

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

**Meeting to be held in the Civic Centre (Committee Room No. 6) on
Wednesday 28th March, 2018 at 5.30 pm**

Membership

Cllrs Chequer, Davison, D. Dixon, Fletcher, Heron, Hodson, Johnston, Leadbitter, McClennan, Middleton, D. Trueman and G. Walker

ITEM		PAGE
1.	Apologies for Absence	-
2.	Minutes of the last meeting held on 31st January 2018 (copy herewith)	1
3.	Declarations of Interest (including Whipping Declarations)	-
	Part A – Cabinet Referrals and Responses	
	No Items	
	Part B – Scrutiny Business	
4.	Update on Improving Urgent Care in Sunderland	10
	Report of Sunderland Clinical Commissioning Group (copy attached).	
5.	Consideration of the Decision of South Tyneside and Sunderland Joint Health Scrutiny Committee to Refer the ‘Path To Excellence’ Decisions to the Secretary Of State for Health	18
	Report of the Head of Member Support and Community Partnerships (copy attached).	

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

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

6.	Annual Report	32
	Report of the Head of Member Support and Community Partnerships (copy attached).	
7.	Annual Work Programme 2017/2018	38
	Report of the Head of Member Support and Community Partnerships (copy attached).	
8.	Notice of Key Decisions	40
	Report of the Head of Member Support and Community Partnerships (copy attached).	
	Part C – Health Substantial Variations to Service	-
	No Items	
	Part D – CCFA/Members Items/Petitions	-
	No Items	

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

20th March, 2018

Item 2

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 31st JANUARY 2018 at 5.30 p.m.

Present:-

Councillor Dixon in the Chair

Councillors Chequer, Davison, Fletcher, Johnston, Middleton, D. Trueman and G. Walker.

Also in attendance:-

Councillor Norma Wright, Chair, Scrutiny Coordinating Committee

Ms Kath Bailey, Consultant in Public Health, Sunderland City Council

Mr Mark Cotton, Assistant Director of Communications & Engagement, North East Ambulance Service

Mr Nigel Cummings, Scrutiny Officer, Sunderland City Council

Mr David Gallagher, Chief Executive Officer, Sunderland Clinical Commissioning Group

Ms Linda Lynas, Member, SOS, Patient Action Group

Mr David Noon, Principal Governance Services Officer, Sunderland City Council

Mr Scott Watson, Director of Contracting and Informatics, Sunderland Clinical Commissioning Group

Ms Shirley Williams, Chairman and Spokesperson, SOS, Patient Action Group

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Cummings, Heron and Leadbitter.

The Chairman welcomed everyone to the meeting and introductions were made.

Minutes of the last meeting of the Committee

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 3rd January, 2018 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

Item 4 – Breast Care Services Update.

Councillor Chequer made an open declaration in the item as an employee of Gateshead Health NHS Foundation Trust.

Breast Cancer Services Update

The Director of Contracting and Informatics, Sunderland Clinical Commissioning Group submitted a report (copy circulated) which updated the Committee on the arrangements for breast care services in Sunderland following previous discussions of the issue, most recently at the Committee's meeting held in November 2016.

(For copy report – see original minutes).

Mr Scott Watson, Director of Contracting and Informatics, presented the report highlighting the current position (including service implementation and review; patient choice; transfer of patients and on-going work with patient groups) and the next steps prior to addressing questions and comments from members.

In response to an enquiry from Councillor Davison, Mr Watson confirmed that the initial procurement issues had been addressed and all of the required equipment was now installed and operating at Grindon Lane.

Councillor Chequer referred to Mr Watson's request that the Service was now allowed to move into a business as usual position and suggested that the time was not yet right as the service still had to distribute its users' survey and therefore did not have the necessary evidence to justify such a move. She also queried why Grindon was not always the first available appointment for Sunderland patients. Mr Watson replied that with regard to first available appointments, sometimes geography played a part in the choice made by patients. For example Sunderland residents living in Washington and Hetton may have been offered Grindon as the first available appointment but had opted to go to Gateshead or Durham if it was more convenient, especially if the next available appointment only amounted to a delay of a day or two.

With regard to 'business as usual', Mr Watson advised that this did not mean that the service would cease to monitor its metrics rather that it would no longer be required to report to the Scrutiny Committee or similar CCG meetings. Mr Gallagher confirmed that patient surveys would continue to be used as a matter of course following any move to 'business as usual'.

Councillor N. Wright expressed concern that the use of the facilities at Grindon by residents from outside the city could be to the detriment of Sunderland patients who may end up being referred elsewhere. Mr Watson confirmed that the CCG had held that conversation with the providers and put that challenge to them. If a patient expressed a preference for Sunderland and both the weekly clinics were fully booked, the computer would generate a 'slot issue'. The patient would then be either 'force booked' onto one of the clinics or a third clinic would be arranged. No patient in Sunderland would be denied an appointment at Grindon Lane.

Councillor Wright referred to paragraph 3.8 of the report and the issue of a Sunderland patient who had been referred to Durham rather than Grindon. The CCG had investigated and found that the patient's GP had made the referral based upon the first available appointment but had not made this clear or discussed it with the patient. She asked how could this be prevented from happening again? Mr Gallagher advised that patient choice was a fundamental right enshrined in the NHS

Constitution. The CCG would continue to remind GPs of the need to discuss this with patients, and continue to remind patients of the rights available to them.

The Chair referred to Mr Watson's assurance that the facility at Grindon was fully equipped. He asked if it was also fully staffed and whether there was any scope for expansion? Mr Watson advised that the service was at capacity running two clinics per week together with an occasional third. The service providers, Gateshead Health Foundation Trust, leased the building seven days per week so as it was fully equipped there was scope in theory to extend the service however the sticking point was likely to be the availability of consultants and radiographers.

Councillor Walker referred to the sources of feedback highlighted in paragraph 3.6 of the report and asked if any consideration had been given to the introduction of on line, real time feedback. Mr Watson replied that one of his biggest bugbears was that the NHS did not make the best use of the technology available. It was hoped however that a system would soon be available to allow patients to provide feedback in the waiting room.

Councillor Chequer referred back to the issue of patient choice. She stated that a GP referred a patient to the service because there was a concern that the patient may have cancer. Councillor Chequer advised that if she was in the patient's position she'd ideally want to be treated at Grindon but in reality would take the first available appointment. If that appointment happened to be in Gateshead and she was treated there how would the CCG know that in fact all things being equal she would rather have been referred to Grindon? She suggested that a question to cover this issue was included in the patient feedback survey. Mr Watson confirmed that it was a key question and would be included in the survey.

There being no further questions for Mr Watson or Mr Gallagher, the Chair asked Ms Williams from the Patients Group if she would like to address the Committee.

Ms Williams thanked the Chairman for the opportunity and briefed the Committee on events from the perspective of the Patients Action Group. She stated that the Group had been involved in supporting the patient who had been sent to Durham and it was a concern of the Group that the system of patient choice was not working. In December the Group had become aware of patients from outside the city being referred to the Grindon Lane facility. The Group had asked for the comparative figures in relation to Sunderland patient referrals to Grindon and those referred from outside the city. These figures had not been forthcoming. Mr Watson replied that he was not sure why the Group had been denied access to the figures as he did not believe there was a problem. He advised that he would ask the provider to supply the figures to the Group. With regard to making a service 'Sunderland Only' he did not feel that this was a path he would want to travel. Taking this to its logical conclusion Sunderland patients living in the Coalfield or in Washington would be denied access to hospitals in Durham and Gateshead.

Ms Williams referred to the service user survey to be issued to patients attending Grindon Lane and stated that it was also important to capture the views of Sunderland breast cancer patients who had been referred elsewhere. Mr Gallagher replied that this was an important suggestion and confirmed that it was something the CCG would look to address.

Ms Williams referred to the desire of the Group to replicate at Grindon, the cancer patient support services that once existed at Sunderland Royal Hospital. She asked Mr Watson if he could provide a room at Grindon for this purpose. Mr Watson replied that the commitment to provide this had always been there however it was predicated on Grindon offering a 5 day a week service which was not now the case. 95% of the cases referred to Grindon ultimately proved not to be cancer. The Service manager at the MacMillan Unit had stated that current demand was not large enough to justify one of their staff members attending at Grindon and to do so would not be a productive use of their time. Ms Williams countered that members of the SOS Patients Action Group would be prepared to staff the room themselves. The Chairman stated he was delighted by the proactive approach being taken by the Group and hope that the CCG would be able to help them to facilitate the support service.

In conclusion Ms Williams thanked Mr Watson and Mr Gallagher for their ongoing work in relation to the Breast Care Services. She also thanked the Scrutiny Committee for their support over the years and in particular to Councillor Norma Wright for “being the first person to hear our cries”. Councillor Wright responded suitably and informed members that as a result of her dedication to the cause of improving the breast care services for patients in Sunderland, Ms Williams had been nominated as a finalist for the Patient Leader Award at the recent North East NHS Leadership Recognition Awards.

There being no further questions or comments for Ms Williams, Mr Watson or Mr Gallagher, the Chairman thanked them for their attendance and it was:-

2. RESOLVED that:-

- i) the report be received and noted and;
- ii) the CCG be invited to attend a future meeting of the Committee to discuss the outcomes of the Breast Care Service Users Survey.

North East Ambulance Service Update Report

The Chief Executive of the North East Ambulance Service (NEAS) submitted a report (copy circulated) to provide the Scrutiny Committee with a briefing on the newly published NEAS performance data.

(For copy report – see original minutes)

To complement the report Mr Mark Cotton, Assistant Director of Communications & Engagement at NEAS provided the Committee with a comprehensive powerpoint presentation which covered a wide range of performance issues including:

- Changes in the ambulance response standards and progress since they were introduced;
- the Benchmarking of performance across England;
- Winter pressures being faced by NEAS and mitigations undertaken to ease these pressures.

