed changes to the provision of appendicectomy for children aged under 8 and those with complex needs in South Yorkshire and Bassetlaw

July 2020

1. Summary

1.1 In June 2017 the Joint Committee for Clinical Commissioning Groups (JCCCG) for South Yorkshire and Bassetlaw took a decision to change the way some children's surgery and anaesthesia services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire. At that time, the JCCCG agreed to clinical recommendations that children needing an emergency operation for a small number of conditions, at night or at a weekend, would not be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfields General Hospital in Wakefield.

1.2 Since that decision, a number of factors have changed (as detailed in the report to which this engagement report is appended < **Report on update on the children's surgery and anaesthesia work and recommendations to change the appendicectomy pathway**>) which mean that a new recommendation has been put forward by local clinical experts. The new recommendation is for surgery for three of the four conditions covered by the previous decision (post-tonsillectomy bleeding, foreign body in the airway, torsion of the testes) to continue being provided in the local district general hospitals (DGHs), with no change. The recommendation for the fourth condition – suspected appendicitis – is that for children aged under 8, and for children with complex needs, appendicectomies should be conducted at Sheffield Children's Hospital. This would affect around 45 children a year from across South Yorkshire and Bassetlaw.

1.3 We have a number of sources of information showing the views of patients, the public, parents and carers from across South Yorkshire and Bassetlaw on potential changes to children's surgery. In total we have received over 3500 responses about this issue over the course of the last four years.

1.4 The involvement that has taken place over the four years has used a mixed method approach to reach out to our communities, including paper copies of documents, postcards and flyers distributed to hospitals, GP practices, libraries and children's centres, dental practices, campaign groups, town halls, community venues and organisations; public events in towns and communities as well as locations central to South Yorkshire and Bassetlaw;

digital communications and engagement; broadcast and print media coverage; social media; a significant amount of engagement activities with seldom-heard communities.

1.5 Our recommendation is that due to the significant efforts that have been made over the last four years to hear from the South Yorkshire and Bassetlaw public about their views on changes such as the one proposed for appendicectomy, a further full public consultation on the proposed change, which will only affect approx 45 children a year, is not necessary.

1.6 This appendix compiles the feedback that we have received on this issue from patients, parents, carers and public in one place.

1.7 In summary, across all of the patient involvement there are two key conflicting areas of feedback:

- The desire for children to receive the best possible specialist care, and being willing to travel to the Sheffield Children's Hospital to receive that
- The desire for children to be seen and treated in the local hospital

1.8 Despite these areas of conflicting views, there is clear consensus around the need for children to receive safe, caring, quality care and treatment; to be seen and treated by knowledgeable staff; for there to be great communication – between children, parents, carers and their clinicians – and also between hospitals; and in speed of appointment.

1.9 Trust in the local NHS and scepticism that the changes are being made to save money were also raised.

1.10 Key areas for commissioners to take into consideration and address if the changes are put in place, which came out of feedback from all involvement activity, include:

- Financial support for low income families
- Support for single parent families with other dependents
- Support with transport, particularly for those without their own vehicles

1.11 In the most recent engagement that has taken place, specifically seeking views on the proposed appendicectomy changes, 86% of respondents were in favour of the change, rising to 95% when taking into account the participants' likelihood to be affected by the change (ie parents/ carers with children aged under 8, or who may have children in the future).

2. Engagement Approach

2.1 To understand the views of patients, the public, parents and carers about the proposed changes to appendicectomy surgery we have reviewed existing feedback that we have previously gathered on this topic, including during the original Children's Surgery Consultation, the Hospital Services Review. We then looked to supplement the information we already had by launching an online survey, which was promoted to parent/ carer groups for their views specifically on this issue. We have also been able to utilize the patient experience data gathered from Sheffield Children's Hospital during the pandemic, whilst children have been transferring from the District General Hospitals for all of their surgery.

2.2 Pre-consultation and Consultation on the original Children's Surgery options, January 2016 – February 2017

2.2.1 In June 2017 the Joint Committee for Clinical Commissioning Groups (JCCCG) for South Yorkshire and Bassetlaw took a decision to change the way some children's surgery and anaesthesia services are provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire. At that time, the JCCCG agreed to clinical recommendations that children needing an emergency operation for a small number of conditions, at night or at a weekend, would not be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfields General Hospital in Wakefield. This decision was informed by a full public consultation (see full report: https://smybndccgs.nhs.uk/application/files/8614/9183/4440/Independent_Consultation_Analysis_March_2017.pdf). The first step in looking to change the decision made by the JCCCG in 2017 was to consider what patients and the public had already told us in this consultation so we have reviewed this report and included information relevant to this decision (full report is still available to view online, See: https://smybndccgs.nhs.uk/application/files/8614/9183/4440/Independent_Consultation_Analysis_March_2017.pdf)

2.2.2 Between January and April 2016, Communications and Pre-Consultation Engagement took place, gathering the views of patients and the public, with efforts to particularly focus on patients, carers, families and the wider public, clinicians and staff working in the services and place based stakeholders such as Overview and Scrutiny Committees (OSCs), Health and Wellbeing Boards, MPs and other interested groups, following the NHS England "Planning, Assuring and Delivering Service Change for Patients" Guidance (November 2015).The purpose of the pre-consultation engagement work was to gather views and input to inform the development of the options for future service configuration. The resultant options informed the later public consultation.

2.2.3 As well as promoting the pre-consultation, each CCG led on local conversations with groups and communities in their area – ranging from established patient and public participation groups to health ambassadors (representing community and interest groups such as the homeless, asylum seekers and the deaf community), parent and carer groups (including a group for parents with children who have autism), disability networks and

local employers. These were further complemented by regional events with clinicians, staff involved in the services and patient and public representatives.

2.2.4 In October 2016 a full public consultation was launched. Based on feedback and insight from the Pre-Consultation phase, and through the work of the Communications and Engagement group, a range of communications and engagement activity took place throughout the 19 week Consultation period to raise awareness of the proposals and to encourage feedback on the options. This included:

- Hard copies of the consultation documents, postcards and flyers distributed to hospitals, GP practices, libraries and children's centres, dental practices, campaign groups, town halls, community venues and organisations and at public events. 50,000 copies of the consultation document were printed and distributed both on request and through the above channels.
- Digital communications and engagement - 8,318 unique visitors used the website - 62,000 page visits to the consultation webpages
- Broadcast and print media releases - 19 pieces of media coverage in local, regional and national trade media
- Social media - Tweets generated more than 55,000 impressions - Our 21 Facebook posts reached 16,991 people and saw 939 users take action
- Public consultation events took place in Barnsley, Bassetlaw, Doncaster, North Derbyshire and Hardwick and Sheffield.
- Specific interest engagement took place as focus groups or discussions, such as the Rotherham Parents' Forum
- Seldom-heard group engagement via email, hard copies of the consultation documents and face to face discussion groups
- Stakeholder briefings including local MPs and councillors, Health and Wellbeing Board, Health Overview and Scrutiny Committees
- Staff briefings via internal communications channels, newsletters, forums and groups

2.2.5 There were a number of ways in which internal and external stakeholders could respond to the consultation, these were:

