

At a meeting of the HEALTH AND WELL-BEING SCRUTINY COMMITTEE held in the HOUGHTON PRIMARY CARE CENTRE on WEDNESDAY, 7TH DECEMBER, 2011 at 1.30 pm.

Present:-

Councillor Walker in the Chair

Councillors Francis, Padgett, Shattock and Snowdon, together with Ms. V. Brown, Ms. E. Inglesby and Mr. R. Price

Also in Attendance:-

Ms. K. Brown	-	Sunderland City Council
Mr. A. Cormack	-	NHS South of Tyne and Wear
Ms. S. Cummings	-	Northumberland Tyne and Wear NHS Trust
Ms. K. Graham	-	Sunderland City Council
Mr. R. Green	-	Northumberland Tyne and Wear NHS Trust
Mr. I. Holiday	-	NHS South of Tyne and Wear
Mr. M. Lowe	-	Sunderland City Council
Ms. S. Lowes	-	Sunderland City Council
Mr. G. King	-	Sunderland City Council
Mr. D. Noon	-	Sunderland City Council
Mr. J. Padget	-	Northumberland Tyne and Wear NHS Trust
Mr. R. Patton	-	Northumberland Tyne and Wear NHS Trust
Ms. H. Wardropper	-	Sunderland City Council
Ms. J. Whitehouse	-	Sunderland Teaching Primary Care Trust

Welcome and Introductions

The Chairman welcomed everyone to the meeting and invited them to introduce themselves.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Fletcher, Hall, Maddison, Miller and N. Wright, together with Carol Harries, Nonnie Crawford, Nichola Fairless and Dr. J. Dean.

Declarations of Interest

There were no declarations of interest made.

Minutes of the Last Meeting of the Committee held on 19th October, 2011

In response to an enquiry from Councillor Shattock, Karen Brown, Scrutiny Officer, advised that the Portfolio Holder for Health and Well-Being had been unable to attend today's meeting as it clashed with a meeting of Cabinet. He would however be present at the Committee's next meeting in January 2012.

1. RESOLVED that the minutes of the last meeting of the Committee held on 19th October, 2011 be confirmed and signed as a correct record.

The Redesign and Improvement of the Adult Learning Disability Services South of Tyne

The Chairman welcomed and introduced Russell Patton of Northumberland Tyne and Wear NHS Trust who provided the Committee with a detailed presentation in respect of the above matter.

(For copy presentation – see original minutes).

Members were informed of the key drivers for change, namely:-

- the PRIDE Project
- the National Context and Good Practice Guidance
- Local Service provision/demand
- the Northumberland, Tyne and Wear NHS Trust, Service Model Review Proposals

In conclusion Members were informed of the following timeline for the project:-

- Joint review with Commissioner colleagues initiated – August 2011.
- Commenced engagement on the review of LD services South of Tyne – August 2011.
- Full series of engagement events held during the past 3 months.
- Formal staff consultation taken place.
- Formal approval from Commissioners to be sought – December 2011.
- Approval from NTW Trust Board to be sought – January 2012.
- Enhancement of current community services (universal crisis team, expanded hours of LD specialist team).
- Closure of Treatment Unit.

In response to an enquiry from Councillor Francis regarding the South side of the current Monkwearmouth site, Mr. Patton confirmed that this would be used for the Specialist Dementia Centre for Sunderland and South Tyneside.

Mr. Patton acknowledged that enormous pressures were often placed on families but reassured Councillor Shattock that crisis intervention teams would be able to deliver outside the hours of 9 am to 5 pm Monday to Friday. As with any change the Service would be monitored and Mr. Patton offered to return to the Committee in 3 to 5 months time to receive feedback from Members on the redesign and improvement of the South of Tyne Adult Learning Disability Service.

The Chairman having thanked Mr. Patton for his presentation, it was:-

2. RESOLVED that:-

- (i) the presentation on the redesign and improvement of the South of Tyne Adult Learning Disability Service be noted, and
- (ii) Mr. Patton be invited to attend a future meeting of the Committee to receive feedback from Members on the implementation of the project.

Performance Report, Quarters 1 and 2 (April – September 2011)

The Chief Executive submitted a report (copy circulated) which provided Members with a performance update for the period April to September 2011 with regard to the areas within the purview of the Health and Well-Being Scrutiny Committee.

(For copy report – see original minutes).

Mike Lowe, Head of Performance Improvement presented the report informing Members that for 2011/12, the Council's aim was that performance reporting should be focused on the key priorities for the people, place and economy of Sunderland and should continue to be a robust appraisal of the situation resulting in actions. It should cover the main strengths, areas for improvement, outstanding risks and how these were being addressed. This was a move away from simply reporting all performance indicators with no weighting to reflect their relative importance to the Council. Instead, the aim was to draw attention to the areas that matter most and maximise improvement to deliver Value for Money.

In this regard Mr. Lowe highlighted the key performance issues in respect of Adult Social Care, Health Inequalities, Sport and Leisure and Environmental Health as detailed in paragraphs 3.1, 3.2, 3.3 and 3.4 of the report.

Mr. Lowe and Mr. King (Head of Strategic Commissioning) proceeded to address questions and comments from Members in relation to:-

- (i) the operation of local self regulation with regard to performance.
- (ii) the move towards the gradual replacement of traditional residential care with 'Extra Care'.
- (iii) the lack of impact of the measures taken to reduce the number of delayed transfers of care.

- (iv) the need to improve the provision of service information to enable people to make an informed choice with regard to Personalised Budgets.

Members having welcomed the clarity of the format used to present the performance information, the Chairman thanked Mr. Lowe for his report and expressed his wish to see a greater percentage of the red indicators make the progression to green.

3. RESOLVED that the areas of good progress made by the Council and the Sunderland Partnership and those areas needing further improvement be noted.

Social Care Contributions Policy

The Executive Director of Health, Housing and Adult Services submitted a report (copy circulated) which provided the Committee with an overview of the consultation process being undertaken on proposed changes to social care contributions policies and processes.

(For copy report – see original minutes).

Graham King presented the report highlighting:-

- (i) the 3 main drivers for change i.e.
 - To support personalisation and the ongoing implementation of personal budgets;
 - To bring the Council in line with national trends, and policy developments;
 - To simplify the policy and process for the customer.
- (ii) the current position, and
- (iii) the proposed new policy

Mr. King then proceeded to address questions and comments from Members in relation to:-

- (i) the mechanisms of the consultation process and support provided for people in completing the questionnaire.
- (ii) fears that the questions were leading and that the consultation may not elicit a balanced response.
- (iii) the need to provide people with an illustrative indication as to how the changes would affect them.
- (iv) how the changes in Sunderland would compare to those in neighbouring Local Authorities.
- (v) the ability to provide exemptions in certain cases.

The Chairman thanked Mr. King for his report, and Mr. King having advised that a Members' seminar on the issue had been arranged for Wednesday, 14th December 2011, it was:-

4. RESOLVED that the report be received and noted.

Southern Cross Transfer Update

The Executive Director of Health, Housing and Adult Services submitted a report (copy circulated) which updated Members on the transfer of residential and nursing care homes from Southern Cross to new providers.

(For copy report – see original minutes).

Sharon Lowes (Strategic Commissioning Manager) presented the report and advised Members that as at 2nd December, 2011 all 14 homes in Sunderland had transferred to their new care provider. Of the 7 care providers 2 had previously been operational in Sunderland.

In response to an enquiry from Councillor Shattock, Ms. Lowes confirmed that the Service was aware of the financial difficulties concerning Four Seasons as reported in the Guardian newspaper. In addition and with regard to an enquiry from Victoria Brown, Ms. Lowes confirmed the Dementia Care Services contract would transfer over to the new provider.

The Chairman having thanked Ms. Lowes for her report, it was:-

5. RESOLVED that the report be received and noted.

Review of Rehabilitation and Early Supported Discharge from Hospital

The Chief Executive submitted a report (copy circulated) which provided the Committee with a summary of evidence received from patients, patients' representatives and carers at a consultation session held on 23rd November, 2011 with regard to the review of Rehabilitation and Early Supported Discharge from Hospital.

(For copy report – see original minutes).

Karen Brown, Scrutiny Officer, presented the report drawing Members attention to the key issues arising from the evidence summary as detailed in Appendix 1 to the report.

6. RESOLVED that the report be received and noted.

Community Covenant with the Armed Forces

The Chief Executive submitted a report (copy circulated) in respect of the above matter.

(For copy report – see original minutes).

Karen Brown, Scrutiny Officer, presented the report, drawing Members attention to paragraph 3.2 which highlighted the requirement to establish a Covenant prior to any application for Government match funding.

7. RESOLVED that the report be received and noted.

Annual Work Programme 2011-12

The Chief Executive submitted a report (copy circulated) appending an updated copy of the Committee's work programme for Members' information.

(For copy report – see original minutes).

Helen Wardropper, Scrutiny and Area Support Officer, having briefed the Committee on the current position regarding activities which had taken place since the last meeting, it was:-

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

Forward Plan – Key Decisions for the Period 1st December, 2011 to 31st March, 2012

The Chief Executive submitted a report (copy circulated) to provide Members with an opportunity to consider the Executive's Forward Plan for the period 1st December, 2011 to 31st March, 2011.

