

## **SOUTH TYNESIDE AND SUNDERLAND JOINT HEALTH SCRUTINY COMMITTEE**

### **AGENDA**

**Meeting to be held in the Civic Centre (Committee Room No. 1) on  
Tuesday 7<sup>th</sup> March, 2017 at 2.00 pm**

ITEM	PAGE
1. <b>Apologies for Absence</b>	-
2. <b>Minutes</b>	1
<b>i) Minutes of the inaugural meeting of the South Tyneside and Sunderland Joint Health Scrutiny Committee held on 30<sup>th</sup> January 2017 (for approval)</b>	
<b>ii) Minutes of the Extraordinary Scrutiny Coordinating Committee held on 8<sup>th</sup> November 2016 (for information)</b>	
(copies herewith)	
3. <b>Declarations of Interest (including Whipping Declarations)</b>	-
4. <b>The Path to Excellence - Update</b>	14
Report of the South Tyneside and Sunderland NHS Partnership (copy attached).	
5. <b>The Path to Excellence – Draft Communications Plan</b>	19
Report of the South Tyneside and Sunderland NHS Partnership (copy attached).	

**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**

6. **Travel and Transport Impact Assessment Update**

54

Report of the South Tyneside and Sunderland NHS  
Partnership (copy attached).

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

27<sup>th</sup> February, 2017



# South Tyneside Council

## South Tyneside and Sunderland Joint Health Scrutiny Committee

---

### South Tyneside and Sunderland Joint Health Scrutiny Committee

30 January 2017

Present: South Tyneside:  
Councillors Dix (Chairman - part), Brady, Flynn, Hay, Meling and Peacock  
Councillor Dixon (Lead Member Independence and Well-being)

Sunderland:  
Councillor Wright (Chairman - part), Davison, Heron, 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), Mary Bewley (NHS England), Emma Taylor (NHS England), Dr Shaz Wahid (Medical Director South Tyneside NHS Foundation Trust), Lynsey Harris (Integrated Transport Planning Ltd), Jamie Wheway (Integrated Transport Planning Ltd), Sue Taylor (ST Healthwatch), Nigel Cummings (Sunderland Council), Karen Brown (Sunderland Council), Paul Baldasera (South Tyneside Council) and Brian Springthorpe (South Tyneside Council)

17 members of the public was in attendance

---

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

### **1. Chairman's Welcome**

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

### **2. Declarations of Interest**

There were no declarations of interest.

### **3. Apologies for absence**

Apologies were received from Councillor Hetherington (South Tyneside Council) and Councillor Howe (Sunderland Council)

### **4. Methods for Engagement to use in the formal consultation**

Mary Bewley, NHS England, gave the Committee a presentation on the methods for engagement to be used in the formal consultation.

The presentation covered:

- Objectives;
- Legal and policy context and Public Sector Equality Duty;
- NHS constitution, tests and principles to be observed;
- Reasons for change;
- Communications Plan and public events;
- Subject specific events;
- Timetable;
- Consultation survey, focus groups and public meetings;
- Responses and feedback;
- Formal report;
- Ways to get involved.

Discussion took place on the timescales and mechanisms to be used in the consultation. It was stressed that the NHS had very robust arrangements for consultation which fulfilled all legal requirements. The NHS Constitution, Nicholson Tests and Gunning principles were all followed to ensure that consultations were carried out in a fair and transparent manner which provided evidence for any changes that may be proposed as a result.

As the presentations had only been tabled at the meeting the Chair suggested that Members submit any specific questions in writing for the NHS to respond to.

Members highlighted the lack of consultation in the past, for example, over the announcement of the Alliance between the Trusts. Furthermore, Members highlighted their experience of the

Jarrow Walk-In Centre and the belief that views expressed by Members and residents were not taken into account.

Members expressed the hope that venues would be chosen which would be easily accessible for the community. It was confirmed that consideration was being given to finding a range of venues across the council areas to hold consultation events and roadshows. In addition, further events could be arranged with local groups if requested.

A Member questioned how the consultation survey would be worded and asked if the Committee would have sight of it prior to being used. The Committee was advised that that a well-designed and consistent set of questions was essential to collecting as much information from the public as possible.

A Member asked how Black and Minority Ethnic communities would be involved. It was recognised that this was a real challenge and it was hoped to use local networks, individuals and community intelligence to contact and engage with BME communities.

Agreed: (a) That the presentation be noted, (b) that suitable, accessible venues be found for consultation events and (c) written answers be provided to any questions submitted by Members.

## **5. Patient Experience of Stroke, Paediatrics, Maternity and Gynaecology Services**

Mary Bewley, NHS England, gave the Committee a presentation on the patient experience of stroke, paediatrics, maternity and gynaecology services.

The presentation covered:

- Stroke service survey results;
- Maternity service survey results;
- Paediatric service survey results;
- Gynaecology service survey results.

The survey findings were highlighted and discussed and gave a good starting point on patients' experiences of each service.

The Committee was advised that from 5 December 2016 all new stroke patients were admitted to Sunderland, however, if they attended South Tyneside they would be treated there and transferred when appropriate.

The data from patient surveys would be used as part of the consultation on service reviews.

---

A Member highlighted that some postcodes from the council area were missing in the document.

Although the survey numbers were small, it was highlighted that some patients had expressed concerns over safety. It was recognised that from the existing survey information the hospital did not have details of each individual case but that it would investigate further. Additionally, there was a large building programme underway at Sunderland, which was scheduled to be finished in the coming months, which may have impacted on patients' experiences.

Agreed: (a) That the presentation be noted, (b) that investigations be made into the missing postcodes and (c) that Sunderland hospital investigate the safety concerns highlighted by survey respondents.

#### **6. Travel and Transport Impact Assessment for South Tyneside and Sunderland NHS Partnership**

Lynsey Harris and Jamie Wheway, Integrated Transport Planning Ltd, gave a presentation on the travel and transport impact assessment work done to date for South Tyneside and Sunderland NHS partnership.

The presentation covered:

- Assessment scope;
- Tasks and themes of investigation;
- Public transport review of both hospital sites;
- Parking review of both hospital sites;
- Accessibility review, buses and journey times to both hospital sites;
- Surveys and data analysis of staff travel;
- NHS policy review;
- Patient transport services review.

Members questioned the validity of some of the finding presented to the Committee and highlighted the actual times taken to attend the hospital sites from various communities within the council areas. Furthermore, as it became apparent that no physical checks had been carried out, it was suggested that the assessors actually undertake journeys to the hospitals to realistically measure the journeys and experiences faced by residents.

Some of the bus services had been changed since the initial assessment was carried out.

---

Members highlighted that it could take three buses to get to the hospital from parts of South Tyneside and Sunderland which made it very difficult for some residents to attend early morning appointments. The Committee was advised that this issue had been raised at a stakeholders' workshop.

Discussion took place on the lack of a direct service between the hospital sites. It was suggested that consideration be given to having a dedicated drop off point at each hospital. It was highlighted that access for Accident and Emergency ambulances was the main priority which may limit options for a dedicated drop off point.

A Member stressed the need for transport issues to be resolved prior to changes in clinical services, however, NHS representatives highlighted that the key issue to be considered was the impact of any proposed changes to clinical services from service reviews.

Agreed: (a) That the presentation be noted, (b) that the bus journeys be 'field tested', (c) that the access to each hospital and drop off point be considered and (d) that a dedicated bus service between the hospital sites be considered.

## **7. Consultation Plan and Meeting Schedule**

Mary Bewley, NHS England, gave a presentation on the Consultation Plan and meeting schedule.

The presentation outlined the timetable of events and activities between January and July 2017.

Members highlighted that the next scheduled meeting of the Joint Health Scrutiny Committee was 7 March 2017, the day before the proposed launch of the consultation exercise. It was felt that this would not give the Committee adequate time to consider any issues that may be presented at the meeting before the formal consultation began.

Members expressed concerns that additional meetings of the Committee would be required to provide the level of scrutiny necessary to such vital services to South Tyneside and Sunderland residents.

The Committee discussed receiving evidence from a range of other interested parties and stakeholders and requested that consideration be given to finding a range of accessible venues, covering all communities, for consultation events and roadshows to maximise residents' participation.

---

Agreed: (a) That the presentation be noted and (b) that suitable, accessible venues be found for consultation events.

#### **8. Chairman's Urgent Items**

Members again raised their concerns that the NHS representatives did not provide the presentations in advance of the meeting. This issue had been raised at a previous meeting and the NHS representative had given assurances that all agenda paperwork would be provided in time for each Council to meet the statutory deadline for publishing agenda papers.

**At an Extraordinary meeting of the SCRUTINY COORDINATING COMMITTEE held in the CIVIC CENTRE SUNDERLAND on TUESDAY 8<sup>TH</sup> NOVEMBER, 2016 at 2.00 p.m.**

**Present:-**

Councillor N. Wright in the Chair

Councillors Francis, Heron, Smith, David Snowdon and Dianne Snowdon.

