

## **HEALTH AND WELLBEING SCRUTINY COMMITTEE**

### **AGENDA**

**Meeting to be held in the Civic Centre (Committee Room No. 1) on  
Wednesday 3<sup>rd</sup> July, 2019 at 5.30 pm**

#### **Membership**

Cllrs Butler, Cunningham, Davison, D. Dixon, Essl, Heron, Leadbitter, N. MacKnight, Mann, McClennan, McDonough and O'Brien.

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**Contact:** Joanne Stewart Principal Governance Services Officer Tel: 561 1059  
Email: joanne.stewart@sunderland.gov.uk

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E. WAUGH,  
Assistant Director of Law and Governance,  
Civic Centre,  
SUNDERLAND.

25<sup>th</sup> June, 2019

**At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 5<sup>th</sup> JUNE, 2019 at 5.30p.m.**

**Present:-**

Councillor D. Dixon in the Chair

Councillors Butler, Cunningham, Davison, Heron, Leadbitter, N. MacKnight, McDonough, Mann and O'Brien

Also in attendance:-

Ms Deborah Cornell – Head of Corporate Affairs, Sunderland Clinical Commissioning Group

Mr Nigel Cummings – Scrutiny Officer, Sunderland City Council

Mr. Graham King – Head of Integrated Commissioning, Sunderland City Council

Ms Joanne Stewart – Principal Governance Services Officer, Sunderland City Council

The Chairman opened the meeting and introductions were made.

**Apologies for Absence**

Apologies for absence were submitted to the meeting on behalf of Councillors Essl and McClennan.

**Minutes of the last meeting of the Committee held on 10<sup>th</sup> April, 2019**

The Principal Governance Services Officer advised that the resolution to item three within the minutes had been omitted and informed Members that it should read:- “3. RESOLVED that the information within the report be received and noted and that a further update be submitted in due course.”

Subject to the above amendment, it was:-

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 10<sup>th</sup> April, 2019 (copy circulated) be confirmed and signed as a correct record.

**Declarations of Interest (including Whipping Declarations)**

There were no declarations of interest made.

## **Managing the Market**

The Executive Director People Services submitted a report which provided information relating to the care and support provider market in Sunderland.

(For copy report – see original minutes)

Mr. King, Head of Integrated Commissioning, took Members through the report which included the on-going work undertaken by the Commissioning Team with regards to working with and developing a diverse care and support market and gave an update on quality and adult safeguarding matters. Mr. King advised Members that the Commissioning Team were responsible for facilitating market development, management of demand and supply and ensuring the quality of service provided by the market are of a high standard, appropriate and flexible to the needs of the individual being supported.

Mr. King referred the Committee to paragraph 5.2 of the report and advised that processes had been agreed and systems configured accordingly to allow performance information from the Multi Agency Safeguarding Hub (MASH) activity to be generated and included in reporting through the Safeguarding Adults Board. The first reporting would commence at the end of Quarter 1 of 2019/20 and Mr. King informed Members that he intended to submit a report to a future meeting of the Committee on MASH activity.

Councillor Dixon referred to the recent Panorama investigation into abuse at Whorlton Hall in Durham and asked how confident Members could be that Sunderland had measures in place to protect the people living in our care. Mr. King advised that Sunderland had no residents living in that care home and never had as they had checked all available previous records. He also informed the Committee that Sunderland consistently had Officers in and out of care homes where we had residents living either through social workers or monitoring visits, etc. and that wherever a problem had been encountered they worked with the care providers to ensure that it was rectified and that the correct policies and procedures were being followed or that training was instigated if it was felt needed. Poor quality was not tolerated by the authority and where a care home had been previously rated as inadequate they had worked in a professional manner with that provider to make a judgement as to whether they could make the necessary improvements or if not, they worked to move residents on to other residencies before the care home was closed.

In response to a question from Councillor O'Brien as to what measures Sunderland Care and Support (SCAS) could put in place to improve the overall rating of the Community Support Service which had recently rated as 'requires improvement' Mr. King advised that the CQC had found the service to be requiring improvement over two areas: Effective and Well-led. The report had identified issues relating to staff awareness of mental health issues, namely that not all staff could demonstrate a robust knowledge of that area which reflected upon management. A robust improvement plan had been drawn up which would be monitored by the Safeguarding Adult Board and a copy could be submitted to the Scrutiny Committee for their consideration. Mr. King advised the Committee that he was confident that the service could gain ground and improve and informed Members that the other areas of Safe, Caring and Responsive had been rated as Good.

Councillor Heron asked for an update in relation to the Seafarers Way Extra Care Scheme and was informed by Mr. King that Housing21 had ceased to be the provider in May, 2019 but that he was confident that Care at Home as the successful bidder would continue and maintain the level of care as the new provider. Care at Home were on the Council's Framework and had experience of providing care in extracare schemes in other local authority areas.

Councillor Butler referred to the increase in safeguarding concerns being received and asked if further information could be provided on how many were carried through for investigation and if the seriousness of those cases had risen? Mr. King advised previously when a concern was raised it would be sent through as of low concern until assessed by Officers. Through training and people becoming more skilled at measuring the level of concern they were now closer in line with those agreed with Operational Safeguarding and concerns were no longer being under reported as low from the initial point of contact. Mr. King advised that a report had recently been submitted to the Safeguarding Adult Board which contained more detailed information which could be circulated to Members of the Committee.

Councillors Davison and Dixon referred to the changing of Housing and Care21's name to Housing21 and asked if this had implications for the future of the company in them looking at re-positioning themselves away from the care aspect of their current business model and were informed by Mr. King that as far as he was aware it was a purely cosmetic change of name and not through any merger or change to the business. He commented that any residents would usually pay a service charge for the aspect of the extra care scheme that they accessed so he could not see the provider moving away from providing those services as this would impact upon their income.

In response to a question around any future challenges which may result from homes in the city running at an occupancy of 90% Mr. King advised that as a commissioner they looked to see occupancy at around 85% and above, care home owners like to see a relatively high occupancy level as this means the business is healthy, whereas if the occupancy falls too low they may struggle to see a return on their investment.

Mr. King advised that they were looking to develop and build a new seventy place nursing home at Ryhope Bank to help with the level of demand, as well as looking at other schemes to help cope with future supply and offered to send Members a copy of the plans for the new development for their information.

Councillor MacKnight referred to those care homes that received outstanding CQC ratings and asked if there was the means for providers to share good practice. Mr. King advised that they use provider forums to share good practice and have open discussions. Care Home Managers also have quite a strong network and discussions between them were quite vibrant with providers being happy to share information across the city.

In relation to the triage process around safeguarding concerns, Mr. King advised that there was a dedicated Operational Safeguarding Team who would process all concerns raised and that they would look to be dealt with initially within twenty four hours. The team would look at the threshold allocated, assess and allocate their

own threshold level and progress it in the correct manner, either through no action or as under section 42 of the Care Act or for more information, etc.

Councillor Cunningham asked if the service expected to see increased or sudden spikes in the number of safeguarding concerns being raised following programmes such as Panorama and was informed that they had not seen a significant change but that they would expect numbers to increase following such events as public concerns were heightened. Mr. King commented that this was the right thing to encourage as concerns around safeguarding should be raised but they had not seen any significant spike to date.

In response to a question from Councillor Davison around the possible extra pressures on intermediate care provision in the city, Mr. King advised that there were two schemes in the city at the moment, providing sixty four beds, and commented that they were used as a step down from hospital for residents who would benefit from intensive therapy prior to returning home. He advised that these were integral services in the system, allowing people to have a chance to be recovered and prepared to return to their homes. Mr. King informed the Committee that they were undertaking a scoping exercise to ensure that the services were fit for purpose in their current position but that there were no plans in place to change provisions at the present time.

Councillor Dixon referred to the increase in the number of referrals and active cases being considered by the Independent Advocacy Service and asked that this be included within the work plan for the Committee to consider at a future meeting.

The Chairman having thanked Mr. King for his report, it was:-

2. RESOLVED that the information within the report be received and noted.

### **Annual Work Programme 2019/20**

The Director of People, Communications and Partnerships submitted a report (copy circulated) inviting Members to consider and agree the work programme for the Committee's work for the 2019/20 municipal year.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, took Members through the report referring to the table set out at paragraph 3.2 of the report which summarised relevant single item issues which were likely to be a regular feature of the work programme for the year ahead. The table also included several issues and topics which Members of the Committee had discussed at a recent development session. The Committee were informed that these items would be programmed into the work programme at relevant dates following discussion with the appropriate Officers.

Mr. Cummings drew Members' attention to the three issues which had been raised as potential areas for an in-depth review, namely:-

- Water Fluoridation; a look at the evidence for and against fluoridation of the local authority water supply;

- Timely Access to Mental Health Services; a look at the Mental Health and out of hospital pathways; and
- Transitions; a look at how young people transition from the care system.

Following Members discussions, it was:-

3. RESOLVED that:-

- The draft work programme for 2019/20 be agreed and that emerging issues be incorporate as and when they arise throughout the forthcoming years; and
- Water Fluoridation be agreed as the issue for in-depth review by the Committee during the 2019/20 municipal year.

### **Notice of Key Decisions**

The Head of Member Support and Community Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from 20 May, 2019.

(for copy report – see original minutes)

4. RESOLVED that the Notice of Key Decisions be received and noted

The Chairman then closed the meeting having thanked Members and Officers for their attendance and contributions over the course of the last municipal year.

(Signed) D. DIXON,  
Chairman.

**SUNDERLAND CLINICAL COMMISSIONING GROUP'S 2019/20  
OPERATIONAL PLAN****Report of the Deputy Chief Officer, Sunderland Clinical Commissioning  
Group****1. Purpose**

- 1.1 The purpose of this report is to update the Health and Wellbeing Scrutiny Committee on Sunderland Clinical Commissioning Group's 2019/20 operational plan, ratified by the clinical commissioning group's (CCG) Governing Body on 26<sup>th</sup> March 2019.

**2. Introduction**

- 2.1 2019/20 is year one of a new planning period for the CCG as our previous operational plans covered a five year strategic period from 2014 to 2019.
- 2.2 The appended operational plan has been informed by and responds to a range of information including:
- the NHS Long Term Plan published in January 2019 set out national ambitions in key clinical priority areas along with commitments for the NHS for the next 10 years. 2019/20 will be year one of the Long Term Plan, laying the groundwork for implementation.
  - The NHS Operational Planning and Contracting Guidance required one year organisation-level operational plans to be developed and ratified by 04 April 2019. The guidance set the delivery of NHS Constitution and national standards as a priority for commissioners and providers in 2019/20 across a number of areas including planned care, child and adult mental health and learning disabilities and primary and community health.
  - Sunderland's Joint Strategic Needs Assessment and benchmarking information, including NHS RightCare data.
  - A review of the CCG's 2018/29 strategic objectives and transformation programmes.
- 2.3 Delivering safe and sustainable services for the people of Sunderland within available funding is a key part of the operational plan. The CCG has a strong track of delivery against financial plans and statutory financial duties. The CCG delivered its 2018/19 QiPP (savings target) of £11.3m.
- 2.4 Collaboration between NHS commissioners and providers across geographic and organisational boundaries to develop a system-level operating plan, to support sustainable improvements in health and care, has been a key feature of NHS service planning policy planning for a number of years.



The 2019/20 planning guidance required Sustainability Transformation Partnerships (STP) /Integrated Care System (ICS) to develop a one year system-level plan operating plan by 11<sup>th</sup> April and a five year plan covering the period up to 2023/24 by October 2019.

### **3. Sunderland CCG's 2019/20 Operational Plan**

3.1 The 2019/20 Operational Plan (the '**Plan**') sets out how the CCG will deliver its vision of **Better Health** for the people of Sunderland through implementing three strategic objectives:

- Prevention
- Transforming community care
- Transforming in hospital care

3.3 All of the CCG's transformation programmes from 2018/19 have been carried forward into 2019/20 recognising the scale of the change required, however the focus may have changed.

3.4 Sustainability is a cross cutting theme in the Plan. Increasing productivity and ensuring services are good value for money remains a priority. However the 2019/20 Plan recognises that workforce shortages pose a threat to service delivery and the quality of care in Sunderland, as well as nationally. In 2019/20 the plan continues to focus on supporting sustained delivery of services by addressing in hospital and community workforce shortages with partners. The CCG's quality strategy, with its focus on effectiveness, safety and patient experience, will maintain a clear focus on quality of care.

3.5 The full Plan is appended to this report with a high level summary (Plan on a Page) on page 6 of the appendix.

### **4. 2019/20 Transformation programmes**

4.1 Making prevention a strategic objective for the 2019/20 plan recognises its importance in improving health outcomes, reducing health inequalities and avoidable illness and use (and pressure) on health services.

#### **4.2 Cancer**

4.2.1 Cancer accounts for 28% of the life expectancy gap in Sunderland males and 34% of the life expectancy gap in Sunderland females. In response to this and the National Cancer Strategy, the CCG set cancer improvement as a priority in its 2016/17 Operational Plan and developed a five year local cancer plan.

- 4.2.2 In 2018/19 the CCG has continued to deliver its local plan and successfully developed early diagnosis pilot pathways (faecal immunochemical test and lung cancer case finding) to roll out in 2019/20 across all GP practices. We also implemented the national workstream, *Living with and beyond cancer*, and secured further funding for the Early Diagnosis Worker posts for 2019/20.
- 4.2.3 In 2019/20 we will continue work across six priority areas of Sunderland's local cancer plan, including prevention, early diagnosis, waiting time standards, patient experience, living with and beyond cancer and investment and commissioning.

### 4.3 **Respiratory**

- 4.3.1 This transformation programme is new to the Plan in 2019/20 because we recognise as a system that despite highly committed NHS staff providing care across a range of care settings, health outcomes are poor for people in Sunderland for respiratory diseases. Along with cancer and cardiovascular disease, more people die early from respiratory diseases in Sunderland compared to other areas
- 4.3.2 The NHS Long Term Plan identifies respiratory disease as a national clinical priority.
- 4.3.3 In 2019/20 we will work collaboratively with partners in All Together Better as well as secondary care to review current pathways from prevention to detection to treatment to management and end of life care. The output will be an agreed system plan setting out key priorities to drive improvements in health outcomes for Sunderland.

### 4.4 **Cardiovascular disease including diabetes**

- 4.4.1 Following a review of benchmarking data we selected cardiovascular disease (CVD) in 2016/17 as a priority because of health needs. CVD and diabetes are national priorities in the NHS Long Term Plan.
- 4.4.2 We recognise that there is a huge opportunity to make a difference to improving CVD outcomes given that the majority of CVD cases are preventable.
- 4.4.3 Early detection and treatment of CVD can help patients to live longer and healthier lives as too many people live with undetected high-risk conditions. Improving the detection and treatment of high risk conditions including hypertension (high blood pressure), atrial fibrillation and high cholesterol has the potential to unlock significant health gains.

- 4.4.4 In 2018/19 our CVD plans focused on improving the detection and management of hypertension (high blood pressure) and high cholesterol in primary care and standardising heart failure pathway across primary, community and secondary care.
- 4.4.5 In 2019/20 we will continue to focus on these areas and include improving the atrial fibrillation (AF). We will build on work undertaken in 2018/19 with our GP practices to ensure that once identified, patients are treated optimally.
- 4.4.6 Diabetes continues to be a key priority area for the CCG in 2019/20.
- 4.4.6 Our plans to improve the treatment and care for patients diagnosed with diabetes started in 2017/18 and continued in 2018/19. The CCG received national diabetes transformation funding during this period to support the transformation.
- 4.6.7 The 2018/19 transformation programme built on 2017/18's programme covering a range of interventions including a community diabetes service with Diabetic Specialist Nurse targeting high risk patients in the community and working GP practices. As well as improving outcomes for patients diagnosed with the condition, our plans in 2018/19 also focused on the prevention of type 2 diabetes.
- 4.4.6 In 2019/20 we will build on this programme of work reducing variation to ensure optimal care and improve the support available for people to better manage their own health. We will also continue to support GP practices to roll out the national NHS Diabetes Prevention Programme.

## 4.5 **Maternal health and wellbeing**

- 4.5.1 Maternity services were prioritised for change in phase 1 of Path to Excellence because of workforce sustainability issues (staff shortage and reliance on temporary staff) faced by the services in South Tyneside and Sunderland and the challenge to meet national standards for quality of care.
- 4.5.2 In 2019/20 work will be ongoing with South Tyneside and Sunderland NHS Foundation Trust (STSNHS FT) to implement the agreed changes to the maternity pathway to ensure sustainable services and to implement the proposals to deliver *Better Births* – national maternity transformation plan.
- 4.5.3 Perinatal mental health is a key area of improvement in the national and local maternity transformation programme. We are continuing to increase capacity to specialist perinatal mental health services. From April 2019, along with neighbouring CCGs, we will recurrently fund an enhanced perinatal service, which operates a central hub and spoke enhanced model of care, serving women and their families.

## 4.6 Child health and wellbeing

4.6.1 This transformation programme within our Plan is part of a whole system approach, working with partners, to change children's' lives for the better.

4.6.2 Our child health and wellbeing transformation programme wholly supports the delivery of priority three of Sunderland's Children and Young People's Plan (2017– 2020), namely 'children and young people enjoy good health and wellbeing'.

4.6.3 Sunderland's Children and Young People's Mental Health and Wellbeing Transformation Plan (2015-2020) was refreshed and presented at the Childrens' Strategic Partnership in April 2019.

4.6.4 Successes in 2018/19 include:

- In Sunderland currently 46.4% of children and young people, with a diagnosable mental health condition, receive treatment from an NHS-funded community mental health service against a target of 34% of children and young people by March 2020.
- The Community Child and Adolescent Mental Health service (CCAMHS) has implemented online counselling, which will be accessible to children and young people from May 2019.
- Kooth, an online counselling service for young people has been commissioned by Together for Children (TfC), funded by the CCG. The service has been commissioned for 15 months and went live on the 1<sup>st</sup> April 2019.
- Recurrent funding has been agreed to enable the seven Children's Psychological Wellbeing Practitioner posts working across STFT and CHSFT and Sunderland Counselling Service to continue. These roles will also support service reform, for example the mobilisation of a Single Point of Access (SPA).

4.6.5 Priorities in 2019/20 include: work to ensure the community eating disorder service meets the required national standards by March 2021; setting up a single point of access (SPA); and further work on both the Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) pathways.

4.6.5 In 2018/19 we developed and implemented a prevention programme, '*Preventing illness in later life and promoting self-care*' in partnership with Together for Children (TfC) and Sunderland City Council (SCC), sponsored by Sunderland's Children's Strategic Partnership and funded by Sunderland CCG to promote healthy lifestyles and physical activity to reduce childhood obesity.

4.6.7 The ten workstreams within the programme are multidisciplinary and involve schools, healthcare and community. The programme promotes new and existing healthy lifestyle initiatives, such as the daily mile and nutrition curriculum, and targets health inequalities including the use of digital applications to increase participation and engagement. Improvements are expected to be demonstrated from year three onwards from the start of the programme.

#### **4.7 Community care**

4.7.1 Since May 2013 we have been working in Sunderland towards delivering a vision for the future for out of hospital care with the aim of promoting health and wellbeing, delivering quality care for patients and carers, and ensuring sustainability of the system.

4.7.2 As a 'Vanguard' site we had an opportunity over three years to develop, test and implement our out of hospital care model under the All Together Better (ATB) Sunderland programme making major progress and achieving significant success. When the programme ended in 2018 we took the decision to enhance the care model and secure it for the longer term. It was agreed that the care model would be enhanced by including and integrating all out of hospital services into one model of care, which is secured formally using an alliance approach. The aim was to have an effective alliance in place by April 2019.

4.7.3 All Together Better (ATB) came formally into operation from 1st April 2019 and is principally responsible for the overall integrated delivery, performance outcomes and general oversight of community care services.

4.7.5 As this is the first year of operation for the ATB the focus is to develop and implement key requirements in order to operate effectively as an alliance. These include a governance framework, a 2019-20 operational plan, alignment of supporting manpower resources and the agreement of a single project management approach.

#### **4.8 General Practice**

4.7.1 Sunderland Clinical Commissioning Group took on responsibility to commission general practice in 2015 because of the central role of general practice in out of hospital care and because of the need to ensure sustainability for general practice. 2015/16 saw the development of SCCG's commissioning strategy for general practice, supported by a financial plan. The strategy set out a number of objectives to sustain and transform general practice including supporting general practice to increase capacity and build the workforce; improve patient access and encourage and support new working arrangements between practices.

