JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Date and Time: **Monday 31 July 2017 at 3.30pm**
Venue: **Oak House, Moorhead Way, Bramley, Rotherham S60 1YY**

PLEASE NOTE:

A pre-meeting for Elected Members and Scrutiny Officers will be held in the Larch Room, Oak House at 2.30p.m.

A G E N D A

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A pre-meeting for Elected Members and Scrutiny Officers will be held in the Larch Room, Oak House at 2.30p.m.

1. Introductions
The Chair to welcome all attendees to the meeting and provide an opportunity for introductions.

2. Apologies for Absence
To receive apologies of any Member or Commissioner who is unable to attend the meeting

3. Public Questions
To receive questions from members of the public who wish to ask a general question. The Chair has the discretion to allow a supplementary question which is related to either the initial question or the response provided to the initial question.

4. Minutes of the Previous Meeting - 3 April 2017 (Pages 1 - 39)
To note the minutes of the previous meeting of the Joint Health Overview and Scrutiny Committee held on 3 April 2017.

5. Declarations of Interest
To invite Members to declare any disclosable pecuniary interests or personal interests they may have in any matter which is to be considered at this meeting, to confirm the nature of those interests and whether they intend to leave the meeting for the consideration of the item.

6. Children's Non Specialised Surgery & Anaesthesia Update (Pages 40 - 42)
To consider a briefing paper on Children's Non Specialised Surgery and Anaesthesia from Tim Moorhead, Clinical Lead, Children's and Maternity, South Yorkshire & Bassetlaw Accountable Care System

7. Update on Hyper Acute Stroke services (Pages 43 - 44)

To consider a briefing paper on Hyper Acute Stroke services from Lesley Smith (Lead for System Reform /Senior Responsible Officer for Hyper Acute Stroke, South Yorkshire & Bassetlaw Accountable Care System

8. Review of JHOSC Terms of Reference (Pages 45 - 46)

To review the terms of reference for the Joint Health Overview and Scrutiny Committee.

9. Discussion regarding scrutiny arrangements for the South Yorkshire and Bassetlaw Sustainability and Transformation Plan

To consider the approach for the ongoing scrutiny of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan.

10. Date and time of next meeting - To be confirmed

Agenda Item 4

Nottinghamshire County Council

Commissioners Working Together Joint Health and Overview Scrutiny Committee

Meeting held 3 April 2017

PRESENT: Councillors Colleen Harwood (Nottinghamshire) (Chair) Sean Bambrick (Derbyshire County Council), Jeff Ennis (Barnsley MBC) (Chair), Pat Midgley (Sheffield City Council), Betty Rhodes (Wakefield MBC) and Stuart Sansome (Rotherham MBC)

Also in attendance

P. Anderton, Commissioners Working Together
C. Edwards, Rotherham CCG
A. Fawley, Nottinghamshire CC
M Gately Nottinghamshire CC
I. Griffiths, Bassetlaw CCG
A Knowles, NHS England
A. Marshall, Barnsley MBC
T. Moorhead, Sheffield CCG
A. Nicholson, Sheffield City Council
M. Ruff, Sheffield CCG
R. Savage, Derbyshire CC
J Scott, Commissioners Working Together
L. Smith, Barnsley CCG
J. Spurling, Rotherham MBC
H Stevens, Commissioners Working Together
A. Wood, Wakefield MDC

1. MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Committee held on 21 November 2016 were approved as a correct record.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Rachael Blake (Doncaster MBC),

3. DECLARATIONS OF INTEREST

Peter Anderton declared an interest in item 4 as he is employed by Doncaster Royal Infirmary.

4. THE FUTURE OF HYPER ACUTE STROKE SERVICES AND CHILDREN'S SURGERY AND ANAETHESIA SERVICES – CONSULTATION ANALYSIS

The Committee agreed to allow 3 short presentations from public groups.