- An online consultation questionnaire
- Paper surveys
- Meetings and events, e.g. public meetings and focus groups
- Individual submissions, e.g. via telephone, email or letter
- Representative telephone survey (i.e. randomly selected respondents comprising a fair representation of the demography of the region)

2.2.6 A total of 1268 responses were received for the consultation to change Children's Surgery and Anaesthesia services:

- 405 were from the online survey
- 83 were from the paper survey
- 740 were from the telephone survey
- 3 individual written submissions
- 6 from partner organisations
- 30 public meetings/focus groups/local groups
- 1 petition

2.3 Engagement on the Hospital Services Review, October 2017 – October 2019

2.3.1 In October 2017 the South Yorkshire and Bassetlaw Integrated Care System undertook a review of Hospital Services in South Yorkshire and Bassetlaw. The review included patient and public engagement throughout. After the initial stages of the review the scope shortened to look at five service areas, which included childrens and maternity. In the final report of the review in October 2019, a Case for Change, The system was strongly supportive of the approach to shared working between the Trusts. The report recommended that the transformation agenda should continue to go forward, in particular with a focus on strong workforce planning across the system, and development of new models of care and patient pathways, through shared working. This approach of collaboration was strongly supported by public engagement. All of the documents, including the engagement reports from the Hospital Services Review can be found here: https://www.healthandcaretogethersyb.co.uk/what-we-do/working-together-future-proof-services/looking-at-hospital-services

2.3.2 In total there were four patient/ public engagement reports written during the hospital services review:

2.3.3 The first phase of engagement full report can be read here: https://www.healthandcaretogethersyb.co.uk/application/files/3515/0903/4254/Hospital_Services_Patient_and_Public_Engagement_Report.pdf it involved:

- A public event in a location central to South Yorkshire and Bassetlaw
- An online survey

2.3.4 The second phase of engagement full report can be read here: https://www.healthandcaretogethersyb.co.uk/application/files/4815/2231/8192/15._HSR_Stage_1b_Engagement_Report.pdf it involved 1849 participants via:

- A telephone survey of a random sample of 1000 members of the public who were selected to be as representative as possible of the demographic makeup of South Yorkshire and Bassetlaw.
- Sessions with seldom heard groups, arranged with the help of organisations in the voluntary sector. This included face to face sessions with people from seldom heard groups including: young mothers, asylum seekers and refugees, members of ESOL (non-english speaking) groups, members of the deaf and mute community, Pakistani and Somali women, members of the Roma community, members of the LGBT community, young people's groups, elderly people's groups, recovering addicts, current drug and alcohol addicts, members of a support group for people with physical and/ or mental health conditions, and young people from the autistic 8 community.
- Public event open to anyone in South Yorkshire and Bassetlaw. This event, attended by 68 people from across the footprint, took place in a venue central to South Yorkshire and Bassetlaw. Invites to the event were promoted via regular social media promotion, promotion in partners' communications mechanisms, web presence, and distribution of the link via existing engagement networks held by Healthwatch and

other voluntary/community/faith sector organisations, the CCGs and the ICS team's own database.

- A session with the Youth Forum of Sheffield Children's NHS Foundation Trust was held to ensure the voices of young patients are heard around services for children and young people.
- Face to face drop-in sessions for the public in individual places within the footprint of South Yorkshire and Bassetlaw. These were held in Barnsley; Rotherham; Bassetlaw and Doncaster. These events were led and marketed by the CCGs in each place
- Paper-based surveys were also made available at a range of events, by request, and were given out in hospital out-patient department waiting areas, main entrances, and areas convenient for staff, including Sheffield Children's hospital, Rotherham hospital and Chesterfield hospital.

2.3.5 The third phase of engagement full report can be read here: https://www.healthandcaretogethersyb.co.uk/application/files/5615/3996/5160/37._Hospital_Service_Review_Engagement_Report_-_October_2018.pdf and involved:

- 251 responses to an online survey
- 24 discussion groups including People from the deaf community in Rotherham, People from the older Irish community, members of a Tenants & Residents association in North Derbyshire, an equality group in Chesterfield, a Pakistani womens group from Rotherham, domestic violence victims from Doncaster & Barnsley, people from the Roma-Slovak communities in Sheffield & Rotherham, people from the Black & Ethnic minority communities in Doncaster, members of a drug & alcohol addiction group, people from the Chinese community in Sheffield, a community worker on behalf of the sex worker community, attendees of a Surestart Children's Centre, members of the Worksop Stroke Association, people from the Older People's Action Group, a Male Domestic Violence group, Prisoners and Prison workers from Doncaster, employees of major South Yorkshire employers – including Sky and Stagecoach

2.3.6 The final phase of the engagement full report can be read here: https://www.healthandcaretogethersyb.co.uk/application/files/6615/7797/1906/Hospital_Services_Review_C_for_C_Engagement_Report_Sept_2019.pdf and involved:

- Targeted focus groups with some of our most seldom heard parent carer communities, including:
- attendees of a group in Barnsley that supports young mothers who are long-term unemployed
- attendees of a Barnsley Comeback Centre weekly playgroup service, which aims to help overcome the inequalities and lack of access to services
- a charity group attended by those who require emotional wellbeing and mental health support in motherhood and their families during pregnancy, birth and afterwards
- a group from YWCA Rotherham a charity that supports children and families through a range of accommodation, support, empowerment and advocacy services

2.4 Online survey about the proposed changes to appendicectomy for children aged under 8 and with underlying health conditions, February – March 2020

2.4.1 In February 2020 the Joint Committee of Clinical Commissioning Groups agreed to consider a revised proposal to the Children's surgery and anesthesia decision that had been made in 2017. The new recommendation was for surgery for three of the four conditions covered by the previous decision (post-tonsillectomy bleeding, foreign body in the airway, torsion of the testes) to continue being provided in the local District General Hospitals, with no change. The recommendation for the fourth condition – suspected appendicitis – was that for children aged under 8, and for children with complex needs, appendicectomies should be conducted at Sheffield Children's Hospital. This would affect around 45 children a year from across South Yorkshire and Bassetlaw. The patient and public engagement from the original consultation and from the Hospital Services Review were considered in making this recommendation. It was agreed that an additional survey would be launched and would target parent/ carer groups to specifically seek views on the appendicectomy proposal.

- An online survey was launched and was promoted via:
- Social media accounts of the ICS and all ICS partners
- Media release
- Internal communications channels of the ICS and all ICS partners
- Websites of the ICS and all ICS partners
- External communications channels of the ICS and all ICS partners
- Channels to the local Maternity Voice Partnerships
- Information sent to the Healthwatches for distribution
- Information sent to parent/ carer VCSE groups
- Thirty-seven responses were received to the survey. The verbatim responses to the open-ended questions can be seen here: <put online and include link here>.

2.5 Responses to the patient survey for parents/ carers of children who received their treatment at Sheffield Children's Trust rather than their local District General Hospital during the peak of the Covid-19 pandemic, April – June 2020

2.5.1 In April 2020, in order to protect the quality of services for children within South Yorkshire, Bassetlaw and Chesterfield, NHS England Bronze Command directed the Trusts, as an emergency measure, to move emergency children's surgery and some high dependency children's care into Sheffield Children's Hospital for the duration of the pandemic. During this time patient experience has been measured.

