



South Tyneside Council

Meeting of South Tyneside and Sunderland Council Joint Health Scrutiny Committee

Monday 4 September 2017, 2pm South Shields Town Hall, Committee Suite, Westoe Road, South Shields, NE33 2RL

Agenda

1. Declarations of Interest

Members to declare an interest in any agenda item.

2. Minutes of 1 August 2017

3. Evidence from UNISON and Royal College of Nursing

Clare Williams, Unison Northern Regional Secretary, and Vivienne Dove, Senior RCN Officer, will make statements on behalf of Unison and the RCN on the proposals contained within the Path to Excellence consultation followed by Member questions and discussion.

4. Evidence from MPs

Emma Lewell-Buck MP South Shields
Sharon Hodgson MP Washington and Sunderland West
– both MPs will make a statement on the proposals contained within the Path to Excellence consultation followed by Member questions and discussion.

5. Evidence from Healthwatch

Sue Taylor Healthwatch South Tyneside
Alan Patchett Healthwatch Sunderland – the Chairs of South Tyneside Healthwatch and Sunderland Healthwatch will make a statement on the proposals contained within the Path to excellence consultation followed by Member questions and discussion

6. Evidence from Council Portfolio Holders

- Councillor Tracey Dixon, Independence and Well-being, South Tyneside Council
- Councillor Joan Atkinson, Children, Young People and Families, South Tyneside Council
- Councillor Louise Farthing, Children's Services, Sunderland Council
- Councillor Graeme Miller Health, Housing and Adults Services, Sunderland Council
 - Councillors will be invited to make statements on the proposals contained within the Path to excellence consultation followed by Member questions and discussion.

7. Chairman's Urgent Items

To consider any items which the Chairman has agreed to accept as urgent business.

At a meeting of the SOUTH TYNESIDE AND SUNDERLAND JOINT HEALTH SCRUTINY COMMITTEE held in the CIVIC CENTRE SUNDERLAND on TUESDAY 1st AUGUST, 2017 at 2.00 p.m.

Present:-

Councillor N. Wright in the Chair

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

Councillors (South Tyneside) Dix, Brady, Peacock and Purvis.

Also in attendance:-

South Tyneside and Sunderland NHS Partnership:

Mr K Bremner, Chief Executive, City Hospitals Sunderland NHS Foundation Trust
Mr M Brown, Director of Operations, South Tyneside Clinical Commissioning Group
Mr D Gallagher, Chief Executive Officer, Sunderland Clinical Commissioning Group
Dr D Hambleton, Chief Executive Officer, South Tyneside Clinical Commissioning Group
Ms C Latta, Senior Communications and Engagement Locality Manager, North of England Commissioning Support

South Tyneside Council:

Mr P Baldasera, Strategy and Democracy Officer

Sunderland City Council:

Mr N Cummings, Scrutiny Officer
Mr D Noon, Principal Governance Services Officer

Integrated Transport Planning (ITP)

Lynsey Harris – Principal Consultant

North East Ambulance Service

Ms Y. Ormston, Chief Executive
Mr D Sore, Performance Manager
Mr G Tebbutt, Head of Strategy and Transformation

Nexus

Mike Scott, Corporate Manager for Bus Services
Andrew Walker, Business Development Officer

Healthwatch:

Mr P Bower, Healthwatch Director, South Tyneside
Ms M. Curtis, Programme Manager, Sunderland

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

In opening the meeting the Chairman stated that the Joint Committee faced a massive task in assessing the proposals of the South Tyneside and Sunderland NHS Partnership. Above all else the Committee had to remain neutral. Its evidence gathering and the questioning of witnesses before it would be open and transparent. Its questioning would be robust as this would enable it to fully scrutinise all options presented. The integrity of the Joint Committee was paramount.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Howe (Sunderland City Council), Flynn, Hay and Hetherington (South Tyneside Council).

Minutes of the Meeting of the South Tyneside and Sunderland Joint Health Scrutiny Committee held on 17th July, 2017

Ms Latta referred to the list of attendees and advised that she was a representative of North of England Commissioning Support and not NHS England as stated in the minutes.

1. RESOLVED that subject to the above, the minutes of the last meeting of the South Tyneside and Sunderland Joint Health Scrutiny Committee held on 17th July, 2017 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Travel and Transport Impact Review - Overview

Integrated Transport Planning Limited (ITP) submitted a report (copy circulated) which included:-

- i) the travel and transport impact review public consultation document which set out the summary of options proposed as part of the Path to Excellence public consultation.
- ii) the Travel and Transport Impact Assessment for Clinical Service Reviews Phase 1 which supported the consultation documents and provided the complete detail of the travel impact of the possible service models and solutions put forward for consultation and consideration.

iii) a briefing note from Integrated Transport Planning Limited (ITP) which set out the assumptions and settings that had been applied in the preparation of the various documents.