- 4.7.2 A number of the objectives of the strategy have been delivered over the first three years including initiatives to increase capacity and build the general practice workforce, developing a quality assurance model to reduce variation and implementing the national extended access requirements in hubs.
- 4.7.3 A following areas have been progressed during 2018/19:
- **New consultation types** to improve access for patients - 15 GP practices are live with e-consultations and five GP practices have had video consultation software installed.
  - **Workforce recruitment and retention** - 14 applications were received for the Golden Hello Recruitment and Retention programme during 2018/19. Four GPs were offered Career Start contracts in 2018/19 and overall 16 GPs have gone through the Career Start programme in Sunderland of which seven have stayed in the city. Four GPs are training to become GP trainers; GP trainees are often a successful way of recruiting GPs so enlarging the pool of trainers is an essential part of recruitment and retention.
  - **Training** – Four nurses have taken up bursaries in 2018/19 to undertake Advanced Clinical Practice course. There have been 15 mentorship bursaries utilised for Practice Nurses. Practice nurses are attaining new skills in spirometry and diabetes.
- 4.7.4 The strategy is currently being refreshed in line with the NHS Long Term Plan, the All Together Better care model and the current General Practice Forward View initiatives which are ongoing in relation to workload, practice infrastructure including estates, technology and digitally enabled care.
- 4.7.5 The engagement on the strategy refresh presented the opportunity to engage with our practices on establishing locality Primary Care Networks in line with the national deadline.
- 4.7.6 In 2019/20 we will accelerate the development and mobilisation of Primary Care Networks (PCNs) to help sustain general practice and healthcare services in Sunderland.
- 4.8 **Mental health, learning disabilities and autism**
- 4.8.1 The Mental Health Five Year Forward View (MHFYFV) set an ambitious vision to transform mental health services and 2019/20 is the fourth year of its implementation. The Long Term Plan re-affirms the commitment to put mental health care on a level footing with physical health services requiring CCGs to increase investment in mental health services in line with the Mental Health Investment Standard. The additional growth in the CCG's 2019/20 allocation will enable us to meet this requirement. Locally we will invest recurrently in specialist perinatal health services, IAPT for people with long term conditions and children's services.

- 4.8.2 During 2018/19 the CCG did not achieve the 19% access target rate for increasing Access to psychological therapies (IAPT) for patients with long term conditions due, in part, to the loss of staff because of uncertainty regarding funding in 2018/19. This uncertainty has been resolved with the service being funded recurrently from April 2019.
- 4.8.3 In 2019/20 we will continue with actions to ensure patients requiring access to community health treatment – IAPT services, early intervention in psychosis – do not have long waits and are treated within national waiting time standards.
- 4.8.4 The life expectancy of people with severe mental illness (SMI) can be up to twenty years less than the general population. In 2018/19 there has been an improvement from 23% to 29.5%, against a target of 50%, in the number of patients with a SMI receiving an annual physical health check (AHC) in Sunderland. To improve performance against this trajectory in 2019/20 we will continue to build on work with Northumberland, Tyne and Wear Mental Health Trust (NTW NHSFT) to improve the physical health of those with a serious mental illness by working collaboratively with our GP practices to ensure patients on GP practice SMI registers receive an annual health check.
- 4.8.5 In 2019/20 we will continue to build on plans to deliver a national 10% reduction in the number of suicides by 2020/21. One off funding has been agreed to provide RESPOND training for Sunderland. The training provides a unique multi- agency package for professional to deal with a person in mental health crisis.
- 4.8.6 We will continue to work in 2019/20 to deliver regional plans to reduce all out of area placements, including the review of patients placed out of area to ensure they have an appropriate package of care.
- 4.8.7 The Long Term Plan commits to the development of a new integrated primary and community mental health service by 2023/24 to support adults and older adults with severe mental health illnesses and 24/7 community based mental health crisis response for adults and older adults by 2021. In 2019/20 we will need to work on plans to develop and mobilise these new services for severe mental health problems and emergency mental health support in Sunderland within the timeframes set.
- 4.8.8 The focus of the *Transforming Care Programme* is to move away from inappropriate outmoded inpatient facilities and establish stronger support in the community. In 2018/19 Sunderland CCG was successful in the achievement of its acute transforming care bed trajectory. 11 adults were discharged and/or transferred from hospital. During 2019/20 we will continue to work with partner agencies to support safe person centred discharge of those persons in the remaining in-patient beds.

- 4.8.9 In 2018/19 the CCG successfully expanded the 'Step up Model' to individuals living in the community. This model has been recognised regionally as an example of best practice and has been successful in reducing the number of inappropriate admissions to hospital.
- 4.8.10 During 2018/19 the CCG successfully bid for three capital bids to fund building work in Sunderland. This has enabled long stay hospital patients to be discharged into the community. Two individuals have now moved into properties and a third persons move is planned for June 2019.
- 4.8.11 Work has continued throughout 2018/19 to develop the quality of annual health checks and immunisation for patients with a learning disability in primary care. In 2018/19 the CCG achieved and exceeded its target for AHCs (by 68).
- 4.8.12 Work has continued to support primary care to deliver flu vaccination to patients with a learning disability.
- 4.8.13 The CCG has continued to support the Stopping over Medication of People with a Learning Disability programme (STOMP LD). This work has been led by NTW NHSFT and is an area that needs further development and delivery within 2019/2020.

#### **4.9 Enhanced primary and community care**

- 4.9.1 The enhanced primary and community care transformation programme comprises a number of transformation plans in 2019/20 led by the ATB:
- Community Integrated Teams (CiT)
  - Care Homes
  - End of Life (EoL)
  - Community equipment service (CES)
  - Continuing Healthcare (CHC)
- 4.9.2 Having been established in 2015, the Community Integrated Teams model has had considerable success in the way the teams have integrated to deliver patient centred care across a range of disciplines. The multi-disciplinary approach is further enhanced with the addition of MDT coordinators and Living Well Link workers who have been pivotal in supporting the benefits of co-location and joined up working.
- 4.9.3 As part of a commitment to continuous improvement, a review of CITs was undertaken in 2018. The review identified some areas for improvement in order to maximise the investment and hopefully realise a more significant reduction of emergency hospital admissions and attendances at A&E.



4.9.4 During 2018/19 the Care Home Group (CHG) has been working to implement the national Enhanced Health in Care Homes Framework (EHCH). Significant positive progress has been made, including:

- Implementing the Red Bag scheme.
- Establishing a model for GP alignment and MDT meetings in care homes.
- Developing cross area policies for hydration and nutrition.
- Sharing of best practice between care home managers.
- Creating relationships, networks and cross organisation decision making.
- Inviting care home managers to attend the CHG and participate in the design of the future model for care homes.
- Ensuring regular discussions and updates for care home managers.

4.9.5 2019/20 will see the continued roll out of the EHCH Framework.

4.9.6 End of Life care continues to be a priority in the Plan and is a key component of many transformation programmes. We continue to work towards a whole system approach to end of life across health and social care in Sunderland, which would mean that patients will receive high quality individualised care, delivered at the right time by the most appropriate service. The EoL strategy will be refreshed in 2019/20 to inform the development of a revised delivery plan.

4.9.7 Care equipment services provide the gateway to the independence, dignity and self-esteem of not only the person using the equipment but their families and carers too. The aims of the 2019/20 Community Equipment Service transformation is to ensure the delivery of sustainable care equipment, services, including children's wheelchairs, to improve access and meet national waiting time standards. In 2019/20 we will continue work to reduce access times for children's wheelchairs.

4.9.8 Continuing Healthcare (CHC) is an important component to the NHS response to supporting people with continuing health care needs, who through appropriate support, personalisation and choice can live either independent, semi-independent or supported lives.

4.9.9 Nationally and locally there is a pressing need to get control of rising CHC expenditure. Benchmarking information show that Sunderland is outlier in its expenditure and in its eligibility rate for fully funded CHC.

4.9.10 A three year CHC transformation plan has been developed, endorsed by the CCG, to realise a key objective - to ensure that CHC is sustainable for the future. Sitting within the ATB CHC transformation will focus on integrated working across all organisations and partners in Sunderland.

#### **4.10 Integrated urgent and emergency care**

- 4.10.1 Extensive engagement with hundreds of local people, as well as service providers and strategic partners, took place during 2018 and informed Sunderland's urgent care model for 2019/20 and beyond.
- 4.10.2 The model of care is underpinned by out of hospital services such as Sunderland Extended Access, Community Integrated Teams, the Recovery at Home (RaH) service (urgent community support), the 111 Clinical Assessment service alongside communications to the public and patients to 'talk before you walk'.
- 4.10.3 The new care model was signed off in January 2019 by the CCG's Governing Body. Implementation across Sunderland is being led by the ATB.

#### **4.11 Path to Excellence**

- 4.11.1 In 2016 South Tyneside and Sunderland NHS Foundation Trust (formerly City Hospitals Sunderland and South Tyneside Foundation Trusts) recognised that significant service transformation was needed to ensure the future sustainability of the hospital services across South Tyneside and Sunderland because of workforce pressures, finance constraints, future demographic changes and shortfalls in the quality in the care provided in some areas.
- 4.11.2 Transforming in-hospital care is being delivered by a partnership of STS NHSFT working collaboratively with South Tyneside and Sunderland CCGs. A five year transformation programme – Path to Excellence (PtE) - was established. Phase 1 of PtE focused on reshaping stroke, maternity (obstetrics), women's healthcare (gynaecology) and children and young people's healthcare (urgent and emergency paediatrics) services. Phase 2 is the final phase of the work and a number of clinical service reviews are taking place which cover the following areas of hospital based care:
- 4.11.3 The focus in 2019/20 will be phase 2 of the P2E programme covering a number of areas of hospital based care including, emergency care and acute medicine, emergency surgery and planned operations, planned care and outpatients and clinical support services.
- 4.11.4 In 2019/20 the programme will mobilise the outcomes of phase 1 and develop a pre-consultation business case to help determine the scenarios to take forward to public consultation for phase 2 later in 2019.

### **5. Recommendation**

- 5.1 The Health and Wellbeing Scrutiny Committee is asked to note the contents of this report providing an overview of the CCG's 2019/20 Operational Plan..

## 6. Background papers

Appendix 1 – SCCG 2019/20 Operational Plan

**Report Author:** Helen Steadman, Head of Strategy, Planning and Reform

**Sponsoring Director:** David Chandler, Deputy Chief Officer and Chief Finance Officer

### Glossary

AHC	Annual health Check
ATB	All Together Better
CAS	Clinical Assessment Service
CCG	Clinical Commissioning Group
CES	Community Equipment Service
CHC	Continuing Healthcare
CIT	Community Integrated Teams
CVD	Cardiovascular Disease
EHCH	Enhanced Health in Care Homes
MH5YFV	Mental Health Five Year Forward View
IAPT	Improving Access to Psychological Therapies
JSNA	Joint Strategic Needs Assessment
LD	Learning Disability
MDT	Multi-Disciplinary Team
MHIS	Mental Health Investment Standard
NHS LTP	NHS Long Term Plan
NTW NHS FT	Northumberland Tyne and Wear NHS Foundation Trust
PBR	Payment By Results
PCN	Primary Care Networks
RaH	Recovery at Home
SMI	Serious mental illness
SPA	Single Point of Access
STOMP	Stopping Over Medication of People with a Learning Disability
STS NHS FT	South Tyneside and Sunderland NHS Foundation Trust
TfC	Together for Children

# Operational Plan 2019 to 2020

**April 2019**



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## 1. Introduction

Our vision is to achieve **Better Health for Sunderland**. Our seven core values informed by engagement with member practices, patients and local people, shape and underpin all the work we undertake to deliver this vision.



We will deliver our vision through three strategic objectives:

- Prevention;
- Transforming Community Care; and
- Transforming in Hospital Care.

Quality and safety are implicit in our vision and values. Our Quality Strategy, and the underpinning quality framework, will enable us to ensure that quality is at the heart of everything we do.

### 1.1 2019/20 operational plan

This 2019/20 operational plan has been informed by and responds to a range of information including, the NHS Operational Planning and Contracting Guidance 2019/20, the Five Year Forward View (FYFV) and the recently published NHS Long Term Plan, the Joint Strategic Needs Assessment (JSNA) for Sunderland, benchmarking information, including NHS RightCare, and a review of our 2018/19 strategic objectives and transformation programmes.

### 1.2 National vision

The NHS Long Term Plan (NHS LTP) was published in January 2019 setting out key ambitions and commitments for the NHS over the next 10 years. 2019/20 will be the foundation year laying the groundwork for implementation.

The NHS Long Term Plan builds on the current national NHS plan - the Five Year Forward View (FYFV), published in October 2014 – and supporting strategies covering general practice, cancer, mental health and maternity services. The FYFV sets out a vision for a better NHS by addressing three gaps between where we are now, and where we need to be in relation to:

- The health and wellbeing of the population.
- The quality of care that is provided.
- The finance and efficiency of NHS services.

### 1.3 Key challenges

This operational plans sets out our transformation plans for 2019/20 to meet the needs of our local population and drive improvements in health and wellbeing, quality and care and the efficiency of local NHS services to ensure sustainable services for the people of Sunderland.

Much of the 2019/20 operational plan is a continuation or development of the 2017 to 2019 operational plan.

## 2. System planning and system working

For a number of years, a key feature of national NHS policy has been a shift towards integrated care and place based systems to support sustainable improvements in health and care. As shown in figure 1 'place' is at a number of levels covering different population sizes. Integrated care partnerships (ICPs) and Integrated Care Systems (ICSs) bring together commissioners and providers to drive improvements in health outcomes, tackle systemic challenges and take collective responsibility for planning and managing the financial, quality and operational performance of services across a wider geographic footprint (also called 'system').

The CCG's operational plan focuses on the 'place' of Sunderland and it has been developed in the wider context of the 2019/20 operational plans for the 'North East North Cumbria (NENC) Integrated Care System and 'Central' Integrated Care Partnership.

The 2019/20 'Central' Integrated Care Partnership (ICP) operational plan is a product of the partnership of commissioners and providers across the three constituent places of 'Central'.

The 2019/20 NENC operational plan has been built up from place level discussion through to ICP level plans and in collaboration with NENC wide priority programmes and teams including Health Education England and clinical networks.

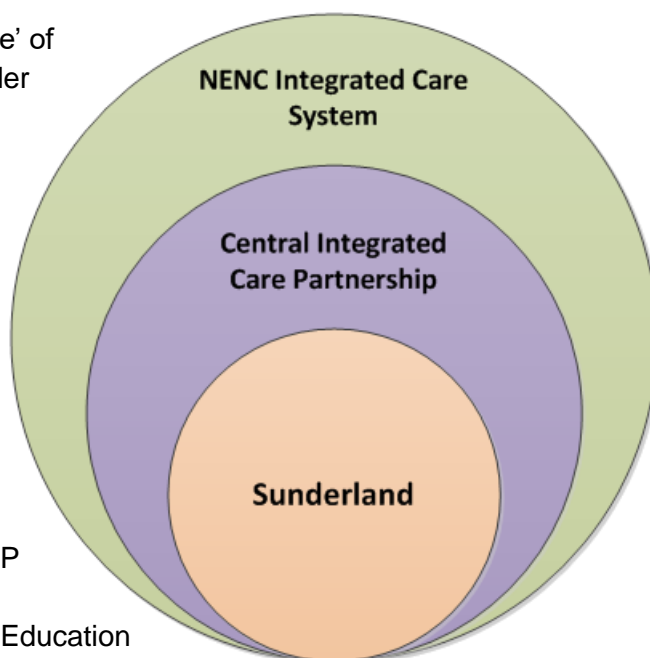


Figure 1

### 2.1 North East North Cumbria system

The North East North Cumbria system has been working as an aspirant ICS. It is a partnership between 12 clinical commissioning groups and 12 unitary authorities developing a shared vision and high level plan across NHS commissioners and providers collaborating across geographic and organisational boundaries.

The North East North Cumbria ICS comprises four Integrated Care Partnerships: North, Central, South and North Cumbria.

### 2.2 'Central' system

As shown in figure 2, 'Central' is a partnership of commissioners and providers across the places of County Durham, South Tyneside and Sunderland comprising: three foundation trusts (two from 01 April 2019); four CCGs including Sunderland; three local councils; Northumberland Tyne and Wear NHS Foundation Trust (FT) and North East Ambulance Service NHS FT.

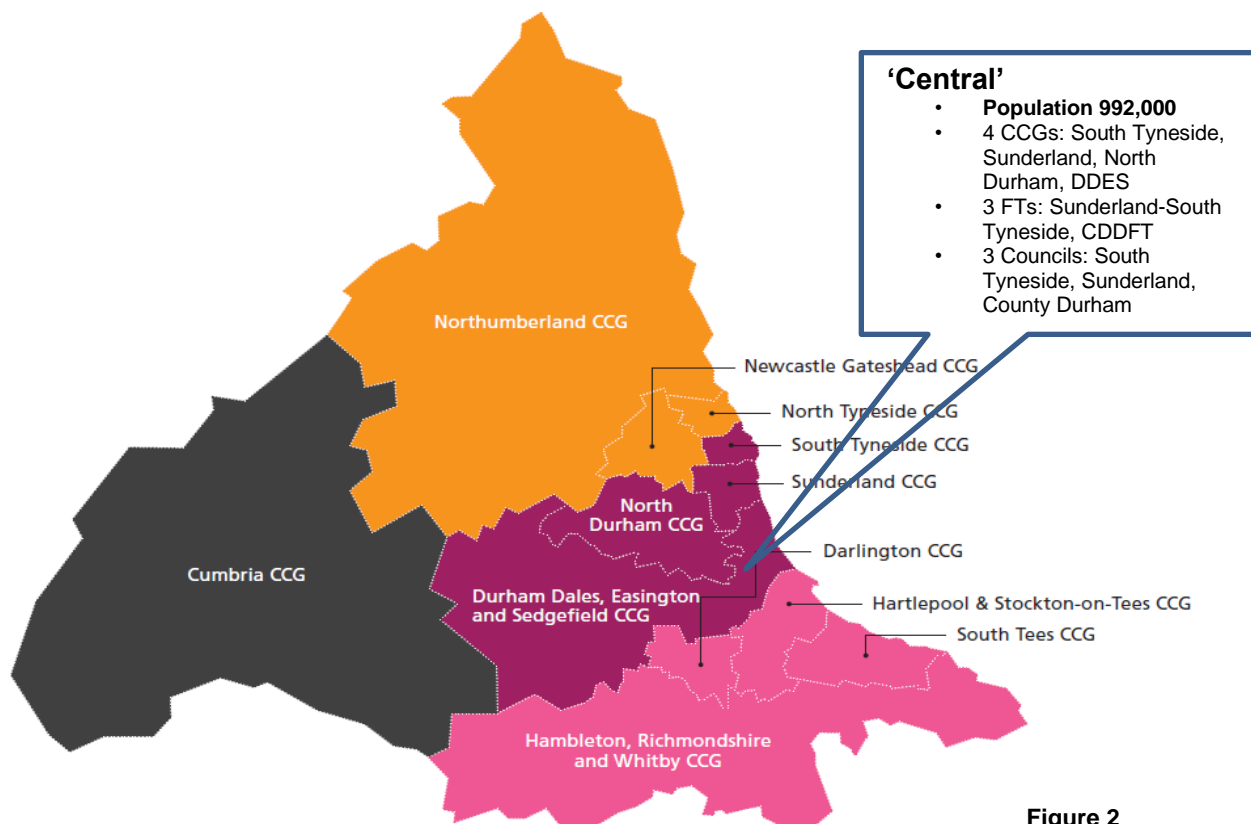


Figure 2

## 2.3 Working across South Tyneside and Sunderland Local Health Economy

Since 2016, we have worked closely with NHS South Tyneside CCG and South Tyneside and Sunderland NHS Foundation Trust (formerly City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust) to review and plan hospital services through a strategic transformation programme, known as Path to Excellence. The programme has been established to secure the future of local NHS hospital services in South Tyneside and Sunderland and to identify new and innovative ways of delivering high quality, joined up, safe, sustainable care to benefit both our populations now and in the future (figure 3).

Building on the successful collaborative working across the two places of South Tyneside and Sunderland to reform hospital services, the four organisations have worked together to develop a three year Local Health Economy (LHE) and system recovery plan to address the financial challenges faced by the South Tyneside and Sunderland local health economy. The LHE has agreed three workstreams – prevention, out of hospital and in hospital – and within these a number of transformation projects to deliver together.

