

16 October 2020

**Via Email**

Dr Neil O'Brien  
Accountable Officer  
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Dear *Neil*

Thank you for your reply to our request to join the Clinical Services Review Group (CSRG) of Path to Excellence. Moreover, many thanks for listening, at the Chairs meeting in July, to our reasons for wishing to champion our local populations through our statutory activities laid down in the Health and Social Care Act 2012. For completeness I have included these as an addendum, however, we would rather be offered a place because the arguments for doing so are persuasive enough in themselves. I have also deliberately left an extensive period between this reply and our July meeting. My intention was to give people, closer to the COVID front line than me, time to get on top of the first wave and hope a second wave did not occur. That, it now appears, was a pious hope so I have put pen to paper without further delay because it is likely that we will carry on fighting the virus for some time to come.

First, it may be helpful to clarify that this a request on behalf of all Healthwatch across the Integrated Care Partnership (ICP) which came out of the meeting held in September 2019, hosted by Healthwatch South Tyneside (HWST), on behalf of the Healthwatch across the ICP. Board members were given a presentation on the many aspects of Path to Excellence by the North of England Commissioning Support Unit (NECS), including the distribution of services, and the complementary consultation process. From the presentation we concluded that local people were not involved in the process by which the location of services were decided.

Second this not a call by HWST for a privileged seat at the table but an application on behalf of all Healthwatch across the ICP to be given an opportunity to represent their local residents and could be fulfilled by rotation or on a service under discussion basis.

On behalf of my colleagues I would like you to reconsider your decision based on the following benefits of lay involvement:

#### 1) Public Governance

Is used throughout the public sector to ensure: accountability, transparency, efficiency, effectiveness and responsiveness with respect executive decisions related significant service change. It is acknowledged that there are clear links between good public governance and increased return on investment and the sustainability such changes.

#### 2) Increased Credibility

Flowing on from public governance there is a strong argument for stating that if your decisions have been subject to the involvement of a critical friend, they are all the more credible in the eyes of the public.

#### 3) Engagement

The ladder of engagement is a well-known and its principles are used in the NHS. One of the main arguments used in your reply is that the consultation has been exhaustive and we would agree that is the case. But the higher you go up the ladder the greater the meaningful public involvement. Consultation may or may not influence the outcome but involvement should ensure the benefits of lay participation are not missed.

#### 4) Expert by Experience and Health Improvement

In many fields people with the experience of using a service are being involved in service change to ensure that, what is intended to create health improvement actually works for the service user. The NHS has not just been keen to learn from the experience of NHS service users but from those in other fields of activity who can bring their experience to bear on such programmes and by so doing help to better deliver the intended improvements. In Healthwatch you have many years of experience across a wide range of organisations and services, public and commercial, which could be used in this way.

#### 5) Respected Bodies

All such bodies see it as beneficial to involve lay people in the decision-making process and recommend their involvement in programmes of significant change. There are innumerable academic articles on the subject but in essence they just see it as the most appropriate way of achieving a successful change programme.

#### 6) The Clinical Senate Report

Your original reply considers but does not adopt the recommendation of the Clinical Senate to have lay representation on the design group. The Healthwatch Chairs, do not understand why the recommendation has not been accepted. We, however, take the Clinical Senate's view about the best place for lay involvement, therefore, change our request from the CSRG to the design group or would be happy to open up a conversation to see where Healthwatch participation could be of greatest benefit to the programme.

We hope, as a group of Chairs that based on the benefits outlined above, you will reconsider your decision and see lay membership as a helpful addition to the process.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Peter', with a stylized flourish at the end.

Peter Bower  
Chair