



South Tyneside Council



JOINT HEALTH SCRUTINY COMMITTEE – FINAL RESPONSE

1. Introduction

- 1.1 The South Tyneside and Sunderland Joint Health Scrutiny Committee, in providing a final response to the Path to Excellence would like to raise a number of points in this statement. It should be noted that the Committee has already submitted an interim response to the consultation raising a number of issues and has continued past the public consultation deadline with its own investigations and deliberations. The Committee would ask that the governing body, in making its final decision, takes into account both the interim response and this final statement of the Joint Health Scrutiny Committee.

2. Context

- 2.1 City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust, who between them serve a population of 430,000 people across a large geographical area south of Tyne & Wear, agreed to form and implement a health alliance. Working together as “South Tyneside and Sunderland Healthcare Group”, they have embarked on a programme of redesigning services across South of Tyne delivering the best patient outcomes.
- 2.2 The proposals were announced on 1st March 2016 and both Sunderland and South Tyneside Overview and Scrutiny functions have held a number of joint meetings to discuss in more detail the proposals and the implementation plans of the trusts. In November/December 2016 proposals, for the establishment and operation of a Joint Health Scrutiny Committee between Sunderland and South Tyneside Local Authorities were developed.
- 2.3 The Joint Health Scrutiny Committee comprises seven members from South Tyneside Metropolitan Borough Council and seven members from Sunderland City Council. Its remit was to consider the proposals affecting the population covered by South Tyneside and Sunderland Councils, in particular the service change proposals arising from the Clinical Services Review Programme being undertaken by South Tyneside and Sunderland NHS Partnership. This will include seeking evidence of the economic, social and health impacts of residents in both Boroughs and how any shortfalls in these areas will be mitigated in carrying out service change.
- 2.4 The Committee will look to formulate a final report and formal consultation response within the consultation and decision making timetable to the relevant NHS Bodies, in accordance with the protocol for the Health Scrutiny Joint Committee and the consultation timetable established by the relevant NHS Bodies.

- 2.5 The formal response of the Joint Committee will include, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus. Each constituent Authority also retains their powers of referral to the Secretary of State for Health.

3. Stroke Care Services

- 3.1 The preferred option for stroke is in line with national policy and evidence. Although the consultation did heavily favour Option 1 (combining all hyperacute and acute stroke care at Sunderland Royal Hospital (SRH), with rehabilitation at SRH before discharge to local community stroke teams), of those who expressed a preference, and this could have led to a biased judgement being made by those consulted. It is also important to note that the qualitative analysis stated the preference for a service on both sites. The Committee would like to ensure that evidence is considered by decision makers to confirm that stroke services will improve under the preferred option.
- 3.2 In discussions with the National Clinical Director for Stroke, the Committee was also assured that Option 1 would deliver quality improvements through critical mass, and the specialist hyper-acute stroke position would offset the travel impact, resulting in shorter hospital stays and improved outcomes and recovery. However the Committee still has a number of concerns over capacity pressures at SRH in handling the additional numbers of patients that will be admitted to the hospital under Option 1. The Committee acknowledged that the 20 beds at South Tyneside Hospital had been closed and the remaining 39 bed capacity for stroke patients at Sunderland was fully utilised. This physical capacity issue at SRH was recognised and any infrastructure issues would need to be resolved prior to implementation of any service changes.
- 3.3 The Committee also has reservations over the current SSNAP (Sentinel Stroke National Audit Programme) D ratings for both services and how combining services will result in improved SSNAP ratings. The Committee would also like to see assurances that the North East Ambulance Service will be able to accommodate the increased job cycles arising from the preferred option before implementation.
- 3.4 All the options for stroke care services make provision for rehabilitation within the local community and feedback from the consultation has highlighted the potential for further inequalities of service provision in South Tyneside as a result of this. The Committee has already raised its concerns for stroke aftercare in both South Tyneside and Sunderland. While the Joint Health Scrutiny Committee agreed that this was an issue that could be taken through individual Health Scrutiny Committees to assess the adequacy of the aftercare services in their areas, it would also recommend that as this is fundamental to all the options that decision makers are assured that robust, fair and equitable aftercare services are in place in both areas before implementation of any option or service re-design.

4. Maternity (Obstetrics) and Women's Healthcare (Gynaecology) Services

- 4.1 The Committee still has concerns over the proposed options presented in the Path to Excellence and in particular the removal of a consultant-led maternity unit and special care baby unit at South Tyneside District Hospital. The Committee remains troubled about the option of a freestanding midwife led unit for South Tyneside District Hospital despite reassurances from the Clinical Lead for the North of England Maternity Network and holding

a maternity workshop. The Committee would request that decision makers consider data from a freestanding midwife led unit(s) with a similar area profile in terms of deprivation and poverty to add to their evidence base before making any final decisions.

