

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

**Meeting to be held in the Civic Centre (Committee Room No. 1) on
Wednesday 10th April, 2019 at 5.30 pm**

Membership

Cllrs Beck, Cunningham, Davison, D. Dixon, Elliott, Fletcher, Heron, Johnston, Leadbitter, N. MacKnight, McClennan and O'Brien.

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	Part A – Cabinet Referrals and Responses	
	No Items	
	Part B – Scrutiny Business	
4.	Ambulance Response Standards	6
	Report of the Assistant Director of Communications and Engagement, North East Ambulance Service (copy attached).	
5.	Sunderland Urgent Care Strategy Mobilisation Update	36
	Report of the Executive Director of Nursing, Quality, and Safety, NHS Sunderland Clinical Commissioning Group (copy attached).	

Contact: David Noon Principal Governance Services Officer Tel: 561 1008
Email: david.noon@sunderland.gov.uk

Information contained in this agenda can be made available in other languages and formats on request

6.	Annual Work Programme 2018/2019	39
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	Report of the Director of People, Communications and Partnerships (copy attached).	
	Part C – Health Substantial Variations to Service	-
	No Items	
	Part D – CCFA/Members Items/Petitions	-
	No Items	

E. WAUGH,
Head of Law and Governance,
Civic Centre,
SUNDERLAND.

2nd April, 2019

Item 2

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 13th MARCH, 2019 at 5.30 p.m.

Present:-

Councillor D. Dixon in the Chair

Councillors Beck, Cunningham, Fletcher, Heron, Johnston, Leadbitter and N. MacKnight.

Also in attendance:-

Mr Nigel Cummings – Scrutiny Officer, Sunderland City Council

Ms Ann Dingwall – Commissioning Manager, Sunderland City Council

Mr David Noon – 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 Davison, McClennan and O'Brien.

Minutes of the last meeting of the Committee

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 6th February, 2019 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

Item 5 - Managing the Market

Councillor Fletcher made an open declaration as Board member of Sunderland Care and Support.

Item 6 – Formal Response to Making Urgent Care Work Better in Sunderland

Councillors Cunningham, Fletcher, Heron and Johnston made open declarations having voted in favour of a notice of motion considered by Council at its meeting held on 20th June 2018, which opposed 'the intention of Sunderland CCG to downgrade the Urgent Care Services at Houghton-Le-Spring, Bunnyhill and Washington to extended hours GP provision only' and left the meeting during consideration of the item.

Managing the Market

The Executive Director of People Services, submitted a report (copy circulated) providing information relating to the care and support provider market in Sunderland, including the on-going work undertaken by the Commissioning Team with regards to working with and developing a diverse care and support market, and an update on quality and adult safeguarding matters.

(For copy report – see original minutes).

Ms Ann Dingwall, Commissioning Manager briefed the Committee on the report highlighting how the Commissioning Team engaged with the provider markets as set out at paragraph 3 and addressing questions and comments from Members thereon.

The Chair referred to the sudden closure, without warning, of a care home in early February and praised the work of Ms Dingwall and her team in ensuring that all the residents were transferred and were now thriving. He stated that it was the second time in two years that the council had been faced with such a sudden closure and in both cases the contingency planning had proven to be robust and exemplary. It was pleasing to know that systems had been tested and shown to work. Councillor Heron referred to the previous closure and endorsed the Chair's comments.

Councillor Fletcher referred to appendix 1 regarding the CQC inspection ratings and expressed disappointment at the Donwell House rating in respect of 'Well-led'. She asked if there had been a change of ownership at the home. Ms Dingwall confirmed that there had. The gaps in the table in the appendix indicated that the CQC had not carried out a full inspection and had only focused on 2 out of the 6 categories indicated. She advised Councillor Fletcher that she had confidence that the home was still doing well overall.

Councillor N. McKnight referred to cases where a Home had been deemed inadequate by the CQC and asked if the Local Authority would continue to refer placements to it. Ms Dingwall replied that nothing would be done automatically. The Local Authority would undertake a risk assessment before deciding on a course of action. The decision would be informed holistically. Councillor McKnight further stated that he was aware that the CQC would on average only visit a home on average once every three years. Given this, he asked if the Local Authority undertook a programme of visits in the meantime. Ms Dingwall confirmed that they did. Annual visits of each home were undertaken based around the quality standards framework. In addition each home was subject to quarterly contract monitoring visits in respect of each service that it provided.

Councillor Johnston referred to families with multiple and complex needs as detailed in paragraph 4.6 and asked if these families would be affected by the roll out of universal credit and what mitigating actions would be taken. Ms Dingwall confirmed that they would. Cases would be managed by the welfare benefits service using a pathway approach passing families onto her service if they were unsure if the families could manage without support.

The Chair also referred to families with multiple and complex needs as detailed in paragraph 4.6 and asked if it was possible for the Committee to receive case studies to help illustrate the work of the Service in this particular field. The Chair then

referred to breaches of Regulation 13: (Safeguarding service users from abuse and improper treatment), and asked how the Council became alerted to such issues. Ms Dingwall informed the Committee that the Council had confidence that it knew what abuse looked like and the processes to be followed when it was discovered. The training given to providers in this regard was good and checks were made during visits that staff understood what was expected of them. There was an emphasis placed on reporting concerns being the right thing to do, for example some providers such as Sunderland Care and Support provided a mechanism for staff members to 'whistle blow' anonymously. The Chair asked if this information was collated and if so would it be possible for the Committee to receive anonymised examples.

The Chair referred to the Home that had recently closed as detailed in paragraph 4.1.4 and queried what would happen to the building now. He also asked about the ownership of the building and whether it could re-open as a care home or change its use. Ms Dingwall replied that the building was owned by an independent landlord and the Council was liaising closely with the CQC to monitor whether it deregisters as a care home. If the registration remained active it could reopen however any new providers would undertake their own due diligence given the negative publicity regarding the closure of the home.

There being no further questions or comments for Ms Dingwall the Chair thanked her for her report and it was:-

2. RESOLVED that the report be received and noted and that regular updates from the Commissioning Team in relation to the market position, taking into account the above requests for further information, be submitted to the Scrutiny Committee.

Annual Report

The Head of Member Support and Community Partnerships submitted a report (copy circulated) which sought members' approval for the Health and Wellbeing Scrutiny aspect of the overall Scrutiny Annual report to be submitted to full Council during June 2019.

(For copy report – see original minutes)

Mr Cummings, Scrutiny Officer having briefed the Committee on the contents of the report, it was:-

3. RESOLVED that approval be given to the Health and Wellbeing Scrutiny Committee report 2018/19 for inclusion in the Scrutiny Annual Report 2018/19.

Change in the Order of Business

The Chairman advised that he was proposing to consider items 7 and 8 on the agenda at this juncture to allow members who had declared an interest in item 6 (Urgent Care) to leave thereafter and prior to consideration of the item. This was agreed accordingly.

Annual Work Programme 2018/19

The Head of Member Support and Community Partnerships submitted a report (copy circulated) attaching for Members' information, the current work programme for the Committee's work to be undertaken during the 2018-19 Council year.

(for copy report – see original minutes)

4. RESOLVED that the current work programme for the Committee's work to be undertaken during the 2018-19 Council year be noted and endorsed and that emerging issues be incorporated into the plan as they arose throughout the 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 26 February, 2019.

(for copy report – see original minutes)

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

Urgent Care

The Head of Member Support and Community Partnerships submitted a report (copy circulated) to provide feedback to the Committee on the CCG's decision in respect of the future of Urgent Care in Sunderland in order to consider and agree their response.

(for copy report – see original minutes)

In considering their response the Committee was informed that the following options were available to it:-

- o Acknowledge the decision and take no further action.
- o Acknowledge the decision and maintain a monitoring role over a number of the key areas of concern.
- o Referral to the Secretary of State.

Members were advised that that it was important to note that in considering any referral to the Secretary of State the Committee may do so only on certain grounds namely:-

- o It is not satisfied with the adequacy of the content of the consultation;
- o It is not satisfied that sufficient time has been allowed for consultation;
- o It considers that the proposal would not be in the interests of the health service in its area;
- o It has not been consulted, and it is not satisfied that the reasons given for not carrying out consultation are adequate.

The Committee would also need to be clear, in terms of any referral, on what grounds the referral was made and also provide clear evidence to support this action.

The Committee having given consideration to the matter were of the opinion that it did not have sufficient grounds to make a referral to the Secretary of State. It was proposed and subsequently agreed that Mr Cummings in conjunction with the Chair write to the CCG on behalf of the Committee acknowledging the decision and highlighting the Committee's key areas of concern as detailed in paragraph 4.4 of the report to ensure a monitoring role was maintained through mobilisation and beyond.

Mr Cummings advised that the Health and Wellbeing Scrutiny Committee would continue to receive regular update reports and these would be highlighted in its future work programme. In addition if any other issues arose, that the committee became aware of, it would also look into those as a matter of course. The importance of this monitoring and challenge was to provide assurances to the Health and Wellbeing Scrutiny Committee regarding the service changes and implementation.

With regard to the operation of the NHS 111 Service, Councillor MacKnight advised that he had received anecdotal evidence of patients being sent straight to Pallion rather than their local centre. Councillor Leadbitter confirmed that she had received similar complaints. The Chairman replied that he was to meet with the CCG during the following week to seek assurances regarding the monitoring and scrutiny of the implementation of the urgent care proposals moving forward and he would draw this to their attention.

6. RESOLVED that a letter be sent to the CCG on behalf of the Committee acknowledging the CCG's decision regarding Urgent Care and highlighting the Committee's key areas of concern as detailed in paragraph 4.4 of the report to ensure a monitoring role is maintained through mobilisation and beyond.

The Chairman then closed the meeting having thanked Members and Officers for their attendance and contributions.

(Signed) D. DIXON,
Chairman.

Item 4

HEALTH & WELLBEING SCRUTINY COMMITTEE

10 APRIL 2019

AMBULANCE RESPONSE STANDARDS

REPORT OF THE ASSISTANT DIRECTOR OF COMMUNICATIONS & ENGAGEMENT – NORTH EAST AMBULANCE SERVICE

1. PURPOSE OF THE REPORT

- 1.1 The presentation attached, for Members' information, provides an overview of ambulance response standards and future resourcing for the ambulance service.

2. BACKGROUND

- 2.1 The North East Ambulance Service presentation covers a wide range of issues including:

- New response performance standards;
- Capacity and Demand Review;
- Ambulance future resourcing.

- 2.2 Also attached is a report to show performance data in more detail:

- Across the Trust service area
- Specifically in Sunderland CCG area

- 2.3 The performance data allows members to look at comparisons of performance in Sunderland compared to the rest of the NEAS area, and aims to complement the presentation. This data runs from April 2018 to the end of February 2019.

3. RECOMMENDATION

- 3.1 That the Health and Wellbeing Scrutiny Committee notes the content of the presentation.