2.5.2 Over 164 children were transferred (up to 28th June): 83 from Doncaster and Bassetlaw Teaching Hospitals, 35 from Barnsley, 26 from Rotherham, 20 from Chesterfield. 87 were admitted and the remainder treated in A&E. Of the 87 admissions 40 were for general paediatric surgery, 34 for trauma and orthopaedics, 7 for plastics, 4 for Ear, Nose and Throat and 2 Facial Surgery.

2.5.3 Patients/ carers were contacted retrospectively following their discharge from the hospital and asked about their journey to the hospital, their experience before and during their time at the hospital, their overall experience and what could have made it better. Thirty-two responses were received.

3. Feedback

3.1 Pre-consultation and Consultation on the original Children's Surgery options, January 2016 – February 2017

3.1.1 Between January and April 2016 patients and the public in South Yorkshire and Bassetlaw were asked 'what would matter to you if your child needed an operation?' as part of a pre-consultation phase.

3.1.2 The following points were consistently raised in Pre-Consultation feedback, in terms of what people said mattered to them.

- Safe, caring, quality care and treatment
- Being seen and treated by knowledgeable staff
- Access to specialist care
- Care close to home
- Communication – between children, parents, carers and their clinicians – and also between hospitals
- Being seen as soon as possible

3.1.3 The following points were also raised:

- Having appropriate facilities, especially for parents and carers who need to stay over
- Successful operations
- A willingness to travel for specialist care
- Consideration for children with complex needs – especially around pre-surgery

3.1.4 The pre-consultation engagement contributed to options in a full public consultation, which launched in October 2016. A total of 1268 responses were received for the consultation to change Children's Surgery and Anaesthesia services.

3.1.5 A number of key themes emerged that underpinned people's attitudes and views towards the proposals.
These are broadly expressed as:

- better quality of care and better health outcomes for children
- fairer and equal access to the best services
- more effective allocation of resources
- trust in NHS locally
- not being able to access high quality care closer to home
- potential impact on patient outcomes and patient safety
- other concerns

3.1.6 Better quality of care and better health outcomes for children
A significant number of respondents thought that children's surgery and anaesthesia services, offered in this way, would provide better quality of care and health outcomes for children.

3.1.7 Some also felt that travelling a bit further for non-urgent surgeries was not an issue if they would be accessing better care as a result.

3.1.8 The ability to access children's surgical services and care every day of the week, including out of hours, was also highlighted as a feature by some that would lead to better health outcomes for children and less pressure on their families.

3.1.9 Fair and more equal access to the best services

There was a strong feeling among some respondents that these proposals would allow all children to have the same opportunities to access high quality care. They felt this was a right that everyone was entitled to have and that these proposed changes appeared to give as many people the same chances to access the best services. Many felt that, as a consequence, this was fair.

3.1.10 More effective allocation of resources

There were many who felt that the proposed changes would lead to the delivery of quicker, more efficient and safer services and care for young patients.

3.1.11 A number felt it was sensible and more effective to have fewer surgical and anaesthesia services that are still accessible to as many people as possible.

3.1.12 It was also felt that allocating resources and specialisms in this way would help address the current staffing recruitment issue: some felt current under-resourcing was impacting negatively on patient safety at the moment.

3.1.13 Many also felt that this would allow surgical and medical staff to continue developing their experience and specialist knowledge and expertise in a way that could only benefit patients in the long-term. A small number of respondents also felt that these changes were a more cost-effective allocation of resources and might save money in the long term.

3.1.14 There were a number of respondents who also approved of making Sheffield Children's Hospital one of the proposed centres since it was recognised that it already offered 'specialist' children's services and care and it was respected by many.

3.1.15 A number of respondents gave anecdotal stories about positive experiences there as well as stating that they did not mind travelling from places such as Chesterfield or Barnsley to access high quality services there.

3.1.16 Trust in NHS locally

A number of respondents also felt that the case for change put forward felt sensible and logical and trusted the NHS locally to make the right decisions on their behalf. (This was a point of view raised mainly by telephone survey respondents).

3.1.17 Not being able to access high quality care closer to home

There were a significant number of concerns raised about the pressures placed on sick children and their families that the potential additional travel required under these changes would cause. These pressures included additional travel and possibly parking costs which would impact on the most vulnerable and disadvantaged and the pressures on families who are reliant on public transport.

3.1.18 Another group mentioned who might be impacted are those who have carer responsibilities, for whom combining the care for their sick child, elderly parent, other children and so on with making the journey to a hospital further afield could cause significant challenges in the form of added stress when bringing them, or finding alternative care when leaving them at home.

3.1.19 It was also felt by some that long journeys with a sick child can also be stressful and traumatic for both the families and the child.

3.1.20 A small number of respondents also felt that everyone had a right to access the best services closer to home and that these proposals were unfair as a consequence.

3.1.21 Impact on patient outcomes and patient safety

A number of respondents felt that these proposals would increase the likelihood of some children who are having surgery being in unfamiliar environments and separate from their families for longer periods of time which might lead to anxieties that impact on their recovery time. Conversely, this could also impact on worried parents and families who are not as close to their children during their recuperation.

3.1.22 A number also felt that the potentially increased travel time could pose a to patient safety and the health outcomes of sick children.

3.1.23 The importance of having quick and easy access to high quality care was frequently mentioned.

3.1.24 Some also felt that by concentrating resources into fewer centres, would increase pressure on already over-stretched services which would be a risk to patient's safety and wellbeing.

3.1.25 Other concerns

A small number felt that if there was a staffing issue then this should be addressed directly rather than to propose changes that would cause problems for patients and families – they did not feel that this was a patient-centred approach.

3.1.26 Some also worried that expertise would be lost at their local hospitals and that these might lead to a de-skilling of staff.

3.1.27 A few commented that it would be better to have a mobile specialist team who could travel across the area.

3.1.28 There were a number of respondents who mentioned the particularly good experience they had with their local hospital, and therefore could not see the need of moving services away from these places. Positive

examples were mentioned of Barnsley District General Hospital, Chesterfield Royal Hospital, Rotherham Hospital as well as Bassetlaw District General Hospital.

3.1.29 There was also some scepticism expressed about the motives behind the changes: they felt that the changes were finance and funding led rather than patient led and felt that quality of care was being impacted as a consequence.

3.1.30 A small number also felt that this was the beginning of a process that would see the removal of all local hospital services to the bigger cities.

3.1.31 A few respondents also felt that services should remain as they are and that there should not be any further changes.

3.2 Engagement on the Hospital Services Review, October 2017 – October 2019

3.2.1 In the phase of the hospital services review which gathered responses from 1849 people, respondents were asked 'In your opinion what would make care for poorly children who need a hospital service the best it could be?'

