HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Wednesday 4th July, 2018 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	
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	Report of Westmount Dental Surgery (copy attached).	
5.	**Sunderland Clinical Commissioning Group (CCG) Operational Plan**	20
	Report of the Deputy Chief Officer Sunderland Clinical Commissioning Group (CCG) (copy attached).	

Contact: **David Noon Principal Governance Services Officer** **Tel: 561 1008**
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Information contained in this agenda can be made available in other languages and formats on request

6.	**Care Quality Commission (CQC) Inspection Annual Report** Report of the Chief Officer Sunderland Clinical Commissioning Group (CCG) (copy attached).	35
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E. WAUGH,
Head of Law and Governance,
Civic Centre,
SUNDERLAND.

26th June, 2018

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 6TH JUNE, 2018 at 5.30 p.m.

Present:-

Councillor D. Dixon in the Chair

Councillors Beck, Cunningham, Davison, Johnson, Leadbitter, N. MacKnight McClennan, Middleton, and O'Brien.

Also in attendance:-
Ms Debbie Cornell, Head of Corporate Affairs, Sunderland Clinical Commissioning Group
Mr Nigel Cummings, Scrutiny Officer, Sunderland City Council
Ms Ann Fox, Director of Nursing, Quality and Safety, Sunderland Clinical Commissioning Group
Mr Ben Landon, NHS North of England Commissioning Support Unit
Dr Tracey Lucas, Executive GP and Clinical Urgent Care Lead, Sunderland Clinical Commissioning Group
Mr David Noon, Principal Governance Services Officer, Sunderland City Council
Councillor Paula Hunt, Vice Chair Scrutiny Coordinating Committee

The Chairman opened the meeting by welcoming those councillors who were attending their first meeting as a member of the Committee and a round of introductions were made.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillor Elliott.

Minutes of the last meetings of the Committee

1. RESOLVED that the minutes of the last meetings of the Health and Wellbeing Scrutiny Committee held on 28th March, 2018 and 11th April 2018 (copies circulated) be confirmed and signed as correct records subject to the reference on page 3 paragraph 2 (28th March) to 'minor injuries' being amended to read 'minor illnesses'.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Prior to introducing the next item the Chairman advised all present that he would like to acknowledge that some members of the Committee had expressed views on Urgent Care prior to this meeting and that he appreciated that it was a very emotive issue. Nevertheless he wished to emphasise at this point that all members of the

committee should consider the issues being presented at the meeting, with an open mind, listening to the presentation and engaging fully in the discussions before consideration was given to any response.

Urgent Care Consultation

Dr Lucas presented a report (copy circulated) of the Sunderland Clinical Commissioning Group which outlined the Group's consultation into Urgent Care which was launched on Wednesday 9th May 2018 and which consulted the public on the following issues:-

- Where do you think the Sunderland Extended Access Service should be located;
- What should the opening times be for the urgent treatment centre and the Sunderland Extended Access Service;
- Whether or not the urgent treatment centre and Sunderland Extended Access Service should be joined up;
- If there were any options or ideas that the CCG might have missed.

(For copy report – see original minutes)

Appended to the report at appendix 1 for members information was a full stakeholder briefing note and appended at appendix 2 was the public consultation document, 'Making Urgent Care Work Better in Sunderland', for Members consideration.

In addition and to complement the report, Ms Fox provided the Committee with a comprehensive powerpoint presentation which outlined the case for change.

Members were informed that the Health and Wellbeing Scrutiny Committee had the opportunity to provide a response to the consultation and provide a written statement to Sunderland CCG before the deadline of 12th August 2018. Feedback from the consultation would take place in October 2018 and a final decision would be made by the CCG's Governing Body in December 2018.

The Chairman then invited questions and comments from Members.

Councillor Davison referred to the consultation mentioned on page 22 of the agenda and asked who, what and where? Mr Landon replied that it included on-line, libraries, community centres, GP practices, supermarkets and street surveys. The team was working across the city with the VCS network as they understood which areas would need targeting and could reach out to communities and hard to reach groups in a way the Team could not. Information on the consultation was displayed on all GP practice screens and on My NHS. The consultation would be an evolving process that was continually monitored to ensure representation across the board.

Councillor Davison advised that she had warned against using the BIC as a venue for a consultation session because of its inaccessibility via public transport. Ms Fox replied that the session had gone ahead as all the arrangements were in place however a session had also been undertaken in the North Area at the Bunny Hill Centre which had better transport links.

Councillor Davison added that she had previously noted that there were no paper information leaflets on the consultation at the Bunny Hill Centre and that this was still the case. She stated that it was essential that they were made available to engage with those people who had no internet access. She further stated that a closure of Bunnyhill would have a disproportionate impact as it was an area which ranked highly on the indices of multiple-deprivation. In conclusion Councillor Davison also expressed concern at the transport impact analysis undertaken as part of the Path to Excellence consultation which she believed had focused too heavily on desktop analysis to the detriment of field testing. She hoped that this consultation would be different in that regard.

Councillor McClennan queried whether the new urgent care centre would be serviced by existing GPs or existing GPs working as Locums, would the budget be greater than that for the current system, how much did the current system of Walk In Centres (such as Bunnyhill) cost to introduce and what would happen to the estate following the introduction of the new system?

Dr Lucas advised that the current system was staffed by Sunderland GPs and run by the Sunderland General Practice Alliance. She did not have the financial details to hand but it would be a deficit budget. With regard to the estate, the urgent care provision did not have exclusive use of the buildings, nor did the CCG own the property, its facilities were leased from NHS Property.

Councillors MacKnight and Johnston highlighted the difficulties residents from the Coalfield would have reaching an Urgent Care Centre based in central Sunderland on public transport especially after 6pm when buses were rare. Councillor Johnston also asked that the specific transport and travel event which had had attended was also a feature of the main consultation events.

Councillor Macknight further questioned the long term viability of the Darzi Centres if the CCG withdrew its facilities and asked Dr Lucas to bring back further information to the Committee in this regard.

In response to enquiries from Councillor O'Brien, Dr Lucas advised that Pallion would be able to cope with an increase in demand and that modelling had been undertaken to cover that eventuality. The current waiting time in respect of 111 calls was a matter of minutes however the new system would not go live until October 2018.

In response to enquiries from Councillor Johnston regarding staffing of the new extended hours service and the urgent care centre, Dr Lucas advised that in terms of the extended hours service, including the 40,000 extra appointments, this was fully staffed in terms of GPs to the extent that she was only able to get two shifts herself up until the end of July. There was a full mobilisation plan in place which included Nurse Practitioners. With regard to a new Urgent Care Centre, Dr Lucas informed Councillor Johnston that a full analysis had been undertaken to ensure the workforce would be in the right place and that this would include utilising the expertise available within the current urgent care facilities.

In response to a further query from Councillor Johnston as to whether the Ambulance Service would come under greater pressure following the introduction of the new 111 service, Dr Lucas replied that she suspected the new service would

result in less pressure rather than more. The new 111 service would have a more robust clinician led triage ensuring the patient was given the right treatment and ensuring an ambulance was dispatched only when necessary. The new 111 service would go live in October 2018 with the new urgent care service earmarked to follow in April 2019.

In conclusion Councillor Johnston asked whether any consultation had been undertaken with staff in respect of the proposed changes to the Urgent Care service. Ms Fox advised that no formal meetings with staff had been held as no decisions had yet been taken in respect of the proposals. However staff had been involved in designing the consultation. Councillor McClennan expressed concern that the CCG were taking this approach in respect of staff consultation especially as this was something that had caused a major concern for the Joint Health Scrutiny when considering the Path to Excellence proposals.

Councillor Cunningham referred to difficulties in respect of the recruitment and retention of GPs in Sunderland and asked if this would result in the service 'paying over the odds.' Dr Lucas replied that the CCG had the budget it had and would need to spend it in the best possible way. The proposals aimed to increase capacity through integration and improving and expanding the skills mix by involving other healthcare professionals. There was a need to get better at streamlining services, making sure the patient saw the right person in the right place at the right time.

Councillor Cunningham also expressed concern that the proposals were inadequate in that the extended access service would not provide all the services currently provided at the walk in centres. Dr Lucas contended that if anything the service would be enhanced with the only difference being that the service would be located centrally rather than at the three walk in centres.

In response to an enquiry from Councillor Hunt, Dr Lucas and Ms Fox advised that they would amend the graph in the presentation showing demand to include the additional appointments data to make it more meaningful. Dr Lucas advised that the bulk of appointments were still undertaken in primary care during normal hours with 6,000 GP appointments compared to 500 in urgent care. In response to a further enquiry from Councillor Hunt as to how many GPs within the GP Alliance operated as Locums, Dr Lucas advised that employment decisions were a matter of choice for the individual GP with regard to how they chose to operate whether as a partner, a salaried employee or as a locum.

There being no further questions for Dr Lucas, Ms Fox or Mr Landon, the Chairman thanked them for their attendance and complimented them on their candid approach to the discussion.

The Chairman stated that the Committee was being asked to provide a formal written response and would do so following the analysis of the consultation feedback in October 2018. If necessary it would submit an interim response by the August deadline.

2. RESOLVED that:-

i) the information contained in the report and presentation be received and noted;

ii) Health and Wellbeing Scrutiny Committee members be invited to take part in field testing the travel and transport aspects of the proposals, and

iii) the CCG provide the Committee with further information in respect of the following issues:-

- Financial information in respect of the deficit budget
- The long-term viability of the Dazi Centres in the eventually that the CCG withdrew its Urgent Care Services.

Annual Work Programme 2018/19

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

(For copy report – see original minutes).

Councillor Davison having questioned when the feedback report on Sunderland Stroke Services was to be scheduled into the work programme, it was:-

3. RESOLVED that approval be given to the draft Annual Work Programme for 2018/19 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 periods from 22nd May, 2018.

(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.

(Signed) D. DIXON,
Chairman.

Item 4

HEALTH AND WELLBEING SCRUTINY COMMITTEE **4 JULY 2018**

RELOCATION OF WESTMOUNT DENTAL SURGERY

REPORT OF WESTMOUNT DENTAL SURGERY

1. Purpose of Report

1.1 The report outlines the proposal to relocate dental services provided at Westmount Dental Surgery in Silksworth to the provider's main practice in High Barnes.

2. Background

2.1 The Westmount Dental Surgery located in Silksworth has approximately 2900 patients and has recurrent problems with recruitment and retention of dentists, viability through patient numbers and the logistics of a single-handed practice.

2.2 This is in comparison to the High Barnes practice which is able to recruit and retain dentists, is experiencing an increase in patient numbers and is not a single-handed practice.