Contact Officer: Mark Cotton
Assistant Director of Communications & Engagement



Adults Wellbeing & Health Scrutiny

Performance: ambulance response standards progress

Mark Cotton, Assistant Director

Ambulance Standards

New response performance standards

Call type	Call definition	Average response time (100% of all cases)	90% response time
Category 1	Time-critical life-threatening event	7 minutes	15 minutes
Category 2	Potentially serious conditions	18 minutes	40 minutes
Category 3	Urgent problems not immediately life-threatening		120 minutes
Category 4	Non-urgent; needs telephone or face-to-face assessment		180 minutes

Ambulance Standards

New response performance standards (YTD to 31 Jan 2019)

Call type	Call definition	Average response time (100% of all cases)	90% response time
Category 1	Time-critical life-threatening event	00:06:11	00:10:35
Category 2	Potentially serious conditions	00:20:51	00:43:48
Category 3	Urgent problems not immediately life-threatening		02:49:57
Category 4	Non-urgent; needs telephone or face-to-face assessment		02:52:03

Capacity and Demand Review

Achieving the new ambulance standards

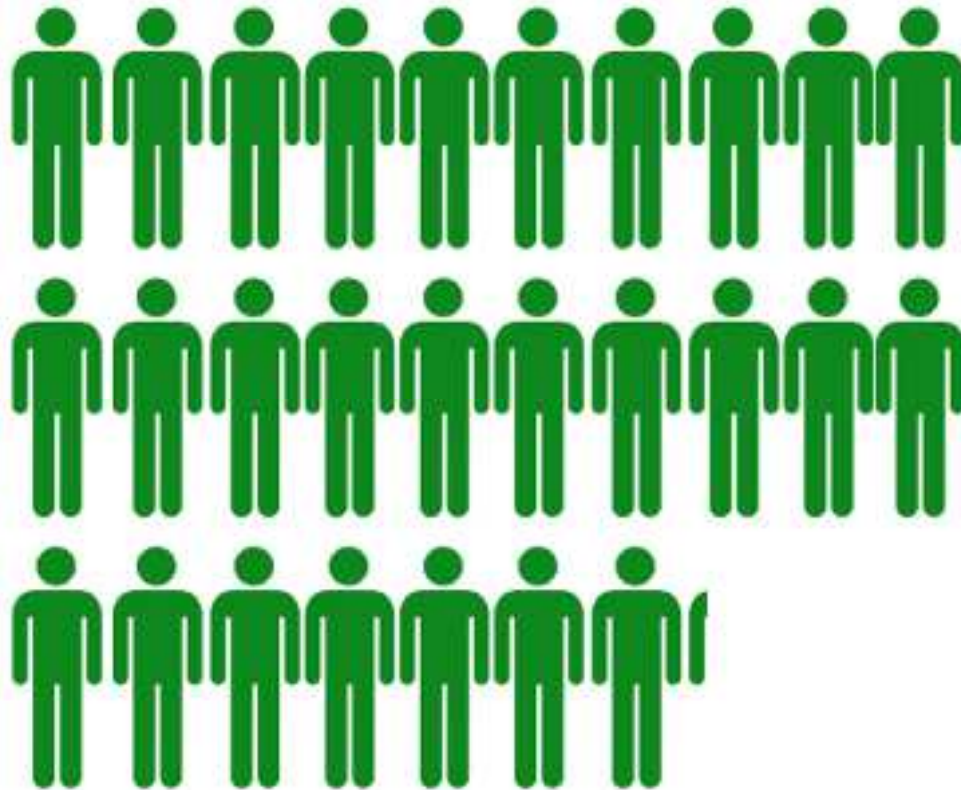
The aim of the review was to determine the underlying capacity required to deliver ambulance response time performance across the North East Ambulance operational area, designed to meet the new national ambulance targets

Scope of the review

- Demand predictions to 2021
- Model performance to 2021 with current resourcing
- Identify potential efficiencies
- Model performance impact of each potential efficiency
- Model resource needs to bridge any performance shortfall

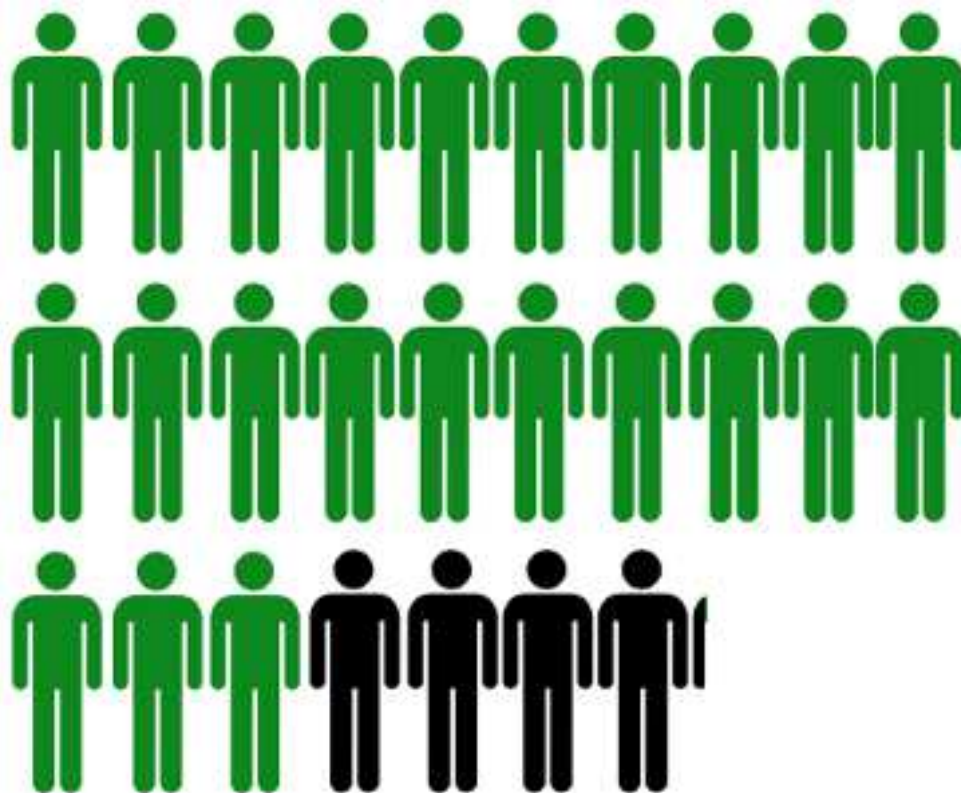
Bridging the Gap

Based on 2017-18 resources



272 additional paramedics are required to meet response performance standards

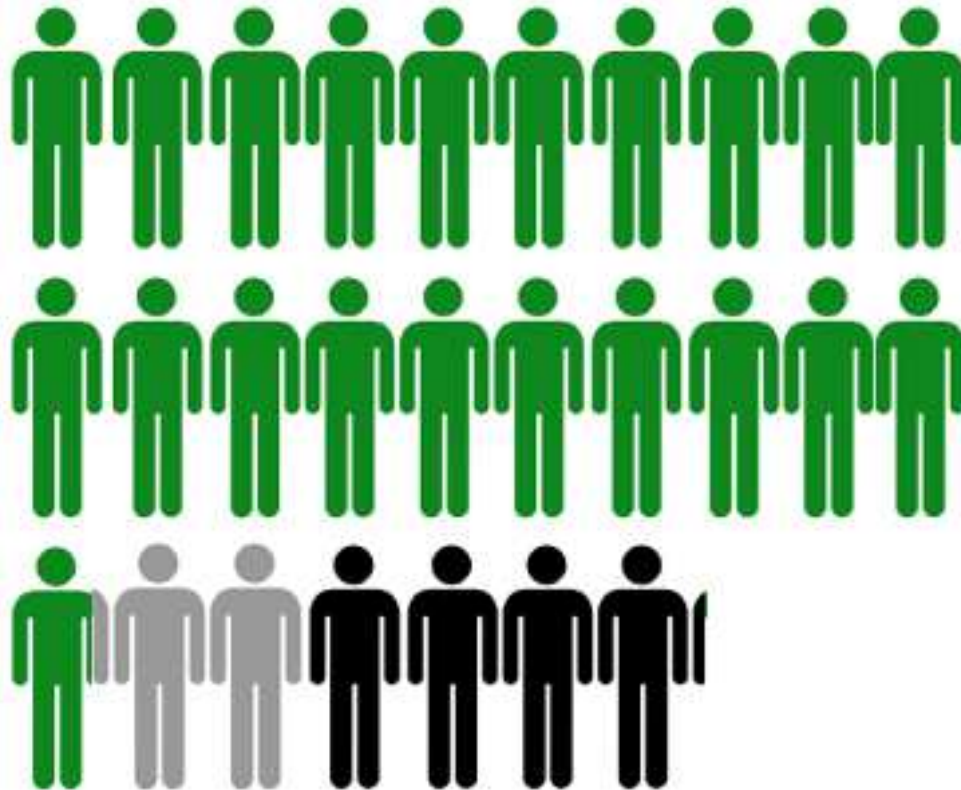
Bridging the Gap



272 additional paramedics are required to meet response performance standards

42 have been funded through additional investment in 2017/18 (in post)

Bridging the Gap

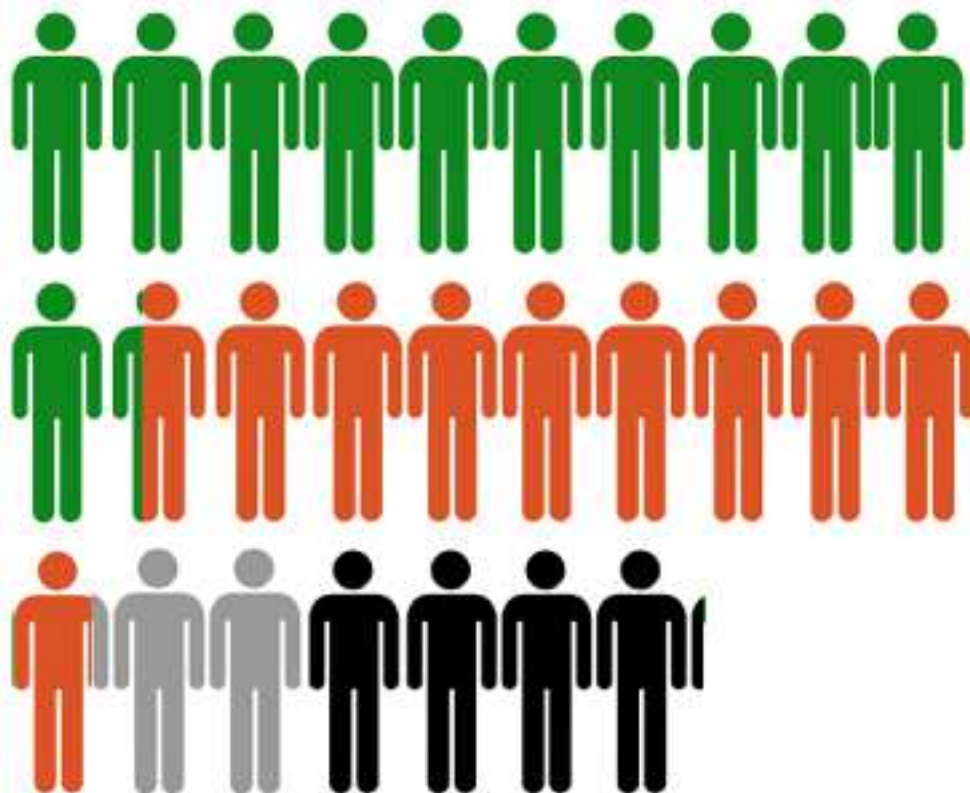


272 additional paramedics are required to meet response performance standards

42 have been funded through additional investment in 2017/18

22 to be delivered through reducing average turnaround to 30 mins (11 in year 1)

