South Tyneside Council

Meeting of South Tyneside and Sunderland Council Joint Health Scrutiny Committee

Thursday 1 March 2018, 12.45pm 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 8 January 2018**

3. **Chairman's Urgent Items**

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

4. **Consideration of the decision by South Tyneside and Sunderland Clinical Commissioning Group's Governing Bodies and the Committee's response**

   To discuss the decisions of the South Tyneside and Sunderland Clinical Commissioning Group's Governing Bodies following the Path to Excellence consultation and to consider the Committee's response.

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 TOWN HALL, WESTOE ROAD, SOUTH SHIELDS on MONDAY 8TH JANUARY 2018 at 10.00 AM

Present:

Councillor N Wright in the Chair

Councillors (Sunderland) Davison, Snowdon, McClennan, Walker and Wright

Councillors (South Tyneside) Brady, Flynn, Hay, Hetherington and Peacock

Presenting Evidence:

Ms Yvonne Ormston, Chief Executive, North East Ambulance Service (NEAS)
Mr Graham Tebbutt, North East Ambulance Service (NEAS)
Ms Hannah Winney, North East Ambulance Service (NEAS)

Ms Lynda Pattilla, North East Children's Transport and Retrieval (NECTAR)
Aravind Kashyap, Medical Lead, North East Children's Transport and Retrieval (NECTAR)

Mr Roger Nettleship, South Tyneside Public Services Alliance

Councillor Graeme Miller, Lead Member, Health, Housing and Adults Services, Sunderland Council
Councillor Louise Farthing, Lead Member, Children's Services, Sunderland Council

Also in Attendance:

South Tyneside and Sunderland NHS Partnership:

Ms Caroline Latta, Senior Communications and Engagement Locality Manager, North of England Commissioning Support
Mr Matt Brown, Director of Operations, South Tyneside Clinical Commissioning Group
Ms Carol Harries, Director of Corporate Affairs, City Hospitals Sunderland NHS Foundation Trust

Sunderland City Council

Mr Nigel Cummings, Scrutiny Officer
Mr Graham King, Head of Integrated Commissioning

South Tyneside Council

Mr P Baldasera, Strategy and Democracy Officer
Mrs J Mankin, Strategy and Democracy Support Officer

Welcome and Introductions

Following a brief round of introductions, the Chairman welcomed everyone to the meeting.

Apologies for Absence

Apologies for absence were received from Cllrs Heron and Leadbitter (Sunderland), Cllrs Dix and Purvis (South Tyneside) and Ms Gemma Taylor (South Tyneside Public Services Alliance)

1. Declarations of Interest

There were no declarations.

2. Minutes of 12 December 2017

Agreed: That the minutes of the meeting held on 12 December 2017 be agreed as a true and accurate record of proceedings.

Matters Arising from the Minutes

Scrutiny Officers from both Councils confirmed that they had received the Quality Impact Update and the Travel and Transport Working Group Report as requested at the last meeting.

3. North East Ambulance Service

Members received a detailed presentation from Yvonne Ormston, Chief Executive, North East Ambulance Service, who indicated that she welcomed being given the opportunity to say how the Service had been involved in the consultation process.

She explained that the Service had been fully involved as a key partner from the start of the process and appreciated this (though understood this had not always been the case for others across the region).

The Service had lots of experience in relation to service change and seeing the impact of changes on services across the region, particularly in relation to the services under consultation; paediatric services and stroke services.

In relation to concerns, particularly in relation to stroke, she suggested that where stroke services were located on specialist sites the outcomes for the patient were improved and performance improvements had also been seen in this area.

From the organisation's perspective, being able to take patient to the right place first point instead of being taken to hospital and then being transferred would be something it would support.

Members were provided with information on the positive work being carried out with the Path to Excellence Team, both with regard to the cross checking of data to ensure the same data is being used and in ensuring both were making the same assumptions. Where assumptions were made, it was strongly suggested that, post whatever changes were agreed, some sort of evaluation exercise is undertaken over a period of 6-12 months.

Detailed conversations had taken place with NEAS' own clinicians and other clinicians involved in providing services, particularly around what level of skill NEAS staff can provide, eg in paediatric and maternity cases and when there needs to be specialist support in the ambulance.

