



South Tyneside Council

Meeting of South Tyneside and Sunderland Council Joint Health Scrutiny Committee

Monday 8 January 2018, 10am 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 12 December 2017 (to follow)

3. Evidence from North East Ambulance Service (NEAS)

Mark Cotton, Assistant Director of Communications and Engagement, will give evidence on the proposals contained within the Path to Excellence consultation.

4. Evidence from North East Children's Transport and Retrieval (NECTAR)

Lynda Pittilla, Lead Nurse, and Aravind Kashyap, Medical Lead, will give evidence on the proposals contained within the Path to Excellence consultation.

5. Evidence from South Tyneside Public Services Alliance

Gemma Taylor and Roger Nettleship from the South Tyneside Public Services Alliance will give evidence on the proposals contained within the Path to Excellence consultation.

6. Evidence from Sunderland Council Portfolio Holders

- Councillor Louise Farthing, Children's Services, Sunderland Council
- Councillor Graeme Miller Health, Housing and Adults Services, Sunderland Council
 - Councillors will give evidence on the proposals contained within the Path to Excellence consultation.

7. Chairman's Urgent Items

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

8. Consideration of the Committee's conclusions and final response to the Path to Excellence consultation

To discuss the formulation of the Committee's conclusions and final response to the Path to Excellence consultation.

Minutes 12 December 2017

At a meeting of the SOUTH TYNESIDE AND SUNDERLAND JOINT HEALTH SCRUTINY COMMITTEE held in the CIVIC CENTRE SUNDERLAND on TUESDAY 12TH DECEMBER, 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) Flynn, Hay, Peacock and Purvis.

Presenting Evidence:-

Mr Andy Wright – Research Lead, Social Marketing Partners.

Ms Pippa Sargent – Director, Social Marketing Partners.

Also in attendance:-

South Tyneside and Sunderland NHS Partnership:

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

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

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Dix, Brady and Hetherington.

Minutes of the Meeting of the South Tyneside and Sunderland Joint Health Scrutiny Committee held on 10th October, 2017

1. RESOLVED that the minutes of the last meeting of the South Tyneside and Sunderland Joint Health Scrutiny Committee held on 10th October, 2017 (copy circulated) be confirmed and signed as a correct record.

With regard to the style of the minutes produced for the Joint Committee, Councillor McClennan asked if it was possible to adopt a common format in which Members' comments were attributed to the named individual. This was agreed accordingly.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Formal Feedback on the Path to Excellence Consultation – Presentation by Social Marketing Partners (SMP)

Mr Andy Wright, Research Lead, Social Marketing Partners provided the meeting with a comprehensive power point presentation to complement the formal 'Path to Excellence Consultation Feedback Analysis Report' which was previously circulated to members as part of the agenda papers.

Mr Wright explained that SMP was commissioned to provide independent analysis and reporting of the consultation outputs accruing from the consultations in respect of the options proposed for the following services:-

- i) Stroke services specifically hospital (acute) care and hospital-based rehabilitation services
- ii) Maternity services (obstetrics) covering hospital based birthing facilities i.e. where you would give birth to your baby and special care baby units; and Women's healthcare (gynaecology) services covering inpatient surgery where you would need an overnight hospital stay
- iii) Children and young people's healthcare services (urgent and emergency paediatrics) specifically urgent and emergency care.

Mr Wright explained that the main focus of SMP's work had been to collate, analyse and feedback the collective comments received via any of the consultation methods used (resident street survey, an online and paper based consultation survey, a direct mail patient survey of a sample of service users, focus group sessions with protected characteristic and other equalities groups, public, staff and stakeholder discussion events, including specific staff events; and individual submissions - emails, letters, and phone calls.)

With regard to both qualitative and quantitative methodologies the results of the consultation analysis could be summarised as follows:-

i) Stroke Services

The quantitative methodologies reporting on preferences for the options indicated a clear preference for Option 1 in most of the responses. In qualitative discussion in the minority of cases where the groups were able to agree Option 1 was preferred for stroke services, mainly based on the cost saving element. All groups defended the current situation and felt that provision of hyperacute and acute services at SRH and STDH were the only equitable options, perhaps better defined as 'status quo plus'.

ii) Maternity and Women's Healthcare Services

In most of the quantitative methodologies there was a preference for Option 1. In qualitative discussion there was no clear preference expressed with the general feeling being that the ideal solution would be to provide the same level of staff and services in both Sunderland and South Tyneside. Where a preference for an option was expressed this was for Option 1.

iii) Children and Young People's Healthcare Services

In the quantitative methods, for Children and Young People's Healthcare Services, Option 1 was the preferred option in most cases. In qualitative discussion the preferred option where consensus was reached was for Option 1 on the basis that there would at least be Doctors at South Tyneside District Hospital for twelve hours a day. However, this, and in particular, the 8am-8pm service proposal, was felt to be a compromise and ultimately led to downgrading of service at South Tyneside.