Also in attendance:-

South Tyneside Council

Councillor J. Amar  
Councillor N Dick  
Councillor W Flynn  
Councillor G Kilgour  
Councillor A Hetherington  
Councillor J McCabe  
Councillor M Peacock  
Councillor K Stephenson  
Councillor S Traynor  
Councillor M Walsh  
Mr P Baldasera, Strategy and Democracy Officer

South Tyneside and Sunderland NHS Partnership

Ms C Briggs, Director of Operations South Tyneside, Clinical Commissioning Group (CCG)  
Mr K Bremner, Chief Executive, City Hospitals Sunderland NHS Foundation Trust  
Mr D Gallagher, Sunderland Clinical Commissioning Group (CCG)  
Ms C Harries, Director of Corporate Affairs, City Hospitals Sunderland NHS Foundation Trust  
Ms C Latta, NHS North of England Commissioning Support  
Dr S Wahid, Medical Director, South Tyneside NHS Foundation Trust  
Mr S Williamson, Chief Executive South Tyneside NHS Foundation Trust

Sunderland City Council

Ms K Brown, Scrutiny and Members' Services Coordinator  
Mr N Cummings, Scrutiny Officer  
Councillor R. Davison (observing)  
Mr D Noon, Principal Governance Services Officer

Healthwatch

Mr K Morris, Chairman

Save South Tyneside Hospital Campaign

Ms G. Taylor, Campaign Organiser

### **Apologies for Absence**

Apologies for absence were submitted to the meeting on behalf of Councillors Atkinson, D Dixon, English, Foster and G. Galbraith (Sunderland City Council) and Councillors Brady and Huntley (South Tyneside Council).

### **Minutes of the Joint meeting held on 19<sup>th</sup> September, 2016**

The minutes of the joint meeting held at South Tyneside on 19<sup>th</sup> September, 2016 were submitted for information.

1. RESOLVED that the minutes of the joint meeting held on 19<sup>th</sup> September, 2016 (copy circulated) be received and noted.

### **Declarations of Interest (including Whipping Declarations)**

There were no declarations of interest made.

### **The Path to Excellence – Draft Paper**

The South Tyneside and Sunderland NHS Partnership submitted a report (copy circulated) which provided information on, the draft transformation programme – ‘The Path to Excellence’ - for the four NHS organisations involved in the partnership (South Tyneside NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust, NHS South Tyneside Clinical Commissioning Group and NHS Sunderland Clinical Commissioning Group)

(For copy report – see original minutes)

Mr K Bremner, Chief Executive, City Hospitals Sunderland NHS Foundation Trust, presented the report drawing members attention to the key points contained in ‘The Path to Excellence’ document attached as Appendix 1 of the report which set out the big challenges for the NHS in South Tyneside and Sunderland and which also explained some of the problems that had to be solved swiftly to secure safe and sustainable NHS services in the future.

The Chairman asked Mr Bremner to clarify the difference between a listening exercise and a formal consultation. Members were informed that the phrases were often used interchangeably however the listening exercise was an informal means of broaching proposals with the public and stakeholders to receive feedback which would help inform the development of the formal consultation. There was a distinction between the two aspects but they were part of the same process.

Councillor Smith expressed her frustration at what she believed was a false economy in striving to achieve early patient discharges. In many cases patients suffered relapses which could have been avoided by a longer hospital stay in the first

place. Mr Bremner advised that hospitals were under pressure to prevent bed blocking however Sunderland and South Tyneside hospitals performed better than most. Discharges were a clinical decision and he hoped that where there was an ambiguity there would be the discretion to allow a longer stay. Dr Wahid concurred that hospitals did not always get discharges 100% right all of the time and variations did occur. Hospitals wanted to ensure patients received the same service in this regard whether a consultant was present or not. There was a need to ensure there was adequate therapy support in the community to prevent the patient having to return to hospital. Mr Williamson highlighted the real success of the 'Recovery at Home Service' provided by Sunderland Care and Support in conjunction with South Tyneside Hospital.

Councillor Walsh referred to the publication of the NHS Sustainability and Transformation Plans (STP's) and expressed his concern that they would prove to be failed cost cutting exercises. He offered his sympathy to the clinicians trying to make the best use of them. With regard to the Path to Excellence Draft Paper he cautioned that the recent experience of Councillors in South Tyneside regarding NHS consultation had not been good. He asked what would be the 'meat on the bones' of the consultation and how would it be fed into the final plans?

Ms Latta advised that within the NHS it was very clear what the duties were with regard to engagement and listening then moving forward into the formal consultation. In addition to the traditional forms of engagement and consultation, digital technology and social media could also now be used. Ms Latta added that she would be more than happy to share the detailed engagement plans with members as it was important that she got the consultation right.

Mr Williamson advised that the STPs were an attempt to close the 3 widening gaps in relation to Health and Wellbeing, Care and Quality and Funding and efficiency. He acknowledged that the financial challenge was a huge one. Mr Gallagher concurred that the financial challenge was great however the key element was to provide a sustainable workforce and the ability to deliver a service.

Councillor Francis referred to section 10 of the Path to Excellence document regarding the workforce which had been described as the biggest challenge facing the Trusts. He asked what could be done to increase the recruitment and retention of qualified staff.

Mr Williamson replied that it was crucial that the employment opportunities reflected where we lived and how we lived. Recruitment literature should highlight the right environment the right schools and challenge any negative perceptions of the area. The jobs themselves would be key. Graduates today expected a work life balance however many jobs in the medical sector were perceived as becoming tougher and ongoing negative media stories were putting people off joining the medical profession. Jobs would need to be seen as rewarding to keep people in the area and the NHS was not currently training enough of its own people. If people could be recruited locally then there was a much higher chance that they could be retained locally.

Councillor Dianne Snowdon suggested that both Trusts suffered from issues regarding staff morale and asked how this would be addressed. Mr Bremner contended that this was a question that could be levied at any NHS service nationwide. He believed that morale was not rock bottom as staff and patient surveys

suggested otherwise. There were however pockets where morale was not as good as other services eg the Stroke Service. The staff were crucial to the Trusts but focus had to remain on demonstrating what was best for patients.

Councillor Dianne Snowdon then referred to the Service Reviews and asked that given the reviews were to be undertaken by the clinicians themselves, what safeguards would be put in place. Dr Wahid replied that it was important that the visibility of the senior team was maintained and that they were available to advise staff. A significant period of engagement would be undertaken with staff, patients, stakeholders and the wider public before the consultation commenced.

Councillor McCabe referred to the draft Path to Excellence document and asked if it was to be used throughout the consultation process. Ms Latta replied that it was and that this was the first occasion that it had been shared with Members to obtain their views. There was also a summary version, a slide presentation pack and an easy read version in addition to the full Case for Change document. Councillor McCabe asked if ultimately it would include a range of options. Ms Latta advised that it was not known at this stage. The process was an iterative one. The clinical reviews were being worked through as part of the case for change. It was likely that there would a range of options but each would have to be sustainable. The final decision would rest with the commissioners.

Councillor McCabe advised the Offices that Members wanted 'to help them to help us.' He stated that areas such as Birmingham, Camden and Islington had already published their proposals. He believed that the document before members today was somewhat contradictory. Chapter 12 spoke of more care closer to home. The residents of Jarrow and Hebburn had such services yet they were removed from them. He stated that he was really interested in the Clinical Services Reviews. He believed that the sooner the engagement started, the quicker things would progress. Until that time the rumour mill would continue. Ms Briggs confirmed that the STP would be published the following day.

Mr Williamson stated that the Trust had listened to the concerns regarding the engagement around the closure of the Walk in Centre and lessons had been learned. In response to Councillor McCabe's offer of help, Mr Williamson hoped that Members would be able to support and reassure residents that there were no hidden agendas. Councillor McCabe referred to the issue of the Walk in Centre and advised that suspicions remained that something similar would happen again. Mr Gallagher reiterated Mr Williams' statement that the Trusts had learned the lessons of the past and advised that the reason the paper before Members was in draft was to allow for engagement.

The Chairman stated that the recent experience on South Tyneside had raised concerns and similar concerns were being raised in Sunderland in respect of the future of the A&E service in the city.

Mr Morris referred to the Path to Excellence and requested that a clause was added which clearly defined consultation, engagement and listening when undertaking the clinical service reviews, and ensured that engagement with patients, carers and the public was meaningful and effective. The Chairman advised that she would move this as a recommendation from the meeting.

Ms Latta welcomed the comments from Mr Morris on behalf of Healthwatch and advised that she would be more than happy to undertake briefings for Members. With regard to the definition of the term 'consultation' within the NHS she stated that this was clearly defined in the Health and Social Care Act and within case law. Councillor Kilgour added that consultation was very much a two way street and that all concerned needed to work together.

At this juncture the Chairman invited Gemma Taylor representing the Save South Tyneside Hospital Campaign to address the meeting. Ms Taylor stated that she fully understood the financial pressures both Trusts faced but would like to make three points. Firstly the results of the Clinical Reviews were as yet unknown, secondly it would have been preferable if the STPs had been shared earlier and thirdly were details of the Single Executive Team available? With regard to the final point, Mr Bremner advised that details of the Single Executive Team were to be announced later that week, to the staff of both organisations in the first instance, then publically.

There being no further questions or comments on the report, it was:-

2. RESOLVED that:-

- i) the Joint Health Scrutiny Committee receives regular updates and detailed plans relating to the consultation in the clinical reviews and;
- ii) the Scrutiny Committee requests that South Tyneside and Sunderland Health Care Group clearly defines consultation, engagement and listening when undertaking the clinical service reviews, and ensures that engagement with patients, carers and the public is meaningful and effective.

