# SOUTH TYNESIDE AND SUNDERLAND JOINT HEALTH SCRUTINY COMMITTEE

# AGENDA

## Meeting to be held in the Civic Centre (Committee Room No. 1) on Thursday 21st September, 2017 at 2.00 pm




**Contact:** **David Noon Principal Governance Services Officer** **Tel: 561 1008**
**Email: david.noon@sunderland.gov.uk**


**Information contained in this agenda can be made available in other languages and formats on request**

7. **Verbal Report from Dr Stuart Huntley – Consultant Physician and Head of Stroke Service (Northumbria NHS Foundation Trust)** -

8. **Verbal Report from Dr Mark Anderson Associate Clinical Director – The Great North Children's Hospital** -

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

13th September, 2017

South Tyneside Council

# South Tyneside and Sunderland Joint Health Scrutiny Committee

## South Tyneside and Sunderland Joint Health Scrutiny Committee

## 4 September 2017

| | |
|---|---|
| Present: | South Tyneside:<br>Councillors Dix (Chairman), Brady, Flynn, Hetherington and Purvis<br><br>Sunderland:<br>Councillor Wright, Davison, Heron, Leadbitter, McClennan, 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), Mike Harding (Head of Legal Services South Tyneside Council), Nigel Cummings (Sunderland Council), Paul Baldasera (South Tyneside Council) and Brian Springthorpe (South Tyneside Council)<br><br>Clare Williams (UNISON)<br>Vivienne Dove (Royal College of Nursing)<br>Emma Lewell-Buck, MP South Shields<br>Sharon Hodgson, MP Washington and Sunderland West<br>Julie Elliott, MP Sunderland Central<br>Stephen Hepburn, MP Jarrow<br>Sue Taylor, Healthwatch South Tyneside<br>Margaret Curtis, Healthwatch Sunderland<br>Councillor Tracey Dixon, South Tyneside Lead Member for Independence and Well-being |

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

Councillor Joan Atkinson, South Tyneside Lead Member for Children, Young People and Families

52 members of the public were in attendance

**1. Chairman's Welcome**

The Chairman welcomed everyone to the meeting and advised that the meeting was being recorded.

**2. Declarations of Interest**

There were no declarations of interest.

**3. Apologies for absence**

Apologies were received from Councillor Hay and Peacock (South Tyneside Council).

Apologies were also received from Bridgett Phillipson MP (Houghton and Sunderland South), Councillor Louise Farthing, (Children's Services) Sunderland Council and Councillor Graeme Miller (Housing Health and Adult Services) Sunderland Council.

**4. Matters Arising**

Travel and Transport Impact Assessment

Caroline Latta confirmed that both Council Chief Executives had been written to regarding support for lobbying transport service providers.

Joint Committee Work

Councillor Wright highlighted the work carried out to date by the Committee and the planned schedule of future meetings. It was stressed that the Joint Health Scrutiny Committee was keen to hear evidence from all sections of the communities of South Tyneside and Sunderland.

**5. Evidence from UNISON and Royal College of Nursing**

The Chairman began by asking if concerns had been expressed over the consultation process.

Clare Williams confirmed that many people had expressed concerns over the future of South Tyneside Hospital and that a number of staff were anxious over the consultation process.

UNISON recognised that the NHS and local Trusts were in a difficult financial position as a result of the Government's austerity programme of cuts.

UNISON engaged with Trusts and staff on a daily basis and acknowledged the concerns by staff and residents over the future of South Tyneside Hospital. The need to fully involve all staff in the consultation process and development of options was essential to ensure that the consultation process was seen as fair and transparent. In addition, staff needed to be given time to work on any alternative proposals that may be suggested. Work with colleagues in the North East Ambulance Service would be essential to deal with issues over transportation of patients to both hospital sites when decisions were known.

Many people had expressed great concerns over public transport access to both hospital sites and that existing levels of public transport provision and infrastructure were inadequate.

As no details were available of Phases 2 and 3 it seemed that services were only going to be transferred from South Tyneside to Sunderland which put the viability of South Tyneside Hospital into question. It was suggested that by meaningful engagement with staff this issue could be overcome. Similarly, concerns had been raised over a lack of capacity at Sunderland Hospital to cope with transferred services.

UNISON confirmed that constructive conversations with the Trusts had been held and hoped that these would continue.

Vivienne Dove confirmed that the issues raised by UNISON were similar to those raised by members of the RCN. In addition, the RCN recognised that the issues of specialisation and centralisation of services were key elements in the proposals. As such it was essential that the right staff were in the right place at the right time. It was important; therefore, that training and development of staff formed a key part in any proposals to reconfigure services as did the role and numbers of staff required.

The Sustainability and Transformation Plans had a direct impact on the proposals.

The RCN believed that the public consultation needed to be transparent, with all relevant information available and that it provided everyone with an opportunity to have their say in how their services were provided.

Ken Bremner, Chief Executive South Tyneside and City Hospitals Sunderland NHS Foundations Trusts welcomed the comments and

involvement of UNISON, the RCN and others as part of the consultation process. The Design Team had drafted the proposals and the consultation gave staff and public an opportunity to be involved. It was confirmed that any ideas or options that came forward as part of the consultation would be investigated and evaluated against the published criteria in the same manner as the proposals out for consultation as would the alternative option suggested for baby care.

All efforts would be made to ensure that the consultation would give staff the opportunity and support to be involved and that the whole process was clear and transparent.

Issues such as public transport provision had previously been raised by the Committee and were being investigated as part of the Travel and Transport Impact Assessment.

Discussion took place on the Sustainability and Transformation Plans (STP). It was confirmed that the Path to Excellence proposals fitted into the context of the STP; however, Path to Excellence was not a cost saving exercise in itself, and was designed to address the vulnerability of services largely due to recruitment and other staffing issues. It was imperative to maintain safe and sustainable services for patients.

Further discussion centred on the role of staff in the consultation process. A Member advised that a petition had been received from approximately 45 paediatric staff who felt that they had not been consulted. It was confirmed that a series of staff engagement events had been planned as part of the consultation process. Resources would be allocated to investigate any proposals resulting from the consultation process, including any proposals from staff teams. The Trusts were committed to working with staff in a constructive manner. Staff numbers would be confirmed as part of the Implementation Plan once final decisions had been made.

Agreed: (a) That UNISON and RCN be thanked for their contributions and (b) the issues raised be included in the evidence gathered by the Committee.

**6. Evidence from MPs**

Emma Lewell-Buck MP and Sharon Hodgson MP were invited to give their evidence to the Committee.

Emma Lewell-Buck MP thanked the Committee for the invitation to attend the meeting. The STP process was mandated by Government and included massive cuts which would impact on the

quality of services in South Shields. There were grave concerns over the transparency of the consultation as the evidence that she had obtained showed that not only were clinicians not consulted they were actively blocked from participating. Concern was also expressed that the Committee had no prior notice of documents released by the Clinical Commission Groups (CCGs), that many documents were tabled which did not allow proper scrutiny and that the Chairmanship of the Committee had changed.

The Chairman advised that that the Committee was gathering evidence on the Path to Excellence proposals from a wide range of stakeholders including MPs in order to come to a reasoned and informed decision. Furthermore, there had been no change in the Chairmanship of the Committee. As it was a joint committee between South Tyneside and Sunderland Councils the Chairmanship rotated meeting by meeting.

