



South Tyneside Council

Meeting of South Tyneside and Sunderland Council Joint Health Scrutiny Committee

Tuesday 10 October 2017, 2pm South Shields Town Hall, Committee Suite, Westoe Road, South Shields, NE33 2RL

Agenda

1. Declarations of Interest

Members to declare an interest in any agenda item.

2. Minutes of 21 September 2017

3. Presentation: Summary of evidence and issues raised

The presentation will outline a summary of evidence received by the Joint Health Scrutiny Committee including the issues raised to date.

4. Consideration of the Committee's initial response to the Path to Excellence consultation

To discuss the formulation of the Committee's initial response to the Path to Excellence consultation.

5. Chairman's Urgent Items

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

**At a meeting of the SOUTH TYNESIDE AND SUNDERLAND JOINT HEALTH
SCRUTINY COMMITTEE held in the CIVIC CENTRE SUNDERLAND on
THURSDAY 21st SEPTEMBER, 2017 at 2.00 p.m.**

Present:-

Councillor N. Wright in the Chair

Councillors (Sunderland) Davison, Leadbitter, McClennan, and G. Walker

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

Presenting Evidence:-

Dr Jackie Gray - Medical Specialist in Public Health and Primary Care, Strata Nostra Ltd.

Professor Tony Rudd - National Clinical Director for Stroke also Consultant Stroke Physician at Guy's and St Thomas' NHS Foundation Trust - London.

Dr Stuart Huntley - Consultant physician and head of stroke service at Northumbria Healthcare NHS Foundation Trust also the Cardiovascular Clinical Lead for NHS Northern England Clinical Networks.

Dr Stephen Sturgiss - Clinical Lead for the Northern England Maternity Network also Consultant in Obstetrics and Fetal Medicine, Newcastle Upon Tyne Hospitals NHS Foundation Trust.

Dr Mark Anderson – Associate Clinical Director for the Great North Children's Hospital also a consultant paediatrician at Newcastle Upon Tyne Hospitals NHS Foundation Trust.

Dr Shaz Wahid, Medical Director, South Tyneside NHS Foundation Trust

Also in attendance:-

South Tyneside and Sunderland NHS Partnership:

Mr D Gallagher, Chief Executive Officer, Sunderland Clinical Commissioning Group
Dr D Hambleton, Chief Executive Officer, South Tyneside Clinical Commissioning Group

Ms C Latta, Senior Communications and Engagement Locality Manager, North of England Commissioning Support

Ms J Simpson, Patient and Public Engagement Manager, NHS England

Mr S. Watson, Director of Contracting and Informatics, Sunderland Clinical Commissioning Group

South Tyneside Council:

Mr P Baldasera, Strategy and Democracy Officer

Sunderland City Council:

Ms C Burnham, Head of Member Support and Community Partnerships
Mr N Cummings, Scrutiny Officer
Ms R Hood, Assistant Head of Law and Governance
Mr D Noon, Principal Governance Services Officer

Healthwatch:

Mr A. Patchett, Chair Healthwatch Sunderland
Ms J Pyrke Operations Manager, Healthwatch South Tyneside

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

In opening the meeting the Chairman stated that the Joint Health Scrutiny Committee had received correspondence from a number of sources including a petition and letter detailing a number of issues from the South Tyneside Special Care Baby Unit and formal correspondence from the Northern Neonatal Network on the Path to Excellence. There was also a correspondence from Emma Lewell-Buck MP for South Shields and in this regard the Chairman advised that queries around referral to the secretary of state remained unresolved but would be fully responded to in the appropriate manner.

The Chairman stated that she would like to reassure everyone that all evidence would be taken into account by the Joint Health Scrutiny Committee including the recent correspondence mentioned. To this end arrangements were already being made to meet (provisionally 11th October) with Members of Staff to hear concerns over the paediatric consultation. This evidence would be taken into account by the Joint Health Scrutiny Committee in its final deliberations and response to the Path to Excellence Phase 1 consultation and resulting proposals.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Heron and DE Snowdon (Sunderland City Council), and Hay (South Tyneside Council).