In terms of impact assessment, the kind of things that the Service would take into account are travel distances, what the impact would be on job cycle times and how to return crews to areas. The volume of inter hospital transfers would also be looked at.

She suggested the benefit from the organisation's point of view, around both emergency care and PTS, was that they were able to look at what skill mix was needed to accompany a patient, depending if rehabilitative or more specialist care was required.

An important point to note was that all Ambulance Services across the country were piloting new response targets and undertaking separate modelling exercises on what additional resources would be needed to deliver the changes being consulted upon.

The Ambulance Response Programme (categories were outlined within the presentation) would be live for 8 weeks.

In terms of South Tyneside and Sunderland modelling and what resource would be needed to meet performance this was an extra 24 ambulances and clarified resource in terms of paramedic accompanied by emergency care technician.

Once the outcome of the consultation had been agreed, NEAS would revisit and refine the service models. The Service was not predicting a huge change in terms of resource requirements.

The Chairman thanked the Chief Executive for her presentation and invited Members to comment and/or raise questions on the information provided.

Cllr Brady thanked the Officer for a good report and raised two questions. He had a cutting with him from a national newspaper dated 1 December suggesting nurses were to replace paramedics and raised concerns over this, adding that he believed paramedics were very highly trained and he did not think nurses would have the same training/skills.

The second question related to a case he was familiar with where an elderly gentlemen who had two knees replaced was attending the Queen Elizabeth hospital. He was told he would have an extended physio programme and asked how he would get there. He was asked could he not get a taxi (a round trip from his home and back would be £40). He could not afford this and was told of two charities who could transport him via car. This was also a problem as he finds it difficult to get in and out of a car. The Councillor asked if charities were now being used to transport patients to and from hospital.

Ms Ormston said she thought the first point related to a discussion with Commissioners where it was suggested services should be centred on life threatening incidents/accident and emergency/999. For example, if an elderly person had fallen this would not receive the same priority as a cardiac arrest and the elderly person would experience a longer wait for an ambulance. Discussions had then taken place on what other services might be able to make the response to the older person, eg Occupational Therapists/Specialist Nurses/Falls Team.

Members heard that this had been tested on a trial basis at Gateshead with their Falls Team, and whilst 2 elderly persons did require an ambulance 8 cases were able to be managed in the home, which meant an improvement in response times to those elderly persons.

In relation to the second point, the Chief Executive said that Queen Elizabeth Hospital did have a number of services they used (voluntary drivers) but indicted she was happy to look into the example outlined by the Councillor, outside of the meeting, as an individual case.

Cllr Peacock asked about service indicators; what these were and how these were achieved.

Ms Ormston answered that nationally there were 2 quality indicators; one around what treatment the paramedic provides to the patient and the other one around response times. These were nationally set and nationally monitored.

Cllr Hay suggested that elected Members were informed regularly of people waiting a long time for an ambulance and, whilst it was understood there were priorities, people remained concerned. She also said that she had heard the Service was going to get new ambulances and asked if they were going to be new or commissioned and how soon these would be on the road.

The Chief Executive said that, as referred to before, part of a separate piece of work going on was looking at the resources NEAS would need to meet performance requirements.

In a national audit report in January, the North East had a lower level of provision than the rest of the county. Commissioners gave the Service 7 additional, new, 24 hour double crewed ambulances to recognise that shortfall whilst the modelling exercise was going on into what resource was needed. The ambulances had arrived and the Service was half way through the recruitment process.

The Chairman indicated she had figures she had received from Caroline on the input from the CCG over the next 3 years. This was:

£98,000,000 - 16/17 £103,000,000 - 17/18 £104,000,000 - 18/19

She asked the Chief Executive to tell Members how much it cost to purchase all the new ambulances and to also pay the cost of staff who will be involved.

Cllr Hetherington mentioned that at the beginning of the presentation Ms Ormston said NEAS had been fully involved in the consultation process and asked at what stage NEAS was involved. Also, picking up on the Chairman's point about funding, she asked if the funding was to cover new procedures or simply to cover operating costs.

Ms Ormston said that to answer the first part of the question, the Services was involved from the outset, at the formulative stage, on the options.

On funding, the figure the Commission gave was £120 million. It had been identified the North East lacked behind the rest of the country.

