



Agenda Item 7

**South Yorkshire and Bassetlaw
Accountable Care System**

Working together on...

The Hospital Services Review

**Presentation to the SYB
Joint Health Overview and Scrutiny
Committee**

11 December 2017

Outline

- Aims and objectives of the review
- Services in scope and developing options
- Public and clinical engagement
- Next steps

Aims and objectives of the review

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- **Define and agree a set of criteria** for what constitutes ‘Sustainable Hospital Services’ for each Place and for South Yorkshire and Bassetlaw, North Derbyshire and Mid Yorkshire
- **Identify any services** (or parts of services) **that are unsustainable**, short, medium and long-term including tertiary services delivered within and beyond the STP
- **Put forward future service delivery model** or models which will deliver sustainable hospital services
- **Consider what the future role of a District General Hospital** is in the context of the aspirations outlined in the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP) and emergent models of sustainable service provision

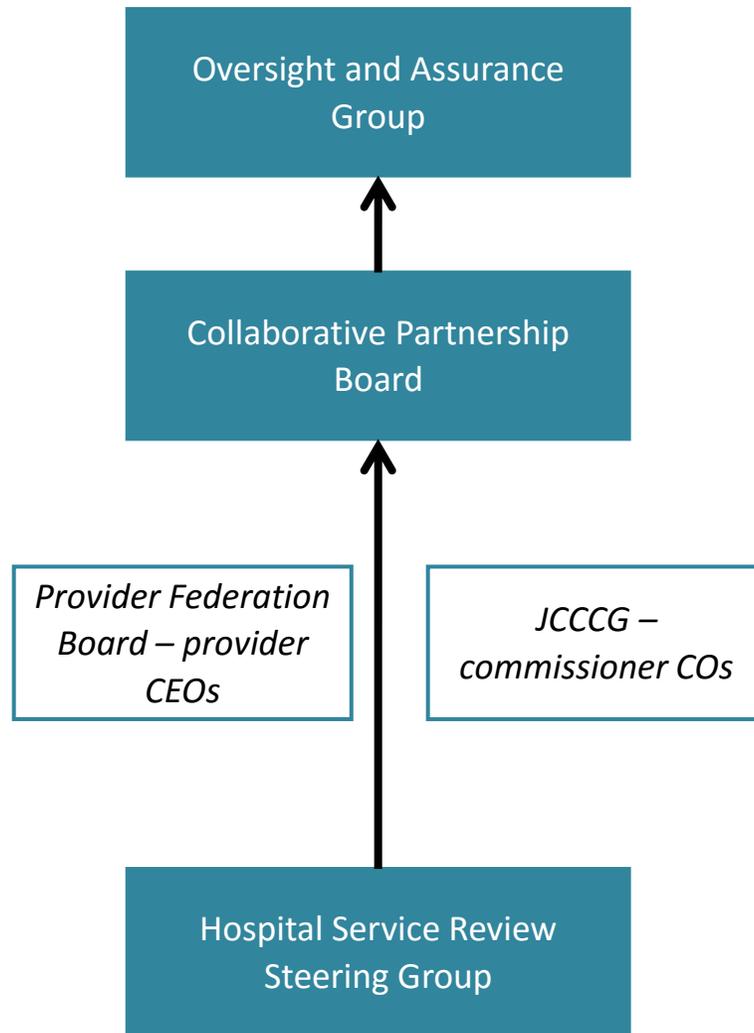


Definition of sustainability

A sustainable service...