- Nora Everitt on behalf of Barnsley Save our NHS (BSONHS)
- Mike Simpson on behalf of Sheffield Save our NHS
- Doug Wright, Doncaster

Councillor Ennis requested an amendment to the wording of the first line of the second paragraph on page 20 of the report. The Committee does not have the power to 'approve' and it was agreed to substitute with 'considered'. The amended sentence should read:
The consultation communications and engagement plan was **considered** by the Joint Health and Overview Scrutiny for the CCGs involved in Commissioners WorkingTogether.

Peter Anderson, Des Breen and Helen Stevens gave a presentation on the report of the consultation analysis which had been circulated to Members prior to the meeting. A copy of the presentation is attached to the minutes.

They highlighted the rationale for change for each service and discussed the proposals that were consulted on and their impact including the issue of travel for the public.

Helen Stevens discussed the consultation process including communications and engagement activity and the responses that had been received. Statistical evidence was provided for Members who discussed themes and trends that had emerged.

The information from the consultation would be considered alongside other available information by the CCGs in preparation of the business case.

During discussion and questions the following points were raised:

- Mr Anderton clarified that the latest SSNAP data for Rotherham had an overall performance grade of B but was mixed across all areas. He acknowledged the improvement but was not convinced that this showed resilience for the future. There was an issue with recruitment and retention of consultants in the workforce and the aim was to obtain sustainable levels of service.
- Commissioners were working with East Midlands Ambulance Service and Yorkshire Ambulance Service to ensure that targets were met and would be providing feedback for the business case.
- It was anticipated that there would be a low number of ambulance transfers for children's surgery as having the right care pathways should direct to hospital
- Finance was a complex area and still a work in progress but savings were not the main reason for wanting to implement change. It was expected that costs would increase in the short term but the Commissioners were unable to say how long this would be for or what future savings were likely to be.
- Particular skills were needed to care for children and staff needed to work with children on a regular basis to ensure that a safe environment was maintained.

RESOLVED: That the Committee:-

- Noted the presentation and the responses to questions and comments.
- Thanked Peter Anderton, Des Breen & Helen Stevens for their contribution to the meeting

5. DATE OF NEXT MEETING

It was agreed that the next meeting be held sometime in June after the CCGs had met to consider the business case. Arrangements would be made by the Scrutiny Officers and circulated to Members.

Review of proposals to change hyper acute stroke services and children's surgery and anaesthesia services across

South and Mid Yorkshire, Bassetlaw and North Derbyshire

Joint Overview and Scrutiny Committee

April 3 2017

Agenda

- Cases for change
- Consultation analysis
- Questions

Hyper acute stroke services

- the case for change

Why change?

- **Compelling national evidence** that organised stroke care in a designated stroke unit with rapid access to treatment has significant impact on:
  - improving outcomes
  - reducing avoidable disability
  - reducing length of stay and mortality
    - London reduced 90 day mortality by 5% (absolute reduction of 1.1%) and
    - reduced LOS by 1.4 days (London) and 2 days (Manchester)
  - and where higher throughput, have improved thrombolysis rates and increased adherence to guidelines, associated with improved stroke outcomes

Why change?

- **Demographics** – numbers of stroke patients are set to increase
- **Variation in quality** – especially timeliness of treatment, access to scanning, thrombolysis rates
- **Workforce challenges** - shortage of medical staff, variability in the level of trained nursing staff and not enough key therapy staff
- **Resilience -** the Clinical Senate endorsed the expert view that the total number of patients to access a hyper acute stroke service in order to maintain clinical competency should be a minimum of 600 patients with a maximum of 1500 (3 out of 5 see less than 600)

One proposal on which we consulted:

To have three hyper acute stroke service centres in:

- Chesterfield Royal Hospital
- Doncaster Royal Infirmary
- The Royal Hallamshire Hospital, Sheffield

Hyper acute stroke services are where people are cared for up to the first 72 hours after having a stroke when they need more specialist 'critical' care.
The proposal means that Barnsley and Rotherham hospitals would no longer provide hyper acute care for people who have had a stroke. After the first 72 hours of receiving critical care, or sooner if well enough, they would be transferred to back to Barnsley or Rotherham hospital for the remainder of their care.