2.3 This proposal is classed as a substantial variation due to the change in accessibility to services, the impact on the wider community, the number of patients affected and the method of service delivery. In this instance it is important to consult with the Health and Wellbeing Scrutiny Committee on this issue and seek the views of the committee.

3. Re-location Proposal

3.1 A full outline of the proposal and the consultation undertaken is attached at **appendix one** of this report for Members information.

3.2 The Health and Wellbeing Scrutiny Committee have the opportunity to provide comments on the proposed relocation of the Westmount Dental Practice and the evidence presented to the Committee by the service provider.

4. Recommendation

4.1 The Committee are requested to note and comment on the proposals referred to in the attached documentation.

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Appendix One

RE: RELOCATING CLINICAL SERVICES TO WESTMOUNT DENTAL SURGERY IN HIGH BARNES

Further to our correspondence in August 2017, and after carrying out a full patient consultation, we would like to propose changes to our Silksworth Contract. Our main proposal is to request the location of transfer of dental services provided at our practice in Silksworth (2757860006) to our main practice in High Barnes (2757860005) hopefully by the beginning of the next financial year. We would also like to take this opportunity to merge the 2 existing dental contracts into one if possible.

We believe that this request will help us perform more efficiently as a dental practice and we strongly believe it will also benefit our patients overall and we hope to demonstrate this throughout this document.

Our overall aim is to be able to provide a stronger, higher quality, more reliable and much more accessible dental service for all the patients in our area which we believe will infinitely help improve oral health care in Sunderland.

CURRENT SITUATION

Currently Westmount @ Silksworth has 10507 UDAs (Units of Dental Activity) with a contract value of £232,532.40. The location is 12 Blind Lane in Silksworth and has 2 dental surgeries, 1 waiting area, a local decontamination room, a disabled access toilet, a staff room and an office. There are currently no dental surgeons working at the premises, the last one being, Kathryn Anderson, who worked at the practice alongside a dental therapist and several auxiliary staff members. The practice is open for 34 hours a week, Monday – Thursday 9am - 5pm and Friday 9am – 4pm with a lunch hour from 1pm – 2pm during which the practice is closed. The practice is not contracted to open on evenings or weekends. We currently provide 30 minutes of dental emergency access per day and we do not have access to an OPG machine on site. We have roughly 2900 patients that have been built up since we took over in February 2010.

Last financial year (2016/2017), Westmount Dental Surgery @ Silksworth managed to achieve within 4% tolerance of UDAs but the year before this (2015-16) failed to achieve within the 4% required of our UDA target for the fourth time in the last 8 contract years. The previous financial years when the target has not been met are 2009/2010, 2011/2012 and 2013/2014. We have however been able to achieve within the 4% tolerance on four occasions namely 2010/2011, 2012/2013, 2014/2015 and 2016/2017. The pattern that we normally have is that we alternate between reaching this target and failing to do so. In our opinion, this is an unacceptable trend and one that we are desperate to stop but I feel there are several factors at play, which unfortunately keep on causing us to fall back into this pattern.

CURRENT PROBLEMS

Recruitment of Dentists

Recruiting dentists has been a very difficult task over the last 8 years at Westmount @ Silksworth. We have interviewed over 25 dentists for Associate positions at our Silksworth practice and offered posts to 23 of them with only 7 dentists taking up these positions. The main reason that Associates have cited for not taking up positions is that they do not like to work as a single-handed dentist in the practice. Almost all of the associate dentists ended up taking positions where the practice had at least 3 dental surgeries so they could work in an environment with surgical and clinical back up. This also almost completely eliminates dentists who are just finishing their Foundation Training, as they need experienced clinicians around them in order to develop themselves. In our current situation, our last dentist handed in their 4-month notice in May 2017, and we were unsuccessful in finding an applicant in those 4 months. We have therefore had to temporarily relocate our contract to our High Barnes location and have been there since September 2017. I have included a document highlighting our efforts for recruitment in Appendix 1.

If we compare this to our practice in High Barnes, over the last 8 years, we have interviewed 9 dentists, offering 8 associate positions and 8 dentists accepting the

posts. Our ethos, décor, clinical and non-clinical systems are almost identical across both practices so why this difference? We asked all the associates who refused our offers and the most common answer by far was that they did not like to work alone in the practice and would prefer to be working in a bigger team. This is a problem we have faced since we first took over the practice.

Since September 2017 we have continued advertising for an associate and have seen 4 candidates. Of the candidates seen, we initially told them that the position available was for working at Silksworth. None of the candidates responded or accepted the offer. Once declined, we re-offered the position at our High Barnes location. We have since found an associate who started work in December (Bhavani Artham GDC 250311), and have 2 associates who will start in April (Ahmed Abdel Rahman GDC 249190) and May (Victoria Young GDC 228911). These candidates had initially declined the opportunity to work at the Silksworth Practice.

Retention of Dentists

Since we took over the practice in February 2010, Westmount @ Silksworth has had 11 dental surgeons who have worked in a practice with a capacity of 1.5 dentists at any given time. This is a remarkable turnover of staff that we have not experienced in our other practice. 7 of these 11 dentists were recruited and 4 of them transferred over from our other practices. Of the 11 dentists that have worked at Silksworth, 7 have left after being offered positions at bigger practices. 2 have left since they felt there were not enough patients for them to fulfill their UDAs, and 2 left due to administrative difficulties. The longest working dentist at Silksworth has worked there for 20 months with the average dentist working at Silksworth for less than 6 months.

Again if we compare this to our High Barnes practice we can clearly see the contrast. Over the last 8 years we have had 9 dentists working in a practice with a capacity of 3 dentists at any given time. Of the 7 dentists who no longer work in our High Barnes location, 2 of them left due to emigration, 2 of them left due to relocation after marriage, 2 left to purchase their own dental practices and the remaining 1 left, as he was the previous owner and wanted a change. The longest serving dentist is still working and has been for nearly 5 years (Matt Armstrong) and the shortest time a dentist worked at the practice was 26 months.

The trend here again is obvious, the majority, by far, of dentists who have left the Silksworth practice was due to the dislike of working in isolation and the lack of patients when we did have 2 dentists working together and this has led to instability in our practice. Part of growing this practice is to allow patients to form a significant rapport with our dentists and the best way to do that is to keep the dentists in the same post for as long as we can. Silksworth is an area with a high dental need and thus it is vital that the patients here are not only treated, but also educated about oral health and diet. This will be much more effective from a patient's perspective if they can build a relationship with their dentist over a long period of time. I believe the inability of being able to recruit and

retain our dentists can directly be linked to our failure to achieve the target for two financial years (2013/2014 and 2015/2016).

Lack of Patients

We currently have just over 2900 active patients in our Silksworth practice a number that we have grown over the last 8 years. Unfortunately, over the last 2 years, this number has remained relatively stagnant and although we have made a number of attempts to recruit more patients using various methods of marketing, we have been unable to significantly affect this figure. This number in my opinion is approximately 1500 patients short for the ability to recruit 2 dentists to look after this number of patients. Consequently, this figure has found an awkward place in the practice where there are too many patients for 1 dentist to look after and too few for 2 dentists. As we have seen earlier, retention of dentists is already a problem and although we have tried to recruit a part time dentist this also has failed.

In comparison, our High Barnes practice has close 7000 patients for only 2.5 clinicians and is growing at a rate of more than 50 patients per month.

Logistics of single-handed practice

Due to having only 1 dental surgeon on site, we have to arrange cover for annual leave for our dentist. This is usually arranged at our High Barnes practice anyway which has never been a problem for patients or our dentists but has proven to be very inefficient for Silksworth. This is because for up to 6 weeks of the year, there is no dental activity at our Silksworth practice. All emergency dental care activity would go directly to the High Barnes contract and not Silksworth. This adds to the inability to consistently hit the target. The practice also has to stay open during these times making the practice incredibly inefficient.

In addition, we do not have direct access to an OPG machine and this has to be referred to High Barnes also. In most cases this is not a major issue, but I am aware of 1 specific case linking to a dental emergency where the patient ended up travelling to and from the 2 dental sites in a distressed state. The question to ask, is this the best service we can deliver?

There is also the unavailability of a second opinion when required which could dramatically help the clinician when making tough decisions and also improve the patient experience instead of having to return at a later time.

All of the above are logistical issues with having a single-handed practice, which I feel have affected our ability to achieve the target and also do not provide the best patient experience.

OUR PROPOSAL

Our proposal to help solve the current situation and problems we face is to merge both the contracts and the location of dental services provided at our High Barnes practice. We strongly believe this is in the best interests of the patients and also team members and will help us deliver a better and more accessible NHS service. We would like to demonstrate how this is possible and how this would work favorably for all parties.

Capacity

Our High Barnes practice currently has 5 dental surgeries but has capacity of up to 2 surgeries more if required, which are already plumbed in when needed. The practice has a stand-alone local decontamination room, two waiting areas, two offices, a large staff room, a large reception area, and disabled access with automated doors, disabled access toilet, an OPG room, staff toilet with changing rooms, a stock room and two spare storage rooms if required. In essence to make the High Barnes practice suitable for this merger would not take long whatsoever and the whole transfer could be completed from our side within 6 weeks at a maximum. We have currently been carrying out services since September 2017 with no issues with capacity or staffing at all.

Access

If we could merge both High Barnes and Silksworth into the High Barnes location then we would endeavor to increase the amount of access to patients at this site. Currently both practices are open for 34 hours per week. We would offer to increase the hours up to 45 hours a week. This would include opening 2 late nights until 8pm and opening every lunchtime. This would mean that we would be increasing the access by nearly 133%. We would also be opening till 8pm which, will have a beneficial, effect on the out of hours service also. I believe this increase in access will be very beneficial for all our existing patients and we hope will also allow patients to access dental services that they could not do previously. It will also allow patients for whom Silksworth is local and convenient to access our services at non peak times which will help them adapt to the changes proposed with minimal convenience.

Toothache Centre

At the moment at Silksworth we only offer 30 minutes worth of Emergency Access daily. At High Barnes we currently offer 1 hour of access per day. We would propose this to increase to access availability for every hour we are open by proposing to become a Toothache Centre. This would mean that we would accept toothaches from all patients who called in and would be linked to the Out of Hours service and NHS 111. We would have a specific day list set aside for tooth aches and will tend to urgent care needs all across the area for 45 hours a week.

Number of Clinicians

If the merger is accepted, we will have 7 dentists providing the working time equivalent of 4.5 dentists in the practice. This will include 4 existing dentists (including Bhavani who started in December) and the 3 new dentists we have recently recruited. Not only will this provide a lot of support for each dentist, but also ample choice for the patients. We will never allow there to be instances when there are no dentists available so we will definitely be able provide access for the full 45 hours per week. Alongside dentists, we will also have 2 dental therapists and a dental hygienist working in the practice all of whom will be geared to improving patients' oral health. There should never be issues with second opinions, or holiday cover issues again.