(For copy report – see original minutes)

The Chairman welcomed Ms Lynsey Harris, Principal Consultant at ITP who provided the Committee with a powerpoint presentation which complemented the report and highlighted the key points contained therein.

The Chairman referred to paragraph 2.46 of ITP's report and queried the assertion that 'TRACC is still a valid tool'. She stated that members felt there were a lot of assumptions being made in the report. She appreciated that it was a work in progress however there were concerns that some of the assumptions did not reflect the real world.

As point of information Mr P Bower, advised of the recent report from South Tyneside Healthwatch, which investigated many of the transport issues identified in ITP's study, from the personal point of view of the user. The report was available on the Healthwatch website.

Councillor McClennan stated that the ITP report was extensive but concurred that some of its assumptions did not reflect reality. She highlighted the assumption of parking costs based on 2 hour stays as being particularly unrealistic in respect of paediatrics where parents often stayed all day where their assistance to the nursing staff was invaluable. As a point of information she informed the meeting of a £15 monthly parking pass available in Nottingham and urged the Partnership to consider introducing something similar.

In response to enquiries from Councillor Peacock, Ms Harris confirmed that survey journeys undertaken were on the basis of return journeys, there was an on-going dialogue with the public transport users group and that she was not aware of any road works occurring at the time the surveys were undertaken.

Councillor Purvis queried the use in the study of journeys undertaken between 2 and 4pm when roads would have been relatively quiet. She suggested that the inclusion of journeys made during the morning and evening rush hours would have been more representative. Councillor Purvis also referred to the assumption in the report that some South Tyneside residents may opt to travel to the Gateshead QE or Newcastle RVI rather than Sunderland and asked if a study had been made into the potential impact of this on those hospitals?

Ms Harris replied that the study had looked at journeys undertaken during 4 specific daily time periods, 7-9am, 2-4pm, 5-7pm and 7-9pm. No study had been made as yet into the potential effect on the QE or RVI however it was something that she would investigate and report back on.

Councillors Brady and Dix questioned the reality of the assumptions being made in relation to public transport journey times between areas in South Tyneside and the Royal Hospital in Sunderland especially when multiple changes were required. Councillor Brady added that transport costs should also be included in the data.

Councillors Dix and Davison reiterated the need to undertake field testing of bus journeys including those from the perspective of wheelchair and push chair users and also car journey times. Councillor Davison added that Stagecoach and GO North East should be invited to attend the consultation events.

The Chairman stated that she had asked on two previous occasions that member field testing was undertaken in respect of the public transport study. She advised that Sunderland had a small dedicated scrutiny research budget that could be used to support this. Councillor Dix asked that if members did undertake field testing they did not use any passes they may hold in order that full journey costs could be determined.

Ms Latta reassured the Chairman that members should not feel that they were being excluded from the process. The report before them was a baseline which required development and that members would be fully involved in the working group going forward. The Chairman replied that time was of the essence as consultation on this phase was due to be completed by October.

Ms Latta added that while the team was carrying out initial scoping for the work it took the opportunity to speak to colleagues around the country. The response was that the team was working to a very high standard and what was being done was viewed as an example of best practice.

Councillor G. Walker congratulated Ms Harris on the baseline data and asked if this was sufficient to influence service providers to change / increase frequency of journeys on particular routes. Mr Scott confirmed that this was the type of data that could be used as evidence to influence such decisions and it certainly provided a good baseline. Councillor Walker added that he hoped a close and honest look would be taken in respect of the provision of a dedicated service. Mr Harris replied that no conversation had yet been undertaken regarding such a service but it remained an option on the table. The Chairman asked the Partnership if they would give consideration to supporting the provision of a dedicated bus service. Mr Gallagher replied that the ITP document contained within Members' agenda papers was a technical one to help the CCG in considering the impact of the proposals on travel and transport and any potential impact reduction measures. It was also a work in progress and was still being developed. He stated that the CCG also needed the support of the two Local Authorities in lobbying the transport service providers and he had written to both Council Leaders in this regard.

The Chairman, given the time constraints, drew the item to a close and thanked Ms Harris for her attendance and presentation. She advised that members having any further questions should direct them to Mr Cummings who would forward them to the appropriate officer for a written answer.