Since we started the review, the picture has worsened. Recent SSNAP data shows:

- **Increasing numbers of patients are having strokes**
  - All hospitals have seen an increase in the last two years
- **There is still variation in quality**
  - 3 out of 5 providers are below the national average for providing scans within 1 hour
  - decrease in patients being admitted direct to a stroke unit within 4 hours in 2 units
  - the percentage of all stroke patients given thrombolysis is lower for all providers than the national average
  - access to early specialist assessment across the region is lower than the national average
- **Workforce challenges**
  - since September 2016, Barnsley Hospital has been without substantive stroke consultants and unable to provide key elements of hyper acute stroke (thrombolysis)

Impact of the proposals

Criteria we need to take account of	What the evidence shows
Ambulance travel - access meets 45 minutes for 95% of population	Travel impact assessment and analysis confirms journey times within 45 – 60 mins
HASS activity levels - Clinical critical mass, of >600 and <1,500 stroke admissions per annum	Two (South Yorkshire and Bassetlaw) units would be within the range
Transformation should minimise cross-boundary impact	All patient flows remain within the original planning footprint
Is there a 7 day service being offered?	Greater opportunity to achieve through organised units & consolidating activity into 2 units
Adequate workforce - performance against SSNAP scores (case for change)	As above
Impact of change on visitors and carers travel time (pre consultation)	Travel impact assessment confirms journey times within 45 – 90 mins

Travel impact

- The vast majority of the population is within 30 – 45 minute drive-time to the proposed HASUs – with cost of parking actually being less than they would currently pay at their local centres for up to 4 hours.

- 26 and 27% of Rotherham and Barnsley don't have cars (census data) and so we analysed the impact of travelling by public transport. Majority can get to a site within 90 minutes (as a visitor) on buses, trains or trams.

- For places outside this travel time, they would mostly be treated/travel to a different NHS region (eg, very west of North Derbyshire would likely go to Manchester or Stockport and Cottam (Bassetlaw) are more likely to go to Lincoln).

- Travel by public transport from Barnsley to Pinderfields as a visitor would mean an increased cost due to crossing the South to West Yorkshire border.

Children's surgery and anaesthesia services

- the case for change

Why change?

- Some children have better experiences, better and faster treatment and better access to services than others.
- Some of our hospital doctors and nurses don't treat as many children as others do.
- It is better and safer for them to be seen by a surgeon and an anaesthetist who is trained and regularly operates on children.
- Nationally, there aren't enough healthcare professionals qualified to treat the amount of children who need surgery every year.

Why change?

- **Not enough skilled and trained workforce** to maintain the current model of care and provision across all centres and sites
- **We need to work across a larger geographical footprint** and across organisational boundaries
- **We need a network of provision** across sites in a planned way that ensures equity of access, equity of standards in care pathways and care as close to home as possible
- **We need to consolidate skills and expertise** and begin to develop ‘hubs’ that host more expertise where need can be met and provision can be sustained for certain care pathways
- **We need to work through post-operative care** pathways alongside the dependency of paediatric care and support a model of timely discharge linked to local safe clinical management for post- operative recovery.

Three options on which we consulted:

Option 1:

- Chesterfield Royal Hospital
- Doncaster Royal Infirmary
- Pinderfields General Hospital in Wakefield
- Sheffield Children's Hospital

Option 2 (our preferred option):

- Doncaster Royal Infirmary
- Pinderfields General Hospital in Wakefield
- Sheffield Children's Hospital

Option 3:

- Pinderfields General Hospital in Wakefield
- Sheffield Children's Hospital

Implications and assumptions

- All providers expect to meet clinical standards **in-hours** – to be validated & confirmed through an agreed approach
- Clinical pathways developed and further analysis shows only small numbers of children requiring surgery, **very urgently and out of hours**, are affected.
- This fits with feedback received;
  - Majority of care to be kept as local as possible, whilst ensuring that children receive the right care
  - Staff in local hospitals remain experienced in caring for children through in-hours provision

Travel impact

- The vast majority of the population is within 30 – 45 minute drive-time to the proposed centres – with cost of parking in Doncaster and Wakefield less than they would currently pay at their local centres for up to 4 hours.
- For Barnsley and Chesterfield patients (families) there would be a 141% and 102% increase in parking charges at Sheffield Children's Hospital respectively.
- 26 and 27% of Rotherham and Barnsley don't have cars (census data) and so we analysed the impact of travelling by public transport. Majority can get to a site within 90 minutes maximum (as a visitor) on buses, trains or trams.
- For places outside this travel time, they would mostly be treated/travel to a different NHS region (eg, very west of North Derbyshire would likely go to Manchester or Stockport and Cottam (Bassetlaw) are more likely to go to Lincoln).