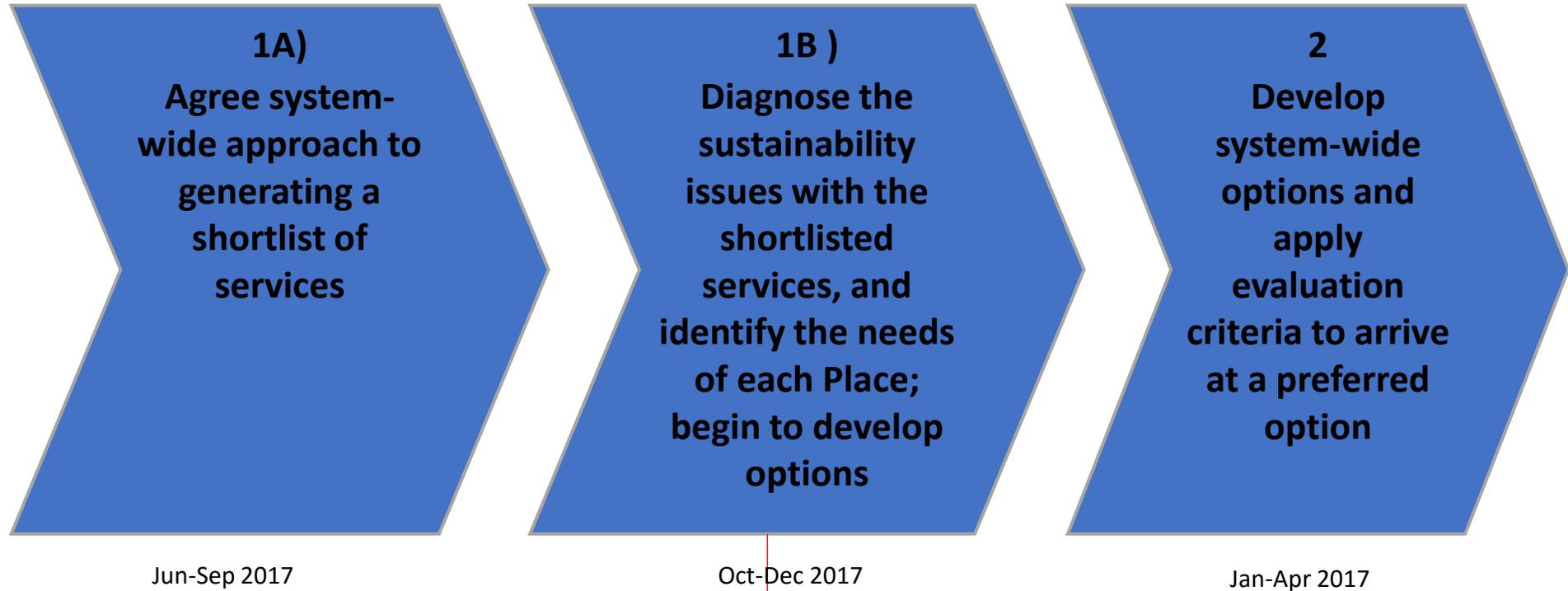
- sees and treats **enough patients** to operate a safe and efficient service
- has an **appropriate workforce** to meet staffing needs
- has **interdependent clinical services** in place and in reach to operate core services safely and effectively
- is likely to be deliverable within the **resource envelope** that is likely to be available

Governance structure



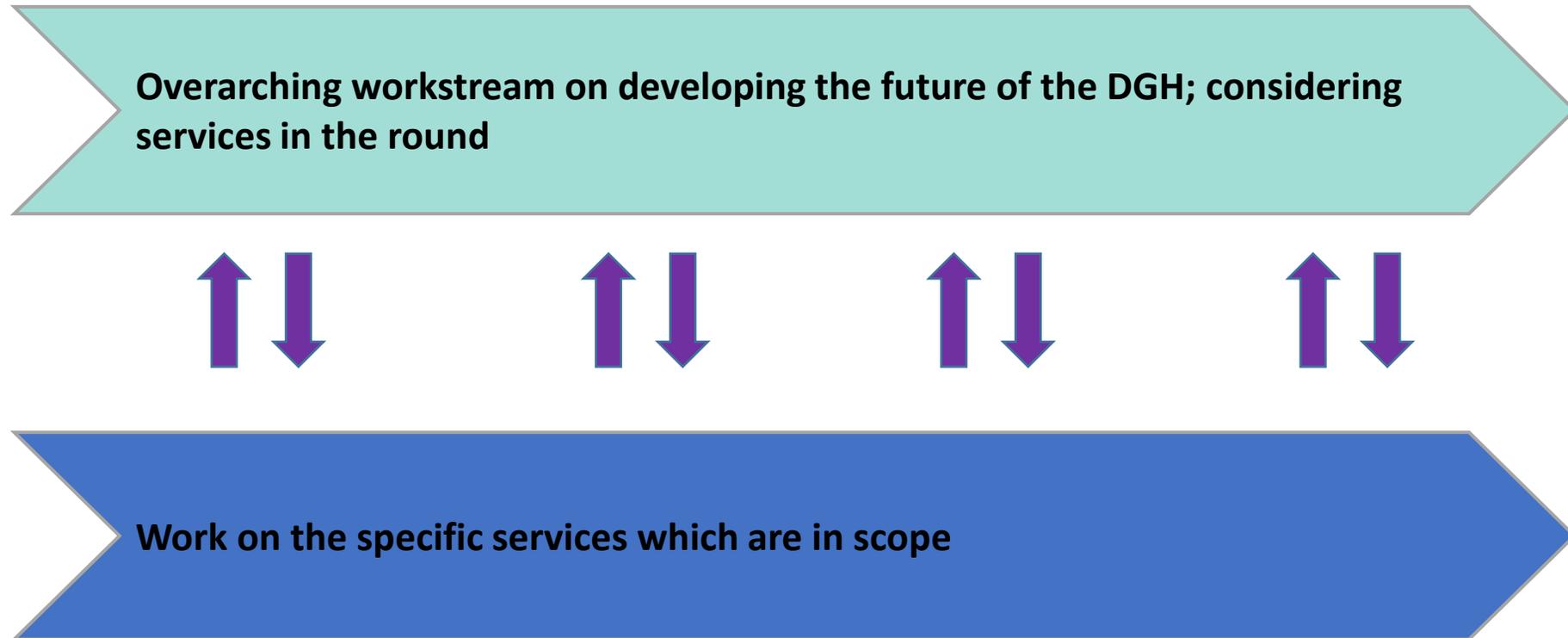
- commissioned the Review and will receive its reports and recommendations
- *Membership = Trust Chairs; HWB Board Chairs; CCG Clinical Chairs; lay members*
- Has oversight of the report and feeds into it.
- *Membership = Trust CEOs; local authority representatives; CCG AOs; lay members; NHSE and NHSI*
- JCCCG and the Provider Federation Board are not formally part of the governance but allow AOs and trust CEOs to feed into the Review each month. JCCCG will ultimately decide which of the Review's recommendations to take forward.
- Chaired by Professor Chris Welsh (Independent Review Director) and acts as the day-to-day advisory board for the Review
- *Membership = acute provider Medical Directors and other senior leads, YAS, CCG leads*