Cllr Hetherington said from her recollection she had asked a question of NEAS, during one of the many meetings that had taken place on proposals, and the Service had said they had only one consultation meeting about transport and were waiting to find out what options were before were able to determine what required

To clarify, the Chief Executive said that when NEAS first came to the Committee, it was made clear the Service had undertaken high level modelling and would need to refine once they knew what the consulted option might be.

Cllr Walker suggested that Members would really benefit from understanding how data was collected currently, how it was kept and analysed (information on hardware and software systems). He queried whether the consultation data was being processed on a separate system.

Ms Ormston gave a brief overview to Members. She said data quality and interpretation was very important to the Service, which used a number of data systems that were quite complex in terms of the data they needed to store and the report produced at the output stage.

The systems, which were very robust, covered all patients across the region. The Service undertook regular data quality functions and both internal and external audit systems were in place in relation to processes.

The Chairman asked a number of questions on transport. She said that as a member of the public she had major concerns about transport, both in relation to transport via ambulance to hospitals and in relation to transport links to hospitals.

She had heard Officers talking about ongoing modelling as if this was not finished and asked how long, if the Path to Excellence Phase 1 was introduced, did the Service expect the final model to be completed.

It was suggested this might be approximately 5 years.

The second question from the Chairman related to the Special Care Baby Unit and how everything needed to be carefully planned. She asked if someone presented at South Tyneside Hospital with a baby that had complex needs and needed to be transferred to Sunderland, would the ambulance used be adequately equipped to transfer that child.

Ms Ormston said that an ambulance would have 2 members of staff, the Paramedic and Emergency Care Technician or Assistant. Due to shift patters, 42 new staff were being recruited to fill the 7 new ambulances. The additional money from the CCG had been added to the Service's budget now and going forward, on an operational basis.

The Chairman remained concerned about budgets (particularly in relation to Path to Excellence savings) and asked how the Service would cope if suddenly Government announced cuts in CCG funds.

Ms Ormstron suggested Officers would have to look at what economies the Service could make. This might include looking at how to reduce the number of hospital admissions (the most expensive part of health services) and how people could remain in their home instead of being admitted to hospital.

The Chairman asked about the concerns members of the public had, particularly in relation to transferring babies.

The Chief Executive referred to earlier comments when she said the Service would wish to review the impact of changes at 6 to 12 months. She added that, in reality, any changes would be reviewed on a weekly basis so there would not be a 5 year wait but a matter of weeks. She suggested that in relation to ongoing modelling, as the Service did not know which option would be chosen remodelling was based on the worst case scenario.

With regard to the Special Care Baby Unit, an incubator was placed on the ambulance which had the facilities to transport both the mother and baby, accompanied by a member of staff.

Mr Brown added that all CCG's worked together and were committed to putting extra resources into the NEAS' contracts moving forward. He reminded Members that following the last meeting of the Joint Committee a report was circulated on the work of the Travel and Transport Group and there was a vast amount of work that was being carried out.

The Chairman suggested that whilst there was a lot of work going on there remained little change and concerns remained.

On transport, Cllr Davison said that her concerns related to those things that were unique to each area, such as road structure. She asked if Ms Ormston could assure the Committee that NEAS had no concerns at all in being able to provide a good service at all times, taking into consideration peaks and troughs.

As Chief Executive of the organisation Ms Ormston said she was in constant dialogue with Commissioners about how to improve performance and was heartened that specialist interim funding had been put into place in recognition of concerns. She added that there was an upward trajectory in improving services to patients and dialogue needed to continue,

Cllr Davison said felt she did not get the assurance she was seeking; that Ms Ormston was confident in providing a good service.

Ms Ormston added that from a Care Quality Commission (CQC) point of view the last visit NEAS received rated them as a good organisation. The qualifiers the CQC put to that was around the resources needed to deliver performance. Ms Ormston said when they had the resources to deliver the right level of service she was confident NEAS would provide a good service.

The Chairman still did not feel that the question had been answered but agreed to leave it that Ms Ormston felt NEAS were providing a good service. She also asked if the people who responded to 999 calls had medical qualifications.

The Chief Executive indicated that there was a mixture, in that call handlers were generally not clinically trained. However, a recruitment programme was underway to recruit clinicians and the target was to have 60% of calls handled by clinicians (inclusive of paramedics, nurses and mental health nurses).

