

South Tyneside and Sunderland Joint Health Scrutiny Committee

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30 April 2018

Present:	South Tyneside: Councillors Dix (Chairman), Brady, Flynn, Hay, Hetherington, Peacock and Purvis

Sunderland: Councillor Wright, Davison, Heron, McClennan, DE Snowdon and Walker

In attendance: Matt Brown (South Tyneside CCG), Scott Watson (Sunderland CCG), Patrick Garner (South Tyneside and Sunderland Healthcare Group), Caroline Latta (NHS England), Andrea Hetherington (NHS England), Deborah Cornell (Sunderland CCG), Liz Davies (South Tyneside and Sunderland Healthcare Group), Nigel Cummings (Sunderland Council), Paul Baldasera (South Tyneside Council) and Brian Springthorpe (South Tyneside Council)

13 members of the public were in attendance

1. Chairman's Welcome

The Chairman welcomed everyone to the meeting.

2. Declarations of Interest

There were no declarations of interest.

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

3. Minutes of 10 April 2018

Agreed: That the Minutes of the meeting held on 10 April 2018 be approved.

4. Chairman's Urgent Items

There were no urgent items.

5. Clinical Commissioning Groups' response to the draft referral to the Secretary of State

Matt Brown, South Tyneside CCG, presented the response to the Committee's proposed referral to the Secretary of State. It was acknowledged that the Committee was within its rights to make the referral. The services under consideration were very fragile and it was hoped that as rapid process as possible would be found should the referral be confirmed.

The NHS had provided a detailed written response to the 69 paragraphs of the Committee's referral statement which was focussed on the inadequacy of consultation and that the proposed changes were not in the best interest of the local health service.

A number of points were highlighted:

Paediatrics – It was acknowledged that staff had different views. Many staff had indicated that they just want to get on and implement any changes required. Two options had been considered safe and a third option, proposed by staff, had been investigated and deemed unsafe. In many parts of the country overnight paediatric care was not separate from adult care and staff were fully trained to deal with all cases.

Maternity – Assurance had been received from the North East Ambulance Service (NEAS) Trust Board that it would be able to provide the required ambulance service to maintain patient safety should the proposed changes be implemented. Freestanding Midwife Led Units operated successfully in many other parts of the country. Staff were fully competent to undertake this role and it would allow staff to help with related issues such as support for breastfeeding mothers.

Stroke – Aftercare was not part of the consultation process, however, the Committee was able to undertake scrutiny if it wished. Reference had been made by the Committee to conflicting medical advice received at a previous meeting. Dr Sen had provided written clarification of his views which was contained in the NHS response document. Regarding stroke services there was a consensus on the proposals for change. During the temporary arrangements put in place in December 2017/January 2018 there had been a significant improvement in outcomes for patients, particularly those resident in South Tyneside.

There followed a question and answer session.

Councillor Hay advised that Committee members had been contacted by many staff who had expressed concerns over the proposals. Matt Brown acknowledged that conflicting views had been expressed and it was rare to have 100% agreement.

Councillor Hetherington highlighted issues over the consultation process and expressed concerns that the NHS had not provided evidence to show that consultation had included all stakeholders, particularly residents, and that no consideration had been given to the views expressed during the consultation. Matt Brown confirmed that it was the aim to provide the best services possible, as locally as possible; however it was the outcomes that were the critical concern. Pre and post pathways of care were largely unchanged.

Councillor Wright advised that Committee members had received a number of messages of concern from staff and expressed concerns over claims that there had been breaches of the working times directive to which no response had been received from the NHS. Councillor Wright added that she did not accept the CCG views and statement on the Gunning Principles, that serious concerns remained over NEAS's ability to cope and issues such as parking problems continued. Matt Brown confirmed that the Gunning Principles were crucial and that extra monies had been invested in NEAS which was already the best performing Trust in the country. Scott Watson confirmed that it was planned to provide additional parking spaces at the Sunderland site.

Councillor Dix highlighted the contradiction that NEAS had provided a letter supporting the change despite having a short-fall of 100 paramedics.

Councillor Peacock indicated that the CCGs/NHS did not fully understand or appreciate the role of scrutiny. It was suggested that officers consider any training or briefing requirements that may be necessary. Matt Brown confirmed that he was keen to ensure that the best ways of working together were developed.

Councillor Walker confirmed that the consultants appointed had carried out rigorous analysis of the information provided.

The Chairman asked the Strategy and Democracy Officer to outline the process to be followed by the Committee. The Committee was advised that it was required to decide whether or not to confirm the referral to the Secretary of State, and if so, whether any amendments were required to the draft referral letter.

The Chairman advised that the Committee had held a series of meetings to consider the proposed changes and throughout the process it had followed the laid out procedure and legal advice which stated that the referral could only be made at the end of the process.

Agreed: That referral to the Secretary of State be confirmed based on the draft letter.