Councillor Chequer noted that the old performance standards were all about response times rather than clinical outcomes however it seemed that the new standards simply followed suit. With regard to the 'stopping of the clock' she asked if this was also triggered by the arrival of a first responder. Mr Cotton confirmed that a first responder would stop the clock however by 2022 the clock would continue to run in respect of stroke and heart attack cases until the patient was delivered to a hospital. In respect of a heart attack this would be to the Freeman or James Cook hospitals.

With regard to the community first responders Councillor Chequer asked whether other agencies had the ability to 'stop the clock' eg the Police and if so, was this a back door way to boost the NEAS performance data through the use of personnel not employed by the Service? With regard to whether others were achieving targets on behalf of NEAS, Mr Cotton stated that this was not the case. The volume of incidents attended by non NEAS staff was so small as to register less than 1%. There was also a difference to the new standards in that while the clock would be stopped by the arrival of a community first responder, an additional clock would continue to run until the first professional arrived. With regard to responses within the community the Service would ultimately wish to see a holistic approach whereby if a District Nurse for example was able to respond then they could be deployed.

Councillor Davison referred to the time spent by ambulance crews waiting with patients at a hospital for hospital staff to be in a position to officially accept the patient. She stated that time spent by the ambulance crews waiting with the patient was greatly appreciated by the families and hoped that this would continue to be the case. Mr Cotton advised that there were no plans just to 'drop off' patients however the longer crews spent at the hospital the less time they would be available in the community. The guidelines recommended a handover of no longer than 15 minutes and the Service was working with all its local hospitals in order that sufficient nursing staff were available to relieve the ambulance crews. There was no doubt that hospitals needed to take patients more quickly and it required the Service to work together with the commissioners and hospitals to achieve this aim.

With regard to further inquiries from Councillor Davison regarding the Red 1 & 2 Standards and the possible further travelling distances resulting from the 'Path to Excellence' proposals, Mr Cotton advised that failure to reach targets was usually down to a shortage of paramedics. To address this, the Service had recently appointed 42 paramedics together with 42 additional support staff funded by the CCG. 20 paramedics had been recruited from Poland and the Service was working with the local universities to double their intake on relevant courses. With regard to the Path to Excellence, Mr Cotton advised that the Service would always support reconfiguration and change in the NHS if it was in the best interests of the patient. With regard to trauma ambulances would by-pass district hospitals to reach the Freeman as this would give the patient the best chance of survival.

In response to an enquiry from Councillor Walker, Mr Cotton confirmed that the Service used 'Cleric' Software (computer aided dispatch system) in its call centres. Its systems were currently being remodelled by ORN who were closely involved with NHS England and had a wealth of practical experience in applying the models elsewhere. With regard to a further enquiry regarding the provision of qualitative data, Mr Cotton highlighted the Services' Annual Patient Survey assessed by IPSOS MORI which gave the service a sense of assurance. The results were published on

the NEAS website and Mr Cotton would be more than happy to share the report with the Committee.

Councillor Norma Wright congratulated Mr Cotton on the clarity of his presentation and his previous assistance to the Joint Health Scrutiny Committee with South Tyneside. She stated it was clear that the Service was under great pressure and she expressed concerns over response times and the length of time taken in respect of hospital handovers. She welcomed the detail provided by Mr Cotton but noted that behind all the data it needed to be remembered that it related to real people and their health. In conclusion Councillor Wright commended the CCG on its funding of the additional Ambulance Service posts.

There being no further questions or comments for Mr Cotton the Chairman thanked him for his attendance and it was:-

3. RESOLVED that the NEAS presentation be received and noted.

Sunderland Pharmaceutical Needs Assessment (PNA)

The Director of Public Health submitted a report (copy circulated) which aimed to:-

- Raise awareness with the Health and Wellbeing Scrutiny Committee of the work that has been undertaken on behalf of the Health and Wellbeing Board to produce an updated and approved pharmaceutical needs assessment (PNA) for Sunderland for publication by 1st April 2018;
- Summarise the work that has been undertaken since June 2017 to produce an updated PNA for Sunderland in line with this statutory duty;
- Provide information about the required statutory consultation which is planned to run from 18th December 2017 to 16th February 2018.
- Offer the opportunity for members of the Health and Wellbeing Scrutiny Committee to comment on the draft statement of pharmaceutical needs assessment during the consultation period.

A short summary of the PNA was appended to the report for Members' information.

(For copy report – see original minutes).

Ms Kath Bailey, Consultant in Public Health, presented the report highlighting the key issues and addressing questions and comments from Members.

In response to an enquiry from Councillor Walker, Ms Bailey advised that she did not have them to hand but would supply him with the details of the Distance Selling Pharmacy based in the Shiney Row ward.

In response to an enquiry from Councillor Davison regarding whether she believed the provision of emergency home contraception was adequate, Ms Bailey replied that different people would hold different points of view however as a Public Health Professional she would like to see every pharmacy in the city providing that service.

With regard to an enquiry from the Chairman, Ms Bailey advised that while the majority of the pharmacies open for 100 hours per week were based within supermarkets there was no requirement for this to be the case.

In response to an enquiry from the Chairman, Ms Bailey advised that the Community Pharmacy Referral Service would allow for the dispensing of medication and drugs that would normally have only been prescribed by a GP.

In conclusion the Chairman asked Ms Bailey if she was satisfied that the PNA accurately reflected the position in Sunderland and whether it would be revisited or revised in the future? Ms Bailey replied that the Health and Wellbeing Board had a duty to revise the assessment every three years however she suspected that it would need to be looked at again within the next 12 months.

There being no further questions or comments for Ms Bailey, the Chairman thanked her for her attendance and it was;-

4. RESOLVED that:-

- i) the work that had been undertaken so far to produce an updated Pharmaceutical Needs Assessment (PNA) for Sunderland in line with the Health and Wellbeing Board's statutory duty be noted, and
- ii) the dates for the statutory consultation on the PNA and the opportunity for the Committee or Members to comment on the PNA be noted.

Joint Health Scrutiny Committee – Formal Response to the Path to Excellence

The Head of Member Support and Community Partnerships submitted a report (copy circulated) attaching for Members' information, the final formal response of the Joint Health Scrutiny Committee to the South Tyneside and Sunderland NHS Partnership Path to Excellence consultation.

(For copy report – see original minutes).

Mr Nigel Cummings, Scrutiny Officer presented the report advising that the Committee had taken its responsibility very seriously since the proposals were first announced on 1st March 2016, undertaking 11 formal meetings and numerous additional meetings to gather information and seek evidence from witnesses.

The process had been particularly difficult and complex as it had dealt with services people and staff felt very strongly about. As a result, in addition to the clear cut facts and analysis, members had also to deal with a lot of emotional based evidence.

The Joint Committee had taken evidence from a wide variety of stakeholders including:-

- Chief Executives, Chairs and Chief Officers of City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust;
- Chief Officers of Sunderland and South Tyneside Clinical Commissioning Groups;
- Chief Executive and Chief Officers from North East Ambulance Service;

- Medical Directors from Both Foundation Trusts;
- Clinical Experts;
- Council Portfolio Holders;
- Local MP's;
- Representatives from Nexus, Trade Unions and Healthwatch.

The response to the consultation provided the Joint Committee's comments on stroke, maternity and emergency paediatric services. There were also broader issues relating to staff, patients and hospital infrastructure.

One of the key issues throughout the consultation was around transport and travel and the concerns related to additional travelling if services were moved. The Joint Committee participated in field testing some of these journeys to understand the potential difficulties for patients and families. The tests showed that some of these journeys would be extremely challenging for many and impossible for some.

There was also a long standing worry for the future of South Tyneside District General Hospital given the number of services that had relocated to other hospitals over the years. In addition there was also the related concern of the impact these changes could have on Sunderland Royal in terms of capacity, infrastructure and staffing.

The Committee had received several letters and petitions from staff indicating that they were unhappy about their lack of involvement in the formation of the proposals put forward within the consultation documents. The Committee were pleased to hear that this had been acknowledged by the CCGs and that a stakeholder group was working to address this for phase 2 of the consultation. Throughout this process Members had been especially keen to represent residents' views and to ensure they had the best services possible.

The Committee's response had been submitted to the Path to Excellence and was formally presented to the CCG Boards on Thursday 18 January 2018 by Cllr Norma Wright and Cllr Rob Dix the joint-chairs of the Committee.

The final decision on the options for the services was to be made at an extraordinary public meeting of South Tyneside and Sunderland CCGs on 21st February 2018. Mr David Gallagher, Chief Executive Officer, Sunderland Clinical Commissioning Group clarified that the meeting was one that would be held in public rather than a public meeting.

The Chairman having thanked Mr Cummings for his report, Councillor Walker on behalf of the Joint Committee and the Health and Wellbeing Scrutiny Committee formally recorded his thanks to Mr Cummings, Scrutiny Officer (Sunderland) and Paul Baldersara (South Tyneside) for their efforts in drafting the report and in particular for their excellent work in capturing on paper, the Joint Committee's thoughts and feelings in relation to the particularly complex and emotive aspects of the consultation.

Councillor Norma Wright, Chairman of the Joint Committee having endorsed Councillor Walker's comments, it was:-

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

Annual Work Programme 2017/18

The Head of Member Support and Community Partnerships submitted a report (copy circulated) attaching for Members' information, the current work programme for the Committee's work to be undertaken during the 2017/18 council year.

(For copy report – see original minutes).

Councillor Walker noted that the CCG were scheduled to provide a update in respect of the MCP in April and asked if it would be possible to bring that item forward to the Committee's next meeting. Mr Gallagher having advised that the CCG would not be in a position to report on anything of substance at such an early stage, Members agreed to leave the Work Programme un-amended.

6. RESOLVED that the work programme for 2017/18, together with the above information be received and noted and that emerging issues continue to be incorporated into the plan as they arise throughout the year.

