

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

**Meeting to be held in the Civic Centre (Committee Room No. 2) on
Wednesday 6th June, 2018 at 5.30 pm**

Please note the change to the usual venue

Membership

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

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	Part A – Cabinet Referrals and Responses	
	No Items	
	Part B – Scrutiny Business	
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	Report of Sunderland Clinical Commissioning Group (CCG) (copy attached).	
5.	Annual Work Programme 2018/2019	47
	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. **Notice of Key Decisions** 52

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.

29th May, 2018

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 28th MARCH 2018 at 5.30 p.m.

Present:-

Councillor Dixon in the Chair

Councillors Chequer, Davison, Heron, Hodson, Johnston, McClennan, Middleton, D. Trueman and G. Walker.

Also in attendance:-

Mr Nigel Cummings, Scrutiny Officer, Sunderland City Council

Ms Helen Fox, Senior Communications Officer, Sunderland Clinical Commissioning Group

Dr Tracey Lucas, Executive GP and Clinical Urgent Care Lead, Sunderland Clinical Commissioning Group

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

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

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Fletcher and Leadbitter.

The Chairman welcomed everyone to the meeting and introductions were made. In particular the Chairman welcomed Councillor Hodson who was attending his first meeting as a member of the Committee.

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 31st January, 2018 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Update on Improving Urgent Care in Sunderland

Dr Lucas presented a report (copy circulated) of the Sunderland Clinical Commissioning Group which set out why it believed urgent care need to change, the

engagement it had undertaken to date and the methods it would be using for the formal consultation which was to be undertaken between the 9th May and 12th August 2018.

(For copy report – see original minutes).

Councillor Walker referred to paragraph 3.2 of the report regarding the growth in demand and asked if there was longitudinal detail to illustrate this growth. Mr Watson replied that overall in Urgent Care there was a 4% year on year increase in demand with a 6% increase in self-presentation. With regard to Accident and Emergency the increase in demand in respect of self-presentation was running at 7%.

In response to a further enquiry from Councillor Walker, Ms Fox advised that the firm undertaking the consultation exercise was called 'Shared Vision'. This was a different firm to that which had undertaken the Path to Excellence consultation however there was a member of staff at Shared Vision who had also worked for the firm responsible for that consultation exercise.

In response to an enquiry from Councillor Davison, Dr Lucas advised that the CCG had to follow national guidance and policies, set by NHS England which required that urgent and emergency care was reviewed so that it was suitable for people of all ages with physical and mental health problems. Each area had to have an urgent treatment centre and this service needed to be easy for people to access and joined up with other services. As a result there was a suggestion that these should be located alongside an A&E so it was easier to work together more effectively. Consultation would revolve around location, possible co-location and opening times.

Councillor Heron praised the walk in centre in Houghton which was extremely well used and feared that the Coalfield residents would be disadvantaged if they were forced to travel to Sunderland to access the services it provided.

Councillor Heron referred to the GP extended hours service and expressed fears that it could become compromised by the shortage of GPs in the region. Dr Lucas replied that since September 2017, the CCG had successfully run the services across all 5 localities in the city without having to fill a single gap in the rota. Mr Watson also advised that the 24/7 home-visiting service would also help to manage demand across the course of the day. Councillor Heron stated that the extended hours services had not be well advertised and she had only come across it having picked up a leaflet at the surgery. Ms Lucas advised that service had not been advertised because it was not a walk in service. Appointments had to be booked with your GP in the usual manner.

Councillor Chequer asked how patients with mental health issues would be catered for at the point of access. Dr Lucas advised that all GPs were multi skilled , the 111 Service would include mental health clinicians in its hub. There was also the Improving Access to Psychological Therapies (IAPT) programme which from April 2018 all CCGS would be required to offer integrated with physical healthcare pathways. In response to a further enquiry from Councillor Chequer, Dr Lucas confirmed that the service and support would be 'ageless'.

Councillor McClennan, from the point of view of 'Joe Public', referred to the stated definition of urgent care - 'a sudden healthcare problem that needs an appointment

within 24 hours with a healthcare professional but is not a life threatening illness or injury' and asked, how would I know if it is life threatening or not? She referred to the reference to 'each area' in paragraph 3.4.2 and asked how an 'area' was defined? In addition Councillor McClennan asked if there were any savings targeted as part of the review and what would happen to the surplus estate? Dr Lucas advised that the 111 Service would assess whether a condition was life threatening and if so an ambulance would be dispatched. With regard to the definition of an 'area' the NHS guidelines referred to this as the area covered by the CCG. With regard to savings, Mr Watson informed the meeting that these would not become apparent until the new model of delivery was identified. Two models had been developed which met all of the national mandatory requirements. With regard to the estate Dr Lucas advised that she was unable to say what would happen to any surplus property.

In response to an enquiry from Councillor Chequer, Dr Lucas informed the Committee that the bulk of the work currently undertaken at the walk in centres were minor injuries. Councillor Chequer asked that the consultation made reference to the services currently offered at walk in centres locally, that would potentially would only be available at an urgent care centre adjacent to an A&E Department.

The Chairman stated that on the Path to Excellence consultation, Members of the Public had to pre-book a place which had led to some confusion. He asked whether it would be the same in respect of the urgent care consultation? Ms Fox confirmed that it would, as it assisted in the planning for refreshments and the staffing of the events. People however would still be able to attend without pre-booking and the CCG would expect around a 10% walk up on the days of the events.

There being no further questions, the Chairman thanked Ms Fox, Dr Lucas and Mr Watson for their report, and it was:-

2. RESOLVED that the report be received and noted and that further updates be provided in due course.

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

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, an indicative timetable for the local authority (s) referral process and the Department of Health outline protocol on receipt of a referral to the Secretary of State.

(For copy report – see original minutes).

Mr Nigel Cummings, Scrutiny Officer presented the report advising that the Joint Scrutiny Committee met to consider the decisions that had been made on the 9th March 2018 and unanimously agreed to recommend that each constituent authority referred the decisions contained in the Path to Excellence Phase One to the Secretary of State. The grounds for the referral would 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.