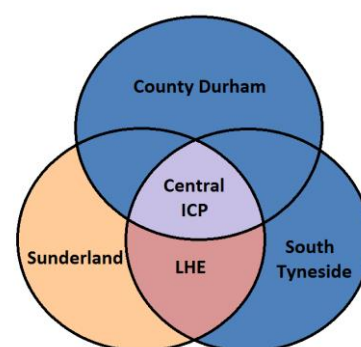


Figure 3



## Sunderland CCG Plan on a Page 2019/20

SUSTAINABILITY - Finance, Workforce & Quality & Safety	Our Vision:	Better Health for Sunderland						
	Delivered by:	Prevention		Transforming Community Care		Transforming In Hospital Care		
	Measured by:	CCG Improvement & Assessment Framework, All Together Better Alliance Outcomes						
	Underpinned by our values:	Inclusive	Patient centred	Responsive	Innovative	Empowering	Integrity	Open and Honest
	Prevention	Transformation Programmes		Objective				
		Maternal Health & Wellbeing		Ensure safe and sustainable services for improved outcomes in maternity and ensure the best start in life.				
		Child Health & Wellbeing		Improve child health; mental, physical and emotional wellbeing and reduce avoidable illness in later life.				
		Cancer		Improve cancer outcomes, reducing smoking, increase screening uptake, early diagnosis and improve patient cancer pathway experience including survivorship and end of life care.				
		Respiratory		Improve health outcomes and optimise the length and quality of life for people with and at risk of respiratory disease including care at end of life.				
		Cardiovascular Disease (incl. Diabetes)		Optimise the length and quality of life for patients with, and at risk of CVD, through robust primary and secondary prevention, streamlined pathways and integrated services that meet national standards .				
	Community Care	Transformation Programmes		Objective				
		General Practice		Further Development of Primary Care Networks, increasing workforce and digital transformation				
		Mental Health, Learning Disabilities and Autism		Working with partners to ensure the successful implementation of system wide Mental Health, Learning Disabilities and Autism programmes				
Enhanced Primary and Community Care		Deliver integrated and patient centred care through the transformation of enhanced primary and community services.						
	Intermediate and Urgent care		Ensure patients benefit from treatment, in the right place, at the right time, by the right professional through the provision of a simple seamless pathway across Intermediate and Urgent Care.					
In hospital	Transformation Programmes		Objective					
	Path 2 Excellence		Ensure a safe and sustainable model for acute services by delivering a single clinical operating model across the local health economy					
Enabled by:		Integrated commissioning		Digital & Technology	Training & Leadership	Medicines Optimisation	Locality Networks	
		Engagement		Patient & Carer Empowerment	Population Health Analytics	Collaboration	Research Evidence & Innovation	

ICP

ICS

ICP  
ICS

### 3. Sustainability

Sustainability is a cross cutting theme in our operational plan and its significance is wider than long term financial sustainability. That said, increasing productivity and ensuring the services that we commission are good value for money remain a priority in our plan.

Workforce shortages pose a threat to delivery and quality of care nationally as well as locally in Sunderland. In 2019/20 our plan continues to focus on supporting the sustained delivery of services by addressing in hospital and community workforce challenges working with partners.

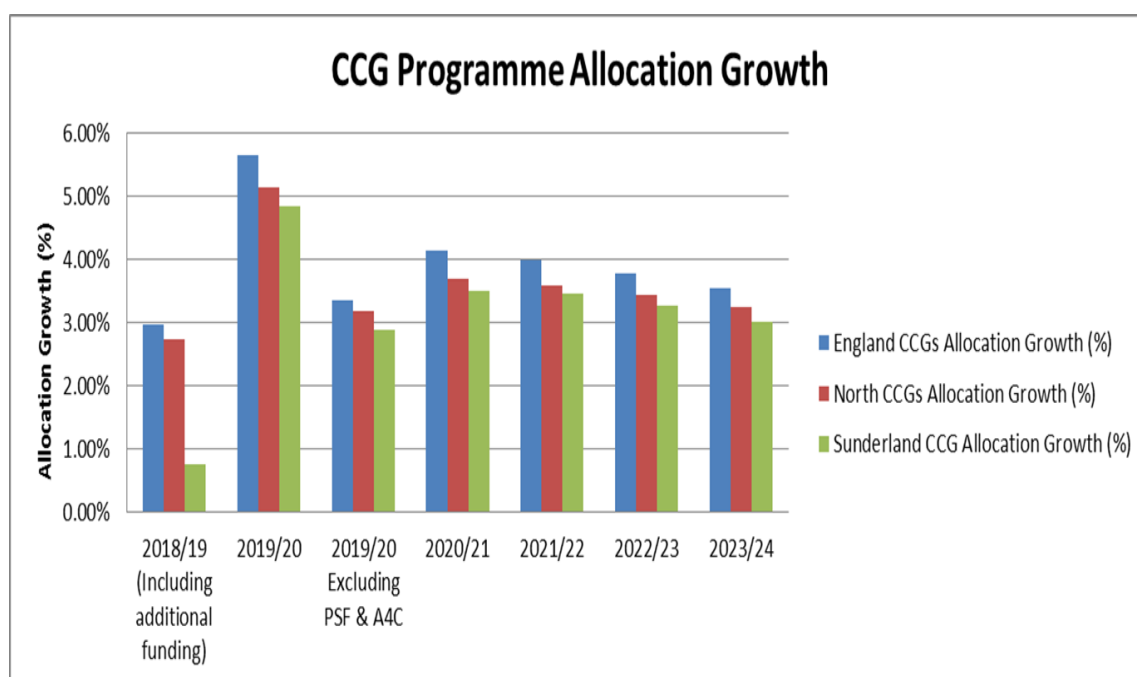
Gaps in workforce can challenge the delivery of high quality patient care, because it can make it very difficult for important clinical quality and safety standards to be met. Continuously improving care and maintaining a clear focus on the quality of care is essential for the sustainability of services. Our three year quality strategy, with its focus on effectiveness, safety and experience of care, maintains our commitment to assure the quality of services provided to patients.

#### 3.1 Finance

##### a) Funding 2019/20 to 2023/24

Delivering safe and sustainable services for the people of Sunderland within available funding is a key part of our plan.

Following the refresh in 2018 of the allocation formula, Sunderland CCG is deemed to have an opening distance from target allocation of 7.35% in 2019/20. Sunderland CCG will receive growth at a rate lower than the national average but higher than the minimum. That said, it is worth noting that the CCG allocation growth for 2019/20 includes elements of funding which are already allocated in the system, such as Provider Sustainability Funding and Agenda for Change pressures.



The additional growth in allocation for 2019/20, announced in the Autumn Budget in 2018, will enable us to meet national requirements, such as:

- Delivering the Mental Health Investment Standard (MHIS).
- Funding activity driven pressures to support the achievement of Constitutional Standards.
- Community and primary care investments.

It will, along with drawdown access, also support the wider South Tyneside and Sunderland Local Health Economy system recovery plan currently under development.

#### **b) Productivity**

2017 to 2019 was a financially challenging period for the CCG with productivity requirements – QIPP – of £14.3m in 2017/28 and £11.3m in 2018/19 to remain within available allocations following low levels of allocation growth.

We have a strong record of delivery against financial plans and statutory financial duties and overall we are on track to deliver the 2018/19 QIPP of £11.3m.

Target	Outcome	Target Met
Delivery of 1% cumulative surplus on total revenue allocation	Cumulative surplus delivered of £20,760k (4.1%) against a total revenue resource allocation of £507,112k.	✓
Maintain running costs within the running cost allocation	Reported surplus of £345k on running cost budgets.	✓
Maintain capital spending within capital allocation	No capital resource provided to the CCG and no capital spend in year.	N/A
Ensure cash spending is within the cash limit set	Cash forecast to be managed within available resources.	✓

At this time QIPP plans of £6.9m will be required in 2019/20 (1.3%). However, the CCG has not reported In Hospital QIPP requirements due to block contract arrangements. Once these arrangements have been agreed as part of the LHE updates, the QIPP requirements will be refreshed.

The CCG is utilising £4.5m of drawdown funding to support LHE transitional sustainability in 2019/20, to fund Health Pathways implementation and to fund enhancements to the general practice quality premium in 2019/20.

#### **c) 2019/20 Financial Risks**

The risks in 2019/20 include

- Demand growth above expected funding requirements (e.g. Acute, Prescribing, Packages) - £4m in 2019/20.
- Non-delivery of productivity plans - £2.4m in 2019/20
- Other risks arising within system - £2m in 2019/20

We currently expect to be able to mitigate financial risks in 2019/20.

#### **d) Sunderland and South Tyneside Local Health Economy Collaboration**

As a local health economy system, we have committed to work across organisational boundaries to tackle the financial challenge that we will face. The CCGs and trusts have agreed block contract arrangements with a financial risk share to support pressures across the system.

The Sunderland and South Tyneside local health economy submitted a financial recovery plan in 2018/19 for the period 2018/19 to 2020/21 which identified a system financial efficiency requirement of £133m over the three year period. Following the release of planning guidance business rules and allocation growth figures the LHE are undertaking a refresh of this plan in order to assess the revised requirements for 2019/20 to 2023/24.

#### **e) NHS RightCare**

We have used the NHS RightCare benchmarking data to identify unwarranted variation and opportunities to improve health outcomes for the people of Sunderland. In 2019 we will continue to work on areas identified in 2016/17 and 2017/18 and apply the RightCare approach.

For 2019/20 the NHS Long Term Plan asks systems to work with the NHS RightCare programme with a focus on cardiovascular and respiratory disease. Therefore, the CCG will continue with the work already implemented to address variation in those areas. In line with the NHS Long Term Plan the CCG has committed to implement a High Intensity User service to support urgent and emergency care services and increasing demand.

### **3.2 Workforce**

The performance of Sunderland's healthcare system is significantly dependent on people working in healthcare.

In Sunderland workforce pressures in hospital present a significant threat to health services and compromise the ability to deliver the very best quality of care to Sunderland patients. Sustaining safe staffing levels across both hospitals is challenging resulting in high usage of locum and agency staff. In addition the age profile of staff forecasts future pressures as more staff reach retirement. Workforce pressures also impact on staff morale and wellbeing.


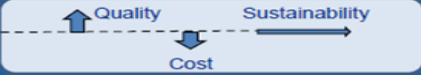
Workforce is therefore a key driver for the transformation of the services across the two hospitals.

The Path to Excellence transformation programme aims to improve the way current hospital services are delivered in South Tyneside and Sunderland in order to support service sustainability, improve staff wellbeing and morale and attract more potential new recruits.

Equally, workforce is a key enabler to the success of the All Together Better Alliance – the programme to transform care in a primary and community setting. A GP workforce group has been in place for four years and will continue to support the recruitment and retention of staff in general practice via a range of initiatives and in line with the CCG's commissioning strategy for general practice, and the GP Forward View with its focus on workforce. The NHS Long Term Plan commits to continue to increase the number of members of the primary care team, such as clinical pharmacists and physiotherapists, to support general practice. This proposed expansion will need to be worked through in 2019/20 to factor into workforce plans.

### 3.3 Quality and Safety

In order to achieve our vision to improve the health and wellbeing of local people so they live longer with a better quality of life, we must reduce variation in the quality and safety of the care. The quality of the services that we commission and that are provided to our patients will be assured through our refreshed quality strategy with its clear focus on the effectiveness, safety and the experience of that care. The strategy is underpinned by a quality framework which enables us to ensure that quality is at the heart of everything we do.

<div> <div> <b>Our Quality Strategy</b>  on a page: 2018 - 2021 </div> <div> We want to <b>SEE</b> quality: <b>S</b>afe, <b>E</b>ffective <b>E</b>xperience  Quality and safety are everyone's business and must be at the heart of our commissioning processes and intentions </div> <div>  </div> </div>		
<b>NHS Outcomes Framework</b>  Domain 1 Preventing people from dying prematurely  Domain 2 Enhancing quality of life for people with long-term conditions  Domain 3 Helping people to recover from all episodes of ill health or following injury  Domain 4 Ensuring people have a positive experience of care  Domain 5 Treating and caring for people in a safe environment and protecting them from avoidable harm	<div> <div> </div> <div> <b>CLINICAL EFFECTIVENESS</b> </div> </div> = <b>PATIENT EXPERIENCE</b>  = <b>PATIENT SAFETY</b>	<div> <b>How will we do this in Sunderland CCG?</b>  <b>Done via our Quality Review Groups, Safeguarding arrangements and reported into our Quality and Safety Committee and Governing Body</b>   <b>Examples:</b> <ul style="list-style-type: none"> <li>• Mortality and morbidity rates</li> <li>• Findings from Clinical Audits</li> <li>• Implementation of NICE Guidance</li> <li>• Monitoring of improvement activity</li> <li>• Clinical Quality Visits</li> </ul> </div> <b>Examples:</b> Patient stories; Friends & Family Test Public engagement Complaints Safe staffing levels and skill mix  <b>Examples:</b> <ul style="list-style-type: none"> <li>• Learning from serious incidents</li> <li>• Monitor rates of incident reporting</li> <li>• Quality impact assessments</li> <li>• Statutory safeguarding arrangements &amp; safeguarding leadership</li> <li>• Less patient harm recorded</li> <li>• Ensure incidents of Health Care Associated Infections are reduced</li> <li>• Supporting quality in commissioned services</li> </ul>
<b>As a result of system wide learning we will also check whether the services we commission are:</b>		
<b>CARING</b>	How.....quality assurance visits; quality review groups; patient feedback	
<b>RESPONSIVE &amp; PERSON CENTRED</b>	By listening to patient stories; how providers respond to patient's needs, & provide choice	
<b>WELL LED</b>	Do they demonstrate open, transparent, collaborative learning environments, with clear direction?	
<b>SUSTAINABLE &amp; EQUITABLE</b>	Do they show: improvements to reduce health inequalities, are they accessible to all, demonstrate financial control, and Build capability?	

**Overall objective for 2019/20**

Quality is everybody's business

**Deliverables in 2019/20**

- Continue to review and refresh the quality toolkit and quality framework in line with the quality strategy.
- Continue to review transformational schemes using the quality impact assessment policy.
- Continue to provide support, oversight of audits and learning processes and challenge to the various groups that monitor quality and safety, for example, provider quality review groups, the CCG's QSC, NHS England's (NHS E) quality surveillance group (QSG) and the safeguarding boards/partnerships.
- Continue to lead the learning disability mortality review process and ensure dissemination of learning and to elicit recommendations to influence commissioning intentions.
- Continue to provide assurance to the Governing Body that the quality and safety of services is being robustly monitored and action is taken when required to make improvements.
- To lead and support multi safeguarding arrangements in accordance with new legislation in our role as a key statutory safeguarding partner.
- Continue to ensure considerations relating to safeguarding children and adults are integral to commissioning services and robust processes are in place to deliver safeguarding duties.
- Continue to provide leadership to the statutory Child Death Review Process as the key statutory partner alongside the local authority.
- To ensure safeguarding is 'core business' within strategic plans.
- To work with academic colleagues to influence research and development and embed the use of good quality research and evidence in CCG commissioning functions.
- Continue to support the CCG's contracting and performance team to provide assurance that commissioned services are delivered to the required standards of performance under the terms of the NHS Constitution, the NHS standard contract and any other national/local performance metrics as may be stated within individual contracts and via regulators.
- Continue to provide assurance in relation to patient equality and inclusion.
- Continue to provide oversight and learning from patient experience reports, litigation, complaints and serious incidents.
- Continue to ensure quality and safety representation on procurement panels.
- Continue to ensure the governing body is sighted on how commissioned services and member practices are delivering safe and effective services via a number of early warning systems.
- Continue to support providers to develop a culture where learning from patient safety incidents and from patient experience is embedded in everyday practice.

## 4. 2019/20 operational plan requirements

Published in January 2019, the revised planning guidance (*NHS Operational Planning and Contracting Guidance 2019/20*) requires NHS organisations to produce a one year plan which is to address specific requirements in order to deliver the transformation described in the NHS Long Term Plan. The organisation level plans combine to form a system level operating plan (ICS plan) and are the starting point for the development of five year system plans.

The planning guidance identifies key priorities for 2019/20, along with deliverables, to transform the provision of care in the following areas which were also priorities for the FYFV:

- Emergency care
- Referral to treatment (RTT)
- Cancer
- Mental health
- Learning disabilities and autism
- Primary care and community health
- Workforce
- Data and technology
- Personal health budgets

### 4.1 Referral to Treatment (RTT)

We are forecasting in 2019/20 delivery of the constitutional standards in relation to overall delivery of referral to treatment (not specialty level) and cancer treatment standards.

In 2018/19 there have been pressures to deliver the RTT standard in specialties such as orthopaedics, urology and rheumatology at City Hospitals Sunderland NHS Foundation Trust (CHS NHSFT) and dermatology in County Durham and Darlington (CDDFT) due to workforce issues and demand. Rheumatology, gastroenterology and dermatology are pressures for the wider Central ICP and as such will be a focus of the ICP plan in 2019/20.

We are also forecasting to deliver the waiting list reduction as set out in planning guidance and have agreed some additional activity in quarter four 2018/19 with CHS NHSFT and CDDFT to deliver a reduction which will aid delivery in 2019/20. Due to the increased waiting list at CHS NHSFT, the risks to delivery are high and the CCG is working with CHS NHSFT to construct a plan to reduce the waiting list to the required March 2018 levels. The additional activity levels required have been agreed and a plan is being delivered to focus additional activity on-site at CHS NHSFT as well as additional activity in the Independent Sector (IS) due to the additional capacity that will be needed to reduce the waiting list.

Orthopaedics is a cost pressure, as well as a performance pressure, to the system. Following work in 2018/19 we are now in the process of mobilising a new pathway from April 2019 which has been developed by clinical teams to ensure patients are seen by the right professional first time. A single point of access will be put in place, maximising the competencies and capacity of Sunderland's Intermediate Musculoskeletal service. GP orthopaedic referrals will be managed by the service and streamed to the appropriate service (community or secondary) for care and treatment. We expect the scope to expand and include First Contact Practitioners (national requirement) and pain management and to take account of wider ICP work in relation to rheumatology.

Dermatology is a pressure because of workforce shortages in the hospital service – there is a national shortage of Consultant Dermatologists. Dermatology is pressure for the Central ICP as the provider, CDDFT, provides specialist services to South Tyneside, Sunderland and County Durham. We are supporting the work of the clinical teams from CDDFT and our community dermatology service (provided by South Tyneside Foundation Trust) to ensure that we secure a sustainable service using a pathway approach.

Ahead of the commitment outlined in the NHS Long Term Plan to redesign outpatient services we commenced work during 2018/19 with our LHE partners to transform outpatient care in South Tyneside and Sunderland. In 2019/20 we will build on the progress we have made implementing a number of work streams including using digital technology and alternatives to outpatients.

## **4.2 Emergency care**

Urgent care remains a pressure because of increasing demand during 2018/19 for emergency services at CHS NHSFT. Working with system partners in the All Together Better Alliance (ATBA) we have developed our transformation plan for urgent and emergency care in Sunderland in 2018/19, signed off by our Governing Body in January 2019. We anticipate the implementation of the transformation plan in 2019 should contribute to improving performance in this area and reducing pressure on emergency services at Sunderland Royal hospital by ensuring access to local urgent care services – additional capacity in General Practice extended access, an Urgent Treatment Centre (UTC) with direct booking from NHS 111 alongside the Integrated Urgent Care (IUC) service.

In light of the national requirement for a hospital frailty service to be in place by December 2019 for seventy hours a week, the ATBA will focus early in 2019/20 on developing and implementing a whole system frailty model to ensure synergy and alignment across the pathway from diagnosis to treatment and management of patients who are frail.

## **4.3 Mental health**

In 2019/20 we anticipate potential risks to delivery of national requirements in relation to Increasing Access to Psychological Therapies (IAPT), increasing the number of people on GP learning disability registers who receive an annual health check and improving the access rate to children and young people's mental health services.

In 2019/20 we will increase investment in mental health services in line with the Mental Health Investment Standard. The investment will fund transformation and expansion of services as set out in the Mental Health Five Year Forward View as well the 2019/20 deliverables of the Long Term Plan, notably for: perinatal mental health; early intervention in psychosis service graded at level 3; stabilise and bolster core adult and older community mental health teams and services for people with the most complex needs alongside preparing to mobilise a new integrated primary and community model as part of the Long Term Plan as part of the ATBA.

