South Tyneside Council

South Tyneside and Sunderland Joint Health Scrutiny Committee

South Tyneside and Sunderland Joint Health Scrutiny Committee

17 July 2017

Present:	South Tyneside: Councillors Dix (Chairman), Flynn, Hetherington and Peacock Sunderland: Councillor Wright, Davison, Heron, DE Snowdon and Walker
In attendance:	Ken Bremner (Chief Executive South Tyneside and City Hospitals Sunderland NHS Foundation Trusts), David Gallagher (Accountable Officer NHS Sunderland CCG), Dr David Hambleton (Accountable Officer NHS South Tyneside CCG), Caroline Latta (NHS England), Dr Shaz Wahid (Medical Director South Tyneside NHS Foundation Trust), Alan Patchett (Sunderland Healthwatch), Nigel Cummings (Sunderland Council), Paul Baldasera (South Tyneside Council) and Brian Springthorpe (South Tyneside Council) 12 members of the public was in attendance

1. **Chairman's Welcome**

   The Chairman welcomed everyone to the meeting.

2. **Declarations of Interest**

   There were no declarations of interest.

Contact Officer: Brian Springthorpe, Strategy and Democracy Support Officer – Telephone 0191 424 7261

3. Apologies for absence

Apologies were received from Councillor Brady, Hay and Meling (South Tyneside Council) and Councillor McClennan (Sunderland Council).

4. Matters Arising

Patient Experience Report

Dr Shaz Wahid agreed to circulate the information regarding child safety and stroke services.

Access to services from residents of County Durham

Caroline Latta confirmed that there were ongoing discussions taking place over consultation with County Durham residents.

Travel and Transport Impact Assessment field testing of assumptions

Caroline Latta confirmed that some field testing had taken place; with more planned and that Integrated Travel Planning Ltd would be in attendance at a future session of the Committee.

Members had previously agreed to take part in the field tests and Caroline Latta confirmed that discussions with Healthwatch continued on the issue.

Agreed: That the items raised be actioned as soon as possible.

5. Letter from Emma Lewell-Buck MP

The Chairman advised the Committee that he had received a letter from Emma Lewell-Buck MP for South Shields, which was read to the Committee. The letter questioned the validity of the consultation process and the lack of involvement of clinicians and staff in the process.

David Hambleton strongly refuted the allegations made in the letter which he believed contained a number of inaccuracies and confirmed that a detailed response had been provided to Committee members on the concerns raised by Dr Gupta. The Committee was reassured that clinical involvement was a key element in the review process.

During discussion, it was confirmed that all MPs were to be invited to give evidence to a future Committee meeting. Members indicated concerns that mixed messages were being given from clinicians to those views expressed at Committee meetings by

Clinical Commissioning Group and Foundation Trust representatives. It was vital that the process was open and transparent to maintain trust and confidence in the process. The Committee was assured that the consultation process was following the best practice guidelines.

Concerns were raised over having to register to attend the public events. It was confirmed that registration allowed safe attendance at events in rooms and buildings that were limited in capacity. Furthermore, the information gathered allowed it to be established if the consultees were genuinely representative of all areas of the community. Residents were encouraged to take part in the consultation by attending an event or by submitting a response to the survey.

Concern was expressed that it appeared that services under consideration all seemed to involve moving from South Tyneside to Sunderland and not the other way. The Committee was advised that it was almost certain that some services would transfer from Sunderland to South Tyneside as Sunderland did not have the capacity for all services to be based there. The service reviews had focussed on those deemed to be the most vulnerable and no final decisions had been taken.

The issue of transport links to the hospitals was again raised as a key area of concern. Furthermore, a Member highlighted that consideration was given to service transfers in 2005/06; however, this was abandoned due to transport difficulties. Officers present were unaware of any such proposals. It was recognised that the Partnership was looking at the whole of its estate and that investment was required to ensure that it was fit for purpose. It was stressed that the aim was to establish the best quality of provision possible, for each service area, in the most appropriate venue.