Minutes of the Meeting of the South Tyneside and Sunderland Joint Health Scrutiny Committee held on 4th September, 2017

1. RESOLVED that the minutes of the last meeting of the South Tyneside and Sunderland Joint Health Scrutiny Committee held on 4th September, 2017 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Presentation by Dr Jackie Gray - The Path to Excellence – Independent Integrated Impact Assessments –

Dr Gray provided the meeting with a comprehensive power point presentation which detailed the equality, health and inequalities assessment (HIIA) undertaken in respect of the Path to Excellence proposals regarding stroke, obstetrics/gynaecology and paediatric services. It concluded that with regard to Stroke, Option 1 was the only option which would achieve standards of care and give stroke sufferers and survivors (from both areas) the best chances of improved health and reduced health inequalities.

With regard to obstetrics/gynaecology both options could improve population health and reduce inequalities across Sunderland and South Tyneside. For women from South Tyneside, Option 1 would result in more transfers of care during labour or immediately after the birth. Option 2 would mean fewer delivery options close to home and both options would mean special baby care away from home.

Councillor Walker stated that he found the presentation a very interesting piece of work and informed Dr Gray of Mark Granovetter's 'theory of weak ties' as a useful tool for further study research.

In response to an enquiry from Councillor McClennan, Dr Gray advised that cost analysis was given equal weighting with care. Councillor McClennan asked what assurances could be given as to the impartiality of the study. Dr Gray confirmed that she was under no financial incentive to produce a particular result. The results were her own professional opinion as a Fellow of the Faculty of Public Health. Her work was carried out independently and she was not a member of the project team.

In response to an enquiry from Councillor Peacock, Dr Gray confirmed that the parameters of the study were confined only to those proposals outlined in the Path to Excellence Document.

The Chair referred to the list of concerns identified in the presentation including the lack of future modelling and asked if this was a risk going forward. Dr Gray replied that the results reflected that a lack of future modelling to address capacity for future changes in need could impact on sustainability. Dr Wahid added that the issue of future modelling was already being addressed especially with regard to the future workforce.

There being no further questions for Dr Gray the Chair thanked her for her presentation and contribution to the Committee's evidence gathering.

At this juncture the Chair advised that she would take Dr Huntley's presentation (item7 on the agenda) immediately after Professor Rudd's as they both dealt with the Stroke Service and take questions on both presentations thereafter.

Presentation by Professor Tony Rudd – Stroke Care: The National Context for Local Service Change

Professor Rudd provided a detailed presentation which highlighted:-

- i) the national stroke strategy and policy and the evidence base behind it, and
- ii) the critical success factors in stroke treatment.

With specific regard to the Path to Excellence proposals, Professor Rudd concluded that, they were in line with national policy and evidence, imperative because of the shortage of stroke physicians, would deliver quality improvements through critical mass, the specialist hyperacute stroke position would offset the travel impact, would result in shorter hospital stays and improved outcomes and recovery.

Presentation by Dr Stuart Huntley

Dr Huntley provided the Committee with a presentation on why the focus was placed on Hyperacute Stroke Units and the performance of Sunderland and South Tyneside as at March 2016 with regard to the Sentinel Stroke National Audit Programme (SSNAP) data.

In response to an enquiry from Councillor Peacock regarding the key to the performance data, Dr Huntley advised that services were graded A to E and the arrows indicated either positive or negative progress since the last set of data.

Councillor Flynn stated that the basic message behind both presentations was that in the case of a stroke, it didn't matter how you got to hospital it was who you were treated by once you got there. He added that the perception on South Tyneside was that you'd be dead by the time you were transported to Sunderland and he asked how could this perception be addressed? Dr Huntley advised that in the case of Northumberland where the Hyperacute Stroke Unit system had already been introduced, the period of time from 'door to needle' was now 25-30 minutes, previously this had been 60minutes. In addition you would be seen by stroke specialists rather than generalist doctors. Clot busting was appropriate for only 20% of all stroke patients, for the other 80% the travel time was un-important, what was important was that they would be treated in a specialist unit.