3.2.2 The key themes that emerged from this engagement were:

- Improving response times and reducing waiting times
- Increased staffing, which would lead to improved quality of care
- Knowledgeable staff
- Increased funding
- Local services
- Friendly 'home-like' spaces
- Good communication
- Some views that overnight paediatrics services should be available on every hospital site
- Some views that quality of services is most important, and that it makes more sense to focus care for acutely ill children on more specialist sites

3.2.3 Participants were asked to state how important the following were to them. With all responses combined, in order of priority (i.e. highest level of importance) the statements were rated as follows:

- That a service can run safely because the other services that regularly provide additional care around maternity, A&E, stroke, children's or gastroenterology are also provided (joint highest with bullet below)
- That ALL people in South Yorkshire and Chesterfield, not just people who live in one part of the area, can see the same level of highly specialised doctors and nurses and have access to the best technology for their care. (joint highest with bullet above)
- That the care is as good as it national guidance says it should be and how we deliver the care is as soon as other areas in the country.
- That the service provides a wide range of training opportunities for trainees and supports all staff to develop their skills.

- That the service can offer care that's not just 9am-5pm Monday to Friday. (joint with bullet below)
- That all patients can get to emergency services within safe travel times by ambulance. (joint with bullet above)
- That there are enough qualified, permanent staff to run the service safely for patients.
- That staff, venues and equipment are used in the best possible way so that we aren't wasting valuable staff skills and resources. (joint with two bullets below)
- That the service can meet required standards on waiting times. (joint with bullets above and below)
- That the doctors see enough patients to practice their skills regularly. (joint with two bullets above)

3.2.4 At an event which took place in March 2018 participants took part in detailed focus group discussions with clinicians from potentially affected services. The discussion on children's services included the following themes from patients/ the public:

3.2.5 Access to specialist services

A man and woman had moved to Sheffield from the South many years ago but they stated that we were very lucky in this region to have so many 'specialist' services and the closeness we have to these experts should be acknowledged. They argued that even if this was reduced in a radius this would still be very good compared to many areas in the country.

3.2.6 Many thought we were in a better position than some and that many South Yorkshire patients expect to go to Sheffield for some specialist care/diagnostics. They also went on to discuss that having listened to presentations that it wasn't feasible to have specialists in every area but it is necessary to take appropriate action in terms of transport/logistics for families

3.2.7 They agreed it was logical to have less services (looking at the model) but said assurances would be needed for when something goes wrong to avoid unintended consequences.

3.2.8 Convenience and affordability, including travel, accommodation and caring responsibilities

People stated that accommodation for family/adults must be taken into consideration, that affording the cost of public transport for families without a car would be an issue, issues were raised around single parents with other dependents, and the cost of car parking and inconvenience of middle of the night journeys were also areas of concern.

3.2.9 **Safety of transfer** was also raised in an unwell child, as was **potential patient confusion** that may be caused by any change, about where to go if your child is unwell at night.

3.2.10 In the phase of the hospital services review which involved over 400 people (October 2018), respondents were given the ideas that

had been put forward for potentially changing children's services and asked for their views:

3.2.11 "We are looking at ways that we could work together and have considered a number of options. Most children can be cared for at home, or only stay in hospital for a few hours and can go home very quickly. There are a small number of children who are seriously ill and need to stay in hospital for longer. At the moment we don't provide enough care for children at home, and our services aren't designed to make the most of the specialist doctors, nurses and healthcare staff that we have. We think it might be useful to:

- Care for more children at home or "in the community" as we think it makes sense for poorly children to get as much care as possible close to where they live, in their own home, by their GP.
- Look after seriously ill children in units with more specialist doctors, nurses and healthcare staff. The number of children who are sick enough to stay in hospital overnight is small but we think it is important that seriously ill children are looked after 24/7 by people who are specialists.
- Explore whether some less ill children should be cared for in units which are open during the day. All our hospitals would have children's units that were open during the day. One or two of them would not open overnight. So we would have the specialists working in 5 or 6 larger centres that were open overnight rather than trying to staff all seven, all of the time. This would mean that some children who are very poorly would have to travel a bit further, but they would be cared for by specialists available more of the time.
- We would be very interested to hear your thoughts on the ideas mentioned above for children's services and how you think it might best work?"

3.2.12 The key themes that emerged from this engagement were:

3.2.13 Preference for services in local hospitals

"I know how stressful a very sick child is and I think transferring or going to another hospital in a different area would be an added stress they don't need."

"I believe that it isn't very practical for seriously ill children to have to travel far or further than they have to when they need immediate care and constant care."

"I think every hospital should have 24/7. I have children and I want them treated in my local hospital."

"The issue of transport and access to visiting is an issue for people who don't drive or who have other children to care for at home."

"All children should be looked after at the hospital closest to them."

3.2.14 Willingness to travel for specialist care

"Child's health is most important so should be prepared to travel."

"I would want the best possible care for my child so I would find a way to get to the specialist if required."

"24/7 care is great as seriously ill children may need more help and care. - Even though further travel may be required, children will be better cared for."

"Good idea- it can't be sensible to have services everywhere especially if they aren't fully utilised."

3.2.15 Support for more care close to where people live and in their own homes

"Good for poorly children to be treated at home - more comfortable for them and maybe more 'normal' life"

"I think if it is safe and possible it would be great if kids could get treatment at home as this would mean the kids would be more comfortable/less distressing."

"Children do recover quicker at home in an environment with their parents with them."

"Good idea, not messing about getting to hospitals, good for single mums."

3.2.16 Concerns that this is about cost cutting

"Care for children at home or in the community sounds like a cost cutting exercise. Don't like the sound of this idea. Terrible idea, two hospitals not opening overnight for children. Wouldn't be able to take an emergency child to a hospital with no overnight ward."

"The health of people should not be placed second to save money."

3.2.17 Concerns about extra work for ambulances

"All hospitals to have a children's unit open overnight for vulnerable and financially poor families to visit their children. More ambulances needed to transport children and parents to units further than their closest hospital."

"Is there ambulance capacity to transport children to other hospitals?"

3.3 Online survey about the proposed changes to appendicectomy for children aged under 8 and with underlying health conditions, February – March 2020

3.3.1 In February 2020 we launched an online survey targeting parent/ carer groups, and specifically seeking their views on the appendicectomy proposal.

3.3.2 Of the 37 respondents to the survey they were overwhelmingly in support of the proposal (86%) stating that they'd prefer their child to be treated by a specialist who deals regularly with young children or in a specialist children's hospital.

3.3.3 Some stated that their local hospital would have been more convenient, and that they were worried about issues such as transport, parking, cost and other caring responsibilities, however they still said they would be willing to travel in the best interests of the health of their child.

3.3.4 A small number didn't indicate a willingness to travel and stated that the care their children needed should be available in their local hospital.

3.3.5 When taking into account the likelihood of the respondent being affected by the change (those with children aged under 8 or who may have a child in the future) 95% were in support of the change.

3.3.6 Four respondents had children who underwent an appendicectomy in the last five years and all were supportive of the proposal.