Choice

With our new dentists on board we will be in a position to provide ample choice to the patients moving forwards. We will have 2 females and 5 males, people who speak English, fluent Urdu, Punjabi, Hindi, Arabic, Bengali and Sudanese, and dentists who work differing shifts to accommodate the patients. We will be open on 2 evenings for patients who cannot come throughout the day, as well as lunch time appointments for those who work late shifts. This is vastly different from our current set up at Silksworth where only 1 clinician was ever available. Providing choice will allow our patients to seek the best and most comfortable care available.

Value for Money

If combined the UDAs from our High Barnes and Silksworth location add up to 31816. We will be happy to provide an extra 184 UDAs for free to take us up to 32,000. For us this number will be easier to split amongst the dental performers and for NHS England, this will roughly a saving of £4048 (£22 per UDA). As well as this we currently claim back 2 sets of business rates from NHS England which if the practice is relocated will immediately be reduced to one set of claims instantly saving money which can be reinvested into NHS. If the contracts are merged in the future, it will also allow for much saving for the NHS from an administrative perspective

WHAT ARE PROBLEMS WITH THE MERGER

Although we feel this merger will benefit each party involved, there are some potential problems we must face and address.

Parking

As you may be aware our location at High Barnes has had a number of issues recently with parking such that our street became a Permit Only parking zone last September. Although we started a petition against this and gathered over 1000 signatures we were unsuccessful in getting this overturned. Due to time and effort spent during this period, we have kept a close eye on patients who

have deregistered from our practice since then to ascertain what effect the parking restrictions have had. Much to our surprise the number of patients who have complained and/or deregistered from our practice directly linked to parking restrictions since September has been limited to single figures. There is ample parking for all our patients on neighboring streets within a few minutes walking distance and also a bay for 3 cars with a 2-hour limit outside our premises. All our staff members no longer park on the street and we believe the addition of our Silksworth patients can be handled in the same manner without any problems.

Distance to Travel

The distance 'as the crow flies' between our Silksworth location and our High Barnes location is 2 miles. However due to differing transport modes, this increases slightly. The figures below each represent the distances and travel modes respectively and table summarizing these findings is presented at the end.