Process



We are here

Workstreams



Services in scope, and Clinical Working Groups

Rationale for the draft shortlist – published 27 October

- The services identified are those which:
 - **Are facing significant difficulties with workforce and / or quality of care**
 - **Have a significant number of interdependencies:** setting these services on a more sustainable footing will significantly help to improve the service as a whole
 - **Have a significant impact on the service as a whole**

- **Urgent and Emergency Care**
- **Maternity**
- **Care of the Acutely Ill Child**
- **Gastroenterology and Endoscopy**
- **Stroke**

The services chosen focus largely on the emergency, 24/7 services. The review team anticipate that the review will consider how elective services might be located across the system in order to support any proposals in these services



Shortlisted services

Service	Definition
Urgent and Emergency Care	<ul style="list-style-type: none">• ‘Front door’ hospital services such as A&E or equivalent, plus Medical Assessment Units
Maternity	<ul style="list-style-type: none">• Antenatal and perinatal services (including in relevant community settings), Early Pregnancy Assessment Clinics, obstetric, midwifery led units and neonatal units
Care of the Acutely Ill Child	<ul style="list-style-type: none">• Paediatric A&E; Paediatric Assessment Units and acute inpatient paediatric beds
Gastro-enterology & endoscopy	<ul style="list-style-type: none">• Urgent and emergency gastroenterology (GI bleed services and the structure of acute rotas) as well as elective endoscopy services
Stroke	<ul style="list-style-type: none">• This takes into account the HASU proposals which have been defined by the Stroke review and as such the Review will look at Acute Stroke Units, Early Supported Discharge, inpatient rehabilitation

Clinical engagement



Clinician engagement through 5 Clinical Working Groups

We will explore the issues in each of these five areas through three workshops

Workshop 1:

“What are the issues and the root causes of those issues?”

Mid Oct

Workshop 2:

“What do practices look like elsewhere? What is essential to make this approach work?”

Early Nov

Workshop 3:

“What needs to change in SYB to meet these standards?”

Late Nov / early Dec

The Overarching Strategic Group pulls together the conclusions from across the five Clinical Working Groups (Oct – Dec)

Public engagement



We are engaging with the public on the same issues as we are engaging with clinicians

Alongside Clinical Working Groups 2 and 3 (Nov 2017):

Audience

- Sessions with seldom heard groups
- Session with young people
- Telephone survey to mirror demographic makeup of SYB
- Face to face session in Barnsley
- Stands in receptions of some hospitals
- Online survey

Issues

- Feedback on public priorities for service change
- Feedback on priorities for evaluation criteria

After Clinical Working Group 3 (Dec 2017)

Audience

- Face to face sessions in Doncaster, Bassetlaw, Rotherham
- Stands in receptions of some hospitals
- Large SYB-wide event on 6th January
- Online survey

Issues

- Feedback on initial problem diagnosis and first case studies / best practice from CWG meetings

Thank you