(For copy report – see original minutes).

Helen Wardropper, Scrutiny and Area Support Officer, having presented the report, it was:-

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

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

(Signed) P. WALKER,
Chairman.

NHS South of Tyne & Wear Acute Paediatric Services - Consultation

REPORT OF THE DIRECTOR OF COMMISSIONING AND REFORM

1. Purpose of the Report

- 1.1 The report and presentation will provide Members with an overview of a programme of reform work related to the pathway for acutely sick and injured children. The related Public Consultation linked to this work began on 7th December 2011, inviting health professionals, patients and the general public to give their views on the future of services for acutely sick and injured children across Gateshead, Sunderland and South Tyneside.

2. Background

- 2.1 The consultation, being held by NHS South of Tyne and Wear, is the result of three years work looking at how services can be improved. The changing pattern of childhood illness means that current provision no longer meets the needs of children or their families.

Children and young people suffer from more chronic and complex long-term illness now than in the past, for example, asthma and diabetes. This means they need more community-based treatment, closer to home resulting in fewer hospital admissions and overnight stays.

A review of the pathway for sick and injured children began in 2008. Although commissioner-led, this review has been clinically driven and involved doctors and nurses from all major providers of the existing pathway.

In June 2011 South of Tyne and Wear PCTs Joint Statutory Board received a summary of the service review process and option appraisal. The Board approved progression to public consultation pending a review from the National Clinical Advisory Team (NCAT) who are charged with reviewing the clinical component of service reconfigurations.

The option appraisal paper was also received by the three acute trusts in South of Tyne and Wear, City Hospitals Sunderland Foundation Trust, Gateshead Health Foundation Trust and South Tyneside Foundation Trust in September 2011. All Boards supported the proposals described to enhance community services and establish short stay services in all localities that can meet the needs of the majority of children and young people alongside the effective use of inpatient services for those children that require an extended stay in

hospital. The purpose of the proposals is to realign existing resources to ensure that they better meet the needs of children today. The realignment increases resources in the areas of paediatric assessment and community support and makes more effective use of inpatient resources for the small numbers of children that require this type of care.

Experts from the National Clinical Advisory Team completed a review of the proposals on 7th November 2011 and their report indicates that the proposals would provide high quality safe services for children and are possible to implement.

3. Current position

3.1 The consultation began on 7th December 2011 at the NHS South of Tyne and Wear PCT Cluster Board meeting and finishes on 31st March 2012. It is of the highest importance that we reach as many children, young people and parents as possible to discuss our plans and understand their views and any concerns; particularly those that use acute services regularly. A broad range of stakeholders have been identified through the Children's Acute Steering Group, PCT engagement managers, in discussion with local authority colleagues and through the PCT Local Engagement Boards. We would welcome advice from OSC members on how to ensure that appropriate groups are reached during the consultation.

The different options and the one option preferred by the PCTs and local foundation trusts are described in the attached consultation document. The preferred option includes:

- 24-hour assessment units in local hospitals in Gateshead, Sunderland and South Tyneside
- the work of the children's community nursing team would be extended to offer support to sick children in their own home
- Inpatient services, for children and young people who require a period in hospital, would be provided by Sunderland Royal Hospital or the Great North Children's Hospital at the Royal Victoria Infirmary (RVI).

Consultation information has been sent to all stakeholders with an invitation to log any comments or concerns on our website or via the consultation telephone line. A minimum of two public meetings are being held in each locality. The following Public Meetings have been arranged:

Sunderland

- **17th January** from 2pm, Washington Leisure Centre, The Galleries, Washington Town Centre, Washington, NE38 7SS
- **23rd February** from 6pm, Training & Education Centre, Sunderland Royal Hospital, Kayll Road, Sunderland, SR4 7TP

Gateshead

- 1st February from 2pm, Blaydon Rugby Club, Crow Trees, Hexham Road, Swalwell, NE16 3BN
- 16th February from 6pm, Caedmon Room, Gateshead Library, Prince Consort Road, Gateshead, NE8 4LN

South Tyneside

- 23rd January from 2pm, Living Waters Church, St Jude's Terrace, South Shields, South Tyneside, NE33 5PB
- 6th March from 6pm, Living Waters Church, St Jude's Terrace, South Shields, South Tyneside, NE33 5PB

In addition we are attending Overview and Scrutiny Committee meetings in each locality as well as Children's Trusts and PCT Local Engagement Boards. A programme of engagement work has been developed including meetings with school councils, children's centres and relevant community groups.

Feedback received during the consultation will be reviewed and summarised by an independent consultant. Progress will be reported to the March 2012 PCT Cluster Board meeting with a recommendation for the future to the subsequent meeting.

A document "**Getting better together - a consultation on acute health services for children and young people**" (**Appendix 1**) has been developed for use within the public consultation. The document outlines the pathway review process, options and the commissioners preferred option. A summary consultation document is also available (**Appendix 2**).

4. Conclusion

- 4.1 The report and presentation will provide members with an outline of the proposals of the consultation and seek the committee's views on their preferred option.

5 Recommendation

- 5.1 That Members consider and comment on the report and presentation.

Contact Officer: Karen Brown, Scrutiny Officer
karen.brown@sunderland.gov.uk



South of Tyne and Wear



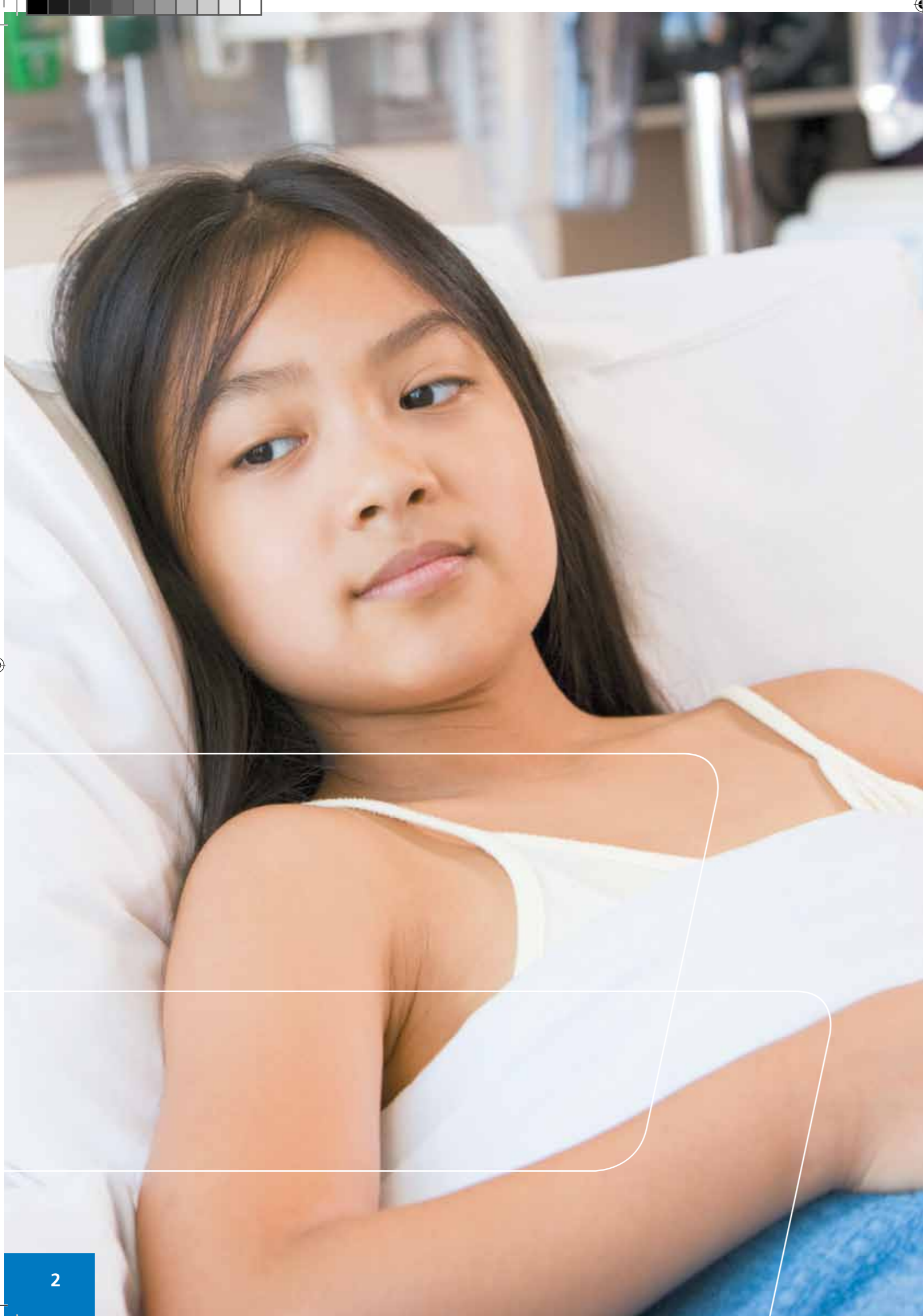
Getting Better Together

A Public Consultation

Acute health services for children and young people

*Working together to make
South of Tyne and Wear healthy for you*

Gateshead Primary Care Trust • South Tyneside Primary Care Trust • Sunderland Teaching Primary Care Trust



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Foreword

Ensuring that children and young people living in Gateshead, Sunderland and South Tyneside have access to high quality, safe and effective healthcare is one of our key objectives.