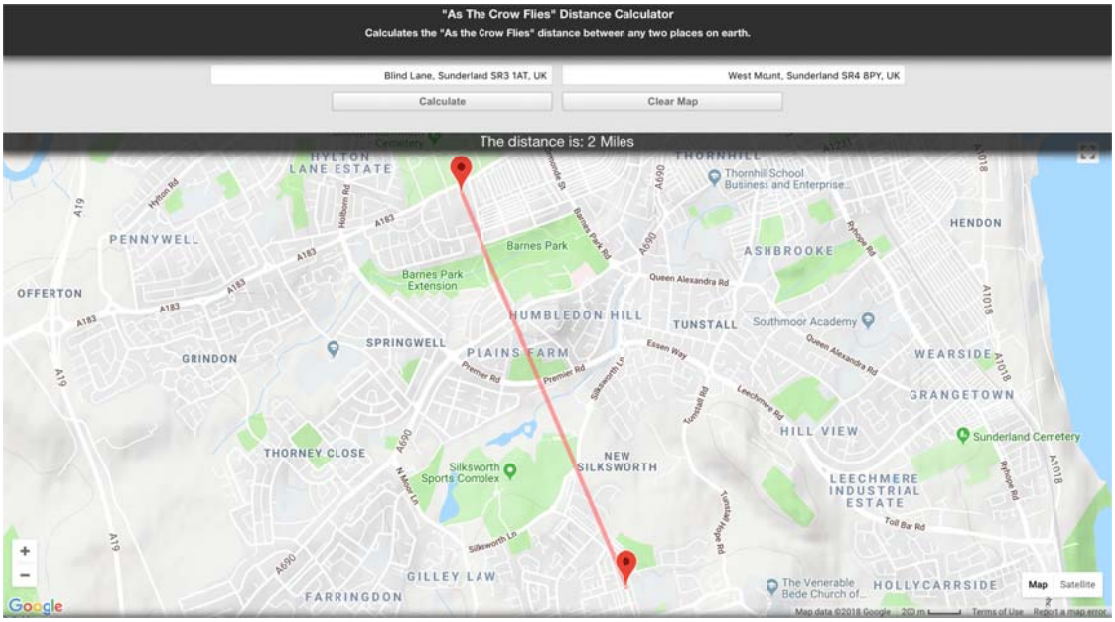


Figure 1. The direct distance between both practices is 2 miles

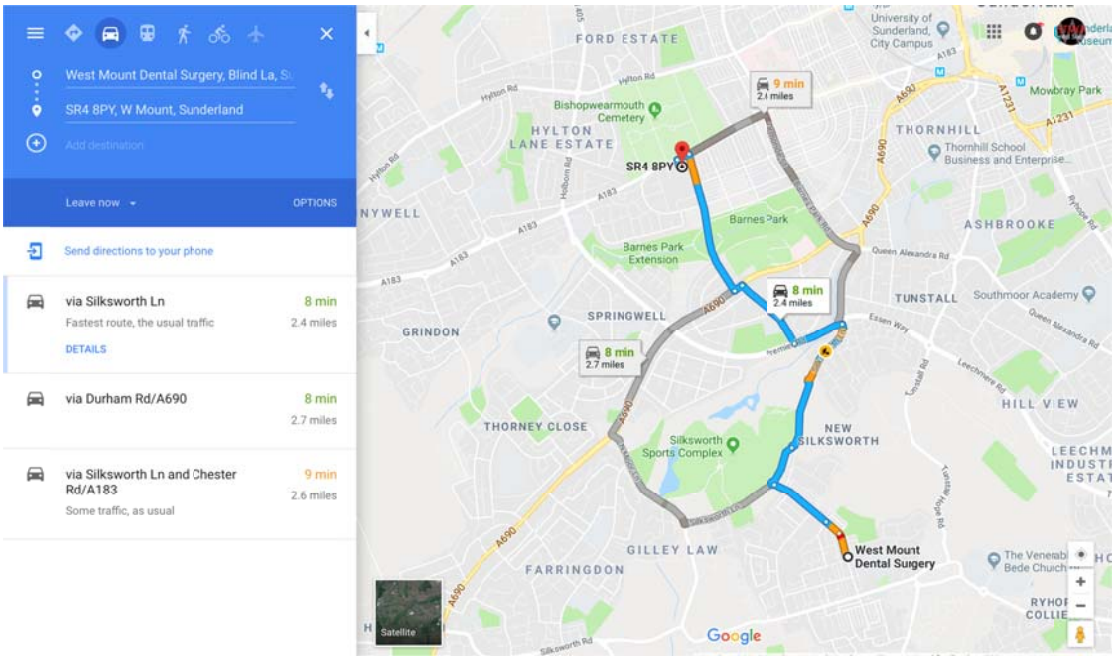


Figure 2: Differing routes and timings when travelling by car

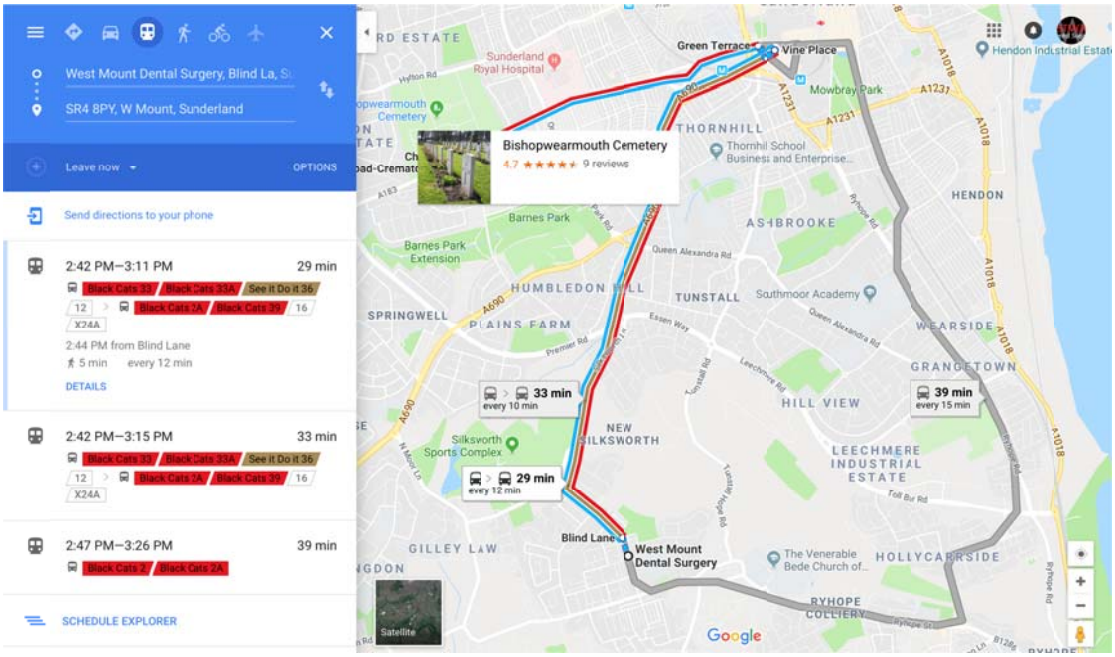


Figure 3: Differing routes and timings when travelling by bus

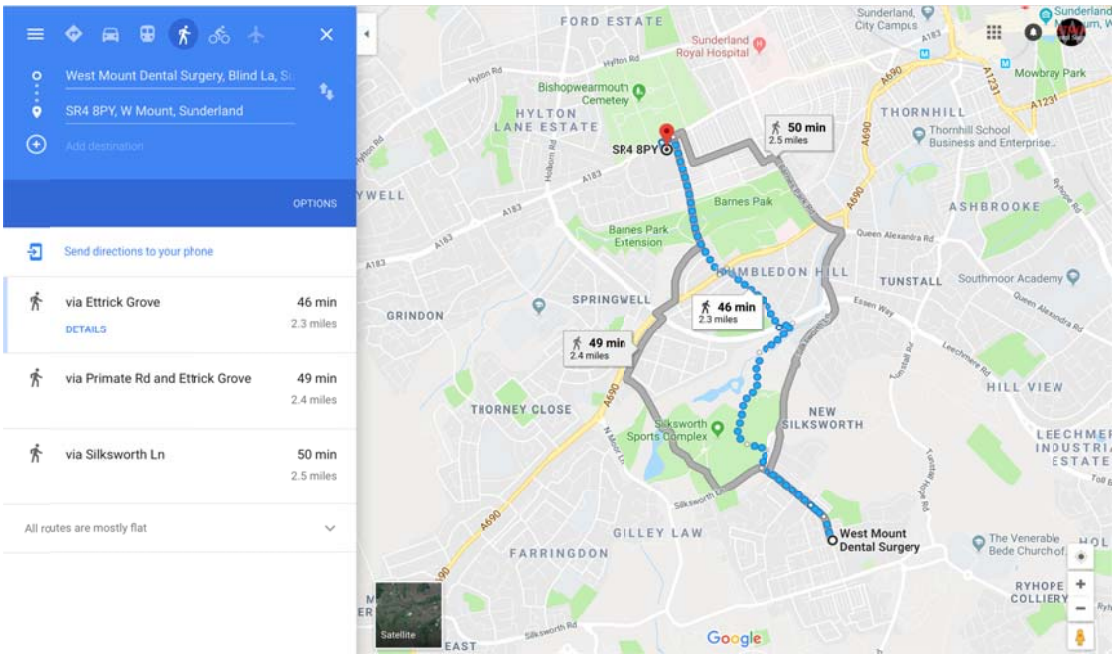


Figure 4: Differing routes and timings when travelling by walking

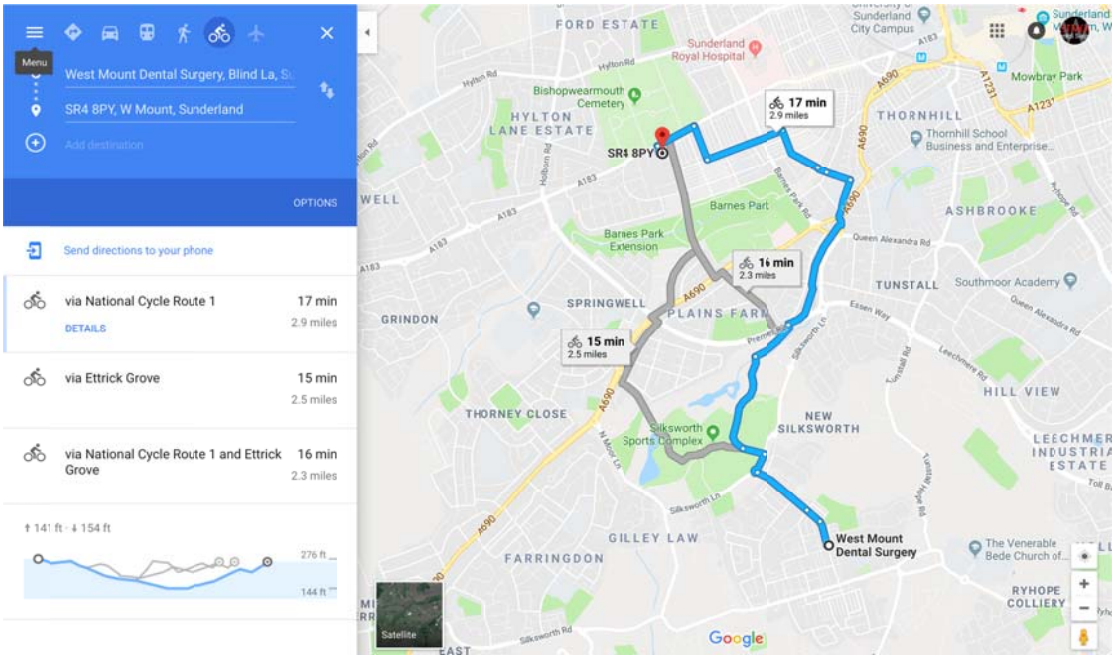


Figure 5: Differing routes and timings when travelling by bicycle

	Shortest Distance	Time	Longest Distance	Time
Car	2.4 miles	8 minutes	2.7miles	8 minutes
Walk	2.3 miles	46 minutes	2.5 miles	50 minutes
Bus	n/a	29 minutes	n/a	39 minutes
Bicycle	2.3 miles	16 minutes	2.9 miles	17 minutes

In summary, the range of timings varies between 8 minutes and 39 minutes to travel between the two locations. Although this is not ideal, I do feel this is not an enormous inconvenience to the majority of patients at our practice for the following reasons;

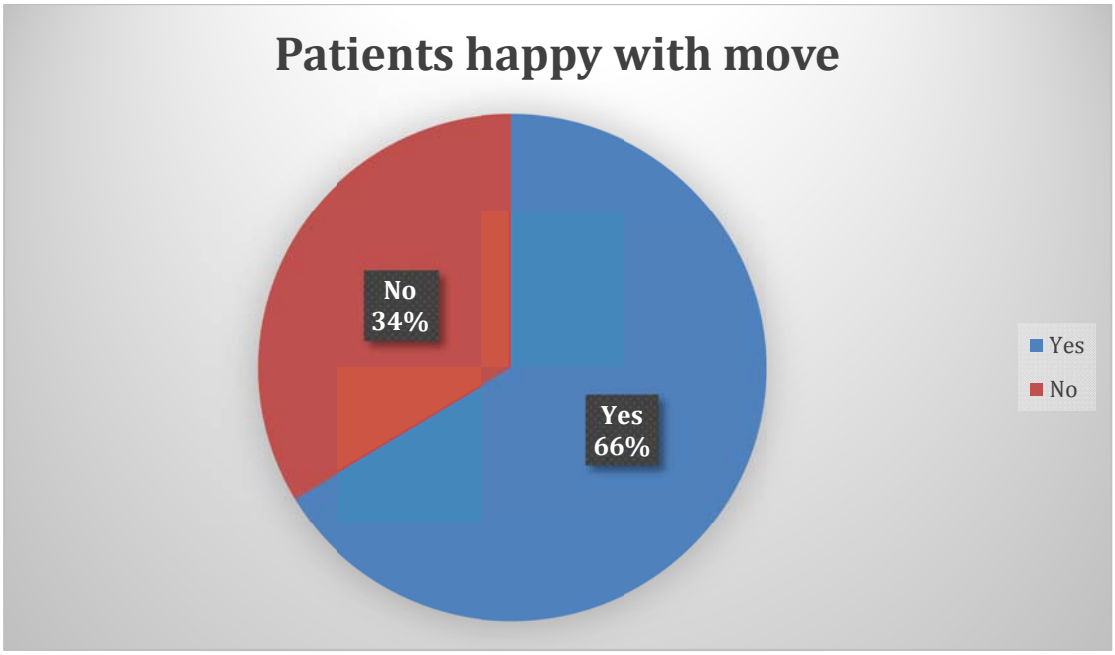
- Not all our patients live directly next to the Silksworth location so although the above diagrams are helpful they are not exactly accurate. They will be a considerable number of patients for whom High Barnes is a closer practice but always went to Silksworth historically. We equally accept that there will be some patients who live further away but that would put them closer to Breeze Dental in Ryhope or Grangetown Dental Practice hence the figures mentioned above are probably the most extreme timings that a patient would have to travel. In this circumstance, we feel confident that although some patients will be affected, moving dental services from Silksworth will not create an impossible access issue as there will be our practice and another 2 that will still be within easy commutable distance to provide care for our patients.
- Not all, but most patients have very little interaction with the dentist in a relative manner. There are approximately 8% of our Silksworth patients who have a 12 month or greater than recall period. This means that these patients have to visit the dentist on an annual basis for a checkup. I do not believe it is a big inconvenience to make a trip to our High Barnes location once a year. Again, we accept the opposite will be relevant for high need patients with 3 month checks (21%), again fall into a small percentage with the bulk of our patients needing 6 monthly reviews (71%).
- We have a bus stop literally outside our High Barnes location. Although this does not directly affect the travel component, it does improve its convenience for all patients and the buses travel very regularly in between the locations.

I believe that the relocation will provide a level of inconvenience to the patients and we are not oblivious to this. We do however feel this inconvenience is not to a great enough extent to outweigh all the positives that the relocation can bring. Ultimately is it better to have the practice in a location where the dentists change every 6-9 months with unideal continuity of care and long gaps in service due to lack of dentists? Or is it more favourable to build a good relationship with the same dentist for several years and have to travel on average 20-30 minutes 2-3 times a year in a practice where there will always be a dentist available?

WHAT DO OUR PATIENTS THINK?

In order to find out what our patients thought we carried out a full patient consultation starting on 2nd October 2017 for a period of 10 weeks. We constructed a survey using online software provider Survey Monkey and contacted all our patients using emails, SMS, letters and phone calls across 4 rounds of communications 2 weeks apart. A total of 3480 patients (included all lapsed patients also) were contacted 11,762 times across the 10-week period. Of the 3480 patients, 1836 patients responded to our survey with a response rate of 52.8%.

Of the 1836 patients that responded, 1218 patients had no concerns about the relocation of our High Barnes location and were satisfied with the move. **This was 66.33% of all responses and 35% of all patients who were happy with the relocation.**



Although the consultation showed that approximately 2/3rds of the patients who responded were happy to relocate the practice to our High Barnes location we still felt 1/3rd of patients unhappy with the move did not fit in with what we were expecting to find after speaking to patients over the last 2 years. We therefore carried out some more investigations to assess where these differences came from and we found the following;

- Of the 1218 patients (66%) who were happy with the move, 957 (78.5%) had used the service within the last 12 months and 1149 (94.3%) within

the last 24 months. Alongside this statistic, this group of patients had an average Failure to Attend (FTA) rate of 0.58 over a 2-year period.

- Of the 618 patients (34%) who were unhappy with the move, 299 (48.3%) had used the service within the last 12 months and 385 (62.3%) within the last 24 months. Alongside this statistic, this group of patients had an average FTA rate of 1.88 over a 2-year period.

There are 2 observations that we made from these findings;

1. The patients who agreed to the move are obviously happy with our level of service to the extent that they regularly use the service and are happy to relocate to do so. They also have a low FTA rate and use the service well.
2. In contrast, only 62.3% of patients who said no to the move have used the service within the last 2 years. This means that 37.7% of these patients said no to the move but have not even used the service within 24 months. As well as this, this group of patients had a significantly higher FTA rate.

I think the above observations may have a limited value due to only being of a sample of all the patients and can be viewed in 2 ways;

1. On the one hand, there is a clear correlation that shows the people who agreed to the move actually use the service and use it in a responsible way. If we were to view this for our case, we could argue that this is the sample of patients we should be trying to service and help.
2. On the other hand, as part of our service we should be trying to encourage patients who are poor attenders to come and see the dentist and if keeping the services at Silksworth will improve their chance then this should be where our priorities lie.

As you can see this argument can be seen from both view points and I am unsure which is the correct view but can appreciate both. In my opinion we should be looking at those patients who will be most significantly affected by the move and I strongly believe this is the group who attend regularly and actually use the service.