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

The Chairman having thanked Mr Cummings for his report, Councillor McClennan on behalf of the Committee thanked Mr Cummings for his efforts in supporting members during their deliberations throughout the process of the consultation.

The Chairman moved that approval be given the decision of the Joint Health Scrutiny Committee to refer the decisions contained in the Path to Excellence Phase One to the Secretary of State. He advised that as the Committee was exercising its power on behalf of the Council he would ask for a formal recorded vote. Councillor Hodson advised that as this was the first meeting of the Committee since his appointment as a member, he did not feel it appropriate to cast a vote, having not been party to previous deliberations and would therefore abstain.

Upon being put to the vote with 9 members voting in favour, no votes against and 1 abstention, it was:-

3. RESOLVED that approval be given the decision of the Joint Health Scrutiny Committee to refer the decisions contained in the Path to Excellence Phase One to the Secretary of State for Health.

Annual Report

The Head of Member Support and Community Partnerships submitted a report (copy circulated) which sought members' approval for the Health and Wellbeing Scrutiny aspect of the overall Scrutiny Annual report to be submitted to full Council during June 2018.

(For copy report – see original minutes)

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

4. RESOLVED that approval be given to the Health and Wellbeing Scrutiny Committee report 2017/18 for inclusion in the Scrutiny Annual Report 2017/18.

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).

Mr Cummings advised that the report on oral health previously scheduled to be considered at the weather postponed meeting of 28th February and deferred from this meeting would now be considered at the next meeting on 11th April, 2018.

5. 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 remainder of 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 28th March, 2018.

(For copy report – see original minutes).

6. 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 2ii

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 11th APRIL 2018 at 5.30 p.m.

Present:-

Councillor Dixon in the Chair

Councillors Chequer, Davison, Heron, Middleton, D. Trueman and G. Walker.

Also in attendance:-

Ms Debbie Burnicle, Deputy Chief Officer, Sunderland Clinical Commissioning Group
Mr Nigel Cummings, Scrutiny Officer, Sunderland City Council
Ms Ann Dingwall, Strategic Commissioning Manager, Sunderland City Council
Mr David Gallagher, Chief Officer, Sunderland Clinical Commissioning Group
Ms Gillian Gibson, Director of Public Health, Sunderland City Council
Mr David Noon, Principal Governance Services Officer, Sunderland City Council

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Fletcher, Hodson, Johnson, Leadbitter and McClennan.

Declarations of Interest (including Whipping Declarations)

Item 3 – Commissioning of a Multispecialist Community Provider (MCP)

Councillor Chequer made an open declaration as an employee of the Northumberland, Tyne and Wear NHS Foundation Trust.

Item 5 Managing the Market

Councillor Middleton made an open declaration as a family member was employed at the Riverside Extra Care Scheme

Change in the Order of Business

The Chairman advised that he would defer Item 3 on the agenda (Commissioning of a Multispecialist Community Provider) until later in the meeting to allow the presenting officer to attend having been detained at another meeting.

Oral Health in Sunderland

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

- Raise awareness with the Health and Wellbeing Scrutiny Committee about the poor state of oral health in people in Sunderland, focusing on the oral health outcomes of five year olds;
- Notify the Health and Wellbeing Scrutiny Committee that the public health team had increased the priority afforded to addressing this issue and would be working to put in place a strategy to tackle poor oral health that made use of all key evidence based interventions;
- Start a conversation about the role that water fluoridation could play in Sunderland;
- Offer the opportunity for members of the Health and Wellbeing Scrutiny Committee to comment on plans for addressing this issue.

(For copy report – see original minutes).

Ms Gibson presented the report and proceeded to address comments and questions from members

The Chairman advised that a lot of emails had been received since the publication of the agenda from groups opposed to the fluoridation. He advised that the debate about fluoridation would be discussed fully after the results of the feasibility study to be undertaken by Durham, South Tyneside and Sunderland were known. In response to a question from Councillor Davison, Ms Gibson informed the meeting that while some areas of Sunderland had natural fluoridation, there had never been artificial fluoridation in the area.

Councillor Walker referred to paragraph 5.3 of the report and asked if there were links between schools and dentists to encourage children to have their teeth checked regularly. Ms Gibson advised that work would be done with school nurses to educate parents and encourage them to familiarise young children with dentists at an early age. The 0-19 Strategy had also been strengthened in respect of the focus around oral health. She would like it further developed so that a brief check of a child's oral health was undertaken when he/she met the School Nurse for the first time.

In response to an enquiry from the Chairman, Ms Gibson advised that no thought had yet been given as to how any consultation regarding fluoridation would be undertaken. It would however need to allow experts and the local community to give their opinions and given the controversial nature of the matter it would be likely that any report arising from the consultation was produced through independent oversight.

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

2. RESOLVED that:-

- i) the poor state of oral health in people in Sunderland be noted,
- ii) it be noted that the public health team had increased the priority afforded to addressing the issue and would be working to put in place a strategy to tackle poor oral health that made use of all key evidence based interventions,
- iii) a report on the outcomes of the Oral Health Needs Assessment be submitted to the Committee in due course,

iv) representatives of the new School Nursing Service be invited to a future meeting of the Committee and updates on the work of the service be factored into the Committee's Work Programme

Managing the Market

The Executive Director of People Services, submitted a report (copy circulated) to provide the Scrutiny Committee with an update in relation to the work being undertaken by Sunderland City Council's Commissioning team and partners to work with and develop a diverse market for care and support for people in Sunderland.

(For copy report – see original minutes)

Ms Anne Dingwall, Commissioning Lead presented the report highlighting the current position in relation to the following provider markets in Sunderland:-

- i. Accommodation based services for older people – (Residential and Nursing Care; Extra Care Accommodation).
- ii. Accommodation based services for people with disabilities – (Residential Care; Independent Supported Schemes; Core and Cluster Schemes).
- iii. Accommodation based services for people with mental health needs – (Residential Care; Independent Supported Living Schemes; Core and Cluster Schemes).
- iv. Community services – (Care and Support into people's homes; Day Care/Opportunities; Preventative Services)

In response to an enquiry from Councillor Walker, Ms Dingwall advised that the figure of 252 beds unoccupied was correct but had to be viewed in the context that it was across 47 homes.

