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PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 4 September 2020

Dear Councillor,

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 14 September 2020** virtually; the agenda for which is set out below.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'S Hobbs', written over a light blue horizontal line.

Simon Hobbs
Director of Legal and Democratic Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. To receive apologies for absence (if any)
2. To receive declarations of interest (if any)
3. To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 13 July 2020 (Pages 1 - 4)
4. Public Questions (30 minutes maximum in total) - questions may be submitted to be answered by the Scrutiny Committee, or Council officers who are attending the meeting as witnesses, on any item that is within the

scope of the Committee. Please see the procedure for the submission of questions at the end of this agenda. (Pages 5 - 6)

5. To consider the reports of the Director Legal Services on:
 - 5 (a) South Yorkshire, Derbyshire and Nottinghamshire Joint Health Scrutiny Committee - Revised Terms of Reference (Pages 7 - 14)
 - 5 (b) South Yorkshire, Derbyshire and Nottinghamshire Joint Health Scrutiny Committee - Current Work Programme (Pages 15 - 18)

PUBLIC

MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE**
– **HEALTH** held remotely on MS Teams on 13 July 2020

PRESENT

Councillor D Taylor (Chairman)

Councillors D Allen, R Ashton, S Bambrick, S Burfoot, L Grooby, G Musson and A Stevenson

Also in attendance were: Dr Chris Clayton, Michelle Bateman and Sean Thornton from Derby and Derbyshire CCG

Apologies were received from: Councillors S Blank

12/20 **MINUTES RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 9 March 2020 be confirmed as a correct record and signed by the Chairman.

13/20 **PUBLIC QUESTIONS** **Question to the Committee from Councillor Ruth George:** “What progress has been made with weekly Covid testing in Derbyshire care homes, including county council and privately run homes, and with the roll-out of antibody testing to all care staff who request it?”

Councillor D Taylor responded as follows:

“I’d like to thank Councillor George for submitting her question to this meeting.

The management of Derbyshire care homes, and the wellbeing of their residents and staff, is the responsibility of the County Council’s Adult Social Care and Health Department. As such, this would be a matter for the Council’s Improvement and Scrutiny – People Committee. However, as I am a Member of the People Committee, and its Chairman, Councillor Gary Musson is a Member of this Committee, and the subject does reflect an important health issue, I am happy for this Committee to accept and respond to the question from Councillor George.

The Strategic Director of Adult Social Care and Health has informed me that the Department of Health and Social Care has informed all Directors of Public Health and Directors of Adult Social Services of its programme for testing in adult care homes. As from 6 July 2020, a programme of testing in all adult care homes was begun where weekly testing of staff (bank, agency and visiting) is carried out along with residents being tested every 28 days. This approach balances the need for regular testing of staff, who will potentially be more exposed to the virus – with the fact that regular testing can be difficult and distressing for some residents.

The Council's Director of Public Health and Adult Care Service Director wrote to all Derbyshire Adult Care Homes informing them of the process for testing. Initially, this includes homes being registered on a testing portal following which they will receive testing kits. At the time of responding to Councillor George's question, the Department had registered 149 of the total of 164 homes in the county, with the remaining 15 hopefully registering very soon.

In respect of **antibody testing** it is important to recognise the relationship between **antigens**, which are capable of stimulating an immune response and **antibodies** which are produced by the immune system in response to exposure to antigens. Currently, antibody testing is not available to all care staff BUT as anyone can have an antigen test if they are symptomatic, and with the weekly roll-out of antigen testing for care home staff, it is not clear if antibody testing would be of use."

14/20 SERVICES CHANGES QUALITY ASSURANCE Dr Chris Clayton, CEO of Derby and Derbyshire CCG made a presentation to the Committee explaining the CCG's approach to the Coronavirus pandemic and NHS response to COVID. Their response was in three phases (waves): Activity, Restoration and Recovery, with Derbyshire and the rest of the country currently being in Phase 2 - Restoration.

Dr Clayton explained Phase 1 and service changes by creating more hospital capacity, prioritising protection of services and care and modelling for oxygenated and ventilated hospital beds. Derby had experienced an early spike in infections but this had settled and Derbyshire had achieved 'average' for the rate of infections. A cause of concern to the Trust was the percentage of deaths in the BAME groups at 15%.

