

SHEFFIELD CITY COUNCIL

South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

Meeting held 10 October 2024

PRESENT: Councillors Ruth Milsom (Chair), Eve Keenan, Smith, Councillor Mick Stowe (Barnsley) and Nigel Turner (Substitute Member)

1. APOLOGIES FOR ABSENCE

- 1.1 An apology for absence had been received from Councillor Roger Jackson. Councillor Nigel Turner attended as a substitute.

2. EXCLUSION OF PUBLIC AND PRESS

- 2.1 There were no items of business identified where the public and press may be excluded from the meeting.

3. DECLARATIONS OF INTEREST

- 3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

- 4.1 The minutes of the previous meeting of the Committee held on 25th March 2024 were agreed as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

- 5.1 No public questions or petitions had been submitted prior to the meeting.
- 5.2 Nora Everitt was in attendance at the meeting seeking to ask a public question. Notice of this request had been received shortly before the start of the meeting, and the Chair of the Committee, Councillor Ruth Milsom, agreed to use her discretion and permit the question to be asked. However, as the question concerned the Terms of Reference of the Committee, it would be heard after that item.

6. TERMS OF REFERENCE UPDATE

- 6.1 The report which provided the Committee with revised terms of reference, was presented by Deborah Glen (Policy and Improvement Officer, Sheffield City Council), who confirmed that the addition to the Terms of Reference was at point “c” and had been made necessary by new government guidance which removed the Committee’s power to appeal to the Secretary of State.
- 6.2 **RESOLVED:** That the Committee agrees the revised terms of reference.
- 6.3 The Chair invited Nora Everitt to introduce herself and ask her question.

Ms Everitt asked-

1. *“Are the Committee aware that the Barnsley people get health services for community mental health, learning difficulties, autism and dementia health needs from South West Yorkshire PFT? (Partnership Foundation Trust) But this Trust covers Kirklees, Calderdale and Wakefield as well as Barnsley. Why are Derbyshire and Nottinghamshire Councils included in this Committee? But not West Yorkshire Councils (3 of which are relevant)? Surely the Committee should focus on South Yorkshire Councils and not include any Councils affected by Trusts who overlap with more than one ICB area?”*
 2. *“Barnsley Mental Health Forum of Mental Health service users and carers are presenting our model of co-production to the NHS England Experience and Transformation Team this week. We work strategically with the local trust and community provider and service users to improve services, with continual input. But we have no input or influence at SYICB or Barnsley Place ICB. Would this Committee support our aim to work alongside SYICB and Barnsley Place ICB to roll out our model of good practice in co-production wider?”*
- 6.4 In response, the Chair confirmed that Ms Everitt would be provided with a written response, which would be published on the Council’s website. Deborah Glen (Policy and Improvement Officer, Sheffield City Council) advised that the regional membership of the Committee and whether it should be reduced to South Yorkshire only, had been discussed previously and it had been decided to retain the existing Committee configuration, as some services went outside South Yorkshire boundaries (for example Oncology, which was Item 9 on the agenda). Additionally, if any services included different areas, such as West Yorkshire, a special joint scrutiny committee could be convened. However, only one joint scrutiny committee could request consultation on each service issue, so it was important to avoid potential duplication of requests.

7. NON EMERGENCY TRANSPORT SERVICE ELIGIBILITY CRITERIA

- 7.1 The report which briefed the Committee on the new, nationally set eligibility criteria for Non-Emergency Patient Transport (NEPT) services, and the approach that the NHS South Yorkshire Integrated Care Board (SYICB) was taking to assess, and mitigate, any risk this could have on how individuals/communities across South Yorkshire get to/from their NHS care, was presented by Lesley Carver (Urgent & Emergency Care Programme Manager, ICB), David Crichton

(Medical Director, ICB), Chris Dexter, Managing Director- Patient Transport Services, South Yorkshire Ambulance Service), and Richard Kennedy (Involvement Manager, NHS South Yorkshire).