The Chairman referred to paragraph 4.1.6 of the report which identified that the local authority was carrying out its own quality monitoring visits which would result in a quality rating for each home. He asked if the ratings and inspections would be made available to the public and how could they access them. Ms Dingwall replied that the reports would be made available on the Council's website having first been shared with residents, their families and social workers. The inspections would be informed by those undertaken by the CQC.

Councillor Chequer referred the CQC inspections of homes and asked if in future reports, brief information could be included regarding a home's performance in relation to each of the 5 domains in order that the Committee was able to see the whole picture rather than just the extremes of good and bad. She referred to paragraph 4.5.6 which stated that the average length of time that clients were on the waiting list for Relevant Persons Representative (RPR) provision was 57 days. Councillor Chequer stated that this was a long time and asked what was being done to reduce this. In addition Councillor Chequer asked what would be put in place for a resident that wished to transfer out from a home that had received an inadequate rating from the CQC and also what provision was provided in respect of short term breaks.

Ms Dingwall replied that short term breaks were offered to people with an eligible need and could be up to 56 nights per year. The short term break figures were not included in the report but could be included in the future. If a service user asked to transfer out of a home then this would be facilitated by their social worker. Ms Dingwall acknowledged that the figure of 57 days for RPR provision was over and above what was acceptable and was due to both increased demand and staffing pressures. Work was being undertaken to reduce the waiting time. With regard to the 5 CQC inspection domains, Ms Dingwall advised that this information could be provided in future reports.

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

3. RESOLVED that:-

i) the report be received and noted

ii) the Committee continue to receive regular updates from the Commissioning Team in relation to the market provision including additional information regarding the 5 CQC inspection domains, short term breaks and advocacy support.

Commissioning of a Multi-Speciality Community Provider (MCP)

Sunderland CCG submitted a report (copy circulated) to provide the Committee with an update on progress in realising the local strategic ambition of a Multi-Speciality Community Provider (MCP) leading, developing and delivering an effective, integrated Out of Hospital Care Model in Sunderland. Appended to the report for Members' information were copies of the Stakeholder Briefing note and the MCP Final Prospectus.

(For copy report – see original minutes).

Ms Debbie Burnicle, Deputy Chief Officer, Sunderland CCG presented the report and addressed questions and comments from members.

In response to an enquiry from the Chairman as to how the Collaboration model differed from the Accountable Care Organisation, Ms Burnicle advised that Accountable care organisations (ACOs) were established when commissioners awarded a long-term contract (usually 10 years) to a single organisation to provide a range of health and care services to a defined population following a competitive procurement. The ACO would have the ability to subcontract with other providers to deliver the contract. In contrast the Collaboration model would comprise several partner organisations in a system acting and behaving as though they were one, whilst maintaining statutory and contractual responsibilities of individual organisations, both Commissioners and Providers. This would be formalised by an alliance agreement which overlaid underlying commissioning contracts.

The CCG had opted for this approach as their preference was to continue to build on the success arising from the more joined up approach over the last few years between the current providers, working collaboratively with commissioners.

Councillor Walker referred to paragraph 4.7 which advised that the ability of the collaboration approach to deliver the pace and transformation required, would be kept under review over the next year and the CCG reserved the right to commission the MCP using a different business model if the review concluded that the collaboration approach was not able to deliver the further transformation at the pace required. He noted that there would be a complex network of relationships involved in an alliance of the size proposed and asked what would be the alternative model if the alliance was not able to deliver. Ms Burnicle confirmed that it would be the Accountable Care Model.

In response to an enquiry from Councillor Davison, Ms Burnicle advised that she had just sent a briefing to Mr Cummings in relation to the position at Farnborough Court. Mr Cummings confirmed that he would circulate it to all members of the Committee for their information.

With regard to further enquiries from Councillor Davison, Ms Burnicle advised that the adult population of Sunderland had 4 levels of need. The Out of Hospital Care Model (as detailed on page 12 of the MCP Prospectus) was organised to respond more effectively to those levels of need. With regard to those people un registered with a doctor she advised that they tended to be the homeless and members of the travellers community.

In response to an enquiry from the Chairman, Ms Burnicle advised that the reception to the proposals had been very positive with no negative feedback received to date.

There being no further questions or comments, the Chairman thanked Ms Burnicle for her report and it was :-

4. RESOLVED that the report be received and noted.

At this juncture the Chairman informed Members that this would be Ms Burnicle's final meeting as she was shortly to be taking early retirement from the CCG. He thanked Ms Burnicle for efforts on behalf of the Committee and the contribution she had made to its meetings over the years. Ms Burnicle responded suitably.

Annual Work Programme 2017/18

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

(For copy report – see original minutes).

5. RESOLVED that the report be received and noted.

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 28th March, 2018.

(For copy report – see original minutes).

6. 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 AND WELLBEING SCRUTINY COMMITTEE

6 JUNE 2018

URGENT CARE CONSULTATION

REPORT OF NHS SUNDERLAND CCG

1. Purpose of Report

- 1.1 The report outlines Sunderland CCG's consultation into Urgent Care which was launched on Wednesday 9 May 2018.

2. Background

- 2.1 Urgent care is '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.
- 2.2 People have told us NHS services in Sunderland are too complicated and people often don't know where to go. People want joined up care and they would prefer to see a GP for same day urgent appointments.
- 2.3 Following the success of this approach to integration within the Out of Hospital vanguard programme the CCG agreed a business case to enhance the scope of services to be integrated to include all out of hospital services the CCG commission, up to £240m in value.

