

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 31st JANUARY 2018 at 5.30 p.m.

Present:-

Councillor Dixon in the Chair

Councillors Chequer, Davison, Fletcher, Johnston, Middleton, D. Trueman and G. Walker.

Also in attendance:-

Councillor Norma Wright, Chair, Scrutiny Coordinating Committee

Ms Kath Bailey, Consultant in Public Health, Sunderland City Council

Mr Mark Cotton, Assistant Director of Communications & Engagement, North East Ambulance Service

Mr Nigel Cummings, Scrutiny Officer, Sunderland City Council

Mr David Gallagher, Chief Executive Officer, Sunderland Clinical Commissioning Group

Ms Linda Lynas, Member, SOS, Patient Action Group

Mr David Noon, Principal Governance Services Officer, Sunderland City Council

Mr Scott Watson, Director of Contracting and Informatics, Sunderland Clinical Commissioning Group

Ms Shirley Williams, Chairman and Spokesperson, SOS, Patient Action Group

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Cummings, Heron and Leadbitter.

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

Minutes of the last meeting of the Committee

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 3rd January, 2018 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

Item 4 – Breast Care Services Update.

Councillor Chequer made an open declaration in the item as an employee of Gateshead Health NHS Foundation Trust.

Breast Cancer Services Update

The Director of Contracting and Informatics, Sunderland Clinical Commissioning Group submitted a report (copy circulated) which updated the Committee on the arrangements for breast care services in Sunderland following previous discussions of the issue, most recently at the Committee's meeting held in November 2016.

(For copy report – see original minutes).

Mr Scott Watson, Director of Contracting and Informatics, presented the report highlighting the current position (including service implementation and review; patient choice; transfer of patients and on-going work with patient groups) and the next steps prior to addressing questions and comments from members.

In response to an enquiry from Councillor Davison, Mr Watson confirmed that the initial procurement issues had been addressed and all of the required equipment was now installed and operating at Grindon Lane.

Councillor Chequer referred to Mr Watson's request that the Service was now allowed to move into a business as usual position and suggested that the time was not yet right as the service still had to distribute its users' survey and therefore did not have the necessary evidence to justify such a move. She also queried why Grindon was not always the first available appointment for Sunderland patients. Mr Watson replied that with regard to first available appointments, sometimes geography played a part in the choice made by patients. For example Sunderland residents living in Washington and Hetton may have been offered Grindon as the first available appointment but had opted to go to Gateshead or Durham if it was more convenient, especially if the next available appointment only amounted to a delay of a day or two.

With regard to 'business as usual', Mr Watson advised that this did not mean that the service would cease to monitor its metrics rather that it would no longer be required to report to the Scrutiny Committee or similar CCG meetings. Mr Gallagher confirmed that patient surveys would continue to be used as a matter of course following any move to 'business as usual'.

Councillor N. Wright expressed concern that the use of the facilities at Grindon by residents from outside the city could be to the detriment of Sunderland patients who may end up being referred elsewhere. Mr Watson confirmed that the CCG had held that conversation with the providers and put that challenge to them. If a patient expressed a preference for Sunderland and both the weekly clinics were fully booked, the computer would generate a 'slot issue'. The patient would then be either 'force booked' onto one of the clinics or a third clinic would be arranged. No patient in Sunderland would be denied an appointment at Grindon Lane.

Councillor Wright referred to paragraph 3.8 of the report and the issue of a Sunderland patient who had been referred to Durham rather than Grindon. The CCG had investigated and found that the patient's GP had made the referral based upon the first available appointment but had not made this clear or discussed it with the patient. She asked how could this be prevented from happening again? Mr Gallagher advised that patient choice was a fundamental right enshrined in the NHS

Constitution. The CCG would continue to remind GPs of the need to discuss this with patients, and continue to remind patients of the rights available to them.

The Chair referred to Mr Watson's assurance that the facility at Grindon was fully equipped. He asked if it was also fully staffed and whether there was any scope for expansion? Mr Watson advised that the service was at capacity running two clinics per week together with an occasional third. The service providers, Gateshead Health Foundation Trust, leased the building seven days per week so as it was fully equipped there was scope in theory to extend the service however the sticking point was likely to be the availability of consultants and radiographers.

Councillor Walker referred to the sources of feedback highlighted in paragraph 3.6 of the report and asked if any consideration had been given to the introduction of on line, real time feedback. Mr Watson replied that one of his biggest bugbears was that the NHS did not make the best use of the technology available. It was hoped however that a system would soon be available to allow patients to provide feedback in the waiting room.