- 7.2 Members discussed the booking service and whether it could be simplified for the benefit of groups such as the elderly, who might find it difficult to use. Members were concerned that areas with high levels of deprivation were often further from hospitals, and that it would be expensive for users from these areas to pay the money for transport and then claim it back. It was suggested that a bus pass system would be preferable. This would also benefit patients who had a lot of appointments to attend. David Crichton advised that this suggestion would be considered. Lesley Carver advised that simplifying the forms which people were required to complete, was also being worked on.
- 7.3 Members asked whether information had been provided in an easy read format for patients with learning disabilities and other people who might benefit from that format. David Crichton confirmed that the ICB should ensure this was included as cognitive impairment was one of the qualifying criteria for patient transport.
- 7.4 Members expressed concern over extra pressure potentially being put on Community Transport, given they were already stretched, and asked if the ICB could provide funding to enable Community Transport to expand. David Crichton advised that under the new ICB structure, closer working with the Mayoral Combined Authority was taking place and this enabled the ICB to have input into what public transport services were needed, e.g. to hospitals. The ICB would also continue to work with the voluntary sector and community groups.
- 7.5 Members requested separate figures be provided for Bassetlaw. David Crichton advised that this was not straight forward as some residents would use East Midlands Ambulance services, but it could be looked in to for the next update to the Committee.
- 7.6 Members asked whether monitoring would take place as to whether the changes would cause patients to miss appointments. David Crichton advised that non-attendance figures were monitored, and this had been identified as a risk. The use of virtual and telephone appointments, where appropriate, had been embedded since the Covid pandemic and increasing digital inclusion was a priority for the ICB.
- 7.7 **RESOLVED:** That the Committee: -
1. Notes that there are new national eligibility criteria for Non-Emergency Patient Transport services to replace the current locally agreed criteria;
 2. Has reviewed and provided feedback on the work that the South Yorkshire Integrated Care Board is undertaking, to understand the implications of implementing these criteria, including the assessment of risks and the development of appropriate mitigations; and
 3. Requests a further update on the application of the new criteria in six months.

8. NON SURGICAL ONCOLOGY

8.1 The report which provided an update on the progress of the non-surgical oncology transformation programme was presented by Dr Trish Fisher (Consultant Clinical Oncologist, Clinical Director of the South Yorkshire and Bassetlaw Cancer Alliance) and Mark Tuckett (Chief Strategy Officer for Sheffield Teaching Hospitals NHS Foundation Trust).

8.2 The following information was given in response to questions and comments from Members:

- Concerns over the removal of services from Barnsley were acknowledged, however this had been necessary as there had only been one oncologist who worked between Barnsley and Rotherham. Rates of patients not attending had been monitored and no increase had been observed. It was not currently possible to safely return the service to Barnsley hospital, however the current configuration was not the final one. Ultimately the aim was to have multi-disciplinary teams in various locations supervised by consultants.
- Various tactics for attracting applicants for jobs had been tried, consultants were often attracted to bigger hospitals with more equipment. This was an ongoing process and new recruitment materials were being developed.
- Separate figures for Bassetlaw could be provided.
- There were three Physician's Associates at Weston Park, and they could not prescribe or order radiology. They were tasked with seeing new patients, having been introduced appropriately, and taking them through all the documentation and paperwork. This meant that the Doctor could see three patients in forty-five minutes rather than one, which was a much more efficient use of time. No increase in the number of Physicians Associates was currently planned.
- Four speciality doctors had been appointed and all training places had been filled.
- The "Advanced clinical practitioners" mentioned in the report were nurses and pharmacists.
- Work previously presented to the Committee on patient voice, was included in the appendix to the report. The Patients Affected by Cancer Board was also a means of patient engagement.
- Work was being done to investigate which groups of people did not attend screening, and how they could be supported and encouraged to attend. MENCAP were also involved in investigations into take up of screening. Also, the Big Purple Buses had gone out into the community e.g. to community centres, so staff could discuss issues such as why women from some minority communities had a lower rate of attendance for breast cancer screenings.
- The "transformation programme" was not a euphemism for cuts to budgets or services. Oncology was a priority nationally and NICE regularly approved new drugs. The service was gearing up to do more, and intended to make itself sustainable, and make it everybody's job to look after cancer.
- Previously some staff who had been upskilled, had been poached by other

Trusts but now staffing had increased this was easier for the service to cope with. The work environment could be stressful, and attempts were made to support colleagues and bring teams together.

- Stabilisation of the service was proceeding in a satisfactory way, however there was still some risk in small teams e.g. the Central Nervous System team, which only had two consultants at present, and one of them was due to retire.

8.3 The Chair requested that Rotherham and Barnsley Councils' Health Committees be updated on the progress and success of the relocation of the Lung Clinic to Rotherham Hospital

8.4 **RESOLVED:-** That the Committee:-

1. Notes the approach to the Non-Surgical Oncology transformation programme;
2. Notes progress being made as part of the Stabilisation Phase including the temporary development of a fourth lung clinic site for Rotherham and Barnsley patients;
3. Requests a further update on Non-Surgical Oncology in six months; and
4. Requests that Rotherham and Barnsley Councils' Health Committees be updated on the progress and success of the relocation of the Lung Clinic to Rotherham Hospital.

9. WORK PROGRAMME

9.1 The report was presented by Deborah Glen (Policy and Improvement Officer, Sheffield City Council).

9.2 Deborah Glen advised that the meeting of the Committee scheduled for 3rd December might have to be changed to an alternative date due to availability of Councillors. It was also noted that the meeting in March might have to be postponed as it would be in the pre-election period for the local elections for some of the constituent councils.

9.3 **RESOLVED:** That the Sub-Committee agrees the work programme, including the additions and amendments identified and notes the possible need to reschedule the December and March meetings.

10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee will be on a date and time to be confirmed.