The consultation process

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

- Online consultation questionnaire
- Paper surveys
- Meetings and events eg, public meetings and focus group
- Individual submissions eg, via telephone, email or letter
- Representative telephone survey
- Online poll

Communications and engagement activity

- **Digital communications and engagement**
  - 8,318 unique visitors used the CWT website
  - 62,000 page visits to the consultation webpages
- **Broadcast and print media releases**
  - 19 pieces of coverage in local, regional and national media
- **Social media**
  - Tweets generated more than 55,000 impressions
  - CWT's 21 Facebook posts reached 16,991 people and saw 939 users take action
- **Public consultation events**
- **Specific interest engagement** via email, hard copies of the consultation documents and meetings

Communications and engagement activity

- **Seldom heard group** engagement via email, hard copies of the consultation documents and 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
- **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 on request through these channels

The responses

- 1109 for **hyper acute stroke services**
- 1268 for **children's surgery and anaesthesia services**

282/405 were from the online survey
58/83 were from the paper survey
740/740 were from the telephone survey
6/3 individual written submissions
6/6 from partner organisations
16/30 public meetings/focus groups/local groups
1/1 petition

Children's surgery and anaesthesia services

	Consultation survey respondents		Telephone survey respondents	
CCG area	Actual	%	Actual	%
Barnsley	98	20%	72	10%
Bassetlaw	14	3%	33	4%
Doncaster	57	12%	98	13%
North Derbyshire and Hardwick (combined)	227	46%	227	31%
Rotherham	52	11%	106	14%
Sheffield	31	6%	139	19%
Wakefield	3	1%	65	9%
Other	3	1%	0	0%
Did not say	3	1%	0	0%
Total	488	100%	740	100%

Hyper acute stroke services

	Consultation survey respondents		Telephone survey respondents	
CCG area	Actual	%	Actual	%
Barnsley	132	39%	72	10%
Bassetlaw	14	4%	33	4%
Doncaster	52	15%	98	13%
North Derbyshire and Hardwick (combined)	16	5%	227	31%
Rotherham	75	22%	106	14%
Sheffield	41	12%	139	19%
Wakefield	3	1%	65	9%
Other	3	1%	0	0%
Did not say	4	1%	0	0%
Total	340	100%	740	100%

What did people say?

Children's

- Respondents tend to agree with the proposed changes (63% of telephone survey respondents agree and 43% of self-selecting survey respondents agree)

- However, there are over a third of self-selecting respondents (39%) who disagree with the proposals compared to 13% of randomly selected telephone survey respondents.

- Higher level of disagreement with the proposals from self-selecting consultation survey respondents. These responses tend to come from Barnsley, Bassetlaw, Wakefield, North Derbyshire and Hardwick.

Where disagreed, themes were:

- not being able to access high quality care closer to home
- impact on patient outcomes and patient safety
- other concerns

Where agreed, themes were:

- better quality of care and better health outcomes for children
- fairer and more equal access to the best services
- more effective allocation of resources
- trust in NHS locally

A number of respondents felt they could not comment on the proposed changes (especially from the telephone survey where respondents had been less likely to have been aware of the consultation or have read the consultation document)

Children's - the options

- Almost one in four consultation survey respondents (23%) did not agree with any of the options
- 42% of consultation survey respondents support option 1
- Conversely, with telephone survey respondents, 64% state that option 2 is their preferred option
- The highest lack of support for these options comes from consultation respondents in the Barnsley area
- The highest level of support for option 1 is from North Derbyshire

Alternative suggestions

People were also asked if there were other options they would like CWT to consider. The majority of people did not have alternative suggestions.