<u>Other comments by Patients</u>

Across the three rounds of communication a total of 670 comments were made by the patients. As you can imagine the bulk of the comments (208) made about this relocation were concerning the distance and travel between the practices which I believe we have addressed in the previous section. Other comments made by order of popularity were;

- Convenient as now no need to travel/High Barnes is closer (166) – This re-iterates a point made earlier that just because there is a 2-mile distance, it does not affect everyone the same way and can actually become a benefit to some patients.
- Lack of Parking (93) – Again I feel we have addressed this in the previous section and currently have ample parking for all our patients with limited complaints or de-registrations because of this.
- Silksworth is closer/Village needs a dentist (90) – whilst this is a valid point to some patients I do not feel it is entirely accurate. Not every village needs a dental surgery as long as a nearby practice can provide an adequate and efficient service which we believe we can. Let us not forget that only a short while ago (7 years), Silksworth only had 11 hours' worth of dental services per week and was treated more as a dental access centre.

SUMMARY

In conclusion, we feel that the relocation of the practically single-handed practice in Silksworth to the multi surgery practice in High Barnes is a very positive move for all stakeholders involved. I hope we have demonstrated how it would be beneficial for patients, NHS England, staff, dentists, the Local Council and also our practice as well. We have the benefit that from a logistical perspective we have already been granted a temporary relocation and have thus been carrying out dental services at the proposed location for the last 6 months without any complaints or problems. We have also managed to recruit 3 new Associate dentists in the last 6 months, a feat that we have been trying to achieve for several years unsuccessfully at Silksworth. The ability to have multiple dentists under one roof is much more attractive for prospective candidates and in our opinion ensures longevity which in turn is better for patients.

I believe that this is a positive move and hope that NHS England agrees and grants us this relocation on a permanent basis.

Mohammed Ashfaq Quraishi

Item 5

HEALTH AND WELLBING SCRUTINY COMMITTEE – 4th July 2018

Sunderland Clinical Commissioning Group's Operational Plan

Report of the Deputy Chief Officer, Sunderland Clinical Commissioning Group

1. Purpose

1.1 The purpose of this report is to provide an update on Sunderland Clinical Commissioning Group's 2018/2019 Operational Plan ratified by the clinical commissioning group's Governing Body and submitted to NHS England on 30th April 2018.

2. Introduction

2.1 Sunderland Clinical Commissioning Group's (SCCG) 2018/19 Operational Plan needs to be read and understood in the context of:

- the NHS England's Five Year Forward View (FYFV);
- the requirements of national NHS planning guidance published in February 2018 which outlined how additional £2.14 billion funding would be allocated; reaffirmed already agreed priorities and deliverables for 2018/19; and described developments in national policy with regard to integrated system working;
- national ambitions for transformation in six clinical priority areas including mental health, dementia, learning disabilities, cancer, maternity, and diabetes;
- the CCG's prior 2017-19 Operational Plan; and
- stand-alone reports or presentations to the Committee on individual transformation programmes within the CCG's Operational Plan, for example: GP Recruitment and Retention in Sunderland, March 2018; Commissioning of a Multi-specialty community Provider, April 2018; Making urgent care work better in Sunderland, June 2018.

2.2 The 2018/19 Operational Plan (the '**Plan**') sets how the CCG aims to **transform in** and **out of hospital care** and **ensure self-care and sustainability** to deliver the CCG's vision of **Better Health** for the people of Sunderland.

2.3 In planning for 2018/19, the CCG is not starting from scratch but refreshing its existing two year Plan, presented to the Committee in July 2017. The transformational change programmes for 2018/19 remain unchanged from 2017/18.

2.4 The appended 2018/19 Plan reflects the current position at the end of year one (2017/18), setting out progress made and the delivery plans for 2018/19 the transformation programmes.

2.5 Appendix 1 provides a one page overview of the Plan and the full Plan is at Appendix 2.

2.6 A high level summary of the appended 2018/19 Plan is provided below.

3.0 Transformational changes in 2018/19

3.1 In hospital

3.1.1 This programme, to jointly review and plan hospital services, is part of a five year transformation programme known as the Path to Excellence, led by the South Tyneside and Sunderland Healthcare Group, a strategic alliance between City Hospitals Sunderland NHS Foundation Trust (CHSFT) and South Tyneside NHS Foundation Trust (STFT), in partnership with Sunderland and South Tyneside CCGs.

3.1.2 The programme aims to make the health systems across Sunderland and South Tyneside clinically and financially sustainable for the long term. At its core is a series of clinical service reviews to develop options for change to deliver improvements in quality and safeguard sustainable service delivery.

3.1.3 Phase 1 of the Path to Excellence (PtE) programme started in 2016 and continued throughout 2017/18 with focus on stroke, obstetrics (maternity) and gynaecology and paediatric (children's) emergency and urgent services as these services faced unprecedented challenge driven largely by a limited medical workforce resulting in service continuity, quality and financial pressures.

3.1.4 Although progress on the implementation of phase 1 reforms relating to the three services has paused while awaiting the outcome of the referral to the Secretary of State by the Joint Health and Wellbeing Scrutiny Committee, work will continue in 2018/19 on phase two of this programme. The areas of care in phase 2 are acute medicine and emergency care, emergency surgery and planned care including surgery and outpatient care.

3.1.5 In phase 2 the focus is to fully understand the challenges in these areas and to start to look at ways of improving patient care, workforce sustainability and reducing the cost of delivering these services. This involves working with staff and patients to get their views on these challenges in terms of how the quality of care delivered to patients can be improved, as well as looking at how the long term sustainability of services can be guaranteed to ensure the needs of local people are met now and in the future. Alongside staff engagement

activities in 2018/19 there will also be a 'listening phase' to understand the experiences and views of patients who have used these services in the past two years as well as a number of stakeholder events to understand what is important to the public of Sunderland and South Tyneside.

3.2 Community Care System

3.2.1 The aim of this CCG transformation programme is to commission a fully integrated community care system, known as a Multi-specialty Community Provider (MCP) model of care, delivering planned and unplanned services, that leads to better outcomes for people and interfaces effectively with specialist services. This programme also includes work programmes to transform urgent care, ambulatory and emergency care and end of life.

3.2.2 From 2015 to 2018 the CCG accelerated the delivery of the Out of Hospital model of care through the ***All Together Better Sunderland*** Vanguard programme. All Together Better (ATB) comprised three large scale transformation projects, mobilised and mainstreamed during 2016/17: Community Integrated Teams (CiT) bringing together primary and social care with third sector to provide a proactive approach to care for a risk stratified population; 24/7 rapid response Recovery at Home (RaH); and Enhanced Primary Care (EPC). In 2017/18 delivery of the care model continued along with implementation of plans to drive quality improvements by broadening the scope to include self-care and prevention and the development of a falls strategy.

3.2.3 The three year ATB programme successfully developed and tested an MCP based care model with a range of out of hospital services. Given the success of this approach to integration, delivering significant improvement to the care of individuals in the community and tangible benefits for patients, the CCG agreed a business case in the autumn of 2017 to enhance the scope of services to be integrated to include **all** out of hospital services up to the value of £240m.

3.2.4 During 2017/18 the CCG has undertaken a range of activities to deliver its objective of commissioning an MCP to secure for the longer term the integrated care model with the full scope of out of hospital services including drafting a MCP Prospectus, describing the vision for the MCP care model, and carrying out a public and market engagement exercise with GP practices, potential providers, stakeholders and the local community on the commissioning of a MCP. The MCP Care Model was largely unchanged as a consequence of the engagement.

3.2.5 In February 2018 the CCG's Governing Body came to a decision about how to secure the MCP care model for the future. The Governing Body approved

the commissioning strategy to secure a MCP via a collaboration business model supported by an Alliance Agreement.

3.2.6 As reported to the Committee in April 2018, work in 2018/19 will progress the development of the Alliance Agreement and new governance arrangements so that the MCP Alliance is ready to take responsibility for the overall MCP Care Model as set out in the Prospectus from April 2019.

3.2.7 End of life is a key component of many areas of transformational change. The CCG has a five year End of Life (EoL) strategy '*to provide high quality and equitable palliative end of life care services to patients regardless of diagnosis*'.

3.2.8 In 2018/19 the CCG will continue and build on the 2017/18 work programme to implement the EoL strategy across a range of areas, namely:

- delivery of training in care homes as well as implementing the Gold Standard Framework in 10 of Sunderland's 43 care homes;
- engaging with GP practices in Sunderland to deliver high quality EoL care through training as well as working with the member practices to identify palliative patients on their registered lists as this allows a more proactive, planned and co-ordinated approach to their care;
- increase the number of patients on the Palliative Care register;
- ongoing implementation of electronic palliative care co-ordination system (EPaCCS), a communication tool to record EoL status and key details about patient preferences about their care at the end of their life;
- roll out of the Care of the Dying Patient documentation;
- after death audits by primary and secondary care to drive improvements in care of patients to ensure end of life wishes are met; and
- commission Sunderland University to conduct some research with families who have recently been bereaved to find out their experiences of the end of life pathway, identifying areas of good practice and areas for improvement.

3.2.9 Ambulatory emergency care is a way of managing a significant proportion of emergency patients on the same day without admission to a hospital bed.

3.2.10 Building on work started in the autumn of 2016 and working in partnership with City Hospitals Sunderland the CCG has continued in 2017/18 to implement **ambulatory until proven otherwise**, a senior decision making project between GPs, secondary care consultants and the ambulatory emergency care unit providing telephone advice and guidance to support clinical decision making to ensure patients are referred to the right care setting first time resulting in a better experience for patients being managed in the community rather than secondary care. Work will continue in 2018/19 to

develop a AEC strategy for the next three years underpinned by a coding and contracting framework.

3.2.11 Following engagement with patients and members of the public, the CCG refreshed its vision for urgent healthcare services in Sunderland publishing its urgent care strategy in November 2016. A copy can be found at http://www.sunderlandccg.nhs.uk/wp-content/uploads/2016/11/Sunderland-Urgent-Care-Strategy-FINAL-Nov16.pdf

3.2.12 From this engagement in 2016 people told us that the current system of urgent healthcare services is confusing and they do not know where to go. They want to see a GP when they have a urgent healthcare need and, if they have a long term condition, they want continuity of care. In addition, demand for urgent healthcare services continues to grow and the urgent care services provided need to meet the requirements set out by NHS England – national 'must-dos'. The CCG's ambition is to simplify the system making it easier for people to navigate, reduce duplication with too many services open at the same time doing the same thing and enable people to better care for themselves where appropriate.