The Chairman referred to articles in the press about ambulances waiting outside of Accident and Emergency (A and E) which she suggested then impacted upon service delivery and getting the ambulances back on the road again.

Several Members reiterated concerns about response times and patients being at the heart of concerns.

Ms Ormston said NEAS had been very clear that hospitals needed to release vehicles in order to get them back to waiting patients as quickly as possible. Compared to other Services across the region this area was the second lowest in terms of hospital delays, but the important time lost was being built into modelling and further improvements had been made in terms of any delays associated with hand overs. It was suggested that things were heading in the right direction but this was no reason for complacency.

Cllr Hetherington made reference to the additional funding provided by the CCG and asked would this not be better spent (and more cost effective) if it was used to retain the high quality services located in South Tyneside rather than transporting vulnerable mothers and babies/children to other hospitals.

Mr Brown answered that it was a very complex issue and the £5 million was across the region not just across South Tyneside. How best to prioritise resources was a very difficult decision but there was clearly a need across the region for resources into the ambulance service, particularly at this time of year.

Ms Ormston said there had been a number of changes across the region as part of the National Urgent and Emergency Care Strategy, with a few services undergoing the most change, in the belief that there will be improved outcomes if able to centralise fewer units with appropriate experts.

Cllr Hay agreed with Cllr Hetherington in that she felt the problem was simply being moved from one hospital to another and colleagues in Sunderland were concerned about capacity in Sunderland Hospital should services move from South Tyneside. She added that South Tyneside was rated better nationally than Sunderland so services were moving from one hospital to another without giving consideration to members of the public.

Cllr Peacock suggested that not only was South Tyneside rated better but she could not understand how sending stroke patients to a lower rated hospital in Sunderland was going to improve services.

RESOLVED: That Members receive further information on how data is collected and processed, particularly in relation to services being consulted upon.

At this point in the meeting the Chairman agreed to change the order of agenda to take item 6, evidence from Sunderland Council Portfolio Holders as the next item.

4. Evidence from Sunderland Council Portfolio Holders

<u>Councillor Louise Farthing, Lead Member Children's Services</u>

Councillor Farthing thought public transport was probably the most important issue (people having to travel to hospital, visitors to outpatients and, if travelling in a car, then the car parking issue).

She reported that there was no public transport service from the ward she represented to any of the hospitals in the North East and constituents had to take 2 buses. It was a very pro-longed experience travelling to hospital and very difficult to visit. She felt the message needed to go out to bus operators, though she felt they did not want to know.

In relation to the Special Care Baby Unit she explained that both daughter's babies had needed to go to a Special Care Baby Unit after being born.

With one daughter, the Councillor had to drive her to hospital (John Radcliffe Hospital in Oxford) after she had been discharged, on a daily basis for a period of 8 weeks, as she was unable to drive. If her daughter had not had this support she could not have managed. Her

daughter also reminded her recently that one couple could not visit their baby in the Unit on Christmas Day as there was no public transport.

With the other daughter, she could not see her baby as she was so unwell. There was a family room in the hospital where you could get refreshments and hot drinks. The John Radcliffe Hospital covered a much wider area than South Tyneside and Sunderland.

The Councillor said she could see in the future with STP's that services were going to be taken further away from the population.

She added that both South Tyneside commissioned their own Health Visitors, Midwifery and Child Protection Services with different ways of working. These things needed to be looked into if brought together.

The Chairman thanked the Lead Member and reiterated concerns about travel times/costs for visitors and patients and car parking charges. She then invited questions from Members.

Cllr Hetherington felt the point made about individual services from each of the Authorities working differently was extremely important and very relevant when formulating a response to proposals.

Cllr Farthing added that services for Children with Disabilities could also differ in each of the Authorities.

Cllr Flynn commented that, in relation to transport, he thought people would always live to regret not being successful in securing a Quality Contract. He suggested the two major bus companies always worked on a commercial basis.

<u>Councillor Graeme Miller, Lead Member Health, Housing and Adults Services</u>

Cllr Miller said he had found it very helpful being a Cabinet Member in that he had an awareness of the situation earlier than others found out.

He said there was an annoyance in the Authority but this calmed down following direct communication with the hospital.

On the possible impact of proposals he had grave concerns, particularly with regard to the Maternity Unit.