### **Travel Impact Assessment – Update**

South Tyneside and Sunderland NHS Partnership submitted a report (copy circulated) which updated members on the Travel and Transport Assessment and the procurement process which had successfully appointed an independent company to undertake the study.

(For copy report – see original minutes)

Mr Gallagher presented the report highlighting the successful firm (Integrated Transport Planning) and drawing members' attention to appendix A which outlined the scope of the work to be undertaken along with the next steps, the first of which was a workshop to be held on 18<sup>th</sup> November, 2016.

The Chairman expressed her view that the consultation around the issue felt genuine. Everyone was well aware of members' concerns regarding patient and visitor travel and they appeared to have been taken on board seriously. The proof of the pudding would be in the eating and she looked forward to seeing the findings of the Assessment.

Mr Paul Baldesera stated that Cllr Brady was unable to attend today's meeting but had asked him to advise the Committee that he had been very impressed with winning tenderer and the time they had taken to look at the travel issues concerning the residents of South Tyneside.

Councillor Walsh having stated that there appeared to be no reference to the public and patients transport user groups, Ms Latta confirmed that they had been invited to attend the Workshops to express their views.

The Chairman having thanked Mr Gallagher and Ms Latta for the report, it was:-

3. RESOLVED that the report be received and noted and that further updates be submitted in due course.

### **Engagement Activity Plan Update**

The South Tyneside and Sunderland NHS Partnership submitted a report (copy circulated) which introduced a presentation from Ms Latta on the engagement activity around the transformation of services in South Tyneside and Sunderland including the principles for engagement and consultation and an update on the engagement processes.

(For copy report – see original minutes)

Ms Latta provided members with a detailed powerpoint presentation highlighting:-

- i) the principles for engagement and consultation
- ii) Phase 1 'Listening' (pre engagement)
- iii) Phase 2 Consultation Planning
- iv) a time line in respect of the 3 groups of clinical reviews.

In response to an enquiry from Councillor McCabe, Ms Latta advised that different methods of engagement may be used in respect of the service reviews to best fit the demographics involved. There would be targeted surveys both paper based and on line, together with out-patient and ward based interviews. Presentations would be undertaken at Council area forums and committees along with events organised in conjunction with the two VCS networks in Sunderland and South Tyneside. Social media such as twitter and face book would also be utilised. Councillor McCabe cautioned that if you ask the wrong question you will get the wrong answer.

The Chairman advised that if the proposals arising out of any of the Service Reviews amounted to a substantial variation in service then Members would expect it to be brought before them under the terms of the Health and Social Care Act.

Councillor Dianne Snowdon referred to the plans to engage on line and asked how would the engagement reach the 30% of the population with no internet access. Ms Latta advised that in addition to the non-web based engagement already described, work would be undertaken with the Shields Gazette and Sunderland Echo together with the Communications Teams with both Councils to ensure details were included in Council publications.

In response to an enquiry from the Chair, Mr Bremner confirmed that the Emergency Care Service review contained within Phase 3 included the A&E service at Sunderland Royal Hospital.

In response to an invitation from the Chair, Ms Briggs advised that South Tyneside CCG was very aware of and had heard the views expressed in respect of the consultation over the Jarrow Walk In Centre. She assured Members that the organisation would reflect on that experience for the future. She hoped that after today the NHS Partnership and Members could move forward in confidence. In conclusion she advised that South Tyneside Councillors should feel free to come and talk to the CCG at any time.

There being no further questions the Chairman thanked Ms Latta for her presentation and it was:-

4. RESOLVED that the report and presentation be received and noted.

The Chairman then closed the meeting having thanked Members and Officers for their attendance and contributions to the meeting and in particular those attending on behalf of South Tyneside Council's Scrutiny function.

(Signed) N. WRIGHT,  
Chairman.

# Item 4

**JOINT HEALTH SCRUTINY COMMITTEE**

**7 MARCH 2017**

## **THE PATH TO EXCELLENCE – UPDATE**

### **REPORT OF SOUTH TYNESIDE AND SUNDERLAND NHS PARTNERSHIP**

#### **1. PURPOSE OF THE REPORT**

- 1.1 The report provides, for information and comment, an update on the Path to Excellence and the work undertaken to date.

#### **2. BACKGROUND**

- 2.1 The Path to Excellence update is attached at **Appendix 1** of this report and sets out the latest update on the communication timetable and the travel and transport impact assessment and the next steps.
- 2.2 The document and the name of the transformation programme for South Tyneside NHS Foundation Trust, City Hospitals Sunderland NHS Foundation Trust, NHS South Tyneside Clinical Commissioning Group and NHS Sunderland Clinical Commissioning Group is 'The Path to Excellence'.

#### **3. CURRENT POSITION**

- 3.1 Across South Tyneside and Sunderland there has been a strong and proud history of partnership working between providers, commissioners and clinical networks to deliver the best possible care to populations they serve. The collaboration between the two trusts via the formation of the South Tyneside and Sunderland Healthcare Group builds on this history of partnership working and is supported by the commissioners.
- 3.2 The aim is for both trusts to work with each other as well as with their partner organisations to develop plans to deliver better quality care across their local populations so that key quality standards can be achieved, whilst at the same time, recognising the need to be as efficient as possible as a result of the financial pressures facing the local health economy.
- 3.3 The Path to Excellence update report sets out in greater detail the current position in relation to the draft communication plan and the travel and transport impact assessment following discussions at the recent Joint Health Scrutiny Committee meeting held in South Tyneside on 30 January 2017.

#### **4. RECOMMENDATION**

- 4.1 The Joint Health Scrutiny Coordinating Committee is recommended to consider and comment on the information provided in the update report.

---

**Contact Officer:** Caroline Latta  
Senior Communications and Engagement Locality  
Manager

## Update on 'The Path to Excellence'

The Path to Excellence is a five-year transformation of healthcare service across South Tyneside and Sunderland.

It has been set up to secure the future of local NHS services and to identify new and innovative ways of delivering high quality, joined up, sustainable care that will benefit our population both now and in the future.

The Path to Excellence listening exercise started in October 2016. The NHS partnership in South Tyneside and Sunderland has engaged with hundreds of patients, families and stakeholders to understand public views, needs and experiences relating to NHS stroke, obstetrics, gynaecology and paediatric services in the area. Also included is the travel and transport impact assessment.

We are asking local people to share their views on clinical services in South Tyneside and Sunderland to help us identify how they can be improved and how things might be done differently in the future.

You may be aware that we recently shared details of the proposed consultation dates for the first phase of the path to excellence programme. The plan to launch the public consultation on stroke, obstetrics, gynaecology and paediatrics in early spring has now been delayed until late spring 2016.

This change to the strategic timeline has been done in order to ensure that the scenarios for change are as robust as possible, based on best clinical evidence, will make the best use of resources and offer patient choice.

The next step is for the partnership to use the public views gathered during the listening exercise to inform the case for change and develop proposed new models of acute care/ scenarios that are as robust as possible, based on best clinical evidence, will make the best use of resources and offer patient choice.

The formal consultation phase of the Path to Excellence proposals is scheduled to begin during May 2017, subject to assurance from NHS England and NHS Improvement, around:

- Stroke
- Obstetrics (maternity) and gynaecology
- Paediatrics

The enclosed papers will inform you about the work conducted to date as well as the proposed draft communications plan for the consultation process.

The papers enclosed include:

- Draft communications plan
- Travel and transport impact assessment update

## **Appendix 1: draft communications plan**

NHS South Tyneside and Sunderland Partnership has a requirement to develop a communications plan to support public consultation around any possible future, proposed changes to the following clinical services delivered by South Tyneside General Hospital and Sunderland Royal Hospital:

- Stroke
- Maternity (Obstetrics)
- Gynecology
- Paediatrics

The challenge is to make what are very complex issues as simple as possible for the public to understand, while ensuring underpinning good communications and engagement processes providing the right information for people to make an informed opinion. This in turn allows decision makers to understand public feedback in a systematic way, therefore fulfilling legal duties around major service changes and consultation.

The communications programme team were asked to advise on a suitable communications approach that would provide a range of engagement activity that allows different stakeholders and groups to get involved in the way that is most suitable to them. All methods ensure that feedback and dialogue is captured, which will be then be analysed and included in a final feedback report. All methods will include data monitoring of the key characteristics of participants to ensure the NHS organisations are hearing from key groups and that equality monitoring can take place.

## **Appendix 2: travel and transport impact assessment update**

Integrated Transport Planning Ltd has been appointed by South Tyneside and Sunderland NHS Partnership to provide a Travel and Transport Impact Assessment. This will be used to inform a 'case for change' around local NHS services potentially being relocated across two hospitals in South Tyneside and Sunderland, namely South Tyneside District Hospital (STDH) and Sunderland Royal Hospital (SRH).

A draft baseline report has been produced for the first stage of this commission and the primary findings from each of the six reviews listed are included in the document that can be found on our website: [www.pathtoexcellence.org.uk](http://www.pathtoexcellence.org.uk)

This paper sets out the work undertaken and progress made since the draft baseline report was presented to last Joint Overview and Scrutiny meeting held on 30<sup>th</sup> January 2017.