Notice of Key Decisions

The Head of Member Support and Community Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from 9th January, 2017.

(For copy report – see original minutes).

7. RESOLVED that the Notices of Key Decisions be received and noted

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

(Signed) D. DIXON,
Chairman.

Item 4

HEALTH & WELLBEING SCRUTINY COMMITTEE 28 MARCH 2018

UPDATE ON IMPROVING URGENT CARE IN SUNDERLAND

REPORT OF SUNDERLAND CLINICAL COMMISSIONING GROUP

1. Purpose of this report

- 1.1 The purpose of this report is to provide an overview of the background as to why NHS Sunderland Clinical Commissioning Group will be entering into consultation and the methodology that it will be using.
- 1.2 The report sets out why urgent care needs to change, the engagement we have done to date and the methods that Sunderland CCG will be using for formal consultation. The consultation will be taking place on Wednesday 9 May to Sunday 12 August 2018.

2. What is urgent care

- 2.1 Urgent care means 'a sudden healthcare problem that needs an appointment within 24 hours with a healthcare professional but is not a life-threatening illness or injury'. This includes urgent care for both mental and physical health.

3. Why does urgent care in Sunderland need to change

3.1. People are confused about where to go.

- 3.1.1 NHS services in Sunderland are too complicated and people often tell us that they don't know where to go. People want joined up care and they would prefer to see their GP for same day urgent appointments.

3.2. Demand keeps on growing

- 3.2.1 Over the last few years, demand for health services has continued to grow. Historically additional services were opened one by one to cope with increasing demand – and this is why the urgent care centres were opened.
- 3.2.2 Urgent care centres were designed to take the strain away from accident and emergency (A&E) but this isn't working. More and more people are going to A&E with two in three people who go to A&E either not needing treatment or being transferred back to their GP (Jan 17 to Dec 17).

3.3. We need to spend our money more wisely

- 3.3.1 We have too many services that are providing similar services at the same time. This not only causes confusion about the best place to go but also is not good use of NHS resources.

- 3.3.2 We need to make sure that we spend money wisely across the NHS system in order to secure NHS services for the future. We believe that we can get greater value for money if we invest more of this money in GP and community services.
- 3.3.3 There are more services available in your community
- 3.3.4 The NHS and social care services are working more closely together (since 2014) to provide better services in the community. Called All Together Better, this approach is making sure services delivered out of hospital are joined up and delivers effective, seamless care that the people of Sunderland deserve.

3.4. National policy

- 3.4.1 We have to follow national guidance and policies, set by NHS England. NHS England has said that urgent and emergency care has to be reviewed so that it is suitable for people of all ages with physical and mental health problems.
- 3.4.2 Each area must have an urgent treatment centre and this service needs to be easy for people to access and joined up with other services. This is why a number of professional health bodies recommend that these should be located alongside the emergency department (A&E) because it means it is easier to work together more effectively.
- 3.4.3 We also need to use the improved NHS 111 system (available from 1 October 2018) which includes a team of clinicians working together to give health advice for physical and mental health.
- 3.4.4 National guidance recommends that GP practices work together to help improve access to GP appointments by 2020. Our proposals consider this and build upon the work already being delivered by local GPs.

4. What people have told us so far

- 4.1 This work started in 2016 and we began reviewing the ways people use urgent care services in Sunderland.
- 4.2 In November and December 2016, we asked over 800 people how they used and what they thought about them. The full report of this is available at <http://www.sunderlandccg.nhs.uk/get-involved/urgent-care-services/>
- 4.3 In summary, people told us that
- The system is confusing
 - They want to see their GP first when they have an urgent care need
 - If they have a long term condition they want to ensure that they are always going to receive the same care from healthcare professionals who know about their needs/health issues

4.4 Engagement continued through 2017 with the Path to Excellence work as well as the engagement via All Together Better.

5. Methods for engagement to use in the formal consultation

5.1. Consultation launch event – Wednesday 9 May 2018

Taking place at Bede Tower, 2-4pm

The launch event will take place on the first day of the consultation period and will provide an opportunity to gain publicity for the consultation issues, and encourage people to take part.

The format is: theatre style two hour event which will be streamed live on the CCG's twitter and Facebook pages

- Presentation introduction led by CCG clinical leader to explain the background to the process and outline each of the scenarios
- Expert panel question time, independently chaired, cross section of experts to field questions and comment
- Notes taken of questions and comments people make and report written
- Promotion of other ways to get involved to feedback views

Promotion of event will need to be a minimum of two weeks (preferably four-weeks) before launch.

5.2. Public meetings/drop in sessions/deliberative sessions

There will be five day-time sessions in each locality of Sunderland to discuss the proposals. The sessions will also be streamed live across the CCG's platforms. The format of the sessions will depend on the number of people registered. There will be information available along with clinical leaders present to discuss the options.

Dates of events:

Date	Time	Type of event	Venue
Thursday 10 May	12-2pm	Discussion event	The Hetton Centre,
Tuesday 15 May	10am-12pm	Discussion event	Washington Arts Centre
Wednesday 23 May	5-7pm	Travel and transport	Bede Tower
Thursday 24 May	12-2pm	Discussion event	Hope Street Exchange

Thursday 7 June	12-2pm	Discussion event	North East BIC
Monday 18 June	12.20-2.30pm	Discussion event	Bangladeshi Centre
Saturday 23 June	10am-12pm	Discussion event	Bede Tower
Monday 2 July	5-7pm	Durham event	Glebe Centre, Durham Place
Monday 16 July	6-8pm	South Tyneside	Boldon Community Association

The different ways to get involved will also be promoted as well as the opportunity for in-depth interviews and/or surveys available (see options below).

5.3. Online events

Partnership with Sun FM to host online events for specific questions and answers. These events will be publicised in advance and will be dedicated to Q&As.

To help promote these events:

- 90 second promotional video
- 6 week Q and A page on the Sun FM website to encourage people to ask questions
- Email promoting Q and A page and the Facebook sessions from Sun FM
- Social Media to people of Wearside and surrounding areas from Sun FM
- News advertorial from Sun FM

The consultation launch event will also be streamed live on Sunderland CCG's social media channels.

Date	Time	Type of event	How to access
Wednesday 9 May	2-4pm	Consultation launch	Follow us Twitter @sunderlandccg, Facebook @sunderlandhealth to see this event live or it will be saved so you can watch it later

Thursday	6.30-7pm	Questions and answers	In partnership with Sun FM Follow us Twitter @sunderlandccg, Facebook @sunderlandhealth
Thursday 5 July	6.30-7pm	Questions and answers	In partnership with Sun FM Follow us Twitter @sunderlandccg, Facebook @sunderlandhealth

5.4. Survey

A survey provides an easily accessible way for people to give their views. It will be available in both paper form and online.

An independent organisation with expertise in complex survey design will support the survey development. This is also to provide assurance that questions will not be leading. The survey will have its own out-put report of findings.

The same organisation will conduct the full analysis of all the feedback gained from all the methods in this paper for a final consultation feedback report.

There will also be an on-street survey of 600 people which will be demographically mapped across the whole of Sunderland.

5.5. Focus groups delivered by asset based approach to target protected characteristic groups

A focus group pack will include both a discussion guide (the open ended questions to pose) plus a facilitation guide (guidance for the person running the focus group). Also a data monitoring form and a report proforma will be issued.

An event will be held in February (21 February) to enable a co-production approach to take place for the packs.

The discussion guide will be structured in line with the survey, and will allow a more deliberative qualitative discussion to take place. Using a structured discussion guide means that more depth can be added to the survey responses. Data monitoring must be requested from all participants. Organisations must also return a completed report

The focus group offer includes:

- Focus group pack
- Payment of £[to be discussed at the event in February] plus reasonable event expenses
- Output report of each focus group feedback
- Data monitoring information

Invitations to complete the focus groups will be sent through Healthnet, the equality and diversity group and via CVS organisations.

Focus groups will be mapped against the protected characteristics to ensure maximum coverage.

5.6. Focus groups for GP participation groups

Many GP practices in Sunderland have patient participation groups. The pack will be circulated to these groups within Sunderland via practice managers and locality managers.

A focus group pack will include both a discussion guide (the open ended questions to pose) plus a facilitation guide (guidance for the person running the focus group) and a data monitoring form.

The discussion guide will be structured in line with the survey, and will allow a more deliberative qualitative discussion to take place. Using a structured discussion guide means that more depth can be added to the survey responses which are usually more qualitative than quantitative. Data monitoring must be requested from all participants.

The focus group offer includes:

- Focus group pack
- Output report of each focus group feedback
- Data monitoring information
- Report proforma

5.7. CCG run focus groups

The CCG will run five focus groups within each locality to ensure a cross-representation of the population of Sunderland.

The discussion guide will be structured in line with the survey, and will allow a more deliberative qualitative discussion to take place. Using a structured discussion guide means that more depth can be added to the survey responses which are usually more qualitative than quantitative. Data monitoring must be requested from all participants.

5.8. Briefings for providers/stakeholders

Briefings for key stakeholders and providers will be issued at least once per month with the Urgent Care Working Group updated of progress

5.9. Roadshows in shopping centre

Roadshows will be set up in the main shopping areas of Sunderland.

It will be set up so that potential discussions can take place along with distribution of material.

5.10. Attendance at relevant existing meetings, groups and networks

Existing meetings are currently being mapped out and requests will be made for the consultation to be highlighted and appear as an agenda item. Below is an example of some relevant meetings.

• Health scrutiny	28 March at 5.30pm
• Area committee	Dates still need to be set

5.11. Attendance at events in Sunderland

To ensure maximum awareness, attendance at major events will be investigated. The following events have been highlighted:

- Jurassic Gardens, at Sunderland Museum and Winter Gardens – ensure leaflets are available
- Sunderland Race for Life – 3 June
- Sunderland Airshow – 27 July – 29 July

5.12. Submissions received from groups, teams and individuals

All of the above does not preclude the right of groups, individuals and groups to make their own submission. The CCG recognises that not everyone will confine their comments to the structured groups and the survey. Any submissions received will be incorporate into the feedback report.