Over the past three years we have worked closely with doctors and other health professionals, patients and their families to look at the current provision for acutely sick and injured children and to consider how best to ensure there will be sustainable quality services in the future.

As a result of this work and all of these discussions, it has become clear that we need to change the way services are provided if we are to deliver the level of care that our young patients and their families expect, now and in years to come.

Having listened to people in Gateshead, Sunderland and South Tyneside, wherever possible, we want to see more children and young people receiving care closer to their homes, with fewer being admitted to hospital. When a hospital stay is necessary, we believe that care

should be provided in a dedicated centre with access to a range of staff who are experienced in treating younger patients for those types of conditions that require inpatient care.

Our proposal has been scrutinised by the National Clinical Advisory Team. This team is charged with conducting a clinical review wherever a major change of service is required.

Please take the time to read this document and complete the attached questionnaire. We look forward to hearing your views.



Karen Straughair
Chief Executive
NHS South of Tyne and Wear

"I support these recommendations as they will ensure the continued local provision of high quality services for children and young people."

Gabriel Okugbeni Consultant Paediatrician/Clinical Lead for Paediatrics, South Tyneside NHS Foundation Trust

"I look forward to the further development of local services for the children and young people of Gateshead."

Rosemary Menzies Consultant Paediatrician/Divisional Director of Women's and Children's Services, Gateshead Health NHS Foundation Trust

"I support the plan to enhance local services for children and young people. It will ensure that fewer children need to be admitted to hospital for long periods."

Geoff Lawson Consultant Paediatrician/Clinical Director, Child Health, City Hospitals Sunderland NHS Foundation Trust

About this document

NHS South of Tyne and Wear covers Gateshead Primary Care Trust (PCT), South Tyneside Primary Care Trust (PCT) and Sunderland Teaching Primary Care Trust (TPCT) and is the name given to the integrated management arrangements which exist across the three PCTs.

Our vision is to work together to make South of Tyne and Wear healthy for all. We aim to achieve this by improving the health of local communities and ensuring excellent patient care through the wise and effective use of public money.

This document focuses on health services for children and young people who are acutely sick or injured. Following an in-depth clinical review, it has become clear that we need to improve our local services. The changing pattern of childhood illness means that current provision no longer meets the needs of children, young people or their families. We are therefore seeking views on planned changes to those services.

This document identifies the various options considered and outlines the one we feel is most appropriate. In coming to this conclusion, we have taken advice from doctors and nurses who work with children and young people in hospital and in the community. We also talked to parents, children and young people about their experiences and expectations.

We hope that as many people as possible respond to this consultation and give us their views on the future shape of these important local services. We are particularly keen to hear from patients, their families, other young people, patient groups and stakeholders.

The final date for comments on this proposal is 31 March 2012. To find out how to respond, please see page 25.

Acute refers to illness that is often sudden in onset and can be severe, but generally lasts only a short time before the patient recovers fully.



The case for change

Local services for sick and injured children and young people have served the community well for many years, but advances in medical treatment and prevention and the different nature of childhood illness means that they need to change.

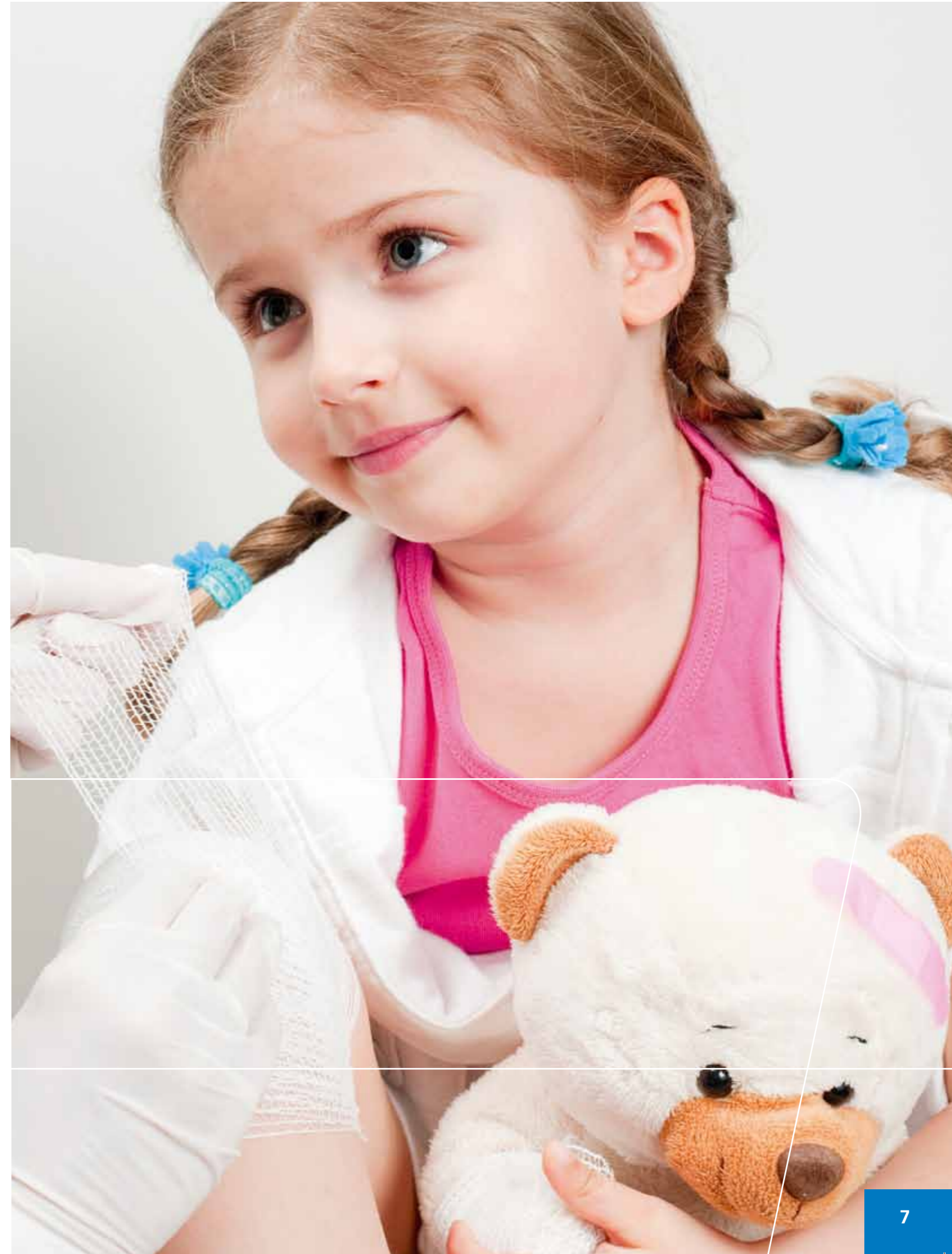
These days, advances in paediatric medicine mean that serious childhood illnesses are very rare and children and young people seldom have to stay in hospital overnight. This means that, at times, fewer than half of the overnight beds for children in South of Tyne and Wear are occupied each night.

However, children and young people suffer from more chronic illness now than in the past; for example, conditions like asthma and diabetes. These types of childhood illness can be managed safely and more appropriately in the child's own home with support from healthcare staff.

It is often the case that children attend hospital when they could have been treated closer to home by their own general practitioner (GP) or in a walk-in service – for example, children with gastroenteritis. What's more, some of these children are admitted overnight when their medical needs could actually have been resolved without a hospital stay. We know that unnecessary admissions can disrupt family life and children's education.

Last year, more than 12,000 children and young people were admitted to local hospitals. Many of them could have been managed in the community.

At the moment, children and young people who need an overnight stay can use services in Gateshead, Sunderland or South Tyneside. Spreading the paediatric expertise across the region in this way means that we are unable to provide the very high level of care we believe is required. Smaller units are not able to employ a wide range of paediatric staff and some experience difficulty recruiting and retaining doctors and nurses. Having three inpatient facilities in the area also results in a poor use of resources as beds are often unoccupied.





As a result, we believe that we are not providing the type of services that acutely sick and injured children and their families need. It is also important to consider value for money and to ensure that we offer the best care in the most cost-effective way. That is why we would like to make a number of changes to the way services are delivered across the South of Tyne and Wear area.

We want to see more children and young people receiving care closer to home or in their own home and fewer presenting at hospital and being admitted for overnight stays. To ensure that this is possible, we plan to increase the range of services available in the community.

