South Tyneside Council

Meeting of South Tyneside and Sunderland Council Joint Health Scrutiny Committee

Thursday 25 October 2018, 10am South Shields Town Hall, Committee Suite, Westoe Road, South Shields, NE33 2RL

Agenda

1. **Declarations of Interest**

   Members to declare an interest in any agenda item.

2. **Minutes of 21 June 2018**

3. **Update on Path to Excellence Phase 2 Planning**

   To receive an update on the planning towards Phase 2 of the Path to Excellence consultation.

4. **Draft Joint Response to the Independent Reconfiguration Panel (IRP) Decisions**

   To consider a joint response to the decisions of the IRP on Phase 1 of the Path to Excellence.

5. **Chairman's Urgent Items**

   To consider any items which the Chairman has agreed to accept as urgent business.

Contact Officer, Paul Baldasera, Strategy and Democracy Officer – Tel: 0191 424 6022

item 2

At a meeting of the SOUTH TYNESIDE AND SUNDERLAND JOINT HEALTH SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on THURSDAY 21st JUNE, 2018 at 2.00 p.m.

Present:-

Councillor DE Snowdon in the Chair

Councillors (Sunderland) Beck, Davison, D. Dixon, Heron, Leadbitter and McClennan

Councillors (South Tyneside) Dix, Brady, Flynn, Peacock and Purvis.

Mr A. Patchett (Co-opted Member) – Chair of Healthwatch Sunderland

Also in attendance:-

South Tyneside and Sunderland NHS Partnership:

Ms L. Davies, Head of Communications, South Tyneside & City Hospitals Sunderland NHS Foundation Trusts
Mr P. Garner, Path to Excellence Programme Manager
Ms A. Hetherington, Deputy Head of Corporate Affairs, City Hospitals Sunderland NHS Foundation Trust
Ms C. Latta, Senior Communications and Engagement Locality Manager, NHS North of England Commissioning Support
Dr S. Wahid – Medical Director, South Tyneside NHS Foundation Trust
Mr S. Watson, Director of Contracting and Informatics, Sunderland Clinical Commissioning Group

South Tyneside Council:

Mr P. Baldasera, Strategy and Democracy Officer

Sunderland City Council:

Mr N. Cummings, Scrutiny Officer
Mr D. Noon, Principal Governance Services Officer

The Chairman welcomed everyone to the meeting and introductions were made.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Hay, and Hetherington.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Minutes of the Meeting of the South Tyneside and Sunderland Joint Health Scrutiny Committee held on 30th April, 2018

1. RESOLVED that the minutes of the last meeting of the South Tyneside and Sunderland Joint Health Scrutiny Committee held on 30th April 2018, (copy circulated) be confirmed and signed as a correct record subject to the organisation represented by Ms Latta being amended to read 'NHS North of England Commissioning Support'.

The Path to Excellence Phase Two – Programme Overview

The South Tyneside and Sunderland Partnership submitted a report (copy circulated) which introduced a presentation from Mr Patrick Garner providing greater detail on the current position regarding Phase Two of the Path to Excellence programme, including the learning from Phase One and the alignment to the Health and Wellbeing strategies of the two Local Authorities.

(For copy report – see original minutes)

In response to an enquiry from Councillor Purvis, Dr Wahid contented that the news that doctors and nurses were to be excluded from the cap on skilled worker visas would not significantly help in tackling the recruitment difficulties currently being faced in striving to make services sustainable.

Mr Patchett referred to the Medicine and Emergency Care workstream and the CCG's ongoing review of Urgent Care and asked if the two were inextricably linked. Mr Garner advised that there was a timing issue however anything decided in respect of the Urgent Care Review would be fed into the Path to Excellence's Medicine and Emergency Care workstream.

Councillor Peacock queried how the learning from Phase 1 could be fed into the phase two programme when the outcome had not yet been decided by the Secretary of State. Ms Latta advised that the regulator, NHS England, would expect the commissioners to review the programme in the light of the decision from the Secretary of State once it emerged. The matter would then be brought to the Joint Committee. Dr Wahid advised that Phase 2 was not depended upon the decision in respect of Phase 1 as the services were not interlinked and could be considered separately.

Councillor Dix referred to complaints that Committee members had received from medical staff during Phase 1 regarding their lack of involvement in the process. He sought assurances that staff involvement during Phase 2 would include 'front line staff that actually got their hands dirty'. Dr Wahid gave Councillor Dix an absolute assurance that this would be the case and that the Partnership would look to get the right balance of representation across all of its workstreams.

2. RESOLVED that the presentation in respect of the Path to Excellence Phase Two, Programme Overview be received and noted.

The Path to Excellence Phase Two – Draft Case for Change

The South Tyneside and Sunderland NHS Partnership submitted a report (copy circulated) which briefed members on the main content of the Path to Excellence Phase Two – Draft Case for Change.

(for copy report – see original minutes)

To complement the report and provide additional context Dr Wahid presented a briefing note (copy tabled) which highlighted the following 5 challenges driving the case for change:-

- No change isn't an option – services were currently frail and vulnerable and needed to become sustainable for reasons of patient safety
- Workforce Pressures – it was becoming a daily challenge to staff wards and departments to a consistently safe level
- Future demographic changes – an expanding aging population and workforce
- The need for improvements in quality – there was too much unacceptable variation on performance against many clinical standards
- Financial Constraints – Emergency care and acute medicine in the two hospitals cost more than the funding available resulting in an annual loss of £15m. The cost of temporary staff amounted to over £11m per annum.

Dr Wahid advised that it was intended to address these challenges through the following 4 broad work streams which would examine the challenges and review potential options.

- Emergency Care and Acute Medicine – ie the care provided when patients arrive at the emergency department or need emergency admission to hospital.
- Emergency Surgery – ie care provided for patients who are admitted as an emergency and require immediate surgery.
- Planned Care including surgery and outpatients – ie care provided to a patient after referral by a GP for a test, scan, treatment or operation.
- Improvements to and development of various clinical support services – eg therapy services, clinical pharmacy and radiology

Councillor Peacock referred to the demand pressures on emergency care and acute medicine and contended that a lot of the pressure on A&E had been caused by decisions to close walk in centres such as Jarrow. As a result people with minor injuries were presenting themselves at hospital emergency departments instead.

Councillor Davison referred to the reference to workforce pressures and asked if it was proposed that staff would work between the two hospital sites. Dr Wahid replied that there were no ground rules in this regard other than staff must be prepared to work as part of a team. Some staff would work only at one site, some at both and some in the community.

Councillor McClennan referred to a recent radio programme which highlighted the incredible sums of money spent by the health service on prevention which seemed to illustrate the extent to which society had lost the ability to treat itself. Dr Wahid replied that prevention was the key to reducing demand. If people could be given the right tools to enable them to thrive through the promotion of better self-health care

then demand would decrease. Ms Latta noted that it was recognised that through the growth in single person households and nuclear families a lot of the advice and guidance previously disseminated through extended family networks had been lost. To counter this modern technology had been utilised to make such advice available through apps which dealt with subjects such as minor injuries and childhood illnesses. This had proved successful and stopped people going straight to A&E or their GP.

Councillor Dixon welcomed the emphasis on prevention given the annual cost to the city was £180m in relation to alcohol and drug related hospital admissions alone. He stated that the situation was crying out for a new approach and he looked forward to seeing how it would be addressed.