In order to meet the 2019/20 requirement to increase the access rate to IAPT services for people with depression and or anxiety disorders to 22 percent at the end of 2019/20 and 25 per cent by the end of 2020/21, we will build on earlier work when we were a trailblazer for IAPT for long term conditions. We will implement plans to expand the IAPT workforce and have agreed recurrent funding into the IAPT services for patients with long term conditions.



Health checks for patients on the learning disability register is in a better position now in 2018/19. The CCG moved from 'needs improvement' to 'good' for learning disability in the CCG Improvement and Assessment Framework (CCG IAF) as a consequence of the work providers have done with general practice to ensure that the annual health checks are delivered and accurately coded. Plans to achieve the target in 2019/20 to ensure patients on the register and additional patients are offered an annual health check will be led by the Mental Health, Learning Disability and Autism programme of the ATBA.

For 2019/20 our spend on Children and Young People's (CYP) mental health must also increase as a percentage of our overall health spend to ensure we continue to deliver enhanced access to mental health services for children and young people. We are currently above the national requirement for 2018/19 (32 per cent) for the percentage of children and young people with a diagnosable condition who receive treatment from a community mental health service. We are currently discussing commissioning an online mental health service for children and young people with the local authority.

Delivery of mental health and learning disability requirements, including continuing to reduce the number of people with a learning disability, autism or both in inpatient care and the enhancement of community services, will be key outcomes for the ATBA.

#### **4.4 Primary care and community health**

We are in the process of refreshing our CCG general practice strategy (section 5) which aims to ensure the sustainability and transformation of general practice in Sunderland. 2019/20 is year 4 of the strategy and we have made significant progress in previous years in relation to workforce sustainability issues, workload and care redesign. We describe in our delivery plan (section 7) how we will meet the requirement by the end of June 2019 for every practice to be part of local primary care network, which support groups of practices to come together in partnership to deliver care across neighbourhoods.

#### **4.5 Data and technology**

Digital technology has the potential to transform the way patients engage with services, improve the efficiency and co-ordination of care, and support people to manage their health and wellbeing.

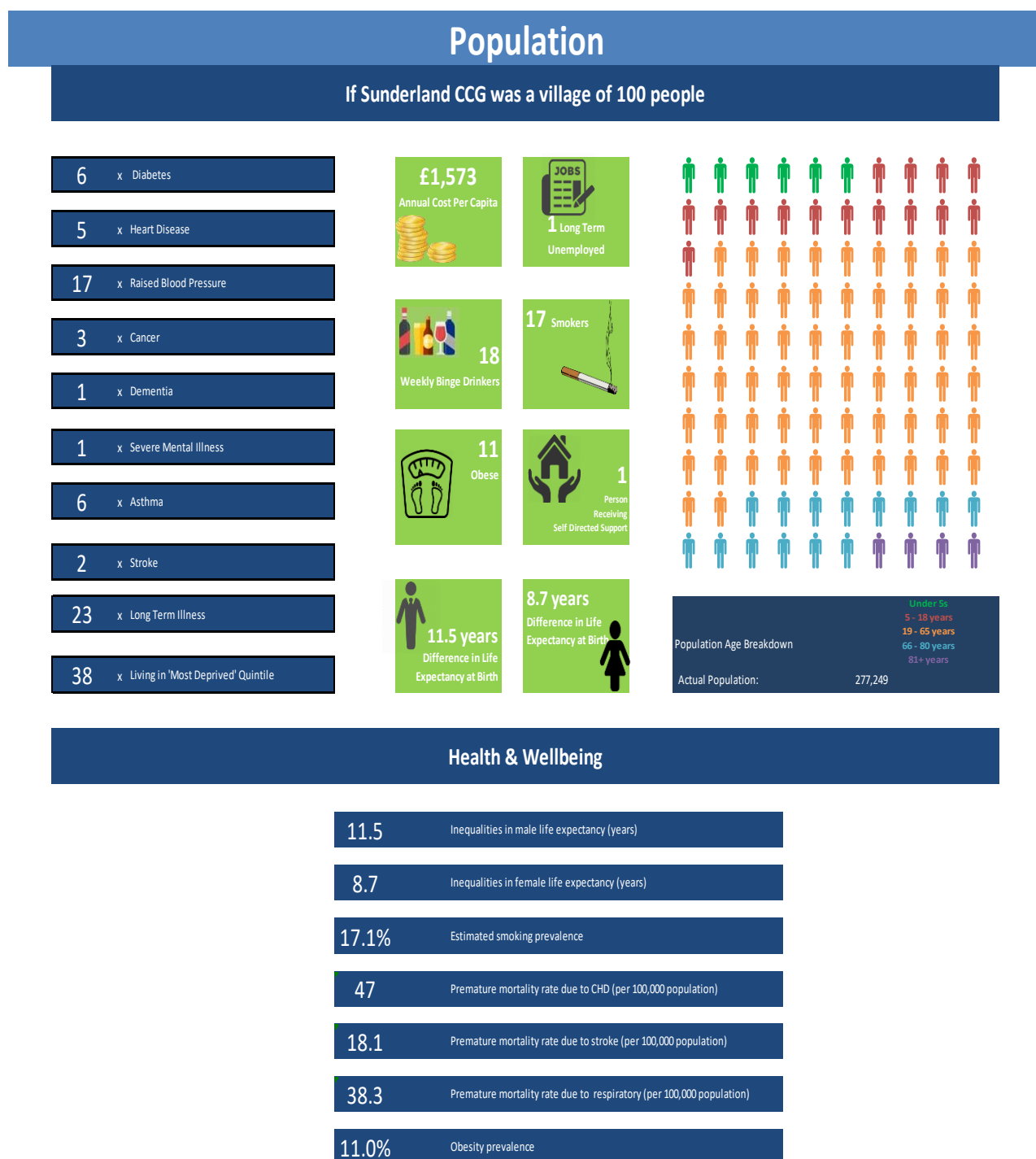
As a city we have a solid baseline position with the level of digital maturity across our key providers which have supported them to be part of the Global Digital Exemplar (GDE) programme. The GDE programme is an internationally recognised NHS provider that delivers improvements in the quality of care through the use of digital technology and information. Our plans involve developing new capabilities to enable greater choice of access for patients while still maintaining equality for those not ready or able to take advantage of these new methods.

We will continue to deploy the technology that underpins and enables the range of new digital channels into general practice for patients. Our focus will remain on achieving the target of 75% of the population able to access on-line consultations across the city in 2019/20 yet we will aim to move further than this target. The other channels, such as video conferencing between patient and practice, advanced telephony, patient messaging and patient access, will be allowed to mature within our digital exemplar practices and the share and spread approach will see its growth and coverage increase across the city.

New capabilities from NHS Digital such as the NHS App will be reviewed at a regional level and we will develop a strategy for our patients to access the most appropriate technologies to utilise and receive benefit from our new digital channels. These channels will be further embedded into general practice as part of the change management approach defined by our New Consultations Types Programme and is the first step in delivering the NHS Long Term Plan of vision of a digital-first primary care offer to patients.

## 4.6 Meeting health needs

The diagram below shows the challenges to be faced, represented in the context of Sunderland being a village of 100 people.



## 5. Strategic objectives

Our transformational programmes, summarised on the plan on a page, support the delivery of three big strategic objectives which align with the LHE priorities and in turn our vision for Better Health:

1. Prevention
2. Transforming community care
3. Transforming in hospital care

### 5.1 Prevention

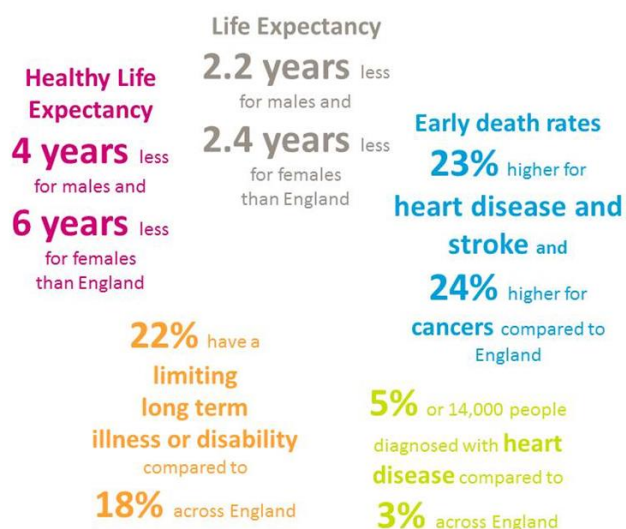
The NHS Five Year Forward View and the NHS Long Term Plan make it clear that the NHS must get serious about prevention. Much ill health could be prevented and although progress has been made in helping people to live longer, people in Sunderland are spending too many years in poor health.

Better health should reduce the pressures on NHS, social care and other public services. However we recognise that there are many determinants of health – where we live, whether we work and the support we get from others makes a difference to our health.

Health services can directly influence health, especially by working together, but a broader approach is needed. More can be achieved by working closely with partners, agencies, schools, employers, the voluntary sector and the public themselves.

We know that we lag behind the England position in key health outcomes. Getting prevention right in Sunderland is key to improving health outcomes, reducing health inequalities and preventing wholly avoidable illness and avoidable use (and pressure) on health services.

There is a substantial amount of evidence which shows that people living in the most deprived areas have worse health and health indicators than those in more affluent areas. 38% of the Sunderland population live in areas that are the 20% most disadvantaged across England. In 2019/20 we will continue to take action to narrow inequalities, for example in reducing smoking in pregnancy and increasing the uptake of physical health checks for people with a serious mental illness or learning disability. However we recognise that the burden of ill health and disability, as well as early death, is disproportionately focussed on the



most deprived populations and they are often the least equipped and resourced to make best and appropriate use of services. Addressing health inequalities is key to slowing the growing burden (and cost) of disability, loss of independence and premature mortality. In 2019/20, working with partners, we will need to plan how we will narrow health inequalities to improve outcomes over the next five to ten years.

Preventing early deaths from respiratory, cardiovascular disease and cancer is a key challenge that we need to address as a health and care system in Sunderland. Our transformation plans seek to pick up problems earlier (detection), stop the problems from getting worse, by providing the right care in the community and putting people in control of their health (protect), and supporting the whole person – across physical and mental health.

Tackling the big four lifestyle risk factors to prevent the illness upstream is also a key challenge for us to improve the health of local people as much of the ill health could be prevented from occurring in the first place.

We are working in partnership with South Tyneside CCG and the two hospital trusts in the local health economy on prevention, as we recognise that we can achieve more by working together. There is a *Prevention and Self-Care* work stream within the local health economy plan and this will support, strengthen and complement our approach to prevention in Sunderland.

Cancer and cardiovascular disease continue to be a priority in our 2019/20 plan with a focus on picking up problems earlier as well as stopping problems from getting worse and supporting recovery. In 2019/20 we have selected respiratory disease as a new clinical area to focus on.



Prevention and supporting good health is important at every stage of life. It matters not only in the decisions we make throughout our lives but also in the decisions taken by parents. Child health and wellbeing continues to be a priority in our plan in 2019/20 as it was in 2017 to 2019 including a focus on services targeted at giving children the best start in life and educating and supporting the generation of tomorrow.

The CCG aims to work closely with local partners, to have an evidence based, collaborative whole system approach to improve child health with a focus on vulnerable children and families.

Our second strategic objective to transform community care, also addresses prevention. The model of care, that has been tested and developed over the three years of the vanguard programme, aims to provide proactive personalised care by integrating health and care services around the needs of individuals, with multiple long term conditions, to enable them to live well in the community including helping people to get better at managing their own conditions and stop the condition from getting worse.

## **a) Maternal Health & Wellbeing**

Maternity services were prioritised for change in phase 1 of Path to Excellence because of workforce sustainability issues (staff shortage and reliance on temporary staff) faced by the services in South Tyneside and Sunderland and the challenge to meet national standards for quality of care.

The proposed changes to the way the services would be provided in the future sought to address the challenges faced to ensure a better, safer service for every woman in the long term. The proposal, to combine resources across South Tyneside and Sunderland to help achieve sustainable maternity services, was consulted on as part of the Path to Excellence programme. In addition the proposals fitted with national recommendations that suggest that maternity providers and commissioners work together across populations of at least 500,000 in order to ensure services are safe and fit for the future.

In 2019/20 work will be ongoing with South Tyneside and Sunderland NHS Foundation Trust to implement the agreed changes to the maternity pathway to ensure sustainable services and to implement the proposals to deliver *Better Births* – national maternity transformation plan.

Giving every child the best start in life is essential for reducing health inequalities across the life course as what happens during those early years has a lifelong impact on the health, wellbeing and attainment of a child. Working with partners we will continue to drive improvements in women's health by:

- Reduction of the prevalence of smoking during pregnancy.
- Promotion of breastfeeding and good early nutrition.
- Supporting emotional wellbeing and the development of resilience.

Whilst there are universal NHS stop smoking services, provided locally through pharmacies, primary care and maternity services, a new smoking in pregnancy pathway is to be implemented by April 2019 by Public Health. At a regional level the Local Maternity System (LMS) is also focused on reducing smoking in pregnancy through its prevention workstream.

Perinatal mental health is a key area of improvement in the Five Year Mental Health Forward View and the national and local maternity transformation programme. We are continuing to increase capacity to specialist perinatal mental health services. In September 2018, we joined a regional pilot along with South Tyneside, which allowed pregnant and new mothers, experiencing mental health difficulties access to specialist perinatal mental health community services. This pilot expanded the existing provision of specialist perinatal link workers within the IAPT service and the mental health rapid assessment, interface and discharge service (RAID) based in Accident and Emergency at Sunderland Royal hospital.

Along with other CCGs in Northumberland, Tyne and Wear we have agreed to recurrently fund this service from April 2019.

## **b) Child Health & Wellbeing**

This transformation programme within our operational plan is part of a whole system approach, working with our partners, to change children's' lives for the better.

Our child health and wellbeing transformation programme wholly supports the delivery of priority three of Sunderland's Children and Young People's Plan (2017– 2020), namely 'children and young people enjoy good health and wellbeing'.

Sunderland's Children and Young People's Mental Health and Wellbeing Transformation Plan (2015-2020) is refreshed annually. The priorities for 2019/20 plan were developed and agreed by the Child and Adolescent Mental Health Partnership, using insights and data from partners including NHS, third sector providers, the local authority, Together for Children and representation from local schools, carers and Sunderland University. Feedback from children and young people, gathered by Together for Children, also informed this prioritisation work.

The following principles will guide the delivery of the 2019/20 priorities set out in section 7:

- Ensuring children and young people and their families and carers have input into the reform and development of services.
- Enabling children, young people and their families/carers to access the most appropriate intervention for their level of need, at their point of need.
- Intervening quickly, and reducing unnecessarily long waiting times is important to prevent deterioration in children and young people's mental health.
- Ensuring access to services in the least stigmatising setting, which meets their needs.
- Ensuring capacity meets the demand for high volume, low intensity interventions to moderate demand for more specialised services.
- Ensuring the provision of early years interventions to deliver whole family approaches to promote effective therapeutic parenting.
- Empowering all front line staff, including those that work in schools, to support the mental health needs of children and young people.
- Ensuring equitable access to mental health support, including across all schools.
- Promote evidence based competency across all professionals working with children and young people with mental health issues.
- Harness digitally-enabled therapies to improve access.
- Ensuring children and young people receive support that meets their individual needs and not their circumstances.
- Ensure the needs of children and young people presenting with increasingly complex mental health issues (who may be in crisis) are addressed to continue to reduce the use of inpatient services.
- Ensure young people are supported to transition into adult services.

The Children's Strategic Partnership in Sunderland has made a commitment to develop a strategic and collaborative approach to prevention and early help for children. The Partnership has sponsored a three year '*Preventing illness in later life and promoting self-care*' programme to improve health and wellbeing outcomes in children and reduce illness in later life focusing on obesity, alcohol attachment and mental health.

The programme is a collaboration between the CCG, providers, partner agencies and volunteers with the aim of:

- Creating a greater understanding among children (and families) of good physical and mental health.
- Communicating the importance of lifestyle choices.
- Empowering families to achieve healthier lifestyles through improving physical activity levels.

- Reducing childhood and teenage obesity levels.
- Reducing alcohol related injuries.
- Reducing levels of anxiety, mental illness and self-harm.
- Improving feelings of wellbeing and happiness.

### **c) Cancer**

The FYFV, the NHS Planning and Contracting Guidance 2019/20 and the NHS Long Term Plan identify cancer as a clinical priority. For Sunderland cancer is one of the main causes of mortality accounting for 30 per cent of the deaths. Collectively cancers account for 17.9 per cent of the gap between the Sunderland and England average for male life expectancy and 29.1 per cent of the gap in female life expectancy. In response we set cancer improvement as a priority in our 2016/17 operational plan and developed a five year local cancer plan to implement the strategic aims and priorities of the national five year cancer strategy. This plan was launched with our member practices in December 2016 and was agreed by the Sunderland Health and Wellbeing Board in March 2017.

Our vision is ‘to prevent as many people from ever having to experience cancer in the first place’.

Our local cancer plan sets out how we aim to improve cancer outcomes by implementing 28 local priorities across six areas: prevention, early diagnosis, waiting time standards, patient experience, living with and beyond cancer, investment and commissioning.

In 2019/20 we will continue taking forward our activities across these six areas.

### **d) Respiratory**

This transformation programme is new to our operational plan in 2019/20 because we recognise as a system that despite highly committed NHS staff delivering great care across primary, community and hospital care settings, health outcomes are poor when we compare Sunderland to similar systems.

Along with cancer and cardiovascular disease more people die early from respiratory diseases in Sunderland compared to other areas:

- Smoking remains the greatest contributor to premature death and a key risk and it is a priority for Sunderland’s Health and Wellbeing Board. Although we have made progress over recent years to reduce smoking prevalence we are significantly worse than other systems and the England average – 18 per cent of adults smoke compared to 15 per cent across England.
- Sunderland has a higher proportion of people diagnosed with chronic obstructive pulmonary disorder (COPD) recognising that there could also be more people with this condition who have not yet been diagnosed.
- Compared to other areas, more people with respiratory diseases in Sunderland are admitted into hospital as an emergency and although this will be seasonal there appears to be a link to immunisation (for flu and pneumonia), deprivation and wider determinants of health.

Over the course of the last few years we have tested and implemented new approaches:

- Implementing of MyCOPD, a digital app to support patients to self-manage including improving inhaler technique;
- Reviewed and revised prescribing guidelines for primary care;
- Delivered accredited training for practice nurses and healthcare assistants to support accurate diagnosis of COPD.

A number of outcomes for the All Together Better Alliance are also aligned to driving improvement in these conditions.

In 2019/20, we will work collaboratively with partners across the four programmes of the ATBA as well as hospital services to review the current pathway for prevention, detection, treatment, management and end of life. We will identify opportunities to prevent respiratory diseases, reduce variation and improve health outcomes. The output will be an agreed system plan of the key priorities that we need to get behind to drive improvement in the health outcomes for Sunderland.

#### **e) Cardiovascular disease including diabetes**

We selected cardiovascular disease (CVD) in 2016/17 as a priority for transformation because of health need and following a review of benchmarking information from NHS RightCare. Furthermore, CVD disproportionately affects people from the poorest communities. Thirty eight per cent of the Sunderland population live in areas that are among the twenty per cent most disadvantaged across England. Poor cardiovascular health can cause heart attacks, strokes, heart failure, chronic kidney disease, peripheral arterial disease and the onset of vascular dementia.

We recognised that there is a huge opportunity to make a difference in improving CVD outcomes given that the majority of CVD cases are preventable. Risk factors, such as obesity, physical inactivity, smoking and drinking at unsafe levels, can all be modified to help reduce a person's risk of developing CVD. The NHS Long Term Plan includes a major ambition to prevent 150,000 strokes, heart attacks and dementia cases over the next 10 years.

Early detection and treatment of CVD can help patient's live longer and healthier lives as too many people are living with undetected high-risk conditions. Improving the detection and treatment of the high risk conditions of atrial fibrillation (AF), hypertension (high blood pressure) and high cholesterol has the potential to unlock considerable health gains.

Our 2019/20 delivery plan focuses on improving the detection and management of hypertension, atrial fibrillation (AF), cholesterol and hyperglycaemia. We will build on work undertaken in 2018/19 with our GP practices to ensure that once identified, patients are treated optimally.