6. Next steps

Milestone	Deadline
Public consultation	9 May to 12 August 2018
Feedback available from the consultation	Sept / Oct 2018
Improved NHS 111 service goes live*	1 October 2018
24/7 Home Visiting Service goes live	1 October 2018
Decision made	December 2018
Urgent Care system goes live	1 April 2019

* this is the go live date for the North East

Item 5

HEALTH & WELLBEING SCRUTINY COMMITTEE

28 MARCH 2018

CONSIDRATION OF THE DECISION OF SOUTH TYNESIDE AND SUNDERLAND JOINT HEALTH SCRUTINY COMMITTEE TO REFER THE 'PATH TO EXCELLENCE' DECISIONS TO THE SECRETARY OF STATE FOR HEALTH

REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY PARTNERSHIPS

1. Purpose of the Report

- 1.1 The report provides, for consideration, the decision taken by the Joint Health Scrutiny Committee to refer the Sunderland and South Tyneside Clinical Commissioning Groups (CCG's) Path to Excellence decisions to the Secretary of State for Health.
- 1.2 The decision was made by the Joint Health Scrutiny Committee at its meeting held on Friday 9th March 2018.

2. Background

- 2.1 City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust, agreed to form and implement a health alliance. Working together as "South Tyneside and Sunderland Healthcare Group", they have embarked on a programme of reconfiguring services across South of Tyne delivering the best patient outcomes.
- 2.2 The proposals were announced on 1st March 2016 and both Sunderland and South Tyneside Overview and Scrutiny functions held a number of joint meetings to discuss in more detail the proposals and the implementation plans of the trusts. In November/December 2016 proposals, for the establishment and operation of a Joint Health Scrutiny Committee between Sunderland and South Tyneside Local Authorities were developed.
- 2.3 The Path to Excellence consultation began on 5th July 2017 and ran until 15th October 2017. The Scrutiny Committee has met with NHS Partners from April 2016 on an informal basis and from 30 January 2017 as a formal Joint Health Overview and Scrutiny Committee. A total of 11 formal meetings have taken place.
- 2.4 The final decision and agreement by the respective CCG's was based on their review and consideration of all the clinical evidence and feedback from a process of public consultation over the past year. The Joint Scrutiny Committee also submitted a formal response to the consultation and presented its findings at the Joint CCG Governing

Bodies Board on the 16th January 2018 (See **Appendix 1**). The final decision was made at an extraordinary meeting held in common of the two statutory NHS organisations on Wednesday 21st February, in Hebburn, South Tyneside. The meeting was also broadcast live on the internet and is still available to view on YouTube.

3. Phase One Decisions

3.1 Stroke consultation – Decision: Option 1

This means all acute strokes will be directed to Sunderland Royal Hospital (SRH), with the consolidation of all inpatient stroke care at Sunderland. This model has been running temporarily since December 2016 due to service vulnerability and is showing improvements in patients accessing key diagnostics and treatment earlier. For example the rate of the use of clot busting drugs (thrombolysis) has doubled for South Tyneside residents, and with the percentage of eligible patients thrombolysed within an hour has gone from 0 to 60 per cent, meaning fewer people will die or have serious disability and more people have the chance to fully recover from their stroke.

- 3.2 This is based upon a very clear and compelling clinical evidence base, universally supported by clinicians. The change will aim to be fully complete by April 2019.

3.3 Maternity (obstetrics) and women's healthcare (inpatient gynaecology) services – Decision: Option 1

This means the development of a free-standing midwifery-led unit (FMLU), known as a birthing centre, at South Tyneside District Hospital and medically-led obstetric unit at Sunderland Royal Hospital. Gynaecology care requiring an overnight hospital stay will be carried out at Sunderland Royal Hospital, and care for minor gynaecology conditions, including day case surgery and outpatients clinics, will continue at South Tyneside District Hospital.

- 3.4 This new centre will be developed with staff, women and other interested partners, and the ambition would be to create a vibrant new birthing centre at South Tyneside District Hospital which offers more choice for women across both South Tyneside and Sunderland. The change will aim to be fully complete by April 2019.

3.5 Children and young peoples (urgent and emergency paediatrics) services – Decision: Option 2

This means the development of a nurse-led paediatric minor injury and illness facility at South Tyneside District Hospital – open 8am to 10pm - and 24/7 paediatric emergency department at Sunderland Royal as the most sustainable long-term model.

- 3.6 However, the clinical commissioning groups recognised that it will take a period of time for the development work for this be deliverable therefore also approve option 1 for implementation in the short-term which is the development of a daytime paediatric emergency department at South Tyneside District Hospital and 24/7 paediatric emergency department at Sunderland Royal.

3.7 For clarity, option 1 has been approved as a transitional step towards option 2. The South Tyneside daytime paediatric emergency department service and future nurse-led paediatric minor injury and illness facility will be open from 8am to 10pm – extended from 8pm as a result of public consultation feedback.

3.8 The change to Option 1 will aim to be fully complete by April 2019 and Option 2 fully implemented by April 2021.

4. Joint Scrutiny Committee Decision

4.1 The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 state that if the authority is not satisfied with:

- the adequacy of content of the consultation;
- the time allowed for the consultation;
- the reasons given for not carrying out consultation are adequate or it has not been consulted;
- the proposal would not be in the interests of the health service in its area,

it may refer the matter to the Secretary of State for Health.

4.2 The Joint Scrutiny Committee met to consider the decisions that have been made on the 9th March 2018 and unanimously agreed to recommend that each constituent authority refers the decisions contained in the Path to Excellence Phase One to the Secretary of State. The grounds for the referral will be on:

- Adequacy of the content of the consultation, and
- The proposals would not be in the interests of the health service in its area.

4.3 The terms of reference for the Joint Health Scrutiny Committee are explicit in that each constituent Authority retains their powers of referral to the Secretary of State for Health. In Sunderland the power to refer is delegated to the Health and Wellbeing Scrutiny Committee.

5. Referral Process

5.1 Local Authority(s)

5.1.1 The draft timeline attached in **Appendix 2** outlines the timescales in relation to the process that Sunderland and South Tyneside Council's will follow to make the referral. (Please note that this is subject to change).

- 5.1.2 It is important to note that before a contested proposal is referred to the Secretary of State, the organisations involved should satisfy themselves that all other options for local resolution have been fully explored. The two week period in the timeline to allow the CCGs to respond to the Joint Scrutiny Committees formal referral reflects this requirement.

5.2 Secretary of State

- 5.2.1 On receipt of referral the Secretary of State (SofS) may seek advice from the Independent Reconfiguration Panel (IPR) before deciding on the matter. An outline of the protocols for dealing with requests can be found in **Appendix 3**. Please note that at this point in time this provides only an indicative timescale in which the referral could be dealt with.

4. Conclusion

- 4.1 The Committee has delivered another ambitious work programme in 2017/18, which is reflected in the annual report. The Health and Wellbeing Scrutiny Committee has worked well with Council Directorates, stakeholders and partner organisations to deliver the work programme and the committee has tackled a number of key issues throughout the year and looked to work with officers and stakeholders to provide solutions and improvements to services delivered across the city.

5 Recommendation

- 5.1 That the Health and Wellbeing Scrutiny Committee give consideration to the Joint Health Scrutiny Committees recommendation to refer the Path to Excellence decisions to the Secretary of State.

6. Glossary

n/a

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



JOINT HEALTH SCRUTINY COMMITTEE – FINAL RESPONSE

1. Introduction

- 1.1 The South Tyneside and Sunderland Joint Health Scrutiny Committee, in providing a final response to the Path to Excellence would like to raise a number of points in this statement. It should be noted that the Committee has already submitted an interim response to the consultation raising a number of issues and has continued past the public consultation deadline with its own investigations and deliberations. The Committee would ask that the governing body, in making its final decision, takes into account both the interim response and this final statement of the Joint Health Scrutiny Committee.

2. Context

- 2.1 City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust, who between them serve a population of 430,000 people across a large geographical area south of Tyne & Wear, agreed to form and implement a health alliance. Working together as “South Tyneside and Sunderland Healthcare Group”, they have embarked on a programme of redesigning services across South of Tyne delivering the best patient outcomes.
- 2.2 The proposals were announced on 1st March 2016 and both Sunderland and South Tyneside Overview and Scrutiny functions have held a number of joint meetings to discuss in more detail the proposals and the implementation plans of the trusts. In November/December 2016 proposals, for the establishment and operation of a Joint Health Scrutiny Committee between Sunderland and South Tyneside Local Authorities were developed.
- 2.3 The Joint Health Scrutiny Committee comprises seven members from South Tyneside Metropolitan Borough Council and seven members from Sunderland City Council. Its remit was to consider the proposals affecting the population covered by South Tyneside and Sunderland Councils, in particular the service change proposals arising from the Clinical Services Review Programme being undertaken by South Tyneside and Sunderland NHS Partnership. This will include seeking evidence of the economic, social and health impacts of residents in both Boroughs and how any shortfalls in these areas will be mitigated in carrying out service change.
- 2.4 The Committee will look to formulate a final report and formal consultation response within the consultation and decision making timetable to the relevant NHS Bodies, in accordance with the protocol for the Health Scrutiny Joint Committee and the consultation timetable established by the relevant NHS Bodies.

- 2.5 The formal response of the Joint Committee will include, in full, the views of all of the constituent authorities, with the specific reasons for those views, regarding those areas where there is no consensus, as well as the constituent authorities' views in relation to those matters where there is a consensus. Each constituent Authority also retains their powers of referral to the Secretary of State for Health.