He indicated that his big worry related to transport, though felt this had been covered well during the meetings. He suggested that when moving to a centralised service/a centre of excellence approach, there needed to be a transport system fit for purpose and he did not feel the transport system in the North East was fit for purpose (Nexus needed to be stronger with the bus companies to ensure they delivered public services and not concentrate on shareholder value).

The Councillor also suggested that the right people the right resources were needed. He believed City Hospitals were going to the Philippenes to recruit nurses.

In response to a query from the Chairman as to whether Lead Members had been involved in discussions about or had sight of the impact assessment, Cllr Miller said that as far as he

was aware he had never had sight of the impact assessment and suggested this might be with senior officers.

Mr King, Head of Integrated Commissioning at Sunderland Council, confirmed that he himself had not seen any impact assessment but understood the Local Authority was involved on the Support Pathway Group. He agreed to check with the Head of Adult Social Care as to whether he had been involved in any discussions or had sight of documentation.

Cllr Hetherington asked Cllr Miller, as a Trustee of City Hospitals, whether the Board of Trustees had any concerns about additional patient traffic coming into Sunderland.

Cllr Miller answered that he was very conscious when on the Board of Trustees that he was there as a Trustee and not as a Councillor. He added that the Board did have issues which have been raised with the Trust; the Board found out about proposals the same time as everyone else.

Ms Latta added that Sunderland City Council's Transformation Group had been looking at the Path to Excellence matter of impact assessments and regular health quality and inequality impact assessments had been to the Board. The consultation documentation and Trusts overall case was published on the Path to Excellence website which had been available for several months; a summary of those impacts was included in the consultation documentation.

In terms of the Council of Governors, these were democratically elected apart from two which were appointed. In terms of overview, the Council of Governors and Board of Directors, having received information through the Trust on options presented to them, responded by saying they recognised concerns raised by members of the public around transport and significant issues and concerns in terms of capacity. Those services identified had no concerns around that capacity. She suggested the process of clinical service reviews and consultation around that had been been a very open and transparent process.

Prior to moving on, the Chairman asked Cllr Farthing to confirm whether or not she had been involved in or had sight of the impact assessment.

Cllr Farthing said she had not been briefed by Officers on this point. At Christmas time she did have a look on the Path to Excellence website and did look at some impact assessments there and arrived at the conclusion that transport was the issue people would be most concerned about.

Cllr Peacock made reference to the CCG stating this was not about saving money. She suggested that if this was the case why could there not be a subsidised, dedicated bus service between the two hospitals. She also suggested that if anything was to be done about a dedicated service it needed to be done before services changed.

Mr Brown indicated that the Travel and Transport Group were looking at a number of things with representatives from Nexus, bus companies and both Local Authorities but there was still much to do before any decisions were made. The view at the present time was that a dedicated bus to/from both hospitals was not the best way forward (not the best use of resources).

The Chairman asked if she was right in understanding that the CCGs would make a decision on proposals, in terms of changes, on 21 February, even though they are aware that transport is a massive problem.

Mr Brown said he understood transport was one of the key issues and was part of the process that would help inform the decision that was going to be made in the next six weeks.

Cllr Hay said she was still not convinced there were not capacity issues at Sunderland. She said she had received emails from clinicians and nursing staff and had friends who worked at Sunderland City Hospital who had been required to work their days off for the past six months.

The Chairman clarified that people had approached Members of the Committee with their experiences and said she was particularly concerned about the situation with the Midwifery Service where she understood midwifes had been called back to work after finishing their shift.

RESOLVED: That Members receive some clarification from relevant Officers at Sunderland City Council on whether they had been involved in discussions about or had receipt of the impact assessment document.

5. Evidence from North East Transport and Retrieval (NECTAR)

Ms Patilla and Mr Kashyap provided Members with a presentation on NECTAR (North East Children's Transport and Retrieval), a 24 hour referral, co-ordination, advice and transport service for critically ill children in the North East and Cumbria.