2. RESOLVED that:-

- i) journey field testing involving members, be undertaken from the prospective of all abilities by the end of September 2017 at the latest;
- ii) investigations be taken forward into the provision of a dedicated hospital bus service;

- iii) representatives from Stagecoach and GO North East be invited to attend future consultation events; and
- iv) members having any further questions arising from the item, direct them to Mr Cummings in the first instance for submission to the appropriate officer for a written answer.

Presentation from North East Ambulance Service.

The Chairman welcomed Ms Yvonne Ormston, Chief Executive of the North East Ambulance Service who provided members with a powerpoint presentation highlighting recent performance data and the initial modelling undertaken in respect of the Path to Excellence proposals.

Members were informed that the modelling to date had been very high level and the detail on the impact of the South Tyneside and Sunderland NHS Partnership proposals on NEAS would be worked out once it had a clearer idea on the final, agreed outcomes from the consultation. Consideration would need to take account of the impact of further distances to travel for ambulances and the increased job cycle time this would have on NEAS (i.e. from start of 999 call to handover at hospital). NEAS would also need to consider the impact of response times if ambulances were at a different hospital.

In addition NHS England had recently announced new ambulance targets. As a result NEAS were now working with its commissioners to jointly model the effect of these new standards on its service in terms of staffing, skill mix and fleet. Members were informed that it was the biggest change in ambulance response standards since the mid-1970s and would accordingly take NEAS some time to properly analyse and understand. Therefore any detailed modelling on the Path to Excellence proposals based upon NEAS's existing standards would be out-of-date before they could be implemented.

The Chairman stated that during the past 18 months the Service had struggled to meet its response times and if this continued it would put people's lives at risk. She asked Ms Ormston that given there were a number of additional factors affecting the Service over the coming months, did she believe it had the resources to provide the service required by the proposals. Ms Ormston replied that this was the purpose behind the joint commissioning of the pilot. It could result in a different model with a higher level of skills mix and the use of 2 man ambulance crews instead of the fast response cars. The Service would need to agree with its commissioners what resources were required, the size of the gap and measures to close it.

In response to further enquiries from the Chairman, Ms Ormston advised that the Service was currently meeting its Red 1 target and the Red 2 target was running at 60%. The travel time under blue lights from South Tyneside would add between 2 to 8 minutes on journey times. To mitigate this the service would need to add in an additional double crewed ambulance which would require a conversation with the Commissioners as to how this was resourced.

In response to enquiries from Councillor Davison, Ms Ormston advised that that the service utilised paramedics who also worked closely with local GPs. This worked well within the Service's rural model as the paramedics, because of their experience

working with GPs, were able to more readily identify the higher risk patients within the community. This was important as the Service was aiming to move towards being one rooted in its community. With regard to the age and maintenance of its vehicles, Mr Sore advised that full vehicle checks were carried out on a 12 week basis and that the fleet operated a 7 year vehicle replacement plan. With regard to crew breaks, Ms Ormston advised that previously only 12% of crews were getting their breaks on time, this was now running at 85-90%. As the Service was now fully staffed, the use of 3rd party vehicles/crews, (eg, from the St John Ambulance Service) was actually declining. The Service had recruited a further 42 crews in the past year and had invested £1m in recruiting advanced practitioners. As a result the Service was aiming to achieve a target of 60% of calls having had involvement from a clinician.

Both the Chairman and Councillor Dix stated that the Committee would need to satisfy itself that the ambulance service was able to adequately response to the impact of the changes accruing from the South Tyneside and Sunderland NHS Partnership Path to Excellence. To this end Ms Ormston would be invited to attend a future meeting of the Joint Committee to provide an update report.

Mr Gallagher advised that the modelling work being undertaken by the Ambulance Service would comeback before the CCG. He reiterated that it was important to stress that the proposals were aimed at maintaining safe and sustainable services. It was not about saving money. The Chairman stated that all parties need to be upfront with each other. The Committee knew that Mr Gallagher would never commission services that were un-safe however there needed to be an acknowledgement that the NHS in common with all public sector organisations were facing severe budget constraints. Mr Gallagher cited the transfer of the stroke service from South Tyneside to Sunderland as being driven purely on the grounds of patient safety and service sustainability and nothing to do with making savings. Mr Hambleton emphasised this point by advising that the Partnership would commit whatever was needed in respect of the Ambulance Service.

3. RESOLVED that the information be received and noted and that Ms Ormston be invited to a future meeting of the Joint Committee to provide an update on response of the Ambulance Service to the impact of the South Tyneside and Sunderland NHS Partnership Path to Excellence proposals.

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

(Signed) N. WRIGHT,
Chairman.