3. Stroke Care Services

- 3.1 The preferred option for stroke is in line with national policy and evidence. Although the consultation did heavily favour Option 1 (combining all hyperacute and acute stroke care at Sunderland Royal Hospital (SRH), with rehabilitation at SRH before discharge to local community stroke teams), of those who expressed a preference, and this could have led to a biased judgement being made by those consulted. It is also important to note that the qualitative analysis stated the preference for a service on both sites. The Committee would like to ensure that evidence is considered by decision makers to confirm that stroke services will improve under the preferred option.
- 3.2 In discussions with the National Clinical Director for Stroke, the Committee was also assured that Option 1 would deliver quality improvements through critical mass, and the specialist hyper-acute stroke position would offset the travel impact, resulting in shorter hospital stays and improved outcomes and recovery. However the Committee still has a number of concerns over capacity pressures at SRH in handling the additional numbers of patients that will be admitted to the hospital under Option 1. The Committee acknowledged that the 20 beds at South Tyneside Hospital had been closed and the remaining 39 bed capacity for stroke patients at Sunderland was fully utilised. This physical capacity issue at SRH was recognised and any infrastructure issues would need to be resolved prior to implementation of any service changes.
- 3.3 The Committee also has reservations over the current SSNAP (Sentinel Stroke National Audit Programme) D ratings for both services and how combining services will result in improved SSNAP ratings. The Committee would also like to see assurances that the North East Ambulance Service will be able to accommodate the increased job cycles arising from the preferred option before implementation.
- 3.4 All the options for stroke care services make provision for rehabilitation within the local community and feedback from the consultation has highlighted the potential for further inequalities of service provision in South Tyneside as a result of this. The Committee has already raised its concerns for stroke aftercare in both South Tyneside and Sunderland. While the Joint Health Scrutiny Committee agreed that this was an issue that could be taken through individual Health Scrutiny Committees to assess the adequacy of the aftercare services in their areas, it would also recommend that as this is fundamental to all the options that decision makers are assured that robust, fair and equitable aftercare services are in place in both areas before implementation of any option or service re-design.

4. Maternity (Obstetrics) and Women's Healthcare (Gynaecology) Services

- 4.1 The Committee still has concerns over the proposed options presented in the Path to Excellence and in particular the removal of a consultant-led maternity unit and special care baby unit at South Tyneside District Hospital. The Committee remains troubled about the option of a freestanding midwife led unit for South Tyneside District Hospital despite reassurances from the Clinical Lead for the North of England Maternity Network and holding

a maternity workshop. The Committee would request that decision makers consider data from a freestanding midwife led unit(s) with a similar area profile in terms of deprivation and poverty to add to their evidence base before making any final decisions.

- 4.2 The Committee has also expressed its concerns over the capacity of Sunderland Royal Hospital to take on the additional responsibilities as outlined in the Path to Excellence options, which is echoed by the response from the Northern Neonatal Network who identify staffing and capacity as an imperative in the option appraisal. There is also the potential for additional pressures on Newcastle and Gateshead maternity services as parents exercise their right to choose where to give birth.
- 4.3 The issue of travel and transport is again of concern to the Committee when looking at the service options for maternity and women's healthcare. The Committee has identified the immediate concern to parents of children in the Special Care Baby Unit who will travel daily between South Tyneside and Sunderland Royal Hospital, and in particular those who would have difficulties in travelling due to being in labour or related medical procedures e.g. C-Section. The Committee would also echo its previous concerns in relation to the ambulance services immediate and long-term capacity to deliver safe and suitable provision with appropriate response times. As well as the dangers associated with low-risk births suddenly developing complications and how the proposed options for maternity services and the North East Ambulance Service will provide assurances in such circumstances. The safety of patients must remain paramount and any decision must exhibit the evidence that supports this and provides a level of assurance and confidence to the local populace.
- 4.4 The Committee is also concerned by the apparent lack of staff involvement in both option development and throughout the consultation process. This lack of involvement with the planning and development of proposals for inclusion in the consultation has created some concern among staff that the process has been flawed and has not fully explored alternative options. This view is also documented in the Path to Excellence feedback report and the Joint Health Scrutiny Committee has received similar comments during the course of their own deliberations. The importance of staff involvement, through all stages of service change, should not be underestimated and it is important to ensure that all options for Maternity and Women's Healthcare were fully explored and that the evidence exists to support this.
- 4.5 The removal of the Special Care Baby Unit (SCBU) from South Tyneside in the options presented was also of concern to the Joint Health Scrutiny Committee. Again there were concerns that staff had not been involved in option development and that the options presented provided no SCBU facilities in South Tyneside. The Joint Committee is pleased to acknowledge that the SCBU staff at South Tyneside have been working on an alternative option, assisted by the path to Excellence project team, and it is hoped that this option is also presented to the CCG Decision Makers along with the established options. However, recent events resulting in the suspension of maternity services in South Tyneside have added further concerns to the Committee and local people on the overall future of such services in South Tyneside, as well as increasing the demand for maternity services in the surrounding hospitals of Sunderland, Gateshead and Newcastle.
- 4.6 The birthplace study highlights that 36% of births in MLU's would require transfer to an obstetric unit during labour or immediately after birth. In light of this the Committee would continue to seek assurances that South Tyneside will still have adequately staffed

high-dependency facilities to ensure early repatriation for families in South Tyneside following use of the special care baby unit in Sunderland as detailed in the options.

- 4.7 If South Tyneside women, over time, choose to give birth in Sunderland Royal Hospital or other local maternity units due to the level of provision provided at this site is there a potential risk to the viability of South Tyneside's MLU and what will this mean for birth rate figures in South Tyneside. The Committee also have concerns over the recent history of MLU closures across the region, which is similarly reflected in the consultation feedback analysis report, and would request that assurances within any preferred option are explicit that this will not happen in South Tyneside.

5. Children and Young People's Healthcare (Urgent and Emergency Paediatrics) Services

- 5.1 The Committee also has concerns over the absence of a 24/7 Consultant-led Paediatric Emergency Department at South Tyneside District Hospital within the options presented. It is difficult to anticipate when children will present at an A&E Department and this may not fit in with the prescribed hours of operation. The decision makers will need to satisfy themselves that patient safety is not comprised by these changes and also give serious consideration to the feedback from the public, staff and focus groups which all highlight similar concerns over the 8pm closing of the paediatric emergency department.
- 5.2 The options presented have an element of transfer between hospitals for emergency issues for paediatric cases and this increased job cycle and the impact of the new ambulance response times will need to be given serious consideration in any option modelling. It will be vital to have assurances from the North East Ambulance Service, which are not available as yet, that the implications of the options have been fully modelled taking into account the additional costs and resources required to operate under a different model.
- 5.3 The Joint Scrutiny Committee has also received evidence from the North East Children's Transport and Retrieval (NECTAR) Service, who provide transport between hospitals for critically ill children and those having on-going treatment. The Joint Scrutiny Committee believes it is essential, that appropriate transportation is provided for children to ensure their continuity of care and proper administration of medication during travel between hospitals. Clearly this is a service that could provide additional resources to complement with the North East Ambulance Service. The Joint Scrutiny Committee would recommend that decision makers look to develop stronger communication links between the two organisations and potentially increase the resources available to both hospitals and Paediatric Services.
- 5.4 The Joint Health Scrutiny Committee were also concerned to hear from staff that they had not been involved fully in the development of the options presented in the Path to Excellence documentation. Concerns have been raised, with the Committee, over the development of the paediatric options principally around a lack of wider involvement from the paediatric team and the use of a single clinical lead in the process, which staff have claimed could potentially bring bias to this process.
- 5.5 In developing service models it is important that discussions should involve as full a range of clinicians, as is practicable, for a robust model to emerge. In meetings with staff grave reservations were expressed around the safety of a nurse led model which relied on Adult A&E consultants taking on responsibility for children presenting at South Tyneside District Hospital after 8pm. This presents real safeguarding concerns as there is the

potential for unaccompanied children to be waiting in adult A&E after hours with staff untrained in children's safeguarding issues to support them. The Joint Scrutiny Committee are also keen to highlight that potentially there are different operating models, in terms of child protection and social services, working across the local authority areas and that this should be considered closely in any decisions taken. It is important that in medical cases involving social services, that the transportation of young people across local authority boundaries, as outlined in the options presented, ensure systems are in place for a safe and compatible way of working. This could equally be extended to vulnerable adults too, where similar specific criteria exist.

6. General Concerns/Observations

Transport and Travel

- 6.1 Throughout the course of the Joint Committee's consideration of the Path to Excellence there has been one constant issue, the implications of the options on transport and travel for patients and family members. It should be noted that both local authority areas feature areas of high deprivation, low incomes and lone parent families and this results in 35.1% of Sunderland households do not own a car or van, while in South Tyneside this figure rises to 38.5%¹. The options outlined in phase one of the Path to Excellence consultation predominantly are the moving of services from South Tyneside to Sunderland, meaning that the effects of transport and travel will be more greatly felt by South Tyneside residents and result in greater financial and logistical burdens on patients and families from South Tyneside.
- 6.2 The Committee has highlighted previously and would like to see consideration given to a monthly parking charge or a scheme which could lessen the financial burden for those potential frequent visitors to the hospital, and that any such schemes are clearly advertised to the public. The Committee has also raised the idea of a dedicated bus service between the two hospitals to mitigate some of the travel issues and additional expenditure for patients and families. The Committee, at this stage, welcomes a close and honest consideration of supporting such a service, and the lobbying of transport service providers on this issue, and would welcome the comments of Nexus, Go North East and Stagecoach on this issue. The Joint Committee is pleased to note that a transport and travel working group has been established to look at the range of issues and it is hoped that the group can give some assurances and provide positive outcomes for decision makers around any preferred option in a timely and appropriate manner. However, the impact of travel on patients and families must remain a serious consideration when evaluating the options. The Joint Health Scrutiny Committee makes these observations following the transfer of the Jarrow Walk-in Centre to South Tyneside District General Hospital. As part of the IRP (Independent Reconfiguration Panel) report, there was a requirement for the CCG to address the transport issues highlighted by the Council prior to the move. Despite the issue of this requirement, no action was taken prior to the move and transport from Jarrow to South Tyneside General Hospital remains a problem for many people living in the area.
- 6.3 The Committee has also requested that facilities of overnight accommodation are available for parents/family that due to an emergency situation are at the hospital late at night meaning that travel becomes even more difficult and costly.

