SOUTH TYNESIDE AND SUNDERLAND JOINT HEALTH SCRUTINY COMMITTEE

AGENDA

Meeting to be held in the Civic Centre Sunderland (Committee Room No. 1) on Tuesday 10th April, 2018 at 2.00 pm

E. WAUGH,
Head of Law and Governance,
Civic Centre,
SUNDERLAND.

29th March, 2017

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At a meeting of the SOUTH TYNESIDE AND SUNDERLAND JOINT HEALTH SCRUTINY COMMITTEE held in the TOWN HALL, WESTOE ROAD, SOUTH SHIELDS on MONDAY 9 March 2018 at 1.00 pm

Present:

Councillor Rob Dix in the Chair

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

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

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

Sunderland City Council

Mr Nigel Cummings, Scrutiny Officer

South Tyneside Council

Mr P Baldasera, Strategy and Democracy Officer

Welcome and Introductions

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

1. Declarations of Interest

There were no declarations.

2. Minutes of 8 January 2018

Agreed: That the minutes of the meeting held on 8 January 2018 be agreed as a true and accurate record of proceedings.

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

The chair opened the item by saying that consideration of these changes had been ongoing for over a year over a series 12 formal meetings and many more informal sessions. He said that committee had carefully looked at the evidence and now the CCG governing bodies has

made their decisions on each of the three services, the joint committee now has the power to refer those decisions to the Secretary of State for Health. He re-iterated that this was only an option now the decisions had been made and it had not been within the gift of the committee to do so until this point.

The Strategy and Democracy Officer went through the decisions made by the Governing Bodies of South Tyneside and Sunderland CCGs which were

Obstetrics and gynaecology services:

- to approve option 1 for implementation. Ie the development of a free-standing midwifery-led unit (FMLU) at South Tyneside District Hospital (STDH) and a Medically-led obstetric unit at Sunderland Royal Hospital (SRH).
- For implementation to be complete by April 2019

Emergency Paediatric Services:

- Approval of option 2 (the development of a nurse-led paediatric minor injury and illness facility at STDH and 24/7 PED at SRH.) but for option 1 (a daytime paediatric emergency department (PED) at South Tyneside) to be implemented as a transitionary step towards option 2.
- An amendment to opening hours under each option, from 8pm to 10pm as the closing time.
- Implementation of option 1 to be completed by April 2019
- Implementation of option 2 for likely completion by April 2021

Stroke Services:

- Approval of option 1 for implementation. Ie that all acute strokes are directed to Sunderland Royal Hospital (SRH), with the consolidation of all inpatient stroke care at SRH.
- Implementation to be complete by April 2019

Cllr Wright formally asked the meeting to approve referral of all three decisions to the Secretary of State for Health. This was unanimously agreed.

The chair invited comments from members.

Cllr Walker said that the consultation had breached the Gunning Principles in that the outcome was pre-determined from the outset.

Cllr Flynn questioned why the CCG Joint Governing Bodies at their decision making meeting questioned why the Joint Health Scrutiny Committee had criticised the consultation process without the members of the committee being able to respond. In this respect he said that the meeting was a “sham”.

Cllr McClellan criticised the article that appeared in the South Shields Gazette the night previous to the meeting in its inference that lives would be at risk if the committee delayed the proposed changes by referring to the Secretary of State. She reminded everyone that commissioning safe services was the responsibility of CCGs. She suggested that there should be a vote of no confidence in the CCGs.

Cllr Anne Hetherington proposed that a vote of no confidence in the CCGs is considered as they have failed to meet their duty of care to the residents of South Tyneside by allowing services to deteriorate to the point that they are now. This was seconded and agreed.

The Chair stated that the Committee had the responsibility for asking the uncomfortable questions of NHS bodies and would continue to do so.

Cllr Wright endorsed Cllr McClellan's comments on the Shields Gazette article and went on to say that she felt that the NHS officers who come to the committee had failed to understand the role of scrutiny in challenging proposed changes and the fact that the committee could not be "dominated" or threatened. Cllr Wright also highlighted the phenomenal amount of work that the Joint Scrutiny Committee had undertaken and that the whole process had been extremely challenging.

Cllr Dix concurred and stated that this had been a very difficult and emotive issue for everyone involved.

Cllr McClellan reminded all that members of the committee undertake their work with no remuneration in contract to NHS officers who attend the committee. The Chair re-iterated this and said that this work was done in members own time and it was not easy given the complexity of the issues.

Cllr Brady suggested that the way the consultation process had been conducted had eroded the trust that the committee had in the CCGs.

Cllr Hay said that there had been over 500 documents to go through, some of which contradicted each other or contained anomalies. She cited the various different ambulance response time contained in different documents.

Cllr Hetherington pointed to further inconsistencies in the numbers of high risk births that would have to be transferred from South Tyneside DGH to Sunderland Royal Hospital from the various documents and presentations received.