The presentation outlined what the service included, as follows:

- A 24 hour Operations Centre with Referral line and teleconferencing capability
- A dedicated Paediatric Transport Team – PIC Doctor, Nurse and Ambulance Driver
- On site bespoke ambulances provided by IAS Medical with dedicated drivers on site
- A dedicated 'on call' 24 hour Consultant Paediatric Intensivist
- NECTAR Consultants who provide immediate clinical advice to Doctors and Nurses who are caring for critically ill children in any of the 17 District General Hospitals across the region.
- When necessary the NECTAR Consultant mobilises the transport team to stabilise the child and transport them to PIC at GNCH, Freeman, James Cook or other destinations.

Also included were details of the area covered and transfer statistics during 2016-2017.

Members were informed that one of 10 regional transport services in the whole of the UK, the Service became operational at the end of 2015 and was commissioned (by NHS England) from the beginning of 2016 to move children who were critically ill (those on a ventilator and in need intensive care) between the District General Hospital and Paediatric Clinical Care Unit.

Last year a second team was added to the service. The second team was commissioned to move children who do not need to be on a ventilator but were still very poorly and needed specialist care.

The Chairman thanked the Officers for their presentation and invited Members to comment on the information provided.

In response to a query from Cllr Hay, Members noted that the organisation was not a charity but a regional transport unit, commissioned by NHS England. Whilst hosted by Newcastle Hospital the Service was very much a regional service.

Following a further query from Cllr Peacock, Officers confirmed that the role of the Service was mainly to move children from one hospital to another; the first team moves into intensive care units - Freeman, RVI and similar units.

The Chairman asked whether the Service had felt any impact since changes started to occur.

Ms Patilla said that the Service had been asked to move some children from South Tyneside to Sunderland and suggested the figures contained within the presentation, on transfers, were increasing daily.

Cllr McClennan asked when the need for the Service was identified.

In response, Officers explained that children's intensive care transfers were traditionally based out of the Children's Intensive Care Unit. The Nurse looking after the sick child would then have to hand over to another Nurse who would go out in the ambulance; so the poorly child would be passed from one to the other.

It was felt, nationally, that a separate transport service was needed; this is modelled differently in different parts of the country. However, largely, everyone has its own ambulance service because otherwise patients would be waiting for a NEAS ambulance with the child becoming more poorly during the wait (a stand alone service was deemed to be better). Ambulances are appropriately funded and have better equipment; everything needed is available in relation to providing intensive care to the child.

North East was ahead of the rest of the country in that in the North East the Service is commissioned to move children back to their own hospital once they have received intensive care (probably one of the only services in the country commissioned to return children to hospital).

Because the Service has this capacity and because it is regionally configured, in terms of paediatric services, it can move children from 24 hour unit to units such as Sunderland and Newcastle who will look after children for longer than 24 hours as an in patient bed.

Officers added that they were certainly getting asked more and more by clinicians (as that group of children should not really wait for NEAS) to move those children who do not require an intensive care bed between one service to another. The Service is able to do this when up to full capacity.

Cllr Hetherington wished to further explore capacity issues with Ms Patilla and additional pressures if changes are made to move to 12 hour emergency service. She asked Ms Patilla if she considered the Service would be able to safely transfer children from South Tyneside

to Sunderland if the 12 hour system goes ahead. She also asked if any additional funding would be available to the team if proposals were to go ahead.

Ms Patilla said the way the Service was funded would not change. She added that the Service worked to a 30 minute response time and almost always this target was met. It was where a child who did not need intensive care needed to be moved (eg from South Tyneside to Sunderland) that was going to be an issue, as the Service was not currently funded for this.

Members heard that the Service was also not funded for moving a child with an infusion; NEAS would do this (if NECTAR was to do this the Service would be overwhelmed) but do not have the capacity to move children with infusions, therefore the infusion will be stopped if NECTAR could not take this up. NECTAR did take up a lot of transfers where they were not funded and had received lots of feedback from patients waiting for a NEAS ambulance.

Cllr Hetherington felt this suggested there were safety concerns, as treatment would have to be stopped if a specialist ambulance was not available, which would have a detrimental effect on the health of the child. Concerns were increased as no funding was available for this.

She asked what was going to happen to ensure children were safely transported and requested that this concern, in relation to ensuring the transport of a child who did not need intensive care, to ensure their treatment was not stopped, be added to the Committee's list of concerns.

The Chairman also asked how the Service was going to manage to sustain what they were doing when it had already been mentioned demand was going to increase because of changes.