In response to an enquiry from Councillor Hetherington, Professor Rudd advised that the temporary model in Sunderland was one mark off achieving a C grade in the last SSNAP assessment. He believed that Sunderland would in all likelihood achieve a B rating in the next round. Ultimately the aspiration was to achieve an A rating. In reply to a question from Councillor Peacock, Professor Rudd advised that 60% of hospitals in England and Wales were currently rated either A or B.

In response to an enquiry from Councillor Davison, Professor Rudd advised that most 'stroke specialists' also practiced in other areas such as geriatrics. For the majority of hospitals it was not practical for its specialist doctors not to contribute to the general medical provision.

In response to an enquiry from Councillor Walker, Dr Huntley described the practical effect and important role played by the nursing staff in the stroke unit, spotting issues such as lack of hydration and problems swallowing.

The Chairman highlighted the importance of having robust systems in place in respect of aftercare. She questioned whether the provision in South Tyneside and Sunderland was good enough. It was her understanding thus far that it needed to be addressed further. She stated that both Sunderland and South Tyneside Councils through their individual Health Scrutiny Committees should look to assess the adequacy of the aftercare services in their areas.

Presentation by Dr Stephen Sturgiss – Path to Excellence, Clinical Assessment of the Proposals for Maternity Care

Dr Sturgiss provided the meeting with a presentation detailing the formation and terms of reference of the NTWD Local Maternity System Board, together with his detailed assessment of the Path to Excellence maternity care proposals which concluded that both options would provide the local population with models of care that were safe, in-line with national working practices and guidelines, and compliant with the national maternity review.

In response to an enquiry from the Chair, Dr Sturgiss stated that following the 'Birthplace' study he had no doubt that the system was safe and not only was it safe but it was also better for you. He was not sure however that that message had fully permeated. He believed the proposals to be far sighted, providing a sustainable solution and high quality care.

The Chair queried what would happen if the baby needed extra care or resuscitation or the mother started to haemorrhage given neither would be in a specialist hospital baby unit. She also queried the impact of journey times. Dr Sturgiss replied that this was a pivotal point. The Birthplace study evidence proved that you could train midwives to a very high level to provide assistance until the specialist care arrived. They were better at recognising risks and indications that something was wrong. Problems rarely occurred out of the blue and it was all about recognising the warning signs. Dr Sturgiss stated that he recognised the Chair's concerns and advised that initially he had shared them. However he had been converted by the 'Birthplace' study and its evidence was unequivocal. The Chair and Councillor Dix stated that they both remained to be convinced. Ms Latta advised that if it would provide comfort for the Committee she could arrange a workshop with the midwives so members could discuss their concerns directly with the practitioners.

Councillor Davison referred to the viability figure of 300 births per year and asked at what point below that figure would a Unit become untenable? Dr Sturgiss advised that the 300 figure was based purely on an isolated financial argument. In reality he believed you could not place such an arbitrary figure as viability would depend on a variety of factors such as availability of appropriate skill sets. Each Unit would have to be considered on its own merits.

Councillor Peacock asked if there were currently enough staff in the Unit? Dr Wahid advised that there was however it was an ageing staff profile and therefore a need to model for the future. Councillor Dix asked what could be done to attract more young people to the service. Dr Wahid replied that it was not specifically about younger people it was about making the service attractive to nurses of any age.

In response to an enquiry from Councillor Peacock, Dr Wahid confirmed that staff training had been undertaken prior to the implementation of the new model.

The Chair and Councillor Purvis referred to anecdotal concerns raised that the birth rates in Hartlepool and South Shields would plummet as people opted for hospitals in Stockton and Sunderland over the freestanding midwifery units closer to home. They asked why this was happening. Dr Sturgiss replied that it could be a result of a lack of public confidence in a service that was not doctor led or a sense that there was an initial lack of confidence shown by the practitioners. The Chair stated that if it

was the latter then it demonstrated a clear staff training issue. Dr Sturgiss added that the aim was to build up the midwifery units into vibrant ante and post natal hubs that would become that natural place for people to gravitate to. To get over the initial hurdle the message needed to be repeated that not only was the new model safe but that it was better for you.