With regard to specific public concerns Mr Wright advised that consideration of the results of the consultation indicated that they centred on the following areas:-

- i) that the options all resulted in a downgrading of services and facilities at South Tyneside District Hospital. Linked to this were concerns over the estates, facilities and staff at Sunderland Royal Hospital being able to cope with the increased volume of patients and visitors;
- ii) the issues of travel and transport from South Tyneside to Sunderland for residents of the former borough were of major concern in terms of additional driving time for those with cars and the significant burdens on relying on public transport with no direct links for those without;
- iii) There was concern that equalities, special interest groups and those living in deprived circumstances would be significantly disadvantaged by the proposals in terms of access and financial costs;
- iv) The additional travel burdens for patients, carers and visitors were felt to have a potentially detrimental impact on their health and wellbeing;
- v) The ability of Ambulance Services to provide safe and timely transfer services for South Tyneside residents travelling to Sunderland in urgent or emergency circumstances was questioned. Specifically, meeting the golden hour treatment for stroke victims, situations where labour deteriorates and children and

young people needing A&E services – either under a nurse led service or ‘out of hours’

With regard to alternative options suggested via the consultation, (particularly in relation to travel) Mr Wright highlighted the following:-

- i) Provision of travel advice at both hospitals to support travellers.
- ii) The adoption of more community focused, not-for-profit solutions to transport issues (shuttle buses.)
- iii) The use of technology as an alternative to travelling such as telemedicine:
- iv) In addition, as an alternative to the options considered, it was suggested, as a series of undefined comments, that the inclusion of ‘focusing main service provision and developing a centre of excellence in South Tyneside’ as an additional option.

The Chairman thanked Mr Wright for his presentation and invited questions or comments.

Councillor Walker welcomed the clarity of the presentation however he felt the main written report was not as accessible. He believed the executive summary was too long and suggested that perhaps the report’s first paragraph should have been paragraph 1.10 on page 13. He felt there was a lot of data that was superfluous to the options and that the numerous quotes and tabular data sets created too much ‘noise’. He believed that in a report of this nature the answers should jump out of the page.

Ms Sargent replied that SMP would take the comments on board and offered Councillor Walker the comfort that the report was still in draft form and could therefore be amended. Mr Wright thanked Councillor Walker for his constructive criticism and commented that sometimes there was just not enough time to prepare a short report.

The Chairman stated that before going any further she would like thank Mr Wright and Ms Sargent for the amount of work which had gone into the preparation of the report which had obviously been phenomenal.

Councillor Peacock stated that in reading the report it was clear that where people had been given a choice, the qualitative answers showed the majority of respondents wished to retain the status quo. Mr Hambleton replied that the option to keep the status quo had been assessed at the very initial stage against the Hurdle Criteria and deemed to be unsafe. It was for this very reason that the consultation on other options had been devised. Councillor Peacock replied that it was clear from the consultation response that the Joint Committee’s concerns were shared by the majority of respondents and that there were still many unanswered questions particularly around NEAS response and travel times and the ability of Sunderland Royal Hospital to cope with demand.

The Chairman referred to the Gunning Principles and Mr Hambleton’s remark that after assessment against the Hurdle Criteria, to do nothing was not an option. She questioned whether this indicated that it was already a done deal at that stage. Mr

Gallagher replied that it did not. While it was clear at the outset that the status quo was not an option, the Partnership had never been clear about what the final outcome would be regarding the options. There had been no predetermination.

Ms Latta informed the meeting that she believed that the Gunning principles had been adhered to for the following reasons:-

- i) there was no predetermination
- ii) sufficient information had been provided as part of the consultation process
- iii) enough time had been given to allow people to response to the consultation
- iv) the partnership had pledged to conscientiously take into account and consider responses received and to address any issues raised.

Councillor Snowdon questioned whether the size of the survey samples were large enough with particular regard to the number of street surveys carried out in Washington. She also concurred with Councillor Peacock's concerns regarding the capacity at Sunderland Royal and the NEAS response times.

Mr Wright advised that they were and that sample sizes of between 300 – 400 were required to make them representative of the area. Ms Latta confirmed that the surveys were carried out using the same internationally recognised techniques as used by organisations such as MORI.