Emma Lewell-Buck MP raised the issue of her correspondence to the Committee which requested that the issue be referred to the Secretary of State for Health. Furthermore, she had a number of specific questions for the Committee which she would pass to the Statutory Scrutiny Officer which she would like answered to ensure that the consultation process was transparent, open and honest. These questions included what lessons had been learnt from the Jarrow Walk-In Centre and the role of the Council Leader and Joint Health Scrutiny Committee.

The Chairman invited the Head of Legal Services to respond to the issue of referral to the Secretary of State for Health. The Head of Legal Services advised the Committee that based on Department for Health Guidelines the Local Authority could only make a referral if it felt that the consultation process with itself was inadequate. It could not make a referral based on consultation with other groups. The MP advised the Committee that she had received different legal advice from the House of Commons legal department. The Head of Legal Services confirmed that he was happy to look at the advice given to the MP by the House of Commons legal department.

A Member advised that the Committee would always take advice as necessary, including legal advice. It was hoped that this issue could be clarified and the meeting was assured that all the Committee members were working very hard on this issue with the aim of getting the best outcome for residents of Sunderland and South Tyneside. The MP confirmed that at no point was she denigrating the work of the Committee.

Sharon Hodgson MP stressed the need to involve as many residents from Sunderland and South Tyneside as possible

including disadvantaged and hard to reach groups. NHS staff were commended for their hard work and dedication and the pressures and demands on the NHS were increasing all the time. There was a concern that the Path to Excellence proposals would put further stress on staff.

The Government's ideology was about cuts to public services, not efficiencies, and it was essential that every effort was made to protect patients and staff who needed and provided vital care. It was recognised that some centralisation of specialities could provide benefits to patients but it was very important that patients views were put at the heart of the decision making process.

To date, there had only been 414 survey responses which was a very low response rate compared to the population of the two Boroughs. It was hoped that the fullest engagement possible would take place to gather views from residents and communities involved.

Caroline Latta, NHS England, advised that a commitment had been given to ensuring that the consultation process was as wide and far reaching as possible. Additional public events had been organised and a number of other methods of engagement were available. These included over 800 street interviews held to date and 1000 patients from each clinical area had been contacted to get personal experiences and views. There was a significant amount of information available on the website and work continued to contact hard to reach groups. At each public event trained staff had captured the views of residents who had attended.

Furthermore, the consultation process had been reviewed and was considered 'best practice' by the independent Consultation Institute (a representative was present at the meeting) and followed the Gunning Principles. Work would continue with the Joint Health Scrutiny Committee and Sunderland and South Tyneside Healthwatch.

David Hambleton and David Gallagher from South Tyneside and Sunderland CCGs agreed that it was vital that residents made their views known. Providing high quality care and getting the best outcomes possible were the driving forces behind the Path to Excellence proposals.

During discussion, Emma Lewell-Buck MP stressed the need for transparency and advised that a previous Chief Executive Officer from South Tyneside Hospital had said that South Tyneside would become a "cottage hospital". In addition, key clinicians had never been involved in the consultation process, no guarantee had been

given over future Accident and Emergency provision and that there were genuine fears for the future of South Tyneside Hospital.

Ken Bremner, Chief Executive South Tyneside and City Hospitals Sunderland NHS Foundations Trusts, confirmed that there was no intention to close South Tyneside Hospital or it becoming a “cottage hospital”.

A number of points were highlighted during discussion including a limit being set on attending public events. The Committee was advised that this was due to health and safety regulations which limited numbers of people in rooms and buildings used for the consultation events. It was recognised that issues of transport to the hospital sites was of vital concern. This issue had been raised and considered previously by the Committee. Members had offered to take part in real time testing of journey times to hospital sites. A Member highlighted that a kidney specialist was now available at South Tyneside Hospital and that the temporary move of Stroke services was due to staffing difficulties.

Julie Elliott MP and Stephen Hepburn MP were invited to give their evidence to the Committee

Julie Elliott MP endorsed the comments and concern raised by colleagues over the STP.

The Committee was advised that many of her constituents already used South Tyneside Hospital and advised that buses from Ryhope stopped at 6pm. Julie Elliott MP shared the views and concerns that the consultation process had to be as wide ranging as possible. There were over 450,000 residents in the two boroughs and that during the recent General Election campaign she personally had contact with over 6,500 residents. As such, the number of responses to date was very small although it was accepted that efforts were being made to engage residents.

Furthermore, it was recognised that Stroke services were moved for the right reasons and that financial limits and recruitment issues provided great challenges ahead.

Specific questions were asked over the use of Umbrella Management, modelling for Stroke rehabilitation services, the time to transfer a maternity patient from South Tyneside to Sunderland in case of emergency and the numbers of patients in paediatrics based on the proposed opening hours at South Tyneside Hospital. There was concern over physical capacity at City of Sunderland Hospital if services were centralised on site. Parking issues at both hospitals had an impact on residents who lived nearby.

Stephen Hepburn MP advised that the Alliance was seen as more of a 'takeover' than a partnership with all service under consideration at risk of potentially moving from South Tyneside to Sunderland. There was a real sense and fear that South Tyneside Hospital was at risk of being downgraded.

The proposals would have a significant impact on South Tyneside residents and there was a concern that City of Sunderland Hospital would be unable to cope. Similar to other colleagues, concern was expressed over the consultation particularly the involvement of clinicians. It was felt that staff were frightened to speak up and the Committee was advised that a leaflet advertising a public meeting about the proposals had been banned from the hospital. The previous experience of Jarrow Walk-In Centre had not been positive and reassurance was required that this time residents' views would be listened to.

Ken Bremner, Chief Executive South Tyneside and City Hospitals Sunderland NHS Foundations Trusts, advised that the aim of the Alliance was to get the best health outcomes for all residents. The kidney specialist referred to earlier by a Member was a direct result of the Alliance. 10,000 ophthalmology patients were seen at South Tyneside Hospital by specialists from Sunderland. It was acknowledged that recruitment issues provided a serious challenge and work continued with universities and others to train staff and to promote the area as a good place to work.

David Hambleton, South Tyneside CCG, advised that evidence proved a midwife-led unit was as safe as a consultant-led unit. Transfers between hospitals would take place at an early stage should there be any concerns over the well-being of mother or baby. Patients would be able to choose where to have their baby. Julie Elliott MP remained to be convinced over safety when a 'low risk' labour goes wrong despite the best screening efforts.

Stroke services had been temporarily centralised as it was vulnerable at both hospitals. This allowed all options to be considered for future service provision.

A Member asked if the 39 beds at Sunderland and 20 at South Tyneside for stroke patients still existed. It was confirmed that there was approximately 275 acute strokes seen at South Tyneside Hospital and a little over 300 in Sunderland. Whilst the 20 beds at South Tyneside Hospital had been closed the 39 bed capacity for stroke patients at Sunderland was fully utilised whereas previously beds at both hospitals would be filled with stroke and other patients.

The physical capacity issue at Sunderland was recognised and any infrastructure issues would need to be resolved prior to

implementation of any service changes. Staff would be fully involved in this process.