Of those who did, the key alternatives raised were:

- a plea to keep things as they are
- to have centres in all of the areas
- keeping services at Barnsley District General Hospital (most commonly cited)
- just have one specialist children's hospital for the region
- isolated cases for services to be offered at Bassetlaw and Rotherham

Meetings

- The themes emerging from the meetings are the same as those from the consultation and telephone responses.

Written submissions

- 3 written submissions by individuals
- All hospitals involved, except Sheffield Children's and Mid Yorkshire Hospitals
- Dan Jarvis MP
- Barnsley Save Our NHS

The themes emerging from the written public submissions mirror those in the surveys.

The themes emerging from the organisations can be summarised as:

- Loss of clinical skill/competence for anaesthetists (dependent on the activity reduction)
- Clarification sought on which surgery and unplanned overnight stays
- Limited capacity to facilitate transfers
- Impact on future service development
- The potential adverse impact of increased activity levels (where a hospital could see more patients as a result of change)
- Impact of tariff/funding

Stroke

- Mixed response to the three centre option. 54% of self-selecting consultation survey respondents disagree with this option and 50% of telephone survey responses agree with it.
- The patterns of agreement are similar across both survey channels except for Bassetlaw, Sheffield and Wakefield where the majority of self-selecting consultation survey respondents disagree with the three centre option compared to the telephone survey respondents in those areas.
- There are high levels of support for the three centre option in Doncaster and North Derbyshire and Hardwick (which cover hospitals where the hyper acute stroke services are being proposed). There is low level of support for this option in the Barnsley CCG area.

Where disagreed, themes were:

- Not being able to access high quality care quickly and patient safety
- Social impact
- Other concerns (lack of funding for the NHS, wish to have a centre in local area so could access high quality care, additional pressure on the ambulance service)

Where agreed, themes were:

- Quick and easy access to high quality care
- Better quality of care and improved health outcomes
- More effective allocation of resources
- Other comments

As with children's, a number of people **didn't feel they could comment.**

Alternative suggestions

- Almost half of the consultation survey respondents had alternative suggestions to make. The majority were making the case for Barnsley District General Hospital to have a hyper acute stroke service to make sure that local people could have quick access to time-critical care.

- The other main suggestions were to have a hyper acute stroke service in every hospital and to start investing in the right calibre of staff to make this happen.

Meetings

- The themes emerging from the meetings are the same as those from the consultation and telephone responses.

Written submissions

- 3 written submissions by individuals
- All our hospitals, except Sheffield Children's and Mid Yorkshire Hospitals
- Dan Jarvis MP
- Barnsley Save Our NHS

The themes emerging from the written public submissions mirror those in the surveys.

The themes emerging from the organisations can be summarised as:

- Support for the proposals
- Clarification on maintaining outcomes and quality of care for local populations
- Clarification on repatriation and ambulance service protocols
- Staff retention and development
- The potential adverse impact of increased activity levels (where a hospital could see more patients as a result of change)
- Financial viability/affordability

Online poll

- Mid-point analysis highlighted the complexity of the narrative on the proposals and the difficulty in engaging people on the issues.
- Recommendation from the Consultation Institute to create a short poll. At the end of the poll, respondents were directed to full details of the consultations on the CWT website.
- The questions were developed to capture people's thoughts on the proposals in a different way and were checked by a market research agency.
- The themes within the poll are the same as those within the main consultation.
- The results do not inform the main consultation survey analysis and are simply intended to provide further data on people's opinions

Concluding comments

- As with all public consultations, the public response cannot be seen as representative of the population as a whole but instead is representative of interested parties who were made aware of the consultation and were motivated to respond

- Within the analysis we cannot be clear the extent to which responses are informed by the supporting information that has been provided

- The telephone survey was undertaken with a randomly selected and representative cross-section of residents to ensure that the consultation process accurately captured the views of the wider population of South and Mid Yorkshire, Bassetlaw and North Derbyshire.

