

South Tyneside and Sunderland Joint Health Scrutiny Committee

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30 January 2017

Present: South Tyneside:

Councillors Dix (Chairman - part), Brady, Flynn, Hay, Meling

and Peacock

Councillor Dixon (Lead Member Independence and Well-

being)

Sunderland:

Councillor Wright (Chairman - part), Davison, Heron,

McClennan, DE Snowdon and Walker

In attendance: Ken Bremner (Chief Executive South Tyneside and City

Hospitals Sunderland NHS Foundation Trusts), David Gallagher (Accountable Officer NHS Sunderland CCG), Dr David Hambleton (Accountable Officer NHS South Tyneside CCG), Mary Bewley (NHS England), Emma Taylor (NHS England), Dr Shaz Wahid (Medical Director South Tyneside NHS Foundation Trust), Lynsey Harris (Integrated Transport Planning Ltd), Jamie Wheway (Integrated Transport Planning

Ltd), Sue Taylor (ST Healthwatch), Nigel Cummings

(Sunderland Council), Karen Brown (Sunderland Council),

Paul Baldasera (South Tyneside Council) and Brian

Springthorpe (South Tyneside Council)

17 members of the public was in attendance

1. Chairman's Welcome

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

2. Declarations of Interest

There were no declarations of interest.

3. Apologies for absence

Apologies were received from Councillor Hetherington (South Tyneside Council) and Councillor Howe (Sunderland Council)

4. Methods for Engagement to use in the formal consultation

Mary Bewley, NHS England, gave the Committee a presentation on the methods for engagement to be used in the formal consultation.

The presentation covered:

- Objectives;
- Legal and policy context and Public Sector Equality Duty;
- NHS constitution, tests and principles to be observed;
- Reasons for change;
- Communications Plan and public events;
- Subject specific events;
- Timetable;
- Consultation survey, focus groups and public meetings;
- Responses and feedback;
- Formal report;
- Ways to get involved.

Discussion took place on the timescales and mechanisms to be used in the consultation. It was stressed that the NHS had very robust arrangements for consultation which fulfilled all legal requirements. The NHS Constitution, Nicholson Tests and Gunning principles were all followed to ensure that consultations were carried out in a fair and transparent manner which provided evidence for any changes that may be proposed as a result.

As the presentations had only been tabled at the meeting the Chair suggested that Members submit any specific questions in writing for the NHS to respond to.

Members highlighted the lack of consultation in the past, for example, over the announcement of the Alliance between the Trusts. Furthermore, Members highlighted their experience of the

Jarrow Walk-In Centre and the belief that views expressed by Members and residents were not taken into account.

Members expressed the hope that venues would be chosen which would be easily accessible for the community. It was confirmed that consideration was being given to finding a range of venues across the council areas to hold consultation events and roadshows. In addition, further events could be arranged with local groups if requested.

A Member questioned how the consultation survey would be worded and asked if the Committee would have sight of it prior to being used. The Committee was advised that that a well-designed and consistent set of questions was essential to collecting as much information from the public as possible.

A Member asked how Black and Minority Ethnic communities would be involved. It was recognised that this was a real challenge and it was hoped to use local networks, individuals and community intelligence to contact and engage with BME communities.

Agreed:

(a) That the presentation be noted, (b) that suitable, accessible venues be found for consultation events and (c) written answers be provided to any questions submitted by Members.

5. Patient Experience of Stroke, Paediatrics, Maternity and Gynaecology Services

Mary Bewley, NHS England, gave the Committee a presentation on the patient experience of stroke, paediatrics, maternity and gynaecology services.

The presentation covered:

- Stroke service survey results:
- Maternity service survey results;
- Paediatric service survey results;
- Gynaecology service survey results.

The survey findings were highlighted and discussed and gave a good starting point on patients' experiences of each service.

The Committee was advised that from 5 December 2016 all new stroke patients were admitted to Sunderland, however, if they attended South Tyneside they would be treated there and transferred when appropriate.

The data from patient surveys would be used as part of the consultation on service reviews.

A Member highlighted that some postcodes from the council area were missing in the document.

Although the survey numbers were small, it was highlighted that some patients had expressed concerns over safety. It was recognised that from the existing survey information the hospital did not have details of each individual case but that it would investigate further. Additionally, there was a large building programme underway at Sunderland, which was scheduled to be finished in the coming months, which may have impacted on patients' experiences.

Agreed:

(a) That the presentation be noted, (b) that investigations be made into the missing postcodes and (c) that Sunderland hospital investigate the safety concerns highlighted by survey respondents.

6. Travel and Transport Impact Assessment for South Tyneside and Sunderland NHS Partnership

Lynsey Harris and Jamie Wheway, Integrated Transport Planning Ltd, gave a presentation on the travel and transport impact assessment work done to date for South Tyneside and Sunderland NHS partnership.

The presentation covered:

- Assessment scope:
- Tasks and themes of investigation;
- Public transport review of both hospital sites;
- Parking review of both hospital sites:
- Accessibility review, buses and journey times to both hospital sites;
- Surveys and data analysis of staff travel;
- NHS policy review;
- Patient transport services review.

Members questioned the validity of some of the finding presented to the Committee and highlighted the actual times taken to attend the hospital sites from various communities within the council areas. Furthermore, as it became apparent that no physical checks had been carried out, it was suggested that the assessors actually undertake journeys to the hospitals to realistically measure the journeys and experiences faced by residents.

Some of the bus services had been changed since the initial assessment was carried out.

Members highlighted that it could take three buses to get to the hospital from parts of South Tyneside and Sunderland which made it very difficult for some residents to attend early morning appointments. The Committee was advised that this issue had been raised at a stakeholders' workshop.

Discussion took place on the lack of a direct service between the hospital sites. It was suggested that consideration be given to having a dedicated drop off point at each hospital. It was highlighted that access for Accident and Emergency ambulances was the main priority which may limit options for a dedicated drop off point.

A Member stressed the need for transport issues to be resolved prior to changes in clinical services, however, NHS representatives highlighted that the key issue to be considered was the impact of any proposed changes to clinical services from service reviews.

Agreed:

(a) That the presentation be noted, (b) that the bus journeys be 'field tested', (c) that the access to each hospital and drop off point be considered and (d) that a dedicated bus service between the hospital sites be considered.

7. Consultation Plan and Meeting Schedule

Mary Bewley, NHS England, gave a presentation on the Consultation Plan and meeting schedule.

The presentation outlined the timetable of events and activities between January and July 2017.

Members highlighted that the next scheduled meeting of the Joint Health Scrutiny Committee was 7 March 2017, the day before the proposed launch of the consultation exercise. It was felt that this would not give the Committee adequate time to consider any issues that may be presented at the meeting before the formal consultation began.

Members expressed concerns that additional meetings of the Committee would be required to provide the level of scrutiny necessary to such vital services to South Tyneside and Sunderland residents.

The Committee discussed receiving evidence from a range of other interested parties and stakeholders and requested that consideration be given to finding a range of accessible venues, covering all communities, for consultation events and roadshows to maximise residents' participation.

Agreed: (a) That the presentation be noted and (b) that

suitable, accessible venues be found for consultation

events.

8. Chairman's Urgent Items

Members again raised their concerns that the NHS representatives did not provide the presentations in advance of the meeting. This issue had been raised at a previous meeting and the NHS representative had given assurances that all agenda paperwork would be provided in time for each Council to meet the statutory deadline for publishing agenda papers.