3.3.7 Key pieces of feedback from this engagement include:
Feelings that we are lucky to have a specialist children's hospital within South Yorkshire and Bassetlaw and a willingness to travel to it:
"I don't feel that the location would make too much of a difference. All hospitals within South Yorkshire are within an easy reach. If the operation is pre planned I don't see how the location would be an issue. And as we all know the provision for children in Sheffield is excellent."
"I would feel more comfortable at childrens as both the environment and clinical staffing are tuned into children's health"
"Good idea to send to a specialist hospital with consultants who have experience of working with complex patients"
"I feel it's a good move to ensure children are having operations by surgeons used to working on children rather than adults"
"Not great in terms of travel - getting to SCH is a nightmare for people in Rotherham but if it means a better standard of care then I would be willing to travel. Must think about parents who rely on public transport though, for them this would be incredibly difficult"
"Would want my child to have the best possible treatment and if that involves them being operated on a Sheffield then I am fine with it."
"If the surgery was to be carried out by a more appropriate clinician who was more used to this kind of surgery I would support the change. Obviously the closer the better in terms of travelling but not if it reduces the clinical effectiveness / safety of the surgery."
I support this as likely to have the most appropriate care from staff experienced in dealing with children under age 8"
"To me it makes sense for children to be treated by specialists where and whenever possible especially if they have more complex needs. We have a specialist children's hospital in our region so it is the best place for smaller children and those with complex needs to be treated."
"I would more comfortable for my child to have surgery at Sheffield Children's. The reason being as the staff at this hospital treat children day in day out and that is what they are trained to do."
"I think it's a good idea. We are lucky to have a specialist children's hospital so close by and i'd always want my children treated there if possible."
"Sheffield children's is the most experienced and skilled centre children are little and precious this should happen"

3.3.8 Preference for the service to remain in local hospitals
"Children need to be near their parents and family. How do you expect parents and family to get to Sheffield children's hospital particularly if they're on UC? Even moderately paid people will find the cost a real worry and add to their distress."
"It's a long way to travel with public transport not great and parking difficult. this will put greater pressures on families with more than one child and even more so with single parent families. It's bad enough your child facing surgery and they need support of their parents but there could be times when visiting will be more difficult and may be having to make the decision of if able to visit and support children which could have a longer psychological effect on the ill child"

"People should not have to travel so far, this should be done in local hospitals."

3.3.9 When asked about what we needed to consider if we made this change, respondents expressed concerns over costs for families of parking and public transport, and also convenience for people with other dependents, particularly those in South Yorkshire and Bassetlaw living furthest away from Sheffield Children's Hospital. The need for clear communication and a pleasant environment were also highlighted.

3.4 **Responses to the patient survey for parents/ carers of children who received their treatment at Sheffield Children's Trust rather than their local District General Hospital during the peak of the Covid-19 pandemic, April – June 2020**

3.4.1 In April 2020, in order to protect the quality of services for children within South Yorkshire, Bassetlaw and Chesterfield, NHS England Bronze Command directed the Trusts, as an emergency measure, to move emergency children's surgery and some high dependency children's care into Sheffield Children's Hospital for the duration of the pandemic. During this time patient experience has been measured.

3.4.2 Patients/ carers were contacted retrospectively following their discharge from the hospital and asked about their journey to the hospital, their experience before and during their time at the hospital, their overall experience and what could have made it better. Thirty-two responses were received.

3.4.3 Many of the patients who gave their feedback were **very positive about their experience**:

- "Outstanding staff couldn't have wished for anything better."
- "Amazing welcome, appropriate communication and child friendly. Seen straight away."
- "Sleeping arrangements lovely."
- "Rooms were brilliant. Staff communicated well. Care was excellent."
- "We have always received amazing care. We have the best Children's Hospital a parent could ask for."
- "All made clear. Felt safe and comfortable. Left straight after procedure so didn't have to wait long for discharge."
- "Outstanding care on ward. As a family we can't thank the hospital enough. The care was amazing from the nurses to the doctors. Everyone was great, we are truly grateful for the care we received and would recommend the hospital to everybody."

3.4.4 Some patients felt that there were **areas for improvement**:

- "TV in the room didn't work properly which was disappointing."
- "Family left alone for long periods of time. Were told about procedures but waited for approx 4 hours in ED."
- "Communication between departments seemed poor."
- "Bench bed for the parent which was very hard and uncomfortable."
- "It would have been good for someone to tell me where to get food from - Co-op, takeaways, Costa, etc."

- "It would have been good for aftercare instructions to be written down rather than given verbally."
- "No information given about the ward."
- "A long time to wait for surgery."

3.4.5 There were **no concerns raised about having to transfer** or about accessing Sheffield Children's.

4. Themes from the feedback

4.1 Across all of the patient involvement there are two key conflicting areas of feedback:
- The desire for children to receive the best possible specialist care, and being willing to travel to receive that
- The desire for children to be seen and treated in the local hospital

4.2 Despite these areas of conflicting views, there is clear consensus around the need for children to receive safe, caring, quality care and treatment; to be seen and treated by knowledgeable staff; for there to be great communication – between children, parents, carers and their clinicians – and also between hospitals; and in speed of appointment.

4.3 Trust in the local NHS and scepticism that the changes are being made to save money were also raised.

4.4 Key areas for commissioners to take into consideration and address if the changes are put in place, which came out of feedback from all involvement activity, include:
- Financial support for low income families
- Support for single parent families with other dependents
- Support with transport, particularly for those without their own vehicles

5. Next steps for engagement and consultation

5.1 The National Health Service Act 2006 sets out the legislative framework for public involvement (Sections 13Q (NHS England), 14Z2 (CCGs) and 242 (NHS Trusts and FTs)). Consultation with local authorities is provided for in the Local Authority (Public Health, Health & Wellbeing Boards and Health Scrutiny) Regulations 2013 ("the s.244 Regulations") made under section 244 (2)(c) of the NHS Act 2006.

5.2 There is no legal definition of 'substantial development or variation' and for any particular proposed service change, commissioners and providers should work with the local authority or local authorities' Overview and Scrutiny Committee (OSC) to determine whether the change proposed is substantial. If the change is substantial it will trigger the duty to consult with the local authority under the s.244 Regulations.

5.3 Public consultation, by commissioners and providers, is usually required when the requirement to consult a local authority is triggered under the s.244 Regulations because the proposal under consideration would involve a substantial change to NHS services.

5.4 The decision of the South Yorkshire and Bassetlaw Joint Health Overview and Scrutiny Committee with regards whether the proposed change to appendicectomy surgery for under 8s is substantial and therefore triggers the duty to consult with the local authority under the s.244 Regulations will determine the next steps for engagement and consultation.

5.5 Should s.244 be triggered planning to undertake a full public consultation will take place.

5.6 Should s.244 not be triggered arrangements will be put in place to ensure patient experience of the new pathway is monitored and reviewed at appropriate intervals.