- A consistent picture - there is mixed support for the proposals

- Potential changes to services, particularly where loss of services are involved, understandably cause apprehension among those who may be affected and there has been clear and vocal opposition in some areas where this is potentially the case

- The main concern highlighted across all consultation feedback is the impact on the ability for patients and families to access high quality care closer to home if the proposed changes are introduced.

- The outcomes of the consultation process will need to be considered alongside other information available

Next steps

- Joint Committee CCGs (discussion in April, Decision Making Business Case in May)
- Widely shared with all stakeholders, people who completed the consultations and made publicly available via the website

Questions?

Children's Non Specialised Surgery and Anaesthesia Update

Joint Overview and Scrutiny Committee

31 July 2017

Author(s)	**Marianna Hargreaves, Transformation Programme Lead** **Kate Laurance – Maternity and Children's Workstream Lead**
Sponsor	**Will Cleary-Gray, Director of Transformation and Sustainability, SYB Accountable Care System** **Chris Edwards – SRO Maternity and Children's Workstream**

Is your report for Approval / Consideration / Noting

For Noting

Are there any resource implications (including Financial, Staffing etc)?

N/A

Summary of key issues

- A decision was made by the Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning Group to approve the decision making business case for children's non specialised surgery and anaesthesia on Wednesday 28th June.
- Approval of the preferred model enables the majority of surgery to continue to be delivered locally and the development of three hubs, Doncaster Royal Infirmary, Sheffield Children's Hospital and Pinderfields General Hospital in Wakefield.
- The decision means that once implemented around one or two children per week needing an emergency operation for a small number of conditions, at night or at a weekend, will no longer be treated in hospitals in Barnsley, Chesterfield and Rotherham, and will receive their treatment at one of the three hubs.
- A mobilisation plan is under development, including the ongoing designation process and development of a managed clinical network. It has been agreed to implement within existing commissioning and contracting arrangements and it is anticipated that implementation will commence from quarter four 2017/18 onwards.

Recommendations

The Joint Overview and Scrutiny Committee members are asked to note the current position to progress the changes to children's non specialised surgery and anaesthesia.

Children's Non Specialised Surgery and Anaesthesia Update

Joint Overview and Scrutiny Committee

31 July 2017

1. Purpose

The purpose of this brief is to update the Joint Overview and Scrutiny Committee on the decision taken by the Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning Group on Wednesday 28th June to approve the changes to children's non specialised surgery and anaesthesia services across the region.

2. Summary

A decision was made by the Joint Committee of Clinical Commissioning Groups and Hardwick Clinical Commissioning Group to approve the decision making business case for children's non specialised surgery and anaesthesia on Wednesday 28th June.

Over the last three years clinical commissioners and hospital trusts providing services in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield have come together to review and improve the care and experiences of all children needing an emergency operation in our region.

By working together better across all hospitals and commissioning organisations, new ways of working have been developed which means the number of children affected by these changes reduced significantly since the launch of the consultation in October 2016 and this has given staff working in the services more opportunities to improve and enhance their skills.

Approval of the preferred model enables the majority of surgery to continue to be delivered locally and the development of three hubs, Doncaster Royal Infirmary, Sheffield Children's Hospital and Pinderfields General Hospital in Wakefield.

The decision means that once implemented around one or two children per week needing an emergency operation for a small number of conditions, at night or at a weekend, will no longer be treated in hospitals in Barnsley, Chesterfield and Rotherham and will instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfield's General Hospital where the right staff, with the right skills, will be available 24 hours a day, seven days a week. The service at Bassetlaw Hospital will remain the same as it already does not provide acute surgery for children out of hours.

3. Next Steps

Now the decision has been taken a mobilisation plan is under development. It has been agreed with CCG Accountable Officers that implementation will be

taken forward within existing commissioning and contracting arrangements. Work is already underway to progress the designation process and further develop the managed clinical network to enable operational delivery. It is anticipated that the implementation will commence from quarter four 2017/18 onwards.