For those children who do need hospital support, we will establish assessment units within Queen Elizabeth Hospital, Gateshead, South Tyneside District Hospital, South Shields, and Sunderland Royal Hospital. Within these units children will be assessed and treated or referred by expert paediatric staff.

A small number of children will need to be admitted for overnight stays or longer periods. To meet their needs, we plan to create a single, dedicated paediatric inpatient unit to serve the South of Tyne and Wear area. This would be located at Sunderland Royal Hospital. Children and young people would also be able to use the service provided by the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle.

We can deliver a better inpatient service for children and young people by concentrating expertise in a single hospital rather than spreading it out across three areas, as we do currently. A single paediatric unit for South of Tyne and Wear would provide 24-hour access to inpatient services staffed by doctors and nurses experienced in managing the types of conditions that require a stay in hospital. It would also be large enough to maintain sufficient doctors and nurses with a wide range of paediatric skills.

“As a GP, I want all my patients to receive the best possible care. For this reason, more serious childhood conditions need to be treated in a dedicated inpatient unit with the appropriate facilities and experienced staff.”

Dr Jonathan Harness, GP, Glenpark Medical Centre, Gateshead

In developing our plan, we have also had to consider the availability of skilled staff. The European Working Time Directive is having an impact on the number of hours doctors can work and therefore the number of staff that are required to run a unit. This, together with changes in the number of doctors being trained, may have a long-term effect on the number of specialists available to work in the region in the future.

Travel implications

We have looked carefully at the impact of travelling to and from a single inpatient paediatric unit. Our analysis shows that the majority of people who need hospital support will continue to use the service provided at their local hospital, so they will not have to travel any further than they do at present.

However, depending on where they live, the few children who need to be admitted to hospital may experience longer journeys than they do at the moment. South Tyneside District Hospital is approximately 10 miles from Sunderland Royal Hospital and the Great North Children's Hospital in Newcastle is approximately four miles from the Queen Elizabeth Hospital.

We do need to remember that only a small number of children and young people may need to travel further than they do now – according to our estimate no more than four each day. This proposal will mean that most children and young people will be treated locally, close to their home or even in their home without the need to visit a hospital. Travel analysis information is available on our website.

The nature of childhood illness is different today. Too many children go to hospital when they could be cared for in the community.

There are too many children's overnight beds.

It will become increasingly difficult to recruit the hospital staff required.

A better and more cost-effective service is possible.

What are the options for the future?



Option one:

Implementation of a range of service developments including:

- walk-in services available to children of all ages
- children's community nursing team support for acutely ill and injured children and young people
- children's short-stay assessment units in hospitals in Gateshead, Sunderland and South Tyneside, available for **limited hours**, eg 8.00am - 10.00pm
- inpatient care available at Sunderland Royal Hospital and the Great North Children's Hospital at the Royal Victoria Infirmary, Newcastle.

Option two:

Implementation of a range of service developments including:

- walk-in services available to children of all ages
- children's community nursing team support for acutely ill and injured children and young people
- children's short-stay assessment units in hospitals in Gateshead, Sunderland and South Tyneside, available for **24 hours** each day
- inpatient care available at Sunderland Royal Hospital and the Great North Children's Hospital at the Royal Victoria Infirmary, Newcastle.

Option appraisal summary

Maintaining the current configuration of services is not a viable option as it does not meet the acute health needs of today's children and young people in an efficient way. Resources are focused on inpatient care rather than assessment and treatment in the most appropriate setting. It is unlikely that the current service configuration is sustainable from a workforce perspective and therefore it will be increasingly challenging to meet the required national quality standards and recommendations.

Option one

This option describes a realignment of resources to better meet the acute health needs of children and young people today. The evidence reviewed indicates the need to enhance community and short-stay services in all localities and concentrate inpatient services in one location in South of Tyne and Wear. Cost and activity information, together with regional and national work, may suggest that this option is the most appropriate. However, the local view is that at this point in time short-stay assessment units with restricted opening hours are not the best option.

Option two

We believe option two provides a good balance between community and hospital services and means that the small number of children who require assessment during the night can be managed within their local area. In order to maintain a 24-hour assessment service in the long term, providers will need to consider alternative staffing models.



Our preferred option

At the moment, there are children's inpatient services at Queen Elizabeth Hospital, Gateshead, South Tyneside District Hospital, South Shields, and Sunderland Royal Hospital. These services provide treatment and assessment of children with acute conditions 24 hours a day, seven days a week.

Our preferred choice is option two. In summary, this will result in:

- **children's short-stay assessment units** at Queen Elizabeth Hospital, Gateshead, South Tyneside District Hospital, South Shields, and Sunderland Royal Hospital. These will provide a 24-hour service, seven days a week. Units will care for children between the ages of 0 and 16 years (older for special needs patients). They will be consultant led and staffed by multidisciplinary teams including children's doctors and nurses. There will be consultant cover from early until late, with on-call provision during the night for children's emergencies. Units will provide rapid assessment, treatment and discharge or hand on to another service. There will be no inpatient care available in short-stay assessment units.
- **inpatient care**, there will be no inpatient provision at Queen Elizabeth Hospital or South Tyneside District Hospital. These hospitals will have 24-hour units as described above and will be supported by the children's community nursing team. Inpatient care will be provided by Sunderland Royal Hospital. Parents will also have the choice to attend the Great North Children's Hospital at the Royal Victoria Infirmary (RVI) in Newcastle. Children who require more complex procedures will be treated at the RVI as currently happens.
- **the use of existing walk-in services** to assess and, if necessary, treat children of all ages, without the need to visit a hospital. There are facilities in Sunderland, South Tyneside and Gateshead.
- **the children's community nursing team** is already providing support to children with complex needs or long-term conditions in their own homes. The team's role will be expanded so that they can deal with a wider range of patients including those with injuries or acute illness. This service will be available from early until late each day during the week and for reduced hours on Saturday and Sunday.





Within the assessment units there will be a number of observation beds where doctors will be able to monitor children with more complex needs over a period of time.

The children's short-stay assessment units

The children's short-stay assessment units will ensure that acutely sick children are seen by paediatric staff more rapidly than is possible at the moment. The units will speed up access to treatment and reduce unnecessary hospital admissions and overnight stays.

The majority of children who currently use hospital services but who do not have an overnight stay will be treated by assessment units. With the support of the community nursing team, assessment units will also deal with some of those children who are currently being admitted to a ward overnight. For many children, being able to access care close to home or in their own home is more appropriate than a hospital admission.

Within the assessment units there will be a number of observation beds where doctors will be able to monitor children with more complex needs over a period of time. Children who need further investigation or treatment or are not well enough to

go home will be transferred to Sunderland Royal Hospital or the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle.

Units will be consultant led and staffed by a multidisciplinary team including an appropriate mix of doctors, paediatric nurse practitioners, emergency nurse practitioners, registered children's nurses, medical middle grade/first grade training staff and a play worker.

There will be consultant cover from early until late within units and an on-call arrangement during the night for neonatal services and other children's emergencies. Consultants and senior medical staff will provide telephone advice to community services and support the training/supervision of walk-in service staff.

It is likely that these units will be located within existing accident and emergency (A&E) departments.

Maintaining the current configuration of services is not a viable option for many reasons. We believe this preferred option represents a more effective way of meeting the acute health needs of children and young people today.

All the evidence we have considered, including the views of patients, parents, doctors and other specialists, indicates the need to increase community and short-stay services and to concentrate inpatient services, for the small number of children who need them, in one location.

In this way, the health needs of the vast majority of children will be met by services in their local area, meaning that they will have to travel the same or shorter distances than at present. A small number of children who need inpatient services may have to travel further than they do now to access them.

Providing care for the acutely unwell or injured child at home or close to home is important. It ensures a better patient and carer experience, can reduce emergency admissions and allows those children who need hospital treatment to be discharged early.

Our plan is to ensure a more joined-up approach to the care of acutely sick and injured children and the development of close working relationships between the children's community nursing team, hospital services, walk-in services and GPs.

In November 2011, experts from the National Clinical Advisory Team reviewed the plans described in this document and concluded that they were achievable and safe but noted that the issue of sustainability would need to be considered going forward.

Inpatient care at Sunderland Royal Hospital

Sunderland Royal Hospital will provide inpatient care for children and young people from across the South of Tyne and Wear area. Patients may also choose to attend the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle.

Concentrating inpatient services in one location will ensure a safe and sustainable service now and into the future. It will allow a concentration of expertise in the range of conditions that require inpatient care and the increased number of children visiting the hospital in Sunderland means that it will be possible to consider developing new ways of providing services. What's more, there is evidence that sick children and young people do better in larger units than in smaller units.

It is proposed that Sunderland Royal Hospital is the location for the inpatient unit serving South of Tyne and Wear. This is because the hospital currently provides a range of services and treats certain conditions that South Tyneside District Hospital and Queen Elizabeth Hospital do not. In addition, Sunderland Royal Hospital has sufficient capacity to manage the expected increase in the number of patients. However, staffing may be increased to deal with the greater number of admissions.