VERBAL ITEM

Clare Williams Unison Northern
Regional Secretary and Vivienne
Dove Senior Royal College of
Nursing – statements, questions
and discussion

VERBAL ITEM

Emma Lewell-Buck MP and
Sharon Hodgson MP –
statement, questions and
discussion

The role of local Healthwatch

Healthwatch is the independent national champion for people who use health and social care services. Local Healthwatch (South Tyneside and Sunderland) are independent organisations dealing with local concerns, commissioned by local authorities.

The health and social care reforms of 2012 set a powerful ambition to put people at the centre of health and social care; Healthwatch is here to help make this happen, by ensuring those running services, put people at the heart of care.

- We listen to what people like about services and what could be improved.
- We share their views with those with the power to make change happen; service providers and commissioners.
- Through local engagement we collect data on how and why people use services in their area.
- We help people in our community find the information they need about services in their area, signposting them to the correct service where appropriate
- As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.

Our sole purpose is to help make care better for people.

Local Healthwatch involvement in the consultation process

Local Healthwatch (South Tyneside and Sunderland) have been core participants in the Communications and Engagement Task and Finish Group (CE Group) led by Caroline Latta, North East Commissioning Support Unit.

Through this group Healthwatch have had the opportunity to influence early engagement with those people who have used the specific services that will change; through having input into relevant communications and questionnaires and more directly through volunteers undertaking some early engagement surveys.

Local Healthwatch were able to influence the scope for the Travel Impact Survey and were involved in the panel looking at the tenders and identifying the successful bidder.

The independent social marketing company involved in the surveys has attended the CE Group and Local Healthwatch were able to ask questions and understand the ethics of the questions and process. All of the questions and surveys were looked at in the group and Local Healthwatch had input into these.

The Consultation Institute (the national organisation advising on public consultation) has also attended the CE Group in terms of monitoring the process and ensuring the legal requirements in terms of consultation were met.

Where available, local Healthwatch staff have undergone training provided by The Consultation Institute in consultation methods and legalities

Local Healthwatch suggested third sector organisations that might be able to engage hard to reach groups and attended the Voluntary and Community Sector event in September 2016.

Local Healthwatch has attended all the consultation events in their locality to date and has provided robust “critical friend” feedback to the organisers regarding these.

Comments from Healthwatch members

- Concern that South Tyneside will lose their hospital services to Sunderland; the options presented in this phase of the process favour Sunderland, which strengthens this position for some people.
- Some people view it as the start of the closure of South Tyneside’s ‘local’ hospital.
- Others have voiced that it is about getting rid of South Tyneside Emergency Department.
- Some have said that they believe that decisions have already been made.
- Concern has been raised in terms of travel to Sunderland from South Tyneside, in terms of difficulty, time and ease/cost of parking.
- Some people have said that they are worried that the ambulances will not be able to manage the additional work and the extra travel time will put people at risk.
- Requests for clarification around the financial case supporting each option.
- Concerns around capacity in Sunderland Royal Hospital to meet the additional South Tyneside patient demand (i.e. no indication in documents regarding evaluation / modelling of beds / operating theatre capacity)

Local Healthwatch will be putting in a formal response to the consultation on-line, towards the end of the process.

Reflections of local Healthwatch

Local Healthwatch have welcomed the level of involvement shared by the Programme team with Healthwatch.

Healthwatch feedback provided to the programme team has met with positive, constructive response, and where possible, action taken to resolve / mitigate the situation. For example, as a direct response to public feedback, additional consultation events have been arranged to cover travel, and also provide more time to discuss specific services.

There are areas which at the time of writing this report were still outstanding such as provision of easy read communications material, and focus groups to ensure 'seldom heard' groups are reached.

Whilst numbers attending consultation events have been low, we are only mid-way through the consultation period, and the events have been promoted in a proactive way. We await with interest the take up of the offer of focus groups and feedback from other media such as surveys.

Local Healthwatch are satisfied that the programme team are aware of, and are taking positive action to address any outstanding issues. We look forward with interest in understanding how the decision makers address the concerns of the public around areas raised such as capacity, travel and finances in reaching their conclusions.

In particular, local Healthwatch are pleased that a mid-consultation review is taking place with The Consultation Institute to provide further independent assurance that good practice is being followed.

We encourage this level of activity from commissioning teams, around public involvement in the changing environments of health and social care, being applied to any future changes to services.

Jointly prepared by Healthwatch South Tyneside and Healthwatch Sunderland.

21st August 2017

VERBAL ITEM

Council Portfolio holders –
statement, questions and
discussion

VERBAL ITEM

Chairman's Urgent Items