### THE PATH TO EXCELLENCE – DRAFT COMMUNICATIONS PLAN

#### REPORT OF SOUTH TYNESIDE AND SUNDERLAND NHS PARTNERSHIP

#### 1. PURPOSE OF THE REPORT

- 1.1 The report provides, for information and comment, an update on the Path to Excellence – Draft Communications Plan and the work undertaken to date.

#### 2. BACKGROUND

- 2.1 The Path to Excellence draft communications plan is attached at **Appendix 1** of this report and sets out the latest update on the communication timetable.
- 2.2 The Path to Excellence is a five-year programme to improve healthcare across South Tyneside and Sunderland and is part of the region's sustainability and transformation plans.

#### 3. CURRENT POSITION

- 3.1 The Path to Excellence listening exercise started in October 2016. The NHS partnership in South Tyneside and Sunderland has engaged with hundreds of patients, families and stakeholders to understand public views, needs and experiences relating to NHS stroke, obstetrics, gynaecology and paediatric (phase 1a) services in the area.
- 3.2 The draft communications plan provides further detail on a number of key issues in terms of the consultation phase 1a including:
- Objectives
  - Plan development
  - Stakeholders and audience
  - Timescales
  - Dialogue development.

#### 4. RECOMMENDATION

- 4.1 The Joint Health Scrutiny Coordinating Committee is recommended to consider and comment on the information provided in the draft communications plan.

---

**Contact Officer:** Caroline Latta  
Senior Communications and Engagement Locality  
Manager

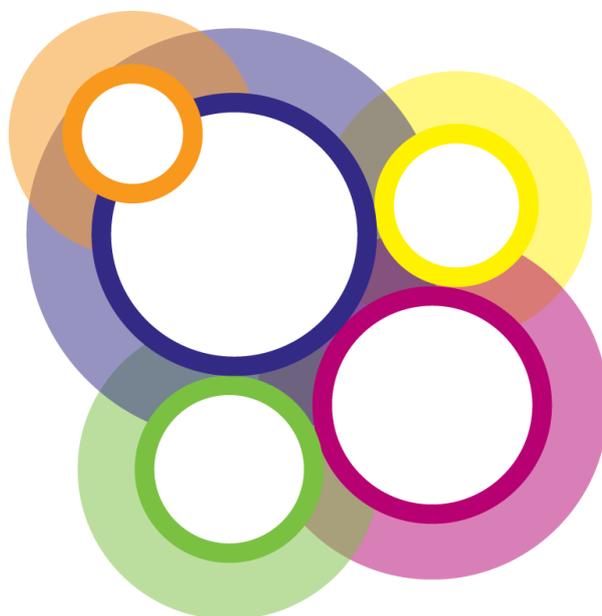


North of England  
Commissioning Support

Partners in improving local health

# DRAFT Communications Plan

The Path to Excellence  
*Phase 1a Consultation*



<b>Project title:</b>	The Path to Excellence - consultation
<b>Author:</b>	Emma Taylor
<b>Owner:</b>	Caroline Latta
<b>Customer:</b>	South Tyneside and Sunderland NHS Partnership
<b>Date:</b>	18 February 2017
<b>Version:</b>	Draft
<b>Document number:</b>	

## Change Record

Date	Author	Version	Summary of Changes
18 Feb	Emma Taylor	Draft	Draft version
27 Feb	Senior Officers	Draft	Draft version – dates for planning purposes

## Reviewers

Name	Position
Helen Fox	Communications manager
Caroline Latta	Senior communications and engagement locality manager

## Distribution This document has been distributed to:

Name	Title	Date of issue	Version
Caroline Latta		22 Feb 17	Draft
Governance Group		23 Feb 17	Draft

## Background

The Path to Excellence listening exercise started in October 2016. The NHS partnership in South Tyneside and Sunderland has engaged with hundreds of patients, families and stakeholders to understand public views, needs and experiences relating to NHS stroke, obstetrics, gynaecology and paediatric (phase 1a) services in the area. Also included is the travel and transport impact assessment.

The Path to Excellence is a five-year programme to improve healthcare across South Tyneside and Sunderland and is part of the region's sustainability and transformation plans.

It has been set up to secure the future of local NHS services and to identify new and innovative ways of delivering high quality, joined up, sustainable care that will benefit our population both now and in the future.

A task and finish group has been established to oversee the development of the communications and engagement programme and that will provide advice to help shape the design of the consultation programme. The membership of the group includes HealthWatch to ensure objectivity, as well as communications, engagement and patient experience professionals from all health and care organisations across the two areas. Chaired by the senior communications and engagement lead, it has strategic input from the health group programme manager and CCG commissioning managers. The members provide informal advice and support to devise and develop best practice communications and engagement plans and operational activity to drive service review activity forward.

The next step is for the partnership to use the public views gathered during the listening exercise to inform the case for change and develop proposed new models of acute care/ scenarios that are as robust as possible, based on best clinical evidence, will make the best use of resources and offer patient choice.

There are several areas of interrelated statute, case law and national policy in relation to NHS reconfiguration and consultation. The NHS South Tyneside and Sunderland Partnership have a duty to consult on any proposed services changes to ensure a transparent and robust process.

The main services covered in the consultation include a number of services delivered by South Tyneside General Hospital and Sunderland Royal Hospital:

- Stroke services covering emergency operations, hospital care, rehabilitation services and community-based stroke teams.
- Maternity services from pregnancy to post-delivery care, these services include community midwives, outpatient and ultrasound clinics, delivery suites and postnatal clinics.
- Gynaecology, which includes a general outpatient service, surgical wards, a day-care surgical centre and fertility services.
- Paediatrics includes emergency care, children's wards, neonatal intensive care, special care and outpatient services.

The challenge is to make what are very complex issues as simple as possible for the public to understand, while ensuring underpinning good communications and engagement processes providing the right information for people to make an informed opinion. This in turn allows decision makers to understand public feedback in a systematic way, therefore fulfilling legal duties around major service changes and consultation.

The communications programme team were asked to advise on a suitable communications approach that would provide a range of engagement activity that allows different stakeholders and groups to get involved in the way that is most suitable to them. All methods ensure that feedback and dialogue is captured, which will be then be analysed and included in a final feedback report. All methods will include data monitoring of the key characteristics of participants to ensure the NHS organisations are hearing from key groups and that equality monitoring can take place.

This communications plan does not refer to the listening and engagement work currently being undertaken to gain insight and understanding on patient views, ideas and experiences to support further consultation around any possible future, proposed changes to the following clinical areas:

- Trauma and orthopaedics
- General surgery

## Objective(s)

This plan sets out the actions the partnership will take in relation to the public consultation. The specific objectives are:

- To effectively engage the local population, partners and other stakeholders
- To give the local population, partners and stakeholders the opportunity to consider and comment on the scenarios for new models of acute care services
- To use the comments and feedback from the local population, partners and stakeholders to inform consideration by the CCGs and providers as to how it should provide services to best meet the needs of the population
- To inform CCG commissioning responsibilities in relation to the services under review and inform providers in the delivery of those services
- To ensure that the consultation is accessible to local people, patients, partners and key stakeholders, that they are aware of the survey and events and have the opportunity to participate fully, should the wish to do so.

## Plan development

The plan was developed in coordination with the Governance Group and The Path to Excellence Communications and Engagement Task and Finish Group.

A draft version of this plan is being shared with the Joint Overview and Scrutiny Committee for comment.

We have also developed links with NHS England and NHS Improvement (the arm's length bodies who will provide assurance on proposals against NHS policy) and the Consultation Institute as part of its assurance and quality function.

The Consultation Institute will provide independent quality assurance of our pre-engagement and consultation process with a view to issuing a certificate of compliance of either good or best practice.

## Stakeholders and audiences

The key stakeholders that need to be considered by this process include:

**Public and patients of South Tyneside and Sunderland**, with particular emphasis on:

- Patients who have used inpatient care at South Tyneside General Hospital or Sunderland Royal Hospital
- Patients who have used outpatient care at South Tyneside General Hospital or Sunderland Royal Hospital
- Older people
- Family members and carers
- MY NHS members with an interest in stroke, maternity, gynaecology and/or paediatrics
- People who have responded or taken part in the path to excellence engagement events

### Primary care

- GP practices

### Secondary care

- South Tyneside NHS Foundation Trust
- City Hospitals Sunderland NHS Foundation Trust
- South Tyneside General Hospital
- Sunderland Royal Hospital
- Other NHS Providers
- NEAS
- Northumbria Tyne and Wear NHS Trust

### Voluntary sector groups and providers

- Key third sector groups

## Partners:

- The Path to Excellence Governance Board members
- The Path to Excellence Task and Finish Group
- The Path to Excellence Travel and Transport Task and Finish Group
- MPs – Emma Lewell-Buck, Stephen Hepburn, Julie Elliott, Sharon Hodgson, Bridget Phillipson
- Council Leaders, Chief Executives and portfolio holders at South Tyneside and Sunderland Councils
- Overview and Scrutiny Committees
- Health and Wellbeing Boards
- South Tyneside HealthWatch, Sunderland HealthWatch
- Local Medical Committees
- NHS England
- NHS Improvement

## Communications and engagement activity

A comprehensive programme of communications and engagement activity is planned for the consultation. This will include:

- Media releases
- Public relations activity e.g. consultation launch
- Briefings with local media outlets e.g. BBC, the Gazette, the Echo
- Social media activity and paid for advertising – Facebook, YouTube and Twitter
- Videos/Podcasts/Blogs
- Facebook Live events
- Information on The Path to Excellence and partner/provider websites
- Syndicated Information for internal newsletters, e-bulletins and paid for media supplements
- Parish Council/local area committee newsletters
- Articles and/or advertising in local authority publications
- Paid for advertising in local media outlets
- Posters, leaflets, brochures including distribution/mail drop
- MP and Councillor briefings – regular updates provided by Partnership Chief Executives

Please note these are proposals which are currently subject to detailed planning – see Appendix 1.