Children's community nursing team

The plan is to provide enhanced community nursing team support to ensure that more acutely ill and injured children can be cared for at home. Care will be provided to children aged between 0 and 16, or older if the young person has special needs. We also acknowledge that there will have to be some flexibility around age limits in order to meet individual needs appropriately.

Initially, referrals to the children's community nursing team will be through the inpatient unit at Sunderland Royal Hospital, the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle or children's short-stay assessment units in all localities. Eventually, it is hoped that the team will also be able to accept referrals from GPs, including out-of-hours services.

The service will operate seven days a week from the early morning to late evening, probably between 7.00am and 10.00pm during the week with reduced hours at weekends. Families will be given clear information about who to contact during the night if help is needed.

There will be clear criteria for access to and discharge from the service and the provision of standard care packages where appropriate.

High-quality care closer to home for the majority of children.

Support within the family home from the children's community nursing team.

Comprehensive hospital service that is better staffed and resourced than at present.

A more joined-up approach to the care and treatment of acutely sick and injured children.

How our plan was developed

This plan has the support of local doctors and nurses and we have taken into account the views of patients, parents and local people.

We considered the potential advantages and disadvantages of our plan, and looked at the implications of any changes from a range of perspectives including safety, clinical effectiveness and facilities.

We also carried out a thorough review of guidance, expert opinion and best practice. The multi-disciplinary team who developed the plan also considered:

- *national guidance and recommendations from the Royal College of Paediatrics and Child Health*
- *examples of best practice elsewhere in the UK*
- *data showing how existing services are being used*
- *national and local research that has been carried out on bronchiolitis and acute abdominal pain (which are two very common conditions in children).*

We held a number of events that focused on the reform of children's services and which were used to test assumptions. These identified a range of important issues which have been taken into account within our proposal. Most importantly:

- *the public need to know which health service to attend, eg GP, walk-in service or A&E*
- *patients need informative, clear patient information leaflets*
- *the need for standard assessments in primary care and secondary care services*
- *the need for better community support from a range of services including the children's community nursing team*
- *access to children's short-stay assessment facilities.*



To assess public opinion, we used the Health Care Commission survey of children's inpatient services 2004 and considered the Children's Society's Voices Project, *The Sick and Injured Child's Care Journey*, 2005.

We also commissioned a range of public engagement activities during the summer of 2008, including questionnaires, focus groups and self-completion comment cards. From this, we concluded that while respondents knew where to get help and support and were happy with the overall level of service provided, they had expectations that were not currently being met. They identified the need for:

- *better access to GPs, especially outside normal hours*
- *better access to services when a child becomes ill*
- *better communication between professionals*
- *access to information about their child's condition*
- *access to competent staff, able to assess children appropriately at all stages of their treatment*
- *child-friendly environments*
- *speedy diagnosis*
- *services that meet the needs of young people as well as children*
- *services that meet the needs of children with special needs*
- *timely feedback from NHS Direct and out-of-hours services*
- *a reduction in waiting times.*

Engagement with parents and young people continued into 2009 linked to specific initiatives.

There is a considerable amount of guidance and expert opinion on the development of children's acute services which helped us as we developed our plan.

Demography and health needs assessment in South of Tyne and Wear

In 2010, almost a quarter of the residents of Gateshead, South Tyneside and Sunderland were children aged between 0 and 19 years.



A recent strategic needs assessment of the health of children in South of Tyne and Wear showed:

- a predicted increase in the birth rate of 11 per cent from 2010 to 2015
- a number of areas in South of Tyne and Wear are amongst the most deprived in England
- at age 4-5, between 14 per cent and 15 per cent of children are overweight or obese
- fruit and vegetable consumption is the lowest in the country
- a lower life expectancy than the England average and significant variation in life expectancy across the region
- low breastfeeding rates.

(Source: Sunderland Joint Strategic Needs Assessment, 2008)

These factors can put children at risk of serious health problems, both in the immediate future and later in life, and highlight the importance of appropriate and sustainable healthcare services.

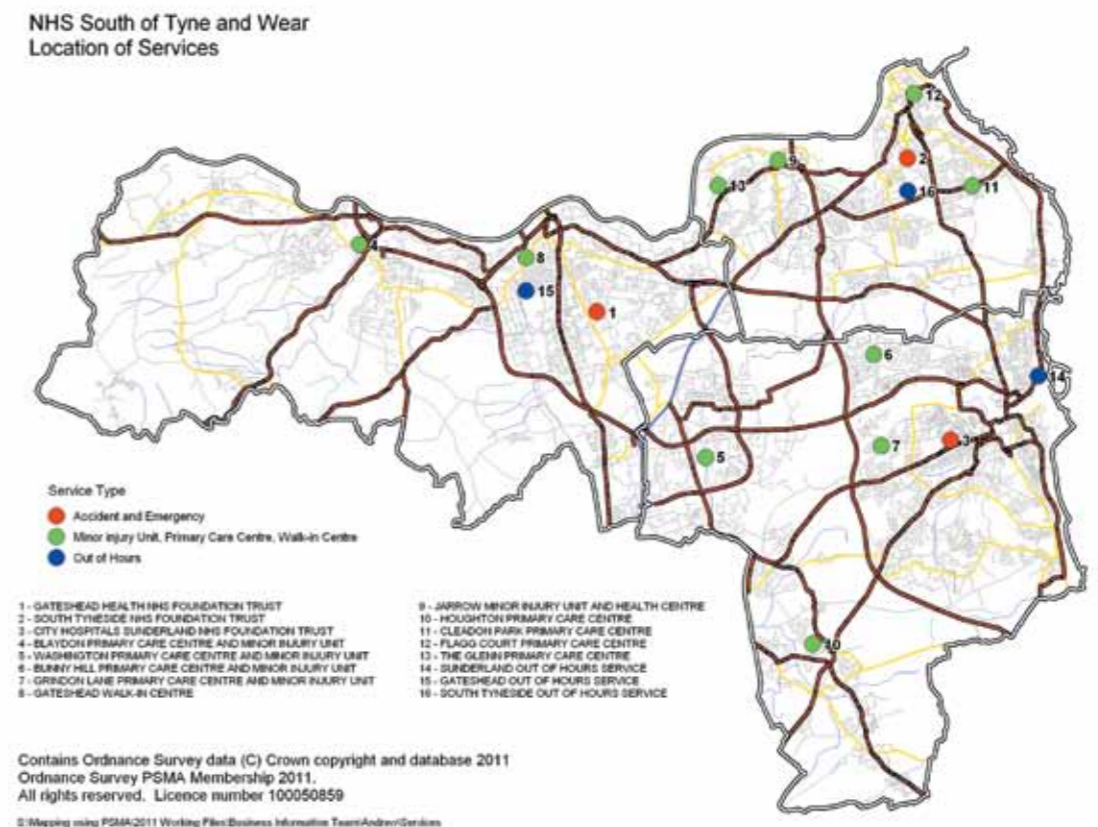
How health services are used now

Many children lead healthy lives and rarely need medical treatment. Of those who do need medical intervention, 97 per cent are treated in the community.

Fig 1 Service use in 2010/11 for children and young people 0-16 in South of Tyne and Wear:

Service Accessed	2010/11 contacts
GP attendances	260,917 (estimate based on 2009/10)
Walk-in service attendances	31,796
A&E attendances	46,112
Emergency admissions	12,020

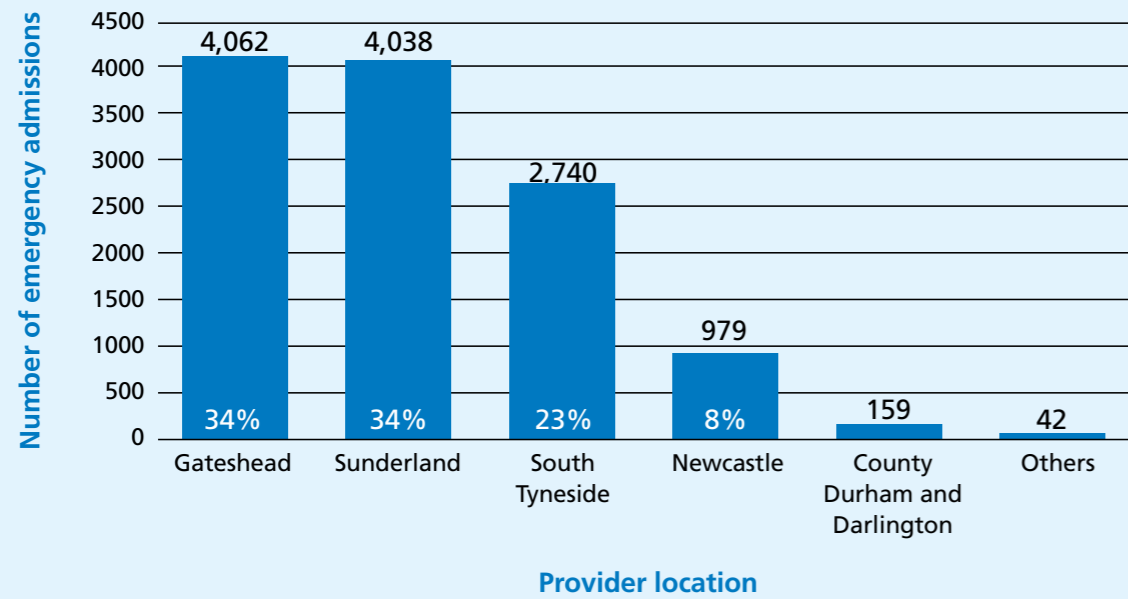
The map below shows the hospitals and minor injury and illness units in South of Tyne and Wear.