Councillor McClennan stated that if 'super midwives' were to be employed to do work previously carried out by a consultant then there would be cost implications in respect of training and regarding applications. Dr Wahid and Dr Sturgiss replied that they were talking about midwives not 'supermidwives' and that they had already been trained to carry out this work.

In response to an enquiry from Councillor Leadbitter, Dr Sturgiss advised that the old 'flying squad' team used if home births went awry had long since ceased to operate as it became apparent that what you needed was a complete system of care around you.

Presentation by Dr Mark Anderson on the South Tyneside / Sunderland Path to Excellence.

Dr Anderson provided the Committee with a comprehensive presentation on the challenges for acute paediatric care from both a national and regional perspective. With regard to the specific proposals within the Path to Excellence document he concluded that they would align with the overarching view for acute paediatric care. The smaller paediatric units networked to inpatient units would be sustainable, improve safety and clinical care, and improve recruitment and retention.

In response to enquiries from the Chair, Dr Anderson confirmed that he considered that a nurse-led paediatric minor injury or illness day and evening service to be a safe model to operate in South Tyneside as per option 2 of the Path to Excellence document and that the options presented were in line with national guidance and best practice from across the country. He added that in areas, such as Salford, where nurse led units were already established the service had proved to be excellent. He stated that his advanced practitioner colleagues were superb and that he trusted them implicitly.

There being no further questions for Dr Anderson, the Chairman thanked him for his presentation and it was:-

2. RESOLVED that:-

- i) the Joint Health Overview and Scrutiny Committee is apprised of the outcomes of alternative service models and how such models were reviewed against the 'Hurdle Criteria',
- ii) the individual health scrutiny committees of Sunderland and South Tyneside Councils consider issues related to the adequacy of stroke aftercare provision, where appropriate,
- iii) a workshop be arranged for the Joint Health Overview and Scrutiny Committee Members with the Local Maternity Network to further enhance the committee's knowledge and understanding of maternity services, and

iv) Councillor G Walker exchange details and ideas with Dr Jackie Gray around research techniques.

The Chairman then closed the meeting having thanked Members and Officers for their attendance and contributions to the meeting and in particular to Doctors Gray, Huntley, Sturgiss, Wahid and Anderson and Professor Rudd for taking time out from their busy schedules to present their evidence.

(Signed) N. WRIGHT,
Chairman.



South Tyneside Council

item 3


Sunderland
City Council


The path to
excellence

**South Tyneside and Sunderland Joint
Health Scrutiny Committee**

This presentation will cover

- Background to the Consultation
- What the committee has done to date
- Key issues
- Conclusions and recommendations
- Next steps

Background to the Consultation



South Tyneside and Sunderland NHS partnership

Consultation timetable

Phase 1 (July – October 2017)	Subsequent phases
<p>Stroke</p> <p>Maternity (Obstetrics) and Gynaecology)</p> <p>Children and Young People's Healthcare (urgent and emergency paediatrics)</p>	<p>Trauma and Orthopaedics</p> <p>Elective work at STFT</p> <p>Pharmacy</p> <p>Anaesthetics and Theatres</p> <p>Gastroenterology</p> <p>Respiratory</p> <p>Diabetes</p> <p>Care of the Elderly</p> <p>Specialist Rehabilitation</p> <p>Emergency care</p> <p>Critical Care</p> <p>Therapy Services</p> <p>Diagnostics</p>

Summary of options - Stroke

Option 1:

Reconfigure stroke services across South Tyneside District Hospital (STDH) and Sunderland Royal Hospital (SRH) by consolidating all inpatient stroke care on Ward E58 at the Sunderland Royal Hospital Site.

Option 2:

All acute strokes being directed to SRH with the repatriation of South Tyneside patients back to STDH after 7 days.