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Report to Joint Health Overview and Scrutiny Committee for South Yorkshire, Nottinghamshire and Derbyshire 28th July 2020

Report of: Jaimie Shepherd

Subject: **Update:** Hyper Acute Stroke Services

Author of Report: Jaimie Shepherd
Network Manager - South Yorkshire and Bassetlaw Stroke Hosted network
South Yorkshire and Bassetlaw Shadow Integrated Care System / Sheffield Teaching Hospitals NHS Foundation Trust

Summary:

- The South Yorkshire and Bassetlaw (SYB) model of hyper acute stroke unit (HASU) care was successfully enacted in 2019 and is being delivered in accordance with the HASU service specification. Providers are working to meet all expectations of this within agreed timescales
- The pathway is being monitored closely by all partners with support from the newly established South Yorkshire and Bassetlaw Stroke Hosted Network
- Since enacting the changes, a total of 590 Rotherham and Barnsley stroke patients have received their HASU care in Sheffield, Wakefield and Doncaster. Work is ongoing to monitor patient flow and patient activity numbers. Patients are moving through the agreed pathway as expected and all partners are working together to support seamless transfer of care
- Feedback from patients and their families to staff on the ground continues to be positive. All partners remain committed to realising the full benefits for patients.
- The latest Sentinel Stroke National Audit Programme (SSNAP) report suggests that all HASU's are offering high quality services to patients as achieving A and B SSNAP level scores.
- The SYB Stroke Hosted Network was launched in January 2020. It will continue to support and monitor the HASU Pathway as part of its work programme
- During the COVID-19 incident the pathway has been sustained and delivered in line with the HASU service specification. There has been some reduced demand for stroke beds within SYB as a whole but this is now returning to normal levels. Strong links have been established between the Network and national stroke leaders which has ensured that NHS England guidance on stroke services during COVID-19 has been followed within SYB.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	

Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	**X**
Other	

The Scrutiny Committee is being asked to:
Consider the recommendations of the report.

Background Papers:
https://www.healthandcaretogethersyb.co.uk/what-we-do/working-together-network/regional-stroke-service

Category of Report: OPEN

Report of Network Manager: Update: Hyper Acute Stroke

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

July 2020

1. Purpose

1.1 At the last meeting of the Joint Health Overview and Scrutiny Committee, the Committee requested an update on the ongoing delivery of the new South Yorkshire and Bassetlaw (SYB) model of hyper acute stroke care (HASU). This paper will provide an update on the new model and provide further information on the development of the SYB Stroke Hosted Network. The Committee is asked to take note of the ongoing successful implementation of the new model and the positive initiation of the network. The paper will also offer some information on how services had been sustained and adapted in response to the Covid-19 incident.

2. Background

2.1 After a comprehensive review of hyper acute stroke services across South Yorkshire and Bassetlaw a strong clinical case for change underpinned the development of a new model to improve access to high quality urgent specialist stroke care, informed by the evidence to improve outcomes for patients.

2.2 The model included a Stroke Managed 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.

2.3 The Joint Committee of Clinical Commissioning Groups approved the changes to hyper acute stroke care at the end of 2017. The decision was followed by an application for a judicial review. Confirmation that the judicial review was not granted and permission to progress implementation of the new HASU model was given in the summer 2018.

2.4 Work progressed to enable us to commission, contract and agree the financial arrangements for the new model of hyper acute stroke care (HASU) in South Yorkshire and Bassetlaw. It was agreed that the new SYB HASU model would be contracted for through existing contractual arrangements with Sheffield Clinical Commissioning Group (SCCG) acting as a contract coordinator.

2.5 The business case required additional investment through tariff and best practice tariff to secure improved quality and outcomes through the new HASU model. It was not possible for us to use the national stroke tariffs as care would be delivered across providers and so local tariffs were developed and agreed to underpin the new HASU model. The specification was finalised and commissioners worked together to develop a draft monitoring dashboard for the new HASU model, including key performance indicators, activity, patient flows and all aspects of quality.

2.6 A HASU Implementation Group with representation from all providers, the Yorkshire Ambulance Service, Sheffield CCG and the Stroke Association was established in December 2018. The group completed their work in December 2019. The HASU Implementation Group was chaired by Dr Richard Jenkins, the Chief Executive of Barnsley Hospital, in his role as Provider Development Lead for South Yorkshire and Bassetlaw Integrated Care System.

2.7 Simultaneously NHS England commissioned Mechanical Thrombectomy to be delivered at Neuroscience Centres, including Sheffield and Leeds. Work is ongoing in parallel to expand access to Mechanical Thrombectomy as we respond to the commitment to do so in the NHS Long Term Plan and to the NHSE guidance on recovery of Mechanical Thrombectomy services following the Covid-19 incident.

2.8 Workforce planning and recruitment progressed in a phased way during 2019, with each HASU successfully recruiting additional nursing and therapy staff. Each HASU reviewed their internal medical cover arrangements to consider how best to put in place increased cover for the new model. In addition to this a collaborative approach was taken to securing additional medical cover. A new Stroke Physician was recruited to work in Rotherham with inreach into the Sheffield HASU. Workforce planning for the future continues to be an area that requires further work, for both HASU and the whole stroke pathway.

2.9 The HASU Implementation Group agreed implementation dates in early 2019 for phased delivery of the new HASU model during 2019 and was enacted as follows:

- Rotherham HASU ceased on 1st July 2019
- Barnsley HASU to ceased on 1st October 2019

2.10 The HASU Implementation Group offered oversight and monitored the progress of implementation. This included co-ordinating all the necessary aspects, including communication and engagement, planned changes to estates, workforce planning and recruitment. The sub groups supported the embedding of the model and focused on clinical aspects of the new model such as reviewing clinical guidelines, developing a patient leaflet and planning for onward referral pathways.

2.11 The SYB Patient Flow Policy, which aims to ensure that there is a consistent approach to patient flow through the stroke pathway, was successfully implemented. As part of the policy a series of daily conference calls were implemented for all providers to participate in to enable joint oversight of the patient flow. A weekly check in call between key partners was also put in place to monitor patient flow across the system, manage any challenges and share learning.

2.12 As anticipated most patients were taken to their closest HASU in Sheffield, Doncaster or Mid Yorkshire for their urgent stroke care, from which they were either discharged directly home, home with early supported discharge and/or community stroke services or transferred back to their local hospital of either Rotherham Hospital or Barnsley Hospital for their ongoing acute stroke care and inpatient rehabilitation.

2.13 Most Rotherham patients were either taken to Sheffield or Doncaster and most Barnsley patients were taken to either Wakefield of Doncaster as expected.

2.14 Stroke teams across SYB and Mid Yorkshire worked together closely with the Yorkshire Ambulance Service to ensure that patients were transferred back to Rotherham or Barnsley after their initial urgent specialist stroke care in a timely way, so that their ongoing care and support was closer to home in a place that best meets their needs.

3. 2020 Progress Update - HASU

3.1 The model is being delivered in accordance with the HASU service specification and providers are working to meet all expectations of this within agreed timescales.

3.2 Patient flows to HASU units in Wakefield, Doncaster and Sheffield are generally as expected, though flows into Doncaster are lower than anticipated. All units are working together closely to ensure timely transfer of patients after their urgent specialist stroke care back to Rotherham Hospital or Barnsley Hospital for ongoing care and support if required. Some Barnsley patients are being transferred to Kendray Hospital, Barnsley for rehabilitation directly from HASU as expected. Some patients are being successfully discharged directly home with local follow up for community rehabilitation and Stroke Consultant Review.

3.3 Since enacting the changes, a total of 590 Rotherham and Barnsley stroke patients have received their HASU care in Sheffield, Wakefield and Doncaster. Work is ongoing to monitor patient flow and patient activity numbers.

3.4 A dashboard has been developed which will allow patient activity and flow through the pathway to be reported. Contracting teams have been working with providers to implement use of the dashboard. However, full implementation of the dashboard has been delayed due to the Covid-19 incident. The contract lead is exploring whether this can now be resumed in the recovery phase.