Councillor Chequer referred back to the issue of patient choice. She stated that a GP referred a patient to the service because there was a concern that the patient may have cancer. Councillor Chequer advised that if she was in the patient's position she'd ideally want to be treated at Grindon but in reality would take the first available appointment. If that appointment happened to be in Gateshead and she was treated there how would the CCG know that in fact all things being equal she would rather have been referred to Grindon? She suggested that a question to cover this issue was included in the patient feedback survey. Mr Watson confirmed that it was a key question and would be included in the survey.

There being no further questions for Mr Watson or Mr Gallagher, the Chair asked Ms Williams from the Patients Group if she would like to address the Committee.

Ms Williams thanked the Chairman for the opportunity and briefed the Committee on events from the perspective of the Patients Action Group. She stated that the Group had been involved in supporting the patient who had been sent to Durham and it was a concern of the Group that the system of patient choice was not working. In December the Group had become aware of patients from outside the city being referred to the Grindon Lane facility. The Group had asked for the comparative figures in relation to Sunderland patient referrals to Grindon and those referred from outside the city. These figures had not been forthcoming. Mr Watson replied that he was not sure why the Group had been denied access to the figures as he did not believe there was a problem. He advised that he would ask the provider to supply the figures to the Group. With regard to making a service 'Sunderland Only' he did not feel that this was a path he would want to travel. Taking this to its logical conclusion Sunderland patients living in the Coalfield or in Washington would be denied access to hospitals in Durham and Gateshead.

Ms Williams referred to the service user survey to be issued to patients attending Grindon Lane and stated that it was also important to capture the views of Sunderland breast cancer patients who had been referred elsewhere. Mr Gallagher replied that this was an important suggestion and confirmed that it was something the CCG would look to address.

Ms Williams referred to the desire of the Group to replicate at Grindon, the cancer patient support services that once existed at Sunderland Royal Hospital. She asked Mr Watson if he could provide a room at Grindon for this purpose. Mr Watson replied that the commitment to provide this had always been there however it was predicated on Grindon offering a 5 day a week service which was not now the case. 95% of the cases referred to Grindon ultimately proved not to be cancer. The Service manager at the MacMillan Unit had stated that current demand was not large enough to justify one of their staff members attending at Grindon and to do so would not be a productive use of their time. Ms Williams countered that members of the SOS Patients Action Group would be prepared to staff the room themselves. The Chairman stated he was delighted by the proactive approach being taken by the Group and hope that the CCG would be able to help them to facilitate the support service.

In conclusion Ms Williams thanked Mr Watson and Mr Gallagher for their ongoing work in relation to the Breast Care Services. She also thanked the Scrutiny Committee for their support over the years and in particular to Councillor Norma Wright for “being the first person to hear our cries”. Councillor Wright responded suitably and informed members that as a result of her dedication to the cause of improving the breast care services for patients in Sunderland, Ms Williams had been nominated as a finalist for the Patient Leader Award at the recent North East NHS Leadership Recognition Awards.

There being no further questions or comments for Ms Williams, Mr Watson or Mr Gallagher, the Chairman thanked them for their attendance and it was:-

2. RESOLVED that:-

- i) the report be received and noted and;
- ii) the CCG be invited to attend a future meeting of the Committee to discuss the outcomes of the Breast Care Service Users Survey.

North East Ambulance Service Update Report

The Chief Executive of the North East Ambulance Service (NEAS) submitted a report (copy circulated) to provide the Scrutiny Committee with a briefing on the newly published NEAS performance data.

(For copy report – see original minutes)

To complement the report Mr Mark Cotton, Assistant Director of Communications & Engagement at NEAS provided the Committee with a comprehensive powerpoint presentation which covered a wide range of performance issues including:

- Changes in the ambulance response standards and progress since they were introduced;
- the Benchmarking of performance across England;
- Winter pressures being faced by NEAS and mitigations undertaken to ease these pressures.

Councillor Chequer noted that the old performance standards were all about response times rather than clinical outcomes however it seemed that the new standards simply followed suit. With regard to the 'stopping of the clock' she asked if this was also triggered by the arrival of a first responder. Mr Cotton confirmed that a first responder would stop the clock however by 2022 the clock would continue to run in respect of stroke and heart attack cases until the patient was delivered to a hospital. In respect of a heart attack this would be to the Freeman or James Cook hospitals.

With regard to the community first responders Councillor Chequer asked whether other agencies had the ability to 'stop the clock' eg the Police and if so, was this a back door way to boost the NEAS performance data through the use of personnel not employed by the Service? With regard to whether others were achieving targets on behalf of NEAS, Mr Cotton stated that this was not the case. The volume of incidents attended by non NEAS staff was so small as to register less than 1%. There was also a difference to the new standards in that while the clock would be stopped by the arrival of a community first responder, an additional clock would continue to run until the first professional arrived. With regard to responses within the community the Service would ultimately wish to see a holistic approach whereby if a District Nurse for example was able to respond then they could be deployed.

