

**DERBYSHIRE COUNTY COUNCIL  
IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH**

**16 July 2018**

**Report of the Committee Chairman**

**SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND  
WAKEFIELD JOINT HEALTH SCRUTINY COMMITTEE**

**1. Purpose of the Report**

To inform the Committee of the on-going work of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Scrutiny Committee (SYDNW JHSC)

**2. Information.**

Derbyshire County Council, along with other Authorities responsible for Health Scrutiny in the South Yorkshire and North Nottinghamshire areas, has formed a Joint Health Scrutiny Committee (JHSC) to scrutinise major health service reconfigurations proposed by the area's "Commissioners Working Together" (CWT). This is the group of Clinical Commissioning Groups (CCGs) responsible for NHS services across the region, established to facilitate changes to services under their "Working Together" transformation programme.

The JHSC membership is made up of the Chairmen of the partner Authorities' Health Scrutiny Committees. Derbyshire County Council's representative is Cllr David Taylor.

The CCGs' Working Together programme will involve a number of transformation proposals and the JHSC has a responsibility to ensure that effective public engagement and consultation is undertaken before any decisions are made.

The JHSC has now met on numerous occasions, the most recent being on 12 June. This meeting was hosted by Wakefield Council and, to ensure that the JHSC Members have the necessary information to effectively scrutinise current service transformation proposals, a full day was dedicated to facilitate a Member development session as well as the formal meeting of the JHSC.

The morning session was structured to allow Committee Members, particularly those new to the role, to network with other Members and support officers. This was followed by a "development" session which was attended by the CCG representatives and informed the Committee on the CCGs' approach to

Governance and Accountability; Public Involvement and Consultation; Updates on the current services transformation programmes and any future topics. This session also allowed discussion on the JHSC's own priorities and future work programme.

Following a break, the afternoon commenced with a Member pre-meeting to confirm the Committee's questions to put to the CCGs, and to agree the response to the two questions received from the public who were to attend the formal Committee meeting.

The JHSC is currently scrutinising the CWT's plans for ***Hyper Acute Stroke Units*** and ***Children's Surgery and Anaesthesia*** service changes. Both these services (for patients in the north east of Derbyshire) are currently provided at Chesterfield Royal Hospital.

This Committee has already received information on the proposals for both these services as follows;

- ***Hyper Acute Stroke Units (HASUs)***

The CCGs propose to operate a 3 Unit service delivery across the "Working Together" area footprint at Sheffield, Doncaster and Chesterfield. This would see the closure of Barnsley and Rotherham Units. Whilst the service will be retained at Chesterfield Royal Hospital it should be noted that a further option has been tabled which would see the removal of HASUs at Rotherham, Barnsley and Chesterfield Hospitals with services being provided at Sheffield and Doncaster HASUs. This option is currently seen as too ambitious by the CWT but it may be adopted in the future, using a stepped approach.

- ***Children's Surgery/Anaesthesia***

Following the development of a case for change by the Commissioners, Trust managers, Surgeons and Anaesthetists, and a subsequent Health Needs Assessment, a preferred option was selected which will see the transfer of the surgery "hub" from Chesterfield Royal Hospital, with patients receiving surgery at Sheffield.

## **Judicial Review**

It should be noted that, in respect of the Hyper Acute Stroke service changes, a resident of Barnsley has requested a Judicial Review challenging the decision. The initial request was dismissed by the Judge and an appeal hearing is due to be held at the end of June 2018.

In line with legal advice provided, the CCGs are continuing to plan the new model for Hyper Acute Stroke care, although no irreversible steps are being taken pending the outcome of the Judicial Review. The service providers are strengthening contingency planning to ensure continuation of current Hyper Acute Stroke Care.

## **2.1 Public Engagement and Consultation**

For both these major service reconfigurations the Joint Health Scrutiny Committee's responsibility is primarily to ascertain that effective public engagement is undertaken by the CWT before any final decision is taken – and that any local issues are addressed. The JHSC has been appraised of, and commented on, public engagement processes and outcomes at its previous meetings.