Hyper Acute Stroke Services

Joint Overview and Scrutiny Committee

31 July 2017

Author(s)	**Marianna Hargreaves, Transformation Programme Lead** **Sophie Jones, Communications and Engagement Associate**
Sponsor	**Will Cleary-Gray, Director of Transformation and Sustainability, SYB Accountable Care System** **Lesley Smith – SRO Hyper Acute Stroke Reconfiguration**

Is your report for Approval / Consideration / Noting

For Noting

Are there any resource implications (including Financial, Staffing etc)?

N/A

Summary of key issues

- The enclosed brief update was provided at the Joint Committee of Clinical Commissioning Groups (JCCC) meeting in June 2017.
- The review of hyper acute stroke services across South Yorkshire, Bassetlaw and North Derbyshire is complex. It brings together many partners and we are in the process of analysing all potential impacts of changing services.
- Further work is being undertaken to ensure that the Joint Committee can make a fully informed decision. Further detailed work with the region's hospital trusts is ongoing, with a decision likely to be made in the autumn.

Recommendations

The Joint Overview and Scrutiny Committee members are asked to note the current progress with the hyper acute stroke services transformation.

Hyper Acute Stroke Services

Joint Overview and Scrutiny Committee

31 July 2017

1. Purpose

The purpose of this brief is to update the Joint Overview and Scrutiny Committee on the progress to review hyper acute stroke services across South Yorkshire, Bassetlaw and North Derbyshire and the development of the decision making business case.

2. Summary

The review of hyper acute stroke services across South Yorkshire, Bassetlaw and North Derbyshire is complex. It brings together many partners and we are in the process of analysing all potential impacts of changing services. Therefore to ensure the Joint Committee of Clinical Commissioning Groups (JCCC) can make a fully informed decision, further detailed work with the region's hospital trusts is ongoing, with a decision likely to be made in the autumn.

3. Current Position

All partners continue to support the clinical case for change to hyper acute stroke services, but further work is needed to understand the overall cost implications for all our partners on changing services, how staff could work in different ways and how our ambulance services could work differently to transfer patients.

To be able to make an informed decision on the future of services, the joint committee needs to fully understand all aspects of the proposed changes and how they would impact on all partners, staff and patients and have therefore decided to spend more time developing the decision making business case to ensure any changes are possible, affordable and providing the best and safest care for all patients. This will enable us to ensure that we are proposing the most clinically and cost effective new service model that is clinically and financially sustainable for the future.

4. Next Steps

Work is ongoing to further develop the decision making business case and we are working together with all partners to understand the joint impact and work needed to manage the implications should proposals go ahead. We are planning to finalise the decision making business case for discussion in the autumn.

It is acknowledged that there are potential risks with deferring the decision to reconfigure hyper acute stroke services and we will continue to work with our provider partners to operationally manage these as we have to date to ensure that existing services are supported to deliver whilst we progress the development of the decision making business case.

Terms of Reference for the Joint Health Overview and Scrutiny Committee in Relation to Health Service Change in South and Mid Yorkshire, Bassetlaw and North Derbyshire

The **South and Mid Yorkshire, Bassetlaw and North Derbyshire 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 the Commissioners Working Together programme or any other health related issues covering the same 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 2014.

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 is to ensure service configuration achieves better clinical outcomes and patient experience.
- 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 seven (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, with one from at least three of the seven local authorities present.

The 7 Committee Member Authorities are:

Barnsley Metropolitan Borough Council
Derbyshire County Council
Doncaster Metropolitan Borough Council
Nottinghamshire County Council
Rotherham Metropolitan Borough Council
Sheffield City Council
Wakefield Metropolitan District Council

Covering NHS England and the following 8 NHS Clinical Commissioning Groups (CCGs):

Barnsley CCG
Bassetlaw CCG
Doncaster CCG
Hardwick CCG
North Derbyshire CCG
Rotherham CCG
Sheffield CCG
Wakefield CCG

Working Arrangements:

- The Committee will meet on an ad-hoc basis as topics require scrutiny.
- On a rotating basis for each meeting, each local authority will Chair and provide administrative support to that meeting.
- Agenda, minutes and committee papers will be published on the websites of all the local authorities 5 working days before the meeting.