Option 3:

All acute strokes being directed to SRH with the repatriation of South Tyneside patients back to STDH after 72 hours

Summary of options - Maternity and Women's Health care services

Option1

A consultant-led maternity unit and an alongside Midwife Led Delivery Unit (MLU) at Sunderland.

A free-standing MLU at South Tyneside for low risk births.

A single community midwifery team serving both areas.

Option 2

A consultant-led midwifery unit and alongside MLU at Sunderland serving both South Tyneside and Sunderland populations.

A single community midwifery team serving both areas.

Both options include identical plans for gynaecology services i.e.

All inpatient gynaecology surgery will be provided at Sunderland (surgery requiring at least an overnight stay). Gynaecology day case and ambulatory care will remain provided from both sites.

Gynaecology outpatients will remain provided from both sites.

Summary of options - Urgent and emergency paediatric services

Option 1

Provision of a seven-day, 12 hour (8am to 8pm) paediatric emergency department and children's short stay assessment unit at South Tyneside District Hospital with 24 hour, seven days a week paediatric emergency department at Sunderland Royal Hospital.

Option 2

Development of a nurse-led paediatric minor injury or illness service between 8am and 8pm at South Tyneside District Hospital with a 24 hour, seven days a week paediatric emergency department at Sunderland Royal Hospital.

Timetable of meetings in Phase 1

Date	Time	Venue	Status	Agenda items
28/6/17	11am	Sunderland Civic	Briefing session with full committee	Northumberland Tyne & Wear and North Durham STP
28/6/17	5pm	Sunderland Civic	Informal meeting with chairs	Pre consultation meeting.
17/7/17	2pm	South Shields Town Hall	Formal Meeting	Consultation session on service changes to Stroke, Maternity, Gynaecology and Paediatrics
1/8/17	2pm	Sunderland Civic	Formal Meeting	NEAS Nexus/ITP
4/9/17	2pm	South Shields Town Hall	Formal Meeting	Local MPs Portfolio holders Healthwatch Unions
21/9/17	2pm	Sunderland Civic	Formal Meeting	Specialist nurses Clinical experts from Clinical Networks
10/10/17	2pm	South Shields Town Hall	Formal Meeting	Consideration of Committee Consultation Response
12/12/17	2pm	Sunderland Civic	Formal Meeting	Formal consultation feedback

Travel issues

- **Predominantly effects ST residents.**
- **Do travel and transport report findings stack up in real life testing?**
- **ST Parents of children in SCBU having to travel to SRH daily.**
- **Need to mitigate travel issues.**
- **Dedicated bus service?**

Safety of services/risk

- **Safety of MLU/Obstetric led Unit**
- **Threshold for transfer to SRH**
- **Is extra travel time to SRH in the event of a stroke a significant risk?**
- **Ambulance transport in an emergency (Maternity/Paediatric)**
- **Safe timescale to repatriate Stroke patients back to South Tyneside – 7 days or 72 hours?**

Viability of hospital sites

- **Will Sunderland Royal Hospital have the capacity to deal with the extra number of acute patients?**
- **Will there be any car parking problems?**
- **What will come the other way? What will South Tyneside General Hospital look like in the future? Will there be any acute/emergency services?**
- **If ST women choose to give birth in SRH, at what point does the? ST MLU become unviable?**