An overview of proposed methods is contained within the table below. The consultation methodology is attached in Appendix 2.

Consultation Activity	Overview – formal consultation phase – formal 12 week time frame
Engagement using social media	A programme of social media engagement will be developed including mechanisms such as Facebook, Twitter, You Tube etc.
Consultation phase launch event	Invitations sent to a cross-section of relevant stakeholders to attend launch events
Consultation road shows	A series of consultation road-shows will take place across the area. These will target public places such as shopping centres, supermarkets etc. Information about the consultation and options for changes to services will be made available, with the opportunity to participate in the consultation, or to do so later at home or online
Formal public events consultation events across the two areas (with a clear rationale of number against population weighting)	Agreed number of public events will take place across the consultation period. There will be a weekday evening event in each locality and a weekend daytime event in each locality. The weekday events will each be held on different days of the week to maximise the opportunity for people to attend who may be able to attend on specific weekdays due to other commitments such as work
Information stall and presence at local public events	Key local public events will be identified and, where possible, information stalls will be set up at events containing information about the consultation phase. Those attending the event will have the opportunity to participate in the consultation, or to do so later at home or online
Information and consultation narrative documents / questionnaires provided online and in public places	Information and consultation documents will be available online and will also be distributed across a variety of public buildings and  A door to door leaflet drop will also be planned as appropriate
Survey – paper and on-line (Independent)	Promoted at all opportunities and against key lines of enquiry of specific issues, questions or areas of care
Independent market research - on street	Sampled against socio economic profile to ensure robust numbers for a full population picture.

Consultation Activity	Overview – formal consultation phase – formal 12 week time frame
Focus groups – run by CVS organisations	<p>Targeted focus groups with stakeholders with an interest in the protected characteristics defined by the Equality Act 2010 and also the service areas under consideration i.e. stroke, maternity groups etc.</p> <p>Facilitated and self-directed focus groups with community and voluntary sector organisations</p> <p>Focus groups in public places such as libraries</p> <p>Focus groups with GP Patient Participation Groups</p>

## Timescales

The timing of the consultation will be dependent on receiving assurance from NHS England. The launch date will be dependent on the pre-consultation business case being signed off by NHS England and NHS Improvement.

A minimum two weeks advance notice would be given to allow time for communications project leads to plan and create the consultation document and to schedule production and publishing of communications and marketing materials.

The consultation will run for a minimum period of 12 weeks as per the communications calendar to allow people time to get involved.

## Key messages development

A full formal consultation narrative will be developed, that will detail:

- The background to the listening phase and how that progresses as a thread into the consultation phase
- The case for change (builds from listening into formal consultation)
- The options/scenarios for change
- The rationale for the options/scenarios and why some options were not included, or developed, as part of the consultation

- How people can participate in the consultation phase and give their views.

Those engaged throughout the dialogue period will be from a variety of backgrounds, and will have different experiences, skills and needs. For this reason, the consultation narrative will be made available with different levels of detail and in different languages and formats as required.

Support will be offered to those who need it to ensure that they are able to understand the information contained within the narrative, and to ensure that all participants have enough information to give informed consideration to the options/scenarios contained within the consultation narrative. This will also ensure that the consultation meets the standards set out in the Gunning Principles.

The narrative content will ensure integrity, accessibility and transparency of information. It will clearly inform those participating in the consultation of the rationale and case for change, the options for change and any potential impact that change might have on those using, or likely to use, hospital services under consideration.

## Dialogue development

A variety of communications and engagement activity will be used to ensure that the consultation dialogue activities are fully accessible to the diverse and varied population.

An overview of proposed communications and consultation activity that could be delivered is given in Appendix 1.

To deliver this engagement activity effectively, across the consultation dialogue period, a substantial amount of development work is currently underway.

Development activity around areas includes:

- Identification of resources, venues and suppliers
- Stakeholder mapping
- Consultation narrative and questionnaire/survey work

- Clinical engagement
- VCS engagement to deliver focus groups
- PR, marketing and advertising
- Use of digital technologies, dedicated web pages, on-line survey, social media
- Public events, drop-ins, information sessions, Facebook Live etc.
- Production and distribution of consultation materials
- Ensuring mechanisms are in place for analysis and reporting of data streams from both phases of dialogue activity.

## Standards and formats of information

All information produced as part of the consultation will be written in language that can be understood by members of the public. Technical phrases and acronyms will be avoided, and information will be produced in other formats as required, to reflect the needs of the population.

This may include, but is not limited to:

- Large print
- Audio
- Braille
- Different languages
- Computer disk
- Interpreters at public events

Suppliers will be identified as part of the development work to provide these formats of information when they are required.

## Documentation and resources

This will include, but is not limited to:

- Consultation narrative documents including summary documents
- Slide decks

- Online and paper survey questionnaires
- Posters, leaflets and flyers – print and digital
- Video and audio for online and social media
- Stand-up banners
- Venues for public events
- Catering

## Budget / resources

Any costs associated with this communications plan has to come out of the path to excellence budget.

DRAFT

## Appendix 1 - Communications tactics and consultation methods for the Path to Excellence

**NB. It is very important to note that dates in this draft plan are for planning purposes only and will be subject to change. Final dates will be confirmed and communicated in advance to stakeholders.**

**Planning:** Consultation document writing to start as soon as business case signed off by governing body

**Consultation timings:** May to September 2017 – NB. Please note that the timeline is in draft and dates may need amending based on the final strategic timeline.

This appendix sets out the different communications tactics and methods for engagement which could be used for the next phase of the consultation process.

The objective is to provide a range of engagement activity that allows different stakeholders and groups to get involved in the way that is most suitable to them. All methods ensure that feedback and dialogue is captured, which will be then be analysed and included in a final feedback report. All methods will include data monitoring of the key characteristics of participants to ensure the CCGs and Foundation Trusts are hearing from key groups and that equality monitoring can take place.

This is not only best practice, but will also ensure that the NHS meets its equality duties as well as its duties to involve and consult. They are in line with the principles of 'Transforming Participation' and the rights and pledges set out in the NHS Constitution.

Tactic	Audience	Cost	Timing	Actions / update / purpose	Responsibility	Status
<b>Other recommendations for further evidence</b>						
• Travel impact assessment					NECS comms	In progress
• Equalities analysis					CCG but input from NECS comms	In progress
• Estates review					CCG to commission	
• Procurement market testing					CCG / NECS procurement	
• Demand and financial modelling					CCG	
• Clinical senate					CCG	

<b>Clinical engagement</b>						
• Briefing pack	Clinicians			NECS comms will develop pack to include presentation, briefing note and feedback mechanism	NECS comms	
• Clinical engagement	Clinicians			All clinicians and management to attend pre-consultation briefing sessions Session 1 took place 17 February	NECS Comms/CCGs/Trusts/	First session complete
• Acute care providers	Clinicians			Providers to undertake engagement with own employees	Individual providers	
<b>Pre-meetings with key stakeholders</b>						
• Briefing for pre-meets	Stakeholder				NECS comms	
• Face to face meeting with MPS (Dave Gallagher)	MPs		5 <sup>th</sup> May 10.30-11.30am at Sunderland CCG	Regular briefings with MPs about path to excellence work Provided by Partnership Chief Executives Dedicated sessions can be arranged	Dave Gallagher Jan Thwaites (0191 5128474)	
• Phone conversation with scrutiny committee about consultation plans	Councillors		Before consultation starts APRIL- tbc	Will determine how they wish to be involved – aim to set up meeting cycle e.g. attend during consultation, for feedback and then when decision has been made	NECS Comms	
• Meeting with JOSC	Councillors		Tbc	Dedicated sessions can be arranged	NECS Comms	
• Meetings with HealthWatch	South Tyneside & Sunderland HealthWatch		Before consultation starts APRIL - tbc	Sunderland Health Forum dates - May 2017 TBC	NECS comms	