3. RESOLVED that the report be received and noted.

The Path to Excellence Phase Two – Communication and Engagement Strategy

Ms Caroline Latta, Senior Communications and Engagement Locality Manager, NHS North of England Commissioning Support presented a report (copy circulated) of the South Tyneside and Sunderland NHS Partnership on the Path to Excellence Phase Two, Communication and Engagement Strategy which detailed the following key issues:-

- The programme for Public Engagement
- Compliance with legal and policy context for NHS Service Change
- Learning from Phase One
- Patient experience and public/staff engagement would influence the development of credible options for service change
- Updated programme governance
- Measurement and testing of communication and engagement mechanisms.

(For copy report – see original minutes)

To complement the report Ms Latta provided the Committee with a powerpoint presentation highlighting the following 8 strategic objectives which underpinned the Strategy:-

- Ensure compliance with key NHS legal and policy requirements for significant service change in relation to public engagement and future consultation
- Benchmark patient experience across the pathways to inform clinical service review case for change and option development
- Ensure staff engagement and involvement in order to provide opportunities for input, feedback, influence and sense checking
- Development of updated issues document to be shared in draft form for public feedback and influence and wider once finalised
- Carry out detailed stakeholder mapping and data analysis in order to identify civic society groups and organisations with interest
- Provide wider opportunities for participation by key groups with interest and experience in the specific issues as identified by the stakeholder mapping

- To explain how the problems are being identified, how ideas for change will be assessed using transparent assessment criteria, how 'clinical due diligence' will take place in order to ensure feasible options for the future are developed
- To test improved communications and engagement mechanisms to ensure they are robust and support continuous dynamic dialogue required for best practice consultation utilising digital and social media as required.

In conclusion Ms Latta advised that the Partnership were currently working to the following timescales with regard to engagement:-

May to July 2018

i) Wider qualitative patient experience research starts.
ii) Public / stakeholder briefings to update on workshops taking place with staff and ensuring consistent messaging about the case for change, areas under discussion with staff and robust process being followed.
iii) Wider communications and publicity takes place.

Summer 2018

iv) Two targeted stakeholder events (one in each area) to be held following the first clinical 'sense check'.
v) due diligence workshop to share feedback gained from staff.
vi) emerging models/direction of travel.
vii) sense check hurdle criterial and process for option development.

September 2018

viii) Staff, public and stakeholder update on long list of options and direction of travel, timeline and next steps for engagement and consultation.

October to December 2018

ix) Further public engagement events as required to test aspects of the process eg the decision making criteria.

Mr Patchett referred to the pre engagement with patients and public and asked what had been learned to date. Ms Latta replied that so far one of the key issues highlighted by patients and the public was a desire that services were provided as close to home as possible. Ms Latta advised that she would be happy to circulate the feedback received to date to the Committee.

In response to a further question from Mr Patchett, Ms Latta confirmed that this feedback from the pre engagement would be used to influence the design of options.

In response to an enquiry from Councillor Dix, Ms Latta advised that trade union representation had been included on the Stakeholder Advisory Group. Ms Davies added that Phase 2 had been talked through with the Unions and staff at both Trusts. The staff were anxious to have a look at any early emerging ideas.

The Chairman having thanked Mr Garner, Dr Wahid and Ms Latta for their attendance and presentations, it was:-

4. RESOLVED that the report be received and noted.

The Chairman then closed the meeting having thanked Members and Officers for their contributions.

(Signed) D.E. SNOWDON,
Chairman.

item 3

VERBAL

Update on Path to Excellence Phase 2 Planning

South Tyneside and Sunderland
NHS partnership

Update on phase 2 planning to South Tyneside and Sunderland Joint Overview and Scrutiny Committee

25th October 2018

Report authors:
Patrick Garner, Programme Manager, Path to Excellence
Caroline Latta, strategic communications and engagement lead – North of England Commissioning Support

Contents

Purpose

This paper sets out the process for developing scenarios for change which is being followed within Phase 2 of the Path to Excellence (PtE) programme with a view to demonstrating assurance against best practice and with a particular focus on external stakeholder influence and involvement.

This process is has been developed in direct response to elected member and stakeholder concerns around NHS staff and wider stakeholder involvement in options development, feedback from phase one and the public commitment by NHS partners to enhance communications and engagement in phase 2.

Action requested

Members of the Sunderland and South Tyneside Joint Overview and Scrutiny Committee are asked for their comments and to endorse the process as set out in this paper.

Introduction

Since NHS South Tyneside and Sunderland partnership's Path to Excellence programme phase 2 was initiated in winter 2017, The Consultation Institute (TCI) has published a recommended best practice for scenario development.

This paper:

- Updates on the strategic timeline
- Sense check's the PtE programme's approach to scenario development against TCI recommended best practice and demonstrates compliance of the phase 2 process to date
- Outlines plans to continue to comply with best practice through the remaining phases of the clinical service review process
- Updates on how evaluation criteria will be developed and how wider stakeholders will be involved
- Updates on how wider stakeholders can contribute to solutions through a stakeholder listening panel
- Provides thematic analysis of patient and staff feedback to date to provide the basis of evaluation criteria

Strategic timeline

July 2018	Published draft case for change
Autumn/Winter 2018	Roadshows, media, animation, attendance at meetings and group to share draft case for change (see papers shared for information) Further staff and public engagement
November 2018	Key stakeholder events and staff engagement to set evaluation criteria for any future possible solutions
December 2018	Public listening panel – an opportunity for wider stakeholders to apply to present their evidence and any views on the draft case for change and things for the NHS to consider
Early 2019	Key stakeholder events and staff engagement to apply evaluation criteria

	to wide range of future possible solutions Share ideas on future possible solutions and gain feedback to influence final options the CCGs will consider for formal public consultation
Summer 2019	Formal public consultation

Staged approach to developing ideas

In order to support a logical process of developing ideas for change, a staged approach is recommended by The Consultation Institute in order to ensure each stage feeds into and influences the next – giving the opportunity for stakeholder involvement.

Stakeholders include NHS staff working in the hospitals (not involved in the clinical design groups), wider NHS professionals, community and voluntary groups, elected members and other interested parties.

This is important as it demonstrates Gunning 1 (proposals at a formative stage) and continuous engagement.

External quality assurance

During phase 1 of the programme, TCI carried out a quality assurance on the public consultation phase. TCI now also have offered a quality assurance process for the pre-engagement phase that will be applied to phase 2 of the process. This process will review the PtE programme's compliance with national best practice at all key stages of the scenario-development process.

It will seek evidence that a plan has been agreed by decision-makers for how emerging ideas will be treated and seek evidence that this plan is followed at key stages from long-list through to short-list development. It will require outputs and feedback reports from all key steps to ensure that appropriate engagement has taken place and that relevant elements of the scenario-development process will be taken forward as part of the consultation phase.