Agreed: (a) That the Committee would seek further information from the Clinical Commissioning Groups to ensure that the views of clinicians and staff were embedded in the consultation process and (b) that the CCGs would investigate the issue of service transfers for 2005/06 and report back to a future meeting.

6. Background to Path to Excellence Programme

The Committee was advised that key factors which needed to be recognised included:

- Needs and expectations;
- Changing treatment options and ways of delivering services;
- Workforce pressures.

To address travel and transport concerns an independent company had been appointed to carry out the required assessments.

The consultation process followed best practice guidelines and it was highlighted that both CCGs would be required to make difficult decisions and was why it was so important to hear residents' views from all parts of the community.

Agreed: That the information be noted.

7. Why these services need to change

Currently, a number of services were not meeting the expected level of clinical outcomes and quality standards. This was in large part due to recruitment issues and insufficient numbers of patients for staff to maintain specialist skills.

In addition, services needed to modernise and reform to meet national strategies and the needs of residents and local communities.

In essence, it was about maximising the use of limited resources, both staffing and financial, to ensure that patients could receive a range of safe and high quality health care services.

Agreed: That the information be noted.

8. The process for clinical service reviews

The Committee was advised that the process of clinical service reviews was led by senior clinical staff in both hospitals tasked with providing a number of options which were required to meet key tests of quality, sustainability and affordability. These changes were essential to avoid a crisis and to maintain safe and quality provision in each clinical area. Details of the service reviews, including options, were contained in the public consultation document.

Agreed: That the information be noted.

9. Stroke – Options for change and questions

Dr Wahid advised that the stroke patient pathway would not change and there were a number of 'windows' for care to ensure the best outcomes for patients.

The audit scores for the performance of both hospitals were poor. A temporary model of care had been implemented and had shown an overall improvement. Approximately 200/250 patients were seen at South Tyneside and 400/450 patients at Sunderland. By

combining patient numbers clinicians would be able to see the requisite number of patients to maintain and improve their skills and outcomes for patients.

Three options had been drafted for consideration and were detailed in the public consultation document. Option 1, was the temporary model currently in operation, where inpatient hyperacute and acute care was provided at Sunderland together with rehabilitation on a specialist stroke ward. Local community stroke teams based to be at both hospitals.

Option 2, where inpatient hyperacute and acute care was provided at Sunderland together with rehabilitation on a specialist stroke ward. After 7 days residents could be moved to South Tyneside for rehabilitation on a specialist stroke ward. Local community stroke teams to be based at both hospitals.

Option 3, where inpatient hyperacute and acute care was provided at Sunderland together with rehabilitation on a specialist stroke ward. After 3 days residents could be moved to South Tyneside for rehabilitation on a specialist stroke ward. Local community stroke teams to be based at both hospitals.

The Committee was advised that Option 1 was preferred by the clinical teams. It had the benefits of increased time on a specialist stroke ward, increased access to clot busting drugs and increased access to medical, nursing and therapy staff.

A Member highlighted that information was provided in many different ways in the public consultation document which led to it being more confusing than it needed to be.

Agreed: That the options be noted.

10. Maternity (obstetrics) and women's health care services (gynaecology) – Options for change and questions

Dr Wahid advised that the maternity patient pathway would not change.

Option 1, based at Sunderland, would be a consultant-led maternity unit for high risk births and a midwife-led unit for low risk births, together with a Special Care Baby Unit and Neonatal Intensive Care. South Tyneside would have a maternity-led unit for low risk births.

Option 2, would see all births take place at Sunderland in consultant or midwife-led units. No birthing facility at South Tyneside.

The benefits were expressed as more consultant time, reduced complications and the proposed changes would avoid any crisis in the service at a later date.