Material preparation required for consultation						
• Email re deferral of consultation	Stakeholder		Feb			NECS Comms Providers
• Briefing paper for pre-brief (see pre-meeting section)	Stakeholder		April			NECS comms Signed off by Gov Group
• Briefing required to send to OSC, MPs, health and wellbeing boards	Stakeholder		April			NECS comms Signed off by Gov Group
• Email update for public who requested to be kept up to date	Public		April			NECS comms
• Email to distribute focus group expressions of interest	VCS		March	Email to request initial expressions of interest to run focus groups		NECS Comms
• PowerPoint presentation slide deck			w/c 24 April – 1 May			NECS comms Signed off by Gov Group
• General email	Public		w/c 24th April	Email that can be distributed by partners/CVS groups		NECS comms
• Letter to Trust Members			w/c 24 April	Letter		NECS Comms Trust lead
• Consultation document			w/c 24 April - 1 <sup>st</sup> May	Consultation doc to include: <ul style="list-style-type: none"> <li>• The background to the consultation</li> <li>• The case for change</li> <li>• The options for change</li> <li>• The rationale for the options and why some options were not included, or developed, as part of the consultation</li> <li>• How people can participate in the consultation and give their views</li> </ul>		NECS comms Signed off by Gov Group
• Summary consultation document			w/c 24 <sup>th</sup> April			NECS comms

• Easy read consultation doc			early May		NECS comms + external supplier	
• Questionnaire			w/c 24 April		NECS comms Signed off by CCGs	
• Focus group pack			w/c 24 April	Will include guide to circulate to VCS with initial expression of interest email	NECS comms Signed off by CCGs	
• Flyer			end April	To raise awareness of the consultation, survey, events etc.	NECS comms Signed off by CCGs	
• GP distribution			early May		NECS comms	
• Infographic			end April		NECS comms	
• Poster			end April		NECS comms	
• Press release			end April	Will include briefing with local media outlet	NECS comms Signed off by CCGs	
• Copy for website			end April	To raise awareness of the consultation, survey, events etc.	NECS comms	
• Tweets, FB posts			end April	To create a drumbeat of activity on social media to raise awareness of the consultation and how to get involved	NECS comms	
• Video			end April	What is path to excellence consultation, why we are doing this, why we need your views, how to get involved	NECS comms	
• Audio podcast					NECS comms	
• Pop up banners			end April	For use at events	NECS comms	
<b>Proposed promotion methods for consultation</b>						
• Printing of materials			w/c 24 April	Require printing of some of the tools above	NECS comms & external supplier	
• Distribution of flyer to GP practices			w/c 1 May		CCG locality managers	
• Upload of poster to GP screens			24 April		NECS comms	

• Adverts in Gazette and Sunderland Echo, promoted content and online			w/c 24 April	To promote launch events and raise awareness	NECS comms & Gazette Sunderland Echo	
• Digital advertising (targeted to key demographic and key word searches) + promotes video			w/c 24 April		NECS comms & external supplier	
• Article in Community News and Vibe magazine			24 April		NECS Comms	
• Syndicated Information use by partners			24 April		NECS Comms	
• Contingency						
<b>Consultation engagement tactics</b>						
• Launch x 2	Public		10 May tbc	South Tyneside and Sunderland	Leadership	
• Deliberative event 1 – obstetrics, gynaecology and paediatrics	Public		24 May tbc	Sunderland	Subject specific clinical staff	
• Consultation discussion 1	Public		7 June tbc	South Tyneside	Directors	
• Deliberative event 2 – stroke	Public		10 June tbc	Sunderland	Subject specific clinical staff	
• Consultation discussion 2	Public		14 June tbc	Sunderland	Directors	
• Deliberative event 3 – obstetrics, gynaecology and paediatrics	Public		28 June tbc	South Tyneside	Subject specific clinical staff	
• Consultation discussion 3	Public		1 July tbc	South Tyneside	Directors	
• Deliberative event 4 – stroke	Public		5 July tbc	South Tyneside	Subject specific clinical staff	
• Consultation event 4	Public		12 July tbc	Sunderland	Directors	

<ul style="list-style-type: none"> <li>• Deliberative events</li> </ul>	<p>There are three main areas of care under review, these are:</p> <ul style="list-style-type: none"> <li>• Stroke</li> <li>• Obstetrics and Gynaecology</li> <li>• Paediatrics</li> </ul> <p>A deliberative event is where participants are asked to give their views and those facilitating such an event are trying to find out why participants think in a certain way.</p> <p>Facilitators are trying to find out the background and context of the views that are being presented by participants. During a deliberative event, discussion and debate by participants is encouraged. This allows those running the event to find out if everyone shares the same view and encourages contributions from those participants who may have alternative experiences or views.</p> <p>Deliberative events give people the opportunity to have a voice, but no-one voice is allowed to dominate the discussion. This means the resulting record is not 'skewed' by one opinion or polarised where this cannot be justified in the light of the background or context which emerges as part of the discussion.</p> <p>Consensus is not necessary; as conflict is regarded as good as long as it is respectful.</p> <p>Each and every comment and opinion is recorded and participants are encouraged to say how they feel about what they have heard at numerous points during the event. When someone makes a comment this is accepted and welcomed – this includes all individual viewpoints.</p> <p>Participants are consistently given the message that everyone in the group needs to know that their comments are valued, even when they differ from other participants, commissioners, or staff views which may have been presented at the time.</p> <p>Typically, participants are asked:</p> <ul style="list-style-type: none"> <li>• How do you feel about what you have heard?</li> <li>• How do you feel about the scenarios [if these are presented to them]?</li> <li>• Do you have any stories or examples that you think are positive, negative, highlight a concern?</li> <li>• Think about the last time you or someone you know needed attention [in the context of the service being asked about]</li> <li>• What would you want to see more of / less of NOW</li> <li>• If you haven't experienced good or bad service provision, what do you hope quality looks and feels like when you do need to use the service?</li> <li>• How should the service work in an integrated way?</li> </ul> <p>The feedback from the event is then themed, often with as many direct quotes as possible and, if appropriate, a graphic illustrator also providing themes and illustrations created during the event for the report. Graphic illustration is a useful tool for participants to be able to reflect on their discussion during the event as it progresses.</p> <p>There is a very close relationship between Obstetrics, Gynaecology and Paediatrics therefore it is recommended that two different types of deliberative events are held that bring Obstetrics, Gynaecology and Paediatrics together with Stroke being done separately.</p> <p>Staffing requirements: Subject area specialists for each area of care only, along with event staff to run the facilitation.</p>
---	---

<ul style="list-style-type: none"> <li>Facebook Live events x 2</li> </ul>				<p>Two evening events will take place – Check Governance/Director/Clinical diaries to determine timings.</p> <p>This will allow people to participate in a Q&amp;A section via Facebook. There will be two evenings where this takes place and there will be 2 mini slots for 10 minutes with a break in between (half an hour).</p> <p>The events will be promoted via FB boosts and included as part of the get involved section.</p>	<p>NECS comms</p>	
<ul style="list-style-type: none"> <li>Survey/questionnaire</li> </ul>				<p>A survey provides an easily accessible way for people to give their views. It will be available in both paper form and online.</p> <p>An independent organisation with expertise in complex survey design will support the survey development. This is also to provide assurance that questions will not be leading. The survey will have its own output report of findings.</p> <p>The same organisation will conduct the full analysis of all the feedback gained from all the methods in this paper for a final consultation feedback report.</p>	<p>NECS comms + independent org</p>	

<ul style="list-style-type: none"> <li>Targeting protected characteristics</li> </ul>				<p>Advise commissioning organisation...</p> <p>A focus group pack will include both a discussion guide (the open ended questions to pose) plus a facilitation guide (guidance for the person running the focus group) and a data monitoring form.</p> <p>The discussion guide will be structured in line with the survey, and will allow a more deliberative qualitative discussion to take place. Using a structured discussion guide means that more depth can be added to the survey responses which are usually more qualitative than quantitative. Data monitoring must be requested from all participants.</p> <p>If any of the participants would like to discuss any of the scenarios, then an invitation will be given for in-depth interviews to take place if required.</p>	<p>NECS comms + independent org</p>	
---	--	--	--	--	-------------------------------------	--

<ul style="list-style-type: none"> <li>Focus groups conducted via VCS organisations</li> </ul>				<p>An offer will be made to interested voluntary and community sector organisations to recruit and run a focus group and submit a report. In return reasonable expenses will be covered and a payment of £100 per group made and this will be facilitated by NECS comms.</p> <p>A focus group pack will include both a discussion guide (the open ended questions to pose) plus a facilitation guide (guidance for the person running the focus group) and a data monitoring form.</p> <p>The discussion guide will be structured in line with the survey, and will allow a more deliberative qualitative discussion to take place. Using a structured discussion guide means that more depth can be added to the survey responses which are usually more qualitative than quantitative. Data monitoring must be requested from all participants.</p> <p>The focus group offer includes:</p> <ul style="list-style-type: none"> <li>Focus group pack</li> <li>Payment of £100 plus reasonable event expenses</li> <li>Output report of each focus group feedback</li> <li>Data monitoring information</li> </ul>	<p>NECS comms + VCS organisations</p>	
--	--	--	--	--	---------------------------------------	--

<ul style="list-style-type: none"> <li>Focus groups for GP participation groups</li> </ul>				<p>Many GP practices in South Tyneside and Sunderland have patient participation groups. The pack will be circulated to these groups via practice managers.</p> <p>A focus group pack will include both a discussion guide (the open ended questions to pose) plus a facilitation guide (guidance for the person running the focus group) and a data monitoring form.</p> <p>The discussion guide will be structured in line with the survey, and will allow a more deliberative qualitative discussion to take place. Using a structured discussion guide means that more depth can be added to the survey responses which are usually more qualitative than quantitative. Data monitoring must be requested from all participants.</p> <p>The focus group offer includes:</p> <ul style="list-style-type: none"> <li>Focus group pack</li> <li>Output report of each focus group feedback</li> <li>Data monitoring information</li> </ul>	<p>NECS comms email practice manager</p>	
--	--	--	--	---	--	--