3. Consultation

- 3.1 Sunderland Clinical Commissioning Group are now consulting the public on a number of issues as follows:
 - Where do you think the Sunderland Extended Access Service should be located;
 - What should the opening times be for the urgent treatment centre and the Sunderland Extended Access Service;
 - Whether or not the urgent treatment centre and Sunderland Extended Access Service should be joined up;
 - If there are any options or ideas that we might have missed.
- 3.2 A full stakeholder briefing note is attached at **appendix one** of this report for Members information.
- 3.3 The consultation was launched on Wednesday 9 May 2018 and will end on Sunday 12 August 2018. Feedback from the consultation will take place in October 2018 and a final decision will be made by the CCG Governing Body in December 2018.
- 3.4 The public consultation document, 'Making Urgent Care Work Better in Sunderland', is attached at **appendix two** of this report for Members consideration.
- 3.5 The Health and Wellbeing Scrutiny Committee have the opportunity to provide a response to this consultation and provide a written statement to Sunderland CCG before the deadline of 12 August 2018.

4. Recommendation

- 4.1 The Committee are requested to note the content of the Stakeholder Briefing and the consultation document.
- 4.2 The Health and Wellbeing Scrutiny Committee is requested to consider the provision of a formal response to Sunderland CCG in response to the public consultation on urgent care services in Sunderland.

Stakeholder briefing:

Sunderland Clinical Commissioning Group (CCG) Sunderland Urgent Care Review – stakeholder update May 2018

This is to provide an update on the current and future provision of urgent care services in Sunderland. Urgent care services provide access to medical care to **minor** injuries and **minor** illness and are separate from A&E services which provide emergency care for people with life-threatening conditions. This includes urgent care for both **mental** and **physical health**.

NHS Sunderland CCG is now launching a consultation to gather the public's views on:

1. Where do you think the Sunderland Extended Access Service should be located
2. What should the opening times be for the urgent treatment centre and the Sunderland Extended Access Service
3. Whether or not the urgent treatment centre and Sunderland Extended Access Service should be joined up
4. If there are any options or ideas that we might have missed

What people have told us so far:

The work started in 2016 when we began reviewing the ways people use urgent care in Sunderland.

In summary:

- 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 receive the same care from healthcare professionals who know about their needs and health issues

People made suggestions for improvements:

- Wanting to understand what services are for, what their opening times are and improve communication about these
- More staff and training are required
- One place to access services
- Opening other services for longer would reduce people going to the emergency department

We have continued to ask people what they think about NHS services. Taking into consideration their feedback and adhering to national requirements has helped us to develop our options. In developing our options we have worked with lots of staff who currently work in urgent care so doctors, nurses and healthcare professionals are confident that these proposals would meet the urgent care needs of Sunderland residents.

Why we think this could work for Sunderland

1. Improving the way you access services

An improved system where you can contact NHS 111 and be assessed over the phone, which can:

- Give advice on how to look after yourself (if required from a nurse, GP, consultant or other healthcare professional)
- Send an electronic prescription to your nearest pharmacy (if required)

- Book an appointment into the best service for your health issues if you need to have a face-to-face appointment

If you have a long-term condition or you still want to contact your GP practice directly, then you still will be able to.

2. Changing the way you get urgent GP appointments

Groups of GP practices are working together to offer urgent appointments on evenings and weekends. People will be assessed by their practice or 111 to decide if they need to be seen at their own practice for continuity of care or if they can be seen at the Sunderland Extended Access Service.

3. Changing where people would go for minor illnesses and injuries

- The urgent care centres (walk-in centres) at Bunny Hill Primary Care Centre, Houghton Primary Care Centre and Washington Primary Care Centre will be replaced with better access to GP practices.
- There will also be an urgent treatment centre located at Pallion Health Centre. This means:
 - The service would offer booked appointments as well as walk-in appointments
 - It would be easier for people to know where to go rather than the current four urgent care centres
 - It will deal with minor injuries with access to x-ray facilities as well as minor illness
 - With the service being next to the hospital, it means that if you need more serious treatment then you will be transferred to the hospital
 - Equally if you go to the hospital (emergency department) and, following an assessment, you need urgent but not emergency care then you can be transferred to the urgent treatment centre. This will free up more capacity for life threatening cases at the emergency department

4. Using money more wisely

By investing money in a different way, we can provide NHS services that make it easier for people to get the right treatment in the right place. There will also be more appointments available in GP practices because of the improvements that we are planning on making (improved 111 service, changes to the home visiting services, evening and weekend appointments available in the Sunderland Extended Access Service). This is aimed at freeing up GP practice time for those who need to be seen urgently. Delivering care in a better way means that we can use the money that we have more wisely.

In the meantime the CCG will continue to work with its existing service providers and partners to ensure that the residents of Sunderland continue to receive high quality healthcare both now and in the future.

How things might look in the future?

Current situation



Potential future situation



Public consultation

The public consultation will consist of:

- Consultation launch – **Wednesday 9 May, 2-4pm** at Bede Tower, Burdon Road, Sunderland, SR2 7EA.
- Printed or online survey, further details can be found at www.sunderlandccg.nhs.uk, for a paper copy please call 0191 217 2670
- Online question and answer events, **Thursday 21 June 6.30pm – 7pm, Thursday 28 June 6:30pm – 7pm**
- Nine public discussion events taking place:
 - o **Tuesday 15 May, 10 - 12pm**, Washington Arts Centre, Biddick Lane, Washington, NE38 8AB
 - o **Wednesday 23 May, 5 - 7pm**, (dedicated Travel and Transport event) Bede Tower, Burdon Rd, Sunderland, SR2 7DZ
 - o **Thursday 24 May, 12 - 2pm**, The Hetton Centre, Welfare Road, Hetton-le-Hole, DH5 9NE
 - o **Thursday 7 June, 12 - 2pm**, Enterprise Suite, Hope Street Exchange, 1 - 3 Hind Street, Sunderland, SR1 3QD
 - o **Wednesday 13 June, 2 - 4pm**, North East Business and Innovation Centre (BIC), Enterprise Park East, Wearfield, Sunderland, SR5 2TA
 - o **Monday 18 June, 12:30 - 2:30pm**, Sunderland Bangladeshi International Centre, 30 Tatham Street, Sunderland, SR1 2QD
 - o **Saturday 23 June, 10 - 12pm**, Bede Tower, Burdon Road, Sunderland, SR2 7DZ

- **Monday 2 July, 5 - 7pm**, The Glebe Centre, Durham Place, Murton, SR7 9BX
- **Mon 16 July, 6 - 8pm**, Roberts Lounge, Boldon Community Association, New Road, Boldon Colliery NE35 9DS

Further activity includes; on-street research, roadshows in shopping centres and giving out information at major events.