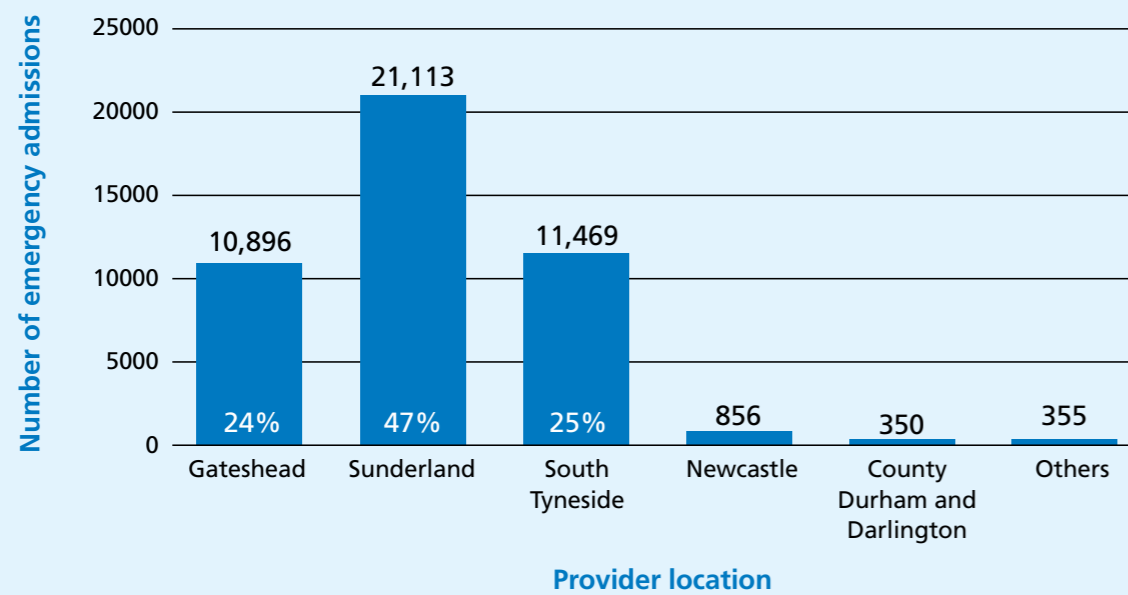
When children in the South of Tyne and Wear area require hospital care, 90 per cent of them attend a hospital in this area. The remainder attend a hospital in Newcastle or another provider.

Clearly, there is a need for responsive children's acute services to be available across our region.

**South of Tyne & Wear Paediatric Emergency Admissions 2010/11
Age 0-16 Years by Provider**



**South of Tyne & Wear A&E Attendances 2010/11
Age 0-16 Years by Provider**



We know that many of the emergency admissions to hospital are for a very short period of time. In 2009/10, approximately half of the children admitted to hospital had a stay of four hours or less and the majority were treated within one day.

It is positive that children are being treated quickly; however, this data also shows that most children could be managed in short-stay facilities. Treating more children in short-stay assessment units would allow the inpatient unit to focus on those children with more complex needs.

Of those children admitted to hospital during 2009/10, the top five conditions were:

- 1 viral infection of unspecified site
- 2 viral infection and other specified intestinal infections
- 3 acute upper respiratory infections
- 4 acute bronchiolitis
- 5 abdominal and pelvic pain

A proportion of these children could have been supported in other ways – for instance, by the children's community nursing team, enabling them to remain at home.

At the moment, we have too many overnight beds for sick children. At times fewer than half of these beds are occupied. In the future, when more children are cared for in the community, the number of overnight stays will be reduced.

Most children's emergencies occur between 7.00am and 11.00pm, with peaks between 4.00pm and 8.00pm. This indicates the need to ensure care services for acutely sick and injured children are available in all localities from early until late in the evening.





Most sick and injured children are treated locally without the need for a hospital visit.

Many children who visit hospital could actually have been treated safely and quickly elsewhere, allowing hospitals to focus on those children with more complex health needs.

Fewer than half of all overnight beds for children are occupied at any one time.

Have your say

This document explains our planned changes to services for children and young people who are acutely sick or injured, and gives the reasons why these changes are needed.

You can respond to this plan by completing and returning the questionnaire at the back of this document. Alternatively, call 0191 529 7374.

We will be holding a number of public meetings during the consultation period. Details of public meetings can be found on our website.

You can also find the questionnaire on our website at www.sotw.nhs.uk/yoursay/consultations/

How could these changes affect you?

Below we have identified a range of potential scenarios and explained how they would be dealt with now and how they would be dealt with under our preferred option.

Scenario	Current service	New service
Jack is a one year old who lives in Gateshead. He has not been very interested in eating or drinking for a day. His mum is concerned as he's developed a temperature that hasn't come down with the use of paracetamol. At 11.00pm she becomes worried that he may get worse during the night and wants him to be seen by a doctor.	Mum takes Jack to the Queen Elizabeth Hospital, Gateshead, where he is assessed in the A&E department.	Mum takes Jack to the Queen Elizabeth Hospital, Gateshead, where he is assessed in the children's short-stay assessment unit. Mum is given advice and reassurance and returns home. This is followed up by a home visit from the children's community nursing team the following day.
Molly has been unwell for a few days and is seen by her GP who recommends a further assessment at the local hospital.	Molly is seen at the day unit at Queen Elizabeth Hospital, Gateshead. She has some tests and is observed for a few hours and then sent home when all appears well.	Molly is seen by specialist paediatric staff in the children's short-stay assessment unit at Queen Elizabeth Hospital, Gateshead. She is observed for a few hours and then sent home when all appears well.
Six-year-old Madison lives in Gateshead. She returns home from school complaining of an earache and sore throat. Mum gives her pain relief to see how she responds. At 6.00pm, Madison is still complaining about the pain. Her mum takes her to Gateshead walk-in service.	Madison attends the walk-in service in Gateshead where she is assessed by staff and given treatment with advice to visit her GP if the symptoms don't resolve in a day or two.	Madison attends the walk-in service in Gateshead where she is assessed by staff and given treatment with advice to visit her GP if the symptoms don't resolve in a day or two.

Scenario	Current service	New service
Callum is eight years old and lives in South Tyneside. On Sunday afternoon he falls from his bike and twists his leg. Dad takes him to the A&E department at South Tyneside District Hospital.	In A&E, Callum has an x-ray which shows no broken bones. He is sent home with appropriate pain relief and advised to rest.	Callum is assessed by specialist paediatric staff in the children's short-stay assessment unit at South Tyneside District Hospital. He has an x-ray which shows no broken bones. He is sent home with appropriate pain relief and advised to rest.
Lily is four years old and lives in South Tyneside. She has a very high temperature, has not eaten for some time and is not very responsive. Mum takes her to the A&E department at South Tyneside District Hospital.	Lily is assessed in A&E at South Tyneside District Hospital. She is quickly transferred to the children's ward for further assessment and treatment. She stays in hospital for a few days before being well enough to go home.	Lily is assessed in the children's short-stay assessment unit at South Tyneside District Hospital where it becomes clear that she will need inpatient care. She is transported to the children's ward at Sunderland Royal Hospital. She stays in hospital for a few days before being well enough to go home.
Holly lives in Blaydon. She has had a high temperature and has not been well for a few days. When assessed by her GP a rash is identified and it is clear that she needs admission to hospital.	Her GP refers Holly to the children's ward at Queen Elizabeth Hospital, Gateshead.	The GP phones the short-stay assessment unit at the Queen Elizabeth Hospital, Gateshead to discuss Holly's needs and arrange admission to the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle. Alternatively, her parents could have chosen admission to Sunderland Royal Hospital.

SRS 3XB
 Sunderland
 Sunderland Enterprise Park
 Colima Avenue
 Pemberton House
 Children's acute services consultation
 NHS South of Tyne and Wear
 RSEB-EKUY-ZEUX
 Freepost





South of Tyne and Wear

A Public Consultation Questionnaire

Acute health services for children and young people

1 Are you a:

- child or a young person
- parent or someone who cares for children/young people
- health professional
- other, please state.....

2 If you are a child/young person, have you attended A&E in the past year?

If you are a parent/carer, have you attended A&E with a child during the past year?

- Yes
- No
- Not sure

3 If you are a child/young person, have you stayed in hospital over night during the past year? If you are a parent/carer, has your child stayed in hospital overnight during the past year?

- Yes
- No
- Not sure

4 Do you support the planned changes explained in the consultation document, ie:

- the development of 24-hour short stay assessment units
- inpatient care available at Sunderland Royal Hospital and the Great North Children's Hospital at the Royal Victoria Infirmary, Newcastle.