<ul style="list-style-type: none"> <li>• CCG run focus groups</li> </ul>				<p>The CCGs will run six focus groups to ensure a cross-representation of the population of South Tyneside and Sunderland.</p> <p>They will be recruited on-street and will need to be incentivised.</p> <p>The discussion guide will be structured in line with the survey, and will allow a more deliberative qualitative discussion to take place. Using a structured discussion guide means that more depth can be added to the survey responses which are usually more qualitative than quantitative. Data monitoring must be requested from all participants.</p>	<p>NECS comms + external supplier</p>	
<ul style="list-style-type: none"> <li>• In-depth interviews</li> </ul>				<p>This is an option for people who would like to discuss the different scenarios in more detail and within the mid-consultation review will be used as a discussion point with people if there are particular emerging concerns to investigate in more detail.</p> <p>A discussion guide will be structured in-line with the survey and focus group guides. In-depth interviews are carried out on a one to one basis and allow the opportunity for much more detailed and personal experience to be gained.</p> <p>Data monitoring will be undertaken.</p>	<p>NECS comms</p>	

<ul style="list-style-type: none"> <li>Roadshows in shopping centres</li> </ul>				<p>Roadshows will be set up in the main shopping areas in South Tyneside and Sunderland.</p> <p>It will be set up so that potential discussions can take place along with distribution of material.</p>	NECS comms + external supplier	
<ul style="list-style-type: none"> <li>Attendance at relevant existing meetings, groups and networks</li> </ul>				<p>These need to be mapped</p>	<p>P2E directors, clinical and comms leads required to attend</p> <p>NECS comms to facilitate meeting dates</p>	
<ul style="list-style-type: none"> <li>Submissions received from groups, teams and individuals</li> </ul>				<p>All of the above does not preclude the right of groups, individuals and groups to make their own submission. The CCG recognises that not everyone will confine their comments to the structured groups and the survey. Any submissions received will be incorporate into the feedback report.</p>	<p>CCG to advise if anyone receives anything to send to NECS comms – CL, ET</p>	
<b>Mid-consultation review</b>						
<ul style="list-style-type: none"> <li>Mid-consultation review</li> </ul>			w/c 19 June (no events this week)	A mid-consultation review	NECS comms + consultation institute + CCG	
<ul style="list-style-type: none"> <li>Additional engagement tactics?</li> </ul>				As a result of mid-consultation review, may need to include further tactics	NECS comms	
<ul style="list-style-type: none"> <li>Mid-report required</li> </ul>				High level report required to identify any emerging themes. May require further engagement into that particular area	NECS comms	
<b>Consultation feedback report</b>						
Feedback report			September/October – date tbc	Best practice states that the report needs to be from an independent source	NECS comms + independent supplier	

NHS England assurance					
• Link with Jill Simpson				Regular meetings already in place with NHS E around consultation	NECS comms (CL)

Author

**Emma Taylor**

Senior Communications Officer

NHS North of England Commissioning Support (NECS)

18<sup>th</sup> February 2017

DRAFT

## **Appendix 2 - Path to Excellence - Methods for Engagement to use in the formal consultation**

This appendix sets out the different methods for engagement which could be used for the formal consultation phase of the Path to Excellence. It has previously been shared with joint scrutiny and now acts as an appendix to this overall plan on:

- Stroke
- Obstetrics and Gynaecology
- Paediatrics

These methods have been discussed in the Path to Excellence Communications and Engagement Group who have been overseeing the engagement process.

The objective is to provide a range of engagement activity that allows different stakeholders and groups to get involved in the way that is most suitable to them. All methods ensure that feedback and dialogue is captured, which will then be analysed and included in a final feedback report. All methods will include data monitoring of the key characteristics of participants to ensure the NHS organisations are hearing from key groups and that equality monitoring can take place.

This is not only best practice, but will also ensure that the NHS meets its equality duties as well as its statutory duties to involve and consult.

They are in line with the principles of 'Transforming Participation' and the rights and pledges set out in the NHS Constitution, as well as the Empowering Communities principles for person centred care.

There will be a detailed communications plan to ensure appropriate publicity to promote the launch of the consultation and attendance at events and take up of the surveys, deliberative events, focus groups etc.

Key documents will also be produced and published including:

- Full pre-consultation business case for change (technical document submitted to NHS England)
- Public facing consultation document
- Summary consultation document (shorter version of above)
- Slide pack
- Focus group discussion guides on each area of care
- Deliberative event case studies on each area of care
- Survey – paper and on-line

## Formal public launch events

As part of the consultation process, formal public events will take place across the South Tyneside and Sunderland area.

There will be six events in total – two consultation launch events (one in each area) and four consultation discussion events – two in each area during the consultation period.

The purpose of these events is to set out the high level case for change across all the areas of care under review.

While efforts will be made to specifically target services users, carers and people with a specific interest, it is important that efforts are made to involve the wider public and stakeholders at these events.

The launch events will take place on the first day of the consultation period and will provide an opportunity to gain publicity for the issues under consultation, and encourage people to take part. One will take place in Sunderland and one in South Tyneside.

Event format:

- Cabaret style two hour event
- Introduction and presentation led by CCG and trust clinical leaders to explain the background to the process, the case for change and outline each of the scenarios
- Expert panel (membership TBC) question time, independently chaired, cross section of experts to field questions and comment

- Notes taken of comments people make and report written
- Promotion of other ways to give feedback and views i.e. survey, focus groups and deliberative events

Staffing requirements: Medical Director, Chief executive, accountable officers, Clinical Chair (and support staff)

## Formal public discussion events

There should be formal consultation discussion events during the consultation period – four events in total.

The objective is to present information about the consultation, the scenarios and gain dialogue and feedback on scenarios for change being put forward.

Event format:

- Cabaret style two hour event
- Introduction and formal presentation led by CCG and trust clinical leaders to explain the background to the process and outline each scenario
- Facilitated table discussions on scenarios using a structured discussion guide in-line with other engagement methods, notes captured on flip chart so visible to participants and report written for each event
- Roving experts for points of clarification
- Promotion of other ways to get involved to feedback views

Staffing requirements: Director level leadership, medical director, directors of commissioning (and support staff)

## Subject specific deliberative events

There are three main areas of care under review, these are:

- Stroke
- Obstetrics and Gynaecology
- Paediatrics

A deliberative event is where participants are asked to give their views and those facilitating such an event are trying to find out why participants think in a certain way.

Facilitators are trying to find out the background and context of the views that are being presented by participants.

During a deliberative event, discussion and debate by participants is encouraged. This allows those running the event to find out if everyone shares the same view and encourages contributions from those participants who may have alternative experiences or views.

Deliberative events give people the opportunity to have a voice, but no-one voice is allowed to dominate the discussion. This means the resulting record is not 'skewed' by one opinion or polarised where this cannot be justified in the light of the background or context which emerges as part of the discussion.

Consensus is not necessary; as conflict is regarded as good as long as it is respectful.

Each and every comment and opinion is recorded and participants are encouraged to say how they feel about what they have heard at numerous points during the event. When someone makes a comment this is accepted and welcomed – this includes all individual viewpoints.

Participants are consistently given the message that everyone in the group needs to know that their comments are valued, even when they differ from other participants, commissioners, or staff views which may have been presented at the time.

Typically, participants are asked:

- How do you feel about what you have heard?

- How do you feel about the scenarios [if these are presented to them]?
- Do you have any stories or examples that you think are positive, negative, highlight a concern?
- Think about the last time you or someone you know needed attention [in the context of the service being asked about]
- What would you want to see more of / less of NOW
- If you haven't experienced good or bad service provision, what do you hope quality looks and feels like when you do need to use the service?
- How should the service work in an integrated way?

The feedback from the event is then themed, often with as many direct quotes as possible and, if appropriate, a graphic illustrator also providing themes and illustrations created during the event for the report. Graphic illustration is a useful tool for participants to be able to reflect on their discussion during the event as it progresses.

There is a very close relationship between Obstetrics, Gynaecology and Paediatrics therefore it is recommended that two different types of deliberative events are held that bring Obstetrics, Gynaecology and Paediatrics together with Stroke being done separately.

Staffing requirements: Subject area specialists for each area of care only, along with event staff to run the facilitation.

## Preparation for key staff and clinicians

In order to support NHS staff who will be involved in the events, a development session took place on Friday 17<sup>th</sup> February. The objective of the session is to explain the context for consultation and content/format for events.

