

Our ref: NO'B/CLta/jl

13th May 2020

VIA EMAIL

Peter Bower
Chair - Healthwatch South Tyneside
Hebburn Central
Glen Street
Hebburn
NE31 1AB

Dear Peter

Path to Excellence

Thank you for letter dated 18th March 2020.

I know this response has been delayed and my sincere apologies in not getting back to you sooner, this is because all our efforts have been focused on COVID response and now our recovery.

The Path to Excellence Programme Governance Group (PGG) recently met for the first-time since the beginning of March and have considered the contents of your letter.

They noted your request for South Tyneside Healthwatch to join the Clinical Services Review Group (CSRG) as well as your subsequent direct correspondence with members of the programme team. I understand that the Clinical Senate Report has also been shared with you in confidence and that you are aware that one of their recommendations is around lay membership of the clinical design teams which underpin the CSRG.

After a lot of consideration, the PGG do not feel it is appropriate for Healthwatch to join CSRG or the clinical design teams as a lay member and there are a number of factors contributing to this position.

We are discharging our NHS statutory duties to ensure the involvement of people in service reconfiguration in several ways, with underpinning governance to ensure process, transparency and clear decision making in how we are developing solutions/options for change.

In the communications and engagement strategy, which was co-developed with the stakeholder advisory group and Healthwatch is a member of, we have identified key interested stakeholders and made arrangements for them to be involved in our pre-consultation solutions/options development process.

This activity has been over seen by the programme's communications and engagement group, and Healthwatch is also member of this group. They have carried out a wide range of activity to gather and use views from staff, from patients who have experience of the services



under review, from stakeholders and from people who we have identified as being potentially more impacted by any future changes, for example from protected groups under the Equality Act.

So far, the programme has heard from around 18,000 people which is documented in 14 published reports to date, with feedback and key insights carefully considered by the clinical design teams at each stage in developing their working ideas.

The programme very much values the active participation of Healthwatch in both the stakeholder advisory panel to direct our involvement strategy, and the more operationally focused communications and engagement group. We recognise that this is how you discharge your own statutory duty to work in collaboration with, but independently from, health and social care partners and your independent role is noted in terms of reference of the above groups.

You will be aware that a Clinical Senate is an advisory body which provides advice and guidance on clinical process as required in the key regulatory guidance for major service change published by NHS England.

I'd like to thank you for respecting the confidential nature of the Clinical Senate Report, and to reassure you that this will of course become publicly available as part of the future pre-consultation business case prior to a public consultation as required by the regulatory guidance.

We have noted the senate recommendation around lay membership in the clinical design teams and considered this carefully. We feel on balance, the significant and wide ranging involvement the programme has carried out and how this has influenced our design ideas is a more meaningful way of discharging our statutory duty for patient involvement.

At the suggestion of Healthwatch we were pleased to focus specifically on how public, patient and staff feedback had influenced the working ideas developed by the programme so far in our winter 2019 engagement activity where we had conversations with 9000 local people. The update is included here for ease of reference and the programme website is a rich source of information about all the work in both phase one and phase two.

We are now coming towards the end of our pre-consultation solutions development process, which unfortunately is delayed as our clinical teams, who make up the clinical design teams, are focused on our Covid response. We have further clinical due diligence and evaluation activity still to be carried out and stakeholders will be involved in that work. The programme will update you once the next steps are agreed so Healthwatch and other partners are appropriately involved.

Finally, it is worth noting that the programme's pre-consultation process for developing solutions/options for change is being independently quality assured by The Consultation Institute, who champion best practice approaches for public involvement in public sector service changes and transformation.

We have their sought advice on your request to join the Clinical Services Review Group as well as the clinical senate's recommendation for lay membership of the clinical design teams. Their view was that the Path to Excellence programme is working to a best practice standard in the current pre-consultation phase to date.

They have noted how we have involved Healthwatch organisations, other stakeholders and patients, how we have developed and implemented a transparent solutions/options development process, and that this is in-line with how NHS bodies discharge their statutory duties for patient involvement.

On behalf of the programme partners, I'd like to thank Healthwatch organisations for their continued involvement and I look forward to moving the programme forward when we are clearer about the impact Covid will have on our timescales.

We are committed to continuing with best practice standards for public consultation so we can ensure the best possible configuration of NHS services to meet the needs of the communities we serve.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Neil O'Brien', followed by a horizontal line extending to the right.

Dr Neil O'Brien
Accountable Officer

cc: John Dean, Chair – Sunderland Healthwatch
Chris Cunnington-Shore, Chair - Durham Healthwatch