- Yes
- No
- Not sure

If you have any concerns or comments about the planned changes please let us know:

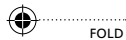
If you would like to receive the final consultation report, please write your name and address or email address below:

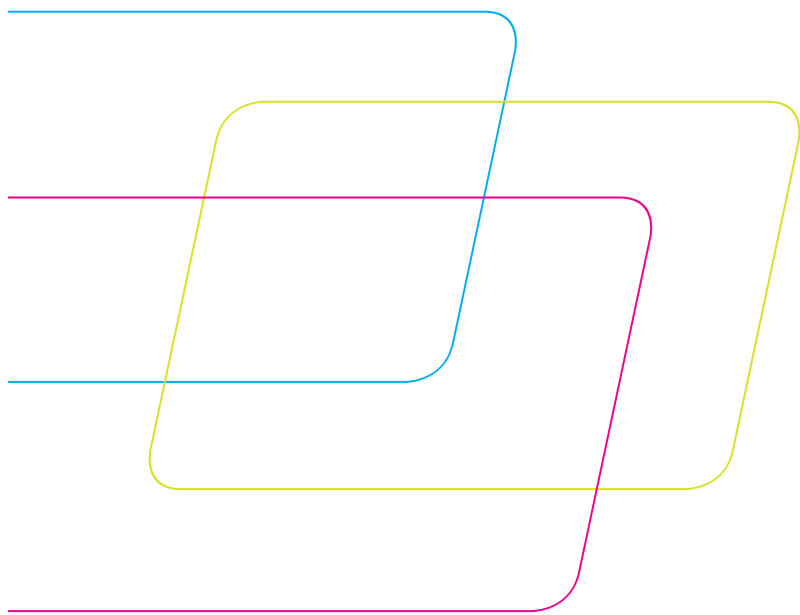
Name: _____

Address: _____

Email: _____

Please return this questionnaire by 31 March 2012.





NHS South of Tyne and Wear

Pemberton House
Colima Avenue
Sunderland Enterprise Park
Sunderland
SR5 3XB

Telephone: 0191 529 7000

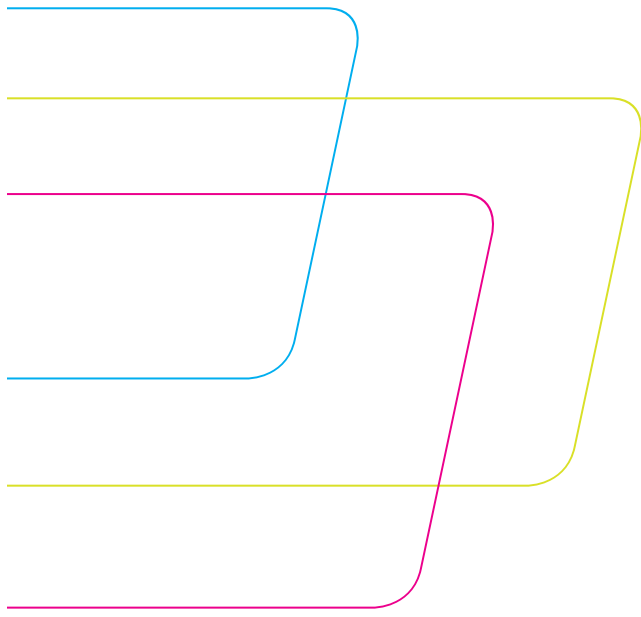
Fax: 0191 529 7001

www.sotw.nhs.uk

This information can be made available in another format on request. Please call the Communications Team on 0191 529 7221



South of Tyne and Wear



Getting Better Together

A Public Consultation
Acute health services for children and young people

*Working together to make
South of Tyne and Wear healthy for you*

Gateshead Primary Care Trust • South Tyneside Primary Care Trust • Sunderland Teaching Primary Care Trust

NHS South of Tyne and Wear
Pemberton House
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Sunderland Enterprise Park
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Telephone: 0191 529 7000
Fax: 0191 529 7001

www.sotw.nhs.uk

This information can be made available in another format on request. Please call the Communications Team on 0191 529 7221

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Getting better together

NHS South of Tyne and Wear covers Gateshead Primary Care Trust (PCT), South Tyneside Primary Care Trust (PCT) and Sunderland Teaching Primary Care Trust (TPCT) and is the name given to the integrated management arrangements which exist across the three PCTs.

Our vision is to work together to make South of Tyne and Wear healthy for all. We aim to achieve this by improving the health of local communities and ensuring excellent patient care through the wise and effective use of public money.

Following an in-depth clinical review, it has become clear that we need to improve local services for sick and injured children. These services have served the community well for many

years, but advances in medical treatment and prevention and the nature of childhood illness means that they no longer meet the needs of children, young people or their families.

That is why we would like to make a number of changes to the way services are delivered across South of Tyne and Wear. We are very keen to hear your views on our plan.

“I support the plan to enhance local services for children and young people. It will ensure that fewer children need to be admitted to hospital for long periods.”

Geoff Lawson, Consultant Paediatrician/Clinical Director, Child Health, City Hospitals Sunderland NHS Foundation Trust

Why do the services need to change?

These days, advances in paediatric medicine mean that serious childhood illnesses are very rare and children and young people seldom have to stay in hospital overnight. This means that at times, fewer than half of the overnight beds for children in the South of Tyne and Wear area (covering Gateshead, Sunderland and South Tyneside) are occupied each night.

However, children and young people suffer from more chronic illness now than in the past; for example, conditions like asthma and diabetes. These types of childhood illness can be managed safely and more appropriately in the child’s own home with support from healthcare staff.

It is often the case that children attend hospital when they could have been treated closer to home by their own general practitioner (GP) or in a walk-in service – for example, children with gastroenteritis. What’s more, some of these children are admitted overnight when their medical needs could actually have been resolved without a hospital stay. We know that unnecessary admissions can disrupt family life and children’s education.

Last year, more than 12,000 children and young people were admitted to local hospitals. Many of them could have been managed in the community.

As a result, we believe that we are not providing the type of services that acutely sick and injured children and their families need. It is also important to consider value for money and to ensure that we offer the best care in the most cost-effective way. That is why we would like to make a number of changes to the way services are delivered across the South of Tyne and Wear area.

Acute refers to illness that is often sudden in onset and can be severe, but generally lasts only a short time before the patient recovers fully.



What changes are being proposed?

We want to see more children and young people receiving care closer to home or in their own home and fewer presenting at hospital and being admitted for overnight stays. To ensure that this is possible, we plan to increase the range of services available in the community.

For those children who do need hospital support, we will establish assessment units within Queen Elizabeth Hospital, Gateshead, South Tyneside District Hospital, South Shields, and Sunderland Royal Hospital.

A small number of children will need to be admitted for overnight stays or longer periods.

To meet their needs, we plan to create a single, dedicated paediatric inpatient unit to serve the South of Tyne and Wear area. This would be located at Sunderland Royal Hospital. Children and young people would also be able to use the service provided by the Great North Children's Hospital at the Royal Victoria Infirmary in Newcastle.



Options for the future

Option one:

Implementation of a range of service developments including:

- walk-in services available to children of all ages
- children's community nursing team support for acutely ill and injured children and young people
- children's short-stay assessment units in hospitals in Gateshead, Sunderland and South Tyneside, available for **limited hours**, eg 8.00am - 10.00pm
- inpatient care available at Sunderland Royal Hospital and the Great North Children's Hospital at the Royal Victoria Infirmary, Newcastle.

Option two:

Implementation of a range of service developments including:

- walk-in services available to children of all ages
- children's community nursing team support for acutely ill and injured children and young people
- children's short-stay assessment units in hospitals in Gateshead, Sunderland and South Tyneside, available for **24 hours** each day
- inpatient care available at Sunderland Royal Hospital and the Great North Children's Hospital at the Royal Victoria Infirmary, Newcastle.

Option two is our preferred option. It provides a good balance between community and hospital services and means that the small number of children who attend during the night can be managed within their local area.



Why will this ensure better services?

We believe that we can improve the services available to acutely sick and injured children and young people and their families across NHS South of Tyne and Wear.

Our plan will deliver:

- high-quality care closer to home for the majority of children
- support within the family home from the children's community nursing team
- a comprehensive hospital service that is better staffed and resourced than at present
- a more joined-up approach to the care and treatment of acutely sick and injured children.

How can I have my say?

You will find the full consultation document and questionnaire on our website at

www.sotw.nhs.uk/yoursay/consultations/

Alternatively, you can call us for a copy of the full consultation document and questionnaire on **0191 529 7374**.

We will be holding a number of public meetings during the consultation period. Details can be found on our website or by calling the number above.

This consultation ends on **31 March 2012**.



Improvements to Out of Hours Provision in Sunderland**Report of the Executive Director Health Housing and Adult Services****1. Purpose of Report**

- 1.1 In February 2010 the committee agreed to a set of recommendations improve access to Out of Hours (OOH) provision in Sunderland and to the creation of a task and finish group to progress these.
- 1.2 In December 2010 a further report was submitted to the committee detailing progress that had been made to the service and it was agreed that a further report would be submitted to brief the committee on activity and any other outstanding issues.

