

**At a meeting of the SOUTH TYNESIDE AND SUNDERLAND JOINT HEALTH SCRUTINY COMMITTEE held in the CIVIC CENTRE SUNDERLAND on TUESDAY 7<sup>TH</sup> MARCH, 2017 at 2.00 p.m.**

**Present:-**

Councillor N. Wright in the Chair

Councillors (Sunderland) Davison, McClennan, Dianne Snowdon and G. Walker

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

Also in attendance:-

South Tyneside Council:

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 Latta, Senior Communications and Engagement Locality Manager  
Commissioning Support

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

Sunderland City Council:

Mr N Cummings, Scrutiny Officer

Mr D Noon, Principal Governance Services Officer

Healthwatch:

Mr K Morris, Chairman

Save South Tyneside Hospital Campaign / Sunderland and South Tyneside Public Service Alliance:

Ms G. Taylor, Campaign Organiser

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

**Apologies for Absence**

Apologies for absence were submitted to the meeting on behalf of Councillors Heron and Howe (Sunderland City Council).

## **Minutes of the Meeting of the South Tyneside and Sunderland Joint Health Scrutiny Committee held on 30<sup>th</sup> January, 2017**

1. RESOLVED that the minutes of the last meeting of the South Tyneside and Sunderland Joint Health Scrutiny Committee held on 30<sup>th</sup> January, 2017 (copy circulated) be confirmed and signed as a correct record.

## **Minutes of the Extraordinary Meeting of the Scrutiny Coordinating Committee held on 8<sup>th</sup> November, 2016**

2. RESOLVED that the minutes of the Extraordinary meeting of the Scrutiny Coordinating Committee held on 8<sup>th</sup> November, 2016 (copy circulated) be received and noted.

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

There were no declarations of interest made.

## **The Path to Excellence – Update**

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 therein. In particular he highlighted the delay in the launch of the public consultation on the stroke, obstetrics, gynaecology and paediatric services from early March to sometime in May. There had been two main reasons for the delay:-

i) given the range of questions raised at and following the last meeting, the Partnership wanted to ensure the Committee was completely happy with the procedure before the consultation was rolled out.

ii) an issue that was internal to the Partnership namely the need to ensure that all parts of the organisation were aware of the key themes to be addressed by the consultation.

The Chairman appreciated the need for the delay and hoped that the contribution from the Committee had been helpful. She then invited questioned from Members in respect of Mr Bremner’s presentation.

Councillor Brady related a concern expressed by a resident at the cancellation of a breast screening session at Cleadon Park which was then rearranged for the Q.E. in Gateshead, raising fears of the permanent closure of the facility at Cleadon Park. Mr

Gallagher replied that the Breast Service in that location was operated by a mobile screening unit. If, for whatever reason a session was cancelled then patients would be offered an appointment at the closest alternative centre rather than having to wait for the return of the unit to Cleadon Park. It was difficult to comment without being in possession of the full facts however Mr Gallagher would check the position with NHS England and report back directly to Councillor Brady.

Councillor Hetherington asked if assurances could be given that savings made by the formation of the South Tyneside and Sunderland Health Care Group would be used to enhance services rather than reduce deficits. Mr Bremner replied that it would be difficult to give such assurances however savings would be used to sustain services going forward. If growth funding became available it would be invested in Sunderland and South Tyneside both inside and outside the hospitals.

In response to an enquiry from Councillor Meling, Mr Bremner confirmed that the creation of the Single Executive Team would provide savings of £500,000 per annum which would be reinvested. Jobs would not be duplicated, there would only be one Director of Finance for example. The only outstanding post to be filled was Head of Communications. There was a possibility that it would be filled from outside the organisation however all other positions on the team had been filled from either South Tyneside or Sunderland.

In response to a further enquiry from Councillor Meling, Mr Bremner advised that all clinical services were being reviewed as part of a planned process. It would have been logistically impossible to do all 16 at once. There were clinically important reasons for starting the process with the Stroke Service as it faced particular problems in terms of its quality and recruitment. Obstetrics and Paediatrics were linked so it made sense to run those reviews together especially given the national mandate to review them.

Councillor Dix stated that the NHS was now starting to find itself in a similar position to that which local authorities had been struggling to cope with for a number of years, namely severe cuts in its grant funding from central government. Many local authorities had been forced to divest themselves of their land and property assets and he suggested that South Tyneside and Sunderland Health Care Group should look to do likewise in order to support clinical services. Mr Bremner advised that physical resources were an issue but he would not take a knee jerk reaction towards property. There would need to be a clear rationale for disposal which would be informed by the outcomes of the clinical reviews and not before. He would be foolish to dispose of a building if the clinical review subsequently identified that it was required going forward. Any disposal would be done openly, in line with best practice and in clear consultation.