Car parking charges were felt to be exploitative and off-site parking in residential areas caused problems for residents who lived nearby. These issues required further attention and consideration.

Agreed: (a) That the MPs be thanked for their contributions and (b) the issues raised be included in the evidence gathered by the Committee.

**7. Evidence from Healthwatch**

Margaret Curtis, Sunderland Healthwatch, and Sue Taylor, South Tyneside Healthwatch, had provided a joint written statement on the role of Healthwatch and its involvement in the consultation process. A formal response to the consultation would be made towards the end of the process.

Healthwatch members had identified a range of issues of concern. These included, a loss of local services from South Tyneside, the future of South Tyneside Hospital on a long-term basis, a belief that decisions had already been made, the difficult and cost of transport, questions over the financial case for change, the impact on the ambulance service and the capacity at Sunderland to cope with the additional volume of patients.

Reassurance had been sought from the CCGs, NHS and hospitals over these issues. Healthwatch continued to work as part of the consultation process to try and ensure that as many people as possible participated and made their views known.

Healthwatch continued to provide challenge to the process as a critical friend to ensure that residents' views were taken into account.

During discussion, it was confirmed that Healthwatch had been involved as part of the appointment process of the independent travel consultant. Furthermore, Healthwatch volunteers were keen to participate in field testing travel and transport arrangements to take into account those residents with mobility and sensory issues.

Healthwatch confirmed that its Engagement Officers held outreach sessions and would be happy to work with Members to address any gaps which were identified.

Agreed: (a) That both Healthwatch groups be thanked for their contributions and (b) the issues raised be included in the evidence gathered by the Committee.

**8. Evidence from Council Portfolio Holders**

The Chairman advised that Councillors Farthing and Miller, who had sent their apologies, would provide a written statement as evidence to the Committee.

Councillor Tracey Dixon, South Tyneside Lead Member for Independence and Well-being, confirmed that the key issue must be the best health outcomes for the residents of both Boroughs.

It was essential that the consultation was transparent and that all questions raised through the process were fully addressed. All decisions must be evidence based.

The issue of registration to attend public events, as previously highlighted, was a concern, however the reassurances from Officers was welcomed.

It was acknowledged that the Joint Health Scrutiny Committee had a monumental task to complete the scrutiny review and publish its recommendations.

Councillor Joan Atkinson, South Tyneside Lead Member for Children, Young People and Families, highlighted transport as a key issue to be considered to ensure that all children, young people and families had access to high quality health provision.

David Gallagher, Sunderland CCG, recognised that the comments from Lead Members, echoed by others throughout the meeting, focussed on a need to ensure the best outcomes possible for all residents.

Agreed: That the options be noted.

**9. Recommendations**

The Chairman thanked everyone for their attendance and particularly those who had provided evidence at the meeting. The Joint Health Scrutiny Committee would continue its task of gathering evidence and the Chairman encouraged everyone to contribute their views to the consultation process.

Agreed: That the following recommendations be approved.

R1 The Committee welcomed the support being offered to staff to look in depth at the proposals and to develop alternative service models that could be transparently assessed against the Hurdle Criteria. It was felt that it was important that adequate time be

made available for this exercise to be completed and that consideration be given to extending the consultation period should this prove to be necessary.

R2 That the Head of Legal Services and Emma Lewell-Buck MP liaise to clarify the legal position regarding the circumstances under which the Committee could make a referral to the secretary of State for Health.

R3 Each Council to nominate two Members from the Committee to take part in field testing the travel time assessments.

R4 The CCGs to highlight the risk assessment, on the proposed South Tyneside Midwife-led unit with respect to transfers to the Consultant-led unit in Sunderland should it prove necessary, that formed part of the pre-consultation business case.

R5 The CCGs/Trusts to provide information on the numbers of paediatric emergencies that attended South Tyneside Hospital between 8am and 8pm and those that attended outside of these hours.

R6 That a log be kept and updated on actions requested by the Committee and how they had been responded to.

**10. Chairman's Urgent Items**

There were no urgent items.

**11. Date of next meeting**

The next meeting would be held on 21 September 2017 at Sunderland Civic Centre.

**JOINT HEALTH SCRUTINY COMMITTEE 21 SEPTEMBERR 2017**

# THE PATH TO EXCELLENCE – INDEPDENDENT INTEGRATED IMPACT ASSESSMENTS

**REPORT OF DR JACKIE GRAY – STRATA NOSTRA LTD**

## 1. PURPOSE OF THE PRESENTATION

1.1 The presentation provides, for information and comment, an independent integrated impact assessment of the Path to Excellence.

## 2. BACKGROUND

2.1 The Joint Health Scrutiny Committee have held a series of meetings to discuss the current Path to Excellence consultation that is taking place across South Tyneside and Sunderland. The committee have invited a number of health professionals to provide their expert view on the current consultation and the options presented as part of the evidence gathering of the committee.

## 3. CURRENT POSITION

3.1 The presentation (see appendix 1) has been prepared by Dr Jackie Gray, who is an eexperienced GP, Public Health Consultant and NHS Manager who has worked independently since April 2013 via Strata Nostra Ltd.

3.2 The presentation covers a number of issues including:

- Oviewview
- Equality, Health and Inequalities Impact Assessment
- Path to Excellence – Overall Implications
- Concerns Common to All Services
- Possible disproportionate impacts on vulnerable groups from South Tyneside Dialogue development.

## 4. RECOMMENDATION

4.1 The Joint Health Scrutiny Coordinating Committee is recommended to consider and comment on the content of the presentation.

