



Paper A

Joint Committee of Clinical Commissioning Groups

Meeting held 18 April 2017, 9:30 – 11 am, at Barnsley CCG

Decision Summary for CCG Boards

1	Hyper Acute Stroke Clinical Case for Change	
21/17	(a) that the Joint Committee of Clinical Commissioning Groups (JCCC) formally noted the information on the Hyper Acute Stroke Services (HASS), agreeing that the clinical case for change remained and that work to develop the decision making business case would continue	ALL
2	Children's Services – Surgery and Anaesthesia	
22/17	(a) that the JCCC formally noted the information on the Children's Services Surgery and Anaesthesia (S&A), agreeing that the clinical case for change remained and that work to develop the decision making business case would continue	ALL
3	Independent analysis of the public consultation for HASS and Children's S&A services	
23/17	(a) that the JCCC noted the findings of the independent analysis, and would consider them as part of the final decision alongside the clinical cases for change	ALL



Minutes of the meeting of Joint Committee of the Clinical Commissioning Group, held 18 April 2017, 9:30 – 11am, Barnsley CCG

Present:

Dr Tim Moorhead, Clinical Chair, NHS Sheffield CCG (Chair)
John Boyington, Lay Member
Sir Andrew Cash, Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust/South Yorkshire and Bassetlaw Sustainability and Transformation Partnership Lead
Will Cleary-Gray, Director of Sustainability and Transformation, South Yorkshire and Bassetlaw Sustainability and Transformation Partnership
Dr David Crichton, Clinical Chair, NHS Doncaster CCG
Chris Edwards, Accountable Officer, NHS Rotherham CCG
Idris Griffiths, Accountable Officer, NHS Bassetlaw CCG
Andrew Goodall, Healthwatch representative, Healthwatch Doncaster
Steve Hardy, Lay Member
Pat Keane, Chief Operating Officer, NHS Wakefield CCG (Deputy for Jo Webster, Accountable Officer)
Dr Ben Milton, Clinical Chair, NHS North Derbyshire CCG
Julia Newton, Director of Finance, NHS Sheffield CCG (Deputy for Maddy Ruff, Accountable Officer)
Jackie Pederson, Accountable Officer, NHS Doncaster CCG
Lesley Smith, Accountable Officer, NHS Barnsley CCG
Karen Watkinson, Corporate Secretary, NHS Hardwick CCG

Apologies:

Steve Allinson, Accountable Officer, NHS North Derbyshire CCG
Dr Nick Balac, Clinical Chair, NHS Barnsley CCG
Dr Richard Cullen, Clinical Chair, NHS Rotherham CCG
Dr Phillip Earnshaw, Clinical Chair, NHS Wakefield CCG
Andy Gregory, Accountable Officer, NHS Hardwick CCG
Debbie Hilditch, Healthwatch Representative
Alison Knowles, Locality Director – North, NHS England
Dr Steve Lloyd, Clinical Chair, NHS Hardwick CCG
Dr Andrew Perkins, Clinical Chair, NHS Bassetlaw CCG
Maddy Ruff, Accountable Officer, NHS Sheffield CCG
Jo Webster, Accountable Officer, NHS Wakefield CCG

In attendance:

Dr Des Breen, Medical Director, Working Together Partnership Vanguard
Rachel Gillott, Deputy Director of Transformation, South Yorkshire and Bassetlaw Sustainability and Transformation Partnership
Helen Stevens, Associate Director of Communications and Engagement, Commissioners Working Together
Kate Woods, Programme Office Manager, Commissioners Working Together

Minute reference	Item	ACTION
18/17	<p>Welcome, introduction and apologies</p> <p>Apologies were noted. The Chair welcomed two newly appointed lay members who were present to observe the session.</p>	
19/17	<p>Declarations of Interest</p> <p>No new declarations of interest were noted.</p>	
20/17	<p>Ratification of previous meetings</p> <p>Appointment of Chair</p> <p>The appointment of Dr Tim Moorhead as Chair was formally noted.</p> <p>Appointment of Vice Chair</p> <p>The appointment of Dr David Crichton as Vice Chair was formally noted.</p> <p>Previous minutes of the meeting held 21 March 2017</p> <p>The minutes were accepted as a true and accurate record.</p> <p>Agreement of terms of reference</p> <p>The terms of reference were formally adopted. These were being taken through governing bodies for noting.</p> <p>Lay members as non-voting members would be reviewed in six months.</p>	
21/17	<p>Hyper acute stroke clinical case for change</p> <p>A presentation was given on the clinical case for change.</p> <p>The JCCC were invited to comment.</p> <p>It was highlighted that the current service was significantly below standard and maintaining the status quo would not be an option due to issues around workforce sustainability, ability to meet the standards and equity of access.</p> <p>In response to a query raised, it was confirmed that the population of the geographical footprint would be within the four hour target with the proposed changes and 45 minute travel time to HASU centre.</p> <p>A query was raised around possible financial assistance for travel. It was confirmed that the proposed changes were around the initial 72 hours of having a stroke. Subsequent acute care would be close to home at the persons local hospital. All providers in the region had existing policies around families with low or no income and those within this bracket would be assisted as currently set up.</p>	