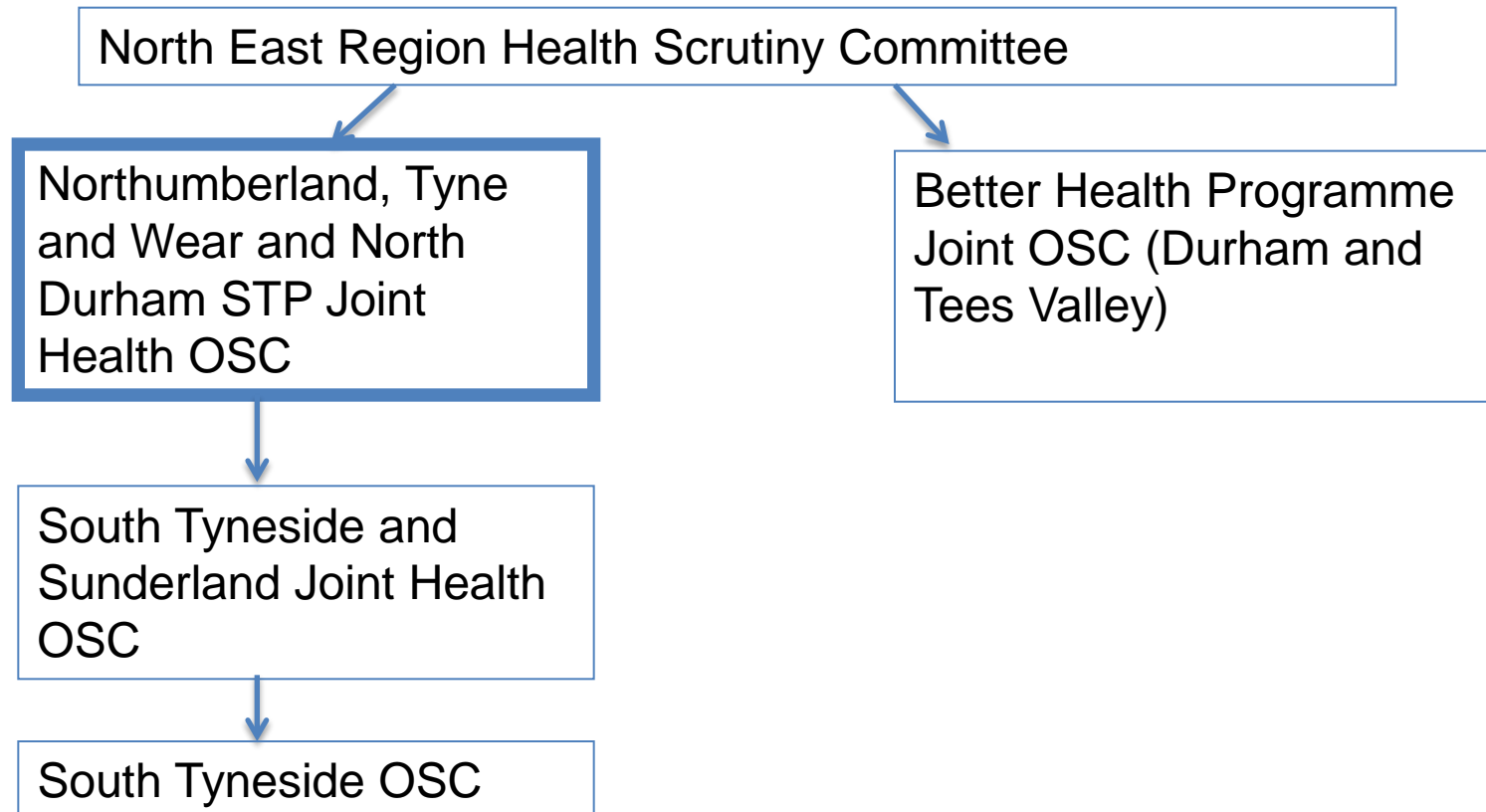
Staffing issues

- **Do we know what staff reductions will be and from which services?**
- **Have staff been involved adequately?**
- **What will be the effect on Social care staff from both Sunderland and South Tyneside**

Next Steps

- **Consultation ends 15 October by which time the Joint Health OSC will have submitted their comments.**
- **Draft feedback will be published in December.**
- **Joint Committee will issue response to be considered by CCGs when considering decisions**
- **Two CCGs will make decisions at their governing body meeting early in 2018.**
- **The Joint OSC or either of the individual Councils will respond to final decisions.**

Health Scrutiny Structure in the North East



VERBAL

Consideration of the Committee's
initial response to the Path to
Excellence

VERBAL

Chairman's Urgent Items