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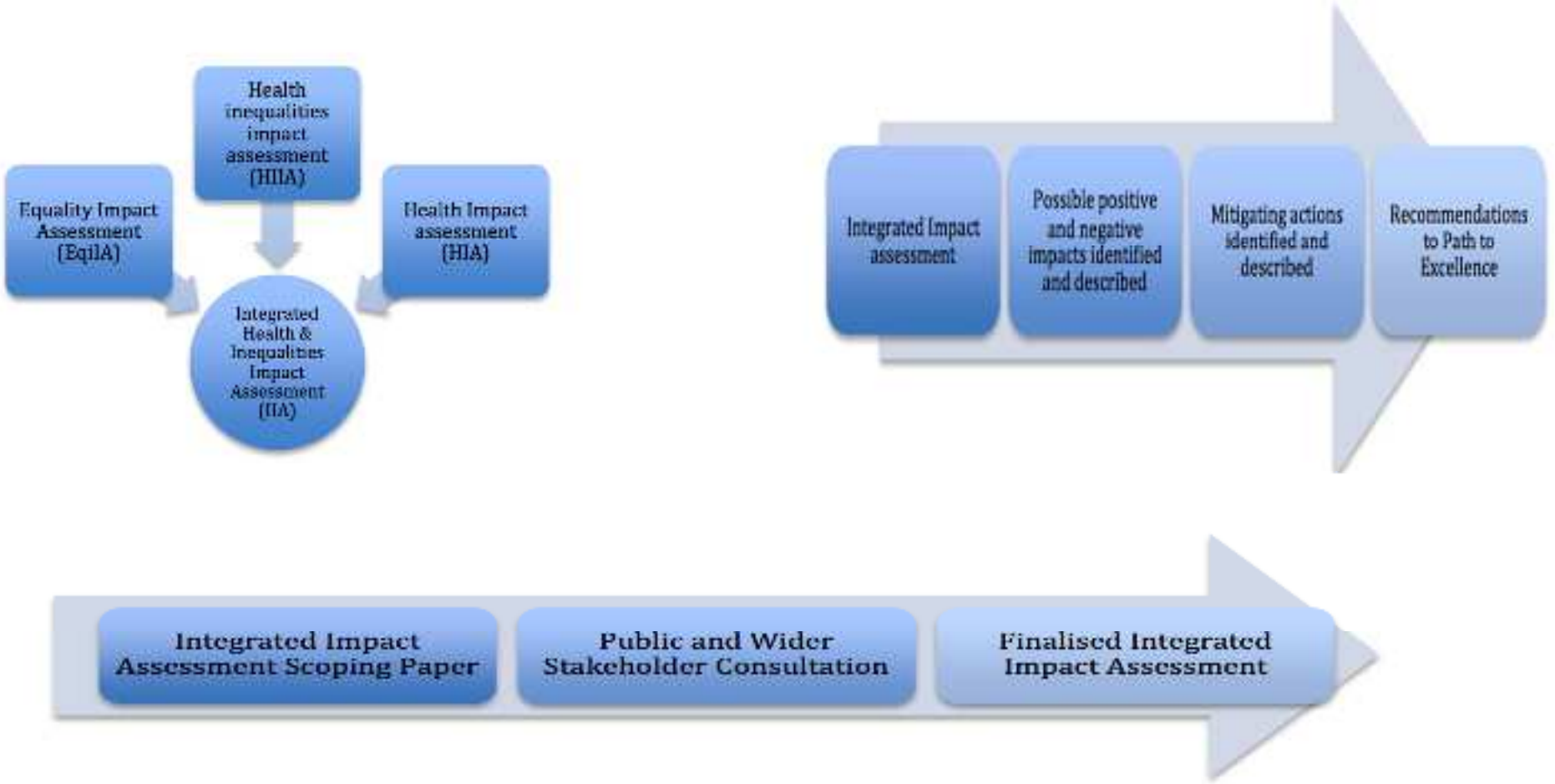
**Contact Officer:** Dr Jackie Gray
Medical Specialist in Public Health

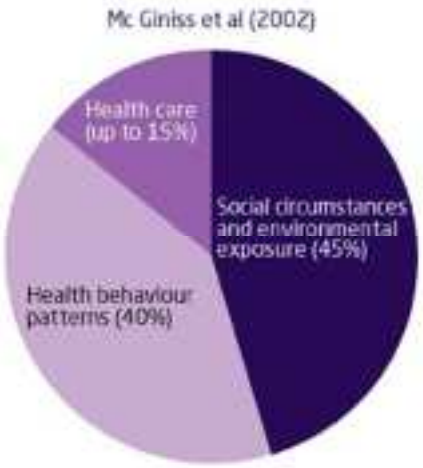
# Path to Excellence: Independent Integrated Impact Assessments

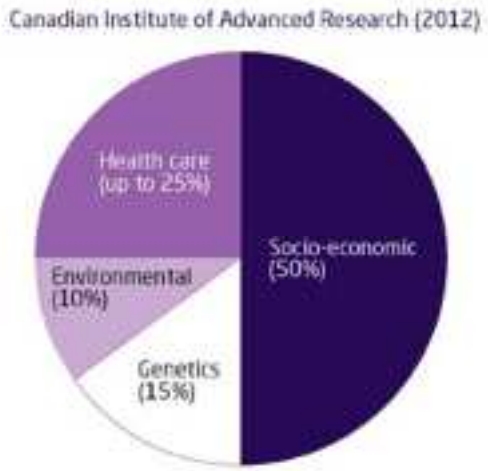
Dr Jackie Gray MBBS MSc MRCGP FFPH

# Overview


Health inequalities impact assessment (HIIA)
Equality Impact Assessment (EqiIA)
Health Impact assessment (HIA)
Integrated Health & Inequalities Impact Assessment (IIA)
Integrated Impact assessment
Possible positive and negative impacts identified and described
Mitigating actions identified and described
Recommendations to Path to Excellence
Integrated Impact Assessment Scoping Paper
Public and Wider Stakeholder Consultation
Finalised Integrated Impact Assessment

# Healthcare, health & inequalities

## Stroke

- Stroke is an important cause of premature death, disability, and dependency in Sunderland & South Tyneside with implications for population health & health inequalities
- For stroke sufferers and survivors, high quality acute stroke services can reduce death, disease, disability and dependency as well as preventing future strokes

## O&G

- Long term health is strongly determined by maternal health before conception as well as the health of the baby and mother during pregnancy, delivery and in the subsequent postnatal period (including neonatal care).
- High quality obstetric/maternity services can have a profound and lasting impact on the health and health inequalities of a population.
- Gynaecology services
  - prevent premature deaths (female cancers and emergencies eg ectopic pregnancy).
  - Improve quality of life for women - abnormal bleeding, incontinence, pain, sexual and reproductive health problems.

## Paeds

- Long term health is strongly determined by life experiences, heath & illnesses in childhood.
- High quality acute paediatric services can have a profound and lasting impact on the future health and health inequalities of a population.

# Equality, Health & Inequalities impact assessment

| | Stroke | O&G$ | Paeds |
|---|---|---|---|
| Service specific outcomes * | 10 | 10 | 5 |
| Access to high quality care ** | 5 | 5 | 5 |
| Environment | 4 | 4 | 4 |
| Economy | 4 | 4 | 4 |
| **TOTAL** | **23** | **23** | **18** |

Positive and Negative Health Impact Assessment Scores

Positive and Negative Health inequalities Impact Scores

Total HIIA Scores

- Gender
- Sexual orientation
- Gender reassignment
- Race
- Marriage and Civil Partnership
- Pregnancy and maternity
- Religion or belief
- Disability & Emotional Wellbeing
- Socio- economic deprivation
- Age