3.2.13 During 2017/18 the CCG has worked with health and social care organisations, via seven workshops, to co-design a proposed urgent care clinical model for Sunderland with options to deliver this model in the future. There has been strong clinical input and the proposed options fit with what people have told us and the five design principles of the urgent care strategy. The CCG's Governing Body endorsed an outline business case in January 2018 which set out a case for change and two options to take to public consultation.

3.2.14 In 2018/19 this work will continue. The CCG is now consulting with the public and stakeholders on its proposal and seeking views. Following the consultation the CCG will deliberate on the feedback and make a decision in relation to future urgent healthcare services provision ready to implement in April 2019.

3.3 General Practice

3.3.1 Sunderland Clinical Commissioning Group SCCG) 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.

3.3.2 In 2016 NHS England published the General Practice Forward View (GPFV), a plan backed by investment, to stabilise and transform general practice including practical and funded actions in five areas: investment; care redesign; workforce and workload; and practice infrastructure.

3.3.3 In 2017/18 the CCG has progressed a number of areas of the GPFV and the General Practice Strategy. The Committee received a report in March 2018 on general practice workforce, specifically GP recruitment and retention outlining initiatives the CCG is leading to address the challenges.

3.3.4 During 2018-19 the CCG will build on work to date and continue to implement the GPFV established programmes of work (slide 42) relating to workforce development including recruitment; General Practice resilience to help practices become more sustainable and resilient to tackle current future challenges; and implementing 10 high impact changes to release capacity and upskill the workforce, for example signpost training.

3.4 Mental Health

3.4.1 This programme covers transformation of adult and children's mental health and wellbeing services.

3.4.2 In terms of adult mental health significant transformation has taken place over the past eight years. Northumberland Tyne and Wear NHS Mental Health Foundation Trust's Principle Community Pathways transformation programme has resulted in care now being delivered through a series of service pathways which do not distinguish between community and inpatient.

3.4.3 The aim of the CCG's transformation programme is to ensure delivery of the Mental Health Forward View which sets out three priority actions to be delivered by 2020/21: a 7 day service; an integrated mental and physical health approach; and promoting good mental health and preventing poor mental health.

3.4.4 In 2018/19, working collaboratively with Northumberland, Tyne and Wear Mental Health Foundation Trust (NTWNHSFT) and its GP member practices, the CCG will continue to implement actions to improve the physical health of people with a serious mental illness by increasing the number of people that receive an annual health check with their GP practice. The CCG will also continue to improve access to psychological therapies for people with long term conditions.

3.4.5 Sunderland's Children and Young People's Mental Health and Wellbeing Plan was refreshed and presented at the Childrens' Strategic Partnership in April 2018. This multi-agency partnership plan sets the vision to improve mental health and emotional wellbeing outcomes for children, young people and their families, identifying priorities and the process for planning and commissioning of pathways and services.

3.4.6 During 2017/18 the CCG has continued to strengthen partnership arrangements in the development and delivery of the multi-agency Children and Young People (CYP) and Mental Health and Wellbeing Plan.

3.4.7 Progress made in 2017/18 is set out in the CCG's Plan appended including:

- commissioning Washington Mind to work with young people to produce an app to support their mental health and emotional wellbeing;
- expanding the Rapid Assessment, Interface and Discharge (RAID) service to children and young people to deliver psychiatric liaison in hospital;
- establishing community education and treatment review process to prevent unnecessary admission of children and young people into hospital; and
- further developing the community eating disorder service to comply with access and waiting time standards.

3.4.8 In 2018/19 CCG will continue to implement the Sunderland Children and Young People's Mental Health and Wellbeing Plan to improve mental health for children, young people and their families. Priorities for 2018/19, described in the CCG's Plan, build on prior transformation plans and the refreshed Children and Young People's Mental Health and Wellbeing Plan agreed by the Children's Strategic Partnership. The focus in 2018/19 will be:

- agreeing a joint commissioning plan and resource to support the Children and Young People's (CYP) Mental Health and Wellbeing Transformation Plan;
- improving access to Child and Adolescent Mental health (CAMH) service provision;
- improving CAMH and Learning Disabilities service provision for children and young people with special educational needs and disabilities;
- implementing the outcomes of the Attention Deficit Hyperactivity Disorder (ADHD); and
- exploring digital approaches to support children and young people's mental and emotional well-being including on-line packages and on-line counselling.

3.5 Learning Disabilities

3.5.1 This programme aims to transform the treatment and care and support available to people of all ages with a learning disability, autism or both so that they can lead longer, happier lives in homes and not in hospitals. Transforming care is about improving health and care services so that more people can live in the community with the right support and closer to home.

3.5.2 During 2017/18 the CCG has implemented a number of programmes to support delivery of the transforming care agenda and community model across Sunderland. The appended Plan sets out progress in 2017/18 including:

- completed the benchmarking exercise to identify the gaps in Sunderland's service provision against the North East and Cumbria's Transforming Model of care for people with learning disabilities (LD) and autism to inform and shape Sunderland's plan;
- developed and implemented a learning disability and autism primary care programme to improve access into primary care by ensuring reasonable adjustments are made, increased quality of care and reduction in years of life lost by increasing the number of patients receiving quality health checks, screening and immunisation; and
- successful commissioning of respite provision and all patients, carers and families are happy with the new service.

3.5.3 2018/19 will build on the programmes and the work done including for example increasing the number of people with learning disabilities on GP practice LD registers that receive an annual health check. The CCG organised a health engagement event in May to encourage people with learning disabilities and their families/carers to talk about what a good health check is offering support on how to ensure people with a learning disability stay healthy. Work will also take place to reform the community autism pathway.

3.6 Children and Maternity

3.6.1 The aim of this transformation programme is to ensure safe and sustainable services for improved outcomes in maternity and ensure the best start in life.

3.6.2 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 many aspects of health and wellbeing. Sunderland has higher levels of children living in poverty and reducing the numbers of children and families who live in poverty needs to underpin the approach to giving every child the best start in life. Sunderland's Joint Health and Wellbeing Strategy has a strong focus on early years. Sunderland also has

higher levels of young people aged 16 to 18 who are not in education, employment or training than the England average.[1]

3.6.3 The CCG continues to work in partnership with the Local Authority and Together for Children to improve outcomes for children and young people including prevention and early intervention; early help, safeguarding; services for looked after children (LAC); young offenders; and services for children with Special Educational Needs and Disability (SEND).

3.6.4 During 17/18 the Children's Strategic Partnership has led on the development and implementation of the Children and Young People's Plan. The CCG and Local Authority (LA) have jointly appointed a Programme Director to strengthen and develop joint commissioning arrangements for children and young people, including the establishment of a joint commissioning group including senior representatives from the CCG, LA and Together for Children.

3.6.5 During 2017/18 the CCG have continued to work with the Local Authority to implement the special educational needs and disability (SEND) Code of Practice 0 to 25 including: development of a Joint Strategic Needs Assessment for Children and Young People with SEND; completion of the Self-Evaluation Framework; and the development of SEND strategic Plan. In addition the CCG has enhanced the local offer by strengthening continuing care process for children and young people, supporting short break offer for children and young people with disabilities and improving the Autistic Spectrum diagnostic pathway and Attention Deficit Disorder assessment and treatment pathway.

3.6.6 In 2018/19 the CCG will work with partners including the Local Authority, Together for Children, Northumberland Tyne and Wear NHS Mental Health Trust and NHS England to improve both physical and mental health and emotional wellbeing outcomes for children, young people and their families including:

- developing a joint commissioning plan and arrangements to support the delivery of the Health and Wellbeing strategy, the Children and Young People's, Sunderland's Children and Young People's Mental Health and Emotional Wellbeing Transformational plan and the special educational needs and disability strategy;
- improving community service provision for children and young people with learning disabilities and autism;
- Supporting transitions in particular for children and young people with special educational needs and Looked after Children; and
- promoting healthy lifestyles, physical activity and reduce childhood obesity.

[1] Source: Public Health Outcomes Framework for Sunderland (Updated November 2015)

3.6.7 Maternity services were prioritised for change in phase 1 of PtE transformation programme primarily for clinical reasons – medical workforce pressures to provide separate services to local populations. Safe staffing levels are paramount in the commissioning and provision of high quality, safe services however proposed improvements also took account of local recruitment challenges and lack of investment.

3.6.8 This local maternity transformation is also set against the national service improvement backdrop of *Better Births*, (Five Year Forward View for maternity care, 2016) and a national maternity review. The Review recommends that providers and commissioners work across populations of 500,000 to 1.5 million to develop and implement a local vision to improve maternity services and outcomes to better meet the needs of women and their families. Combining resources across South Tyneside and Sunderland will help achieve this.

3.6.9 The overall goal for maternity services in 2018/19 involves the continuation of improvement activities to make services in South Tyneside and Sunderland safer and more personal. This involves the implementation of *Better Births* both at a local and regional level. The work involves the regional Local Maternity System (LMS), Public Health (PH) and both hospitals, City Hospitals Sunderland and South Tyneside Foundation Trust.

3.6.10 Working with partners, future plans will continue to deliver improvements in women's health to ensure families get off to the best start possible by reducing smoking in pregnancy, increasing flu immunisation rates in pregnant women and improving access to peri-natal mental health services for women.

3.7 Cancer

3.7.1 In response to the FYFV to improve outcomes across cancer pathways, NHS England established an independent cancer task force. The task force drafted a national five year strategy listing 96 recommendations to deliver its vision to ensure fewer people get preventable cancers, more people survive longer after diagnosis with better quality of life and better experience of cancer services.

3.7.2 Collectively cancers account for 17.9 % of the gap between the Sunderland and England average for male life expectancy and 29.1% of the gap in female life expectancy. In response to this and the national strategy, the CCG set cancer improvement as a priority in its 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.

3.7.3 The local plan sets out how the CCG aims to improve cancer outcomes by implementing 28 local priorities across six areas from 2016 to 2020 namely: prevention, early diagnosis, patient experience, living with and beyond cancer, investment and commissioning. The detailed implementation plan to support delivery of this local plan is overseen by a multi-agency task and finish group. This Sunderland cancer plan was launched with GP member practices in December 2016 and agreed by the Sunderland Health and Wellbeing Board in March 2017.

3.7.4 In 2017/18 the CCG has continued to deliver its local plan across the six areas. This work will continue in 2018/19 to transform care and improve outcomes for people affected by cancer from prevention to end of life focusing on reforming pathways of the four common cancers: lung, bowel, breast and prostate.

3.8 Cardiovascular Disease

3.8.1 Of the health conditions that lead to more early deaths for the local population compared to England, circulatory diseases account for 18.4% of the gap between Sunderland and England for male life expectancy and 13.5% of the life expectancy gap between Sunderland and England for women.