Steps in the service change development process

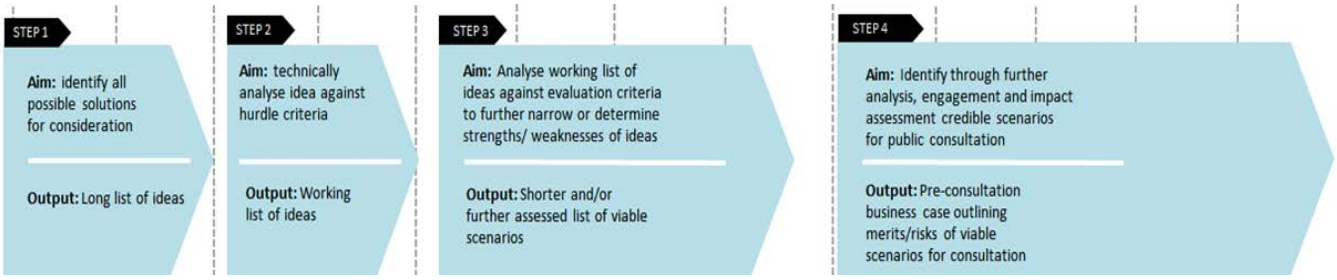
The table below sets out each key step as adapted from the TCI recommended process and a summary of the PtE process undertaken at each stage.

While this depicts a relatively linear process, the PtE process remains evolutionary and ideas generated at any step of the process will necessitate the re-application of previous steps.

It should be noted that at the time of writing in October 2018, the programme is finalising step 2 with a view to moving towards step 3, and therefore is at the stage of

developing evaluation criteria and planning wider stakeholder involvement in agreeing the criteria against which a current, combined working list of ideas should be appraised.

In graphic form, the basic building blocks of the process are:



Key step as adapted from the TCI recommended process and a summary of the PtE process undertaken at each stage

Steps in the service change scenario-development process as described by the Consultation Institute	Path to excellence process	Path to excellence governance & engagement
Step 1 – developing a long list The objective of this stage is to identify a wide range of ideas for considered as possible solutions. This is the first opportunity to involve stakeholders such as staff and patients to ask them what is important to them. The output of Step 1 is a **long list** of ideas.	Ideas development through clinical design workstreams with balanced geographic and clinical representation. Review of research evidence base, best practice and learning from transformation schemes elsewhere. Patient experience insight carried out and presented to clinical design workstreams. Staff survey and specific events carried out and insights presented to clinical design workstreams.	Terms of reference of clinical design teams Workstreams' review of patient and staff feedback (March, 2018) Clinical services review group (CSRG) review of patient insight reports (April, 2018) CSRG review of staff engagement feedback (April, 2018) CSRG review of long list of ideas (April, 2018)
Step 2 – technical review to establish a working	Hurdle criteria assessment of long list	Workstreams' review of patient and staff feedback

list of ideas (current stage for programme) The objective of this stage is to check which of the possible ideas are potentially viable in order to commit further resources to do more detailed work on each. A proposal is only potentially viable if it intuitively meets agreed hurdle criteria. This assessment will be a pass/fail methodology and is not scored Step 2 assessments are normally completed by technicians. The clinical design workstreams are the designated clinical experts in their field, and wider trust staff aligned to the services under review The output of Step 2 is a list of potentially viable ideas.	to reach a working list of workstream-specific ideas, informed by: - Clinical design workstreams' SWOT analysis of each idea - Workstream design and evaluation workshops to further test working list of ideas.	(March, 2018) CSRG agreement of hurdle criteria (May, 2018) Workstreams' SWOT analysis of long list against hurdle criteria (May, 2018) Workstream design and evaluation workshops to test ideas against hurdle criteria (June, 2018) CSRG review of workstream-level working lists (June, 2018)
Step 3 (STAGE AS AT OCTOBER 2018) – Further narrowing or determining strengths/weaknesses	Staff engagement events to further evaluate long list against hurdle criteria	Cross-workstream clinical due diligence to test compatibility of workstream ideas and consider

of ideas to identify viable short list of scenarios The objective is to narrow the list of ideas to those that best meet the stated objectives of the Path to Excellence programme. This can be achieved by assessing each of the ideas (output from step 2) against evaluation criteria. **The criteria are those elements of the ideas over which stakeholders have influence: the choice elements of the redesign that would be desirable.** Developing evaluation criteria to apply is another opportunity to involve a range of different stakeholder perspectives where the local NHS can ask what matters to stakeholders and use that information to inform the evaluation criteria. The output of step 3 is **a short list of viable scenarios** with any preferred scenarios identified based on the extent to which criteria is satisfied.	Clinical due diligence event to check compatibility of scenarios and test co-dependencies and capacity to determine site-specific ideas Develop draft evaluation criteria based upon phase 1 approach and insights from phase 2 staff and patient experience activity Review draft evaluation criteria with Stakeholder Advisory Panel Conduct staff and stakeholder events to refine evaluation criteria and assess ideas against criteria Undertake cross-workstream assessment of ideas against criteria (using confidence levels and narrative assessment) in partnership with or/with validation through stakeholder panel. Undertake co-production engagement work to understand how ideas can best meet the needs of specific patient groups	further patient/staff feedback (July, 2018) CSRG review of staff and public engagement feedback (August, 2018) CSRG review of compatibility, codependency and high-level capacity assessments of combined working list of ideas (August, 2018) CSRG review of draft evaluation criteria (date tbc) CCG GBs review of evaluation criteria (date tbc) CSRG review of first phase of evaluation of combined working list of ideas (date tbc) Engagement events to inform evaluation criteria finalisation and criteria application (date tbc) Cross-workstream assessment of ideas against evaluation criteria (date tbc) CSRG review of evaluation criteria assessment (date tbc)
Step 4 – **to identify credible scenarios for public consultation**	PCBC development process. Wider impact assessments (IIAs and	CSRG review of draft PCBC (date tbc)

More detailed information about the relative merits of each of the viable scenarios on the shortlist is considered. This is another ideal opportunity to involve a range of different stakeholder perspectives. The output of Step 4 is detailed information on the relative merits of each of the remaining scenarios for decision makers to take into account when they decide which scenarios to present in a public consultation. The output of the process is information to present to CCGs that informs and influences their decision on which solutions to include in a public consultation. It provides detailed information on the reasons for discarding each of the possible solutions that don't make it into formal pre-consultation business case for change.	TTIA) Neighbouring provider and commissioner feedback, including NEAS. External clinical assurance. External regulatory assurance.	CCG GBs review of draft PCBC (date tbc)

Plans for step 3 – developing and applying evaluation criteria (next stage)

As described in the previous table, the objective of this stage is to narrow the list of ideas or identify strengths/weaknesses within the ideas to agree a viable shortlist of scenarios, based on those that best meet the stated objectives of the Path to Excellence programme.

It is important to note that evaluation criteria are those elements of the solutions over which stakeholders have influence – these are the choice elements of service redesign.

In developing a set of draft criteria, the programme will draw upon the criteria used in phase 1 of the programme to ensure a consistent approach. The criteria also includes new or revised criteria derived specifically from the Phase 2 Case for Change and Phase 2 engagement feedback.

A report setting out how the engagement-driven criteria has been obtained, drawing on the wide range of primary research and insight carried out by the programme is available at appendix 1

The draft evaluation criteria will evolve into a final set of evaluation criteria through a series of planned stakeholder events. These will take place throughout autumn and winter 2018.