Phase 2 – Restoration saw a step up of non-COVID-19 urgent services and the lock-in of beneficial changes. The objectives for this phase was to ensure significant transformation and new ways of working were retained and embedded, health and care staff were properly supported and protected, and strengthen focus on the outcomes-based approach.

Phase 3 – Recovery was expected later in the summer with a framework for longer-term recovery of services, following the Derbyshire Local Resilience Forum Recovery Governance Framework. An NHS Quality Assurance Process would assess all changes to determine "restoration vs recovery". Public engagement would continue through communication, consultation and quality assurance.

The Committee was given the opportunity to ask Dr Clayton questions. He was expecting there to be challenges on demand and resources and agreed to return to a future Committee meeting to discuss in more detail. He also shared the concerns of the Committee around mental health, levels of

engagement, waiting list times and A&E cases. Patient anxiety would remain around hospital admissions however a lot of work was being done to allay these fears. Care homes continued to be supported.

RESOLVED that the Committee note the presentation.

The Chairman thanked Dr Clayton and his team for the presentation and the work done throughout the COVID-19 pandemic.

15/20 DCHS QUALITY ACCOUNT REPORT Michelle Bateman, Chief Nurse and Director of Quality presented the quality report that described in detail the work undertaken during the year to improve the quality of the services delivered. 2019/20 was a challenging year in planning and delivering healthcare but also would be marked as the year the NHS embarked on its response to the global COVID-19 pandemic.

There were a number of positives to come out of the report: being rated '**outstanding**' in its first annual well-led inspection in September 2019 with no areas of improvement actions and the Service having excellent family and baby friendly results, including being awarded the Gold UNICEF Baby Friendly Initiative.

There were three main priorities for the Trust, with two areas requiring further work after having been waylaid through the COVID pandemic: Patient Safety; Clinical Effectiveness; and Patient Experience around Dementia. Plans were already in place to address these and progress on all three objectives was monitored through performance reports to the Board of Directors.

The Committee was given the opportunity to ask Ms Bateman questions predominantly around sepsis, falls, care in homes and the forthcoming Winter flu jab programme.

RESOLVED that the Health Scrutiny Committee was pleased to receive the Quality Account for Derbyshire Community Health Services NHS Foundation Trust for 2019/20. The Committee would take the opportunity, over the coming year, to monitor the activities and progress of the Trust and both support and challenge the Trust as appropriate.

The Chairman thanked Ms Bateman for her report.

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Procedure for Public Questions at Improvement and Scrutiny Committee meetings

Members of the public who are on the Derbyshire County Council register of electors or are Derbyshire County Council taxpayers or non-domestic taxpayers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time allowed for questions by the public at a Committee meeting shall be 30 minutes in total.

Order of Questions

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

Notice of Questions

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12 noon three working days before the Committee meeting (i.e. 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.

Questions may be emailed to democratic.services@derbyshire.gov.uk

Number of Questions

At any meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

Scope of Questions

The Director of Legal Services may reject a question if it:

- Exceeds 200 words in length;
- is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;
- is defamatory, frivolous or offensive;
- is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or

- requires the disclosure of confidential or exempt information.

Submitting Questions at the Meeting

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (i.e. 5 pm on Friday before the meeting on Monday).

It is at the Chairman's discretion whether the questions and responses are read out at the meeting.

Supplementary Question

Anyone who has put a question to the meeting may also put one supplementary question in writing to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

Supplementary questions must be emailed to democratic.services@derbyshire.gov.uk

Improvement and Scrutiny Committee – Health

14 September 2020

Report of the Director of Legal Services

SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE REVISED TERMS OF REFERENCE

1. Purpose of the Report

To inform the Committee of the revised Terms of Reference of the JHSC and to seek approval of the amended Terms of Reference.

2. Information and Analysis

At its meeting on 10 February 2016, Council approved the membership of the County Council on the Sheffield, North Derbyshire and North West Nottinghamshire Joint Health Scrutiny Committee (JHSC). Council approved the appointment of the Chair of the County Council's Health Scrutiny Committee to represent the Council on the JHSC. Council also delegated approval of the Terms of Reference of the JHSC to the County Council's Health Scrutiny Committee.

Cllr. David Taylor currently represents the County Council on the JHSC and the Terms of Reference (TOR) have recently been revised to reflect some changes to the operation of the JHSC. The revised Terms of Reference are attached at Appendix A to this report but, in summary, the required changes are detailed as follows:

Wakefield

The Joint CCGs' "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.