Bridging the Gap



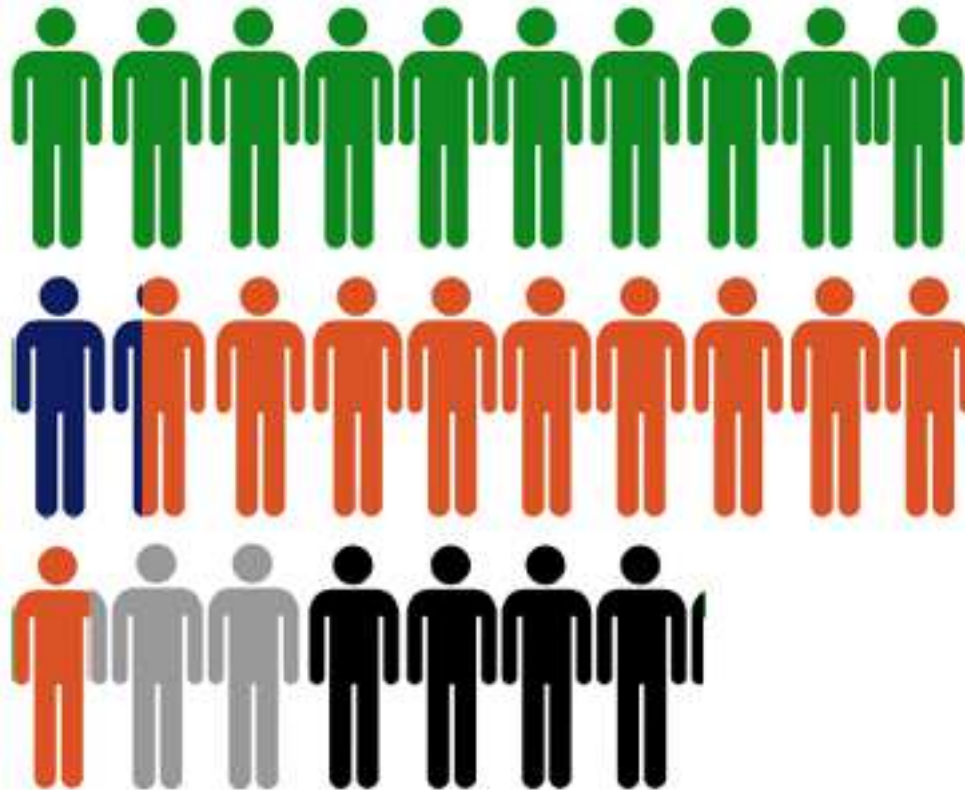
272 additional paramedics are required to meet response performance standards

42 have been funded through additional investment in 2017/18

22 to be delivered through reducing average turnaround to 30 mins

95 to be delivered through reducing abstractions (32 in year 1)

Bridging the Gap



272 additional paramedics are required to meet response performance standards

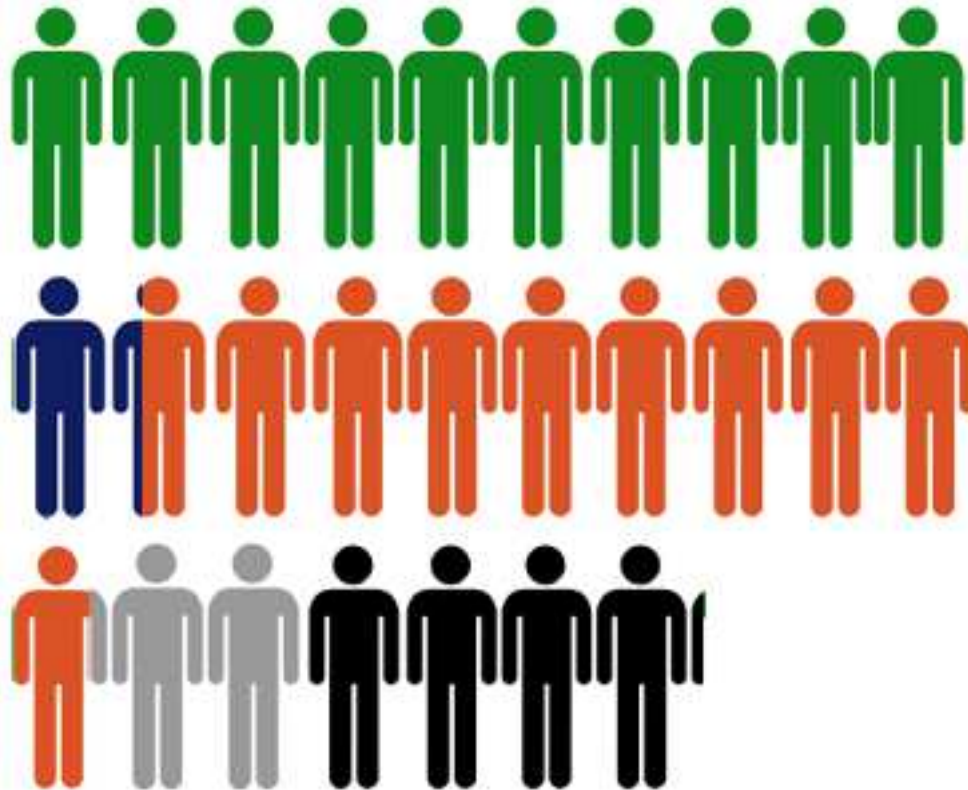
42 have been funded through additional investment in 2017/18

22 to be delivered through reducing average turnaround to 30 mins

95 to be delivered through reducing abstractions

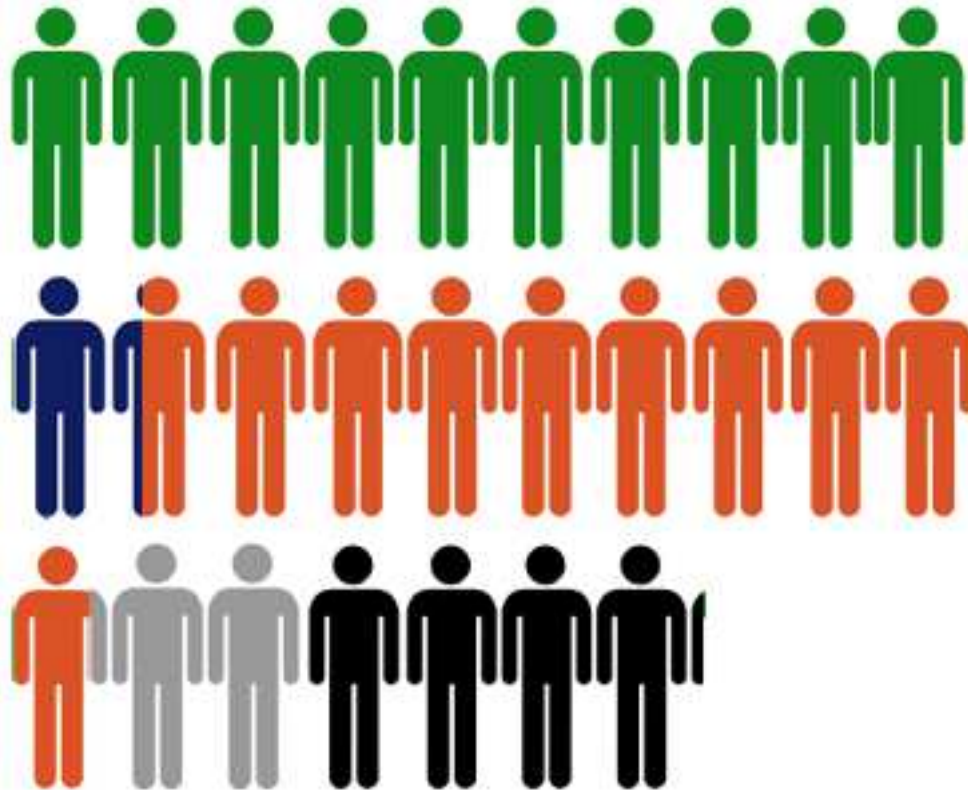
13 to be delivered through 8 hour shift re-roster (13 in year 1)

Bridging the Gap



This reduces the
gap in paramedic
establishment to
100

Bridging the Gap

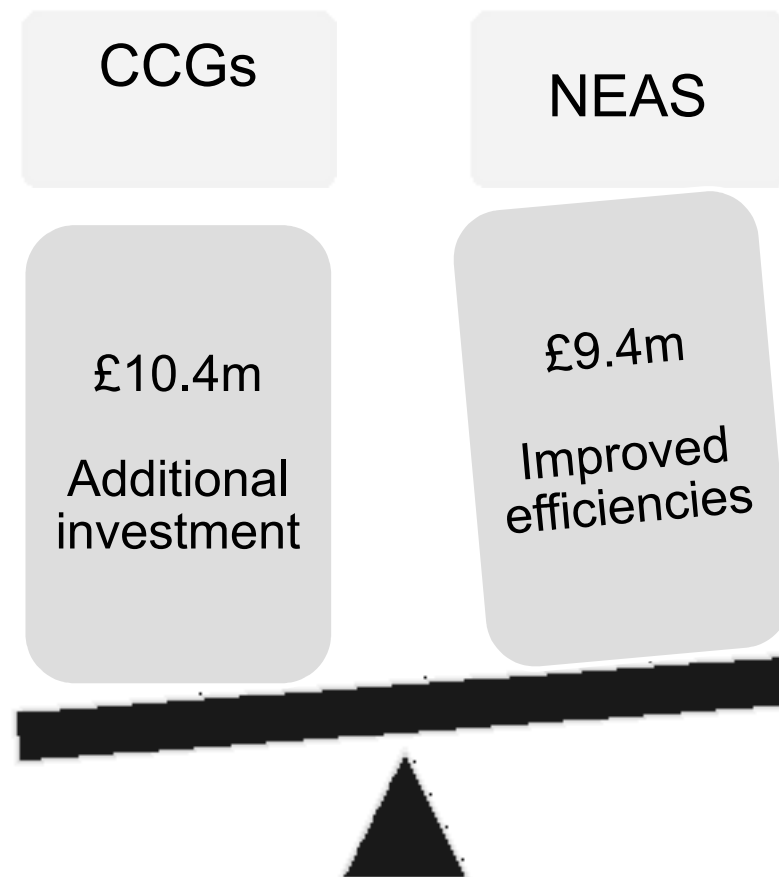


Our contribution through delivering these efficiencies will save almost £9.4 million:

- £1.7m from reducing turnaround
- £6.9m from reducing abstractions
- £0.8m from 8-hour shift

Balance of responsibilities and accountability

Funding the changes to achieve the new standards



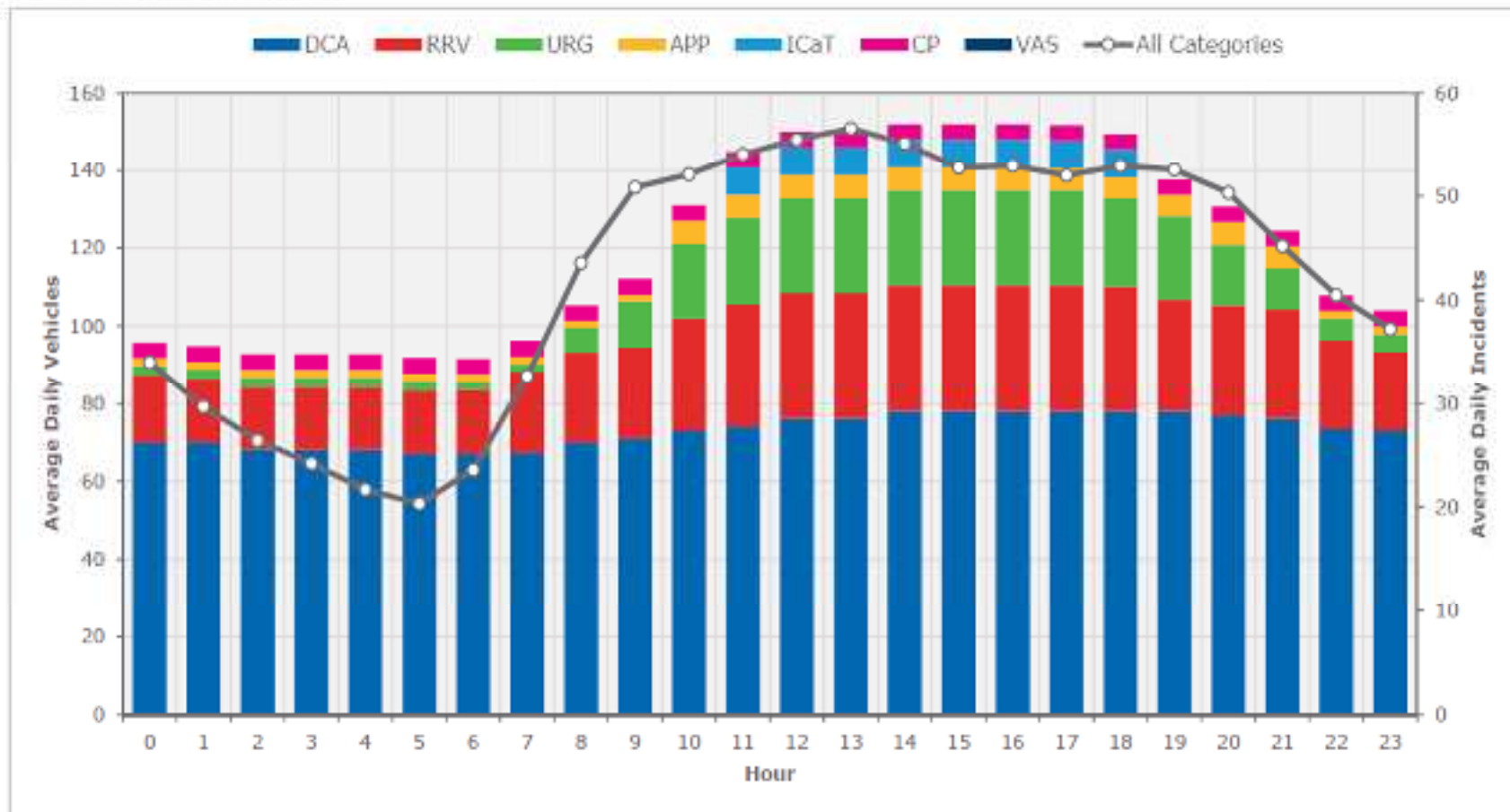
Ambulance future resourcing

	CURRENT VEHICLES			FUTURE VEHICLES			CHANGE IN VEHICLE NUMBERS		
	Rapid Response	Two-crew vehicles	Inter tier	Rapid Response	Two-crew vehicles	Inter tier	Rapid Response	Two-crew vehicles	Inter tier
VEHICLE TOTALS	38	74	27	18	112	18	-20	+38	-9
	CURRENT STAFFING			FUTURE STAFFING			CHANGE IN STAFFING		
	Para	CCA	ECT	Para	CCA	ECT	Para	CCA	ECT
OVERALL STAFFING	540	450	70	646	544	47	+107	+94	-23

Current shifts with existing resources

DCA= double-crew ambulance; **RRV**= rapid response car; **URG**= urgent care; **APP**= advanced practitioner; **ICaT**= intermediate tier vehicle; **CP**= community paramedic; **VAS**= voluntary ambulance service

Planned Shifts



ForLife

Ambulance resources across North of Tyne

DCA= double-crew ambulance; **RRV** =rapid response car; **ITV**= intermediate tier vehicle

Local authority area	Future resources	Net changes
Northumberland	20 x DCA, 4 x RRV, 3 x ITV	+ 6 DCA -2 RRV (24 to 12 hours) -2 ITV (24 to 12 hours)
North Tyneside	7 x DCA, 2 x RRV, 1 x ITV	+3 DCA -1 ITV
Newcastle	9 x DCA, 1 x RRV, 2 x ITV	+4 DCA -1 DCA (0200h – 0600h) -3 RRV

Ambulance resources across South of Tyne

DCA= double-crew ambulance; **RRV** =rapid response car; **ITV**= intermediate tier vehicle

Local authority area	Future resources	Net changes
Gateshead	4 x DCA, 1 x RRV	-
South Tyneside	7 x DCA, 1 x RRV,	+3 DCA
Sunderland	9 x DCA, 1 x RRV, 1 x ITV	+5 DCA -1 DCA (0000h-0800h) -3 RRV (24 & 12 hours) -3 ITV
Durham	31 x DCA, 5 x RRV, 2 x ITV	+14 DCA -2 DCA (0200h-0700h) -1 RRV

Ambulance resources across Tees Valley

DCA= double-crew ambulance; **RRV** =rapid response car; **ITV**= intermediate tier vehicle

Local authority area	Future resources	Net changes
Darlington	2x DCA, 1 x RRV	-1 RRV (24 to 12 hours)
Hartlepool	6 x DCA, 1 x RRV, 2x ITV	+3 DCA -2 RRV (24 to 12 hours) -2 ITV
Stockton on Tees	3 x DCA, 1 x RRV, 1x ITV	+1 ITV
Middlesbrough	8 x DCA, 2 x RRV, 2 x ITV	+3 DCA -1 DCA (0200h-0700h) -1 ITV -1 RRV
Redcar & Cleveland	6 x DCA	+2 DCA -2 RRV



For Life

www.neas.nhs.uk



/North East Ambulance Service



@NEAmbulance

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North East Ambulance Service



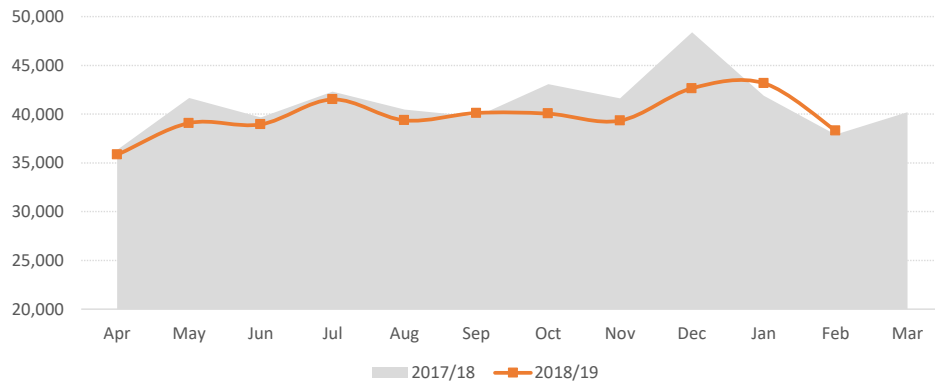
NHS Foundation Trust

Sunderland CCG

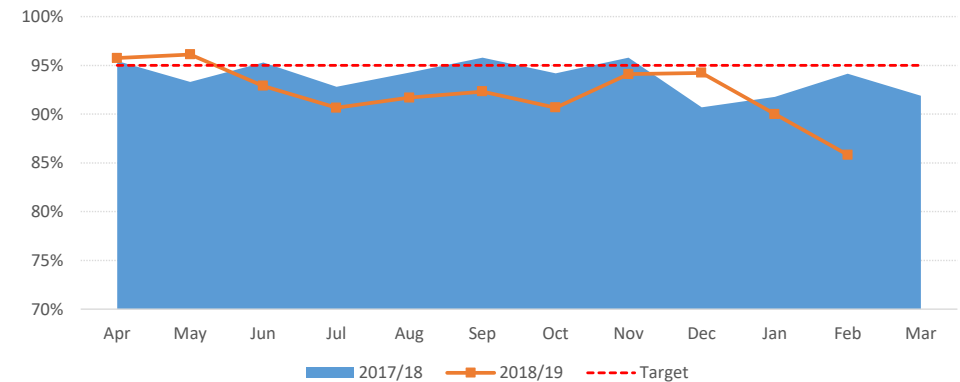
North East Ambulance Service Performance