3.5 Feedback from patients and their families to staff on the ground continues to be positive. All partners continue to be committed to realising the full benefits for patients. Going forward there are plans to gather feedback from patients and families and staff to enable continuous improvement. A patient engagement plan is under development by the SYB Stroke Hosted Network to gather comprehensive feedback.

3.6 There have been positive examples where patients who have accessed their HASU care at Sheffield have received Thrombectomy as a result of this and had excellent outcomes. These cases have had reduced disability as a result of their treatment and have been successfully discharged home to live independently.

3.7 Stroke Services nationally participate in the Sentinel Stroke National Audit Programme (SSNAP) where every patient is entered onto a clinical audit web tool. Each quarter results are collated and services receive level scores to indicate the quality of their services. Each

team receives an overall SSNAP level score and scores across 10 clinical Domains (covering 44 key indicators). Scores range from A as the highest and E as the lowest.

3.8 In the recent Quarter 4 SSNAP report, January 2020-March 2020, all the HASU Units receiving SYB patients received high level scores indicating high quality and high functioning services. Sheffield HASU achieved an A, Doncaster HASU an A and Wakefield HASU a B. This suggests that patients across SYB, including those in Barnsley and Rotherham, are receiving high quality stroke services at the HASU's.

3.9 The SYB Stroke Hosted Network will be monitoring SSNAP performance on an ongoing basis to help drive and monitor improvements. There have been some challenges in the repatriation of patients from Sheffield to Rotherham. Any delays are captured and resolved by providers via the daily teleconference call. A quarterly regional delayed repatriation report is in use which captures any delays and there is a clear mechanism in place to manage these. This commenced in Quarter 3 2019/20.

3.10 Repatriation delays have occurred for only 37 of the 590 Rotherham and Barnsley stroke patients who have accessed the HASU pathway. The median repatriation delay for the 37 patients was 2 nights. Providers are working well together to resolve any delays that do occur and these are being managed via the daily calls where joint actions are agreed. A review meeting is being convened on 20th July 2020 where all providers will review, discuss and explore key learning in relation to patient flow and agreed processes.

4. 2020 Progress Update – Stroke Hosted Network

4.1 The SYB Stroke Hosted Network was launched in January 2020 and is hosted by Sheffield Teaching Hospitals NHS Foundation Trust. The Network Team consists of Senior Clinical and Managerial multi-disciplinary leaders from across SYB and has support from a Workforce Lead, Data Analyst and Administrator.

4.2 The SYB Stroke Hosted Network is building on the work to date to bring together all key partners to embed the changes to hyper acute stroke services. Together with commissioners it is monitoring the delivery of the new HASU model, including key performance indicators, activity, patient flows and all aspects of quality to enable us to realise the full benefits for patients.

4.3 The SYB Stroke Hosted Network is focusing on reducing unwarranted variation in care through the development and application of consistent clinical guidelines, take a strategic and collaborative approach to workforce planning and explore the opportunities to take an innovative approach to improve 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 stroke

4.4 The SYB Stroke Hosted Network is aligning to the Integrated Stroke Delivery Network (ISDN) Specification as described in the NHS Long Term Plan and is working to the agreed

national timeframe for this. The Network has submitted its application to transform into an ISDN.

4.5 The SYB Stroke Hosted Network Governance arrangements and infrastructure have been agreed. There is a Steering Group in place which is the key decision-making and oversight forum for the Network. It is accountable to the Acute Federation (AF) Chief Executive Officers for its actions and is chaired by the Director of Strategy and Planning at STH. There are also a number sub groups in place which will be critical to the development and implementation of the work programme

4.6 The Steering Group includes members from across SYB, Wakefield and Chesterfield representing the whole SYB stroke pathway. The Stroke Association are a key member of the group and will ensure that the voice of patients and their families is represented.

4.7 The first Steering Group took place on 3rd March 2020 with excellent representation from all key partners across the stroke pathway. The group met for a second time on 9th June with a focus on the activity of the network during the Covid-19 incident, sharing learning and developing work programme priorities. All sub groups have been active during the Covid-19 incident. The Network has supported all providers during the incident, supporting system wide problem solving and response to the incident.

4.8 The Steering Group has been supporting the development and agreement of the work programme priorities for the Network. These have been shaped collaboratively with key stakeholders from across the Region. The priorities are being aligning with COVID-19 recovery plans, National ISDN priorities and SYB system priorities. Learning from the Getting It Right First Time programme and Sentinel Stroke National Audit Programme (SSNAP) has helped to inform the Network where to focus.

4.9 The easy read patient leaflet, which was developed in conjunction with patients and their families across SYB, has been developed further and was approved at the first ISDN Steering Group.

5 SYB Stroke Services and Covid-19 Incident

5.1 Early in the Covid-19 incident the Stroke Hosted Network adopted a lead role in supporting all Providers to collaboratively manage the challenges created for stroke services by the incident. This involved engaging with national and regional leaders, clinicians and managers.

5.2 There was a national concern that services may need to rapidly implement changes to stroke patient pathways in order to accommodate the additional demand on services as a result of Covid-19. Within SYB, providers worked together to explore the impact on stroke services and consider any adaptations required. This involved the translation of NHS England Guidance on Stroke Services during Covid-19 into practice and working within the agreed command and control structure.

5.3 The SYB model of Hyper Acute Stroke Care has been sustained throughout the Covid-19 incident and patients have continued to receive high quality stroke care. Thrombolysis and Mechanical Thrombectomy pathways have been maintained throughout the incident. Out of Hours contingency plans for Thrombolysis were strengthened in readiness for any issues with clinician cover but these issues did not arise.

5.4 Demand and capacity has been monitored throughout the incident. Patient flow has been maintained and services quickly adopted new processes for receiving repatriations to ensure delays did not occur. Across SYB, there has been some reduction in patients presenting with stroke during the Covid-19 incident which is in keeping with the national picture. However, stroke admissions have now begun to return to normal levels and organisations used clear communications messages to the public to encourage them to access stroke services.

5.6 Rapid discharge pathways emerged during the Covid-19 incident in order to maintain patient flow and minimise length of stay where appropriate. Early Supported Discharge and Community Stroke Rehabilitation Teams rapidly introduced the use of remote technology to provide rehabilitation.

5.7 SYB Stroke Community Rehabilitation Guidance was developed by the Stroke Hosted Network in collaboration with key stakeholders to support the adaptions required to services as a result of Covid-19, including the prioritisation and provision of rehabilitation.

5.8 These measures all helped to ensure that there was adequate bed capacity for stroke patients in hyper acute, acute and rehabilitation settings throughout the incident.

5.9 Clinicians are now confident that all patients in need of support, who did not present to hospital initially with their stroke during the peak of the incident, will have now presented to services through primary care and community stroke teams.

5.10 TIA services have been adapted during the Covid-19 incident to reduce face to face attendance at hospital with rapid triage and remote assessment being offered using telephone or video calls. Clinics have been relocated to reduce the risk of transmission and exposure to Covid-19. Priority investigations have been completed in a ‘one stop’ approach wherever possible.