- 4.2 The Committee has also expressed its concerns over the capacity of Sunderland Royal Hospital to take on the additional responsibilities as outlined in the Path to Excellence options, which is echoed by the response from the Northern Neonatal Network who identify staffing and capacity as an imperative in the option appraisal. There is also the potential for additional pressures on Newcastle and Gateshead maternity services as parents exercise their right to choose where to give birth.
- 4.3 The issue of travel and transport is again of concern to the Committee when looking at the service options for maternity and women's healthcare. The Committee has identified the immediate concern to parents of children in the Special Care Baby Unit who will travel daily between South Tyneside and Sunderland Royal Hospital, and in particular those who would have difficulties in travelling due to being in labour or related medical procedures e.g. C-Section. The Committee would also echo its previous concerns in relation to the ambulance services immediate and long-term capacity to deliver safe and suitable provision with appropriate response times. As well as the dangers associated with low-risk births suddenly developing complications and how the proposed options for maternity services and the North East Ambulance Service will provide assurances in such circumstances. The safety of patients must remain paramount and any decision must exhibit the evidence that supports this and provides a level of assurance and confidence to the local populace.
- 4.4 The Committee is also concerned by the apparent lack of staff involvement in both option development and throughout the consultation process. This lack of involvement with the planning and development of proposals for inclusion in the consultation has created some concern among staff that the process has been flawed and has not fully explored alternative options. This view is also documented in the Path to Excellence feedback report and the Joint Health Scrutiny Committee has received similar comments during the course of their own deliberations. The importance of staff involvement, through all stages of service change, should not be underestimated and it is important to ensure that all options for Maternity and Women's Healthcare were fully explored and that the evidence exists to support this.
- 4.5 The removal of the Special Care Baby Unit (SCBU) from South Tyneside in the options presented was also of concern to the Joint Health Scrutiny Committee. Again there were concerns that staff had not been involved in option development and that the options presented provided no SCBU facilities in South Tyneside. The Joint Committee is pleased to acknowledge that the SCBU staff at South Tyneside have been working on an alternative option, assisted by the path to Excellence project team, and it is hoped that this option is also presented to the CCG Decision Makers along with the established options. However, recent events resulting in the suspension of maternity services in South Tyneside have added further concerns to the Committee and local people on the overall future of such services in South Tyneside, as well as increasing the demand for maternity services in the surrounding hospitals of Sunderland, Gateshead and Newcastle.
- 4.6 The birthplace study highlights that 36% of births in MLU's would require transfer to an obstetric unit during labour or immediately after birth. In light of this the Committee would continue to seek assurances that South Tyneside will still have adequately staffed

high-dependency facilities to ensure early repatriation for families in South Tyneside following use of the special care baby unit in Sunderland as detailed in the options.

- 4.7 If South Tyneside women, over time, choose to give birth in Sunderland Royal Hospital or other local maternity units due to the level of provision provided at this site is there a potential risk to the viability of South Tyneside's MLU and what will this mean for birth rate figures in South Tyneside. The Committee also have concerns over the recent history of MLU closures across the region, which is similarly reflected in the consultation feedback analysis report, and would request that assurances within any preferred option are explicit that this will not happen in South Tyneside.

5. Children and Young People's Healthcare (Urgent and Emergency Paediatrics) Services

- 5.1 The Committee also has concerns over the absence of a 24/7 Consultant-led Paediatric Emergency Department at South Tyneside District Hospital within the options presented. It is difficult to anticipate when children will present at an A&E Department and this may not fit in with the prescribed hours of operation. The decision makers will need to satisfy themselves that patient safety is not comprised by these changes and also give serious consideration to the feedback from the public, staff and focus groups which all highlight similar concerns over the 8pm closing of the paediatric emergency department.
- 5.2 The options presented have an element of transfer between hospitals for emergency issues for paediatric cases and this increased job cycle and the impact of the new ambulance response times will need to be given serious consideration in any option modelling. It will be vital to have assurances from the North East Ambulance Service, which are not available as yet, that the implications of the options have been fully modelled taking into account the additional costs and resources required to operate under a different model.
- 5.3 The Joint Scrutiny Committee has also received evidence from the North East Children's Transport and Retrieval (NECTAR) Service, who provide transport between hospitals for critically ill children and those having on-going treatment. The Joint Scrutiny Committee believes it is essential, that appropriate transportation is provided for children to ensure their continuity of care and proper administration of medication during travel between hospitals. Clearly this is a service that could provide additional resources to complement with the North East Ambulance Service. The Joint Scrutiny Committee would recommend that decision makers look to develop stronger communication links between the two organisations and potentially increase the resources available to both hospitals and Paediatric Services.
- 5.4 The Joint Health Scrutiny Committee were also concerned to hear from staff that they had not been involved fully in the development of the options presented in the Path to Excellence documentation. Concerns have been raised, with the Committee, over the development of the paediatric options principally around a lack of wider involvement from the paediatric team and the use of a single clinical lead in the process, which staff have claimed could potentially bring bias to this process.
- 5.5 In developing service models it is important that discussions should involve as full a range of clinicians, as is practicable, for a robust model to emerge. In meetings with staff grave reservations were expressed around the safety of a nurse led model which relied on Adult A&E consultants taking on responsibility for children presenting at South Tyneside District Hospital after 8pm. This presents real safeguarding concerns as there is the