	<p>The group discussed similar changes to stroke services in London and Manchester which had been implemented and that there was significant improvements and demonstrable outcomes in terms of increased survival from stroke. A discussion also took place with regards to the situation in Bassetlaw where there had not been a Hyper Acute Stroke unit for a number of years with patients being taken direct to Doncaster Royal Infirmary and this arrangement was serving the population of Bassetlaw well.</p> <p>It was noted that the performance of the stroke unit at The Rotherham Hospital NHS Foundation Trust had reached sustainability threshold, however a workforce issue still remained and that the performance of the HASU unit as distinct from the Acute stroke unit still required improvement..</p> <p>The next steps were highlighted, noting that the decision making business cases would continue to be developed.</p> <p>In response to a query, it was confirmed that the proposals were based on a five year projection in terms of growth and expectation and the changing workforce and taking into consideration any changes as a result of commissioning specialist services such as mechanical thrombolectomy.</p> <p>The JCCC formally noted the information, agreeing that the clinical case for change remained and that work to develop the decision making business case would continue.</p>	
22/17	<p>Children's Services – S&A clinical case for change</p> <p>A presentation was given on the clinical case for change.</p> <p>The JCCC were invited to comment.</p> <p>It was highlighted that this work was an opportunity to review activity taking place as workforce challenges had previously meant decisions being taken in isolation rather than as collaboration for a resilient solution.</p> <p>It was noted that this work was clinically led, with Yorkshire and Humber as a wider footprint working together and was focuses on ensuring local services met national best practice standards.</p> <p>A comment was made about recent changes in training for paediatric surgery and anaesthesia and a request made to ensure through national commissioners, more time be allowed for training in this area.</p> <p>A discussion took place around the potential number of patients that would follow the proposed new pathway, and ensuring that the definition of out of hours was set out clearly for the public. It was noted that proposed changes would drive up standards in hours as well as out of hours and networking would standardise care pathways, working together as a region to deliver improved care.</p> <p>A discussion took place regarding initial concerns from Barnsley Hospital NHS Foundation Trust and engagement of key clinicians in the work. It was noted that the project had been clinically led from the outset and</p>	

	<p>well represented throughout.</p> <p>The JCCC formally noted the information, agreeing that the clinical case for change remained and that work to develop the decision making business case would continue.</p>	
23/17	<p>Independent analysis of the public consultation for hyper acute stroke services and children’s surgery and anaesthesia services</p> <p>A presentation was delivered on the outcomes of the public consultation for both HASS and Children’s Services S&A.</p> <p>The JCCC were asked to consider the findings as part of the full range of information within the decision making business cases.</p> <p>The group noted the detailed and thorough work undertaken over the previous months.</p> <p>A comment was made that work must be done to ensure that those centres receiving extra patients must not be overburdened and that the proposed changes must not diminish services in other areas.</p> <p>The JCCC noted the results of the independent analysis, and would consider fully as part of the final decision alongside the clinical cases for change.</p>	
24/17	<p>Questions from the public</p> <p>Q1 – would the public be involved in a work stream to address transport issues raised? The JCCC agreed that it was important for the public to be involved in considering any issues that may arise around transportation as part of the proposals.</p> <p>Q2 – are there engagement plans involving the public around changes to children’s services It was confirmed that each Clinical Commissioning Group had plans in place for communication and engagement with the public and these were ongoing. Plans for each area were available on the Commissioners Working Together website and would be shared.</p> <p>Q3 – is the JCCC aware that there is no budget for the Sustainability and Transformation Plan. This point was noted by the JCCC.</p>	