

At an Extraordinary meeting of the SCRUTINY COMMITTEE held in the CIVIC CENTRE SUNDERLAND on THURSDAY, 13th APRIL, 2016 at 5.30 p.m.

Present:-

Councillor N. Wright in the Chair

Councillors R. Davison, J. Fletcher, L. Scanlan, David Snowdon and Dianne Snowdon.

Also in attendance:-

South Tyneside Council

Mr P Baldasera, Strategy and Democracy Officer

Councillor W Brady

Councillor M Butler

Councillor W Flynn

Councillor G Kilgour

Councillor P Hay

Councillor A Hetherington

Councillor A Huntley

Councillor G Hobson

Councillor J McCabe

Councillor K Stephenson

Councillor A Walsh

South of Tyne Health Care Group

Mr J Anderson, Chairman, City Hospitals Sunderland NHS Foundation Trust

Mr K Bremner, Chief Executive, City Hospitals Sunderland NHS Foundation Trust

Ms C Harries, Director of Corporate Affairs, City Hospitals Sunderland NHS Foundation Trust

Mr I Martin, Medical Director, City Hospitals Sunderland NHS Foundation Trust

Mr N Mundy, Chairman, 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

Ms C Burnham, Head of Scrutiny and Area Arrangements

Councillor R Copeland

Mr N Cummings, Scrutiny Officer

Ms R Hood, Assistant Head of Law and Governance

Mr D Noon, Principal Governance Services Officer

Councillor D Turner

Councillor G Walker

Healthwatch

Mr D Tate

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors D Dixon and Howe.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

South of Tyne Health Care Group - Update

The Head of Scrutiny and Area Arrangements submitted a report (copy circulated) to provide further information to Members from both Sunderland and South Tyneside scrutiny functions on City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust's proposed implementation of a health alliance to reconfigure services across South of Tyne.

(For copy – report see original minutes)

Members were advised that City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust, who between them served a population of 430,000 people across a large geographical area south of Tyne & Wear had for many years collaborated to jointly provide some clinical services, (e.g. stroke and paediatrics), in a way in which the local communities got the best and safest healthcare using the resources and specialist skills available. Both organisations now believed that to protect the future sustainability of healthcare across both communities, required more significant transformation leading to greater integration of services, and that this needed to be delivered at speed and scale.

Both Trusts recognised the importance and value of having a local hospital providing a range of emergency and planned services, but they equally recognised the urgent need to rebalance services across South of Tyne and Wear as it was no longer safe or sustainable for either organisation to duplicate the provision of services in each location. As a result, both Trusts had agreed to form and implement a health alliance, working together as a "South of Tyne Healthcare Group", and embark on an ambitious programme of reconfiguring services across South of Tyne in a way that best delivered patient outcomes.

The proposals were announced on 1st March 2016 and both Sunderland and South Tyneside Overview and Scrutiny functions had expressed concerns and requested further information around the proposals and implementation of the trusts plans.

At this juncture the Chairman of the Committee, Councillor Norma Wright, welcomed the Chief Executives Ken Bremner (City Hospitals Sunderland NHS FT) and Steve Williamson (South Tyneside NHS FT) together with Chairmen John Anderson (City Hospitals Sunderland NHS FT) and Neil Mundy (South Tyneside NHS FT) who had been invited to attend the meeting to provide a presentation to Members of both Scrutiny functions around the proposals.

The four representatives of the Group delivered a detailed powerpoint presentation on the proposals based around the following themes:-

- i) the urgent need for change in the interests of the Groups patients and residents
- ii) the opportunities to improve quality and the patient experience
- iii) the financial context of the proposals outlining both the opportunities and the risks
- iv) an outline of the approach to be taken by the Group; and
- v) the next steps which would ultimately result in the implementation of the services changes from April 2017.

The Chairman thanked Mr Anderson, Mr K Bremner, Mr N Mundy and Mr Williamson for their presentation and expressed her concern that the members of Sunderland and South Tyneside Councils had felt it necessary to call the extraordinary meeting. She acknowledged that legally it could be argued that the proposal did not amount to a 'substantial variation' of service, however in addition to the 'letter of the law' there was also the 'spirit of the law'. In this regard she believed the Group should have consulted with the scrutiny functions of both councils if only out of courtesy.