February 2019

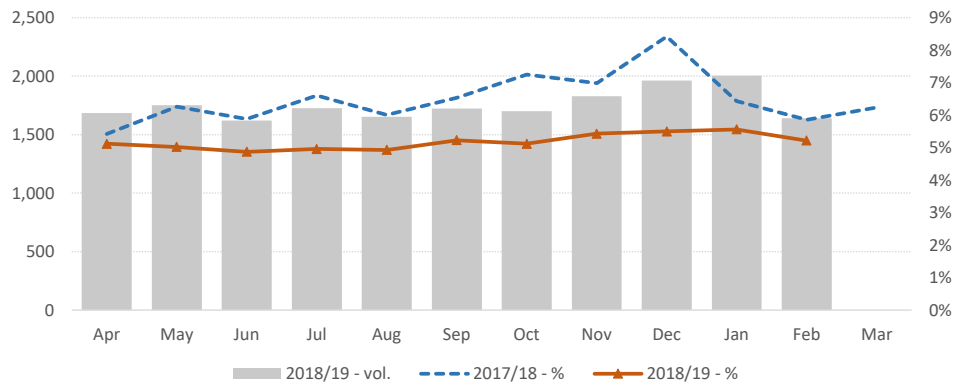
Call demand to NEAS via the 999 service



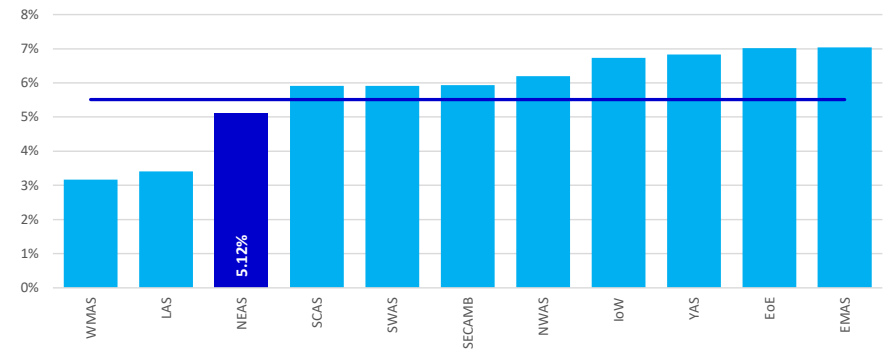
Calls to 999 answered within 5 seconds



Calls to 999 discharged with telephone advice (Hear and Treat)



Call/incident outcome performance - Hear & Treat percentage rate (A17 / A7) - (YTD) February 2018-19



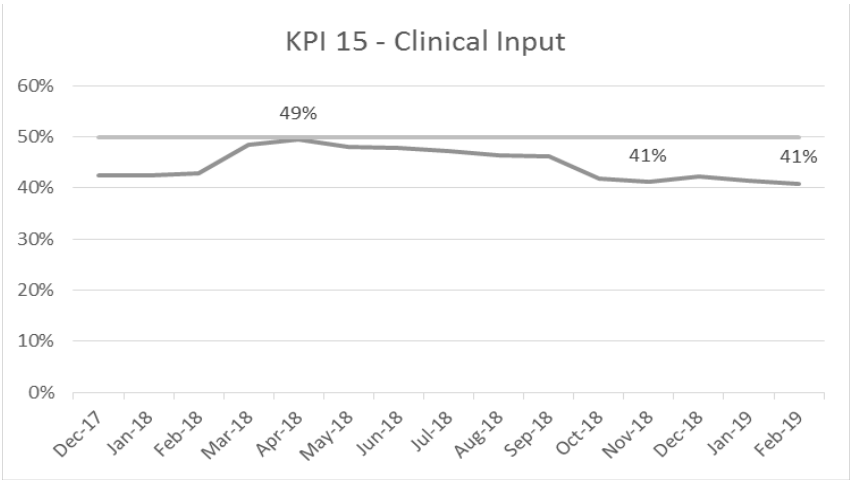
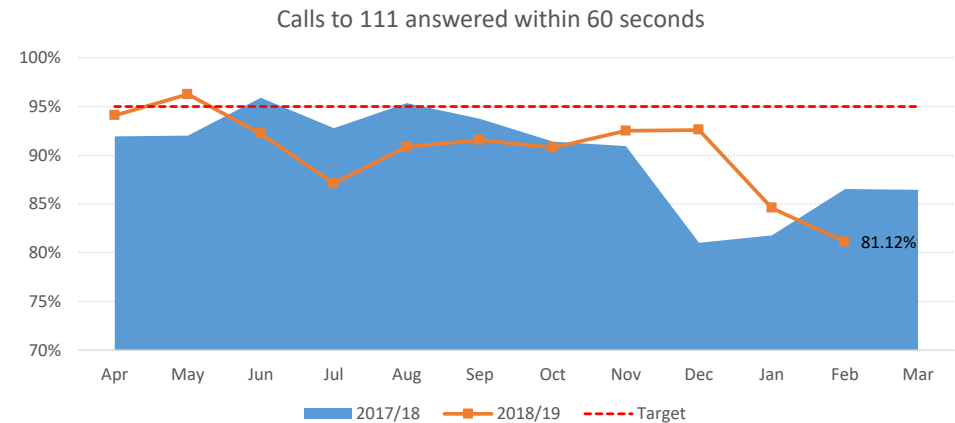
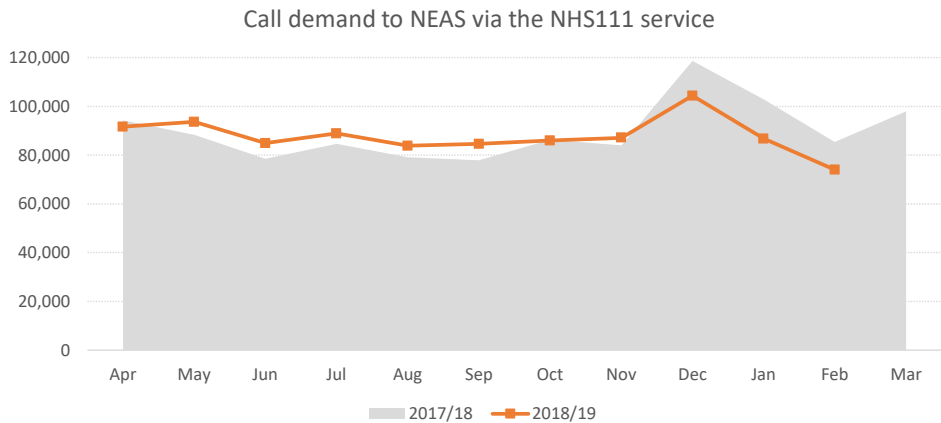
999 Call demand in February 2019 has Decreased from January, with current levels the lowest seen since April 2018.

The percentage of 999 calls being answered within 5 seconds continues to decreased from January to February (85.82%) giving the lowest performance in 2 years. Comparison to January 2018 performance has decreased by 8.28% with a downward trend overall.

The Hear and Treat rate is below historic levels and has remained static at around 5% for a number of months, with an upward trend.

With changes to call flow following implementation of the new IUC service in October 2018 The forecasted drop in hear and treat performance has not been seen.

NEAS remain below the national average for Hear and Treat outcomes for January 2018.



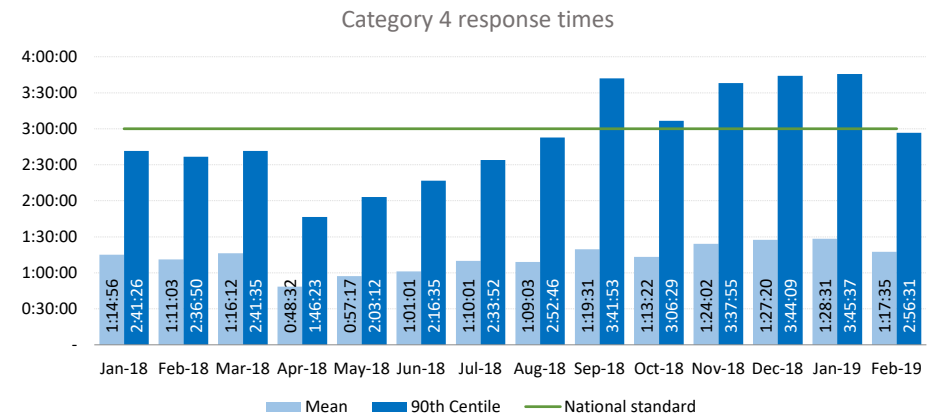
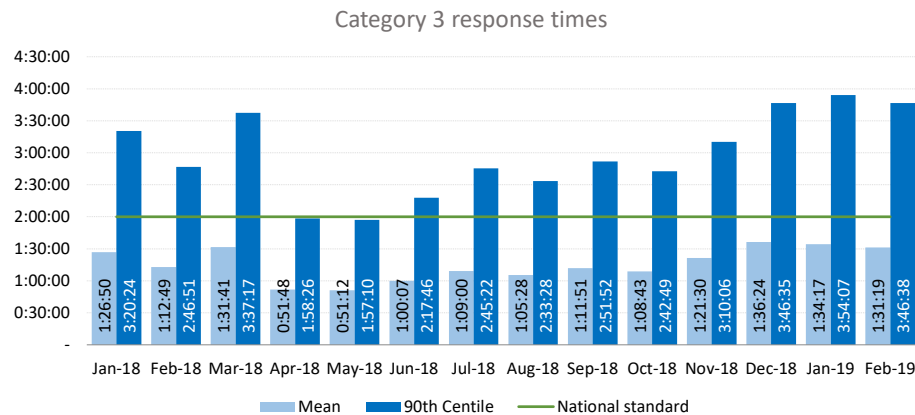
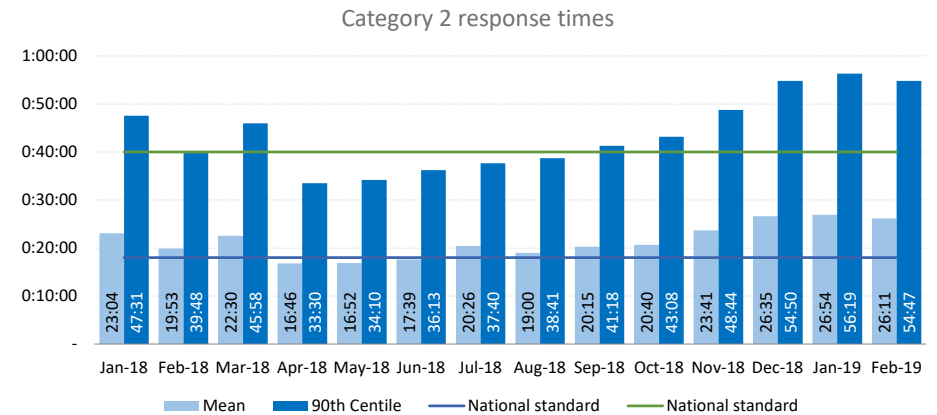
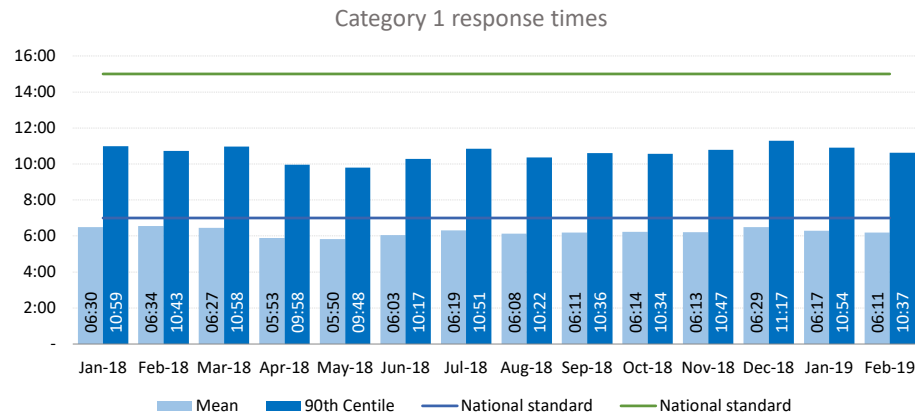
111 Call demand has decreased compared to January 2018. February 2019 providing a decrease from the previous month by 14.7%.