¹ ONS – 2011 Census

- 6.4 A major concern for the Committee was the computer based accessibility modelling tool used as part of the Independent Transport and Travel review. This was recognised to have a number of inherent limitations and assumptions and the Joint Committee questioned the validity of a number of the results and assumptions made by this review. Field testing work has since been undertaken by volunteers including Committee members and Healthwatch volunteers and the Committee members would expect that the findings from these journeys also contribute to the determination of the transport and travel impact on the options presented.
- 6.5 The North East Ambulance Service has a critical role to play throughout the options identified in the Path to Excellence and their performance is almost entirely dependent on the resources at their disposal. The Ambulance Service will require a substantial injection of funding to support the changes proposed in the Path to Excellence documentation and the Committee is pleased to recognise the on-going discussions between the CCG's and Ambulance Service that are taking place to ensure that the service will be able to adapt to the additional demands placed upon it. The Committee acknowledges that only with the appropriate level of resource will the Ambulance Service be able to deliver a safe, sustainable and high level of service.
- 6.6 Further to this the Joint Committee also has concerns with regard to the appropriateness and effectiveness of current data processing systems to establish a realistic model of performance monitoring. There appears to be an over-reliance on call centre monitoring software to produce quantitative data while lacking qualitative data which reflects the experience of service users. The current system, potentially, restricts the ability of the service to model future service delivery structures which reflects the need of service users. While it is acknowledged that response times, in terms of stroke and heart failure, are of course, paramount these are not the sole drivers of performance. Monitoring parameters need to be widened to reflect the concerns of service users.

Staff

- 6.7 Evidence received from staff, both frontline and consultants, argued that staff felt they had not been involved in the planning and development of proposals included in the consultation. The Joint Health Scrutiny Committee received a number of petitions and correspondence from staff highlighting these issues. The Committee believes that this is a missed opportunity that could have provided reality checks from operational staff on the ground. The Committee have been constantly reassured that staff have been encouraged and supported to develop alternative service delivery models. The Joint Committee recommends that any alternative model developed by staff is presented to the decision makers with a full explanation of its merits and disadvantages. Also explaining why alternative models failed the hurdle criteria, if applicable. In addition to petitions and correspondence received and discussed at Joint Health Scrutiny Committee meetings, Committee Members have received information which gives cause for considerable concern in relation to current demands on staffing. The Committee require reassurances that these issues will be resolved fully before options are implemented and assurances that any solutions can be monitored in the long-term.
- 6.8 A key part of all the proposals and options that have been presented are the training and development of staff, including the measures being taken to minimise disruption on services and how staff will transfer between sites, in order to reconfigure services. The Committee

believes it is important that in going forward with any preferred option that these assurances and commitments are clearly communicated to staff.

Hospital Sites

- 6.9 The Joint Committee has also heard and noted concerns over the capacity of Sunderland Royal Hospital to cope with the additional numbers of acute patients as a result of the proposed service options. Clear evidence and clarity needs to be exhibited to decision makers to ensure that reassurances are provided to this effect on any of the options presented.
- 6.10 With increased access to Sunderland Royal Hospital careful consideration needs to be given to car parking infrastructure including capacity of the hospital to cope with additional car numbers, costs to patients and families and the potential parking pressures on residential areas.
- 6.11 The Joint Committee has heard numerous concerns around the future of South Tyneside hospital and what it will look like in the future. It will be important for the Path to Excellence and programme managers to reassure local people that South Tyneside General Hospital has a future and allay some of the concerns that have arisen from the consultation. The Joint Committee is anxious over the process in relation to the piecemeal approach to the topics for consultation i.e. decisions made through this phase of consultation will inevitably impact upon future plans for review in other services. It would be useful for the Committee, at least, to have a fuller picture on which services are planned to be provided at each site, so consideration of individual services can be put into context.

Impact on Area

- 6.12 It is difficult to quantify with any degree of accuracy the impact the potential options will have on local areas. Clearly there are concerns that the removal of services from South Tyneside District Hospital could be detrimental to local residents. There is also the concern for local people that STDH is being scaled down and that a perceived uncertainty surrounds other services at the hospital.
- 6.13 The importance of future modelling to address capacity for future changes in the needs of local residents and the effect this could have on the sustainability of services was also highlighted as a concern by the Committee. It will be important that the issue of future modelling and the impact of changes on the specific areas is clearly addressed and acknowledged within the final options presented to decision makers.

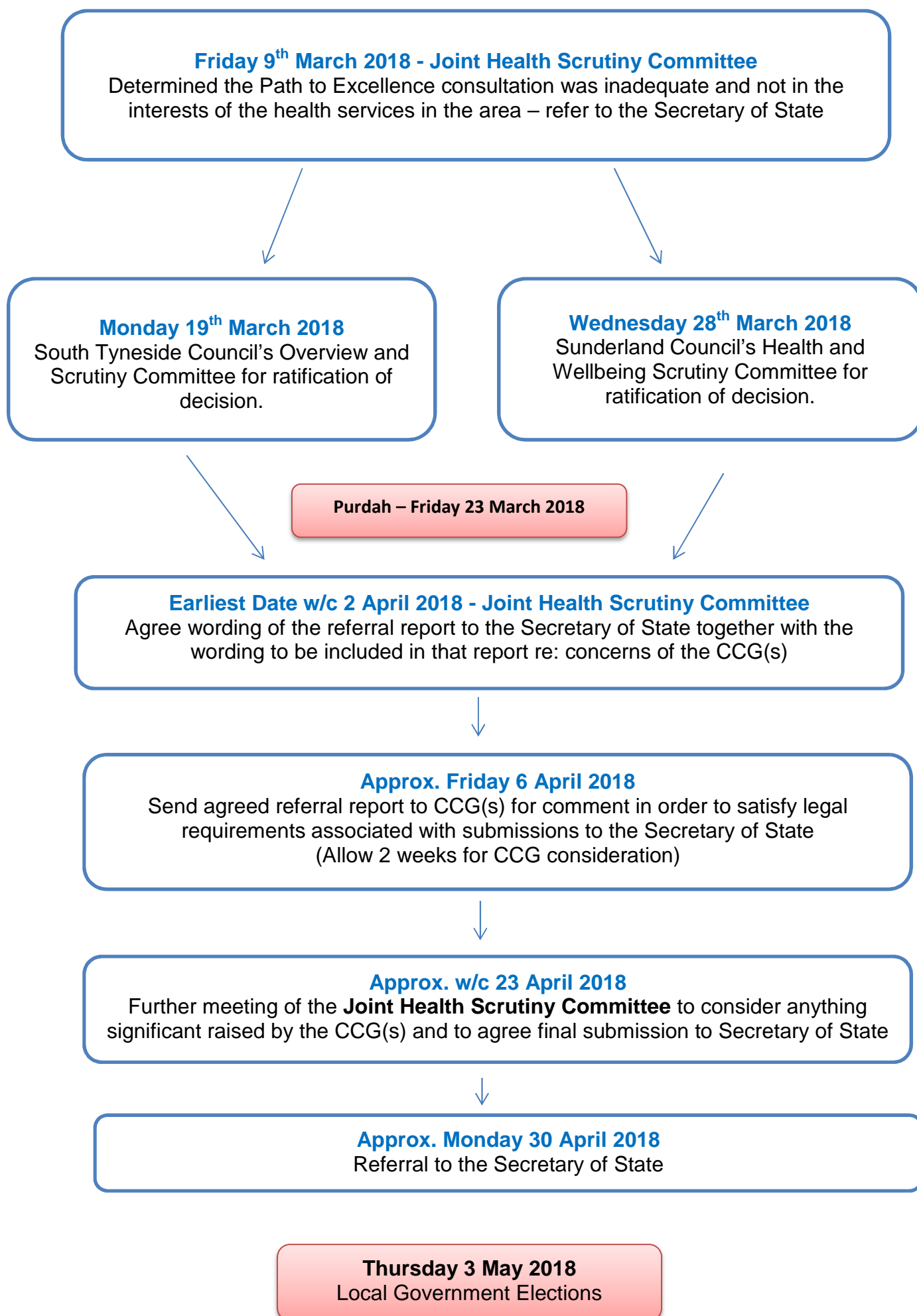
7. Conclusions

- 7.1 The Path to Excellence consultation has presented options for change in three service areas that will impact on primarily the residents of South Tyneside and Sunderland. The Joint Health Scrutiny Committee has continued beyond the consultation deadline in considering the process and implications of the proposals set out within the Path to Excellence documentation. It is important that the Committee recognises and acknowledges the cooperation and commitment of key staff from the NHS who have provided the Joint Health Scrutiny Committee with the information and evidence requested on numerous occasions.
- 7.2 However there remain issues and general concerns that the Joint Committee has with the process and the consultation as a whole. Throughout the process the Committee has struggled to understand the balance between service improvements and cost saving

measures. The Joint Committee remains concerned that there is a risk to the reliability of the consultation through the continued emphasis on service improvements against savings implications.