A Member asked what would happen if a low risk at South Tyneside became a high risk. The Committee was advised that there was a 30% chance of a first baby becoming a high risk and it would be expected that a patient would be transferred to Sunderland within 30 minutes. Midwife-led units were common models of patient care. The Committee was advised that different opinions had been expressed by the clinical teams involved. Modelling of the proposals highlighted that there would be enough capacity for Option 1 to be implemented but some additional investment would be required should Option 2 be chosen.

Agreed: That the options be noted.

11. Children and young people's health services (urgent and emergency paediatrics) – Options for change and questions

Dr Wahid advised that the proposed changes focussed on the assessment, diagnosis, treatment and admissions for paediatric emergency care.

Option 1, would see a 24 hours a day Emergency Department at Sunderland and a 12 hours per day Emergency Department (8am-8pm) at South Tyneside with short-stay assessment beds at both hospitals.

Option 2, would see a 24 hours a day Emergency Department at Sunderland and a nurse-led paediatric minor injury service between 8am and 8pm at South Tyneside. Short-stay assessment beds would be based at Sunderland.

The benefits were quicker access for emergency and life threatening conditions, an improved workforce model to address staffing issues and the proposed changes would avoid any crisis in the service at a later date.

Discussion took place on the timescales of staff involvement in the consultation process and it was highlighted that where clinical teams had different views this was acknowledged in the public consultation document. As explained previously, the CCG had responded to the claims of Dr Gupta, which had been circulated to Members. Furthermore, there was a difference between staff being offered an opportunity and taking it. It was confirmed that if alternative proposals or options became apparent as part of the consultation these would be considered.

A Member advised that concern had been expressed over the 8am-8pm model. The Committee was advised that the proposals attempted to meet National Guidelines and Standards by providing the correct staffing levels and addressing recruitment issues. Both options did this; however, other proposals did not and had not been included.

A Member advised that residents were concerned that these proposals undermined the long-term viability of Accident and Emergency provision at South Tyneside. The Committee was advised that there were no plans to close South Tyneside Accident and Emergency Department.

The Chairman thanked Dr Wahid for his presentations on the clinical service reviews.

Agreed: (a) That the options be noted, (b) that the CCGs would provide a timeline and audit trail of staff involvement in the consultation process to date and (c) that the CCGs would provide information on the modelling used to support the 8am-8pm model.

12. Next steps for the consultation process

David Hambleton outlined the timescale for the consultation period due to end on 15 October 2017. The results of the consultation would be analysed by an independent company and a draft feedback report would be published in December. Public events would be held to share the feedback. Both Clinical Commissioning Groups would then consider the proposals and make their decisions early in 2018 at their public Governing Body meetings.

The Committee was advised that the consultation document had been widely circulated to organisations and individuals and that the website had been well used. In addition, a number of survey responses had been received so far. A Member expressed concern that the publication of the consultation feedback over the Christmas period may severely impact on residents' ability to comment and respond.

A Member asked if residents who attended would be turned away if they had not registered beforehand. Caroline Latta confirmed that priority would be given to those who had registered and that venues did have accommodation limits, however, so far no one had been turned away. Furthermore, it was confirmed that additional and bespoke events could be arranged for particular groups if required. It was the intention to consult with as many residents as possible.

Information from each event would be published to ensure that the process was transparent.

Agreed: (a) That the information be noted and (b) that the following action pointes be undertaken by the appropriate Officers:

- Circulate information on child safety and stroke services;
- Involve Members in field testing transport issues;
- Invite MPs to a future meeting;
- Investigate the 2005/2006 service change proposals
- Provide an audit trail of staff involvement in the consultation process;
- Provide information on the 8am-8pm model for paediatrics and details of the criteria used to judge the proposals and the reasons why a third option had failed to meet National Guidelines.

13. Chairman's Urgent Items

There were no urgent items.

14. Date of next meeting

The next meeting would be held on 1 August 2017 at Sunderland Civic Centre.