Ms Patilla said the Service had been extremely well supported by the Trust and received considerable training. At the present time the Service had 6 trainees and two more ambulances had just been brought in. The Service was also supported in house by Newcastle Hospitals. It was suggested, therefore, that there was scope to do more if there was further demand.

The Chairman asked Ms Patilla if the Service was happy to continue this way, without any further financial resource.

Ms Patilla said she was not sure the Trust would be happy for Officers to say that but the Service did have to pre empt what was happening in the region with STP's as it took a long time to train Nurses (2 years); work on this commenced 2 years ago.

Going forward, the Service would still need to be funded and discussions would need to take place with all of the CCG's covered by the Service (12/14) on how to fund services for children in the region.

Cllr Peacock thanked the Officer for a very candid report and asked if the Service included the transport of neo natals.

Ms Patilla confirmed that the transfer of neo natals was a separate service housed at Newcastle, but said the two services worked closely together and picked up each other's jobs if very busy.

In response to a further query on whether NECTAR had a good relationship with the separate neo natal service, the Officer suggested it would be good to sit down and have discussions together on transportations which would further improve relationships.

Cllr Peacock suggested this might be something which could be included in the recommendations of the Joint Scrutiny Committee.

Cllr McClennan commented that she was becoming more and more confused. She understood the Path to Excellence integrated service was about maximising the use of resources and about South Tyneside and Sunderland coming together and working out who was going to do what. However, she said that from what she had heard today it seemed as if there was a fragmented ambulance service. She asked how many ambulance services there were in operation in the region.

Mr Kashyap explained that the Neo Natal Services used NEAS as their Ambulance Service. Pre-natal used to have their own paediatric transport service up and down the country until becoming separate. In terms of the question of ambulance services across the region, NECTAR does integrate with these on the Trauma Network and Critical Care Network, when there is an overlap of workload or to refine pathways.

Refining still needed to take place as NECTAR was still quite new and other services were still getting used to how it operated and how much capacity it had.

RESOLVED: (a) That concerns in relation to ensuring the transport of a child who did not need intensive care, but required ongoing treatment, be included as a recommendation of the Committee, in order to ensure to ensure the child's treatment was not stopped; and (b) that the Committee recommend NECTAR and NEAS be provide with more opportunities to work closer together.

6. Evidence from South Tyneside Public Service Alliance (Save South Tyneside Hospital Campaign)

Mr Nettleship provided a very detailed submission (attached) in relation to the Save South Tyneside Hospital campaign on proposals contained within the Path to Excellence consultation.

The information provided was set out under the headings:

- Children's and Young Person's Accident and Emergency
- Obstetrics (Maternity)
- Special Baby Care Unit
- Gynaecology
- Proposed Future Service Options – Stroke
- Transport and Context
- General Points
- Temporary Closure of Maternity
- Phase 1 Consultation on Draft Feedback Analysis Report
- Save South Tyneside Hospital Campaign (SSTHC) Response

The Chairman thanked Mr Nettleship for his submission which raised a lot of concerns including a key concern about transport. She asked Mr Nettleship if he could summarise the information provided.

It was suggested that in the business case the statistics included with regard to stroke response times were incorrect and response times for stroke patients would increase as a result of proposed changes.

Reference was made to the submission by NEAS and concerns relayed that ambulance response times were worse than those outlined in the presentation. It was questioned how a consultation could go ahead without the public being informed of proposals from NEAS on the impact of changes and how the Service would cope if proposed options went ahead.

The published times of transport included in the Path to Excellence consultation document were unrealistic.

The general point on the problem of being unable to train enough Doctors or Nurses was not included at all in the consultation document nor was there anything in relation to trying to address the issue of clinical staff in the future.

People were led to believe Managers, Consultants, Doctors and Nurses had all been involved in options but this was felt to be untrue and in fact staff at South Tyneside Hospital were so concerned they instructed a Solicitor to look into the possibility of launching a review.

On the closure of Maternity Services at South Tyneside District hospital, an angry protest was held in December calling for the immediate reinstatement of the Special Care Baby Unit and full Obstetric led Maternity Service. The Special Care Baby Unit which was not being cared for by the new Executive Team from Sunderland since it took over last year was shut down due to a member of staff falling sick at work. Instead of sorting out the problem and using other staff to cover the unit, the Executive Team seized on this to close the unit for six weeks. This not only closed the Special Care Baby Unit but was also used as an excuse to close the whole of Maternity Services at South Tyneside District Hospital until the new year. It was felt this was an attempt to pre-empt the outcome of the consultation by wrecking existing services.