In response to enquiries from Councillor McClennan, Ms Latta advised that the consultation questions would be pilot tested with the patient forums. Questions were not being designed by the NHS but by an independent consultant with membership of the Chartered Institute of Marketing. There would be a Coms Engagement Group which would include representation from Healthwatch and coms officers from Sunderland and South Tyneside Councils. Ms Latta suggested that the Committee may wish to nominate elected members to the Group. A pre consultation business case (PCBC) was being prepared and would include options for change. The PCBC was a very technical document and would be supported by a public facing consultation document. The options / scenarios for change would be presented to

the Joint Committee at the earliest stage possible. Councillor McClennan stated that the public would need to be advised in plain English what the options were, what each would mean and the likely savings accruing from each. The Organisation needed to be upfront with the public in respect of the financial pressure it was under. Ms Latta confirmed that people would be asked to consider the options, whatever they were, and weigh them up.

Mr Morris asked whether Ms Latta was confident that the VCS groups had the capacity to undertake their role in the consultation process. Ms Latta replied that she was conscious that the Voluntary Sector had suffered as a result of the cuts to public funding but she valued their insight and their ability to reach further into communities than the NHS ever could. There was a need to constantly check that the consultation process was hearing from the right groups and that quality monitoring was being undertaken by the focus groups.

Mr Morris stated that previous consultations had tended to focus on town/city centres like South Shields and Sunderland. It was important the other population centres such as Washington, Hetton, Houghton and Jarrow were included.

The Chairman referred to the patient experience report which had identified that 13% had concerns over child safety and asked to receive feedback on the actions taken to address this. Dr Wahid confirmed that he would bring a report on the matter back to the Committee. Similarly and in response to a further request from the Chair, Dr Wahid advised that he would also bring back the evidence gleaned in respect of the stroke service.

The Chairman referred to concerns raised regarding the pressure on the Ambulance Service and its performance in relation to response times and advised that she would recommend the Committee to invite the Chief Executive of the North East Ambulance Service to meet with the Committee to discuss these concerns.

Councillor Peacock asked if the Committee could have sight of the consultation document prior to its public launch. Ms Latta advised that given the timings involved it was unlikely that there would be an opportunity to share the document in advance. Due regard would have to be paid to the legal principles underpinning the NHS consultation and the staff would need to be consulted in the first instance. Councillor G. Walker appreciated that due process needed to be observed but argued that surely there would be a period before the launch when the committee members could view the document confidentially. The Chairman asked Ms Latta to reconsider her view on the matter.

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

3. RESOLVED that:-

- i) approval be given to the nomination of two members of the Joint Committee (one from each Local Authority) to serve as representatives on the Communications Engagement Group.
- ii) a report to provide feedback on the actions taken to address issues highlighted in the patient experience report which had identified that 13% had concerns over child safety, be submitted to the Joint Committee in due course.

iii) a report detailing the evidence gleaned in respect of the review of the stroke service be submitted to the Joint Committee in due course.

iv) The Chief Executive of the North East Ambulance Service be invited to attend a future meeting to discuss concerns raised regarding the pressure on the Ambulance Service and its performance in relation to response times.

### **The Path to Excellence – Draft Communications Plan.**

The South Tyneside and Sunderland NHS Partnership submitted a report (copy circulated) which provided an update on the above plan including further detail on a number key of issues in terms of the phase 1a consultation (Stroke, Obstetrics, Gynaecology and Paediatrics) including:-

- The objectives
- Plan Development
- Stakeholders and audiences
- Communications and engagement activity
- Timescales
- Dialogue development
- Standards and the format of information

(for copy report – see original minutes)

The Chair stated that this plan related to the local Partnership which in turn was part of the wider STP. She noted however that many residents of County Durham accessed services in Sunderland and asked what steps were being taken to consult with them. Ms Latta advised that this point had also been made by Healthwatch and thought was currently being given as to how this could be addressed.

Councillor McClennan sought assurances that the costs of the delivery of the Communications Plan would be spelt out. Ms Latta confirmed that it would. This was one of the reasons people were being asked to register in advance for the consultation events so that there would be an indication of how the event would need to be staffed.

In response to a further enquiry from Councillor McClennan the Committee was advised that the references to 'Procurement market testing' and 'Clinical senate' on page 13 of the draft document would be removed.

In response to an enquiry from Councillor Davison, Ms Latta advised that internal coms had been undertaken with staff in what was a parallel process to that being undertaken with the public. Staff were of course welcome to attend the public events. Councillor Davison asked that the public events were monitored to ensure that those carrying out the consultation were not putting their own interpretation on the answers given. Ms Latta advised that fully trained facilitators would be used and they would be non-judgemental. Large flip charts would be used during the events so people could see the points being recorded. In addition verbatim notes of the sessions would be published.