Outline of stakeholder engagement events

Summary of events

Event	How many	When
Developing and agreeing the evaluation criteria	Two events plus focus groups	November (mid to late)
Public hearing on the case for change	One event	December (early)
Applying the agreed evaluation criteria	Two events plus focus groups	January TBC

Detailed planning for each event will take place, but the general objectives can be described as below:

Stakeholder evaluation criteria events objectives

- Events are part of the process in order to inform the solution development and to demonstrate wider stakeholder involvement
- Feedback on how stakeholder feedback to date have been incorporated
- Presenting how clinical services groups developed a list of solutions, including presentation of the emerging evidence discussed
- Presentation of emerging evidence to quality assess the evlauation criteria

- Assessment of list of solutions against the evaluation criteria

What we won't be doing at the stakeholder events

- Outlining or agreeing a preferred solution or option

Outline for a public listening panel on the case for change to support scenario development

After discussions with the Consultation Institute, a suggestion to take forward in the pre-consultation solution development phase would be to hold a public panel – with the express objective of providing an open and transparent invitation to anyone who wished to provide evidence or ideas about how we can solve the issues raised in the case for change.

How would it work?

The Path to Excellence programme would issue an open invitation to action groups, the voluntary and community sector, and others, to take part in a panel hearing at a neutral venue.

Any group that wishes to attend would be asked to submit their evidence one week in advance of the hearing and then on the day would be given a time slot to present their views. It is recommended that evidence should include:

- Information that they think the NHS needs to consider in response to the draft case for change
- Arguments for or against the information set out in the draft case for change
- Proposals for ideas to solve the issues in the case for change
- Proposals for additions to the case for change

All presentations given to the panel should be backed up by evidence that is either qualitative (opinions given in response to the case for change) or quantitative (facts, figures, statistics or data).

Steps will be taken to ensure the venue is accessible to all who would like to attend and that arrangements are in place to meet attendees' accessibility and communication needs as required e.g. audio loop, British Sign Language practitioners and interpreters.

Who will attend?

It is not proposed that the hearing would receive evidence from partner organisations as there are other ways for those bodies to share their views on the case for change.

Instead it is expected that action, voluntary and community groups, trade unions and others will be interested in attending this event.

Path to Excellence – Phase Two

Thematic review to inform the development of an evaluation criteria

September 2018

Contents

Introduction

The Path to Excellence is five-year healthcare transformation programme across South Tyneside and Sunderland which has been set up to secure the future of local NHS services and to identify new and innovative ways of delivering high quality, joined-up, sustainable care that will benefit the population both now and in the future.

The focus for Phase Two of the Path to Excellence programme is upon:

- Acute medicine and emergency care;
- Emergency surgery; and
- Planned care including surgery and outpatient care.

To help inform the clinical service review process for Phase Two, a thematic review was undertaken of all insight reports produced following engagement with members of the public, patients, staff and stakeholders, as part of the Path to Excellence programme.

The purpose of this activity was to produce a list of general themes in relation to what members of the public, patients, staff and stakeholders want from future services i.e. creating a ‘desirable’ list of factors. This list will then be tested and refined before development of a final evaluation criteria which will allow different delivery model options for Phase Two to be explored and evaluated against.

Public / patient perspective

The following reports were used as part of the review;

- A review of patient experience and perception in Sunderland and South Tyneside – Phase 1 (February 2016);
- Path to Excellence Phase 1 – Consultation Feedback Analysis Report (December 2017); and
- Path to Excellence Phase 2 – Survey analysis (emergency and planned care) (July 2018).

Note: The Phase One Consultation Report was felt to be more specific than the others, as its focus was on reporting opinion with regards to the specific consultation options for Phase One (stroke, maternity and children's and young people's services). For this reason, this report has been considered to a lesser extent.

What do the public / patients want from future local NHS services?

- High quality, safe care
- Local healthcare services which are quick and easy to access
- Equity in access to healthcare for all
- Affordable and efficient transport links / systems in place if I am required to travel for care and treatment and consideration for my family, friends and carers who may have to travel to visit me (including parking charges)
- To be given choice and involved in decisions about my care
- To receive the right treatment as quickly as possible
- Quick access to a specialist opinion
- Quick access to assessment and diagnostics
- An efficient and smooth process from attendance or referral to hospital, to treatment and discharge
- Care tailored to my needs with consideration of my preferences and wishes
- To be treated with dignity and respect by kind, compassionate and professional staff

- To be treated in the most appropriate place which has suitable resources and equipment and is staffed by doctors and nurses who have experience of dealing with my health complaint

- To have trust and confidence in the staff treating me

- Privacy when being examined, treated or my care discussed

- To be kept up-to-date and communicated with in a way that I can understand, and being able to ask questions and be involved in decisions as much as I want

- To be given sufficient information so I am fully aware of my condition and the course of treatment

- Opportunities for family / carers to ask questions with staff willing to listen to any issues or concerns that they have

- Cared for on a ward which is well staffed

- Staff that are able to manage my pain effectively

- Being able to ring the call bell whilst in hospital and have my requests dealt with in a timely manner (i.e. requests for pain relief, additional support, to ask a question)

- Staff that are able to understand my anxieties and are able to address these accordingly

- To be treated in a pleasant, quiet and clean environment whilst in hospital with good quality and choice of food.

- Healthcare services that are able to manage the demand that is placed on them, avoiding long waiting times, delays and cancellations.

- Appointments / procedures running on time and to be kept informed if there are any unexpected delays

- A discharge process that ensures that:

    - I am only discharged when I am ready;
    - I receive notice of when I am being discharged;
    - A plan is in place for my care;
    - I am involved in decisions about my discharge;

- I know who to contact if I have any problems;
- I receive the appropriate aftercare information; and
- My GP and all other healthcare professionals involved in my aftercare are fully aware of my course of treatment.

- To know which healthcare service is best for me to attend with the seriousness of my health condition

- To know where different healthcare services are located, when they are open and how I can access them

- To have trust and be confident in accessing healthcare services

- To receive continuity of care from health professionals who are aware of my health condition / medical history.

Staff / stakeholder perspective

The following reports were used as part of the review:

- Path to Excellence Phase 1 – Consultation Feedback Analysis Report (December 2017);
- Path to Excellence Phase 2 – Seeking Staff views; Event Summary Report (March 2018); and
- Path to Excellence Phase 2 – Feedback from staff events (July 2018).

Note: The Phase One Consultation Report was felt to be more specific than the others, as its focus was on reporting opinion with regards to the specific consultation options for Phase One. For this reason, this report has been considered to a lesser extent.

What do staff / stakeholders want from future local NHS services?

- A shared vision of focus
- To deliver the safest, most effective care for patients – 'excellence'
- A levelled and future proof service with seamless pathways and integrated services – 'the right treatment, at the right place at the right time'
- A provider of services which can meet / exceed national standards
- Sharing and implementation of best practice
- Improved capacity and demand management
- Estates and facilities that are able to cope with demand
- Fully integrated IT systems
- Standardisation of practice
- Integrated teams which allow:
    - Greater capacity and less reliance on agency staff;
    - Stability for staff;
    - Ability to implement 7-day working practices;
    - Improved skill mix;
    - Opportunities for growth and progression;
    - More appealing working practices for staff and new recruits;

  - Exploration of new ways of working; and
  - Recognition and appreciation.