5.11 Stroke review clinics have been offered more remotely to reduce unnecessary hospital attendances and services have been collecting patient experience data at reviews to capture learning.

5.12 The SYB Stroke Hosted Network have been capturing learning from the Covid-19 incident through case studies, workshops and sub group discussions. Work is underway to capture learning from patients and their carers through telephone interviews and focus groups.

6. Next Steps

6.1 The SYB Stroke Hosted Network will continue to support ongoing development of the HASU pathway and monitor progress as part of its work programme. The SYB Stroke Hosted Network will develop an evaluation report in collaboration with providers and commissioners focusing on the SYB model of HASU care

6.2 A review meeting is planned for 20th July 2020 where all providers will review and discuss patient flow across the SYB model of HASU care. The group will review data, delays, current patient flow processes and share learning. Actions from this will be taken forwards by the Stroke Hosted Network and Providers.

6.3 The SYB Stroke Hosted Network will be one of the vehicles through which we will work together in future to plan and implement the commitments in the NHS Long Term Plan for Stroke along with the recovery plans for Covid-19.

6.4 Patient and carer engagement will be play a key role in the Network and this will utilise / build upon existing forums that exist across the region.

6.5 The SYB Stroke Hosted Network will finalise and agree the work programme for the network in line with the NHS Long Term Plan, recovery from Covid-19 planning, provider and regional priorities.

7. Recommendations

The JHOSC is asked to note:

7.1 The ongoing successful implementation of the new South Yorkshire and Bassetlaw model of hyper acute stroke care and that the pathway has been sustained throughout the Covid-19 incident. The latest SSNAP results suggest that patients in SYB are continuing to receive high quality stroke care.

7.2 The positive initiation of the SYB Stroke Hosted Network and its proactive role in sustaining and adapting stroke services during the Covid-19 incident in response to national guidance.

Report to South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview & Scrutiny Committee
22nd July 2020

Report of: Policy & Improvement Officer

Subject: Amendments to the Joint Health Overview and Scrutiny Committee Terms of Reference

Author of Report: Emily Standbrook-Shaw
Policy & Improvement Officer
emily.standbrook-shaw@sheffield.gov.uk

Summary:

The Terms of Reference for the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee have been amended following changes to the membership and operation of the Committee. The revised Terms of Reference are attached for the Committee's approval.

Type of item:

Reviewing of existing policy	**x**

The Scrutiny Committee is being asked to:

- Agree the amended Terms of Reference

Category of Report: OPEN

Amendments to the Joint Health Overview and Scrutiny Committee Terms of Reference

1. Introduction

1.1 The South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Overview and Scrutiny Committee was established in 2016 to consider changes to health services over the 'Commissioners Working Together' footprint. Since then the health and social care system in South Yorkshire and Bassetlaw has evolved into an Integrated Care System; there have been changes to the membership of the commissioning and scrutiny arrangements, and the operating model of the Joint Health Overview and Scrutiny Committee has changed. This report sets out the proposed changes to the terms of reference, which are attached at appendix 1.

2. Changes to the Terms of Reference

2.1 Wakefield

The Commissioners Working Together Programme included Wakefield CCG in its commissioning arrangements, and therefore Wakefield MBC was a member of the Joint Health Overview and Scrutiny Committee. As the South Yorkshire and Bassetlaw Integrated Care System has developed over a slightly different geographical footprint, Wakefield CCG is no longer a part of the commissioning arrangements. Wakefield MBC has therefore withdrawn from the scrutiny arrangements. The terms of reference, including the name of the committee have been amended to reflect this.

2.2 CCG Mergers

The original terms of reference stated that the Joint Health Overview and Scrutiny Committee covered Hardwick CCG and North Derbyshire CCG. Since then, these CCGs have merged to become Derby and Derbyshire CCG. The amended terms of reference reflect this.

2.3 Committee Working Arrangements

When the Joint Health Overview and Scrutiny Committee was established, the hosting and chairing of the meetings rotated between participating local authorities. Since then, the Committee has decided that to provide continuity and consistency, one local authority should chair and host. This is currently Sheffield. The terms of reference have been amended to reflect this.

4. Recommendation

4.1 The Committee is being asked to

- Agree the amended Terms of Reference

Terms of Reference for the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

The South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee is a joint committee appointed under Regulation 30 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218 and is authorised to discharge the following health overview and scrutiny functions of the authority (in accordance with regulations issued under Section 244 National Health Service Act 2006) in relation to health service reconfigurations or any health service related issues covering this geographical footprint:

a) To review and scrutinise any matter relating to the planning, provision and operation of the health service in its area, pursuant to Regulation 21 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

b) To make reports and recommendations on any matter it has reviewed or scrutinised, and request responses to the same pursuant to Regulation 22 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

c) To comment on, make recommendations about, or report to the Secretary of State in writing about proposals in respect of which a relevant NHS body or a relevant health service provider is required to consult, pursuant to Regulation 23 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

d) To require a relevant NHS body or relevant health service provider to provide such information about the planning, provision and operation of the health service in its area as may be reasonably required in order to discharge its relevant functions, pursuant to Regulation 26 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

e) To require any member or employee of a relevant NHS body or relevant health service provider to attend meetings to answer such questions as appear to be necessary for discharging its relevant functions, pursuant to Regulation 27 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Principles

- The purpose of the committee is to ensure that the needs of local people are an integral part of the delivery and development of health services across this geographical footprint.
- The committee's aim is to ensure service configuration achieves better clinical outcomes and patient experience.
- As new NHS work streams and potential service reconfigurations emerge, the JHOSC will determine whether it is appropriate for the committee to jointly scrutinise the proposals under development. Each local authority reserves the right to consider issues at a local level.
- All Members, officers, members of the public and patient representatives involved in improving health and health services through this scrutiny committee will be treated with courtesy and respect at all times.

Membership

- The Joint Committee shall be made up of six (non-executive) members, one from each of the constituent authorities.
- A constituent authority may appoint a substitute to attend in the place of the named member on the Joint Committee who will have voting rights in place of the absent member.
- Quorum for meetings of the Joint Committee will be three members from local authorities directly affected by the proposals under consideration.

The 6 Committee Member Authorities are:

Barnsley MBC
Derbyshire County Council
Doncaster MBC
Nottinghamshire County Council
Rotherham MBC
Sheffield City Council

Covering NHS England and the following 6 NHS Clinical Commissioning Groups (CCGs):

Barnsley CCG
Bassetlaw CCG
Doncaster CCG
Derby and Derbyshire CCG
Rotherham CCG
Sheffield CCG

Working Arrangements:

- The Committee will meet on an ad-hoc basis as topics require scrutiny.
- The Committee will agree the hosting and chairing arrangements. Meetings will take place in the Town Hall of the local authority hosting the meeting.
- Agenda, minutes and committee papers will be published on the websites of all the local authorities 5 working days before the meeting.
- There is a standing agenda item for public questions at every meeting. Time allocated for this will be at the discretion of the Chair.
- Members of the public are encouraged to submit their questions 3 working days in advance of the meeting to enable Committee Members time to consider issues raised and provide an appropriate response at the meeting.
- The Committee will identify and invite the appropriate NHS witnesses to attend meetings.

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