In 2018/19, our plans in relation to diabetes have focused on the prevention of type 2 diabetes as well as improving care and outcomes for patients who are diagnosed with the condition. In 2019/20, we will continue to build on this approach including:

- Continuing to support GP practices with the roll out of the NHS Diabetes Prevention Programme, sharing good practice to ensure as many people as possible get to benefit from the programme.
- Reducing variation to ensure optimal care is provided for patients with diabetes.
- Improving the support available for people to manage their own health (including adopting digital solutions and improving access to structured education)



## 5.2 Transforming community care

The Long Term Plan describes how the NHS will move to a new service model where patients access better support and joined up care at the right time in the optimal care setting. The expansion of community (integrated) health teams and the establishment of primary care networks (PCNs) will be required under the new national standards to provide support to people in their own homes as an alternative to hospitalisation. This reform will be enabled by investment in primary medical care and community services growing faster than the overall NHS budget.

### Securing the care model

In Sunderland since May 2013 we have been working towards delivering a vision for the future for out of hospital care with the aim of promoting health and wellbeing, delivering quality care for patients and carers, and ensuring sustainability of the system.

As a 'Vanguard' site we had an opportunity over three years to develop, test and implement our out of hospital care model under the All Together Better (ATB) Sunderland programme making major progress and achieving significant success. When the programme ended in 2018 we took the decision to enhance the care model and secure it for the longer term. It was agreed that the care model would be enhanced by including and integrating all out of hospital services into one model of care, which is secured formally using an alliance approach. The aim was to have an effective alliance in place by April 2019.

### Establishment of the Alliance

Since March 2018 we have worked collaboratively with providers and the Local Authority to develop the alliance approach for Sunderland, now known as the **All Together Better Alliance** (ATBA). The development and implementation of formal alliance arrangements have been overseen by a Shadow Board during 2018 with extensive engagement from stakeholders and providers in Sunderland.

It is intended that the alliance approach will focus on "person centred proactive and coordinated care which will support appropriate use of health and care services, will improve patient and carer experience and outcomes, ensuring people will live longer with better quality of life".

The All Together Executive Group is now established as an independent alliance to undertake and be principally responsible for the overall integrated delivery of all out of hospital services in line with the strategic objectives of the CCG.

### Scope of the Alliance

The out of hospital services have been organised into four programmes acting as the implementation and delivery mechanism for the ATBA Executive Group. The programmes are **General Practice, Mental Health, Learning Disabilities and Autism, Enhanced Primary and Community Care** and **Intermediate and Urgent Care**.

The Executive is responsible for establishing, resourcing and facilitating each programme. Each programme's objectives include the oversight of service delivery, transformation, outcomes, and financial efficiencies across organisational pathways where appropriate. Programmes will have a lead Senior Responsible Owner (SRO) and Senior Responsible

clinician (SRC) who will be a member of the executive group, ensuring governance and clinical leadership at every level.

Membership of the programmes will be inclusive and bound by terms of reference supporting integration, transformation and collaboration. The ATBA will proactively work across organisational boundaries to improve pathways, ensuring engagement and transparency in developing recommendations for decision making, within the scheme of delegation.

A number of enabling workstream groups are also established to recommend to the ATBA how each area may be undertaken within the alliance e.g. recommend how quality is undertaken within the ATBA. Reporting mechanisms to provide assurance, of delivery across the system, to the CCG's Governing Body will also be established.

### **Deliverables for 2019/20**

#### **Implementation of the ATBA model**

- Ensure the Alliance Executive Group continues to implement the alliance model to become principally responsible for overall integrated delivery, performance, outcomes and system-wide overview of:
  - General practice; and
  - Mental health, learning disability and autism services;
  - Enhanced primary and community care services;
  - Intermediate and urgent care services.

#### **Implementation of programmes**

- Resource and facilitate the development of each programme to undertake and be responsible for overall integrated delivery, performance, quality, outcomes and system-wide overview of its programme and work with other programmes. A key priority is the development of the transformation agenda.

#### **Implement enabler workstreams**

- Review and consider implementation of any recommendations of enabling work stream groups to ensure the effectiveness of the alliance model. In particular this will include the development and implementation of a:
  - Communication strategy, including regular provider forums
  - Financial framework including, planning, governance and control, reporting and management.

#### **Develop an ATBA Long Term Delivery Plan**

- Develop and agree a long term (5 year) plan for the All Together Better Alliance that aligns to the NHS Long Term plan and the vision and objectives of the CCG.

#### **Wider system working**

- Ensure the ATBA represents out of hospital within the Integrated Care Partnership /Integrated Care System arrangements, collaborating effectively with other stakeholders to

plan and develop services, innovative approaches and strategies that impact positively on the health and wellbeing of the population within the available budget.

#### **a) General Practice**

General practice is at the heart of our care model. The CCG developed a five year GP Strategy (2016 – 2020) which aims to sustain and transform general practice to ensure the provision of high quality primary medical care delivering improved health outcome for local people, now and in the future.

A number of the objectives of the strategy have been delivered over the first three years including initiatives to increase capacity and build the general practice workforce, developing a quality assurance model to reduce variation and implementing the national extended access requirements in hubs. The strategy is currently being refreshed in line with the NHS Long Term Plan, the All Together Better Alliance care model and the current General Practice Forward View initiatives which are ongoing in relation to workload, practice infrastructure including estates, technology and digitally enabled care.

Engagement with GP Practices is now underway to ensure the refreshed GP strategy takes into consideration all innovative ideas and any concerns. The engagement also presents the opportunity to engage with our practices on establishing locality primary networks in line with the national deadline. We aim to accelerate the development and mobilisation of Primary Care Networks, through the required level of investment, to help sustain general practice and healthcare services in Sunderland.

#### **Estates Strategy**

The CCG has a good level of high quality premises infrastructure in the city – much of which is now owned by NHS Property Services (NHSPS). The CCG (working with partners including the ATBA) will review it's estates strategy taking into account the need to ensure the sustainability of primary and community services, the need to develop Primary Care Networks, the need to make optimum use of estates and the need to whilst ensuring value for money

#### **b) Mental Health Learning Disabilities & Autism**

The Mental Health Five Year Forward View (MHFYFV) set an ambitious vision to transform mental health services and 2019/20 is the fourth year of its implementation. The Long Term Plan re-affirms the commitment to put mental health care on a level footing with physical health services requiring CCGs to increase investment in mental health services in line with the MHIS. The additional growth in the CCG's 2019/20 allocation will enable us to meet this requirement. Locally we will invest recurrently in specialist perinatal health services, IAPT for people with long term conditions and children's services.

In 2019/20 we will continue with actions to meet national requirements to improve access to and availability of mental health services. We will continue to expand access to IAPT services for adults and older people with common mental health problems, with a focus on those with long term conditions.

In 2019/20 we will continue with actions to ensure patients requiring access to community health treatment – IAPT services, early intervention in psychosis – do not have long waits and are treated within national waiting time standards.

The life expectancy of people with severe mental illness can be up to twenty years less than the general population. We will continue building on work with Northumberland, Tyne and Wear Mental Health Trust to improve physical health for those with a serious mental illness by working collaboratively with our GP practices to ensure people on the GP practice serious mental illness register receive an annual health check.

We will continue in 2019/20 to work with the provider to ensure their workforce can provide NICE recommended treatment for people experiencing first episode psychosis through the implementation of a training improvement plan. We will also support STP/ICS to reduce all out of area placements and the need to achieve local trajectories.

The Long Term Plan commits to the development of a new integrated primary and community mental health service by 2023/24 to support adults and older adults with severe mental health illnesses and 24/7 community based mental health crisis response for adults and older adults by 2021. In 2019/20 we will need to work on plans to develop and mobilise these new services for severe mental health problems and emergency mental health support in Sunderland within the timeframes set.

The focus of the Transforming Care programme (collaboration between CCGs, local authorities and NHS specialised commissioners) is to move away from inappropriate outmoded inpatient facilities and build up community capacity to reduce reliance on inpatient beds for people with a learning disability and/or autism. Our plans in 2019/20 will build on existing work including:

- Exploring the development of 'safe space' where there is a risk of hospital admission as well as 'step down' provision and accommodation as a step before moving into the community.
- Continuing to support NHS England, Stopping over medication of people with learning disability (STOMP LD).
- Supporting Sunderland residents to leave hospital in line with the Transforming Care agenda.
- Delivery of the enhanced community model for Transforming Care including the development of an autism pathway and expansion of the Community Treatment team and the 'All about Me' course.
- Ongoing delivery of the learning disability and autism primary care strategy specifically around the development of:
  - Autism register
  - Primary care Liaison Nurse role
  - Quality annual health checks
  - Training for practices
- Roll out of processes implemented successfully for adults with a learning disability and/or autism to support the care programme approach and community treatment reviews implemented successfully children.

### **c) Enhanced primary and community care**

The enhanced primary and community care transformation programme within the ATBA comprises a number of transformation plans in 2019/20 for:

- Community Integrated Teams

- Care Homes
- End of Life
- Community equipment service
- Continuing Healthcare

#### **i. Community Integrated Teams**

Community Integrated Teams (CITs) are a key enabler to developing system working and further enhanced care that is wrapped around the patient as supported by the national agenda in the NHS Long Term Plan. The ATBA is crucial in supporting CITs to work with providers that would otherwise work independently and in ensuring CITs are integrated within primary care networks. The role of CITs in the promotion of patients to better manage their own health care cannot be ignored and will be an area for further debate as the ATBA evolves.

Having been established in 2015, the model for community integrated teams has derived considerable success in the way the teams have integrated to deliver patient centred care across a range of disciplines. The multi-disciplinary approach is further enhanced with the addition of MDT coordinators and living well link workers who have been pivotal in supporting the benefits of co-location and joined up working.

In light of considerable financial pressures and as part of a commitment to continuous improvement, a review of CITs was undertaken in 2018. The review acknowledged the success of the CITs to date however there were some areas identified for improvement in order to maximise the investment and hopefully realise a more significant reduction of non-elective activity/ED attendances.

Whilst the function and overall service scope of CITs were the main themes underlying the recommendations, it was also recognised that the overall governance of CITs will change in 2019 to reflect the emerging format of the ATBA.

The review made two long-term recommendations for transformation which will be considered by the ATBA programme group for progression:

- To develop a fully integrated approach to the delivery of CITs, including a single operational management structure, budget and ways of working.
- To review the roles of staff working across CCG localities, streamlining activity and developing a new way of working that supports localities strategically and operationally.

The CIT priorities for 2019/20 are set out in the delivery plan in section 7:

#### **ii. Care homes**

During 2018/19 the Care Home Group (CHG) has been working to implement the national Enhanced Health in Care Homes Framework. The Enhanced Health in Care Homes (EHCH) model is based on the NHS England requirement to support people in care homes. Nationally one in seven people aged 85 or over live in a care home. Residents of care homes account for 185,000 emergency admissions to hospital each year, with 35-40% of those emergency admissions being potentially avoidable. The EHCH model consists of a suite of evidence-based interventions, which are designed to be delivered within and around a care home in a coordinated manner in order to make the biggest difference to its residents. To implement the framework Sunderland has established the Care Home Group (CHG).

Since the establishment of the CHG significant positive progress has been made, including:

- Implementing the Red Bag scheme.
- Establishing a model for GP alignment and MDT meetings in care homes.
- Developing cross area policies for hydration and nutrition.
- Sharing of best practice between care home managers.
- Creating relationships, networks and cross organisation decision making.
- Inviting care home managers to attend the CHG and participate in the design of the future model for care homes.
- Ensuring regular discussions and updates for care home managers.

2019/20 will see the continued roll out of the EHCH Framework and our priorities are set out in section 7.

### **iii. End of life**

End of Life care continues to be a priority and is a key part of many areas of transformational change contributing towards equity of services received by patients. We are working towards having a whole system approach to end of life across health and social care in Sunderland, which would mean that patients will receive high quality individualised care, delivered at the right time by the most appropriate service. We are working in partnership with providers to deliver the End of Life Plan.

### **iv. Community equipment service**

The provision of high quality care equipment, aids and adaptations are a vital component to the independence of people of all ages with health conditions, disabilities and/or mobility issues. Care equipment services provide the gateway to the independence, dignity and self-esteem of not only the person using the equipment but their families and carers too.

In 2019/20 the community equipment service, will be part of the All Together Better Alliance transformation plan to ensure the delivery of sustainable care equipment services including children's wheelchairs to improve access and meet national waiting time standards. In 2019/20 we will continue work to reduce access times for children's wheelchairs.

### **v. Continuing Healthcare**

Continuing Healthcare (CHC) is an important component to the NHS response to supporting people with continuing health care needs, who through appropriate support, personalisation and choice can live either independent, semi-independent or supported lives. Nationally and locally there is a pressing need to get control of rising CHC expenditure. Benchmarking information show that Sunderland is outlier in its expenditure and in its eligibility rate for fully funded CHC. A three year CHC transformation plan has been developed, endorsed by the CCG, to realise a key objective - to ensure that CHC is sustainable for the future.

CHC transformation will sit within the ATBA with its focus on integrated working across all organisations and partners in Sunderland. The work has already commenced with the establishment of the CHC Programme Group that will look at how the CHC can be delivered in an integrated way with the initial focus on working with the Local Authority to understand what this means for the future. The group will set out the future direction of CHC looking at:

- Quality and safety.

- Contract monitoring.
- Case management.
- Potentially Personal Health Budgets.

#### **d) Intermediate and urgent care**

Extensive engagement with hundreds of local people, as well as service providers and strategic partners, took place during 2018 which informed Sunderland's urgent care model for 2019/20 and beyond.

The CCG's Governing Body signed off the new care model in January 2019 to be implemented across Sunderland in 2019/20. The model is compliant with national guidance including the Five Year Forward View, Integrated Urgent Care Commissioning Standards, the NHS Operational Planning and Contracting Guidance and the NHS Long Term Plan.

Our model is underpinned by out of hospital services such as the Sunderland GP Extended Access, Community Integrated Teams (CITs), the Recovery at Home (RaH) service (urgent community support), the Clinical Assessment Service (CAS) 111 service, alongside communications to the public and patients across the system is to 'talk before you walk' to ensure patients get the right place at the right time for the treatment they need.

The new service aims to ensure that patients have access to a sustainable model of care for the future with reduced duplication to enable investment in new services. The model simplifies access to urgent care services, providing continuity of care for patients with access to their own GP and access to personal medical records.

Working with City Hospitals Sunderland since 2016 we have developed and implemented ambulatory emergency care (AEC) – or same day emergency care (SDEC) - to manage emergency patients, referred by their GP or by the Emergency Department. The AEC service ensures patients undergo the right investigations and treatment without needing a hospital admission. The AEC model has been supported by telephone advice and guidance for GPs from specialties including acute medicine, care of the elderly, acute general surgery and paediatrics to avoid unnecessary admissions/referrals to hospital. The work to implement and embed AEC across the whole system in Sunderland has been recognised by the national AEC network

### **5.3 Transforming In hospital care**

In 2016 South Tyneside and Sunderland NHS Foundation Trust (formerly City Hospitals Sunderland and South Tyneside Foundation Trusts) recognised that significant service transformation was needed to ensure the future sustainability of the hospital services across South Tyneside and Sunderland because of workforce pressures, finance constraints, future demographic changes and shortfalls in the quality in the care provided in some areas.

#### **a) Workforce**

The workforce in the hospitals is under significant pressure because of shortages relying heavily on the goodwill of staff working longer hours or extra shifts on a daily basis – this has a negative impact on their health and wellbeing and is not sustainable.

Temporary staff are also relied on to keep services running safely. Overreliance on temporary staff is not only financially unsustainable but it is also not good for the continuity of high quality patient care and limits ability to make quality improvements to patient care.

The current set up of services across the two hospitals also makes it difficult to attract staff, who want to work as part of bigger teams impacting staff recruitment.

#### **b) Future demand**

More people than ever before are now accessing services and being successfully treated thanks to advances in medicine and technology. This means more people can now survive serious illness or injury and can live longer with health conditions such as asthma, diabetes and even cancer. All of this means demand on our NHS in Sunderland will grow even further in the years ahead.

#### **c) Quality Improvement**

The gaps in workforce are the biggest challenge to being able to deliver the highest quality patient care long term. The way services are currently set up also makes it really difficult to meet a number of important clinical quality and safety standards. By organising hospital services differently a vital critical mass of patients needed can be created to develop more specialised care and meet more of these important clinical quality and safety standards.

#### **d) Financial constraints**

Services currently cost more to deliver than the funding available and changes need to be made to help improve long-term financial sustainability of the hospitals.

#### **e) Path to Excellence programme**

A five year programme of transformation – Path to Excellence (PtE) - was established in 2016 to transform care and ensure that the hospital services across Sunderland and South Tyneside can meet the challenges now and in the future.

Phase 1 of PtE focused on reshaping stroke, maternity (obstetrics), women's healthcare (gynaecology) and children and young people's healthcare (urgent and emergency paediatrics) services. Phase 2 is the final phase of the work and a number of clinical service reviews are taking place which cover the following areas of hospital based care:

- Emergency care and acute medicine:
- Emergency surgery and planned operations
- Planned care and outpatients
- Clinical support services

A staged approach has been taken to phase 2 to develop ideas for change. Using feedback gathered over the past year with staff and patients and the public, the clinical service review design teams have been developing a long list of ideas to address the challenges.

To get to a shorter and viable list of 'working ideas' for change, the long list was tested against agreed core 'hurdle criteria, developed with clinical experts and informed by service change best practice in line with national NHS policy. The hurdle criteria are: be sustainable and resilient; deliver high quality, safe care; be affordable; and be achievable.



After testing the long list against the 'hurdle criteria' the clinical service review teams have a 'working list' of potential ideas to help solve the challenges. Phase 2 is at the stage of seeking feedback and views of staff, stakeholders, patients and the public on the working list to develop the scenarios to take forward for full public consultation later in 2019.

In 2019/20 the PtE programme will mobilise the outcomes from phase 1 and develop a pre-consultation business case to help determine the scenarios to take forward to public consultation later in 2019.

## **6. Enablers to support delivery of the plan**

Delivery of our plan requires a number of key enablers including:

### **Digital and technology**

At every opportunity we will consider how digital can support transformation and in particular self-care and self-management to empower patients. Our plans will involve developing new capabilities to enable greater choice of access for patients while still maintaining equality for those not ready or able to take advantage of these new methods. We will drive forward our information sharing capabilities to the next level which will enable new ways of working across providers and support improved clinical decision making within a robust information governance environment.

### **Medicines optimisation**

This enabler is closely aligned to our strategic objectives and achieving sustainability including:

- Improving quality, safety and patient experience.
- Supporting the production and implementation of local therapeutic guidelines to standardise optimal patient care and redesign care.
- devising and implementing medicines productivity initiatives for primary and secondary care
- Supporting the sustainability of general practice.
- Supporting transformation programmes, for example cardiovascular disease.
- Supporting the secondary care teams to align and ensure best along with developing a true system wide model which is better aligned to the ICP.

**Research, evidence and innovation** would support improvement of outcomes in the future, enabling prevention of ill health, earlier diagnosis and more effective treatments and faster recovery.

The **locality networks** support our approach to deliver integrated health and care services out of hospital by providing person centred, proactive and co-ordinated care through the community integrated teams to ensure people live longer with better quality of life.

**Leadership** will be key to delivery of high quality care and to meet the challenges we face.

**Patients and carers** have critical role in delivering the transformation. Increasingly we need to empower people to manage their own health and support staff to have conversations that help people to make the decisions that are right for them. We also need to ensure we engage with patients and the public in any plans to reshape care.