- Specialisation of services

- Equity of services across sites

- Investment in staff – training and CPD

- Investment in departments - resources and equipment

- Allowances and support for those required to work between sites (training, childcare, travel & parking)

- Improved efficiency and cost savings

- A management structure fit to support a sustainable operational merger with the knowledge of clinical aspects of the service / professional leadership

- Improved patient outcomes; improved waiting times and reduced delays / timely assessments and diagnostics, reduced length of stay, fewer complications and re-admissions, improved choice and confidence, continuity of care

- A better discharge and aftercare / rehabilitation process

- Assurances from the North East Ambulance Service on their capacity to support future changes

- To be listened to and have the opportunity to feed into the programme

- Constant improvement through continuous feedback processes

- To be kept-up-to date with open and honest communications.

South Tyneside and Sunderland
NHS partnership

‘The Path to Excellence – phase two’ public and stakeholder engagement: Join our journey

Local hospital services in South Tyneside and Sunderland provide great care delivered by highly committed teams of NHS staff. Phase Two of the Path to Excellence programme aims to build on these strengths and successes but also make sure we plan and prepare for the tidal wave of pressures we know are facing the NHS. Since 2016, our hospital teams have been working closely together, putting us in a very strong position to embrace the opportunities ahead and ensure a strong and vibrant future for both our local hospitals.

Local NHS partners are working together, across organisational boundaries, to address the pressures facing the NHS and Path to Excellence Phase Two is just one small part of how we **transform ALL care locally**. Changing hospital care alone will not solve the pressures facing the NHS and by working together we want to:

- Help people to stay fit and well so that they do not become unwell in the first place
- Improve community-based care outside of hospital which is close to peoples’ homes
- Improve the health outcomes for people living in South Tyneside and Sunderland

Why do we need to change?

1. No change isn’t an option – we need to solve the pressures facing the NHS
We cannot stay as we are if we want to keep providing high quality patient care – this is our driving force for change.

2. Workforce pressures – we need to address staff shortages and an ageing workforce
We face daily challenges to staff our wards and departments to a consistently safe level putting extra stress and strain on our amazing NHS staff.

3. Future demographic changes – we need to adapt because people are living longer
We have an ageing population. More people are now living with long-term conditions, surviving longer and increasing in number thanks to advances in medicine and technology. In the years ahead this will add even more demand for services.

4. Quality improvements needed – we need to embrace opportunities for improvement
There is too much unacceptable variation between our local hospitals that we must improve.

5. Finance pressures – we need to make better use of the financial resources allocated to our local health services
Our services currently cost more to deliver than the funding we have available and we must think innovatively about how we maximise our resources.

How do we plan to address these challenges?

Phase Two of the Path to Excellence programme involves the following key areas of hospital-based care and thinking about potential solutions for the future:

- **Emergency care and acute medicine** – the care provided when patients arrive at the Emergency Department or need emergency admission to hospital
- **Emergency surgery** - the care provided when patients are admitted to hospital as an emergency and require an immediate operation
- **Planned care (including surgery and outpatients)** – the care provided when patients are referred to hospital by their GP for a test, scan, treatment or operation.

In addition, we are also thinking about how we improve and develop clinical support services across both hospitals such as therapy services, clinical pharmacy and radiology services.

Our ambitions

Working together as bigger, stronger and more resilient clinical and nursing teams across both hospitals will help us reduce our reliance on temporary staff and attract more people to join us permanently. Our teams are already working towards creating a shared vision for each clinical service area which will look to deliver care differently in future and aim to:

- Work towards achieving 7-day consultant-led emergency care services
- Deliver the right care, at the right time, by the right person, in the right place
- Maximize the skills and expertise of our staff
- Improve access to services in the community
- Use technology to increase efficiency and improve patient experience
- Drive out duplication and waste

We believe doing this will be better for patients, improve quality of care, improve patient outcomes and experiences and make the best use of the financial resources we have available.

Phase Two - Engagement activity to date

Our engagement work on Phase Two of the Path to Excellence programme started back in December 2017 working with staff across both Trusts to understand the key challenges they face on a daily basis and where we need to improve. Hundreds of frontline staff have been involved in discussions over the past ten months and their feedback has been shared with our clinical design teams to develop the case for change for Phase Two.

We have also spoken to hundreds of patients as part of our Phase Two listening exercise which started back in February 2018 to help us understand people's views and recent experiences of using emergency care services or coming into hospital for planned care in South Tyneside and Sunderland. In July 2018, we published our draft 'Case for Change' for Phase Two of the Path to Excellence programme which summarises all of our work to date led by our clinical design teams, including feedback from our staff and patients. It explains why we need to continue working together to improve care for patients and create local hospital services which are fit for the future.

What happens next?

From Saturday 13 October and over the next eight weeks, we will be out and about visiting local communities, speaking to patients using local hospitals and healthcare services and attending a series of key stakeholder meetings to share our draft 'Case for Change' for Phase Two and help people understand why local hospital services must change for the future.

Date	Time	Location
Saturday 13 October	9am – 5pm	Pallion Health Centre, Sunderland
Monday 15 October	9am – 5pm	Houghton Primary Care Centre
Tuesday 16 October	10am – 4pm	South Shields Asda
Monday 22 October	10am – 3pm	Ingham Wing Main Entrance, South Tyneside District Hospital
Thursday 25 October	10am – 3pm	Main Outpatients, Palmer Community Hospital
Thursday 25 October	10am – 4pm	South Shields Asda
Monday 29 October	10am – 3pm	Kayll Road Entrance, Main Concourse Sunderland Royal Hospital
Tuesday 30 October	9am – 5pm	Grindon Lane Primary Care Centre, Sunderland
Wednesday 31 October	9am – 5pm	Bunny Hill Primary Care Centre, Sunderland
Friday 2 November	10am – 3pm	Main Outpatients Entrance, Sunderland Eye Infirmary
Wednesday 7 November	9am – 5pm	Cleadon Park Primary Care Centre
Thursday 8 November	9am – 5pm	Flagg Court Health Centre, South Shields
Friday 9 November	9am – 5pm	Washington Primary Care Centre

Our planned activity aims to socialise the issues, explain the current gaps in quality, and allow an opportunity for patients and the public to understand why we must change and share their views on what's important to them when accessing hospital services and receiving hospital care. It will also provide stakeholders and the public with opportunities to influence the process, providing decision makers with valuable insight about the draft 'Case for Change'.

How can you help?

We would appreciate your support in helping us to spread information about Phase Two of the Path to Excellence programme. In addition to our roadshow activity above, we will be attending

local meetings including area committees, VCS networks, patient groups and key stakeholder briefings across South Tyneside and Sunderland. If there are any forums which you would like us to attend please do let us know.

We also have a number of materials about Phase Two – we are happy to provide copies of these so that you can distribute these within your networks:

- Draft case for change and summary document
- Easy Read version of draft case for change
- Video animation on draft case for change (available at www.pathtoexcellence.org.uk) which explains some of the pressures and challenges facing local hospital services in South Tyneside and Sunderland and why services must change.
- Short survey of public and patient (or their carers) views on what's important to them when accessing hospital-based care. The survey is available in print and online at: https://www.surveymonkey.co.uk/r/p2ephasetwo.

How to get involved

- Visit our website: www.pathtoexcellence.org.uk
- Watch the new Phase Two animation video
- Read the Draft full case for change, summary case for change or Easy read version.
- Compete our survey: https://www.surveymonkey.co.uk/r/p2ephasetwo
- Email us: excellence@nhs.net
- Call us: 0191 2172670
- Follow us: facebook.com/NHSexcellence
  @NHSExcellence

This document is available in large print and other languages. Please call 0191 217 2670.

