

PUBLIC

MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE**
– **HEALTH** held remotely on MS Teams on 14 September 2020

PRESENT

Councillor D Taylor (Chairman)

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

Apologies were received from: Councillor S Blank

16/20 **MINUTES RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 13 July 2020 be confirmed as a correct record and signed by the Chairman.

17/20 **PUBLIC QUESTIONS** There were no questions from the public however Councillor Ruth George asked:

“Please would the committee look into the cancellation of mobile breast screening units in High Peak and any other areas this has been done, with residents from High Peak facing journeys of almost 3 hours each way by public transport to attend a screening appointment in Chesterfield?”

Committee members are concerned that this will lead to significantly fewer women getting screened, and more cases of breast cancer being detected at a later stage.

With the screening programme in High Peak already experiencing considerable delays, with women well over 50 still not having received their first appointment, please could the CCG be asked to provide their plans for reducing these waits and ensuring that there are local and accessible breast screening facilities in every district?”

RESOLVED – that the Scrutiny and Improvement Officer for the Health Committee contact the CCG for their response.

18/20 **SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE REVISED TERMS OF REFERENCE** The Committee was informed of the revised Terms of Reference of the Joint Health Scrutiny Committee (JHSC) and approval was sought for the amended Terms of Reference (ToR); approval for which had been previously delegated to the County Council’s Health Scrutiny Committee. The ToR had recently been revised to reflect some changes to the operation of the Joint Committee and were attached at Appendix A. In summary, the required changes to the ToR were:

- Wakefield CCG was no longer a part of the commissioning arrangements - Wakefield MBC had therefore withdrawn from the scrutiny arrangements;
- Hardwick CCG and North Derbyshire CCG had merged to become Derby and Derbyshire CCG.; and
- to provide continuity and consistency, one local authority should chair and host: that was Sheffield.

RESOLVED – that the Committee agree the amended Terms of Reference of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Scrutiny Committee.

19/20 **SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE – CURRENT WORK PROGRAMME** The Committee was informed of the current work programme of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Scrutiny Committee (JHSC).

Children’s Surgery and Anaesthesia - In June 2017 the JCCCG agreed 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.

A new recommendation had been put forward by local clinical experts for three of the conditions previously covered by the decision to continue being provided in the local District General Hospitals, with the fourth condition (for children aged under 8, and for children with complex needs) should be conducted at Sheffield Children’s Hospital. This would affect around 45 children a year from across the region.

A comprehensive consultation process was held with all stakeholders across South Yorkshire and Bassetlaw on potential changes to children’s surgery, over a four year period and, at the meeting of the JHSC on 28 July 2020, it was recommended that, due to the significant efforts that had been made to hear the public’s views on the changes, a further full public consultation on the proposed change was not necessary.

There was 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 in the speed of appointments. The most recent engagement showed the majority of respondents were in favour of the change.

The Joint CCGs sought the views of the South Yorkshire, Derbyshire and Nottinghamshire JHSC and it was agreed that there was no further requirement to consult with the relevant Local Authorities under the s244 regulations.

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. This 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 was being delivered in accordance with the HASU service specification. Highpoints included:

- Close monitoring by all partners, with support from the newly established South Yorkshire and Bassetlaw Stroke Hosted Network, was being done.
- 590 Rotherham and Barnsley stroke patients had received their HASU care in Sheffield, Wakefield and Doncaster. Patients were moving through the agreed pathway as expected and all partners were working together to support seamless transfer of care.
- Feedback from patients and their continued to be positive. All partners remained committed to realising the full benefits for patients.
- The latest Sentinel Stroke National Audit Programme (SSNAP) report suggested that all HASU's were offering high quality services to patients and achieving A and B SSNAP level scores.
- The SYB Stroke Hosted Network was launched in January 2020 and would continue to support and monitor the HASU Pathway as part of its work programme.
- During the COVID-19 situation the pathway had been sustained and delivered in line with the HASU service specification. There had been some reduced demand for stroke beds but this was returning to normal levels. Strong links had been established between the Network and national stroke leaders which ensured stroke services during COVID-19 had been followed within SYB.

RESOLVED – that the Committee note the recent work of the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Scrutiny Committee.