In addition, the Chairman expressed her dissatisfaction with the name of the Group (The South of Tyne Health Care Group). Whilst secondary to members concerns in respect of the potential clinical implications of the alliance, she believed it represented the continual marginalisation of Wearside and did not accurately reflect the geography of the Group's catchment area.

Mr Mundy replied that the Group did listen however it had clearly misjudged the strength of feeling of Members. Mr Bremner added that in establishing the Group, City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust had not created a new legal entity. The Group represented an alliance between the two trusts and had no legal standing.

Mr Bremner reassured members that anything that was service specific would be brought before Scrutiny and decisions would not be taken without the input from the Scrutiny Committee members. He stated that he wished to make it clear that the Group had not tried to evade a consultation process. He acknowledged the Chair's point about the spirit of the law but reiterated that from the Group's point of view they had nothing to consult on.

Mr Williamson advised that the Group would do all that was required to come up with a name for the Alliance that was suitable to both areas. The Alliance would work with the clinical teams to support the recruitment challenges within certain specialisms. Both organisations were working positively towards providing the best of outcomes. It was important to allow the clinical teams the best space to develop options. He reassured members that the Group would take account of all issues and for example were working with NEXUS to find a solution to concerns raised in respect of transportation.

Councillor McCabe stated that a decade previously South Tyneside had lost its vascular services to Sunderland. Now there was the possibility of the loss of further services. This would further damage the ability of South Tyneside's hospital to recruit. Mr Williamson replied that the Alliance was determined to be driven by what would be the best clinical outcomes for its residents. Co-location may be the best option as there were capacity issues at both hospitals which would negate the possibility of transferring services from one hospital to another. He acknowledged

that South Tyneside District Hospital was a major employer however he did not for see a huge change at the front line in respect of the clinical staff. There would be no change in emergency access at the hospital. Recruitment from abroad had decreased and work was being undertaken with Sunderland University to boost the recruitment of nurses locally. The flexibility of the proposals would help attract specialist consultants. There were real opportunities in South Tyneside and the Haven Court Care hub was a major commitment that provided an example of how South Tyneside could offer expertise into Sunderland.

Mr Bremner stated that within the context of the NHS there was a push to do certain operations in greater numbers as this generated better outcomes. The trusts in Sunderland and South Tyneside needed to respond to Newcastle and the Units north of the Tyne. In response to Councillor McCabe's statement he contended that South Tyneside did not lose its vascular services to Sunderland, it gained access to much improved services. It was a fact of life that the two trusts could no longer do everything they did at the moment at every location in the community. What the Alliance wanted to provide was a comprehensive range of high quality services for both communities.

Councillor McCabe cited the loss of the Palmers Hospital as an example of a bad experience in which he believed the CCG had 'led members up the garden path'. The hospital had treated 27,000 patients in its last year. The triage nurse had recently directed 16,000 patients under the new arrangements. So what had happened to the other 12,000 people? Had they started to self-medicate or had they just decided to move elsewhere? Access to service was really important and it was essential to ensure that the access was there before any changes were implemented. Services had been moved away from a hospital that was next to a metro station, bus terminus and taxi rank in Jarrow to an area where access was not as good. Councillor McCabe stated that members and residents had warned against the move from the start. They had painted a scenario which had ultimately come to pass. He added that you can tell me a lie once but you can't tell me it twice.

The Chairman advised that the NECA Overview and Scrutiny Committee were currently undertaking an investigation into transport in the region and recommended that Councillor McCabe's comments in this regard were submitted to that Committee as evidence.

Councillor Hobson highlighted the transport issues as potentially the major objection that would be received from the public in respect of any transfer of services. There was no direct metro service between South Shields and Sunderland, bus journeys between both could sometimes involve 3 or 4 changes and car ownership was low. For people who were infirm or lacking in mobility this would represent a major obstacle.

Councillor Diane Snowden advised that recruitment was a problem across the whole of the NHS and asked if the Group had lobbied central government over the issue.

Mr Bremner advised that the Trust used the Health and Wellbeing Board to alert the City of impending issues. The NHS at a national level recognised that it was suffering from staff shortages and that these were worse in the north of England. Training was the key but until locally trained staff could be developed, recruitment from abroad would have to continue. Nurses were now being trained at Sunderland University and it was hoped that staff trained in the region would be more likely to

stay and practice in the region. The recruitment of specialist doctors in key areas such as A&E was a more difficult problem to resolve. There was an overall shortage of supply nationally with fewer students now going through medical school. In addition the North East was not seen as an attractive place by doctors to live and work.