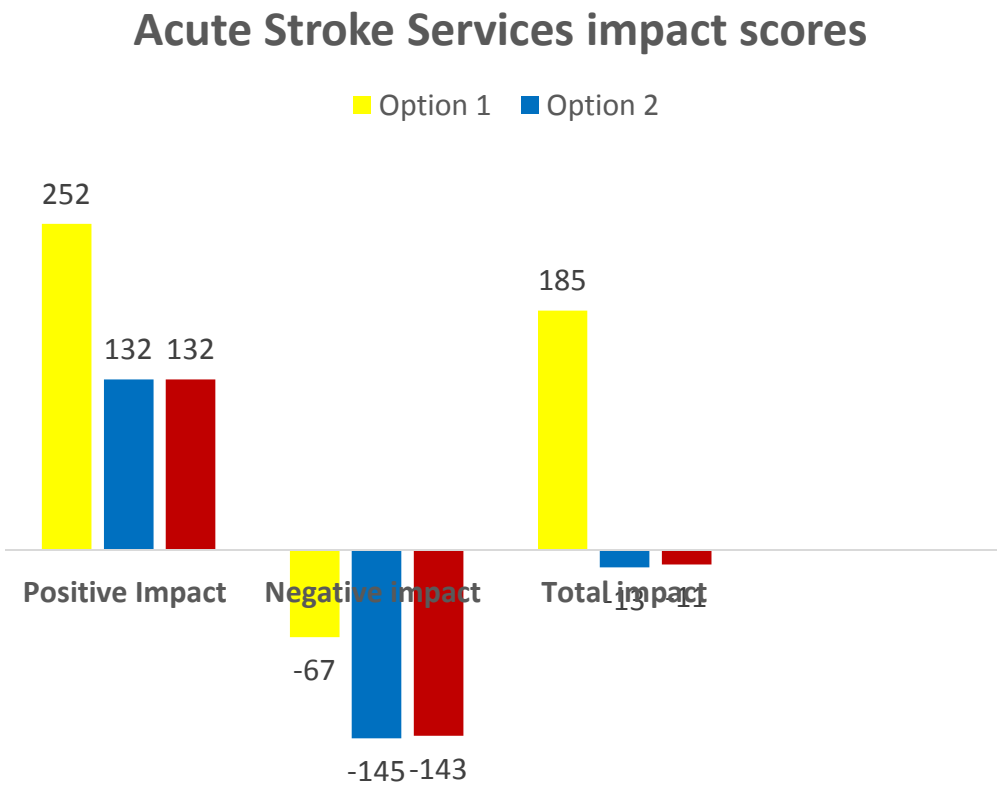
Positive and Negative Equality Impact Scores

Total EqIA Scores

# Vulnerable groups affected (South Tyneside)

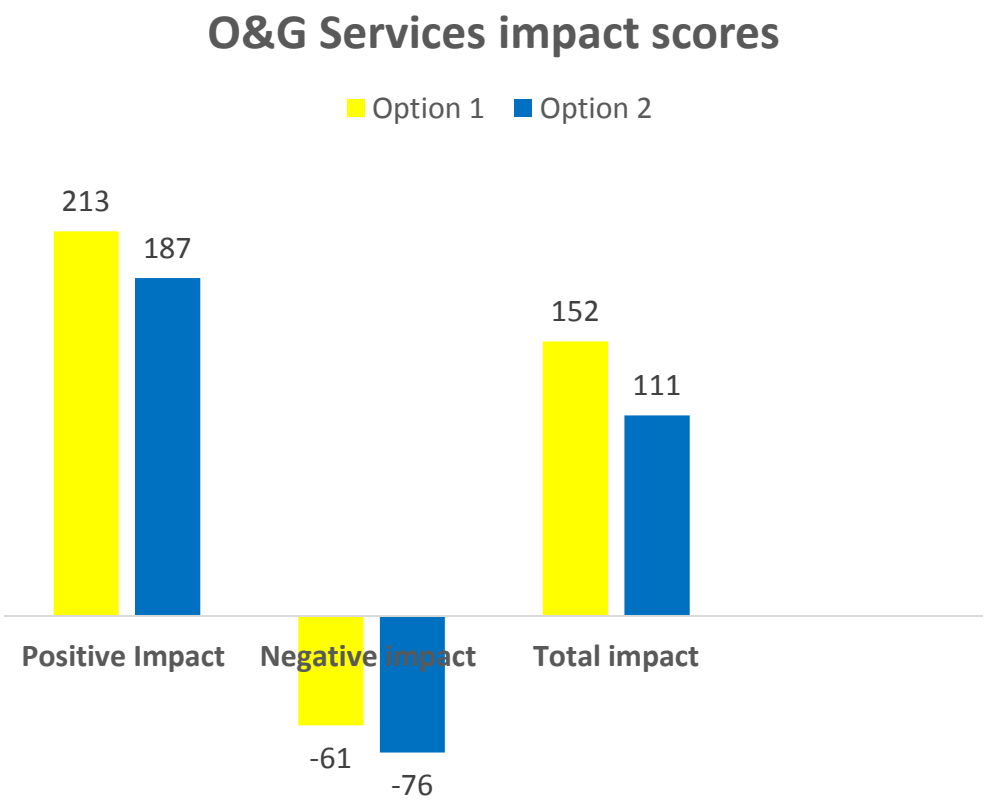
| | Acute stroke | O&G * | Urgent & emergency paediatrics |
|---|---|---|---|
| BME Groups | ✓ | ✓ | ✓ |
| Disability * | ✓ | ✓ | ✓ |
| Socio-economically disadvantaged | ✓ | ✓ | ✓ |
| Age | Older | Teenage | Adolescents<br>Young parents |
| Gender | Women | Women | Women |
| Other | | Women who misuse alcohol/drugs<br>Women with co-morbid conditions | |