3.8.2 The CCG's ambition is that people, at high risk of, and diagnosed with cardiovascular disease (CVD) in Sunderland, will live longer and healthier and have a better quality of life as a result of implementing evidence based primary and secondary prevention interventions.

3.8.3 During 2017/18 this programme has focused on the detection and management of atrial fibrillation, hypertension and cholesterol management in primary care working with its 40 practices. The focus in 2018/19 will remain in these areas including optimising the treatment for patients following a stroke or heart attack and for patients with peripheral artery disease, in line with NICE guidance, to ensure they are optimally treated to reduce the risk of a subsequent adverse event, for example stroke or heart attack.

3.8.4 Diabetes is also a key priority area for the CCG in 2017/18 and 2018/19 as people with diabetes are at risk of a range of health problems including CVD. The CCG received national diabetes transformation funding for 2017/18 and again in 2018/19 to improve the treatment and care and for patients with diabetes and to drive improvement in patient outcomes for the three NICE recommended treatment targets for patients with diabetes (blood pressure, cholesterol and blood sugar).

3.8.5 In 2017/18 the CCG implemented a community diabetes service with Diabetic Specialist Nurses to work in the community targeting high risk patients and supporting practice nurses. The 2017/18 the programme also involved

working with GP practices to improve achievement of the three NICE treatment targets for patients with diabetes. The HeLP (Healthy Living for People with type 2 diabetes) diabetes tool, an e-learning website to help diabetics manage their condition along with information prescriptions have been made available to practices to support patients to self manage

3.8.6 A programme of education and training for the general practice team, as well as resources (for example food models and patient information), have been made available to support the drive to improve patient outcomes.

3.8.7 In 2018/19 the CCG plans to continue the programme and start to pilot a diabetes transition service for young people aged between 15 and 25 to improve the transition into adult diabetes services.

3.9 Prevention

3.9.1 Prevention is built into transformation plans, wherever possible. Examples include:

- In 2017/18 the CCG collaborated with other CCGs to secure a Diabetes Prevention Programme targeting groups of patients with non-diabetic hyperglycaemia to prevent or slow down their progress to type 2 diabetes. This service has been mobilised in 2018/19.
- Smoking cessation and NHS health checks specifications have been refreshed and offered to general practice by Sunderland City Council. Cancer Research UK has visited GP practices to review practice profiles and develop action plans to improve screening rates.
- The CCG continues to support the 'Be clear on cancer' campaigns linking with Sunderland City Council and GP practices to ensure the message is spread across Sunderland.
- Self-care and patient activation was also an area in 2017/18 for development within the MCP model of care. A self-care strategy was developed underpinned by a delivery plan incorporating the use of technology.

3.9.2 Early in 2016 Sunderland's Transformation Board identified and agreed prevention as a priority for the Sunderland system agreeing to focus on smoking and alcohol, which align to the Health and Wellbeing Board priorities. The Board is a partnership Board attended by Executive Directors from SCCG; City Hospitals Sunderland NHS FT; South Tyneside NHS FT; Northumberland Tyne and Wear NHS Mental Health Trust; Director of Public Health; Chief Executive of Sunderland's General Practice Alliance; Sunderland City Council; Chair of Sunderland HealthWatch; Secretary of Sunderland's Local Medical Committee; and North East Ambulance Service.

3.9.3 The delivery approach agreed by the Transformation Board was to roll out 'Making Every Contact Count '(MECC) in partner organisations. MECC aims to maximise the opportunities for health professionals to engage people in conversations about how they can make healthy choices. The initiative was implemented in 2017/18 by provider partners, supported by Public Health, to embed MECC into healthcare settings in Sunderland.

3.10 Sustainability

3.10.1 This is linked to the CCG's 2018-19 financial plan and the productivity requirements needed to be achieved for the CCG to remain within its available allocations. A national planning must do is that CCGs must demonstrate sustainability and the ability to contain expenditure within allocation.

3.10.2 Following the release of the planning guidance in February 2018, the CCG completed a refresh of its financial plan for submission to NHS England. Due to significantly lower levels of growth than other CCGs, the CCG still faces significant financial challenges despite the additional funding announced for 2018/19. The refreshed financial plan identifies a need to deliver £11.3m of efficiency savings during 2018-19. This programme relates to the CCG's plans to achieve the savings required to deliver a balanced plan.

3.10.3 In addition, the health economy, consisting of South Tyneside CCG, Sunderland CCG, City Hospitals Sunderland and South Tyneside NHS Foundation Trusts, is committed to work together and across organisational boundaries to tackle together the system financial challenge from 2018/19 to 2021.

3.10.4 In 2017/18 the CCG has worked with South Tyneside CCG, CHS, and STFT to understand the scale of the financial challenge. In 2018/19 the CCG will continue to build on and strengthen this collaborative approach to system working to develop a single system plan with the aim of bringing the system back into financial balance through redesign wherever possible.

4.0 Recommendations

4.1 The Health and Wellbeing Scrutiny Committee is asked to note the contents of this report providing an overview of the CCG's Operational Plan for 2018/19.

5.0 Background papers

Appendix 1 – SCCG Plan on a Page (PoaP)

Appendix 2 – SCCG operational plan

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

Sponsoring Director: David Chandler, Deputy Chief Officer

Glossary of terms

ADHD	Attention Deficit Hyperactivity Disorder
AEC	Ambulatory emergency care
ATB	All Together Better
CAMH	Child and Adolescent Mental Health
CHSNHSFT	CityHospitals Sunderland NHS Foundation Trust
CiT	Community Integrated Teams
CYP	Children and Young People
EoL	End of Life
EPaCCs	Electronic palliative care co-ordination system
FYFV	Five Year Forward View
GPFV	General practice Forward View
LD	Learning disabilities
LAC	Looked After Children
LMS	Local Maternity System
MCP	Mulit-specialty community provider
NHSE	NHS England
PoaP	Plan on a Page
PtE	Path to Excellence
PH	Public Health
RaH	Recovery at Home
SCCG	Sunderland Clinical Commissioning Group
SEND	Special educational needs and disability
STFT	South Tyneside Foundation Trust
STP	Sustainability and transformation partnership

Plan on a Page

NHS Sunderland Clinical Commissioning Group

Plan on a page 2017/18 - 2018/19 (Years 2 & 3)

Our Vision	**Better Health for Sunderland**						
Delivered by:	Transforming care out of hospital (through integration and 7 day working)		Transforming in hospital care, specifically urgent and emergency care (7 day working)			Enabling self care and sustainability	
Measured by: national targets	CANCER Continue to perform well	DEMENTIA Improve to performing well	DIABETES Improve to performing well		LEARNING DISABILITIES Improve to performing well	MATERNITY Improve to performing well	MENTAL HEALTH Continue to perform well
local targets	Reduce emergency admissions by 12% by 2019	Maintain the number of smoking quitters at 2015/16 levels	Reduce years of life lost by 15% by 2019		Improve health related quality of life for people with LTCs by 8.9% by 2019	Deliver a productivity plan of £22.6m	Deliver prescribing savings of £7.3m
Underpinned by our values	Patient centred	Inclusive	Responsive	Innovative	Empowering	Integrity	Open and Honest

Transformational Changes 2017/18 - 2018/19

Sustainability Maximise the use of resources to improve outcomes for the people of Sunderland	**In Hospital**	Ensure a safe and sustainable model for acute services by delivering a single clinical operating model across the local health economy.
	Community Care System	Jointly commission a fully integrated unplanned and planned community care system that interfaces effectively with specialist serv
	General practice	Sustain and transform general practice in line with the General Practice Forward View
	Mental health	Deliver the Mental Health Forward View in full, including Child and Adolescent Mental Health Services Transformation Plan
	Learning disabilities	Continue Transforming Lives programme including the Primary Care Learning Disabilities/Autism strategy
	Childrens & maternity	Ensure safe and sustainable services for improved outcomes in maternity and ensure the best start in 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
	Cardiovascular disease	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
	Prevention	Implement a whole system approach to increase healthy life expectancy and reduce smoking and alcohol related admissions through prevention with an initial focus on self-care, making every contact count and smoke-free NHS premises

Enabled by	Joint commissioning & Better Care Fund	IT infrastructure	Contract management (CQUIN)	Organisational development	Medicines optimisation
	Primary care co-commissioning	Telehealth	CCG Localities	Research and development	Reform methodology
Governed by	CCG Governing Body		Transformation and A&E Delivery Board		Health & Wellbeing Board
Underpinned by system wide principles	One system for health and social care		7 day services	Mental health and physical health of equal importance	Effective, safe care and positive patient experience
	Evidence based approach		Prevention focused		

To deliver	NHS England The Five Year Forward View		
Its triple aims	Better Health	Care and quality	Sustainable funding
Implementing	Northumberland, Tyne and Wear and North Durham Sustainability and Transformation Plan (NTW ND STP) at a local level		
Transformation priorities	Scaling up prevention, health and welbeing	Out of hospital collaboration	Optimal use of the acute sector

Version 0.5 12.04.2018

HEALTH AND WELLBEING SCRUTINY COMMITTEE 4 JULY 2018

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 CQCs 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 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 with the CQC 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:

	**Outstanding** – the service is performing exceptionally well.
	**Good** - the service is performing well and meeting expectations.
	**Requires improvement** – the service isn't performing as well as it should and the CQC have told the service it must improve.
	**Inadequate** – 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 times 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 Quality and Safety Committee which oversees the quality of all health services commissioned by the CCG and to the CCG Primary Care Committee which over sees the commissioning of general practice services.

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 GP 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 the CCG has commissioned training and development events to provide information to practice teams to enable them to be 'inspection ready'. An advisor from the CQC has also presented at a Practice Manager event to inform them of any changes to the inspection criteria. These events have been well attended by practices in Sunderland

4 CQC Status of Sunderland Practices

4.1 The outcome of CQC inspections (and in some cases, re-inspection) undertaken in Sunderland are attached. Some practices have been visited more than once; a re-visit is triggered when there is a change in the legal entity of a practice (i.e. new partners join or leave the practice) or, in the case of some of the practices below, if the practice has previously been in special measures.

4.2 Currently there are no practices in 'special measures' in Sunderland but there are 3 practices that are rated 'requires improvement'. One of these practices, Wearside Medical Practice has been revisited and the CCG is awaiting the outcome of this revisit. We do not have dates for the planned re-inspection but this is usually within 6 months of the previous visit.

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.