Councillor Hay highlighted the dangers patients in South Tyneside would face if stroke services were transferred to Sunderland. It was a medical fact that in the case of someone suffering a stroke, the survival and recovery rates were directly related to the speed at which treatment was received.

Mr Williamson replied that it was true that speed of treatment was the key factor when considering the correlation between actions and outcomes however stroke consultants were in very short supply. The out of hours stroke service had been a key success however South Tyneside, Gateshead and Sunderland had all experienced problems. There was a need for clinical teams to urgently review the situation and it was possible that a 24 hour wrap around service may be the way forward. That may result in patients having to travel and they would need to be given the confidence that ambulances would be available. Mr Williamson stated that the Trusts could not shy away from the need to reform services but this would only be done in order to improve the outcomes for residents.

The Chairman stated that it was accepted that the decision making would need to be guided by the hands of the clinicians however she hoped that they would be mindful of the concerns raised by members.

Councillor Flynn appreciated the need for change but stated that while she accepted that the Group was the result of an alliance rather than a merger the suspicion remained that services would ultimately merge. The experience in Jarrow had not been good with promises being made that had not been kept.

Councillor Kilgour stated that in his opinion the consultation in respect of Jarrow had been a sham and members had felt insulted by it. The service in the town now was unrecognisable from that which had been promised. Members needed clarity that what was determined through the consultation process would be what was actually delivered. Any consultation needed to be posed in in such a way that constituents could have a valid input. Councillor Kilgour noted that neither members nor the Foundation Trusts had any jurisdiction over Nexus and public transport routes.

Councillor Huntley asked who would make the decision as to whether changes to services would be subject to a consultation process?

Mr Williamson replied that the decision would be taken by the two Foundation Trusts. They were under a statutory duty to consult if proposals amounted to a significant change in the delivery of services. The clinical teams would identify the need to make a change and the Trusts would influence the CCG to ensure the consultation was correct in all regards.

Councillor David Snowdon stated that the members present at the meeting represented over half a million people and therefore if changes were to be made then they needed to be kept in the loop. He referred to the Group's presentation and in respect of the Transformational Resources asked how long this had been available to the group. He also asked whether the 6 year plan would in reality last 6

years and given the statement that there was the potential for additional Transformational funding, how much was this likely to be.

Mr Bremner advised that the identified £15million was the amount allocated to both trusts in total, the payment of which would be subject to certain targets being met. In order to access the further additional resources, the Group would need to submit a plan during June. There were currently no details as to how much additional money would be made available if the bid was successful.

Mr Mundy added that the Sustainability and Transformation plan was not about making cuts, it was about transforming services. In reality the plan was about more than the next 6 years it was about delivering continuing improvements and ensuring that they were sustainable.

Councillor Walker stated that on hearing the presentation and the debate there was now an acceptance that it was an alliance rather than a merger. He asked how confident was the Group that its internal systems were robust enough to share information across both sides of the Alliance.

Mr Mundy replied that it was a very good point and it was something the Trusts were aware of and were addressing. Mr Bremner added that access to clinical information was of primary importance. The Group had integrated hospital information systems which whilst not perfect were one of the best in the NHS. Getting the clinical systems right was important but equally there would be a need to share information with the primary care sector. Mr Williamson added that Sunderland would be ideally placed to do so given the CCG's Vanguard status.

There being no further comments or questions for Messrs Mundy, Williamson, Bremner and Anderson, the Chairman thanked them for their attendance and it was:-

1. RESOLVED that :-

- i) it be recommended to the NECA Overview and Scrutiny Committee that it considers the transport issues raised by members relating to the Health Alliance as part of its transport review;
- ii) any future consultations undertaken by South Tyneside and City Hospitals Sunderland NHS Foundation Trusts, in respect of the health alliance, ensure the involvement of local residents and communities and demonstrates how this involvement has influenced, or otherwise, the outcomes of the consultation process and
- iii) regular updates are provided to the relevant scrutiny committee on the progress and developments in relation to the Health Alliance.

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.