Councillor Davison referred to the time spent by ambulance crews waiting with patients at a hospital for hospital staff to be in a position to officially accept the patient. She stated that time spent by the ambulance crews waiting with the patient was greatly appreciated by the families and hoped that this would continue to be the case. Mr Cotton advised that there were no plans just to 'drop off' patients however the longer crews spent at the hospital the less time they would be available in the community. The guidelines recommended a handover of no longer than 15 minutes and the Service was working with all its local hospitals in order that sufficient nursing staff were available to relieve the ambulance crews. There was no doubt that hospitals needed to take patients more quickly and it required the Service to work together with the commissioners and hospitals to achieve this aim.

With regard to further inquiries from Councillor Davison regarding the Red 1 & 2 Standards and the possible further travelling distances resulting from the 'Path to Excellence' proposals, Mr Cotton advised that failure to reach targets was usually down to a shortage of paramedics. To address this, the Service had recently appointed 42 paramedics together with 42 additional support staff funded by the CCG. 20 paramedics had been recruited from Poland and the Service was working with the local universities to double their intake on relevant courses. With regard to the Path to Excellence, Mr Cotton advised that the Service would always support reconfiguration and change in the NHS if it was in the best interests of the patient. With regard to trauma ambulances would by-pass district hospitals to reach the Freeman as this would give the patient the best chance of survival.

In response to an enquiry from Councillor Walker, Mr Cotton confirmed that the Service used 'Cleric' Software (computer aided dispatch system) in its call centres. Its systems were currently being remodelled by ORN who were closely involved with NHS England and had a wealth of practical experience in applying the models elsewhere. With regard to a further enquiry regarding the provision of qualitative data, Mr Cotton highlighted the Services' Annual Patient Survey assessed by IPSOS MORI which gave the service a sense of assurance. The results were published on

the NEAS website and Mr Cotton would be more than happy to share the report with the Committee.

Councillor Norma Wright congratulated Mr Cotton on the clarity of his presentation and his previous assistance to the Joint Health Scrutiny Committee with South Tyneside. She stated it was clear that the Service was under great pressure and she expressed concerns over response times and the length of time taken in respect of hospital handovers. She welcomed the detail provided by Mr Cotton but noted that behind all the data it needed to be remembered that it related to real people and their health. In conclusion Councillor Wright commended the CCG on its funding of the additional Ambulance Service posts.

There being no further questions or comments for Mr Cotton the Chairman thanked him for his attendance and it was:-

3. RESOLVED that the NEAS presentation be received and noted.

Sunderland Pharmaceutical Needs Assessment (PNA)

The Director of Public Health submitted a report (copy circulated) which aimed to:-

- Raise awareness with the Health and Wellbeing Scrutiny Committee of the work that has been undertaken on behalf of the Health and Wellbeing Board to produce an updated and approved pharmaceutical needs assessment (PNA) for Sunderland for publication by 1st April 2018;
- Summarise the work that has been undertaken since June 2017 to produce an updated PNA for Sunderland in line with this statutory duty;
- Provide information about the required statutory consultation which is planned to run from 18th December 2017 to 16th February 2018.
- Offer the opportunity for members of the Health and Wellbeing Scrutiny Committee to comment on the draft statement of pharmaceutical needs assessment during the consultation period.

A short summary of the PNA was appended to the report for Members' information.

(For copy report – see original minutes).

Ms Kath Bailey, Consultant in Public Health, presented the report highlighting the key issues and addressing questions and comments from Members.

In response to an enquiry from Councillor Walker, Ms Bailey advised that she did not have them to hand but would supply him with the details of the Distance Selling Pharmacy based in the Shiney Row ward.

In response to an enquiry from Councillor Davison regarding whether she believed the provision of emergency home contraception was adequate, Ms Bailey replied that different people would hold different points of view however as a Public Health Professional she would like to see every pharmacy in the city providing that service.

With regard to an enquiry from the Chairman, Ms Bailey advised that while the majority of the pharmacies open for 100 hours per week were based within supermarkets there was no requirement for this to be the case.

In response to an enquiry from the Chairman, Ms Bailey advised that the Community Pharmacy Referral Service would allow for the dispensing of medication and drugs that would normally have only been prescribed by a GP.

In conclusion the Chairman asked Ms Bailey if she was satisfied that the PNA accurately reflected the position in Sunderland and whether it would be revisited or revised in the future? Ms Bailey replied that the Health and Wellbeing Board had a duty to revise the assessment every three years however she suspected that it would need to be looked at again within the next 12 months.