2. Background

- 2.1 In November 2009 a number of concerns had been raised with regard to the ability of a broad range of statutory services to meet individuals' needs in an emergency situation, as a result of a councillor's experiences in trying to obtain help for an ex –neighbour.
- 2.2 These concerns were raised with the Scrutiny Committee and this provided an opportunity to review the arrangements in place for OOH provision and recommendations for improvement.
- 2.3 In response to the information provided and issues raised, the committee agreed the following 6 recommendations in order to improve OOH services;
 1. Review the skills and experience of the social workers who work within HHAS OOH service, in order to ensure that the needs of people with mental health needs are adequately met
 2. Raise awareness of the Crisis Resolution Service amongst the Contact Centre staff, in order that referrals are appropriate
 3. Improve referral arrangements across the OOH provision (including Crisis Resolution Service) agreeing the responsibilities for the given areas of work, communicating this to the Contact Centre
 4. Clarify the onward referral arrangements between OOH provision (including Crisis Resolution Service) and the information flows to ensure people are dealt with appropriately
 5. Improve access to background information by scoping potential to share relevant information with the Contact Centre
 6. Gather information relating to activity across the OOH provision, in order to ensure the right service is being delivered

- 2.4 A task and finish group was established to progress recommendations made and a series of improvements were made to make access to OOHs services better. These were reported back to committee in December 2010.

3. Current Situation

- 3.1 In order to better identify demand and improve responses all OOHs requests for Adult Social Care are routed through the Customer Contact Centre and referrals are recorded on the Customer Contact System (CCS). This has enabled improved analysis of demand and over the last nine months 685 requests have been made out of normal office hours for adult social care interventions.
- 3.2 To enable a more appropriate response to people who have mental health issues, which was the focus of the original issue in November 2009, staff working OOHs have been trained in mental health practice. Two of which are now Approved Mental Health Practitioners (AMHPs). These are in addition to the three AMHPS working in the Crisis Resolution and Home Treatment Service and in the Mental Health team in the Personalisation Service. More training is planned to increase the number of AMHPs overall and we are working closely with Northumbria University to achieve this.
- 3.3 Working relationships and practice has improved alongside the ability to share information between practitioners and Contact Centre staff which has improved the overall delivery of the service and delivered better outcomes for people. Staff, now have the ability to work more agile and through the use of remote technology access client data base systems to gain up to date information. Social care practitioners will when required work alongside contact centre staff to resolve issues in a timely way without the need for lengthy and protracted intervention.
- 3.4 Through improved communications with housing colleagues better use of emergency accommodation is being made when required. Weekly reports and vacancy updates are shared with practitioners and Senior Managers working OOHs.

4. Conclusion & Recommendations

- 4.1 Following the original concerns raised in February 2010 continuous improvements have been made to the OOHs service that have improved response times and provided better outcomes for people.
- 4.2 Exploratory work has started to look at the potential combining Children's and Adult Service OOHs service. No decision has yet been made as discussions are at an early stage.
- 4.3 It is recommended that the Health and Wellbeing Scrutiny Committee receive this report and note the continued improvements made to the

service and also note the potential for further improvements to be made by the combining of Children's and Adult OOHs service which would be the subject of future reporting.

Contact Officer: Name J. Usher
Email jim.usher@sunderland.gov.uk

HEALTH & WELL-BEING SCRUTINY COMMITTEE

11th January 2012

ANNUAL WORK PROGRAMME 2011-12

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

- 1.1 For the Scrutiny Committee to receive an updated work programme for 2011-12.

2. Background

- 2.1 The Scrutiny Committee is responsible for setting its own work programme within the following remit:

Social Care (Adults); Welfare Rights; Relationships and scrutiny of health services; Healthy life and lifestyle choices for adults and children; Public Health; Citizenship (Adults); and External inspections (Adult Services)

- 2.2 The work programme can be amended during the year and any Member of the Committee can add an item of business.

3. Current Position

- 3.1 In addition to the items taken at the scheduled meetings the following activities have taken place since the last meeting.
- An evidence gathering / consultation session has been arranged for 12th January. A summary of the evidence taken will be presented to a future committee meeting.

4. Conclusion & Recommendation

- 4.1 That Members note the updated work programme.

5. Background Papers

None

Contact Officer : Karen Brown
karen.brown@sunderland.gov.uk

	JUNE 08.06.11	JULY 19.07.11	SEPTEMBER 6.09.11	OCTOBER 19.10.11	23.11.11	DECEMBER 07.12.11	JANUARY 11.01.12	12.1.12	FEBRUARY TBC	FEBRUARY 22.02.12	APRIL 4.04.12		
Cabinet Referrals & Responses			Cabinet Response to 2010/11 Hospital Food & Veterans Policy Reviews										
Policy Review	Work Programme & Policy Review – Delayed Discharge & Reablement (KB)	Scope of Policy Review (KJB)	Endorse co-opted representation Setting the Scene – Delayed Discharge (JC/AN) Monitoring Action Plans: Dementia, Home Care, Health Inequalities	Community Health Services (BA) CQC In-patient survey leaving health services	Policy Review: Evidence Gathering Day		Out of Hours (JU)	Policy Review: Evidence Gathering Day	Policy Review: Community Event	Draft Report	Final Report		
Performance			Q4 Performance Report (KDP)			Q1 & Q2 Performance (ML)						Q3 Performance (SL)	
Scrutiny	Safe and Sustainable: Consultation (KB) Integrated Strategic & Operational Plan (STPCT) Health & Well-Being Board (NR)	Campus Completion Programme (PCT/NTW) Training Standards Care Homes (GK)	Procurement of social care for adults with a learning disability – progress report (PF)	Meals at Home Service (PC) Barmston Medical Centre Procurement (PCT) End of Life Facilities (PCT)		In-patient beds for LD (NTW) Community Covenant (KB) Social Care Contributions consultation (GK)	HHAS 15 year strategy (NR/DA) Health Watch (JC) Acutely sick children consultation (SOTW)					JSNA Consultation (NC) Health Strategy consultation (NC) Clear & Credible Plan (CCG)	Annual Commissioning Plan (STPCT)
CCfA/Members items/Petitions		Request to attend conferences Feedback visit to Wearmouth View											Draft Annual Report (KB)

**FORWARD PLAN – KEY DECISIONS FOR THE
PERIOD 1 JANUARY – 30 APRIL 2012**

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of the Report

- 1.1 To provide Members with an opportunity to consider the Executive's Forward Plan for the period 1 January – 30 April 2012.

2. Background Information

- 2.1 The Council's Forward Plan contains matters which are likely to be the subject of a key decision to be taken by the Executive. The Plan covers a four month period and is prepared and updated on a monthly basis.
- 2.2 Holding the Executive to account is one of the main functions of scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Forward Plan) and deciding whether scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.3 In considering the Forward Plan, members are asked to consider only those issues which are under the remit of the Scrutiny Committee. These are as follows:-

General Scope: To consider issues relating to health and adult social care services

Remit: Social Care (Adults); Welfare Rights; Relationships and scrutiny of health services; Healthy life and lifestyle choices for adults and children; Public Health; Citizenship (Adults); and External inspections (Adult Services)

3. Current Position

- 3.1 The relevant extract from the Forward Plan is attached.
- 3.2 In the event of members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. Recommendations

- 4.1 To consider the Executive's Forward Plan for the current period.

5. Background Papers

Forward Plan 1 January – 30 April 2012

Contact Officer : Karen Brown, Scrutiny Officer
karen.brown@sunderland.gov.uk

**Forward Plan -
Key Decisions
for the period
01/Jan/2012 to
30/Apr/2012**



**E Waugh,
Head of Law and Governance,
Commercial and Corporate Services,
Sunderland City Council.**

14 November 2011

Plan: Key Decisions from - 01/Jan/2012 to 30/Apr/2012

No.	Description of Decision	Decision Taker	Anticipated Date of Decision	Principal Consultees	Means of Consultation	When and how to make representations and appropriate Scrutiny Committee	Documents to be considered	Contact Officer	Tel No
01438	To agree the Social Care Contributions Policy for Personalisation	Cabinet	11/Jan/2012	Cabinet, Service Users and Ward Members, Portfolio Holders	Briefings and/or meetings with interested parties	via the Contact Officer by 19 September - Health and Wellbeing Scrutiny Committee	Report	Neil Revely	5661880
01554	To agree the procurement of Healthwatch.	Cabinet	11/Jan/2012	Cabinet, Service Users, Ward Members and Portfolio Holders	Briefings and/or meetings with interested parties	Via the Contact Officer by 21 December 2011 - Health and Wellbeing Scrutiny Committee	Full Report	Jean Carter	5662690
01547	To agree the Strategy for Telecare.	Cabinet	14/Mar/2012	Cabinet, Service Users and Ward Members, Portfolio Holders	Briefings and/or meetings with interested parties	Via the Contact Officer by 21 February 2012 - Health and Scrutiny Committee	Full Report	Philip Foster	5662042