For further information:

To get more information on the consultation, please download the consultation document here – www.sunderlandccg.nhs.uk or contact Helen Fox, Senior Communications and Engagement Manager on 07789 062 721 or via helen.fox6@nhs.net

Following feedback from the public, five additional events are being arranged 6pm-8pm, with one additional event in each Locality. Further details will be announced shortly.

Making urgent care **work better** in Sunderland

Have **your** say



Wednesday 9 May to
Sunday 12 August 2018

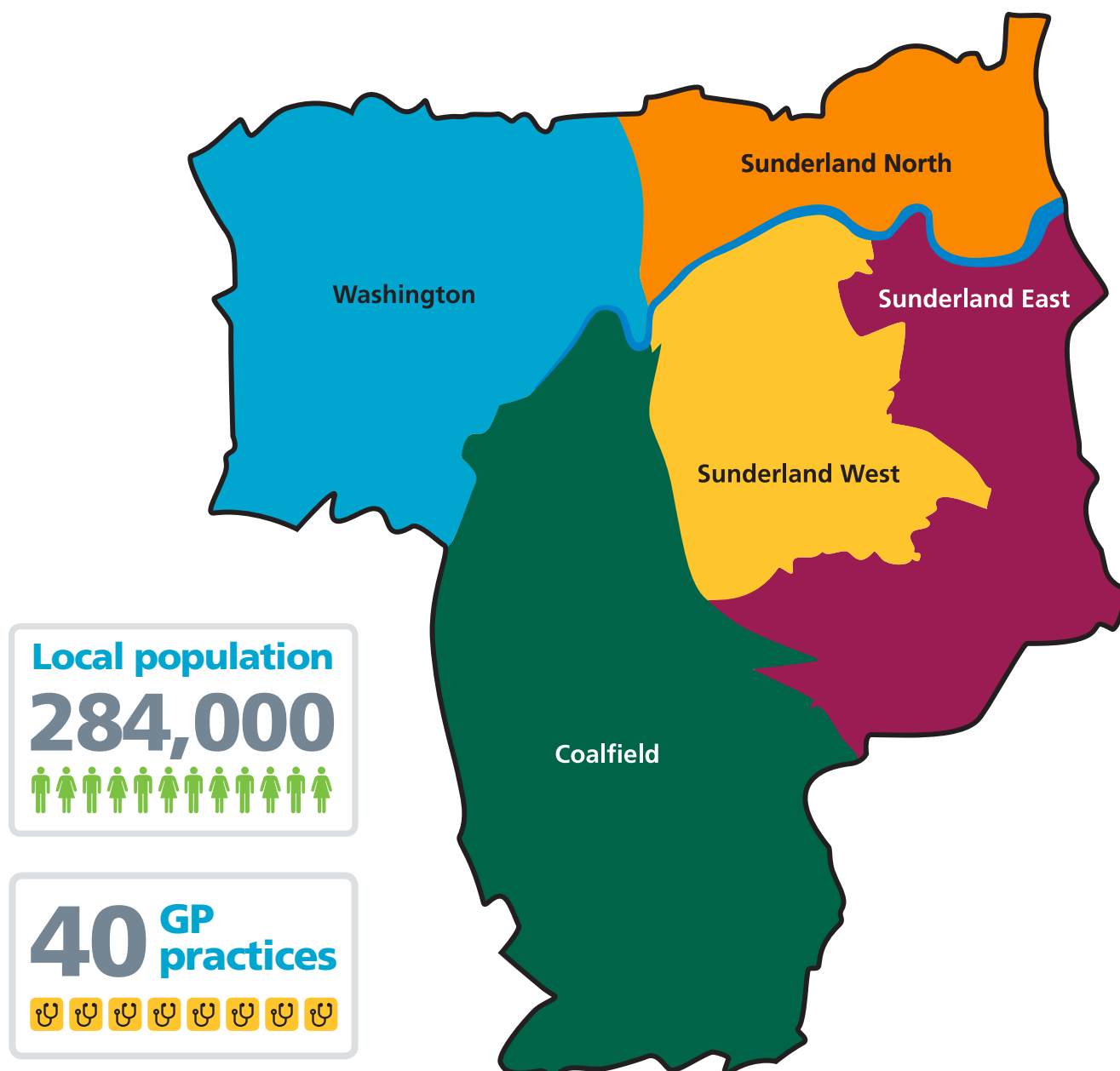


Better health for Sunderland

About us

We are NHS Sunderland Clinical Commissioning Group (CCG) and are made up of local doctors, nurses, and other healthcare professionals. We are responsible for planning, developing and funding NHS healthcare and health services so that people living in the area have access to the best possible care.

For more information about the CCG you can visit www.sunderlandccg.nhs.uk



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Making urgent care work better in Sunderland

Thank you for taking the time to read this booklet, which provides you with an opportunity to have your say about some important changes we want to make to urgent care services in Sunderland.

This consultation document will set out how urgent care services in Sunderland could look in the future.

Over the past two years, we have talked to hundreds of local people about urgent care. People have told us overwhelmingly that they find the current system confusing and are not always sure where to go to get the care they need. Many people have also told us that they find it hard to get an urgent appointment with their GP or feel they have to wait too long.

Combine this with the latest national guidance and it shows that the current arrangements are not working for patients.

We want to make it easy and simple to access NHS services wherever you live in Sunderland as part of our vision, achieving 'Better Health for Sunderland'.

To do this, we need to make some changes to the current services to make sure people get the right care as quickly as possible.

We also want to improve access to GP appointments so everyone who needs an urgent appointment can do so quickly.

We have developed a different way of arranging services, shown from page 12, and would like your views on this. We believe that this will make urgent care in Sunderland work better and we would like to know what you think. The closing date for comments is Sunday 12 August and no decision will be made until we have reviewed all the feedback that we receive.