potential for unaccompanied children to be waiting in adult A&E after hours with staff untrained in children's safeguarding issues to support them. The Joint Scrutiny Committee are also keen to highlight that potentially there are different operating models, in terms of child protection and social services, working across the local authority areas and that this should be considered closely in any decisions taken. It is important that in medical cases involving social services, that the transportation of young people across local authority boundaries, as outlined in the options presented, ensure systems are in place for a safe and compatible way of working. This could equally be extended to vulnerable adults too, where similar specific criteria exist.

6. General Concerns/Observations

Transport and Travel

- 6.1 Throughout the course of the Joint Committee's consideration of the Path to Excellence there has been one constant issue, the implications of the options on transport and travel for patients and family members. It should be noted that both local authority areas feature areas of high deprivation, low incomes and lone parent families and this results in 35.1% of Sunderland households do not own a car or van, while in South Tyneside this figure rises to 38.5%¹. The options outlined in phase one of the Path to Excellence consultation predominantly are the moving of services from South Tyneside to Sunderland, meaning that the effects of transport and travel will be more greatly felt by South Tyneside residents and result in greater financial and logistical burdens on patients and families from South Tyneside.
- 6.2 The Committee has highlighted previously and would like to see consideration given to a monthly parking charge or a scheme which could lessen the financial burden for those potential frequent visitors to the hospital, and that any such schemes are clearly advertised to the public. The Committee has also raised the idea of a dedicated bus service between the two hospitals to mitigate some of the travel issues and additional expenditure for patients and families. The Committee, at this stage, welcomes a close and honest consideration of supporting such a service, and the lobbying of transport service providers on this issue, and would welcome the comments of Nexus, Go North East and Stagecoach on this issue. The Joint Committee is pleased to note that a transport and travel working group has been established to look at the range of issues and it is hoped that the group can give some assurances and provide positive outcomes for decision makers around any preferred option in a timely and appropriate manner. However, the impact of travel on patients and families must remain a serious consideration when evaluating the options. The Joint Health Scrutiny Committee makes these observations following the transfer of the Jarrow Walk-in Centre to South Tyneside District General Hospital. As part of the IRP (Independent Reconfiguration Panel) report, there was a requirement for the CCG to address the transport issues highlighted by the Council prior to the move. Despite the issue of this requirement, no action was taken prior to the move and transport from Jarrow to South Tyneside General Hospital remains a problem for many people living in the area.
- 6.3 The Committee has also requested that facilities of overnight accommodation are available for parents/family that due to an emergency situation are at the hospital late at night meaning that travel becomes even more difficult and costly.

¹ ONS – 2011 Census

- 6.4 A major concern for the Committee was the computer based accessibility modelling tool used as part of the Independent Transport and Travel review. This was recognised to have a number of inherent limitations and assumptions and the Joint Committee questioned the validity of a number of the results and assumptions made by this review. Field testing work has since been undertaken by volunteers including Committee members and Healthwatch volunteers and the Committee members would expect that the findings from these journeys also contribute to the determination of the transport and travel impact on the options presented.
- 6.5 The North East Ambulance Service has a critical role to play throughout the options identified in the Path to Excellence and their performance is almost entirely dependent on the resources at their disposal. The Ambulance Service will require a substantial injection of funding to support the changes proposed in the Path to Excellence documentation and the Committee is pleased to recognise the on-going discussions between the CCG's and Ambulance Service that are taking place to ensure that the service will be able to adapt to the additional demands placed upon it. The Committee acknowledges that only with the appropriate level of resource will the Ambulance Service be able to deliver a safe, sustainable and high level of service.
- 6.6 Further to this the Joint Committee also has concerns with regard to the appropriateness and effectiveness of current data processing systems to establish a realistic model of performance monitoring. There appears to be an over-reliance on call centre monitoring software to produce quantitative data while lacking qualitative data which reflects the experience of service users. The current system, potentially, restricts the ability of the service to model future service delivery structures which reflects the need of service users. While it is acknowledged that response times, in terms of stroke and heart failure, are of course, paramount these are not the sole drivers of performance. Monitoring parameters need to be widened to reflect the concerns of service users.