At the meeting on 12 June, 7 members of the public were in attendance, including those representing the local "Save Our NHS" group. With the support of all the JHSC Members, the Chairman (Cllr Betty Rhodes, Wakefield Council) conducted a well-balanced meeting, allowing both the public representatives and the CCGs the opportunity to contribute to the meeting. The JHSC is a key element to public accountability and public engagement for the transformation proposals. The Committee will continue to provide scrutiny and challenge as detailed reconfiguration proposals are received.

## **2.2 Hospital Services Review**

A further item considered at the meeting was an update on the Independent Hospital Services Review, commissioned by the Joint CCGs. The aim of this review was to ensure that Acute Hospital Services in the SYDNW area were sustainable and Members will recall that a presentation was made on this to the Derbyshire Health Scrutiny Committee at the meeting on 27 November 2017. The review has now been completed and an independent report has been submitted to the JCCGs for their consideration.

The review focused on some of the most challenged services;

- Urgent and Emergency Care (A&E)
- Maternity
- Care of the Acutely Ill Child
- Gastroenterology and Endoscopy
- Stroke

The review was guided by three main principles;

- There will continue to be a hospital in each place – there will be no District General Hospital closures
- Most patients will receive most of their hospital-based care at their local DGH

- Future provision will require the current level of staff. No redundancies are anticipated, although some staff may have to work differently.

For the five service areas, the review has made the following recommendations;

## **A&E**

Maintain consultant led A&Es (plus the consultant led paediatric A&E at Sheffield Children's Hospital)

## **Maternity**

- Increase choices (home births, Midwifery Led Units (MLUs))
- All Hospitals have Midwifery Led service for low risk women
- Higher risk women cared for in larger consultant led units
- Could replace one or two obstetric units with MLUs

## **Acutely Ill Children**

- More care for children at home/in the community
- Seriously ill children cared for in units with more specialists
- Explore focusing 24/7 paediatric units on fewer sites (1 or 2 could become Paediatric Assessment Units open 14/7)

## **Stroke**

- Standardised approach to Early Supported Discharge, TIA (mini stroke) and rehab services.
- Consultants on sites which have a Hyper Acute Stroke Unit support services on those sites which have an Acute Stroke Unit.

## **Gastroenterology**

- Explore consolidating evening and weekend cover onto 3 or 4 sites so that all sites have formal access to 24/7, GI bleed cover at all times, if necessary on another site.

## **Next steps**

The review outcomes and recommendations are currently being presented to the numerous Trust Boards and Governing Bodies across the region. Key date in respect of Derbyshire are;

26 June – Joint CCCG (public session)  
27 June – Chesterfield Hospital Trust Board (not public)

28 June – North Derbyshire CCG Governing Body (not public)

Public responses to the recommendations and the views of Trusts and Commissioners, will inform the drafting of a Strategic Outline Case. This will be signed off by the JCCCG Collaborative Board at the end of July/beginning of August. At this stage, as the Strategic Outline case is still to be developed, there are no details of any major service reconfigurations stemming from the review. However, once service reconfigurations begin to emerge, these will be subject to scrutiny by the JHSC as individual proposals.

### **2.3 Future Work**

The JHSC has tasked the Joint CCGs with providing, within the next 4 weeks, information on anticipated timescales for progressing all of these transformation proposals. It was also stressed that any future potential service reconfigurations should be flagged up with the Committee as early as possible. The JHSC will next meet in early October at Barnsley to continue its scrutiny and challenge of the Joint CCGs service transformation proposals and further details will be reported to this Committee in due course.

### **3. Considerations**

Health considerations are detailed in the main body of this report

In preparing this report the relevance of the following factors has also been considered: financial, human relations, legal and human rights, prevention of crime and disorder, equality and diversity, environmental, property and transport considerations.

### **4. Background Papers**

Documents held by the Improvement and Scrutiny team – Legal and Democratic Services Division.

### **5. Recommendations**

The Committee is asked to note the on-going work of the South Yorkshire, Derbyshire, Nottinghamshire and Wakefield Joint Health Scrutiny Committee.

**CLLR. DAVID TAYLOR**  
**Chairman - Improvement and Scrutiny Committee - Health**