# Acute stroke services - HIIA scores



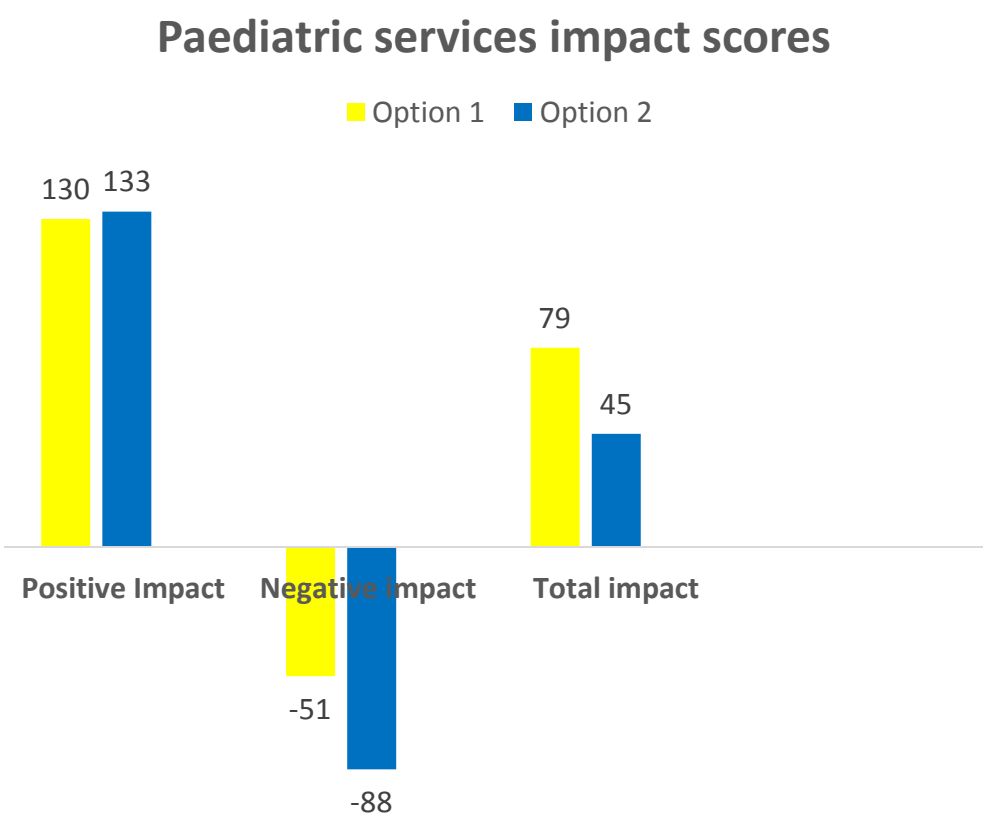

| | | Total NEGATIVE integrated health and health inequality impact score | | |
|---|---|---|---|---|
| | Health and Health care outcomes | Option 1 | Option 2 | Option 3 |
| Impacts relating to outcomes of high quality health care | Death / premature death | -3 | -12 | -12 |
| | Disease | 0 | -6 | -6 |
| | Disability – physical, mental, learning | -4 | -12 | -12 |
| | Emotional wellbeing | -8 | -6 | -6 |
| | Sensory impairment | -4 | -12 | -12 |
| | Cognitive impairment / disability | -4 | -12 | -12 |
| | Social dependency | -4 | -12 | -12 |
| | Health related quality of life | -4 | -12 | -12 |
| | Stroke risk factors (biological eg BP) | -4 | -6 | -6 |
| | Stroke risk factors (Lifestyle eg smoking) | -4 | -12 | -12 |
| Impacts relating to access to high quality health care | Effective health care | -4 | -12 | -12 |
| | Safe health care | -4 | -3 | -3 |
| | Cost efficient health care | -2 | -7 | -7 |
| | Relevance to healthcare need | -4 | -12 | -12 |
| | Acceptable health care | -4 | -3 | -3 |
| Impacts relating to environmental determinants of health | Transport | -2 | -2 | -2 |
| | Natural and built environment | 0 | 0 | 0 |
| | Pollution | -2 | -2 | 0 |
| | Housing | 0 | 0 | 0 |
| Impacts relating to Economic determinants of health | Education, skills and learning | -2 | 0 | 0 |
| | Employment | -2 | 0 | 0 |
| | Business development | -2 | -2 | -2 |
| | Financial inclusion | 0 | 0 | 0 |
| TOTAL | ALL | -67 | -145 | -143 |

# Obstetric & Gynaecology services* - HIIA scores




| Impact Domains | Attributes | Total POSITIVE integrated health and health inequality impact score | |
|---|---|---|---|
| | | Option 1 | Option 2 |
| Outcomes of Obstetrics and gynaecology care | Mortality | 18 | 18 |
| | Spontaneous vaginal delivery | 15 | 9 |
| | Obstetrics interventions | 18 | 10 |
| | Transfers of care | 9 | 11 |
| | Delivering a baby without serious medical problems | 18 | 18 |
| | Infant feeding | 0 | 0 |
| | Maternal health | 18 | 12 |
| | Infant health | 18 | 18 |
| | Life expectancy | 12 | 12 |
| | Quality of life | 8 | 8 |
| Access to high quality health care | Effective health care | 18 | 18 |
| | Safe health care | 12 | 12 |
| | Cost efficient health care | 15 | 13 |
| | Relevance to healthcare need | 12 | 8 |
| | Acceptable health care | 10 | 8 |
| Environmental determinants of health | Transport | 0 | 0 |
| | Natural and built environment | 0 | 0 |
| | Pollution | 0 | 0 |
| | Housing | 0 | 0 |
| Economic determinants of health | Education, skills and learning | 4 | 4 |
| | Employment | 4 | 4 |
| | Business development | 4 | 4 |
| | Financial inclusion | 0 | 0 |
| TOTAL | ALL | 213 | 187 |

# Paediatric services - HIIA scores




| Impact Domains | Attributes | Option 1 | Option 2 |
|---|---|---|---|
| Health status relating to use of acute paediatric services | Disease management | -5 | -10 |
| | Emotional Wellbeing | -6 | -9 |
| | Prevention | -6 | -12 |
| | Safeguarding | -4 | -10 |
| | Avoidable health care | -3 | -3 |
| Health status relating to access to high quality health care | Effective health care | -5 | -8 |
| | Safe health care | -6 | -12 |
| | Cost efficient health care | -2 | -6 |
| | Relevance to healthcare need | 0 | 0 |
| | Acceptable health care | -4 | -8 |
| Health status relating to Environmental determinants of health | Transport | -2 | -2 |
| | Natural and built environment | 0 | 0 |
| | Pollution | -2 | -2 |
| | Housing | 0 | 0 |
| Economic determinants of health | Education, skills and learning | -2 | -2 |
| | Employment | -2 | -2 |
| | Business development | -2 | -2 |
| | Financial inclusion | 0 | 0 |
| TOTAL | ALL | -51 | -88 |

# Path to Excellence: overall implications for Population Health & Health Inequalities

| Key Improvements in health & health inequalities | Stroke Option 1 | O&G | Paeds |
|---|---|---|---|
| More sustainable and consistent care, regardless of day/time of presentation | ✓ | ✓ | ✓ |
| Improved levels of specialist staff and resources with benefits for care quality , patient safety and healthcare outcomes | ✓ | ✓ | ✓ |
| More specialist skills, services and jobs in Sunderland | ✓ | ✓ | ✓ |
| Cost savings – economies of scale | ✓ | ✓ | ✓ |