It was also stated that the South Tyneside Maternity Unit has been one of the best staffed in the northern region for many years and has had a performance amongst the best in the country.

Mr Nettleship also outlined the Save South Tyneside Hospital Campaign (SSTHC) response to the Phase 1 Consultation Feedback Analysis Report, as outlined in the submission to the Committee, which concluded that the Consultant Led 24/7 Children's A and E, the Consultant Led Maternity and Hospital Stroke Services are essential services accessed by thousands of people a year and for the 150,000 people who live in South Tyneside they are essential health services that the people have a right to in the here and now.

The response also suggested that the whole consultation was skewed towards Sunderland options in the first place, therefore results are inevitable.

The Chairman then invited questions from Members of the Joint Committee.

Cllr Walker referred to comments on the shortage of clinical staff and asked if the Alliance had given any thoughts as to how this issue might be addressed.

Mr Nettleship said there were a number of ways this could be addressed but it was believed with smart working and the communication available now it would be much easier for clinical staff to work across two hospitals than have patients travel between the two hospitals.

Cllr Hay suggested that the issues raised were really important to members of the public, particularly in South Tyneside, as residents would be affected more than residents in Sunderland. She also made reference to capacity issues in Sunderland to which she referred earlier in the meeting.

Cllr Flynn asked what dialogue the Alliance had with Ken Bremner.

Mr Nettleship said there had been two meetings with Ken Bremner and one with Gemma Taylor and a further meeting where he was informed of the response to Path to Excellence consultation. He suggested Mr Bremner listened to what the Alliance had to say.

At this point the Chairman asked NHS colleagues if there was anything they wished to add to the information provided to the meeting.

Ms Latta confirmed that feedback to the draft consultation document would go forward to a workshop involving the CCG and Governing Bodies in in order to decide what the final decision would be, taking into account the report of the Joint Committee.

Mr Brown said people's patience and input during the consultation period was welcomed and whilst there were differing views on proposals everyone's views were respected. He added that such decisions were not taken lightly and the CCGs and NHS England were working on behalf of the patients in South Tyneside and Sunderland.

7. Chairman's Urgent Items

There were no urgent items.

At this point in the meeting was adjourned for 30 minutes.

8. Consideration of the Committee's Conclusions and Final Response to the Path to Excellence Consultation

Mr Baldsasera presented the draft copy of the final response to the Path of Excellence Consultation for Members consideration, reminding them that this would need to be changed to take into account recommendations from this morning's session.

The response, which set out the context of the South Tyneside and Sunderland Healthcare Group and the work of the Joint Health Scrutiny Committee to consider proposals that were announced on 1 March 2016, outlined the views of all of the constituent authorities on each of the services affected within proposals along with general concerns and observations.

The Officer summarised the information within the response and informed Members that once the document had been amended it would be circulated to Members for final approval and the final copy submitted to the CCG's Board of Governors by the end of the week. The response would be published at the same time.

The Board of Governors would reach a decision on proposals on 21 February 2018, following which it was suggested the Committee may wish to meet again, dependent upon the outcome of the decision. There was an Option to refer to the Secretary of State should the Committee wish to take this course of action.

Cllr Wright wished to take this opportunity to thank Members and Scrutiny Officers for their efforts during consideration of the consultation document. She also thanked Officers and members of the public who had given called to give evidence, thereby helping to contribute to the Committee's final response.

Mr Baldasera indicated that he was liaising with Mr Brown to try and arrange a suitable time for both Chairmen, Cllr Wright and Cllr Dix, to present the final response to the Board would be in contact as soon as possible outside of the meeting.

RESOLVED: (a) That the draft final response be amended to reflect recommendations from today's meeting; (b) that following amendment the draft final response of the Committee be circulated to Members for final comment; and (c) that the final response once agreed be submitted to the Board of Governors by the end of the week and be published at the same time.

item 3

VERBAL

Chairman’s Urgent Items

item 4

VERBAL

Consideration of the decision by South Tyneside and Sunderland CCG's Governing Bodies and the Committee's response