## 7. Delivery plans

### Maternal Health & Wellbeing

<b>Objective for 2019-2020</b>
Ensure safe and sustainable services for improved outcomes in maternity and ensure the best start in life.
<b>Deliverables for 2019/20</b>
<ul style="list-style-type: none"><li>• Implementation and mobilisation of the Path to Excellence Phase 1 decision by April 2020.</li><li>• Deliver improvements from the NHS England <i>Saving Babies Lives</i>, a care bundle for reducing stillbirth.</li><li>• Increase the number of women receiving continuity of the person caring for them during pregnancy by March 2020.</li><li>• Continue to increase access to specialist perinatal health services, so that overall capacity is increased.</li><li>• By June 2019, agree trajectories to improve the safety, choice and personalisation of maternity.</li><li>• Continue to work with partners locally, regionally and nationally to plan the expansion of Peri-natal mental health service provision (maternity services).</li><li>• Continue to work with the Local Maternity System and Public Health to achieve levels of smoking in pregnancy of less than 10% by 2020, and less than 5% by 2025.</li><li>• Continue to embed the <i>Babyclear</i> programme across maternity services.</li><li>• Implementation of a model of delivery for flu vaccine delivery to increase coverage in line with or above regional uptake.</li><li>• Work with Public Health around the implementation of a new stop smoking in pregnancy pathway.</li><li>• Continue to receive assurance around the membership of City Hospitals Sunderland Maternity and Neonatal service is part of the National Maternal and Neonatal Health Safety Collaborative and is in receipt of support from Local Learning Systems.</li><li>• Develop plans for the roll out of access to Maternity digital care records by October 2019.</li><li>• Continue to receive assurance regarding the accreditation of City Hospitals Sunderland regarding evidence-based infant feeding programme.</li><li>• Support the implementation of the City Hospitals Sunderland trust-wide smoke free action plan, the Sunderland Health and Wellbeing Board's Tobacco Alliance working group.</li><li>• Consider through the Path to Excellence work the incentivised support for midwives to increase attempts to quit with South Tyneside CCG.</li></ul>

## Child Health & Wellbeing

### Objective for 2019/20

Improve child health; mental, physical and emotional wellbeing and reduce avoidable illness later in life

### Deliverables for 2019/20

- Review integrated commissioning arrangements for children and young people's mental health provision.
- Develop a Single Point of Contact for Children's Mental Health Services.
- Ensure we have effective delivery of early intervention treatments.
- Increase access to training to raise awareness and empower people to support children and young people with mental health issues.
- Review the eating disorder service.
- Submit a revised bid for Trailblazer funding to deliver Mental Health Support Teams as part of wave 2.
- Continue reform of the Autistic Spectrum Disorder (ASD) pathway, Attention Deficit Hyperactivity Disorder (ADHD) pathway.
- Continue with partners to deliver the CAMHS Transformation Plan.
- Increase school participation in the Sunderland Mental Health Kite Mark Incentive Scheme and the Daily Mile.
- Commence the Digital Wellbeing and Lifestyle Coach for Sunderland children and young people.
- Commence the redevelopment of the alcohol injury and substance misuse pathway.
- Develop olfactory resilience training to promote vegetable awareness in school age children.
- Develop an enhanced obesity pathway for school children, disseminating trends in nutrition science to healthcare practitioners.
- Develop the Connected Sunderland model (improving community resilience, social prescribing and self-care).
- Develop a collaborative approach to tackling the impact of Adverse Childhood Experiences (Aces).
- Develop a programme of mindfulness for all children in Sunderland primary schools Train the Trainer programme.
- Health, Lifestyle and Avoidable Illness: Health Care Professionals and Expert Patients Support to Secondary School Assemblies.
- Launch Sunderland Health and Happiness Week.

## Cancer

### Objective for 2019/20

Advance delivery of the National Cancer Strategy to promote better prevention and early diagnosis and deliver innovative and timely treatments to improve survival, quality of life and patient experience.

### Deliverables for 2019/20

#### *Waiting times standards*

- Continue to support the Trust to meet the waiting time standards for cancer with oversight and coordination by Cancer Alliances.
- Support secondary care on the implementation of the 'new faster diagnosis standard' which will be introduced in 2020 for most patients to 'receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening.

#### *Early diagnosis*

- Continue to support the rollout of FIT pilot with the bowel cancer screening programme during 2019/20 in general practice and produce an evaluation to inform the future commissioning of the service.
- Continue with the lung cancer pilot in 2019/20 and produce an evaluation to inform the future commissioning of the service.
- Hold a learning event for GP practices based on the results of the significant event audit on cancers diagnosed as an emergency that was performed in 2018/19.
- Incentivise practices to complete a national database to report significant events.
- Ensure that primary care is aware of the new guidance to lower the threshold for referral by GPs.
- Support the NHS commitment to expand mobile CT scanning units to boost access to rapid screening and diagnostic centres which will begin to be rolled out across England in 2019/20.

#### *Prevention*

- Implement human papillomavirus (HPV) primary screening for cervical cancer across England by 2020.
- Support the requirement that from September 2019, all boys aged 12 and 13 will be offered vaccination against HPV-related diseases, such as oral, throat and anal cancer.

#### *Living well beyond cancer*

- Support the continuation of living well beyond cancer pilot in 2019/20, this includes; the implementation of a holistic needs assessment.

- Implementation of treatment summaries.
- Hosting Health and Wellbeing events.
- Enhancing the quality of the cancer care review in general practice.
- Stratified follow up for breast cancer has already been implemented. Implementation for prostate and colorectal stratified pathway will be delivered during 2019/20.

## Respiratory

### Objective for 2019/20

Improve health outcomes and optimise the length and quality of life for people with and at risk of respiratory disease including care at end of life

### Deliverables for 2019/20

- Review the current pathway from prevention, detection, treatment, management and end of life.
- Identify key priorities to take forward underpinned by a delivery plan with actions, outputs, outcomes and timescales for 2019/20 and beyond.
- Link the work with the Local Health Economy 'Prevention and Self-care' work and the wider STP/ICP Prevention workstreams to support implementation and avoid duplication.

## Cardiovascular disease including diabetes

### Objective for 2019/20

Optimise the length and quality of life for patients with, and at risk of, CVD, through robust primary and secondary prevention, streamlined pathways and integrated services that meet national standards.

### Deliverables for 2019/20

#### *Hypertension*

- To build on the work implemented through the local Sunderland General Practice quality premium to ensure that once patients are identified with hypertension they are treated with the appropriate medication.

#### *Atrial Fibrillation*

- To increase detection of patients with atrial fibrillation by:
  - Incentivising practices to case find through the General Practice Quality Premium.
  - Identifying patients with a high CHA2DS2VASc risk score who are not on anticoagulants and give patients the choice of anticoagulation.
- To review the evaluation of the introduction of Alive Cor devices into practices in Sunderland and use the evaluation to roll out the devices across the city to support savings in both time and resources.

#### *Heart Failure*

- To continue the work developed through the heart failure workshop held with South Tyneside focusing on the following areas:
  - Development of standardised data entry templates (working alongside regional groups).
  - Data sharing across heart failure services.
  - Standardised pathways.

#### *Training*

- To develop and deliver a training programme for practice nurses in Heart Disease.

#### *Early Diagnosis*

- The NHS Long Term plan discusses ensuring patients are aware of their ABC (AF, blood pressure and cholesterol) to support early detection of high risk conditions. In 2019/20 the CVD Programme group will research how this is done other areas and

implement a plan to introduce across the city.

### **Diabetes**

- Reduce variation by ensuring optimal care for patients with diabetes by:
  - Engaging with practices to improve control in line with the 3 NICE treatment targets for glucose, blood pressure and cholesterol.
  - Continue the community Diabetes Specialist Nurse (DSN) service focusing on high risk patients as well as offering support to practices and mentorship to practice nurses.
  - Continuing to develop the primary care workforce in the management of diabetes by enrolling GPs and Nurses in the Bradford University Post Graduate Diploma in Diabetes. This will include training clinicians in each locality network to ensure there is a cascade mechanism for the dissemination of new guidance as well as providing access to advice from peers with specialist diabetes knowledge.
  - Including diabetes in our city-wide Time in Time Out programme.
  - Continuing to encourage practices to participate in the National Diabetes Audit.
- Improving the support available for people with diabetes to manage their own health, including adopting digital solutions and improving access to structured education by:
  - Continuing to support GP practices with the roll out of the NHS Diabetes Prevention Programme.
  - Training practice nurses in the delivery of DESMOND for patients newly diagnosed with type 2 diabetes.
  - Continuing to engage in national discussions regarding the development of the new HELP diabetes digital education tool, and look to mobilise within Sunderland as soon as possible, including exploring expressing an interest in becoming an early adopter site.

## General Practice

### Objective for 2019/20

Further development of Primary Care Networks increasing the workforce and digital transformation.

### Deliverables for 2019/20

#### *Primary Care Networks*

Sunderland has 5 locality networks. Each locality network has a patient population of at least 50k with one locality having approximately 80k.

- Increase the knowledge of the All Together Better Alliance (ATBA) and the General Practice Programme.
- Provide data to each locality on the health of their population to enable joint working on the delivery of the ATBA outcomes.
- Achieve level 3 on the primary care maturity matrix.
- Develop community hubs – one (or more) in each locality for the delivery of key services such as: treatment rooms for the management of complex dressings and the management of deep vein thrombosis (DVT).
- Identify rapid solutions to shared care management, including the management of medication and follow up of people with chronic conditions.
- Prepare GP Practices for the changes to QoF, including quality improvement element.
- Increase locality working – shared resources and back office functions.

#### *Workforce*

- Utilise the newly implemented workforce toolkit which looks at both capacity and demand, Apex.
- Continue with schemes to attract more GPs to Sunderland.
- Continue with schemes that enhance nursing workforce and promote recruitment into Sunderland.
- Work with the Sunderland Medical School and GP Practices to enable additional placements, developing Educational Hubs across localities to include GPs, Nurses, Pharmacists and Paramedics.
- Encourage additional training practices where appropriate.
- Continue with the GP Career Start Scheme and expand the scheme to other professionals.

#### *Community Integrated Teams*

- Continue the development of general practice input into Community Integrated Teams (CITs) with an enhanced focus on frailty working alongside community nursing, social care, voluntary sector and GP teams to ensure that patients are seen by the right person at the right time.



- Care home realignment – work with GP practices and care homes to ensure that 100% of care homes are aligned to a GP practice. This provides continuity of care for patients and allows ongoing engagement with families and carers.
- Working with the Mental Health Trust and GP practices to enhance the mental health offer to patients, working in locality networks or practices.

#### ***Extended access***

- Increase the capacity of the Sunderland Extended Access Services (SEAS) in line with the NHS England specification.
- To develop the SEAS service to deliver the vision of the urgent care strategy.
- Enable diagnostic testing and referrals from hubs.

#### ***Digitisation***

- Achieve the target of 75% of the population of Sunderland to have access to on-line consultations.
- Grow coverage of digital solutions such as video conferencing, advanced telephony and patient messaging.
- Initiate the digitisations of Lloyd George paper records, to deliver a more efficient retrieval process for clinicians and support administrative processes.
- Refresh of the GPIT services to ensure compliance with NHS standards for cyber security.
- Migration to the Health and Social Care Network (HSCN) to deliver additional resilience, improved capacity and support for practices to deliver digital channels for patients.

## Mental health, learning disabilities and autism

### Objective for 2019/20

Working with partners to ensure the successful implementation of system wide mental health, Learning Disabilities and Autism programmes.

### Deliverables for 2019/20

#### ***Serious Mental Illness health checks***

- Build on the work with Northumberland, Tyne and Wear Mental Health Trust to improve physical health checks for people with a serious mental illness (SMI) working collaboratively with GP practices to increase the number of people on GP practices SMI registers who receive an annual health check:
  - Achievement of the increased 60% trajectory for the number of people with a Severe Mental Illness (SMI) receiving an annual health check.

#### ***Early Intervention Psychosis (EIP)***

- Work with Northumberland, Tyne and Wear Mental Health Trust to ensure that the Sunderland EIP team meets the rating for 'good' services in the CCQI self-assessment:
  - Develop and implement an action plan agreed with CCGs across the area.
- Continue to work with providers towards compliance against the NICE recommended treatment standards.

#### ***Out of area treatment services (OATS)***

- Continue to support the delivery of the STP/ICS level plans to reduce all out of area placements, including the review of all patients placed out of area to ensure their package of care is appropriate.

#### ***Improving access to psychological therapies (IAPT)***

- Implement plans to improve access to Improving Access to Psychological Therapies (IAPT) for people with Long Term Conditions (LTC) through primary care:
  - Achievement of a minimum of 22% access rate at the end of 2019/20 for IAPT.
  - Maintenance of at least 50% recovery rates for IAPT.
  - Ensure 75% of people referred to IAPT receive treatment within 6 weeks and 95% within 18 weeks of referral.

#### ***Suicide prevention***

- Deliver against multi-agency suicide prevention plans, working towards a national reduction of 10%.

### ***Adult and older peoples community treatment teams***

- Working with NTW to develop and implement an action plan to stabilise and bolster core adult and older people's community treatment teams (CTTs) and services for people with the most complex needs.
- Develop an action plan to mobilise a new integrated primary care and community model in line with the NHS Long Term Plan.

### ***Dementia***

- Continue the overachievement of the Dementia diagnosis rate of 67%.

### ***Transforming Care***

- Safe Space: with the LA and Transforming Care North Regional Implementation Group looking to develop crisis accommodation when there is a risk of hospital admission.
- Step Down: look to develop accommodation for patients with complex needs and ministry of justice restrictive sections as a step before moving into the community.
- Continue to support the NHS England Stopping over Medication of People with a Learning Disability (STOMP LD).
- Supporting Sunderland residents to leave Hospital in line with the delivery of the transforming care agenda and the Regional Transforming Care Programme closure and reform work linked to Rose Lodge.
- Ongoing delivery of the Learning Disability and Autism Primary Care Strategy specifically around the further development of:
  - An Autism Register.
  - A Primary Care liaison Nurse role.
  - The Quality Annual Health Checks.
  - Bespoke training for General Practice Staff.
- Delivery of the enhanced community model for transforming care including the development of an autism pathway and expansion of the CTT within NTW and the All About Me programme within Autism in Mind.
- Continue to implement the Learning Disabilities Mortality Review (LeDer) process.
- Working with NTW and regional commissioner to come to a mutual agreement of development of a memorandum of understanding with regards to capacity of Sunderland's CTT staff who are regularly working with individuals from out of area placed within Sunderland.
- Roll out of Sunderland CCG's processes around Care Treatment Reviews (CTRs) and Care Programme Approach (CPAs) for adults and into the children's arena to fulfil our requirements of Care Education Treatment Reviews (CETRs) ensuring quality throughout. This will require a training programme for Together for Children Social Workers and other partners.

- Working with NTW around development, agreement and roll-out of a Provider Training offer across Sunderland.
- Working with NTW and wider partners to consider options around out of area placements and registration with local GP Practices to develop a memorandum of understanding between NTW, the CCG & local general practices.

## Enhanced primary and community care

### Community Integrated Teams

#### Overall Goals for 2019 – 2020

Deliver integrated and patient centred care through the transformation of enhanced primary and community services.

#### Deliverables for 2019/20

- Review the governance arrangements for CITs to reflect the transition of the service to programme 3 (Enhanced Primary and Community Care) of the ATBA and ensure staff are regularly updated via an effective communications and engagement strategy to reduce uncertainty as to their roles.
- Re-affirm the vision of CITs and approach to risk stratification in light of emerging evidence to suggest that the patients for whom intervention would have most impact are those affected by drug and alcohol misuse.
- Look to better integrate mental health provision to the MDTs and facilitate ease of access to mental health services via a city-wide network arrangement.
- Explore ways to make GP input to CITs more efficient i.e. using video technology to reduce travel time, undertake an agreed triage process of patient lists to determine those that need MDT with GP input in order to maximise GP time.
- Review the current provision and use of estates and facilities taking into account emerging digital solutions to enable more mobile working where it will derive efficiencies.
- Review the MDT coordinator role to establish whether this temporary post is desired as a permanent role within the system.
- Explore the MDT referral process to encourage referrals from the multi-disciplinary team and not only GPs.
- Implement, embed and evaluate the GP Alignment with Care Home model.

## Care Homes

### Overall Goals for 2017 – 2019

Deliver integrated and patient centred care through the transformation of enhanced primary and community services.

### Deliverables for 2019/20

- Development and pilot of a Trusted Assessor model.
- Implement the Capacity Tracker – Bed State Tool.
- Embed and evaluate GP Alignment model.
- Establish Care Navigation role and support network.
- Continuing the Hydration and Nutrition Task and Finish group to develop standard policies and support offers for Care Homes.
- Evaluate the red bag scheme and look to embed as business as usual.
- Support Care Homes with the process to obtain NHS Mail.
- Embed and spread the use of the Care Home Tablet across all Care Homes in the city.
- Linking closer with the CCG End of Life Group (EOL) which develops and implements the EOL strategy for Sunderland to ensure Care Homes are included in future EOL strategies.
- Focus on the workforce and the required skills to support the Care Home Model to effectively manage this complex population.

## End of Life

### Overall Goals for 2019 – 2020

Deliver integrated and patient centred care through the transformation of enhanced primary and community services.

### Deliverables for 2019/20

#### *Integrated Working*

End of Life is part of the role of the Community Integrated Teams (CITs). The CITs ensure that patients have accurate and up to date care plans which are delivered by the appropriate provider. The aim of this is to ensure that the patient's wishes are met during their care and at end of life.

#### *Training and Education*

The CCG is continuing its education and training programme in 2019/20, which is delivered by clinical staff at St. Benedict's Hospice. Training is provided across all health and social care organisations, including Care Homes and GP Practices. The training aims ensure that staff delivering end of life care are competent in their roles as well as to be able to provide emotional, psychological and spiritual support to service users, their families, friends and carers both during the patient's illness and into bereavement.

During 2019 we plan to hold the following additional training for GPs;

- Communication skills; this aims to and improve confidence when having difficult conversations with patients and families when someone is thought to be approaching end of life.
- Anticipatory drugs; training is being arranged to ensure that GPs are confident and competent in prescribing anticipatory drugs.

Across Sunderland a number of Care Homes are taking part in the Gold Standard Framework for end of life. Once the pilot has been evaluated it is hoped that the standard will be rolled out to all Care Homes.

Emergency healthcare plan training will take place across the health system to ensure that there is a standard and consistent approach of the use of emergency health care plans.

### ***High quality end of life care***

We are working with providers to identify areas of improvement in end of life care.

### ***Electronic Palliative Care Co-ordination System***

The Electronic Palliative Care Co-ordination System, allows different providers of end of life care (such as District Nurses and General Practitioners) to be able to view patient records and input into them. This will ensure that the most up to date information is available to staff who are then able to respond appropriately to the patient's condition and needs. At present City Hospitals Sunderland, NHS and GP practices are able to view the patient records but there is no interoperability, this is longer term aim.

## Community Equipment Service

### Overall Goals for 2019 – 2020

Deliver integrated and patient centred care through the transformation of enhanced primary and community services.

### Deliverables for 2019/20

- Create a new integrated wheelchair service.
- Understand the increasing demands on children related equipment and wheelchairs.
- Implement a new Sunderland Equipment 'Statement of Purpose' which will enable prescribing pattern custom and practice is refreshed and changed, so that the service offer meets the needs of the population.
- Create a sustainable service to support the providers to deliver economies of scale by creation of a sub-regional hub and spoke model for both CES and wheelchair services.

## Continuing Healthcare

### Overall Goals for 2019 – 2020

Deliver integrated and patient centred care through the transformation of enhanced primary and community services.

### Deliverables for 2019/20

- Deliver savings of £1m pa for the next two years.
- Continue to deliver the targets set by NHS England for eligibility assessments.
- Continue to deliver on the target for the ratification or fast track applications.
- Work towards delivery of reviews following an appeal to a 'not eligible decision'.
- Work towards the CHC service being delivered sustainably.
- To further develop integrated working with the Local Authority and the All Together Better Alliance (ATBA).
- Align the Quality Strategy between the CCG and the Local Authority.
- Initiate and complete a CHC fast track service user research project.
- Initiate service user satisfaction surveys informed by the CHC Improvement Framework.
- Update the local CHC information guide.

- Continue to collaborate with the Local Authority to strengthen next year's Section 75 agreement and the quality and safety processes.
- Work with CCGs across the region to share best practice and lessons learnt to support consistency.

## Intermediate and urgent care

### Overall Goals 2019/20

Ensure patients benefit from treatment, in the right place, at the right time, by the right professional through the provision of a simple seamless pathway across Intermediate and Urgent Care.

### Deliverables for 2019/20

#### CAS 111

- Implementation and embedding of the new CAS 111 Service.
- Increasing the number of patients using the CAS 111 Service to ensure the right services are accessed at the right place and at the right time.

#### Urgent Treatment Centre

- Mobilisation of the Urgent Treatment Centre.