In response to an enquiry from Councillor G. Walker as to how confident the Partnership were that the objectives detailed on page 5 of the plan were achievable, the meeting was informed that they wouldn't have been written if it was not believed that they were achievable. There would be both pre and post event briefings, constant monitoring and mid-term reviews that would inform the process.

Councillor G. Walker asked what role NHS Improvement would play in the process. Mr Bremner advised that they had a dual role in that they regulated the two Trusts but would also play an assurance role prior to the consultation to provide satisfaction that the Partnership had undertaken due process.

In response to an enquiry from Councillor G. Walker as to whether the reference to GP practice stakeholders included support staff and patients, the meeting was advised that it did.

Councillor Flynn predicted that he would hear from hospital staff that the whole process would be going ahead regardless of the outcome of the consultations. Mr Bremner replied that that comment hit the nail on the head. He stated that the process required appropriate staff engagement, that it was proportionate and reasonable and that it had both clinical and non-clinical input. It was important to stress that nothing could progress to a conclusion unless the Partnership had taken full consideration of what the consultation had told it.

At this juncture the Chairman welcomed and introduced Gemma Taylor who briefed the Committee on the aims and concerns of the Sunderland and South Tyneside Public Service Alliance in relation to the Path to Excellence proposals. This included:-

- i) fears that acute services would be removed from South Tyneside or Sunderland Hospitals or both
- ii) disappointment at the break-up of the Stroke Team at South Tyneside
- iii) concern that the clinical service reviews being undertaken lacked the appropriate input from the clinicians
- iv) a wish to see details of the proposals delivered to every household in Sunderland and South Tyneside
- v) a wish to see Stagecoach and NEAS involved in the process
- vi) concerns at the cost of the consultation process and in particular the use of consultants in respect of the transport element of the proposals.

In reply to an enquiry from Ms Taylor, Ms Latta advised that there would be a cost involved in employing independent experts to undertake the transport survey. She stated that the organisation was 'stuck between a rock and a hard place' in this regard. If it had undertaken the survey itself there would have been accusations of a lack of objectivity and that questions had been slanted to achieve the desired responses. If it employed consultants to undertake the work it was criticised for unnecessary expense. In reality the Partnership were not experts in transport and travel and it made sense to employ a firm that was. Ms Latta stated that there would be a cost to this but believed it was not something she should apologise for.

Mr Bremner advised that he held regular meetings with Ms Taylor and Mr Nettleship to try and address their concerns. He stated that there were some genuine concerns especially in respect of resources. The Chair asked that the Joint Committee received feedback on these conversations at its future meetings.

4. RESOLVED that:-

- i) the draft Communications Plan be received and noted, and
- ii) the Joint Committee receive feedback at a future meeting on the talks being held between Mr Bremner and Ms Taylor / Mr Nettleship.

### **Travel and Transport Impact Assessment – Update**

Integrated Transport Planning Limited (ITP) submitted a report (copy circulated) which updated members on the current position in respect of the Travel and Transport Assessment and the work undertaken to date including the feedback received from members in respect of the baseline report presented to the Joint Committee at its meeting held on 30<sup>th</sup> January 2017.

(For copy report – see original minutes)

Ms Latta, presented the report advising that the representatives from ITP had been unable to attend today's meeting. She informed members that they were looking to field test some of the assumptions from the Baseline Report and would keep Nexus informed.

Councillor G. Walker referred to Paragraph 3.6 which indicated that the draft travel and impact assessment for the first clinical service reviews were due for completion during the week commencing 6<sup>th</sup> March 2017 and asked when it would be made available to the Committee. Ms Latta advised that she would check when the document would be made public and get back to Councillor Walker.

Councillor Hetherington stated that she believed that transport was an issue that would never be solved satisfactorily. Bus companies were driven by their profit margins and out of hours travel was difficult. She believed that ultimately the decisions regarding the delivery of services under the Path to Excellence would be driven by issues of resources rather than transport and that everyone needed to be open and honest about this. The Chairman stated that she had to disagree to a certain extent and asked if it would ever be viable to achieve a secured bus link between South Tyneside and Sunderland Hospitals. Ms Latta replied that it was a standard operation in other areas and cited the dedicated bus service between the Freeman and RVI hospitals in Newcastle as an example.

The Chairman referred to Ms Latta's comments about field testing the assumptions from the baseline Travel and Transport Impact report and advised that she would be seeking volunteers from the Committee to undertake their own field test in conjunction with Healthwatch. A representative from the public gallery also requested that it should be tested from the point of view of wheelchair users and the partially sighted.

5. RESOLVED that:-

- i) the report be received and noted and
- ii) volunteers from the Committee be sought to field test the assumptions underpinning the travel and transport impact assessment in conjunction with Healthwatch.

The Chairman then closed the meeting having thanked Members and Officers for their attendance and contributions to the meeting.

(Signed) N. WRIGHT,  
Chairman.