## Timetable of events DRAFT

**NB These dates are not yet confirmed and are for planning purposes only at this stage.** They have been planned to give a balance across both areas:

<b>Event type</b>	<b>Venue</b>	<b>Time</b>	<b>Confirmation</b>	<b>Staffing</b>
Launch Event	South Tyneside	Afternoon 1-3pm		Leadership
Launch Event	Sunderland	Evening 6-8pm		Leadership
Deliberative event 1 – Obstetrics, Gynaecology and Paediatrics	Sunderland	Evening 6-8pm		Subject specific clinical staff
Consultation discussion event 1	South Tyneside	Afternoon 1-3pm		Directors
Deliberative event 2 - Stroke	Sunderland	Morning 10am- 12pm		Subject specific clinical staff
Consultation discussion event 2	Sunderland	Evening 6-8pm		Directors
Deliberative event 3 – Obstetrics, Gynaecology and Paediatrics	South Tyneside	Morning 10am- 12pm		Subject specific clinical staff
Consultation discussion event 3	South Tyneside	Evening 6-8pm		Directors
Deliberative event 4 Stroke	South Tyneside	Afternoon 1pm-3pm		Subject specific clinical staff
Consultation discussion event 4	Sunderland	Evening 6-8pm		Directors

## Consultation survey

A survey provides an easily accessible way for people to give their views. It will be available on-line and paper based. Paper versions will include a pre-paid envelope for ease of return. Support will be offered to those who may need to help to complete the survey.

The survey will take account of the following groups:

- Service users/patients
- Carers
- Professionals/ health providers
- Members of the public

An independent organisation with expertise in complex survey design and registered with relevant professional bodies will support the survey development and analysis. This is to ensure that it is independent from the NHS organisations leading the consultation.

A shorter 'on street' version of the survey will also be developed so that a demographic sample of the population can be recruited to give their views and provide a robust sample of opinion on the key issues.

The survey will be tested via the communications and engagement task and finish group.

This is also to provide assurance that questions will not be leading. The survey will have its own out-put report of findings.

The same organisation will conduct the full analysis of all the feedback gained from all the methods in this paper for a final consultation feedback report.

## Focus group pack for Voluntary and Community Sector use

An offer will be made to interested Voluntary and Community Sector (VCS) organisations to recruit and run a focus group and submit a report. In return reasonable expenses will be covered and a payment of £100 per group made.

This is a successful method used in the listening period and is endorsed by the Deciding Together group. Responses from key groups are to be encouraged. It would be desirable to have a group with current in-patients – and while this may be difficult the Deciding Together group would like this to be pursued.

The focus group pack will include a discussion guide (the open ended questions to pose) plus a facilitation guide (guidance for the person running the focus group) and a data monitoring form.

The discussion guide will be structured in-line with the survey, and will allow a more deliberative qualitative discussion to take place. Using a structured discussion guide means that more depth can be added to the survey responses which are usually more qualitative than quantitative. Data monitoring must be requested from all participants.

The focus group offer includes:

- Focus group pack
- Payment of £100 plus reasonable event expenses
- Requirement to provide an output report of each focus group feedback to the Path to Excellence
- Requirement to request data monitoring information from participants and provide that data back to the Path to Excellence

Particular efforts will be made to ensure that VCS groups with protected characteristics groups are involved in the engagement and take part in activity.

## **Attendance at relevant existing meetings, groups and networks**

These have been mapped and requests will be made for the consultation to be highlighted and appear as an agenda item.

## Submissions received from groups, teams and individuals

All of the above does not preclude the right of groups, teams and individuals to make their own submission.

The Path to Excellence recognises that not everyone will confine their comments to the structured groups and the survey. Any submissions received will be incorporate into the feedback report.

Please note ALL feedback, reports and submissions will need to be received on the last day of consultation in order to be included in the analysis of the feedback for the full consultation.

## Post consultation feedback

As outlined above, an independent organisation will analyse the feedback from all the engagement activity.

A draft feedback report will be published and this will be formally presented back to stakeholders for comments. Also two public events will take place where the independent organisation will present the findings.

Publication will include:

- Full draft report
- Summary of the draft report
- Slide pack of the draft report

At this stage, stakeholders will be briefed on the time line for the next stages for decision making.

# Item 6

JOINT HEALTH SCRUTINY COMMITTEE

7 MARCH 2017

## TRAVEL AND TRANSPORT IMPACT ASSESSMENT UPDATE

### REPORT OF INTEGRATED TRANSPORT PLANNING LIMITED

#### 1. PURPOSE OF THE REPORT

- 1.1 The report provides, for information and comment, an update on the travel and transport impact assessment and the work undertaken to date.

#### 2. BACKGROUND

- 2.1 The travel and impact assessment update is attached at **Appendix 1** of this report and sets out the latest update on the impact assessment work.

#### 3. CURRENT POSITION

- 3.1 The travel impact assessment update provides progress made following the Joint Health Scrutiny Committee meeting held on 30 January 2017.
- 3.2 The report includes updates based on Members feedback from the baseline report that was presented to the committee on 30 January 2017 including work undertaken and progress made.

#### 4. RECOMMENDATION

- 4.1 The Joint Health Scrutiny Coordinating Committee is recommended to consider and comment on the information provided in the transport and travel impact assessment update.

---

**Contact Officer:** Lynsey Harris  
Integrated Transport Planning Limited  
Jamie Wheway  
Integrated Transport Planning Limited

---

<b>Title</b>	Travel and Transport Impact Assessment - Update
<b>Date</b>	23/02/2017
<b>Author(s)</b>	Lynsey Harris, Jamie Wheway
<b>Project Code</b>	2268
<b>Version</b>	1

---



## 1. Introduction

- 1.1 Following the presentation of the baseline travel and transport report at the previous JHOSC held on Monday 30th January, this short note details progress made over the last month.

## 2. Points of interest arising from the January JHOSC

- 2.1 We have reviewed the questions received from the JHOSC on the baseline report and, from our own notes taken on the day, we have compiled a brief list of comments, queries and recommendations made at the meeting to include the following:
- Comments regarding information sources
  - Uncertainty over some public transport timetable information
  - Modelled accessibility not representing everyday circumstances and user experiences
  - Concern over out of hours transport
  - Maintenance and sustainability of Community Transport Vehicles
  - Support for a protected bus service serving Jarrow, Hebburn, South Tyneside District Hospital, a small number of stops in Sunderland and Sunderland Royal Hospital.
  - Consideration of bus services accessing the hospital sites in future
  - Consideration of the impact upon NEAS
  - A desire for any transport changes to be implemented prior to changes to NHS services

2.2 Concluding comments from the Chair included the following recommendations:

- Field testing of public transport journeys between the two hospital sites
- The introduction of a protected bus service to serve both hospitals and the local catchments
- Consideration of bus vehicles accessing the hospital grounds
- Transport measures to be put in place before clinical service changes

2.3 NECS, together with ITP, has received a detailed response from Mr Ian West following the publication of the baseline report on the Path to Excellence website, and has responded to these comments received concerning transport issues. NECS (and ITP) is currently investigating field testing options with Mr West and the groups that he represents, particularly the South Tyneside Public Transport Users Group, following Mr West's proposal that NECS / ITP shadow willing volunteers on their journeys to / from South Tyneside to Sunderland and vice versa.

2.4 The detail in this note addresses some of the questions raised by the JHOSC, however any outstanding questions will be addressed by NECS at the next meeting on Tuesday March 7th.

### 3. Work undertaken and progress made

3.1 Following the January JHOSC, in order to progress the travel and transport impact assessment, ITP has produced travel surveys for the following hospital users:

- Visitors to stroke patients admitted to SRH
- Maternity patients delivering their babies at both STDH and SRH
- Visitors to new mothers in maternity at both STDH and SRH
- Gynaecology patients at both STDH and SRH
- Parental survey for children attending Paediatric ED at both STDH and SRH
- Staff travel survey at both STDH and SRH

3.2 The surveys are being disseminated amongst current patients / visitors on the relevant wards / accessing the relevant healthcare services. The staff travel survey is primarily being promoted online, with paper copies of the survey available to staff who prefer to use this method of completion.

3.3 The travel and transport impact assessment reports are currently being prepared for CSRs to Stroke services, Obstetrics / maternity services, Gynaecology services and

Paediatric services and will aim to compare the current travel situation for the local populations with the future travel circumstances, particularly for any affected populations.

- 3.4 Impact assessment will focus on the existing public transport services, accessibility statistics derived from census data and accessibility statistics relating to the home postcodes of previous patients who have accessed the clinical services currently being reviewed in the last year.
- 3.5 Potential impacts upon travel times and travel costs for any affected local populations will be reviewed and potential measures to reduce any impact upon the local population will be presented.
- 3.6 The draft travel and transport impact assessments for the first clinical service reviews are due for completion week commencing 6th March 2017.

## 4. Additional information

- 4.1 ITP has received (from Nexus) a copy of the letter that the Leaders of both South Tyneside and Sunderland City Councils sent to Nexus in October 2016 concerning a desire for the introduction of new secured express bus services from Hebburn and Jarrow bus stations through Harton Lane to Sunderland CH and from Houghton, Hetton and Washington to Harton Lane via Sunderland CH.
- 4.2 The letter has been shared with NECS and the CSR Programme Manager however, no further discussion has yet taken place. Nexus have expressed their wish to work together with South Tyneside and Sunderland Healthcare Group and ITP, which is of course welcomed.
- 4.3 The draft baseline report has been uploaded to the Path to Excellence website. A final version will be added once formal comments arising from the January JHOSC have been fully addressed.