#### Recovery at Home

- Review and transform Recovery at Home (RaH) by agreeing a single service specification to cover all of the different elements of the service delivery.
- Redesign therapy pathways to enable people to be assessed in their normal environment rather than in a hospital bed (acute or community).
- Continue the use of assistive technology, telecare and equipment to enable people to be supported to stay at home rather than being admitted to long term care or remain in receipt of large package of care.
- Review the RaH workforce with aim to work in an interdisciplinary way using a trusted assessor approach underpinned by a large pool of well-trained support workers.
- Ensure a seamless pathway from hospital discharge through the RaH service as quickly as possible and as clinically appropriate.
- Reconfigure the criteria for the use of community beds.
- Create a pathway so patients can use all of the RaH service elements on their journey to recovery.
- Reduce duplication at points of transfer in terms of numbers of assessments and re-assessments that add no value for patients.
- Create a seamless pathway between RaH and Community Integrated Teams so that patients going through RaH services where



appropriate are part of the MDT review to ensure long term plans are in place to manage the patients' needs.

- Work towards an improvement in service delivery of within two hours of referral in response to a community health crisis, where clinically judged to be appropriate, within five years.
- Work towards an improvement in the delivery of reablement care to within two days of referral to those patients who require it, within 5 years.

## Enablers

### Digital & Technology

#### Digital & Technology

##### Deliverables for 2019/20

##### *Focus on General Practice*

- We will continue to deploy the technology to achieve the 75% target of the population able to access on-line consultations across the city in 2019/20.
- Grow the coverage of video conferencing between patient and practice, advanced telephony, patient messaging and patient access across the city.
- Development of a strategy for our patients to access the most appropriate technologies (NHS App) to utilise and receive benefit from our new digital channels.
- These channels will be further embedded into general practice as part of the change management approach defined by our New Consultations Types Programme and is the first step in delivering the NHS long term plan of vision of a digital-first primary care offer to patients.
- We are supporting and in some cases leading the development of regional governance to manage and steer how GP IT is planned and delivered across the region.
- The key areas of development under this governance are;
  - Development and publication of a two year GPIT strategy aligned to the NHS long term plan and local general practice strategies.
  - Production of a revised Service Level Agreement between CCGs and the local GPIT delivery partner ensuring the core and mandated services outlined in the new GPIT Operating Model are clearly defined, delivered and financially sustainable.
  - Development of a pipeline of general practice investment opportunities that could attract local and/or national funding and also be delivered at a region wide level and support delivery of the GPIT strategy.
  - Development of the Clinical Digital Resource Collaborative (CDRC) as a sustainable mechanism for the development of digital tools

- that can be developed once and shared across the region which supports standardisation of data capture and coding.
  - Locally we will invest in and develop our expertise to support the CDRC and local requirements through the appointment of a Clinical Data Quality Lead (CDQL).
- Updating of the technical infrastructure supporting the delivery of GPIT services in early 2019/20 and practices migrated to the latest Windows 10 operating system to ensure compliance with NHS standards for cyber security.
- We will start the process of digitising Lloyd George paper records within general practice.

### ***Focus on Acute and Community***

- We will work with partner organisations to ensure their plans under the Global Digital Exemplar (GDE) programme to deliver the expected benefits in digital maturity that support organisational priorities and system wide transformation whilst bringing financial efficiency.
- The redesign of the outpatients model will be underpinned design principle of 'digital by default'. To enable patients and clinicians to remotely support and monitor care requirements and recall / access processes.
- There will be specific focus on the Mental Health Digital Strategy which will be integral to the development of the ABTA model.
- At an ICS level the investment made through the devolved £25 million Health System Led Investment Fund will see a number of new capabilities start to be developed through a series of approved projects outlines below;
  - Federated Picture Archiving and Communication System (PACS) workflow and reporting platform (Radiology) - Optimising acute services including key diagnostic services (i.e. Pathology and Radiology) are key priorities for the NENC ICS: To provide a federated PACs workflow and reporting platform for near instant image look up diagnostics and collaborative reporting.
  - Digitalising Haematology across the North East and North Cumbria (Pathology) - Investment will build on the Digital pathology project to include haematology, enabling haematology consultants to view diagnostic quality blood film images remotely, this enables clinical collaboration and shared care across the region.
  - Enabling Frailty Management Services - Frailty is a key ICS priority: Delivery of frailty management services through appropriate identification, procurement and delivery of digital solutions and services. NHS Health Call will be a primary consideration for this service.
  - Regional Patient Engagement Platform - The creation of a regional patient engagement platform to provide a single patient portal initially covering Clinic Letters, Appointments and relevant results to remove paper, print and postage costs.
  - Community EPR & Mental Health Mobile Working - Enabling community and community mental health teams to access the community EPR systems plus the traditional hospital systems (EPR, Documentation, Orders and Results) whilst with the patient.
- We will mainstream the operational and support aspects of the Care Home Tablet technology that supports management of patients in

these locations and the use of national tools such as NEWS.

### ***Focus on Information Sharing***

- Our plans include widening the scope of our existing information sharing capabilities such as the Medical Interoperability Gateway (MIG) to include the End of Life EPaCCS dataset into mental health and emergency care providers.
- We will also increase the range of services to share information between general practice and our community provider which underpins closer out of hospital working under the All Together Better Alliance.
- We will develop local interoperability capability with providers of health and care and their suppliers to connect to the Health Information Exchange (HIE) infrastructure to both publish and consume the data available with a robust information governance framework.
- We will work with our Local Authority partners to support them with the rigorous requirements of connectivity to NHS infrastructure and preparation for connectivity to the HIE.
- The HIE will deliver a new capability that will assist with transformation across the LHE and we will develop specific 'use cases' to guide how data flows and is presented. In particular the engaged work streams are; advice and guidance, outpatients remodelling, non-value added diagnostics and tests.

### ***Focus on prevention and self-care***

- We will develop the content within the platforms to align to the national 111 on-line guidance already available on-line and through the NHS App.
- We will increase the use of the MyCOPD app as part of annual reviews and will further explore similar capabilities that support other long term conditions.
- We will work with the ICS digital community to develop a strategy for the application of the Health call platform within the ATBA model.
- We will support our Local Authority partners in the mobilisation of their National Test Bed project which will see connected 'Internet of Things (IoT)' devices piloted within 120 homes across the city capable of supporting both health and care needs initially focusing on;
  - Moving around the home
  - Nutrition and hydration
  - Monitoring mood
  - Managing medication use

## **Medicines optimisation**

## Medicines Optimisation

### Deliverables for 2019/20

- Integrating system wide formulary and medicines use decision making bodies across the South Tyneside and Sunderland footprint.
- Improving the care of people with diabetes through developing and implementing new guidelines, ensuring appropriate use of insulin analogues and promoting best value testing technology (which will include testing strips and flash monitoring).
- Supporting patients with respiratory conditions to get the best impact and value from their medicines, by developing and implementing new guidelines for COPD and paediatric asthma.
- Embedding a cost effective and waste reducing supply model for dressings.
- Implementing community review services for patients using stoma and other appliance services.
- Tackling the disproportionately high prescribing of opiates and other analgesics in Sunderland.
- Continuing to promote antimicrobial stewardship and responsible prescribing.
- Ensuring effective and collaborative transfers of care between settings by leading the development of an innovative shared care prescribing and monitoring model.
- Addressing unwarranted variation through engagement with NHS Right Care, OpenPrescribing and a number of other data sources.
- Reducing medicines waste by embedding changes to the repeat prescription ordering model.
- Gaining engagement with the medicines optimisation workplan through regular practice visits and attendance at locality meetings.
- Identifying opportunities to maximise the impact of community pharmacy on the delivery of healthcare.
- Ensuring that those patients prescribed Valproate and are of child bearing potential are informed of and kept safe from the risk of harm.
- Collaborating with partners in the All Together Better Alliance to redesign practice pharmacist models.
- Encouraging self-care in patients by reducing inappropriate prescribing of medicines which are available for purchase over the counter.

## 9. Glossary





AEC	Ambulatory Emergency Care
ATBA	All Together Better Alliance
CAS	Clinical Assessment Service
CCG	Clinical Commissioning Group
CDDFT	County Durham and Darlington Foundation Trust
CHC	Continuing Healthcare
CHS FT	City Hospitals Sunderland Foundation Trust
CIT	Community Integrated Teams
CNE	Cumbria and the North East
CVD	Cardiovascular Disease
CYP	Children and Young People
EHCH	Enhanced Health in Care Homes
FYFV	Five Year Forward View
GDE	Global Digital Exemplar
GH NHSFT	Gateshead NHS Foundation Trust
IAF	Improvement Assessment Framework
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System
ICP	Integrated Care Partnership
IS	Independent Sector
IUC	Integrated Urgent Care
JSNA	Joint Strategic Needs Assessment
LD	Learning Disability
LMS	Local Maternity System
LHE	Local Health Economy
MDT	Multi-Disciplinary Team
MHIS	Mental Health Investment Standard
NEAS	North East Ambulance Service
NENC	North East North Cumbria
NHSE	NHS England
NHS LTP	NHS Long Term Plan
NTW NHS FT	Northumberland Tyne and Wear NHS Foundation Trust
PBR	Payment By Results
PCN	Primary Care Networks
PHB	Personal Health Budgets
QSG	Quality Surveillance Group
RaH	Recovery at Home
RAID	Rapid Assessment Interface and Discharge
RTT	Referral to Treatment
SIMs	Sunderland Intermediate Musculoskeletal service
SPoA	Single Point of Access
SRC	Senior Responsible Clinician
SRO	Senior Responsible Officer
ST NHS FT	South Tyneside NHS Foundation Trust
STOMP	Stopping Over Medication of People with a Learning Disability
TCP	Transforming Care Partnership
UTC	Urgent Treatment Centre
VBC	Value Based Commissioning

**CARE QUALITY COMMISSION (CQC) GP INSPECTION – ANNUAL REPORT****Report of Chief Officer Sunderland Clinical Commissioning Group****1 Purpose**

- 1.1 The purpose of this report is to provide the Health and Wellbeing Scrutiny Committee with an overview of inspections that have been undertaken by the Care Quality Commission (CQC) in the NHS Sunderland CCG area.

**2 Background to the CQC Inspections**

- 2.1 The CQC was established in 2009 as a result of the amalgamation of three former agencies; the Commission for Social Care Inspection, the Mental Health Act Commission and the Healthcare Commission. The CQC's original remit was to inspect and regulate Foundation Trusts, Mental Health Trusts and Residential/Nursing Home settings but in April 2011 this was extended to other services as well as dental practices, and further extended to GP practices in 2012.
- 2.2 Under the health and Social Care Act 2008 it is a regulatory requirement for a GP practice to be registered with the CQC. Failure to be registered is a breach of the regulations and a practice who fails to be registered cannot deliver services and therefore risks contract termination.
- 2.3 The CQC has visited and rated every practice in Sunderland.
- 2.4 Each CQC visit team usually has a lead CQC inspector, a GP and is often accompanied by a Practice Manager, a Practice Nurse specialist and/or an expert by experience; if the practice is a dispensing practice (one which can also supply medicines directly to patients) then it may also have a pharmacist on the visit team – there are no dispensing practices in Sunderland. Each practice is inspected against five domains which are:
- Are services safe?
  - Are services effective?
  - Are services caring?
  - Are services responsive to people's needs?
  - Are services well-led?
- 2.5 Each Domain is given a rating and then an overall rating is assigned to the practice as follows:-

	<b>Outstanding</b> – the service is performing exceptionally well.
	<b>Good</b> - the service is performing well and meeting expectations.
	<b>Requires improvement</b> – the service isn't performing as well as it should and the CQC have told the service it must improve.
	<b>Inadequate</b> – the service is performing badly and the CQC may also have taken enforcement action.

- 2.6 If a practice is rated as 'inadequate' in two or more domains, the practice is given an overall rating of 'inadequate' and the CQC places the practice into what is termed 'special measures' for a specified length of time (usually 6 months) until the practice is re-inspected. Being placed in special measures usually also results in enforcement action being taken by the CQC. Due to the seriousness of the rating the CCG and NHS England also instigate a local process which entails a visit to the practice to discuss the CQC outcome and the practice receives a contractual breach notice which is monitored until such time the breach has been remedied. A contractual breach notice which is not remedied, or a breach which represents an immediate patient safety concern, can ultimately lead to contract termination.
- 2.7 Information regarding a practice's CQC rating is also a domain within NHS England's Primary Medical Care Assurance Framework; this framework includes a large number of indicators and is designed to extract data from multiple sources to provide an overall picture of the quality of primary care within the region. The CCG utilises this data, triangulates it with CCG-held data and discusses any concerns at the CCG's Local Quality Group before determining if further action is required. The outcomes of the Local Quality Group are also reported to the CCG's Quality and Safety Committee which oversees the quality of all health services commissioned by the CCG and to the CCG's Primary Care Commissioning Committee which oversees the commissioning of general practice services.
- 2.8 From April 2019 the CQC has introduced the Annual Regulatory Review (ARR) and provider information collection process for practices rated as 'good' or 'outstanding', for practices rated as 'requires improvement' or 'inadequate' this does not apply and the CQC will continue to inspect:
- Within six months for a rating of 'inadequate';
  - Within 12 months for a rating of 'requires improvement'.
- 2.9 The ARR will support the CQC to carry out more focused inspections by judging if the quality of care has changed since the last inspection.

CQC Inspectors will identify any changes by reviewing:

- Data held in CQC Insight from sources such as Quality and Outcomes Framework, national patient survey, Public Health England immunisations
- Information from stakeholders, for example, Healthwatch or CCG
- Information provided by the practice via the provider information collection.

2.10 The Provider Information Collection will ask practices to provide information once a year rather than before an inspection (through what was previously known as the provider information return (PIR)). The information will be gathered on a telephone call (practices will receive four weeks' notice prior to the call). The practice will be required to answer a set of questions relating to the five CQC domains (Safe, Effective, Responsive, Caring and Well-led) and the population groups. The call is not an inspection; it is a conversation about any changes at the practice. It also gives the practice the opportunity to add context to the information held by the CQC from stakeholders and national data collections.

2.11 If this review indicates that the quality of care may have improved or deteriorated since the last rating, CQC may:

- Decide to inspect, either within 6 months or two weeks;
- Ask the practice to give clarification around the information.

2.12 If no further action is required CQC will:

- Advise that they have carried out the review and that no further action is needed at this stage;
- Publish a note of this on the practice profile page on the CQC website.

2.13 An annual regulatory review forms part of the CQC's ongoing monitoring but it cannot change the rating, only an inspection can do this; the review will make sure that the monitoring and planning decisions are clear, consistent and transparent.

### **3 Support to Sunderland GP Practices**

3.1 It is recognised that being placed in special measures is a very difficult time for a practice and therefore practices in this position are offered the following support:

- NHSE offer resilience funding on an annual basis and the CCG will support practices to access this funding allowing them to obtain the external help and support they may need;



- The CCG also offers support to practices in special measures where the GP Primary Care Lead and the Head of General Practice Commissioning will visit the practice, discuss their needs and allocate resource to help with their action plan. They will also make timely visits where appropriate to check on progress supporting with any outstanding issues;
- To ensure a consistent communication message is given to patients, the CCG offer the support of communications experts to develop key messages for patients to assure them that their practice remains open and that the practice is working with the CQC to address issues raised;
- To provide support to all practices an advisor from the CQC has also presented at a Practice Manager event to inform them of changes to inspection criteria.

#### **4 CQC Status of Sunderland Practices**

- 4.1 The outcome of CQC inspections undertaken in Sunderland are attached in Appendix 1. Some practices have been visited more than once; a revisit is triggered when there is a change in the legal entity of a practice (i.e. partners join or leave the practice) or, in some cases, if the practice has previously been in special measures.
- 4.2 Currently there are no practices in 'special measures' in Sunderland but there is one practice rated as 'requires improvement'; we are providing support to this practice to ensure its overall rating improves.

#### **5 Recommendation**

- 5.1 The Committee are asked to note the content of this report and the work that has been undertaken by the practices in the Sunderland area to ensure compliance with CQC regulations.

Appendix 1 - CQC Inspections undertaken in Sunderland CCG area as at June 2019

Practice	NHS Code	Inspection date	Status	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	OVERALL RATING
Deerness Park Medical Group	A89001	05/04/2018 and 18/04/2018	Published	Good	Good	Good	Good	Outstanding	Good
Dr SM Bhate and Dr H El-Shakankery	A89002	11/12/2018	Published	Good	Good	Good	Good	Good	Good
Hetton Group Practice	A89004	15/09/2015	Published	Good	Good	Good	Good	Good	Good

Dr Joseph and Dr Herbert (Villette Surgery)	A89005	18/08/2016	Published	Good	Good	Good	Good	Good	Good
Wearside Medical Practice (formerly Dr Shetty and Partners)	A89006	01/05/2018	Published	Good	Good	Good	Good	Requires improvement	Good
Pallion Family Practice	A89007	07/11/2017	Published	Good	Good	Good	Good	Good	Good
Redhouse Medical Centre	A89008	07/02/2017	Published	Good	Good	Good	Good	Good	Good
Herrington Medical Centre	A89009	19/01/2016	Published	Good	Good	Good	Good	Good	Good

Dr Stephenson and Partners	A89010	18/01/2016	Published	Good	Good	Outstanding	Good	Good	Good
Joshi Na	A89011	19/06/2016	Published	Good	Good	Good	Good	Good	Good
Galleries Medical Practice	A89012	22/01/2019	Published	Good	Good	Good	Requires Improvement	Good	Good
The New City Medical Group	A89013	28/02/2019	Published	Requires Improvement	Good	Good	Good	Good	Good
Fulwell Medical Centre	A89015	14/06/2016	Published	Good	Good	Good	Good	Good	Good

St Bede Medical Centre	A89016	30/07/2018	Published	Requires improvement	Good	Good	Good	Good	Good
Millfield Medical Group	A89017	26/01/2016	Published	Good	Good	Good	Outstanding	Good	Good
Ashburn Medical Centre	A89018	07/09/2016	Published	Good	Good	Good	Good	Good	Good
Bridge View Medical Group	A89019	21/06/2016	Published	Good	Good	Good	Good	Good	Good
Forge Medical Practice	A89020	03/01/2018	Published	Good	Good	Good	Good	Good	Good

Kepier Medical Practice	A89021	20/01/2016	Published	Good	Good	Good	Good	Good	Good
Concord Medical Practice	A89022	16/08/2016	Published	Good	Good	Good	Good	Good	Good
Houghton Medical Group	A89023	05/01/2016	Published	Good	Good	Good	Good	Good	Good
Broadway Medical Practice	A89024	21/04/2015	Published	Good	Good	Good	Good	Good	Good
Sunderland GP Alliance - The Galleries	A89025	22/11/2018	Published	Outstanding	Good	Good	Good	Good	Good

Victoria Medical Practice	A89026	07/06/2016	Published	Good	Good	Good	Good	Good	Good
Springwell Medical Group	A89027	28/07/2016	Published	Good	Good	Good	Good	Good	Good
Grangewood Surgery	A89028	05/01/2016	Published	Good	Good	Good	Good	Good	Good
Westbourne Medical Group	A89030	16/08/2016	Published	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Hylton Medical Group	A89031	28/09/2017	Published	Good	Good	Good	Good	Good	Good

Sunderland GP Alliance – New Silksworth Medical Practice	A89032	24/01/2019	Published	Good	Good	Good	Requires Improvement	Good	Good
Park Lane Practice	A89034	13/01/2016	Published	Good	Good	Good	Good	Good	Good
Southlands Medical Group	A89035	01/04/2015	Published	Good	Good	Outstanding	Good	Good	Good
Castletown Medical Centre	A89036	15/08/2016	Published	Good	Good	Good	Good	Good	Good
Monkwearmouth Health Centre (Drs Gellia & Balaraman)	A89040	13/12/2016	Published	Good	Good	Good	Good	Good	Good



Happy House Surgery	A89041	29/06/2016	Published	Good	Good	Good	Good	Good	Good
Dr Rex Obonna	A89603	12/04/2019	Published	Good	Good	Good	Good	Good	Good
Dr Martin Weatherhead	A89604	14/01/2016	Published	Good	Good	Good	Good	Good	Good
South Hylton Surgery	A89614	15/06/2018	Published	Good	Good	Good	Good	Good	Good
Rickleton Medical Centre	A89616	17/05/2016	Published	Good	Good	Good	Good	Good	Good

Harraton	A89617	21/02/2019	Published	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Dr Ahmed El Safy	A89623	16/02/2018	Published	Good	Good	Good	Good	Good	Good
Sunderland GP Alliance – Special Allocation		03/04/2019	Published	Good	Good	Good	Good	Good	Good

**POLICY DEVELOPMENT & REVIEW 2019/20: APPROACH TO THE REVIEW & SETTING THE SCENE****REPORT OF THE DIRECTOR OF PEOPLE, COMMUNICATIONS AND PARTNERSHIPS****1. Purpose of Report**

- 1.1 The purpose of this report is to establish background information and set out an approach to undertaking a review to assess the oral health of the Sunderland population and the case for interventions to improve oral health.