The percentage of 111 calls answered within 60 seconds has decreased again in February compared to the previous month below the 95% standard by 13.88%, with performance now under the same time last year.

The percentage of 111 calls where a patient has had contact with a clinician (clinical Input) is a new reporting measure from the Integrated Urgent Care. This target is set at 50% with current performance at 41%.

Unscheduled Care - Response Times

Our Performance

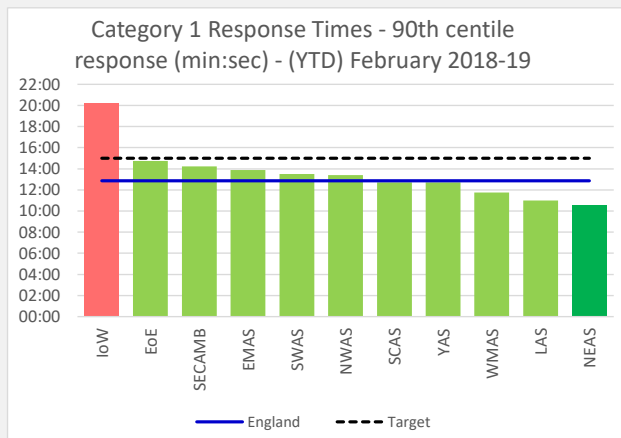
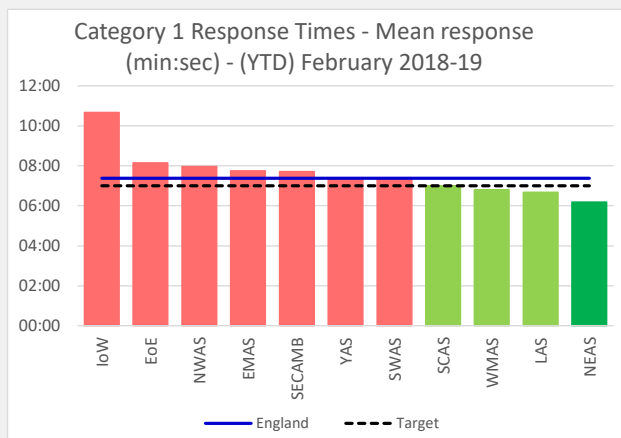


C1 response times have consistently achieved both the Mean and the 90th Centile targets for a number of months. C1 response times are lower than February 2018.

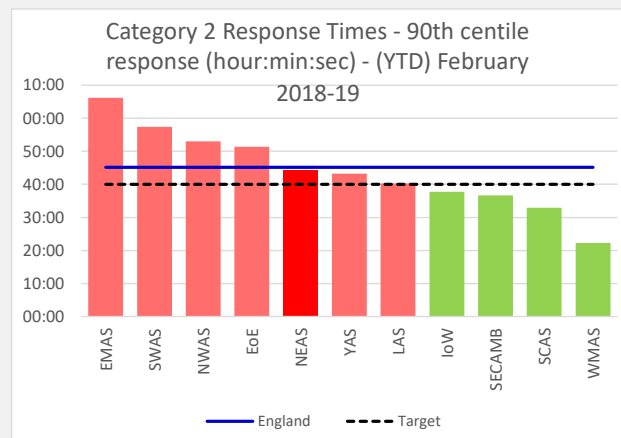
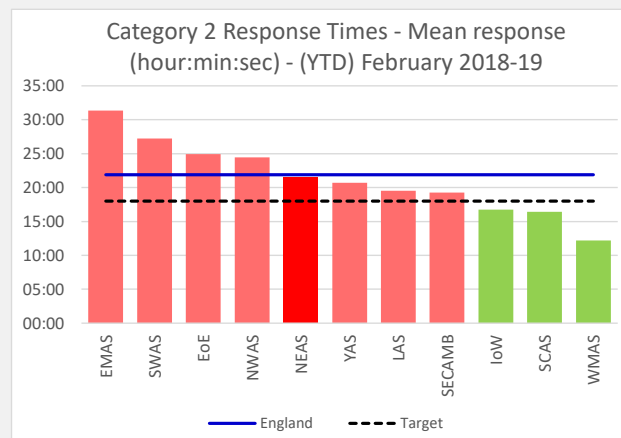
C2 response times are continuing to increase above national standards for the mean for 8 months and the 90th centile for 6 months consecutively. C2 response times are higher than February 2018.

C3 and C4 90th centiles have both marginally decreased for February 2019 remaining over the national standard. C4 now achieving National Standard for the first time since August 2018.

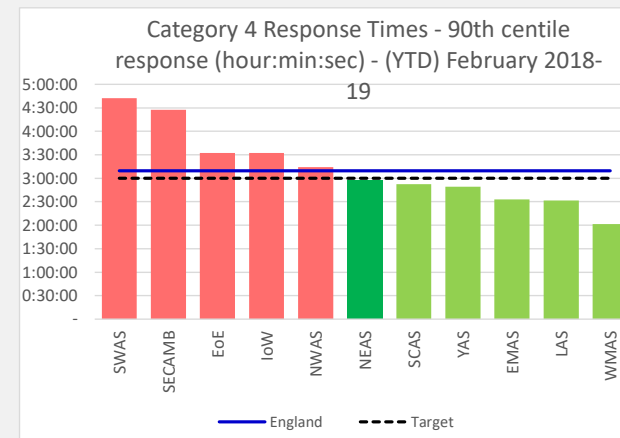
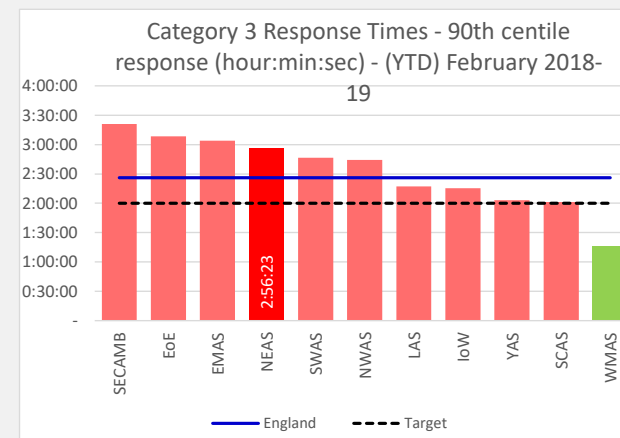
Category 1 - Mean and 90th centile



Category 2 - Mean and 90th centile



Category 3 & 4 - both 90th centile

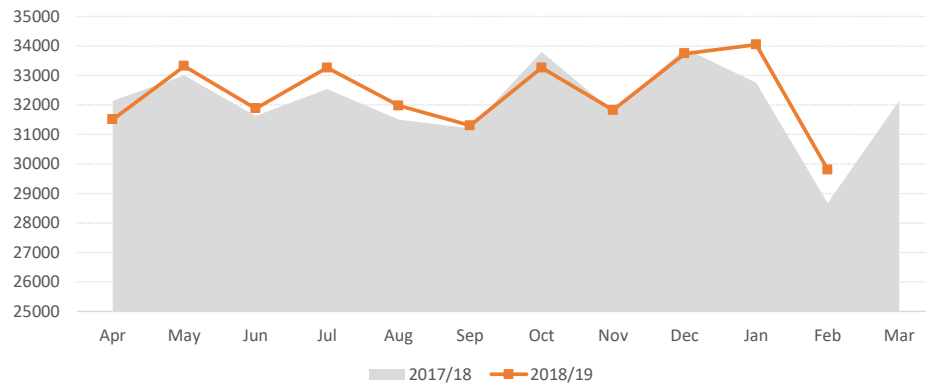


Benchmarking for February 2019 due for publication later in the month.

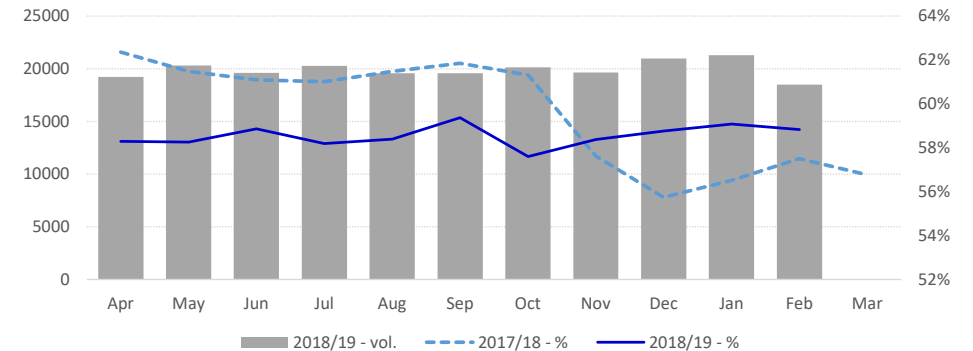
In January 2019 NEAS has reclaimed performance as the best placed Ambulance Trust for C1 response times remaining overtaking LAS (London) for Mean response time (remaining second for 90th Centile).

All C2, C3 & C4 all sitting above target and above national average For January 2018.

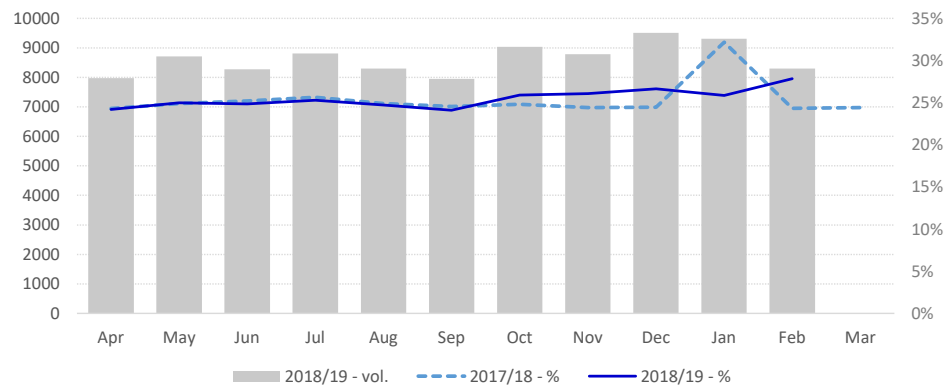
Volume of incidents attended to by an ambulance service resource



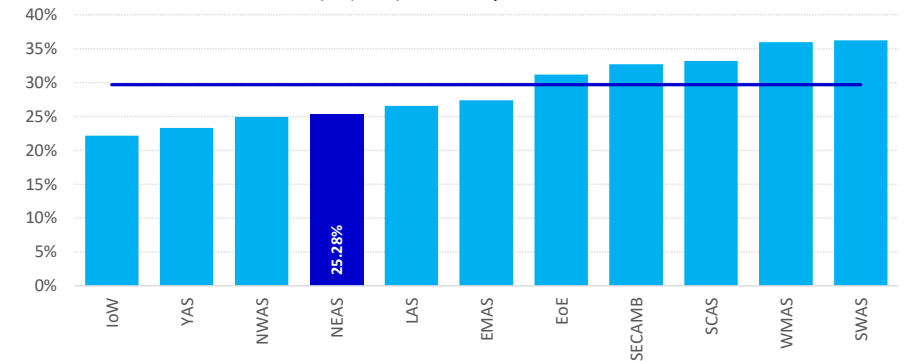
Patients treated and subsequently conveyed to a Type 1 or 2 Emergency Department (Hospital A&E)



Patients treated face-to-face and discharged at the scene (See & Treat)



Call/incident outcome performance - See & Treat percentage rate (A55 / A7) - (YTD) February 2018-19



The number of incidents attended to by an ambulance resource has decreased in February 2019 but is 3.79% above the February 2018, following last year's trend.