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.

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.

3. Health Considerations

The representation of Derbyshire County Council on the Sheffield NHS Joint Health Scrutiny Committee continues to provide the opportunity to protect and promote the interests of communities in North Derbyshire which are served by Health providers from the Sheffield and North Derbyshire area.

4. Legal Considerations

The Health Scrutiny Regulations (Regulation 30) 2013 require local authorities to appoint a joint committee where health organisations must consult with more than one local authority scrutiny committee on substantial reconfiguration proposals. These are referred to as mandatory joint health scrutiny committees.

5. Other Considerations

In preparing this report the relevance of the following factors has been considered: financial, human resources, human rights, equality of opportunity, environmental, property, crime and disorder and social value considerations.

6. Key Decision

No

7 is it necessary to waive the call-in period?

No

8 Background Papers

Amended Terms of Reference report as approved by the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Scrutiny Committee on 28 July 2020.

9 Officer Recommendation

The Committee is requested to agree the amended Terms of Reference of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Scrutiny Committee.

Simon Hobbs
Director of Legal Services

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

Agenda Item 10

**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.

Last updated March 2020

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Improvement and Scrutiny Committee – Health

14 September 2020

Report of the Director of Legal Services

SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE – CURRENT WORK PROGRAMME

1. Purpose of the Report

To inform the Committee of the current work programme of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Scrutiny Committee.

2. Information and Analysis

Derbyshire County Council has been a member of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Scrutiny Committee (JHSC) since 2016 when the JHSC was established at the request of the Joint Clinical Commissioning Groups providing services across the region. In February 2016, Council approved the appointment of the Chair of the County Council's Health Scrutiny Committee to represent the Council on the JHSC.

Cllr. David Taylor (this Committee's Chairman) currently represents the County Council on the JHSC and this report provides an update on the recent work of the JHSC.

2.1 Children's Surgery and Anaesthesia

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 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 the region.

The Joint CCGs 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 over 3500 responses have been received about this issue over the course of the last four years. The involvement that has taken place over the four years has used a mixed method approach to reach out to local 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 those locations in South Yorkshire, Derbyshire and Nottinghamshire where patients access services commissioned by the Joint CCGs, digital communications and engagement; broadcast and print media coverage; social media; a significant amount of engagement activities with seldom-heard communities.

At the meeting of the JHSC on 28 July 2020, the Joint CCGs recommended to the JHSC that, due to the significant efforts that have been made over the last four years to hear from the South Yorkshire, Derbyshire and Nottinghamshire 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 approximately 45 children a year, is not necessary.

Across all of the patient involvement responses there were 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 the speed of appointments.

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).

The Health Scrutiny Regulations provide no legal definition of 'substantial development or variation' and the Joint CCGs therefore sought the views of the South Yorkshire, Derbyshire and Nottinghamshire JHSC with regards to whether the Committee believed 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.

Having considered the report of the Joint CCGs, and having the opportunity to question the report authors at the meeting, the JHSC agreed that there was no further requirement to consult with the relevant Local Authorities under the s244 regulations.

2.2 Hyper Acute Stroke Unit

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.

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). It also included the continuation of existing provision at the Royal Chesterfield Hospital.

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 situation 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.

3. Health Considerations

The representation of Derbyshire County Council on the Sheffield NHS Joint Health Scrutiny Committee continues to provide the opportunity to protect and promote the interests of communities in North Derbyshire which are served by Health providers from the Sheffield and North Derbyshire area.

4. Legal Considerations

The Health Scrutiny Regulations (Regulation 30) 2013 require local authorities to work as a joint committee where health organisations must consult with more than one local authority scrutiny committee on substantial reconfiguration proposals. These are referred to as mandatory joint health scrutiny committees.

5. Other Considerations

In preparing this report the relevance of the following factors has been considered: financial, human resources, human rights, equality of opportunity, environmental, property, crime and disorder and social value considerations.

6. Key Decision

No

7. Is it necessary to waive the call-in period?

No

8. Background Papers

Public reports submitted by the Joint CCGs to the meeting of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Scrutiny Committee on 28 July 2020.

9. Officer Recommendation

The Committee is asked to note the recent work of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Scrutiny Committee.

Simon Hobbs
Director of Legal Services