Path to Excellence – Phase Two

Public and Stakeholder Engagement Activity

Activity		Date	Time
Roadshow activity	East Boldon/West Bolden/Bolden Colliery	**12-Oct**	9am – 5pm
Roadshow activity	Pallion Health Centre, Sunderland	**13-Oct**	9am – 5pm
Roadshow activity	Houghton Primary Care Centre	**15-Oct**	9am – 5pm
Roadshow activity	South Shields Asda	**16-Oct**	10am – 4pm
Roadshow activity	Sunderland East	**18-Oct**	9am – 5pm
Roadshow activity	South Tyneside- South Shields High st	**19-Oct**	9am – 5pm
Roadshow activity	Sunderland North	**20-Oct**	9am – 5pm
Roadshow activity	Washington	**20-Oct**	9am – 5pm
Roadshow activity	Ingham Wing Main Entrance, South Tyneside District Hospital	**22-Oct**	10am - 3pm
Roadshow activity	South Tyneside-South shields /market day	**22-Oct**	9am – 5pm
Roadshow activity	Sunderland Market Place	**23-Oct**	9AM - 5PM
Roadshow activity	Sunderland Market Place	**24-Oct**	9am – 5pm
Democratic Engagement	JHOSC Meeting	**25-Oct**	

Roadshow activity	Main Outpatients, Palmer Community Hospital	**25-Oct**	10am – 3pm
Roadshow activity	South Shields Asda	**25-Oct**	10am – 4pm
Roadshow activity	South Shields	**27-Oct**	9am – 5pm
Roadshow activity	Sunderland West	**27-Oct**	9am – 5pm
Roadshow activity	Kayll Road Entrance, Main Concourse - Sunderland Royal Hospital	**29-Oct**	10am - 3pm
Roadshow activity	Grindon Lane Primary Care Centre, Sunderland	**29-Oct**	9am – 5pm
Meeting - South Tyneside	Riverside Community Area Forum	**30-Oct**	10am
Roadshow activity	Bunny Hill Primary Care Centre, Sunderland	**31-Oct**	9am – 5pm
Roadshow activity	Coalfield	**01-Nov**	9am – 5pm
Meeting - South Tyneside	West Shields, Cleadon and East Boldon Community Area Forum	**01-Nov**	10am
Roadshow activity	Main Outpatients Entrance, Sunderland Eye Infirmary	**02-Nov**	10am – 3pm
Roadshow activity	Jarrow/Hebburn	**02-Nov**	9am – 5pm
Roadshow activity	Marsdon/Whitburn/Cleadon	**03-Nov**	9am – 5pm
Roadshow activity	Cleadon Park Primary Care Centre	**07-Nov**	9am – 5pm
Roadshow activity	Flagg Court Health Centre, South Shields	**08-Nov**	9am – 5pm
Roadshow activity	Washington Primary Care Centre	**09-Nov**	9am – 5pm

Meeting - Sunderland	East Sunderland Area Committee	**12-Nov**	5:30am
Meeting - Sunderland	Coalfield Area Committee	**14-Nov**	6pm
Meeting - Sunderland	West Area Committee	**14-Nov**	5:30pm
Meeting - Sunderland	North Sunderland Area Committee	**15-Nov**	5:30pm – 7pm
Meeting - Sunderland	Washington Area Committee	**15-Nov**	6pm
Meeting - South Tyneside	East Shields and Whitburn Community Area Forum	**15-Nov**	6pm
Meeting - Sunderland	Sunderland VCS Network (Washington)	**20-Nov**	9:30am
Meeting - South Tyneside	Jarrow and Boldon Community Area Forum	**22-Nov**	10am
Meeting - South Tyneside	Hebburn Community Area Forum	**26-Nov**	10am
Meeting - Sunderland	Sunderland VCS Network (Coalfield)	**29-Nov**	10am
Meeting - Sunderland	Sunderland VCS Network (West)	**05-Dec**	10am
Meeting - South Tyneside	Children and adults safeguarding panel	**05-Dec**	2pm
Meeting - Sunderland	Sunderland VCS Network (East)	**06-Dec**	1pm

The path to excellence

NHS
South Tyneside and Sunderland
NHS partnership

Working together

to improve hospital services in South Tyneside and Sunderland

Phase Two of the Path to Excellence programme

Summary of the Draft Case for Change - July 2018

Draft case for change animation video
https://www.youtube.com/embed/RZGrXM2LKcc?rel=0

Why we need to transform all care locally

Why we need to transform all care locally

Changing hospital care alone will not solve the pressures facing the NHS.

Care in local communities needs to expand and develop as that is where the vast majority of care takes place.

More needs to be done to improve the health and wellbeing of the population with a focus on preventing people becoming unwell in the first place.

This needs to happen while we balance our finances and plan for the future of services to support the growing population demands.

Why we need to transform all care locally cont'd

In order to transform health and care locally there are three main pillars:

Prevention	Out of hospital	In hospital
This is how we work together to encourage everyone living in South Tyneside and Sunderland to take more responsibility for their own health and wellbeing so that they do not become unwell with wholly avoidable illnesses.	This is how NHS, social care and community and voluntary organisations work together to provide more responsive care to prevent avoidable hospital admissions and to get people out of hospital as soon as they are able with more care at home and closer to home.	**This is the Path to Excellence programme which is the subject of the draft case for change document and this summary document.**

Key challenges

Key challenges

1 No change is not an option

We need to achieve sustainability for patient safety reasons.

We have frail, vulnerable services.

We need to address the poor health outcomes of our populations.

We need to address the increasing demands on hospital services when community care is the best care.

We need to address the increasing demands on primary care when self-care is the best care.

Key challenges cont'd

2 Workforce pressures

This is a very common theme throughout our draft case for change.

We face daily challenges to staff wards and departments to a consistently safe level.

We are relying on the goodwill of staff working longer hours or extra shifts - this poses a risk to the health and wellbeing of our staff and they have told us that this cannot continue.

We are relying on employing a temporary workforce (locum/agency staff) which is not only expensive but not good for quality of care.

Having small and separate teams in each hospital means:

- we often face staff shortages and have less resilience
- a number of important clinical quality standards, that really improve outcomes for our patients, cannot currently be delivered
- it is difficult to attract and retain more staff due to poor work/life balance
- we cannot deliver the highest quality of training for junior doctors which reduces our recruitment chances from an already small pool of trainees which all Trusts in the region are competing to recruit from

3 Future demographic changes

The majority of patients admitted to our hospitals are over 80 years old, often with multiple long-term conditions, very poorly and in need of complex care and support from our staff.

Our aging population will continue to grow, increasing the demand on hospital services even further.

We currently have an ageing workforce, which will only exacerbate our staffing pressures as more colleagues retire.

More people living with long-term conditions (e.g. diabetes, breathing problems, dementia) are surviving longer and increasing in number and will only add more demand for services.

4 Finance constraints

The number of people attending our Emergency Departments at both hospitals continues to grow, with many older people being admitted with multiple health conditions.

Emergency care and acute medicine services in both hospitals currently cost more to run than the funding available and make an annual loss of £15million.

The costs of temporary staff in emergency care and acute medicine amounts to over £11milion each year.

Our overreliance on temporary staffing costs more and limits our ability to make long-term quality improvements to patient care.

Not delivering the right quality of care, at the right time and in the right place means the potential for errors increases which only adds to the financial burden.