The proportion of patients being conveyed to a Type 1 or 2 ED has decreased in February, the percentages of patients attended subsequently conveyed to an ED is 1.3% higher than February 2018. The percentage increases of see and treat cases has decreased in February in both Volume and percentage.

See and Treat rates have increased in February 2019 however remain higher than the same period last year and not meeting the national standard (30%).

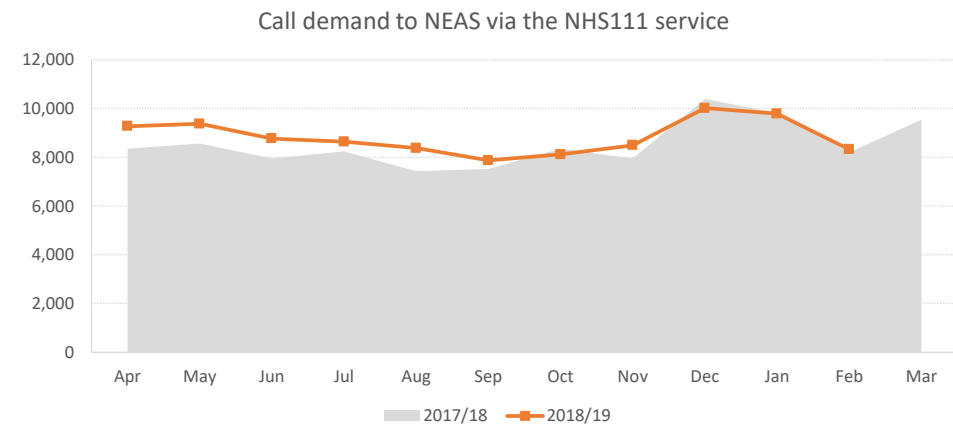
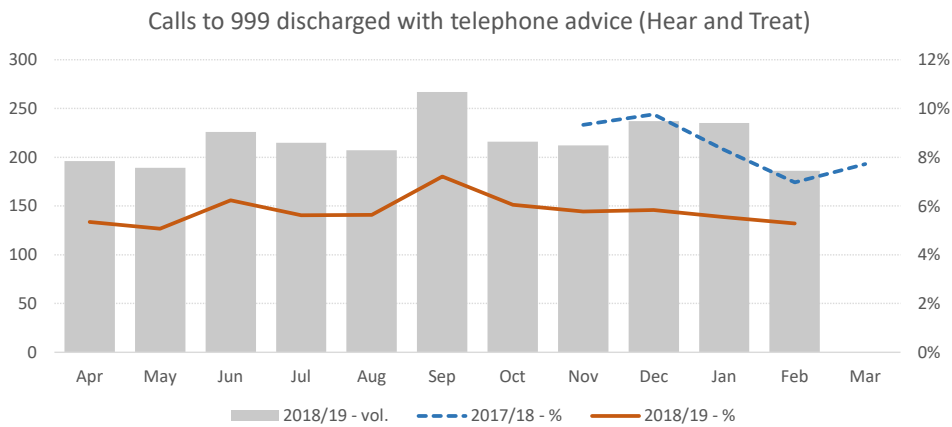


North East Ambulance Service



NHS Foundation Trust

NHS Sunderland CCG



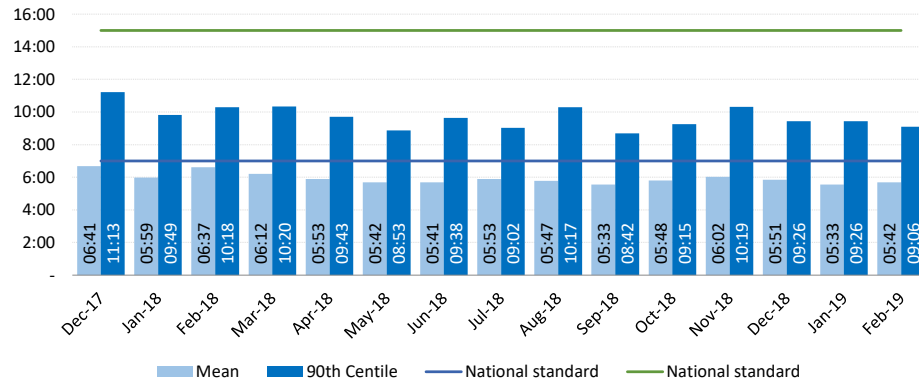
Graph of IUC KPI 15 - Clinical input in developed by CCG

The Hear and Treat rate continues to decrease within February 2019, with a 1.69% decrease from February 2018.

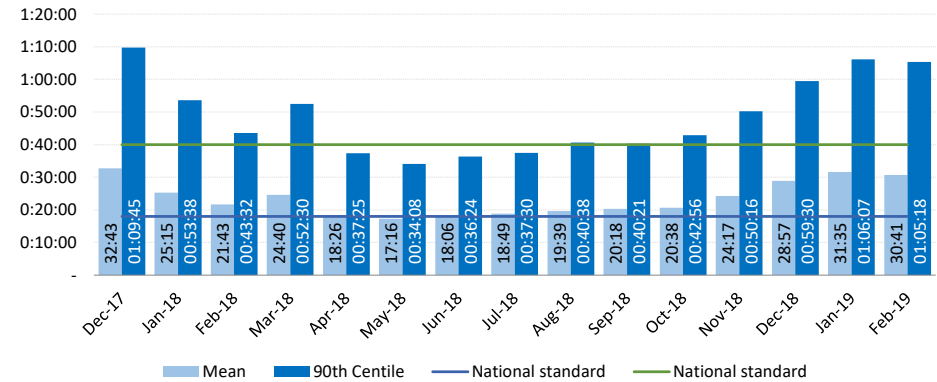
Call demand to 111 decreases slightly from December 2018 to February 2019 with the current level of demand is exceeding the same period last year.

Clinical input per CCG is in development to show how many calls per CCG had contact with a health care professional.

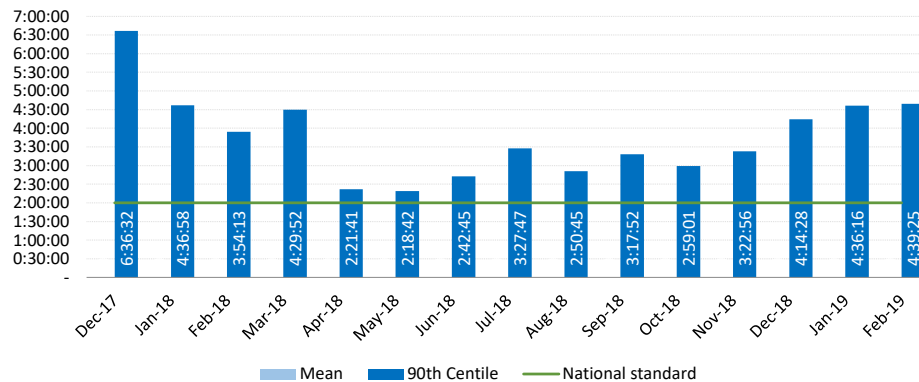
Category 1 response times



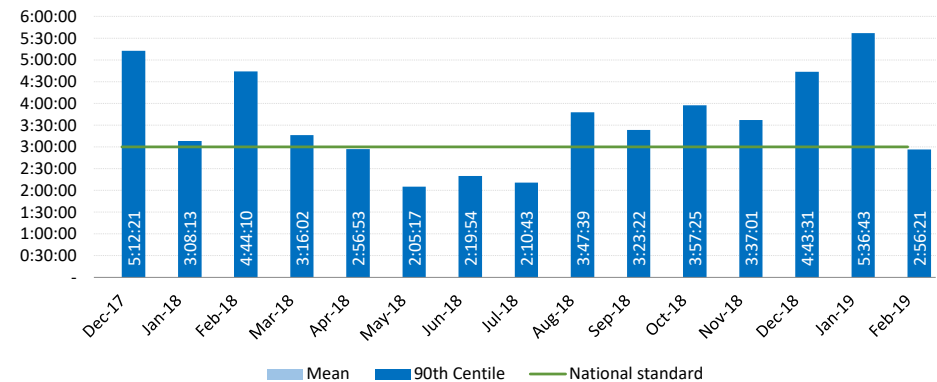
Category 2 response times



Category 3 response times



Category 4 response times

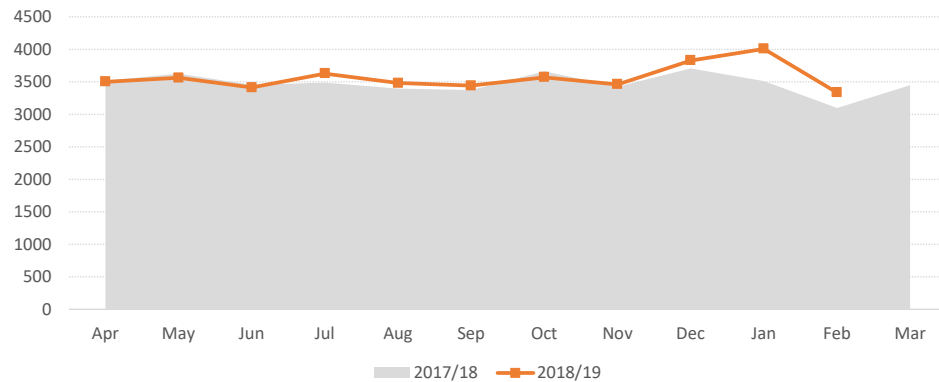


Response time standards have been achieved for Cat 1 Mean and 90th centile and in February Cat 4 90th Centile.