PMS Inspections undertaken in Sunderland CCG area as of June 2018					
Practice	**NHS Code**	**CQC ID**	**Inspection date**	**Status**	**OVERALL RATING**
Ashburn Medical Centre	A89018	1-540904472	07/09/2016	Published	Good
Broadway Medical Practice	A89024	1-540671421	21/04/2015	Published	Good
Castletown Medical Centre	A89036	1-2084428624	15/08/2016	Published	Good
Concord Medical Practice	A89022	1-540627306	16/08/2016	Published	Good
Deerness Park Medical Group	A89001	1-540657643	05/04/2018 and 18/04/2018	Drafted, in QA process.	Awaiting official rating
Deerness Park Medical Group	A89001	1-540657643	07/01/2016	Published	Good

Dr Ahmed El Safy	A89623	1-522484207	16/02/2018	Published	Good
Dr Ahmed El Safy	A89623	1-522484207	08/09/2015	Published	Good
Dr Annie Thomas	A89620	1-527013543	05/01/2016	Published	Good
Dr Brigham and Dr Joseph	A89005	1-540795923	18/08/2016	Published	Good
Dr Hegde and Partners (The Galleries Health Centre)	A89003	1-542373261	05/01/2016	Published	Good
Dr Martin Weatherhead	A89604	1-506867554	14/01/2016	Published	Good
Dr NJ Bhatt	A89624	1-503938737	12/01/2016	Published	Good
Dr Rex Obonna	A89603	1-495150053	12/07/2016	Published	Good
Dr SM Bhate and Dr H El-Shakankery	A89002	1-540775083	07/02/2018	Published	Good

Dr Stephenson and Partners	A89010	1-542210008	18/01/2016	Published	Good
Drs Cloak, Choi and Milligan	A89019	1-540465682	21/06/2016	Published	Good
Forge Medical Practice	A89020	1-540510137	03/01/2018	Published	Good
Fulwell Medical Centre	A89015	1-552645209	14/06/2016	Published	Good
Grangewood Surgery	A89028	1-540755585	05/01/2016	Published	Good
Happy House Surgery	A89041	1-529606472	29/06/2016	Published	Good
Harraton Surgery	A89617	1-1737302413	TBC	Provisonally planned for Nov 2018. Not confirmed.	
Harraton Surgery	A89617	1-1737302413	11/01/2017	Published	Requires improvement
Herrington Medical Centre	A89009	1-540856332	19/01/2016	Published	Good

Hetton Group Practice	A89004	1-542590873	15/09/2015	Published	Good
Houghton Medical Group	A89023	1-543972292	05/01/2016	Published	Good
Hylton Medical Group	A89031	1-537646533	28/09/2017	Published	Good
Joshi Na	A89011	1-546202187	19/06/2016	Published	Good
JR Nathan (due to de-register)	A89612	1-540580574	15/09/2015	Published	Good- This practice is now merged with Dr Bhate
Kepier Medical Practice	A89021	1-540573932	20/01/2016	Published	Good
Millfield Medical Group	A89017	1-537678438	26/01/2016	Published	Good

Monkwearmouth Health Centre (Drs Gellia & Balaraman)	A89040	1-865254341	13/12/2016	Published	Good
Pallion Family Practice	A89007	1-543954572	07/11/2017	Published	Good
Park Lane Practice	A89034	1-545627756	13/01/2016	Published	Good
Redhouse Medical Centre	A89008	1-540826625	07/02/2017	Published	Good
Rickleton Medical Centre	A89616	1-540438366	17/05/2016	Published	Good
South Hylton Surgery	A89614	1-545517138	23/04/2015	Published	Good
Southlands Medical Group	A89035	1-551777796	01/04/2015	Published	Good
Springwell Medical Group	A89027	1-540724875	28/07/2016	Published	Good

St Bede Medical Centre	A89016	1-549425079	05/07/2016	Published	Good
Sunderland GP Alliance – Disruptive Patient Service		1-3296920354	20/03/2018	Published	Good
Sunderland GP Alliance - The Galleries		1-3296920142	17/10/2017	Published	Requires Improvement – Due to be re-inspected – date to be confirmed
The New City Medical Group	A89013	1-506577542	21/11/2017	Published	Good
Victoria Medical Practice	A89026	1-540710901	07/06/2016	Published	Good
Wearside Medical Practice (formerly Dr Shetty and Partners)	A89006	1-537875920	01/05/2018	Report being drafted	

Wearside Medical Practice (Dr Shetty and Partners)	A89006	1-537875920	06/11/2017	Published	Requires improvement
Westbourne Medical Group	A89030	1-540786792	16/08/2016	Published	Outstanding

HEALTH AND WELLBEING SCRUTINY COMMITTEE **4 JULY 2018**

MONKWEARMOUTH OUTPATIENT BRIEFING

REPORT OF CITY HOSPITALS NHS FOUNDATION TRUST

1. INTRODUCTION

1.1 City Hospitals Sunderland offer outpatient clinics from the Monkwearmouth Hospital site. The site is owned by Northumbria Tyne and Wear Mental Health Trust and City Hospitals Sunderland lease one building on an annual renewal basis.

2.1 Northumbria Tyne & Wear Mental Health Trust has formally asked City Hospitals Sunderland to vacate the site so that they are able to develop this space for their own use.

2. BACKGROUND

2.1 City Hospitals Sunderland offer a total of 15 Care of the Elderly and Neurology clinics per month from the Monkwearmouth site seeing approximately 1100 patients per year. (approx. 4 clinics per week).

2.2 It is likely that a weekly Rheumatology clinic, seeing predominantly South Tyneside patients, will be moved to South Tyneside DGH.

2.3 Parking at the Monkwearmouth site is proving increasingly difficult for both staff and patients and has led to numerous resident complaints about on street parking.

2.4 The Monkwearmouth site has no diagnostic facilities so any outpatient needing diagnostic work following their 1st appointment also need to attend the Sunderland Royal site in addition to being seen as an outpatient at Monkwearmouth.

2.5 Given Northumbria Tyne & Wear's formal request to vacate the site, the Trust has looked at options to relocate these outpatient services.

3. ANALYSIS

3.1 The largest proportion of Care of the Elderly and Neurology clinics are already held on the Sunderland Royal site which has all the diagnostic and support services required to ensure faster referral to treatment times.

3.2 The outpatient department of the Royal is able to absorb the 4 extra clinics per week and calculations suggest that an additional 5 two-hour parking slots per day would be required to meet the patient's needs. Both the clinic and parking requirements have been analysed and modelled and no significant issues been identified.

3.3 The possibility of relocating the clinics has been discussed informally with patients and the consensus is that they did not see any problems with the potential change of venue for the clinics.

4. PROPOSAL

4.1 Given the modelling and patient feedback, it is proposed that the Monkwearmouth outpatient clinics for Care of the Elderly and Neurology are relocated to the Sunderland Royal site.

5. RECOMMENDATION

5.1 The Health and Wellbeing Scrutiny Committee are asked to support the relocation of the Monkwearmouth outpatient clinics to the Sunderland Royal site.

Contact Officer: Tom Dodds
Head of Planning and Business Development (City Hospitals)

HEALTH & WELLBEING SCRUTINY COMMITTEE

4 JULY 2018

ANNUAL WORK PROGRAMME 2018-19

REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY 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 developed from the meeting will form a flexible mechanism for managing the work of the Committee in 2018-19.

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 17	**28 NOVEMBER 18** D/L:16 Nov 17	**9 JANUARY 19** D/L:21 Dec 17	**6 FEBRUARY 19** D/L:25 Jan 18	**13 MARCH 19** D/L:1 March 18	**10 APRIL 19** D/L:29 March 18
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)	Housing and Care 21 Schemes – update (G King) Managing the Market (G King) Integrated Wellness (Gillian Gibson) Briefing on potential merger of Sunderland and South Tyneside Trusts (City Hospitals)		Care and Support Annual Report (P Foster)	Adult Safeguarding Board Annual Report (G King) Managing the Market (G King)	Healthwatch Annual Report 17/18 (Margaret Curtis – Healthwatch)	North East Ambulance Service (M Cotton)	Annual Report (N Cummings)	Managing the Market (G King)
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
Speech and Language Therapy
Dementia Friendly City

Item 9

HEALTH AND WELLBEING SCRUTINY COMMITTEE **4 JULY 2018**

NOTICE OF KEY DECISIONS

REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY 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 19 June 2018.

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 19 June 2018 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 19 June 2018 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
0191 561 1006
Nigel.cummings@sunderland.gov.uk

28 day notice
Notice issued 19 June 2018

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
170810/205	To approve the freehold acquisition of a property to provide children's services accommodation.	Cabinet	Y	During the period 25 April to 30 June 2018.	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain 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
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 25 April to 30 June 2018.	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
180308/245	To seek approval for the sale of land at former Southwick School.	Cabinet	Y	During the period 1 July to 31 October 2018.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180418/252	To consider and approve corporate proposals in respect of Siglion LLP.	Cabinet	Y	During the period 30 May to 31 July 2018	Y	The 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 will contain 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

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180424/254	To seek approval to an Option Agreement in respect of land at Savannah Road/Moorway, Washington.	Cabinet	Y	During the period 18 July to 31 October 2018.	Y	The 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 will contain 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
180503/258	To consider an options appraisal to determine the disposal method of green belt release sites.	Cabinet	Y	18 July 2018	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
180511/260	In relation to the acquisition of the Alex Smiles Site, to amend the previous decision to allow for enabling works.	Cabinet	Y	18 July 2018	Y	The 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 will contain 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
180607/264	To authorise the Executive Director of Economy and Place to let space within Vaux Building One on a best consideration basis and otherwise upon terms agreed by the Executive Director of Economy and Place in consultation with the Leader and Cabinet Secretary.	Cabinet	Y	18 July 2018	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
180608/265	To approve the payment of financial assistance to a Sunderland based company in relation to the company's own investment plans.	Cabinet	Yes	18 July 2018	Yes	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain 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
180608/266	To approve proposed funding and partnership arrangements to support the continued delivery of Sunderland Software City activities.	Cabinet	Y	18 July 2018	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
180718/267	To approve the carrying out of a procurement exercise in order to establish a framework for ground investigation works and geotechnical services and to delegate authority to the Executive Director of Economy and Place in consultation with the Portfolio Holder to conclude the contractual arrangements.	Cabinet	Y	18 July 2018	N	Not applicable	Cabinet Report Sustainability Risk Assessment	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
180619/268	To consider the proposed Commissioning Intentions for Public Health Services and to authorise the Director of Public Health, in consultation with the Portfolio Holder for Health and Social Care, to undertake all necessary steps in order to implement the proposed Commissioning Intentions, including the temporary extension of the relevant existing contracts, the finalisation of the new commissioning models, and to undertake the subsequent procurement processes and award of new contracts.	Cabinet	Y	18 July 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180619/269	To consider the proposal to implement Smoke Free Parks in Sunderland.	Cabinet	Y	18 July 2018	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; Councillor Stuart Porthouse – 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,
Head of Law and Governance

19 June 2018