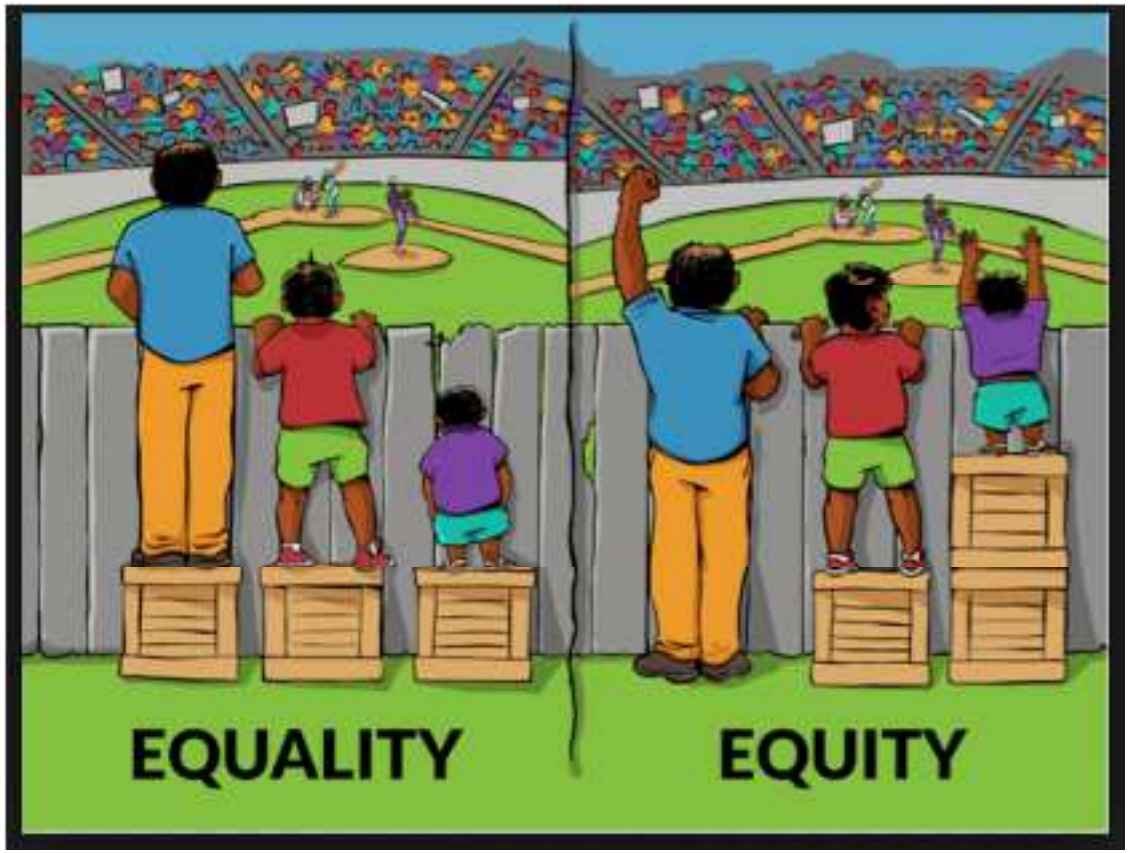
# HIIA Concerns common to all services

| CONCERNS | Stroke | O&G | Paeds |
|---|---|---|---|
| Economy – loss of jobs / skills / public sector investment in South Tyneside vs increases in Sunderland - public sector savings | ✓ | ✓ | ✓ |
| Environment - Air and noise pollution / traffic /congestion /road safety | ✓ | ✓ | ✓ |
| Increased pressures on all aspects of Sunderland services – parking, clinics, theatres, diagnostics, cafes - with implications for patient experience | ✓ | ✓ | ✓ |
| Sustainability - Lack of future modelling to address capacity for future changes in need | ✓ | ✓ | ✓ |
| Increased reliance on timely ambulance handovers | ✓ | ✓ | ✓ |
| Organisational change with implications for "joined up care" and its impact on outcomes | ✓ | ✓ | ✓ |
| Greater impact on South Tyneside residents due to the more significant changes there | ✓ | ✓ | ✓ |

# Possible disproportionate impacts on vulnerable groups from South Tyneside

| ISSUES | Stroke | O&G | Paeds |
|---|---|---|---|
| Travel burden – practicalities and expense | ✓ | ✓ | ✓ |
| More transitions / handovers of care with related safety implications and loss of care continuity | ✓ | ✓ | ✓ |
| Risks of delays in access – hinging on ambulances, triage, knowing where to go in an emergency etc | ✓ | ✓ | ✓ |
| Increased Safeguarding risks due to loss of co-terminosity, more care transitions, organisational change etc | Adult | Adult and baby / children | Child |
| More challenges to multi-sector care coordination for effective multidisciplinary outcomes - adult social care, community rehab, primary care, children's services, etc | ✓ | ✓ | ✓ |
| Barriers to access causing people to drop out of care, be lost in the system, delay seeking help etc (due to unfamiliarity, inconvenience, care transitions, distance etc) | | ✓ | ✓ |

# Mitigating actions to promote equity



# SUMMARY

## Overview of IIA scores

| | Option 1 | Option 2 | Option 3 |
|---|---|---|---|
| Stroke | **185** | **-13** | **-11** |
| O&G | **152** | **111** | **x** |
| Paeds | **79** | **45** | **x** |

**Stroke:** Option 1 is the only Option which will achieve standards of care and give stroke sufferers and survivors (from both areas) the best chances of improved health and reduced health inequalities

**O&G:** Both options can improve population health and reduce inequalities across Sunderland and South Tyneside. For women from South Tyneside
**Option 1:** More transfers of care during labour or immediately after the birth
**Option 2:** Fewer delivery options close to home
**Both Options**: Special baby care away from home

**Paeds:** Both options can achieve more sustainable, high quality 24/7 care which will deliver improvements in health and health inequalities. Both Options have drawbacks for S Tyneside children, parents and carers. The changes in Option 2 are more far reaching and affect more people than those in Option 1.

**JOINT HEALTH SCRUTINY COMMITTEE 21 SEPTEMBERR 2017**

# THE PATH TO EXCELLENCE – TRANSFORMATION PROPOSALS

## REPORT OF DR STEPHEN STURGISS – CONSULTANT IN OBSTETRICS AND FETAL MEDICINE – NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

## 1. PURPOSE OF THE REPORT

1.1 The report provides, for information and comment, a clinical opinion on the maternity elements of the Path to Excellence transformation proposals.

## 2. BACKGROUND

2.1 The Joint Health Scrutiny Committee have held a series of meetings to discuss the current Path to Excellence consultation that is taking place across South Tyneside and Sunderland. The committee have invited a number of health professionals to provide their expert view on the current consultation and the options presented as part of the evidence gathering of the committee.

## 3. CURRENT POSITION

3.1 The report (see appendix 1) has been prepared by Dr Stephen Sturgiss, who is an experienced Consultant in Obstetrics and Fetal Medicine for Newcastle upon Tyne Hospitals NHS Foundation Trust.

3.2 The report covers a number of issues including:

- The case for change
- The safety and quality of care provided from Freestanding Midwifery Units – Option 1
- An increase in travel times to the nearest maternity unit – Option 2
- The benefits from enhanced senior medical staff presence on the Delivery Suite at Sunderland – both Options
- 'Compliance with Better Births' – both Options.

## 4. RECOMMENDATION

4.1 The Joint Health Scrutiny Coordinating Committee is recommended to consider and comment on the content of the evidence presented.

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**Contact Officer:** Dr Stephen Sturgiss
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DIRECTORATE OF WOMEN'S SERVICES
Dr S N Sturgiss, MD., MRCOG.,
Consultant in Obstetrics and Fetal Medicine

[redacted]

SNS/DF

12th September 2017

Mr Nigel Cummings
Scrutiny Officer
Members Support & Community Partnerships Service
Strategy, Partnerships and Transformation Directorate
Sunderland City Council
Civic Centre
Sunderland
SR2 7DN

Dear Nigel

**Re: 'Path to Excellence' transformation proposals**

Many thanks for your request to provide a clinical opinion on the maternity elements of the 'Path to Excellence' transformation proposals.

The comments below are made in my capacity as Clinical Lead for the Northumbria, Tyne & Wear and Durham (NTWD) Local Maternity System (LMS) Board, but they also take into account the opinions of other Board members, as expressed during a meeting of the LMS Board on August 22nd, 2017, following which I asked members of the group to contact me if they wanted their views to be imparted at the September meeting of the Joint OSC.

I've made a series of comments in relation to several key clinical issues arising from the proposals, namely:

1. The case for change
2. The safety and quality of care provided from Freestanding Midwifery Units – Option 1
3. An increase in travel times to the nearest maternity unit – Option 2
4. The benefits from enhanced senior medical staff presence on the Delivery Suite at Sunderland – both Options
5. 'Compliance with Better Births' – both Options

## 1. The case for change

The case for change is very well described.

Maternity services throughout the North East and across the UK are perceived as providing high standards of clinical care.

There are, however, national concerns about the sustainability of maternity services in their present configuration. Many units are experiencing major difficulties with the maintenance of appropriate staffing levels and rotas – mainly as a result of a reduction in the numbers and availabilities of middle grade medical staff in training. There are also concerns about the age profile of the midwifery workforce – with a significant preponderance of midwives nearing retirement age.