**2. Background**

- 2.1 Tooth decay, sometimes known as dental decay or dental caries, remains a serious, yet preventable, health problem affecting approximately 28% of all 5-year olds and is the most common cause of hospital admissions among children aged between five and nine.
- 2.2 There have been improvements in oral health over the past 40 years, but the rate of reduction in tooth decay levels has slowed in the past decade. Those from the most deprived areas experience the highest levels of decay and the consequences are lifelong; extracted teeth are lost for ever; fillings need to be replaced.

***Oral Health: Facts and Figures***

- 2.3 74% of all British adults have had a tooth removed, this works out to more than 60 million adults who have lost a tooth.
- 2.4 27% of people only visit their dentist when they have a problem. Over half of the UK population have admitted that they wished they had taken better care of their teeth.
- 2.5 Only half of the UK population is happy with their smile. A survey from the British Dental Health Foundation found that discoloured or crooked teeth are the biggest reasons people are unhappy with their smiles. With a third of people identifying a good smile as the most important attribute when it comes to attractiveness. However, one in 10 people in the UK would cut oral care products from their shopping list for financial reasons.
- 2.6 A third of children are starting school with visible signs of tooth decay, with an estimated quarter of a million primary school children having developed tooth decay.
- 2.7 Adding to the issue is the statistic that 14% of people in the UK are frightened to visit the dentist and such a visit is ranked top in a poll on what makes people nervous<sup>1</sup>.

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<sup>1</sup> <https://www.dentistry.co.uk/2015/07/29/fourteen-facts-need-know-oral-health/>

### **3. The Current State of Oral Health in Sunderland**

- 3.1 Public Health England, through its National Dental Epidemiology Programme for England, undertakes intermittent surveys into the oral health of 5-year old children. These surveys provide information on the prevalence and severity of dental decay for local authority areas.
- 3.2 The most recent survey for which data are available was undertaken in 2017, this was undertaken as a “full census” as requested by Sunderland City Council, therefore this sample size should be large enough to provide updated ward level data.
- 3.3 Sunderland performs extremely poorly in relation to measures of prevalence of tooth decay in 5-year olds. Results from the 2017 survey show that:
- 71.6% of 5-year olds examined were free from tooth decay; the remaining 28.4% of 5-year olds had tooth decay. Equivalent figures for England are 76.7% free from decay and 23.3% experiencing decay.
  - The prevalence of tooth decay is higher than the England average and Sunderland is ranked 11 of 12 when compared with other local authorities in the North East.
- 3.4 Sunderland also performs poorly in relation to measures of severity of tooth decay in 5-year olds. Results from the 2017 survey show that:
- The average number of teeth affected by decay (decayed, missing or filled teeth) was 1.5 compared to 0.8 across England.
  - 4.8% of Sunderland 5-year olds had had at least one tooth extracted, compared to 2.5% across England.
  - When limited to children experiencing some decay, the average number of teeth affected by decay (decayed, missing or filled teeth) was 3.8 compared to 3.4 across England.
  - The Care Index shows that only 8.3% of decayed teeth were filled, compared with 12.0% across England. This may indicate lower use of restorative activity by local dentists, though it should be noted that evidence of the benefits of filling primary (milk) teeth is not clear.
  - 8.3% of 5-year olds had sepsis compared to 1.4% across England resulting from the dental decay process or, in some cases, from traumatic injury of the teeth.
- 3.5 The survey concludes by stating that Sunderland local authority has levels of decay that are higher than the average for England. With the higher levels concentrated in clusters in Sunderland North, Sunderland West and Washington<sup>2</sup>.

### **4. Key Interventions in Oral Health**

- 4.1 Key interventions to prevent tooth decay include the following:

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<sup>2</sup> Dental Health Profiles, Sunderland. Public Health England. July 2017

**Advice and support to parents** for breastfeeding, bottle and cup feeding, and weaning.

**Reducing sugar consumption in the diet** in line with national recommendations that for all persons aged 2 years and over no more than 5% of total dietary energy intake should come from “free” sugars.

**Twice daily tooth brushing with a fluoride toothpaste** including last thing at night and using the “spit, don’t rinse” approach; young children should be supervised by an adult.

**Early access to a dentist**, beginning when the first tooth erupts and regularly thereafter.

4.2 Key interventions to improve dental health are as follows:

**Targeted supervised tooth brushing** within a suitable supportive environment (e.g., nurseries, schools) teaches children to brush their teeth from a young age and encourages support for home brushing. These approaches are particularly important in areas where children are at high risk of poor oral health. For every £1 invested, the return on investment is £3.06 after 5 years, rising to £3.66 after 10 years.

**Toothbrushes and toothpaste by post schemes** targeted to areas with highest levels of tooth decay and delivered in a timely way (at around the time when the first tooth erupts) can encourage parents to adopt good oral health practices and reduce oral health inequalities. Strong engagement from health visitors can make the programme more cost effective. This could be delivered as part of the 3-4 month developmental check by the health visitor. For every £1 invested, the return on investment is £1.03 after 5 years, rising to £1.54 after 10 years. With strong health visitor engagement these figures are £4.89 and £7.34.

**Fluoride varnish schemes** targeted at children of all ages with tooth decay or those at high risk of developing it can strengthen tooth enamel making it more resistant to decay. The process involves painting a varnish containing high levels of fluoride onto the surface of the tooth every six months. For every £1 invested, the return on investment is £2.29 after 5 years, rising to £2.74 after 10 years.

4.3 Key structural interventions that do not require behaviour change are as follows:

**Water fluoridation** provides a universal programme which can result in a 28% reduction in the prevalence of tooth decay and 55% fewer hospital admissions in very young children for tooth extraction and a reduction in oral health inequalities. Decisions about water fluoridation are a local authority responsibility and offer them the opportunity to take decisive action to improve oral health. Any authority considering water fluoridation will be met with claims that it does not work and that it causes harm. Both statements are untrue. For every £1 invested, the return on investment is £12.71 after 5 years, rising to £21.98 after 10 years.

## **5. Title of the Review**

- 5.1 The title of the review is suggested as 'Oral Health in Sunderland'.

## **6. Overall Aim of the Policy Review**

- 6.1 To provide a better understanding of the state of oral health in Sunderland and investigate the arguments for and against a number of interventions to inform Sunderland's strategy to improve the oral health of the local population.

## **7. Proposed Terms of Reference for the Policy Review**

- 7.1 The following Terms of Reference for the policy review are proposed: -
- (a) To determine the oral health of the population of Sunderland understanding the significant factors contributing to oral health issues and identifying the key risk groups within the city;
  - (b) To determine the effectiveness of a number of interventions including adding fluoride to the water supply as a means of improving dental health, reducing dental decay in children and addressing dental health inequalities;
  - (c) To explore the ethical issues associated with oral health interventions;
  - (d) To identify the benefits, risks and wider health concerns in respect of adding fluoride to the water supply;
  - (e) To understand the current legal position, procedural process and financial implications for making changes to the water supply;
  - (f) To provide an agreed report that can be discussed by Cabinet.

## **8. Gathering the Evidence**

- 8.1 Research activities over the coming months will be co-ordinated by this Committee's Scrutiny Officer in consultation with the relevant directorate staff and Members. Although alternative opportunities may present themselves during the review, data collection techniques may include a combination of the following:
- Desktop research
  - Use of secondary research e.g. surveys, questionnaires
  - Evidence presented by key stakeholders
  - Evidence from members of the public at meetings or focus groups
  - An Expert Jury Event
  - Site visits.
- 8.2 The review will gather evidence from a variety of sources. The main evidence will come from information provided by council officers and external partners likely to include, though not exhaustive, the following:
- (a) Relevant Cabinet Portfolio Holder(s);

- (b) Local MP's;
- (c) Director of Public Health;
- (d) Sunderland City Council Officers;
- (e) NHS England;
- (f) Public Health England;
- (g) Northumbrian Water;
- (h) Sunderland CCG;
- (i) Public Interest Groups;
- (j) Dental Professionals;
- (k) Oral Health Academics.

## 9. Scope of the Review

9.1 The review will consider, as part of the review process, the following issues related to oral health in Sunderland:

- What do we mean by oral health?
- What is the current state of oral health in Sunderland?
- Which groups are most vulnerable or at risk?
- What are the major oral health issues in the City?
- What methods are available to improve the dental health of the population?
- How do oral health interventions compare and work in other local authority areas?
- How is oral health education communicated in schools?
- What current Public Health guidance or strategies exist in relation to improving oral health in a local population?
- What are the arguments for and against the introduction of fluoride into the water supply?
- What is the evidence to the dental health benefits of fluoridated water?
- What is the process, legal obligations and associated costs to the commencement of a fluoridated water scheme?

9.2 As the review investigation develops Members need to remain focused on the key terms of reference to ensure the review is conducted within the time constraints, as well as being robust and based on the evidence and research gathered.

## 10. Timescales

10.1 Attached for Members information is a draft timetable (**Appendix 1**) for the policy review which outlines the various activities and evidence gathering that will be undertaken throughout the review process. The timetable forms the basis of the review process and allows members to see the range of activities and methodologies to be employed during the evidence gathering stage. The timetable is subject to amendment and throughout the review process members will be provided with an up-to-date timetable reflecting any changes.

10.2 Members of the scrutiny committee will be invited to attend the various focus groups and visits that are to be undertaken as part of the policy review and will be kept informed of all review activities as and when they are arranged.

## **11. Recommendations**

- 11.1 That the Health and Wellbeing Scrutiny Committee agrees the title of the review as 'Oral Health in Sunderland'.
- 11.2 That the Health and Wellbeing Scrutiny Committee agree the terms of reference for the policy review.
- 11.3 That Members of the Health and Wellbeing Scrutiny Committee agree the proposed timetable for the review.

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**Contact Officer: Nigel Cummings (0191) 561 1006**  
**Scrutiny Officer**



## APPENDIX 1

Timeline	Review Task	Aims & Objectives	Methodology	Contributors*
July/August 2019	Setting the Scene on oral health in Sunderland.	To understand the current state of oral health in Sunderland.	Meeting	Director of Public Health Public Health Officers Sunderland CCG Local Dentists Public Health England Academics British Dental Association
September 2019	Oral Health Interventions	To gain an understanding of the oral interventions available to a local authority.	Meeting	Public Health Officers Public Health England Local Dentists Officer/Members
September 2019	Oral Health in Schools and other Local Authorities	To investigate how oral health is communicated in schools and how other local authorities tackle oral health issues.	Meeting	Public Health Officers Local Authority Reps School Nurses/Reps
October 2019	Water Fluoridation	To understand what water fluoridation is, how it works, the health benefits, legal framework and costs of a scheme.	Meeting/Site Visit	Northumbrian Water Public Health England Local Authority Solicitors Public Health Officers
October 2019	The Ethics of Fluoridated Water	To understand the arguments against fluoridating water supplies and what alternative options are available.	Meeting	Fluoridation Interest Groups Portfolio Holder(s) Local MP's
November/December 2019	The Reflection of Evidence	To discuss the evidence findings and develop the report and recommendations of the review.	Meeting	Scrutiny Officer Public Health
December 2019	Final Report	To agree the final report and recommendations.	Scrutiny Meeting	Scrutiny Officer
January 2020	Submission to Cabinet	The final report is submitted to Cabinet for consideration.	Cabinet Meeting	Chair of the Scrutiny Committee

\* Please Note that Members of the Health and Wellbeing Scrutiny Committee are classed as contributors in all stages of the review process

**ANNUAL WORK PROGRAMME 2019-20**

**REPORT OF THE STRATEGIC DIRECTOR OF PEOPLE,  
COMMUNICATIONS AND PARTNERSHIPS**

**1. PURPOSE OF THE REPORT**

- 1.1 The report attaches, for Members' information, the current work programme for the Committee's work during the 2019-20 Council year.
- 1.2 In delivering its work programme the committee will support the council in achieving its Corporate Outcomes.

**2. Background**

- 2.1 The work programme is a working document which Committee can develop throughout the year. As a living document the work programme allows Members and Officers to maintain an overview of work planned and undertaken during the Council year.

**3. Current position**

- 3.1 The current work programme is attached as an appendix to this report.

**4. Conclusion**

- 4.1 The work programme developed from the meeting will form a flexible mechanism for managing the work of the Committee in 2019-20.

**5 Recommendation**

- 5.1 That Members note the information contained in the work programme.

**6. Glossary**

n/a

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**Contact Officer:** Nigel Cummings, Scrutiny Officer  
[nigel.cummings@sunderland.gov.uk](mailto:nigel.cummings@sunderland.gov.uk)

# HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2019-20

REASON FOR INCLUSION	5 JUNE 19 D/L:28 May 19	3 JULY 19 D/L:21 June 19	4 SEPTEMBER 19 D/L:23 August 19	2 OCTOBER 19 D/L:20 Sept 19	30 OCTOBER 19 D/L:18 Oct 19	27 NOVEMBER 19 D/L:15 Nov 19	8 JANUARY 20 D/L:23 Dec 20	5 FEBRUARY 20 D/L:24 Jan 20	11 MARCH 20 D/L:28 Feb 20	8 APRIL 20 D/L:27 March 20
<b>Policy Framework / Cabinet Referrals and Responses</b>		Scoping Report (N Cummings)								
<b>Scrutiny Business</b>	Managing the Market (G King)  Annual Work Programme 19/20 (N Cummings)	CQC GP Inspection Annual Report (Sunderland CCG)  CCG Operational Plan 19/20 (Sunderland CCG)	Refresh of GP Strategy (Sunderland CCG)  NHS Performance Update (Sunderland CCG)  Healthwatch Annual Report 18/19 (Margaret Curtis – Healthwatch)	Managing the Market (G King)	Care and Support Annual Report (Sunderland Care and Support)  All Together Better Alliance (Sunderland CCG)  Urgent Care Mobilisation Update (Sunderland CCG)	Adult Safeguarding Board Annual Report (G King)  Joint Engagement Strategy (Sunderland CCG)	Managing the Market (G King)  Integrated Care System/Partnership Update (Sunderland CCG)	North East Ambulance Service (M Cotton)	Annual Report (N Cummings)  Urgent Care Mobilisation Update (Sunderland CCG)	Managing the Market (G King)
<b>Performance / Service Improvement</b>										
<b>Consultation/ Information &amp; Awareness Raising</b>	Notice of Key Decisions	Notice of Key Decisions  Work Programme 19-20	Notice of Key Decisions  Work Programme 19-20	Notice of Key Decisions  Work Programme 19-20	Notice of Key Decisions  Work Programme 19-20	Notice of Key Decisions  Work Programme 19-20	Notice of Key Decisions  Work Programme 19-20	Notice of Key Decisions  Work Programme 19-20	Notice of Key Decisions  Work Programme 19-20	Notice of Key Decisions  Work Programme 19-20

Items to be scheduled

## **NOTICE OF KEY DECISIONS**

### **REPORT OF THE STRATEGIC DIRECTOR OF PEOPLE, COMMUNICATIONS AND PARTNERSHIPS**

#### **1. PURPOSE OF THE REPORT**

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28-day period from 17 June 2019.

#### **2. BACKGROUND INFORMATION**

- 2.1 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 Notice of Key Decisions) 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.
- 2.2 To this end, the most recent version of the Executive's Notice of Key Decisions is included on the agenda of this Committee. The Notice of Key Decisions for the 28-day period from 17 June 2019 is attached marked **Appendix 1**.

#### **3. CURRENT POSITION**

- 3.1 In considering the Notice of Key Decisions, Members are asked to consider only those issues where the Scrutiny Committee or relevant Scrutiny Panel could make a contribution which would add value prior to the decision being taken.
- 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. RECOMMENDATION**

- 4.1 To consider the Executive's Notice of Key Decisions for the 28-day period from 17 June 2019 at the Scrutiny Committee meeting.

#### **5. BACKGROUND PAPERS**

- Cabinet Agenda

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Contact Officer : Nigel Cummings, Scrutiny Officer  
0191 561 1006  
[Nigel.cummings@sunderland.gov.uk](mailto:Nigel.cummings@sunderland.gov.uk)

The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

Notice is given of the following proposed Key Decisions (whether proposed to be taken in public or in private) and of Executive Decisions (including key decisions) intended to be considered in a private meeting:-

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
181024/312	To approve the Final Business Case in relation to the development of a Regional Adoption Agency and agree next steps leading up to the establishment of the Regional Adoption Agency.	Cabinet	Y	During the period from 16 July to 30 September 2019.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190304/344	To consider investment partner proposals for the funding of office and other developments on the Vaux site.	Cabinet	Y	During the period from 16 July to 30 September 2019.	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190114/325	To procure a contractor to undertake works at Jacky Whites Market.	Cabinet	Y	During the period from 16 July to 30 September 2019.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190513/351	To approve the First Capital Review 2019-2020 (including Treasury Management).	Cabinet	Y	16 July 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190513/353	To approve the First Revenue Review 2019-2020.	Cabinet	Y	16 July 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190521/358	To approve and make a capital contribution to Phase 4 of the Bridges comprising the redevelopment of the former Crowtree Ice Rink building to provide a new leisure use.	Cabinet	Y	16 July 2019	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190522/359	To authorise the acquisition of the land and property interests required to facilitate the Ryhope Doxford Link Road.	Cabinet	Y	16 July 2019	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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190522/360	To consider a proposal to recommend Council to agree an amendment to the Budget and Policy Framework to enter into a potential financial arrangement with a local organisation.	Cabinet	Y	During the period from 16 July to 30 September 2019.	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190530/361	To approve a scheme for Structural Maintenance of A1231 Bridges.	Cabinet	Y	16 July 2019	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190530/362	To approve a scheme for Structural Maintenance of A182 Bridges	Cabinet	Y	16 July 2019	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>



Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190530/363	To approve the acquisition of an interest at the North Hylton Road College site.	Cabinet	Y	16 July 2019	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190603/364	To authorise the Executive Director of City Development to commence the delivery of the Coastal Communities Round 5 Project.	Cabinet	Y	16 July 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190610/365	To approve the addition of varenicline scheme to the current range of Public Health services commissioned from pharmacies	Cabinet	Y	16 July 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190610/366	To approve the adoption of a Healthy Weight Declaration for Sunderland	Cabinet	Y	16 July 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190610/367	To procure a Substance Misuse Treatment and Harm Reduction Service to commence from 01 July 2020 following the end of the current contract	Cabinet	Y	16 July 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190610/368	To establish a Public Health Grant scheme to help build public health capacity in Sunderland	Cabinet	Y	16 July 2019	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190611/369	To approve the principles and the delegations necessary to facilitate the execution of the changes to the funding arrangements in respect of the South Tyne and Wear Waste Management Partnership PFI Contract.	Cabinet	Y	16 July 2019	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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190612/371	To approve the acquisition of property on High Street West, Sunderland.	Cabinet	Y	16 July 2019	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
190611/370	Following conclusion of the statutory representation period, to consider the proposal to discontinue Millfield Community Nursery School.	School Organisation Committee of Cabinet (SOCOC)	Y	17 July 2019	N	Not applicable.	SOCOC Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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190614/372	To approve the disposal of land at the former Houghton Colliery, Newbottle Street, Houghton le Spring.	Cabinet	Y	16 July 2019	Y		Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
170927/212	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force Area.	Cabinet	Y	During the period 1 September to 30 November 2019.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

**Note;** Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure.

Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below.

Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team PO Box 100, Civic Centre, Sunderland, or by email to [committees@sunderland.gov.uk](mailto:committees@sunderland.gov.uk)

Who will decide;

Cabinet; Councillor Graeme Miller – Leader; Councillor Michael Mordey – Deputy Leader; Councillor Paul Stewart – Cabinet Secretary; Councillor Louise Farthing – Children, Learning and Skills; Councillor Geoffrey Walker – Health and Social Care; Councillor John Kelly – Communities and Culture; Councillor Amy Wilson – Environment and Transport; Councillor Rebecca Atkinson – Housing and Regeneration.

This is the membership of Cabinet as at the date of this notice. Any changes will be specified on a supplementary notice.

Elaine Waugh,  
Assistant Director of Law and Governance

17 June 2019