The ongoing Path to Excellence programme will also continue during 2018 and 2019. This focuses mainly on services provided in hospitals.

This review of urgent care services in Sunderland is an opportunity to have your say on potential changes to services provided outside of hospital. It is important that you get involved in this urgent care work.

We look forward to hearing what **you** think.



Dr Ian Pattison,
clinical chair



David Gallagher,
chief officer

What is urgent care?

Urgent care means 'when you suddenly become unwell and need to see a healthcare professional the same day but is not an emergency'. This includes urgent care for both mental and physical health.

In Sunderland, this currently includes:



NHS 111 - the number to dial for non-life threatening medical concerns. It is a national telephone number, where healthcare professionals are available to provide telephone-based clinical advice, access to out-of-hours doctors and wider medical services when they are needed.

There will be an improved service in place from October 2018. More healthcare professionals will now be available to give advice to patients. This means that more people can call to get health advice without the need to travel to an appointment. This will be known as the 'Integrated Urgent Care Service'.



Pharmacies – they offer advice for minor illnesses and injuries as well as advice on the safe use of medicines. Lots of pharmacies are open late and at weekends. There are 63 pharmacies in the Sunderland area, so it is never far to travel to one. Pharmacists are experts in the use of medicine and able to diagnose and treat many common illnesses.



GP services during normal working hours

The GP is where most people go when they have a health problem. In Sunderland there are 40 GP practices, mostly open Monday to Friday, 8am to 6.00pm.



GP services during evenings and weekends (extended access)

– since 1 September 2017, GP appointments have been available weekday evenings from 6.00pm to 8.30pm, and on weekends and bank holidays. GP practices have come together to offer these appointments and the service is available in up to five locations to all patients in the city. Appointments are made via your own practice and NHS 111.



GP services out of normal working hours

The GP out-of-hours service aims to provide accessible urgent care when GP practices are closed. Depending on the severity of the healthcare issue, patients may be offered telephone advice, an appointment or a home visit.



Urgent Care Centres

– At Sunderland's four urgent care centres (sometimes known as walk-in centres), GPs and nurses see patients who have a health issue which is not life threatening but needs to be seen that day. They are open Monday to Friday 10am to 10pm and from 8am to 10pm, Saturday, Sunday and bank holidays.



Why do we need to change?

People are confused about where to go

NHS services in Sunderland are too complicated and people often tell us that they do not know where to go.

People want joined up care and they would prefer to see their GP for same day urgent appointments.

Demand keeps on growing

Over the last ten 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.

Urgent care centres were designed to take the strain away from accident and emergency (A&E) but this is not working. More and more people are still going to A&E (now called the emergency department). Two in three people who go to A&E, either don't need treatment or are transferred back to their GP (using data from January to December 2017).

We need to do something different, as we cannot keep services as they are now. The A&E emergency department needs to be kept free so people with life threatening emergencies can be seen quickly. This is one of the reasons why the name A&E has been changed to emergency department.

We need to spend our money more wisely

We have too many services that are providing similar services at the same time.

This causes confusion about the best place to go and is not a good use of our limited NHS resources.

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 supporting GP practices and other services outside of hospitals.

There are now more services available in your community

The NHS and social care services have been working more closely together in Sunderland 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 deliver effective, seamless care that the people of Sunderland deserve.

Examples of this work include:

- **Recovery at Home Service:** this team responds quickly to provide intensive support to those who need more help while they are getting back to normal after a short term illness or injury in their own home, a care home or on discharge from hospital
- **GP home visiting service:** from 1 October 2018, GPs will also be part of the Recovery at Home team. They will visit people who need a home visit and support the nurses when people visit when they are unable to get to their GP practice. This service will free up GP time so they can focus on patients with complex health needs
- **Mental health services:** a crisis team visits people in their homes when they are experiencing a mental health crisis. Services are also available at Sunderland Royal Hospital

We are recruiting and training more GPs and nurses

Like many other areas, Sunderland has a shortage of GPs and nurses, but we are working hard to attract more GPs and nurses to the city and encourage them to stay.

Examples include:

- **GP career start scheme:** newly qualified GPs can get extra peer support when taking on their first job in a practice
- **Practice nurse career start scheme:** this scheme is similar to the GP career start scheme
- **Working with universities:** developing training programmes with placements in GP practices. These are now taking place in Sunderland to help staff understand the benefits of working in GP practices. Also the University of Sunderland is to open a school of Medicine in 2019

National policy

As a CCG, we have to follow national guidance and policies, set by NHS England. NHS England has said that urgent and emergency care must be reviewed to ensure:

- Care is suitable for people of all ages with physical and mental health issues
- Each area must have an urgent treatment centre (more information on page 17). This service needs to be easy for people to access and joined up with other services. This is why it is recommended that these should be located alongside the emergency department (A&E) because it means it is easier to work together more effectively
- The improved NHS 111 service (available from 1 October 2018) which includes a team of clinicians working together to give advice for physical and mental health needs. Giving advice over the phone will free up face-to-face appointments in GP practice
- GP practices are working together to provide more GP appointments. Our proposals build upon the work already being delivered by local GP practices



What have people told us so far?

This work started in 2016 when we began reviewing the ways people use urgent care services in Sunderland.

In November and December 2016, we asked over 800 people how they used urgent care services and what they thought about them. The full report of this is available at: www.sunderlandccg.nhs.uk/get-involved/urgent-care-services. If you would like a printed version or this document in another format such as large print, easy-read, braille, audio, please call **0191 217 2670**.

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 receive the same care from healthcare professionals who know about their needs and health issues

People made suggestions for improvements:

- Wanting to understand what services are for, what their opening times are and improve communication about these
- More staff and training are required
- One place to access services
- Opening other services for longer would reduce people going to the emergency department

We have continued to ask people what they think about NHS services to help us to develop our options.



How we developed our options

We started by developing a large number of potential options to make urgent care services better. We did this through talking to patients, the public and lots of staff who currently work in urgent care

Throughout December 2016 onwards, we worked closely with partners and providers of NHS services to develop these options. We also made sure we took into account what patients were telling us.