Councillor Davison noted that the recurring issues arising from the analysis centred on transport and travel, NEAS response times and the capacities at Sunderland Royal. These were all concerns that were highlighted by the Committee during the course of the process and she had hoped that the analysis would also have included some recommendations. Ms Sargent replied that it had never been within the remit of SMP to provide recommendations rather its job had been to independently analyse the consultation feedback to provide information for the NHS Partnership's decision makers.

Mr Hambleton added that the issues mentioned by Councillor Davison such as transport and travel would be addressed in order once the decisions on services had been taken. The Chairman expressed her concern over this position highlighting that the issue of transport and travel had become massive and was a concern that the Committee had raised time and time again. She asked whether the Partnership had reached a decision as to whether it was prepared to fund a special service between the hospitals of Sunderland and South Tyneside. Mr Gallagher advised that there would be a collective agreement to ensure NEAS had the support to assist the Partnership to meet its obligations. Mr Habbleton added that he believed Councillor Dix had given assurances that the Local Authorities would look to see what support they could give to the bus companies in respect of securing services.

Councillor Hay replied that Councillor Dix had given no such assurances rather that he would meet with them to see what services they could provide.

As a point of clarification Councillor Peacock stated that it was implied by Mr Hambleton that the Local Authorities had some level of control over the decisions of the Bus Companies when the fact was that they did not.

Councillor Hay added that the issue of Travel and Transport needed to be highlighted in the final deliberations as both Sunderland and South Tyneside contained many areas of multiple deprivation areas where people would find travelling increased distances to hospital difficult.

Ms Latta stated that as Mr Hambleton had indicated, nothing could be predetermined however it was acknowledged that travel and transport was a big issue. To this end a Working Group had been established and a number of task and finish groups set up. Transport officers from the Local Authorities, Nexus and the bus companies were busy working through an action plan and an update report on the matter could be brought before the Committee.

Councillor McClennan thanked Ms Latta for the effort she had put into her role and congratulated Mr Wright on possibly being the first social scientist she had been able to understand with any clarity. She felt however that the survey work had relied too heavily on online responses and that the results of the analysis would have been different if there had been a greater emphasis placed on face to face questions. Mr Wright replied that there would always be different ways of doing things and Councillor McClennan's point was valid however he would be unable to comment on whether the results would have been any different as this would be pure speculation. The Chairman endorsed Councillor McClennan's tribute to Ms Latta and stated that at the bottom line all councillors wanted was what was best for their residents.

Councillor Leadbitter referred to the temporary closure of the maternity unit at South Tyneside Hospital and the alternative option to travel to Sunderland, Newcastle or Gateshead. She referred to the capacity at Sunderland and asked that if someone elected to go to there, could assurances be given that they would be safe. Mr Bremner replied that the unit at Sunderland had been built in 2000 to cater for 4,000 births per year. In the last year there had been 3,000 births so clearly the capacity existed. Safety depended on staffing levels and he believed that Sunderland had the ability to cope in the short term. For the long term the staffing model and available finances were being looked at.

In response to an enquiry from Chairman, Ms Latta reiterated the work that had been undertaken to engage with disadvantaged groups during the course of the consultation and confirmed that she would provide the Committee with the latest copy of the impact assessment analysis.

In response to an enquiry from the Chairman as to whether the Partnership believed it was meeting its obligations under the Health and Social Care Act, Ms Latta stated that in terms of its duty to consult the Scrutiny Committee and the public, she believed that it was. She stated that the Partnership were genuinely trying to do the right thing ethically, both in terms of the letter and the spirit of the law.

The Chairman stated that the Committee had previously asked to receive details of the cost of the consultation and that was still outstanding. Ms Latta advised that this would be provided in due course. She informed members that the report before them would not be finalised until after 8th of January and urged members not hesitate to contact her if they had any points requiring clarification.

The Chairman stated that it had not been possible for members to ask all of their outstanding questions given the time constraints of the meeting. She advised that

these would be submitted to the Partnership in writing and that the Committee would expect written answers in return.

2. RESOLVED that:-

i) the draft Path to Excellence Consultation, Feedback Analysis Report be received and noted

ii) account be taken of Councillor Walker's comments regarding clarity and accessibility when finalising the current draft Path to Excellence Consultation, Feedback Analysis Report; and

iii) Ms Latta provide the Committee with an update in respect of the findings of the Transport and Travel Working Group and a copy of the Impact Assessment Analysis for disadvantaged groups.

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

Evidence from North East
Ambulance Service (NEAS)

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Evidence from North East
Children's Transport and
Retrieval (NECTAR)

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Evidence from South Tyneside
Public Services Alliance

VERBAL ITEM

Evidence from Sunderland
Council Portfolio holders

VERBAL

Chairman's Urgent Items

VERBAL

Consideration of the Committee's
conclusions and final response to
the Path to Excellence