

**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 transitional 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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