- 7.3 The Joint Health Scrutiny Committee also remains unconvinced of the potential to influence the decisions of the Path to Excellence consultation. Throughout the consultation process the Committee has recognised the importance of the views of patients and local people being at the very heart of the decision making process. The Committee would recommend that decision makers note the feedback provided by such groups when considering the options for service redesign.
- 7.4 The limited knowledge displayed by the South Tyneside and Sunderland Healthcare Group, Clinical Commissioning Groups and North East Commissioning Support of the context of public scrutiny and the formal role of scrutiny in local government within a partnership scenario has proved problematic. In particular, the presentation of evidence to the Joint Committee was often inappropriate and inaccessible; it was also complex, confusing and lacking clarity. Furthermore, the presentation of evidence was quite often compounded by the extensive use of abbreviations and jargon.
- 7.5 It should be noted that the Joint Health Scrutiny Committee retains, through the constituent authorities, the right to refer the decisions to the Secretary of State for Health.

Appendix 2 Indicative Timeline for Local Authority(s) Referral Process



Appendix 3 Outline Protocol on Receipt of a Referral to the Secretary Of State

- 1 The Department of Health (DH) will keep the Independent Reconfiguration Panel (IRP) informed of actual or potential referrals, and advise the Panel when a contested proposal has been referred to the Secretary of State for Health (SofS).
- 2 On receipt of a referral from a local authority to SofS, DH will contact NHS England and request additional information to enable the IRP to carry out an initial assessment of the referral. This information should be provided by NHS England within **two weeks** of request. NHS England may seek the assistance of the relevant NHS decision-making body/ies where appropriate.
- 3 The minimum information required for the IRP to carry out an initial assessment is:
 - information requested in the IRP *initial assessment template* comprising:
 - names and addresses or relevant organisations
 - a map in electronic format of the relevant area
 - a description of the proposals with a chronology of events and NHS England view
 - basic background information as outlined in the template
 - supporting documentation including the consultation document, papers for the NHS body decision-making meeting, and a record of that meeting
 - lead contacts at NHS England, NHS decision-making body/ies, contesting body/ies
 - the referral letter and supporting documentation
- 4 Once the above information has been received, DH will write to IRP requesting an initial assessment of the contested proposal and enclosing the supporting information.
- 5 The IRP will provide an initial assessment in **20 working days** of receiving the DH request and supporting information. IRP members will consider whether or not the referral is suitable for full IRP review.
- 6 *Decision that referral is not suitable for full IRP review:*
 - the Panel sets out its reasons and, where possible, makes recommendations on further action to be taken
 - SofS replies to local authority, copied to NHS England, advising of decision and future action – IRP advice is published on website (usually around one month after submission)
- 7 *Decision that referral is suitable for full IRP review:*
 - IRP and DH agree specific terms of referral based on IRP general terms of reference and appropriate timetable (usually **60 working days** though a longer timescale may be required depending on the circumstances)
 - SofS writes to IRP confirming *terms of reference*
 - Panel consideration of the case including written evidence, site visits, interviews with key stakeholders, determination of advice and writing of Panel's final report (usually 60 working days)
 - IRP submits its report to SofS
 - SofS replies to local authority, copied to NHS England, advising of decision and future action – IRP advice is published on website (usually around one month after submission)

Item 6

HEALTH & WELLBEING SCRUTINY COMMITTEE

28 MARCH 2018

ANNUAL REPORT

REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY PARTNERSHIPS

1. Purpose of the Report

- 1.1 To approve the Health and Wellbeing Scrutiny Committee report as part of the overall scrutiny annual report 2017/18 that is to be presented to Council.

2. Background

- 2.1 As in the previous 2016/17 municipal year the annual report will be a single combined report of all seven scrutiny committees. The annual report will outline the development in the scrutiny function and provide snapshots of the outcomes achieved during the last 12 months.

3. Current position

- 3.1 The proposed Health and Wellbeing Scrutiny Committee report is attached at **appendix 1** for member's consideration. The report provides a very brief snapshot of some of the main work undertaken by the committee during 2017/18. It should be noted that the report is written from the perspective of the Chair of the Committee reflecting over the year.
- 3.2 Some of the main themes covered in the annual report revolve around the following issues:
 - School Nursing Service
 - Urgent Care Strategy
 - North East Ambulance Service
 - Multispecialty Community Provider.

4. Conclusion

- 4.1 The Committee has delivered another ambitious work programme in 2017/18, which is reflected in the annual report. The Health and Wellbeing Scrutiny Committee has worked well with Council Directorates, stakeholders and partner organisations to deliver the work programme and the committee has tackled a number of key issues throughout the year and looked to work with officers and stakeholders to provide solutions and improvements to services delivered across the city.

5 Recommendation

- 5.1 That Members approve the Health and Wellbeing Scrutiny Committee report for inclusion in the Scrutiny Annual Report 2017/18.

6. Glossary

n/a

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

APPENDIX 1: ANNUAL REPORT

HEALTH AND WELLBEING SCRUTINY COMMITTEE

Chair: Cllr Darryl Dixon

Vice-Chair: Cllr Juliana Heron

Committee Members: Councillors Kelly Chequer, John Cummings, Ronny Davison, Jill Fletcher, Kevin Johnston, Shirley Leadbitter, Barbara McClennan, Paul Middleton, Dorothy Trueman and Geoff Walker.

It once again gives me great pleasure to be able to introduce to you the Health and Wellbeing Scrutiny Committee's report. It has again been a very busy year and the committee has looked to build upon the work and progress of the previous year.

The Health and Wellbeing Scrutiny Committee has continued in 2017/18 where it left off in 2016/17 with an in-depth look at the state of GP Practices in Sunderland. The Committee has, over the last 2 years, been presented with information on practice mergers, branch closures, procurements as a result of contracts ending or being handed back and Care Quality Commission (CQC) inspections of general practice. The Committee has looked in detail at the current state of general practice as well as how Sunderland Clinical Commissioning Group (SCCG) is supporting the sustainability and transformation of local practices in light of the challenges they face. The Committee will continue to monitor the situation through regular reporting by SCCG and also from CQC Inspections of local practices.

The school nursing service, commissioned by the local authority, delivers a number of mandatory and non-mandatory health interventions in schools across Sunderland. There have been a range of issues with the delivery of this service and the Health and Wellbeing Scrutiny Committee has held a workshop to discuss these issues in addition to receiving performance and progress updates in relation to this issue. Members of the committee have provided robust challenge around the key issues relating to the school nursing service. The Committee continues to monitor the situation and will look forward to further updates in the future as commissioners look to re-commission the service.

The health service landscape continues to change and reconfigure to meet the needs and demands of local populations against a backdrop of challenging issues including the recruitment and retention of staff and finite resources. With this in mind the committee has looked at two major issues related to this, the first around urgent care transformation and the second around Multispecialty Community Providers or MCP's.

Urgent care is currently too complicated and people want to be able to see a GP when they have an urgent care need. Sunderland CCG has therefore embarked on a programme of change to ensure that the provision is fit for purpose and the future. The Scrutiny Committee continues to monitor and provide challenge to this programme and we will continue to receive progress reports from SCCG. This is certainly an issue that the committee will keep on its work programme and will continue to provide the requisite response and challenge.

Sunderland CCG believes there is benefit from including and integrating all out of hospital services it commissions into a multispecialty community provider model. The Health and Wellbeing Scrutiny Committee recognises this as a fundamental development in how health services are delivered across Sunderland. Committee Members have highlighted a number of areas of concern and will continue to closely monitor the development of the MCP and we will be very interested in the outcomes of both market and public engagement.

It is important that as a health scrutiny committee we develop links with our key health partners and providers and to this end I am pleased to report that we have a good, professional working relationship with Sunderland CCG. We have also started to develop our relationship with Sunderland's Healthwatch organisation and recently received their annual report at committee. We hope that this is the beginning of a more active relationship and I feel sure that both organisations can benefit from such an association.

The North East Ambulance Service (NEAS) are yet another example of an organisation that the committee would like to develop further links with. The committee are very interested in the ambulance services performance in Sunderland and the impact that winter pressures exert on their resources. With service re-designs and reconfigurations, Sustainability and Transformation Partnerships (STP's) and MCP's all taking shape it will be critical to understand the ambulance services role in many of these plans. In beginning the conversation with NEAS I feel that the Health and Wellbeing Scrutiny Committee is placing itself in a position to be able to do this in the future.

Members continue to receive quarterly progress updates on the care and support provider market which provides awareness of current and on-going issues within the care home market in Sunderland. As a result of these regular updates Members have been proactive in requesting further assurances around the market where there are issues of concern. It is crucial, as scrutiny members, that we do not disregard the issues that are presented to us but seek assurances that the remedial actions put in place are carried through and result in an improved quality of service.

The Committee has conducted a varied and detailed work programme over the past year and the challenges that lie ahead for health services are monumental. The Committee will continue to develop relationships and consider the issues facing the health landscape in Sunderland and more importantly such changes will impact local residents.

Finally on behalf of the Health and Wellbeing Scrutiny Committee I would like to take this opportunity to thank all the members, officers and partners who have contributed to the work of the committee over the year. It is only through this level of commitment and collaboration that the Committee is able to look at the issues in such detail, and I am confident that this will continue in the future.

Councillor Darryl Dixon
Chair of the Health and Wellbeing Scrutiny Committee

HEALTH AND WELLBEING SCRUTINY COMMITTEE

Chair: Cllr Darryl Dixon

Vice-Chair: Cllr Juliana Heron

Committee Members: Councillors Kelly Chequer, John Cummings, Ronny Davison, Jill Fletcher, Kevin Johnston, Shirley Leadbitter, Barbara McClennan, Paul Middleton, Dorothy Trueman and Geoff Walker.

It once again gives me great pleasure to be able to introduce to you the Health and Wellbeing Scrutiny Committee's report. It has again been a very busy year and the committee has looked to build upon the work and progress of the previous year.