In developing these options, we have worked with representatives from:

- City Hospitals Sunderland NHS Foundation Trust
- Local Medical Committee
- NHS England
- North Durham and Durham Dales, Easington and Sedgefield CCGs (via NHS North of England Commissioning Support Unit)
- North East Ambulance Service NHS Foundation Trust
- NHS North of England Commissioning Support Unit
- Northern Doctors Urgent Care (Vocare)
- Northumberland, Tyne and Wear NHS Foundation Trust
- South Tyneside NHS Foundation Trust
- Sunderland Care and Support
- Sunderland City Council
- Sunderland GP Alliance (a federation of GP practices in Sunderland)
- The Multispecialty Community Provider Executive Team (made up of lots of health and social care providers in Sunderland)



The process we went through to look at the options

At seven workshops over 18 months, which included representatives from health and social care, we looked at all the possible options that could work in Sunderland.

We also agreed five key principles to guide us.

When developing the options we made sure they fitted with what patients told us (page 8) as well as fitting the five key principles.

5 key principles:

1 **Be safe, sustainable and provide responsive, high quality care**

It is important that people who need medical care have access to the most appropriate level of care to meet their needs.

We want to put a system in place where patients are seen when they need medical help, at the best location for their needs and by a healthcare professional with the specialist skills to treat their condition.

Any improvements that are suggested need to be managed within the resources that are available to us.

2 **Help people to increase self-care (looking after yourself) through access to appropriate medical advice**

Many minor illnesses or injuries get better without the need for professional medical help. For healthy people most common illness, such as coughs, cold and flu, will clear up in a few days with a combination of rest and medication from a well-stocked medicine cabinet.

By giving people information about their own healthcare needs, this will help people develop the knowledge, skills and confidence to manage minor healthcare issues themselves. With the right information, many people can also monitor and control long-term conditions such as diabetes or asthma. This will allow more people to live their normal day-to-day lives without requiring emergency appointments. This in turn helps free up resources so that medical professionals are available for those who really need medical help.

3 Ensure appropriate access to treatment as close to home as possible

Many straightforward healthcare issues are treated using local services such as pharmacies and GPs. But there is a greater range of services currently carried out in hospitals that could be treated in a GP practice or in the community.

We need to focus on patients receiving the right care at the right time, in the right place.

4 Simplify access by improving integration (making sure everything is joined up) across health and social care and reducing duplication of services

We would like all of the NHS services and systems to be joined up so that people can move between hospital and community services quickly and easily.

5 Meet national requirements (this includes an urgent treatment centre, the improved NHS 111 service, GP appointments available on evenings and weekends)

We have to follow national guidance and policies set by NHS England. NHS England has stated 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.

We have outlined the options which did not meet the key principles in appendix one. Further detail and information can be found in the 'Urgent Care Strategy Outline Business Case' document online at: www.sunderlandccg.nhs.uk/get-involved/urgent-care-services

Why we think this could work for Sunderland

Improving the way you access services

An improved system where you can contact NHS 111 and be assessed over the phone, which can:

- Give advice on how to look after yourself (if required from a nurse, GP, consultant or other healthcare professional)
- Send an electronic prescription to your nearest pharmacy (if required)
- Book an appointment into the best service for your health issues if you need to have a face-to-face appointment

If you have a long-term condition or you still want to contact your GP practice directly, then you still will be able to.

Changing the way you get urgent GP appointments

Groups of GP practices are working together to offer urgent appointments on evenings and weekends. People will be assessed by their practice or 111 to decide if they need to be seen at their own practice for continuity of care or if they can be seen at the Sunderland Extended Access Service.

Changing where people would go for minor illnesses and injuries

The urgent care centres (walk-in centres) at Bunny Hill Primary Care Centre, Houghton Primary Care Centre and Washington Primary Care Centre will be replaced with better access to GP practices.

There will also be an urgent treatment centre located at Pallion Health Centre. This means:

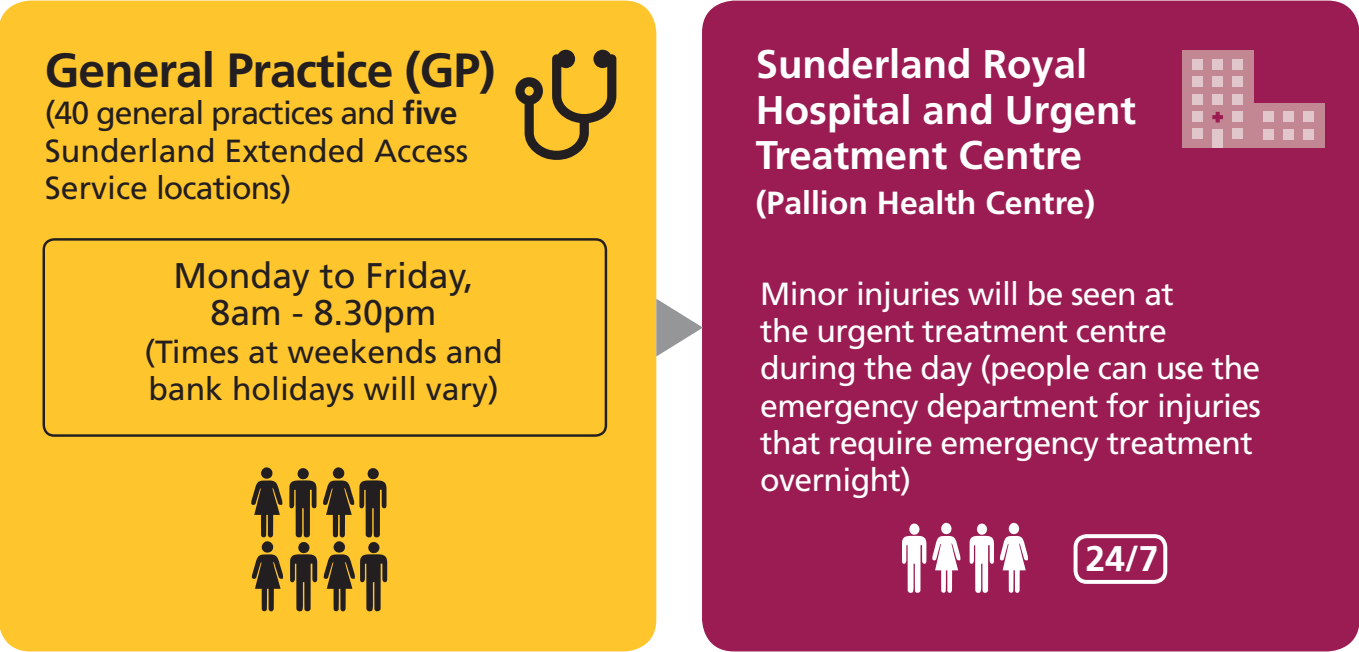
- The service would offer booked appointments as well as walk-in appointments
- It would be easier for people to know where to go rather than the current four urgent care centres
- It will deal with minor injuries with access to x-ray facilities as well as minor illness
- With the service being next to the hospital, it means that if you need more serious treatment then you will be transferred to the hospital
- Equally if you go to the hospital (emergency department) and, following an assessment, you need urgent but not emergency care then you can be transferred to the urgent treatment centre. This will free up more capacity for life threatening cases at the emergency department