There being no further questions or comments for Ms Bailey, the Chairman thanked her for her attendance and it was;-

4. RESOLVED that:-

- i) the work that had been undertaken so far to produce an updated Pharmaceutical Needs Assessment (PNA) for Sunderland in line with the Health and Wellbeing Board's statutory duty be noted, and
- ii) the dates for the statutory consultation on the PNA and the opportunity for the Committee or Members to comment on the PNA be noted.

Joint Health Scrutiny Committee – Formal Response to the Path to Excellence

The Head of Member Support and Community Partnerships submitted a report (copy circulated) attaching for Members' information, the final formal response of the Joint Health Scrutiny Committee to the South Tyneside and Sunderland NHS Partnership Path to Excellence consultation.

(For copy report – see original minutes).

Mr Nigel Cummings, Scrutiny Officer presented the report advising that the Committee had taken its responsibility very seriously since the proposals were first announced on 1st March 2016, undertaking 11 formal meetings and numerous additional meetings to gather information and seek evidence from witnesses.

The process had been particularly difficult and complex as it had dealt with services people and staff felt very strongly about. As a result, in addition to the clear cut facts and analysis, members had also to deal with a lot of emotional based evidence.

The Joint Committee had taken evidence from a wide variety of stakeholders including:-

- Chief Executives, Chairs and Chief Officers of City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust;
- Chief Officers of Sunderland and South Tyneside Clinical Commissioning Groups;
- Chief Executive and Chief Officers from North East Ambulance Service;

- Medical Directors from Both Foundation Trusts;
- Clinical Experts;
- Council Portfolio Holders;
- Local MP's;
- Representatives from Nexus, Trade Unions and Healthwatch.

The response to the consultation provided the Joint Committee's comments on stroke, maternity and emergency paediatric services. There were also broader issues relating to staff, patients and hospital infrastructure.

One of the key issues throughout the consultation was around transport and travel and the concerns related to additional travelling if services were moved. The Joint Committee participated in field testing some of these journeys to understand the potential difficulties for patients and families. The tests showed that some of these journeys would be extremely challenging for many and impossible for some.

There was also a long standing worry for the future of South Tyneside District General Hospital given the number of services that had relocated to other hospitals over the years. In addition there was also the related concern of the impact these changes could have on Sunderland Royal in terms of capacity, infrastructure and staffing.

The Committee had received several letters and petitions from staff indicating that they were unhappy about their lack of involvement in the formation of the proposals put forward within the consultation documents. The Committee were pleased to hear that this had been acknowledged by the CCGs and that a stakeholder group was working to address this for phase 2 of the consultation. Throughout this process Members had been especially keen to represent residents' views and to ensure they had the best services possible.

The Committee's response had been submitted to the Path to Excellence and was formally presented to the CCG Boards on Thursday 18 January 2018 by Cllr Norma Wright and Cllr Rob Dix the joint-chairs of the Committee.

The final decision on the options for the services was to be made at an extraordinary public meeting of South Tyneside and Sunderland CCGs on 21st February 2018. Mr David Gallagher, Chief Executive Officer, Sunderland Clinical Commissioning Group clarified that the meeting was one that would be held in public rather than a public meeting.

The Chairman having thanked Mr Cummings for his report, Councillor Walker on behalf of the Joint Committee and the Health and Wellbeing Scrutiny Committee formally recorded his thanks to Mr Cummings, Scrutiny Officer (Sunderland) and Paul Baldersara (South Tyneside) for their efforts in drafting the report and in particular for their excellent work in capturing on paper, the Joint Committee's thoughts and feelings in relation to the particularly complex and emotive aspects of the consultation.

Councillor Norma Wright, Chairman of the Joint Committee having endorsed Councillor Walker's comments, it was:-

5. RESOLVED that the contents of the report be received and noted

Annual Work Programme 2017/18

The Head of Member Support and Community Partnerships submitted a report (copy circulated) attaching for Members' information, the current work programme for the Committee's work to be undertaken during the 2017/18 council year.

(For copy report – see original minutes).

Councillor Walker noted that the CCG were scheduled to provide a update in respect of the MCP in April and asked if it would be possible to bring that item forward to the Committee's next meeting. Mr Gallagher having advised that the CCG would not be in a position to report on anything of substance at such an early stage, Members agreed to leave the Work Programme un-amended.

6. RESOLVED that the work programme for 2017/18, together with the above information be received and noted and that emerging issues continue to be incorporated into the plan as they arise throughout the year.

Notice of Key Decisions

The Head of Member Support and Community Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from 9th January, 2017.

(For copy report – see original minutes).

7. RESOLVED that the Notices of Key Decisions be received and noted

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

(Signed) D. DIXON,
Chairman.