5 Quality improvements needed

There is too much unacceptable variation between our hospitals on performance against many clinical standards that are the markers of high quality care.

We are unable to consistently ensure that all emergency patients are reviewed by a consultant in a timely manner.

We do not have consistent availability of senior clinical decision makers seven days a week or wrap around support services available.

Some planned care, for example, going into hospital for an operation or x-ray, is not as efficient as it could be.

There are differences between our hospitals in how often people are referred to specialists and the tests and treatments they receive.

Individually our populations are small, but together we can:

- create the vital critical mass of patients so that specialist teams can maintain and develop their skills
- improve staff retention and increase recruitment as jobs become more attractive
- increase the ability to provide more services locally that traditionally residents have had to travel outside the local area to access previously

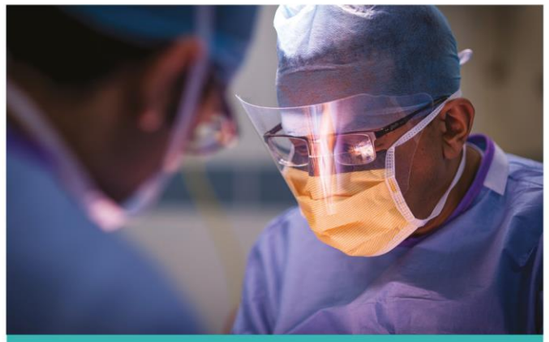
How do we plan to address these key challenges?

How do we plan to address these key challenges?

Our work on Phase Two of the Path to Excellence programme covers four broad work streams which are looking at the challenges being faced and thinking about potential solutions for the future:

Emergency care and acute medicine

This is the care we provide when patients arrive at our Emergency Departments or need emergency admission to hospital



Emergency surgery

This is the care we provide for patients who are admitted as an emergency and require an immediate operation

Planned care (including surgery and outpatients)

This is the care we provide after patients have been referred by their GP for a test, scan, treatment or operation

In addition to these areas, we are also thinking about how we improve and develop our various clinical support services across both hospitals such as therapy services (for example physiotherapy, occupational therapy, speech and language therapy), as well as clinical pharmacy and radiology services.

What happens next?

What happens next?

Clinical design teams continue to work with frontline hospital staff to think about how to solve the challenges and better organise services

Autumn/Winter 2018
Further staff and public engagement

November 2018
Key stakeholder events and staff engagement to set evaluation criteria for any future possible solutions

December 2018
Public listening panel – an opportunity for wider stakeholders to apply to present their evidence and any views on the draft case for change and things for the NHS to consider

Early 2019
Key stakeholder events and staff engagement to apply evaluation criteria to wide range of future possible solutions

Share ideas on future possible solutions and gain feedback to influence final options the CCGs will consider for formal public consultation

Summer 2019
Formal public consultation

Questions and issues about the case for change

Share your views!

Website: www.pathtoexcellence.org.uk

Email us: nhs.excellence@nhs.net

Call us on: 0191 217 2670

facebook.com/nhsexcellence

@nhsexcellence

Write to us (no stamp required):
Freepost RTUS–LYHZ–BRLE
North of England Commissioning Support
Riverside House
Goldcrest Way
NEWCASTLE UPON TYNE
NE15 8NY

item 4

VERBAL

Draft Joint Response to IRP Decisions

item 4

DRAFT

Joint response from South Tyneside and Sunderland Joint Health Scrutiny Committee and South Tyneside and Sunderland Clinical Commissioning Groups regarding the advice accepted by the Secretary of State for Health and Social Care from the Independent Reconfiguration Panel regarding the Path to Excellence phase one decisions

Background

On 21st February 2018, at an extraordinary meeting in common, the Governing Bodies of South Tyneside and Sunderland CCGs took decisions on phase one of the Path to Excellence programme. These decisions related to stroke, maternity and paediatric services in particular.

Subsequently, on 1st May 2018, the South Tyneside and Sunderland Joint Health Overview and Scrutiny Committee (JHOSC) referred these decisions (on behalf of both South Tyneside Council and Sunderland City Council) to the Secretary of State for Health and Social Care, citing referral grounds as follows:

iii. adequacy of the content of consultation, and

iv. that the proposals would not be in the interests of the health service in the area

The Secretary of State sought advice from the Independent Reconfiguration Panel (IRP) and wrote back to the CCGs, JHOSC and other interested stakeholders on 30th August 2018.

This joint response from the JHOSC and CCGs summarises the key elements of the letter from the Secretary of State and how the bodies will work together on the implementation of phase one decisions, as well as to gain a better joint understanding of healthcare to meet the needs of both local populations. A joint response has been requested by the Secretary of State by the end of October 2018, outlining the implementation of the IRP recommendations.

The Secretary of State has accepted the IRP advice that:

1. While the three options are being implemented, there needs to be further consultation and engagement, with a view to developing a better understanding about the bigger picture for healthcare in the area

2. All inpatient stroke services should be consolidated at Sunderland Royal Hospital

3. All obstetrics, inpatient gynaecology and special care for babies should be consolidated at Sunderland Royal Hospital with a free-standing midwife-led unit at South Tyneside Hospital

4. Further work is required on long term options for paediatric emergency care as part of considering the future of the whole urgent and emergency care system for the area. In the meantime, emergency paediatric care overnight should be consolidated at Sunderland Royal Hospital.

Developing a better understanding about the bigger picture for healthcare in the area

In the IRP advice, Lord Ribeiro sets out that "whatever the strengths and weaknesses of the process so far, the NHS, the JHOSC and their stakeholders must step forward decisively on two priorities that will build confidence for the future."

"…by renewing engagement that will develop better understanding about the bigger picture for health and health care in the area and within it the future of the South Tyneside District Hospital."

This is a recommendation that is wholeheartedly supported by NHS partners and elected members.

Elected members have highlighted concerns about engagement and consultation processes and there has been a strong acknowledgement from NHS partners around the lessons that have been learned.

These lessons were highlighted in a consultation assurance report, which was key document used in CCG decision making in phase one.

Read the consultation assurance report here

The report was considered by both CCG governing bodies prior to decision making and featured in decision making workshops.

The report set out in detail the different engagement and consultation activities and processes that took place, how these were adapted during the consultation and highlighted where learning from the consultation process would be carried forward and built upon in order to enhance phase two of the programme.

This supports the Secretary of State's request to develop a better understanding of the bigger picture for health services locally.

An updated communications and engagement strategy for phase two was developed in winter 2017 and drew directly from the assurance report learning. The NHS attended JHOSC in June 2018 to present this strategy which included:

- A new stakeholder panel established in November 2017, drawing from a range of different stakeholders such as trade unions, elected members, trust governors, community and voluntary sector and jointly chaired by CCGs' lay members for patient and public involvement. The panel reviewed the outline communications and engagement strategy, provided feedback to enable the

full strategy development, which was then shared with JHOSC members in June 2018.