At this point the Chair Allowed Rodger Nettleship from the Save South Tyneside Hospital Campaign to speak. He thanked the committee for the decision to refer.

The Strategy and Democracy Officer (ST) asked the Members that now that they had decided to refer, to consider on which of the four grounds they would wish to do so.

After some discussion it was agreed that this would be on the following grounds

- It is not satisfied with the adequacy of content of the consultation. (criteria 1 in regulations)
- It considers that the proposal would not be in the interests of the health service in its area. (Criteria 3 in regulations))

There then were several comments on issues to be included in the referral including:

- The loss of a consultant led maternity service in South Tyneside (2)
- The possibility of the FMLU becoming unviable (2)
- The loss of a paediatric emergency service in South Tyneside (2)
- The capacity for SRH to cope with the extra demand (2)
- Breaching of the Gunning Principles (1)

- Failure to answer all questions raised during the consultation - particular noting the 14 questions put to the CCGs towards the end of 2017 (1)

The chair told Members that there had been a suggestion by the CCGs that referral could take 6-9 months due to a backlog of referrals being considered by the Independent Reconfiguration Panel (IRP). He said that he had made enquiries of the IRP that week who said that they were only processing two referrals from around the country, one of which had been completed. He concluded that the time to consider the referral would be considerably less than 6 months.

The Strategy and Democracy Officer (ST) explained the process from here was to ratify the decision to refer through the appropriate scrutiny committees in both authorities as the power to refer lies with each. Then the referral will be prepared by officers taking into account what the Members views were in light of all the evidence that had been put to them. This would then be signed off by the Joint Health Scrutiny Committee before being sent to the Secretary of State for Health

RESOLVED: That the decisions made by the CCGs in relation to the Path to Excellence consultation, once ratified by South Tyneside Council OSC and Sunderland Health and Wellbeing Scrutiny Committee, are referred to the Secretary of State for Health.

As the Committee was informed that Cllr Norma Wright was to stand down as a Councillor following the local elections in May 2018, Cllr Flynn took the opportunity at this point to thank Councillor Norma Wright for all her work as Co-chair of the Committee stating that she had done an excellent job and hoped that it may be possible for her to have some involvement with the committee in the future.

7. Chairman's Urgent Items

There were no urgent items.

HEALTH & WELLBEING SCRUTINY COMMITTEE 10 APRIL 2018

JOINT HEALTH SCRUTINY COMMITTEE REFERRAL TO THE SECRETARY OF STATE FOR HEALTH

REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY PARTNERSHIPS

1. Purpose of the Report

1.1 The report provides, for consideration, the decision of the Joint Health Scrutiny Committee to refer the Sunderland and South Tyneside Clinical Commissioning Groups (CCG's) Path to Excellence decisions to the Secretary of State for Health.

1.2 The decision was made by the Joint Health Scrutiny Committee at its meeting held on Friday 9th March 2018.

2. Background

2.1 The Path to Excellence consultation began on 5th July 2017 and ran until 15th October 2017. The Scrutiny Committee met with NHS Partners from April 2016 on an informal basis and from 30 January 2017 as a formal Joint Health Overview and Scrutiny Committee. A total of 12 formal meetings have taken place.

2.4 The final decision and agreement by the respective CCG's was based on their review and consideration of all the clinical evidence and feedback from a process of public consultation over the past year. The Joint Scrutiny Committee also submitted a formal response to the consultation and presented its findings at the Joint CCG Governing Bodies Board on the 16th January 2018 (See **Appendix 1**). The final decision was made at an extraordinary meeting held in common of the two statutory NHS organisations on Wednesday 21st February, in Hebburn, South Tyneside. The meeting was also broadcast live on the internet and is still available to view via YouTube.

3. Phase One Decisions

3.1 **Stroke consultation – Decision: Option 1**
This means all acute strokes will be directed to Sunderland Royal Hospital (SRH), with the consolidation of all inpatient stroke care at Sunderland. This model has been running temporarily since December 2016 due to service vulnerability and is showing improvements in patients accessing key diagnostics and treatment earlier. For example the rate of the use of clot busting drugs (thrombolysis) has doubled for South Tyneside residents, and with the percentage of eligible patients thrombolysed within an hour has gone from 0 to 60 per cent, meaning

fewer people will die or have serious disability and more people have the chance to fully recover from their stroke.

3.2 This is based upon a very clear and compelling clinical evidence base, universally supported by clinicians. The change will aim to be fully complete by April 2019.