In addition, there's an on-going drive to improve the quality of maternity care across the country. The principle aspiration of the national programme of work is to provide women and their families in England with pregnancy outcomes that are in line with (or even better than) those seen in many other developed countries

Hence, the current workforce difficulties impacting upon local maternity service providers - as well as the aspirations being used as a basis for the proposals to improve the sustainability and quality of maternity care in the South Tyneside and Sunderland area - are very similar to those being experienced and employed elsewhere in the country.

## 2. Issues in relation to a Freestanding Midwifery Unit at South Tyneside

A key feature of 'Option 1' is the development of a freestanding midwifery unit (FMU) at the South Tyneside site. The safety and sustainability of FMUs and / or alongside midwife-led units has been reviewed extensively in the last few years.

<u>Safety and quality of care issues in relation to freestanding MLUs</u>

Recent high quality evidence has confirmed that freestanding (or alongside) midwifery units are a perfectly safe birth option for women who are healthy and have uncomplicated pregnancies. Moreover, choosing to give birth in such units is associated with significant benefits in terms of birth outcomes as compared with choosing to give birth in a traditional medical obstetric unit (with on-site medical staff).

The 'Birthplace' project – a substantial, multicentre study into the choice of birthplace for women in the UK – showed that healthy women choosing to give birth in a freestanding midwife-led unit (FMU), as compared with an 'Obstetric' unit, have a higher chance of a spontaneous vertex birth, as well as a lower chance of either an instrumental assisted birth and / or an intrapartum Caesarean section – without any increase in the risks of either the baby not surviving the birth and / or experiencing significant illness as a result of the birth process. Transfers from non-obstetric unit settings were more frequent for women in their first pregnancy (about 36-45%) than for those who had given birth before (9-13%).

The findings of this study are transferrable to the proposals within 'Path to Excellence'. The Birthplace research project gathered information from the majority of FMUs in the UK – many of which have similar characteristics to those that would be in place at South Tyneside, such as distance and transfer times to the nearest Obstetric unit. There are well-established mitigating actions – such as guidelines and protocols for risk assessment, the conduct of labour, and clinical thresholds for transfer - that can be used to ensure that women choosing to give birth in such a unit experience the same outcomes as those seen in

the Birthplace study. It must be acknowledged, however, that the safety of such units is dependent upon there being robust systems in place for the emergency transfers of women to the nearest Obstetric unit when complications arise.

Sustainability of FMUs

Local and national experience with FMUs has been that many women who are eligible to give birth in such facilities choose instead to have their baby in either an alongside MLU (even if it means travelling greater distances) and / or an obstetric unit. It's presumed that the reasons for this include concerns about transfer times to the nearest obstetric unit should complications occur during labour. Hence, the numbers of women giving birth at FMUs is often much lower than anticipated from the size of the local population – which is likely to be one of the main reasons why several such units across the country are under threat of closure.

It's worth noting, however, that the evidence base allowing FMUs to be promoted as providing a high quality birth experience (for healthy women with uncomplicated pregnancies) has only just become available. Moreover, not all FMUs experience a fall off in the numbers of births over time – and it's noticeable (from local experience) that those with higher levels of activity tend to be characterised by the on-site provision of other aspects of antenatal and postnatal maternity care, such that they become a busy, vibrant focus of maternity care in the local community.

It's often said that freestanding MLUs need about 300 women giving birth within them every year in order to be viable. This statement, however, refers purely to a financial analysis – looking at the fixed costs of providing such a facility, and comparing this with the level of remuneration under the present maternity payments system. There are many FMUs nationally with fewer than 300 births p.a., but there are a number of steps that can be taken to provide staff with appropriate experience, such as rotation to neighbouring and busier units.

It can be concluded that Option 1 proposes a model of care that is safe, in line with national standards of maternity care – and gives healthy women with uncomplicated pregnancies an option for place of birth that results in fewer medical interventions when compared to giving birth in a traditional obstetric unit.

**3. Issues in relation to an increase in travel times if there are no facilities for intrapartum care at South Tyneside**

Proposals to redesign maternity services are often accompanied by understandable concerns that removal of medical obstetric care from a hospital setting will lead to an increased incidence of adverse outcomes for local mothers and their babies as a result of increased travel times to the nearest maternity unit – and resultant delays in the potential for life-saving medical interventions.

It is reassuring, therefore, to note that there is a substantial body of evidence from several large scale research publications, including some from the UK, suggesting that travel times of anything up to 4 hours to the nearest Obstetric unit are not an independent risk factor for the chances of either stillbirth or neonatal demise.

This means the proposals in Option 2 can be regarded as providing a perfectly safe option for maternity care, which is in accordance with typical (and nationally accepted) standards of care and working arrangements across the UK.

**4. Benefits from enhanced staffing at Sunderland**

Both options will result in enhanced out-of-hours senior medical cover for the Delivery Suite at Sunderland. There is good reason to believe that this will improve the quality of care and outcomes for the mothers and babies being cared for within the unit.

It's been known for many years that the chances of a mother and / or her baby coming to harm are greater when the birth occurs out of typical daytime working hours. A plausible explanation for this is the (typical) lack of on-site Consultant presence on Delivery Suites during the night (and at weekends).

It has to be acknowledged that there is a paucity of evidence relating enhanced out-of-hours senior medical staff presence on the Delivery Suite to improved outcomes, but it seems entirely reasonable to assume that the immediate on-site presence of a fully trained clinician (rather than one who might have only just started their programme of training) will have significant benefits.

**5. Compliance with 'Better Births'**

Concerns about national standards of maternity care in the UK prompted the government to commission a national review in March, 2015. The outputs from this review 'Better Births – Improving Outcomes of Maternity Services in England; A Five Year Forward View for maternity care' (more commonly known simply as 'Better Births') were released in February, 2016 – and included recommendations covering seven elements of maternity care provision and commissioning, including those for:

- Personalised care
- Continuity of Carer
- Safer Care
- Better Postnatal and Perinatal Mental Health Care
- Multi-professional working
- Working across boundaries
- A fairer payments system

The domains of most relevance to the 'Path to Excellence' proposals are (i) 'Personalisation of care', which includes recommendations for maternal choice regarding place of birth, and (ii) 'Working across boundaries', which includes a suggestion that providers and commissioners should work together in local maternity systems, characterised by a new, collaborative approach to the provision of clinical care.

The original suggestion that emerged from the Maternity National Transformation Board – the implementation arm of 'Better Births' – was that maternal choice should encompass four options; a home birth, birth in a freestanding MLU, birth in an alongside MLU, and an Obstetric Unit. More recently, the national team have modified their advice, to suggest that any healthcare system should offer 3 options – a home birth, a midwife-led unit (be it freestanding or alongside) and an Obstetric unit.

The development of an alliance between the two healthcare trusts in the South Tyneside and Sunderland localities is completely in line with the collaborative ethos described by 'Better Births', a change in approach that has been adopted enthusiastically by clinicians, healthcare managers and commissioners in our area and across the country.

Hence, both Option 1 and Option 2 can be said to be compliant with the Personalisation and Choice agenda as described in 'Better Births'.

**Summary**
It can be concluded that both options for the future of maternity services within the 'Path to Excellence' and clinically justified, safe, in accordance with national standards of care – and will lead to improved outcomes for mothers and their babies in the local are.

Yours sincerely

Dr S.N. Sturgiss, MB, ChB, MD, MRCOG.,
**Consultant in Obstetrics and Fetal Medicine**