Staff

- 6.7 Evidence received from staff, both frontline and consultants, argued that staff felt they had not been involved in the planning and development of proposals included in the consultation. The Joint Health Scrutiny Committee received a number of petitions and correspondence from staff highlighting these issues. The Committee believes that this is a missed opportunity that could have provided reality checks from operational staff on the ground. The Committee have been constantly reassured that staff have been encouraged and supported to develop alternative service delivery models. The Joint Committee recommends that any alternative model developed by staff is presented to the decision makers with a full explanation of its merits and disadvantages. Also explaining why alternative models failed the hurdle criteria, if applicable. In addition to petitions and correspondence received and discussed at Joint Health Scrutiny Committee meetings, Committee Members have received information which gives cause for considerable concern in relation to current demands on staffing. The Committee require reassurances that these issues will be resolved fully before options are implemented and assurances that any solutions can be monitored in the long-term.
- 6.8 A key part of all the proposals and options that have been presented are the training and development of staff, including the measures being taken to minimise disruption on services and how staff will transfer between sites, in order to reconfigure services. The Committee

believes it is important that in going forward with any preferred option that these assurances and commitments are clearly communicated to staff.

Hospital Sites

- 6.9 The Joint Committee has also heard and noted concerns over the capacity of Sunderland Royal Hospital to cope with the additional numbers of acute patients as a result of the proposed service options. Clear evidence and clarity needs to be exhibited to decision makers to ensure that reassurances are provided to this effect on any of the options presented.
- 6.10 With increased access to Sunderland Royal Hospital careful consideration needs to be given to car parking infrastructure including capacity of the hospital to cope with additional car numbers, costs to patients and families and the potential parking pressures on residential areas.
- 6.11 The Joint Committee has heard numerous concerns around the future of South Tyneside hospital and what it will look like in the future. It will be important for the Path to Excellence and programme managers to reassure local people that South Tyneside General Hospital has a future and allay some of the concerns that have arisen from the consultation. The Joint Committee is anxious over the process in relation to the piecemeal approach to the topics for consultation i.e. decisions made through this phase of consultation will inevitably impact upon future plans for review in other services. It would be useful for the Committee, at least, to have a fuller picture on which services are planned to be provided at each site, so consideration of individual services can be put into context.

Impact on Area

- 6.12 It is difficult to quantify with any degree of accuracy the impact the potential options will have on local areas. Clearly there are concerns that the removal of services from South Tyneside District Hospital could be detrimental to local residents. There is also the concern for local people that STDH is being scaled down and that a perceived uncertainty surrounds other services at the hospital.
- 6.13 The importance of future modelling to address capacity for future changes in the needs of local residents and the effect this could have on the sustainability of services was also highlighted as a concern by the Committee. It will be important that the issue of future modelling and the impact of changes on the specific areas is clearly addressed and acknowledged within the final options presented to decision makers.

7. Conclusions

- 7.1 The Path to Excellence consultation has presented options for change in three service areas that will impact on primarily the residents of South Tyneside and Sunderland. The Joint Health Scrutiny Committee has continued beyond the consultation deadline in considering the process and implications of the proposals set out within the Path to Excellence documentation. It is important that the Committee recognises and acknowledges the cooperation and commitment of key staff from the NHS who have provided the Joint Health Scrutiny Committee with the information and evidence requested on numerous occasions.
- 7.2 However there remain issues and general concerns that the Joint Committee has with the process and the consultation as a whole. Throughout the process the Committee has struggled to understand the balance between service improvements and cost saving

measures. The Joint Committee remains concerned that there is a risk to the reliability of the consultation through the continued emphasis on service improvements against savings implications.

- 7.3 The Joint Health Scrutiny Committee also remains unconvinced of the potential to influence the decisions of the Path to Excellence consultation. Throughout the consultation process the Committee has recognised the importance of the views of patients and local people being at the very heart of the decision making process. The Committee would recommend that decision makers note the feedback provided by such groups when considering the options for service redesign.
- 7.4 The limited knowledge displayed by the South Tyneside and Sunderland Healthcare Group, Clinical Commissioning Groups and North East Commissioning Support of the context of public scrutiny and the formal role of scrutiny in local government within a partnership scenario has proved problematic. In particular, the presentation of evidence to the Joint Committee was often inappropriate and inaccessible; it was also complex, confusing and lacking clarity. Furthermore, the presentation of evidence was quite often compounded by the extensive use of abbreviations and jargon.
- 7.5 It should be noted that the Joint Health Scrutiny Committee retains, through the constituent authorities, the right to refer the decisions to the Secretary of State for Health.