3.3 **Maternity (obstetrics) and women's healthcare (inpatient gynaecology) services – Decision: Option 1**
This means the development of a free-standing midwifery-led unit (FMLU), known as a birthing centre, at South Tyneside District Hospital and medically-led obstetric unit at Sunderland Royal Hospital. Gynaecology care requiring an overnight hospital stay will be carried out at Sunderland Royal Hospital, and care for minor gynaecology conditions, including day case surgery and outpatients clinics, will continue at South Tyneside District Hospital.

3.4 This new centre will be developed with staff, women and other interested partners, and the ambition would be to create a vibrant new birthing centre at South Tyneside District Hospital which offers more choice for women across both South Tyneside and Sunderland. The change will aim to be fully complete by April 2019.

3.5 **Children and young peoples (urgent and emergency paediatrics) services – Decision: Option 2**
This means the development of a nurse-led paediatric minor injury and illness facility at South Tyneside District Hospital – open 8am to 10pm - and 24/7 paediatric emergency department at Sunderland Royal as the most sustainable long-term model.

3.6 However, the clinical commissioning groups recognised that it will take a period of time for the development work for this be deliverable therefore also approve option 1 for implementation in the short-term which is the development of a daytime paediatric emergency department at South Tyneside District Hospital and 24/7 paediatric emergency department at Sunderland Royal.

3.7 For clarity, option 1 has been approved as a transitionary step towards option 2. The South Tyneside daytime paediatric emergency department service and future nurse-led paediatric minor injury and illness facility will be open from 8am to 10pm – extended from 8pm as a result of public consultation feedback.

3.8 The change to Option 1 will aim to be fully complete by April 2019 and Option 2 fully implemented by April 2021.

4. Joint Scrutiny Committee Decision

4.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 state that if the authority is not satisfied with:

- the adequacy of content of the consultation;

- the time allowed for the consultation;

- the reasons given for not carrying out consultation are adequate or it has not been consulted;

- the proposal would not be in the interests of the health service in its area,

it may refer the matter to the Secretary of State for Health.

4.2 The Joint Scrutiny Committee met to consider the decisions that have been made on the 9th March 2018 and unanimously agreed to recommend that each constituent authority refers the decisions contained in the Path to Excellence Phase One to the Secretary of State. The grounds for the referral will be on:

- adequacy of the content of the consultation, and
- the proposals would not be in the interests of the health service in its area.

4.3 The terms of reference for the Joint Health Scrutiny Committee are explicit in that each constituent Authority retains their powers of referral to the Secretary of State for Health.

4.4 Both local authority scrutiny committees will have met by publication of this report and will have decided whether to agree with the recommendation of the Joint Health Scrutiny Committee to refer the matter to the Secretary of State for Health.

5. Referral Process

5.1 Local Authority(s)

5.1.1 The draft timeline is attached and detailed in item 5 of this agenda and outlines the timescales in relation to the process that Sunderland and South Tyneside Council's will follow to make the referral. (Please note that this is subject to change).

5.1.2 It is important to note that before a contested proposal is referred to the Secretary of State, the organisations involved should satisfy themselves that all other options for local resolution have been fully explored. The two week period in the timeline to allow the CCGs to respond to the Joint Scrutiny Committees formal referral reflects this requirement.

5.2 Secretary of State

5.2.1 Members will need to give careful consideration to the content of the referral to the Secretary of State and seek agreement on the final referral letter. A draft referral will be circulated to Members prior to the meeting and comments will be taken at the meeting for inclusion or revision of the letter.

5.2.2 On receipt of referral the Secretary of State (SofS) may seek advice from the Independent Reconfiguration Panel (IPR) before deciding on the matter. An outline of the protocols for dealing with requests can be found in **Appendix 2**. Please note that at this point in time this provides only an indicative timescale in which the referral could be dealt with.

6. Conclusion

6.1 The Joint Health Scrutiny Committee has undertaken a very robust and deliberative process in coming to its conclusions based on the evidence and information provided.

6.2 It is important in following the process that time is given to local resolution and that the CCGs have the opportunity to provide a response to the Joint Health Scrutiny Committee before submitting the referral to the Secretary of State for Health.

7. Recommendation

7.1 That the Joint Health Scrutiny Committee gives consideration to the content of the referral to the Secretary of State for Health in relation to the Path to Excellence consultation.

7.2 That Members agree to the proposed two week period for local resolution and give consideration to any feedback provided by the CCGs before submission of the referral to the Secretary of State for Health.

6. Glossary

n/a

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South Tyneside Council

Sunderland City 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.

Appendix 2 Outline Protocol on Receipt of a Referral to the Secretary Of State

1 The Department of Health (DH) will keep the Independent Reconfiguration Panel (IRP) informed of actual or potential referrals, and advise the Panel when a contested proposal has been referred to the Secretary of State for Health (SofS).

2 On receipt of a referral from a local authority to SofS, DH will contact NHS England and request additional information to enable the IRP to carry out an initial assessment of the referral. This information should be provided by NHS England within **two weeks** of request. NHS England may seek the assistance of the relevant NHS decision-making body/ies where appropriate.