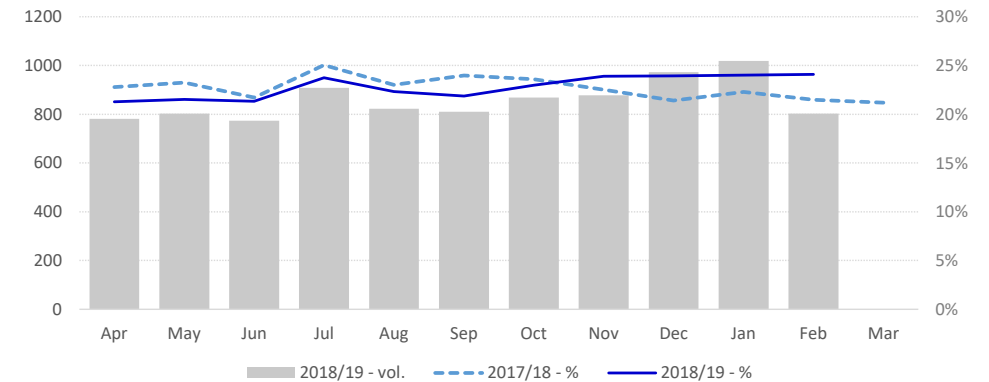
Cat 2 mean and 90th centile performance shows a marginal decrease in February 2019 with the response time remaining outside of standard.

Cat 3 90th centile performance has increased and remains above target standard.

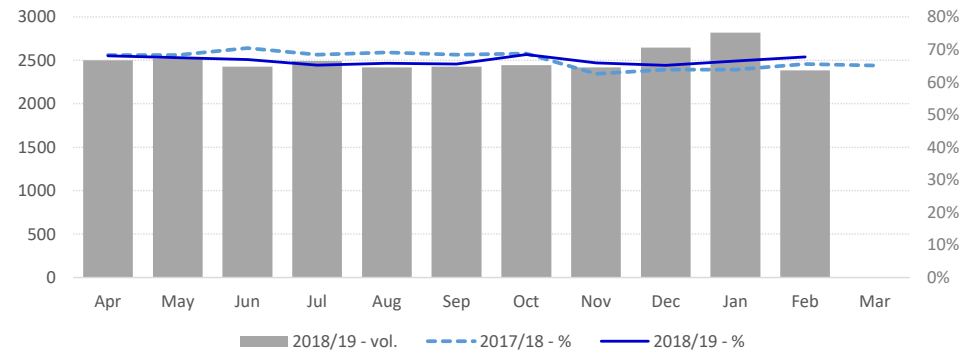
Volume of incidents attended to by an ambulance service resource



Patients treated face-to-face and discharged at the scene (See & Treat)



Patients treated and subsequently conveyed to a Type 1 or 2 Emergency Department (Hospital A&E)



The volume of incidents attended to by an ambulance response has decreased in February 2019, with an increase in demand from February 2018.

See and Treat percentage begin to level out in February 2019, around 24%. Exceeding the trend from 2018 by 2.6%.

There has been an increase in the percentage of patients conveyed to a Type 1 or 2 ED in February.

Item 5

HEALTH AND WELLBEING SCRUTINY COMMITTEE

10 APRIL 2019

SUNDERLAND URGENT CARE STRATEGY MOBILISATION UPDATE

REPORT OF THE EXECUTIVE DIRECTOR of NURSING, QUALITY AND SAFETY

1. PURPOSE OF THE REPORT

- 1.1 This is an update to the Health and Wellbeing Scrutiny Committee on the planned changes to urgent care in Sunderland.

2. BACKGROUND

- 2.1 Following the Governing Body decision in January 2019 where it agreed a number of changes designed to make it easier to use urgent care services and ensuring the CCG provides the best possible healthcare with the resources it has, an Urgent Care (UC) Mobilisation Group has been established with all providers and commissioners to ensure delivery of the new urgent care model for Sunderland.
- 2.2 The UC Mobilisation Group reports on progress to both the Sunderland A&E Delivery Board and the All Together Better Alliance program for intermediate and urgent care.
- 2.3 The UC Mobilisation Group consists of providers across the whole Sunderland urgent care system and is responsible for the planning and delivery of the urgent care strategy for April 2019. As set out in the urgent care business case, the UC Mobilisation Group is delivering the reformed models for;
- Recovery at Home Service (RaH)
 - General Practice and Sunderland Extended Access (SEAS)
 - Urgent Treatment Centre (UTC)
 - Emergency Department (ED) Interface
 - Integrated Urgent Care Service (111)
 - Workforce
- 2.4 Workforce, communications and patient access is key across all these reforms.

3. CURRENT UPDATE ON MOBILISATION

- 3.1 Following the period of public consultation, the CCG agreed to make a number of changes to its plans in response to comments from patients, including offering minor injuries services by appointment at the extended access services in

Houghton and Washington as well as the Urgent Treatment Centre in Pallion as originally proposed.

- 3.2 The CCG is taking a closer look at concerns about parking and reception facilities at Pallion and as a result, has now arranged to delay the changes to urgent care services in Sunderland so that the local NHS can take extra steps to address these issues. This will allow time for improvements to the reception area, look at better arrangements for car parking at the new Urgent Treatment Centre at Pallion and create a better reception space, including a waiting area for children.
- 3.3 The UC Mobilisation Group has considered and discussed delivery of the urgent care strategy in detail and, as a result of some delay and enabling works at Pallion Health Centre, has identified the need to extend the current urgent care centres as they are until 31 July 2019. This has been discussed and agreed by all partners involved in the urgent care system. This extension will ensure mobilisation of the new model is undertaken safely and communicated effectively to the public and all stakeholders within a reasonable timeframe.
- 3.4 As a result, the changes to urgent care services will now take place on 1 August 2019 instead of 1 April as planned. Urgent care services will therefore continue in their current form until 31 July 2019.
- 3.5 A summary of key milestones from the mobilisation plan leading up to the 31 July 2019 are proposed within table one below. Extending delivery of the UC strategy until 1 August 2019 has been subject to further cost which has been agreed by the CCG and neighbouring commissioners.

Table One - Mobilisation Plan (high level summary)

Service	Action	Timeframe
Urgent Care Centres (UCC)	Extend UCC contracts until 31 July 2019 to allow building work at Pallion to be completed and a clear communications plan for public and stakeholders	April – July 2019
Workforce	Workforce consultation to take place to review staff placements across RaH, SEAS, ED, and UTC.	April - July 2019
Pallion UTC	NHS Sunderland CCG Governing Body to receive a recommendation to award a contract for the UTC in May 2019	June 2019
	CHS Choice and NHS Property services to undertake building work to waiting area, implement a parking system and additional ambulance bay and ramp	April – June 2019
ED Interface	Allow further time for reforms to be delivered including	April – July

	streaming between ED and UTC. 'Perfect system' project taking place in May 2019	2019
Extended Access Minor Illness	Illness provision for extended access will continue to expand from April 2019, with full service provision for illness planned in advance of July 2019	April – July 2019
Extended Access Minor Injury	Injury provision for extended access will be developed from April to July in line with UCC workforce arrangements into Pallion UTC and Extended Access Hubs (Houghton and Washington)	April – July 2019
Integrated Urgent Care Service (111)	Full service provision from April and outcomes to be monitored alongside delivery extension to July 2019	April 2019
Communications	Planned communications to take place across all services and media	April 2019 ongoing
Travel and Transport	Continued work with Path to Excellence regarding improvement of travel and transport links for UC services across the city.	March 2019 ongoing

3.6 The CCG will carry out a range of promotional work in the run-up to the changes, which is likely to include online, newspaper and social media advertising, text messaging and printed materials delivered to households and made available in public spaces. Posters will also be on display in the Urgent Care Centres keeping patients up to date with the timing of the changes.

4. RECOMMENDATION

4.1 The Health and Wellbeing Scrutiny Committee are requested to note the update report and continue to receive regular updates on urgent care mobilisation and progress.

Contact: A Fox
Executive Director of Nursing, Quality and Safety
NHS Sunderland Clinical Commissioning Group

HEALTH & WELLBEING SCRUTINY COMMITTEE

10 APRIL 2019

ANNUAL WORK PROGRAMME 2018-19

REPORT OF THE 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 2018-19 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 has provided a flexible mechanism for managing the work of the Committee in 2018-19. A workshop will be organised in the new Municipal Year to develop the committee's work programme for 2019-20.

5 Recommendation

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

6. Glossary

n/a

Contact Officer: Nigel Cummings, Scrutiny Officer
nigel.cummings@sunderland.gov.uk

HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2018-19

REASON FOR INCLUSION	6 JUNE 18 D/L:25 May 18	4 JULY 18 D/L:22 June 18	5 SEPTEMBER 18 D/L:24 August 18	3 OCTOBER 18 D/L:21 Sept 18	31 OCTOBER 18 D/L:19 Oct 18	28 NOVEMBER 18 D/L:16 Nov 18	9 JANUARY 19 D/L:21 Dec 18	6 FEBRUARY 19 D/L:25 Jan 19	13 MARCH 19 D/L:1 March 19	10 APRIL 19 D/L:29 March 19
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business	Urgent Care Consultation (Sunderland CCG – Helen Fox)	Westmount Dental Surgery CCG Operational Plan 18/19 (Sunderland CCG) CQC GP Inspection Annual Report (Sunderland CCG) Outpatients Clinics – Monkwearmouth Hospital (Carol Harries – City Hospitals)	Integrated Wellness (Gillian Gibson) Briefing on potential merger of Sunderland and South Tyneside Trusts (City Hospitals) Reconfiguration of Vascular Services (NHS England)	All Together Better Alliance Update (Sunderland CCG) Managing the Market (G King) Sexual Health Services (G Gibson)	Urgent Care Consultation Update (Sunderland CCG)	NHS Performance (Sunderland CCG) Adult Safeguarding Board Annual Report (G King) HWB Scrutiny Committee Response to Urgent Care Consultation and Proposals (N Cummings)	0-19 Service (L Hughes) Public Health Strategy (G Gibson)	Breast Service Update (Sunderland CCG) Care and Support Annual Report (P Foster) Urgent Care Feedback (Sunderland CCG)	Annual Report (N Cummings) Managing the Market incl Housing and Care 21 update (G King) Urgent Care Update (N Cummings)	North East Ambulance Service (M Cotton) Update on Urgent Care Services in Sunderland (Sunderland CCG) Proposals for welfare reform reporting (Richard Elliott)
Performance / Service Improvement										
Consultation/ Information & Awareness Raising	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19

Items to be scheduled

Renal Ambulance Service
Speech and Language Therapy
Dementia Friendly City
Community Beds
Oral Health in Sunderland
Healthwatch Annual Report 18/19

NOTICE OF KEY DECISIONS**REPORT OF THE 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 26 March 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 26 March 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 26 March 2019 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
0191 561 1006
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
190114/325	To procure a contractor to undertake works at Jacky Whites Market.	Cabinet	Y	During the period from 19 June to 31 July 2019	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
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 24 April until 19 June 2019	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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
190304/344	To consider investment partner proposals for the funding of office developments on the Vaux site	Cabinet	Y	During the period from 24 April until 19 June 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 committees@sunderland.gov.uk
190326/345	To consider statutory proposals and objections/comments received thereon in relation to the reorganisation of Sunderland's Pupil Referral Unit provision.	School Organisation Committee of Cabinet	Y	During the period 1 until 31 May 2019	N	Not applicable	School Organisation Committee of Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
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 committees@sunderland.gov.uk

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

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.

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

Elaine Waugh,
Head of Law and Governance

26 March 2019