The Health and Wellbeing Scrutiny Committee has continued in 2017/18 where it left off in 2016/17 with an in-depth look at the state of GP Practices in Sunderland. The Committee has, over the last 2 years, been presented with information on practice mergers, branch closures, procurements as a result of contracts ending or being handed back and Care Quality Commission (CQC) inspections of general practice. The Committee has looked in detail at the current state of general practice as well as how Sunderland Clinical Commissioning Group (SCCG) is supporting the sustainability and transformation of local practices in light of the challenges they face. The Committee will continue to monitor the situation through regular reporting by SCCG and also from CQC Inspections of local practices.

The school nursing service, commissioned by the local authority, delivers a number of mandatory and non-mandatory health interventions in schools across Sunderland. There have been a range of issues with the delivery of this service and the Health and Wellbeing Scrutiny Committee has held a workshop to discuss these issues in addition to receiving performance and progress updates in relation to this issue. Members of the committee have provided robust challenge around the key issues relating to the school nursing service. The Committee continues to monitor the situation and will look forward to further updates in the future as commissioners look to re-commission the service.

The health service landscape continues to change and reconfigure to meet the needs and demands of local populations against a backdrop of challenging issues including the recruitment and retention of staff and finite resources. With this in mind the committee has looked at two major issues related to this, the first around urgent care transformation and the second around Multispecialty Community Providers or MCP's.

Urgent care is currently too complicated and people want to be able to see a GP when they have an urgent care need. Sunderland CCG has therefore embarked on a programme of change to ensure that the provision is fit for purpose and the future. The Scrutiny Committee continues to monitor and provide challenge to this programme and we will continue to receive progress reports from SCCG. This is certainly an issue that the committee will keep on its work programme and will continue to provide the requisite response and challenge.

Sunderland CCG believes there is benefit from including and integrating all out of hospital services it commissions into a multispecialty community provider model. The Health and Wellbeing Scrutiny Committee recognises this as a fundamental development in how health services are delivered across Sunderland. Committee Members have highlighted a number of areas of concern and will continue to closely monitor the development of the MCP and we will be very interested in the outcomes of both market and public engagement.

It is important that as a health scrutiny committee we develop links with our key health partners and providers and to this end I am pleased to report that we have a good,

professional working relationship with Sunderland CCG. We have also started to develop our relationship with Sunderland's Healthwatch organisation and recently received their annual report at committee. We hope that this is the beginning of a more active relationship and I feel sure that both organisations can benefit from such an association.

The North East Ambulance Service (NEAS) are yet another example of an organisation that the committee would like to develop further links with. The committee are very interested in the ambulance services performance in Sunderland and the impact that winter pressures exert on their resources. With service re-designs and reconfigurations, Sustainability and Transformation Partnerships (STP's) and MCP's all taking shape it will be critical to understand the ambulance services role in many of these this plans. In beginning the conversation with NEAS I feel that the Health and Wellbeing Scrutiny Committee is placing itself in a position to be able to do this in the future.

Members continue to receive quarterly progress updates on the care and support provider market which provides awareness of current and on-going issues within the care home market in Sunderland. As a result of these regular updates Members have been proactive in requesting further assurances around the market where there are issues of concern. It is crucial, as scrutiny members, that we do not disregard the issues that are presented to us but seek assurances that the remedial actions put in place are carried through and result in an improved quality of service.

The Committee has conducted a varied and detailed work programme over the past year and the challenges that lie ahead for health services are monumental. The Committee will continue to develop relationships and consider the issues facing the health landscape in Sunderland and more importantly such changes will impact local residents.

Finally on behalf of the Health and Wellbeing Scrutiny Committee I would like to take this opportunity to thank all the members, officers and partners who have contributed to the work of the committee over the year. It is only through this level of commitment and collaboration that the Committee is able to look at the issues in such detail, and I am confident that this will continue in the future.

Councillor Darryl Dixon
Chair of the Health and Wellbeing Scrutiny Committee

Item 7

HEALTH & WELLBEING SCRUTINY COMMITTEE

28 MARCH 2018

ANNUAL WORK PROGRAMME 2017-18

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 2017-18 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 2017-18.

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 2017-18

REASON FOR INCLUSION	28 JUNE 17 D/L:15 June 17	12 JULY 17 D/L:29 June 17	6 SEPTEMBER 17 D/L:24 August 17	4 OCTOBER 17 D/L:21 Sept 17	1 NOVEMBER 17 D/L:19 Oct 17	29 NOVEMBER 17 D/L:16 Nov 17	3 JANUARY 18 D/L:21 Dec 17	31 JANUARY 18 D/L:18 Jan 18	28 FEBRUARY 18 D/L:16 Feb 18	11 APRIL 18 D/L:29 March 18
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business	<p>Care & Support Provider Market Update(G King)</p> <p>CQC GP Inspection Annual Report (Sunderland CCG)</p> <p>The state of GP Practice in Sunderland (Sunderland CCG)</p> <p>Teenage Pregnancy – Proposal to establish a working group</p>	<p>Housing and Care 21 Schemes – update (G King)</p> <p>CCG Operational Plan 17/18 (Sunderland CCG)</p>	<p>School Nursing Update (G Gibson)</p> <p>Alcohol & Substance Misuse Service Update (G Gibson)</p>	<p>Care & Support Provider Market Update(G King)</p> <p>Telecare (G King/J Usher)</p> <p>Urgent Care Strategy incl. The big Front Door(Sunderland CCG)</p>	<p>Care and Support Annual Report (P Foster)</p> <p>Sunderland Care and Support Ltd, Financial Update (F Brown/B Scarr)</p> <p>Better Care Fund 2017-19 (G King/Ian Holliday)</p>	<p>Adult Safeguarding Board Annual Report (G King)</p> <p>CCG End of Life Plan (Sunderland CCG)</p> <p>MCP Engagement Activity (CCG/NECS)</p>	<p>Care & Support Provider Market Update (G King)</p> <p>Healthwatch Annual Report 16/17 (Margaret Curtis – Healthwatch)</p>	<p>Pharmaceutical Needs Assessment (G Gibson/K Bailey)</p> <p>Breast Service Update (Sunderland CCG)</p> <p>North East Ambulance Service (M Cotton)</p> <p>Joint Health Scrutiny Committee – Update (N Cummings)</p>	<p>Urgent Care Update (Sunderland CCG – Helen Fox)</p> <p>Consideration of the Decision of South Tyneside and Sunderland Joint Health Scrutiny Committee to refer the 'Path To Excellence' Decisions to the Secretary of State for Health (N Cummings)</p> <p>Annual Report (N Cummings)</p>	<p>MCP Update – (CCG)</p> <p>Care & Support Provider Market Update(G King)</p> <p>Oral Health in Sunderland(G Gibson)</p>
Performance / Service Improvement										
Consultation/ Information & Awareness Raising	<p>Notice of Key Decisions</p> <p>Work Programme 17-18</p>	<p>Notice of Key Decisions</p> <p>Work Programme 17-18</p>	<p>Notice of Key Decisions</p> <p>Work Programme 17-18</p>	<p>Notice of Key Decisions</p> <p>Work Programme 17-18</p>	<p>Notice of Key Decisions</p> <p>Work Programme 17-18</p>	<p>Notice of Key Decisions</p> <p>Work Programme 17-18</p>	<p>Notice of Key Decisions</p> <p>Work Programme 17-18</p>	<p>Notice of Key Decisions</p> <p>Work Programme 17-18</p>	<p>Notice of Key Decisions</p> <p>Work Programme 17-18</p>	<p>Notice of Key Decisions</p> <p>Work Programme 17-18</p>

Items to be scheduled

Speech and Language Therapy
Dementia Friendly City

Item 8

HEALTH AND WELLBEING SCRUTINY COMMITTEE

28 MARCH 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 20 February 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 20 February 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 20 February 2018

5. BACKGROUND PAPERS

- Cabinet Agenda

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

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

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

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
170810/205	To approve the freehold acquisition of a property to provide children's services accommodation.	Cabinet	Y	During the period 21 March to 30 April 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 19 September to 30 November 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
180103/235	To seek approval for the procurement and award of contracts to providers for local welfare provision	Cabinet	Y	21 March 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180124/238	To approve the Enforcement Policy for Public Protection and Regulatory Services	Cabinet	Y	21 March 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180124/239	To approve the Together for Children Business Plan and associated Key Performance Indicators 2018-2019	Cabinet	Y	21 March 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 contains information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report Business Plan	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
180126/241	To seek approval of the use of Section 106 Contributions for Affordable Housing.	Cabinet	Y	21 March 2018	N	Not applicable	Cabinet Report A Housing Strategy for Sunderland 2017 - 2022	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180205/242	To seek approval of proposals for the organisation and delivery of Programme and Learning activity funded through Sunderland Culture National Portfolio award.	Cabinet	Y	21 March 2018	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 4 Schedule 12A of the Local Government Act 1972, as amended, as the report contains information on consultations or negotiations in connection with any labour relations matter arising between the Council and its employees The public interest in maintaining these exemptions outweighs the public interest in disclosing the information.	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
180205/243	To seek approval for the proposed maintained school admission arrangements for the academic year September 2018-2019 and to describe proposed amendments to published admission numbers (PANs) for the academic year 2017-2018, where it is necessary to provide additional places.	Cabinet	Y	21 March 2018	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180103/237	To seek approval of the Active Sunderland policy position and themes until 2021, ensuring that the policy is relevant to both corporate priorities and Sport England outcome framework.	Cabinet	Y	25 April 2018	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180205/244	To seek Cabinet approval of the Housing Allocations Policy which has been revised in line with the Homelessness Reduction Act 2017.	Cabinet	Y	25 April 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 Henry Trueman – Deputy Leader; Councillor Mel Speding – Cabinet Secretary; Councillor Louise Farthing – Children's Services; Councillor Graeme Miller – Health, Housing and Adult Services; Councillor John Kelly – Public Health, Wellness and Culture; Councillor Michael Mordey – City Services; Councillor Cecilia Gofton – Responsive Services and Customer Care

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 **20 February 2018**