3 The minimum information required for the IRP to carry out an initial assessment is:

- information requested in the IRP *initial assessment template* comprising:
  - names and addresses or relevant organisations
  - a map in electronic format of the relevant area
  - a description of the proposals with a chronology of events and NHS England view
  - basic background information as outlined in the template
  - supporting documentation including the consultation document, papers for the NHS body decision-making meeting, and a record of that meeting
  - lead contacts at NHS England, NHS decision-making body/ies, contesting body/ies
- the referral letter and supporting documentation

4 Once the above information has been received, DH will write to IRP requesting an initial assessment of the contested proposal and enclosing the supporting information.

5 The IRP will provide an initial assessment in **20 working days** of receiving the DH request and supporting information. IRP members will consider whether or not the referral is suitable for full IRP review.

6 Decision that referral is not suitable for full IRP review:

- the Panel sets out its reasons and, where possible, makes recommendations on further action to be taken
- SofS replies to local authority, copied to NHS England, advising of decision and future action – IRP advice is published on website (usually around one month after submission)

7 Decision that referral is suitable for full IRP review:

- IRP and DH agree specific terms of referral based on IRP general terms of reference and appropriate timetable (usually **60 working days** though a longer timescale may be required depending on the circumstances)
- SofS writes to IRP confirming *terms of reference*
- Panel consideration of the case including written evidence, site visits, interviews with key stakeholders, determination of advice and writing of Panel's final report (usually 60 working days)
- IRP submits its report to SofS
- SofS replies to local authority, copied to NHS England, advising of decision and future action – IRP advice is published on website (usually around one month after submission)

Item 5

JOINT HEALTH SCRUTINY COMMITTEE 10 APRIL 2018

SECRETARY OF STATE REFERRAL TIMELINE

REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY PARTNERSHIPS

1. PURPOSE OF THE REPORT

1.1 The report provides, for information and comment, an update on the timeline for the referral to the Secretary of State in relation to the Path to Excellence consultation.

2. BACKGROUND

2.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 state that if the authority is not satisfied with:

- the adequacy of content of the consultation;
- the time allowed for the consultation;
- the reasons given for not carrying out consultation are adequate or it has not been consulted;
- the proposal would not be in the interests of the health service in its area,

it may refer the matter to the Secretary of State for Health.

4.2 The Joint Scrutiny Committee met to consider the decisions that have been made on the 9th March 2018 and unanimously agreed to recommend that each constituent authority refers the decisions contained in the Path to Excellence Phase One to the Secretary of State. The grounds for the referral will be on:

- Adequacy of the content of the consultation, and
- The proposals would not be in the interests of the health service in its area.

3. CURRENT POSITION

3.1 The draft timeline attached in **Appendix 1** outlines the timescales in relation to the process that Sunderland and South Tyneside Council's will follow to make the referral. (Please note that this is subject to change).

3.2 It is important to note that before a contested proposal is referred to the Secretary of State, the organisations involved should satisfy themselves that all other options for local resolution have been fully explored. The two week period in the timeline to allow the CCGs to respond to the Joint Scrutiny Committees formal referral reflects this requirement.

4. RECOMMENDATION

4.1 The Joint Health Scrutiny Coordinating Committee is recommended to note and agree the current timeline for the referral to the Secretary of State.

Contact Officer: Nigel Cummings
Scrutiny Officer – Sunderland City Council
Tel: (0191) 561 1006

Friday 9th March 2018 - Joint Health Scrutiny Committee
Determined the Path to Excellence consultation was inadequate and not in the interests of the health services in the area – refer to the Secretary of State

Monday 19th March 2018
South Tyneside Council's Overview and Scrutiny Committee for ratification of decision but explain verbally can be a vote expressing concern only

Wednesday 28th March 2018
Sunderland Council's Health and Wellbeing Scrutiny Committee for ratification of decision but explain verbally can be a vote expressing concern only

Purdah – Friday 23 March 2018 (ST)
Tuesday 27 March 2018 (Sun)

Earliest Date w/c 9 April 2018 - Joint Health Scrutiny Committee
Agree wording of the referral report to the Secretary of State together with the wording to be included in that report re: concerns of the CCG(s)

Approx. Wednesday 12 April 2018
Send agreed referral report to CCG(s) for comment in order to satisfy legal requirements associated with submissions to the Secretary of State to make all practical efforts to reach a local resolution
(Allow 2 weeks for CCG consideration)

Approx. w/c 30 April 2018
Further meeting of the **Joint Health Scrutiny Committee** to consider anything significant raised by the CCG(s) and to agree final submission to Secretary of State

Approx. Tuesday 1 May 2018
Referral to the Secretary of State

Thursday 3 May 2018
Local Government Elections