- Establishment of a travel and transport advisory group, made up of transport commissioners, travel companies, travel user groups, NHS organisations and elected members. The group has a strategic action plan drawn directly from issues identified in phase one consultation.
- Significantly enhanced staff involvement and co-production – providing opportunities for input, influence, feedback and sense checking. This includes specific staff survey in January 2018 to understand the areas of concern and opportunity, dedicated staff events in March, June and July 2018, and with more planned in the autumn/winter. In total approx. 1600 staff have been directly involved in shaping a wide range of different solutions, in preparation to share with stakeholders in the next stages of the process.
- An enhanced three phase approach to benchmark and investigate patient experience across the pathways to inform the clinical service review case for change and options. This is in recognition of how patient experience is critical intelligence required to help the clinical design teams understand what is important to patients, what is working well and what areas there are for improvement.
- Working with The Consultation Institute (TCI) to develop a best practice pre-engagement process to be subject to a new quality assurance process – a first nationally (TCI a quality assurance has been about formal consultation phases not pre-engagement solutions development).
- Publication of a draft case for change in July 2018, which is being widely publicised during autumn and winter through press, roadshows across the community and NHS settings, animation, digital media and attendance at community and council forums. The draft case for change includes staff and patients views that have been collected to date, and how the Path to Excellence programme is in hospital element of three pillars of how care needs to transform locally – the other two being out of hospital and prevention. This is a key element of explaining the bigger picture for health and care across South Tyneside and Sunderland as recommended by the IRP.
- The draft case for change will be updated and republished as more information is gathered from the public engagement and other activity planned from autumn 2018.
- This includes wider stakeholder events in November 2018 to consider, agree and set evaluation criteria to assess ideas for change, based upon public and staff insights to date. Further stakeholder events planned for January 2019 where the agreed evaluation criteria can be applied to a wide list of ideas for change. This will also include actively seeking out groups from protected characteristics and those who may be more impacted by any future changes to gain their views.
- There is an innovative plan to hold a public hearing style listening event, broadcast on YouTube, where the public is invited to present their evidence on the draft case for change to an expert panel – giving the public the

opportunity to provide their ideas and solutions to the challenges set out in the case for change.

As a consequence of the above actions, when the formal consultation for phase two begins, all stakeholders will be clearer on all the ideas that were considered and why some where discounted.

All this activity is designed to help seek information and insights to inform the development of a pre-consultation business case as well as help patients, the public and key stakeholders to develop a better understanding about the strategic context for local health and healthcare, with a formal consultation phase likely in summer 2019

All inpatient stroke services should be consolidated at Sunderland Royal Hospital (SRH)

The IRP concluded that the centralising services at SRH is in the interest of local health services.

The scope of phase one stroke services was the in-hospital element. Implementation is proceeding through the multidisciplinary Stroke Implementation Group and the Clinical Support Services work stream looking at the inpatient and community parts of the stroke pathway respectively.

The IRP also noted that “the NHS must ensure the rest of the stroke pathway outside hospital, both prevention and after care, is functioning to its full potential for the whole population, engaging primary care and community rehabilitation services particularly.”

The out of hospital element, including community services, primary care and prevention, is being considered as part of the wider system reform work, which is being taken forward jointly by health and care partners across South Tyneside and Sunderland

It is proposed that this is undertaken through the continuing work on out of hospital care, making sure that community rehabilitation is being addressed and clear links to local teams.

There are already existing prevention and primary care services in relation to stroke, so it is essential that these are linked to the transformation work.

An update on the full stroke pathway, including, prevention, in hospital and out of hospital will be brought to a future JHOSC for review.

The quality improvements will be monitored through the Sentinel Stroke National Audit Programme (SSNAP) data and this is provided to elected members through scrutiny arrangements.

All obstetrics, inpatient gynaecology and special care for babies should be consolidated at Sunderland Royal Hospital with a free-standing midwife-led unit at South Tyneside Hospital

The IRP concluded that this option is in the interest of the local health services and that a detailed implementation plan should incorporate "both the necessary assurance about ambulance response and the practical external advice provided about making the free-standing Midwife led unit (FMLU) part of a comprehensive hub, offering the fullest possible range of pre- and post-natal services, that will engage its users and give them confidence."

This work is underway, with a view to implementing the changes prior to April 2019. Planning activities being carried out by medical staff and midwives representing both trusts and who are responsible for making the necessary changes required at both sites to implement the decision that was made. This includes working with colleagues from North East Ambulance Service (NEAS) on the pathways that need to be put in place to ensure patients are transferred to the most appropriate setting without any unnecessary delays.

As part of decision making, it was recognised that there were elected member and public concerns about the sustainability of FMLUs.

Therefore a condition of this decision was that a group of patients, staff, elected members and other partners will be established to develop a co-produced model seeking to ensure sustainability, and will include communications and marketing activity. This group will now be established, with terms of reference which will include its role to monitor and assess the success and viability of the FMLU post-implementation. Updates on the work of this stakeholder group and implementation will be brought to the JHOSC.

Read the highlights of the decision here

Emergency paediatric care overnight should be consolidated at Sunderland Royal Hospital

The IRP noted that "consolidation of paediatric emergency care overnight at SRH (Option 1) between the hours of 22.00 and 08.00 will mitigate the current risks to quality and continuity of care", endorsing the decision made by the CCGs, which was intended to be a short-term solution pending implementation of Option 2.

Implementation of this will take place by April 2019, with a detailed delivery plan developed by medical, nursing and managerial staff from both Trusts who sit on the Clinical Services Review (CSR) Paediatric Implementation Group.

The IRP also noted that further work is required on long term options for paediatric emergency care as part of considering the future of the whole urgent and emergency care system for the area.

The IRP also noted that the CCGs had agreed that more work needed to be done prior to implementation of the long- term option (option 2) and "the need to understand in detail how option 2 could work, particularly with regard to paediatric minor illness, and how it will safely and effectively into the overall urgent and emergency care service for children in the area.

A detailed proposition must now be developed and considered before a final decision to implement is made. This work should provide the opportunity to renew clinical engagement, strengthen collaboration and address the sustainability of both the medical and nursing workforce."

It is clear that the CCG's must satisfy themselves and stakeholders about how this option could work in the best interest of local health services before proceeding. Therefore the key next steps are to undertake the work outlined by the CCGs in the decision in February 2018, before the option is implemented. This work is already underway, not least with substantial clinical engagement with the paediatric teams and a group established to ensure viable workforce models.

This work will continue to be co-ordinated through the medical, nursing and managerial staff from both Trusts who sit on the CSR Paediatric Implementation Group which has been established to oversee the implementation of the decisions made.

A full and comprehensive communications and marketing campaign will be planned to time with changes to services to ensure the public is made aware of how to access paediatric services – both for the interim change and the future final service configuration.

Addressing concerns related to implementing changes services, notably ambulance capacity to respond, workforce development and practical mitigations to reduce negative impacts on travel for patients and carers

Workforce development and ambulance capacity are clearly built into the implementation plans for the individual service changes. The practical mitigations for travel are being explicitly considered by the action plan developed by the Travel and Transport Stakeholder Group, which features a wide range of representatives stakeholders as previously described.

The work of this group will be reported to the JHOSC.

JHOSC and Path to Excellence work programme

Since the IRP advice, there has been agreement from JHOSC chairs that, alongside formal committee meetings, that there will be more informal opportunities for elected members and NHS staff from the Path to Excellence programme to meet.

This allows the opportunity to have focused discussions on specific issues and provide the opportunity for member to voice questions and concerns on behalf of their constituents.

Both elected and NHS partners are committed to working together in the very best interests of the local communities they collectively serve.

ENDS

item 5

VERBAL

Chairman’s Urgent Items