Using money more wisely

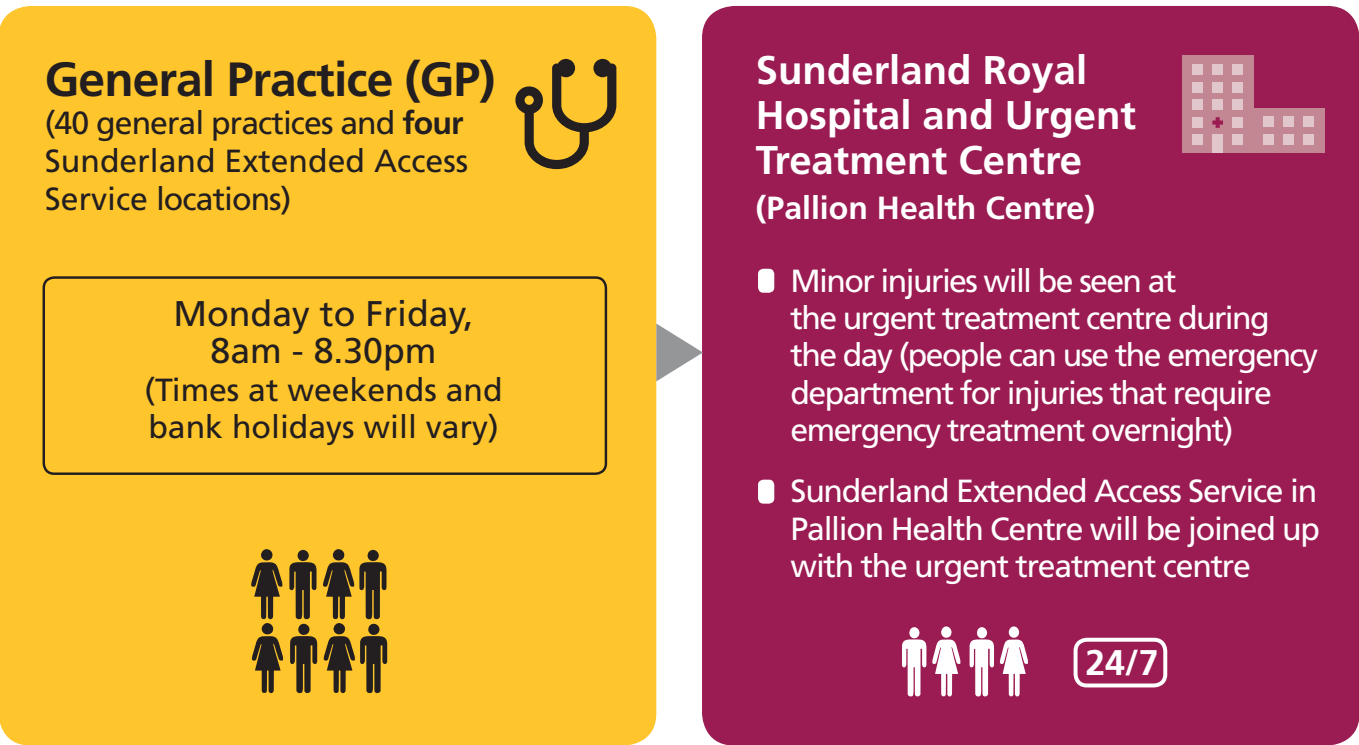
By investing money in a different way, we can provide NHS services that make it easier for people to get the right treatment in the right place. There will also be more appointments available in GP practices because of the improvements that we are planning on making (improved 111 service, changes to the home visiting services, evening and weekend appointments available in the Sunderland Extended Access Service). This is aimed at freeing up GP practice time for those who need to be seen urgently. Delivering care in a better way means that we can use the money that we have more wisely.

How it could work:

Option A:



Option B:



Improved Information Technology (IT)

Improved IT means doctors can see your patient details wherever you access NHS services.

What's the biggest proposed change?

Urgent care services will be provided in a different way with more GP appointments across the city.

What's the difference?

Option A: If the urgent treatment centre and the Sunderland Extended Access Service are joined up.

If the urgent treatment centre and Sunderland Extended Access service are both in Pallion Health Centre, GPs and nurses from the two services could work more closely together. This would mean that more people should be able to see a GP or nurse quickly as the service would be more efficient.

What's the difference?

Option B: If the urgent treatment centre and the Extended Access Service are not joined up.

If these services are not joined up, there would be an urgent treatment centre on the ground floor at Pallion Health Centre, and a separate Sunderland Extended Access Service, which may be upstairs in Pallion Health Centre, or could be somewhere else in the area. The services would therefore work independently from each other.

Proposed options

The proposed options meet all of the key principles. Doctors, nurses and healthcare professionals are confident that the options below would meet the urgent care requirements of NHS healthcare in Sunderland.

		Be safe, sustainable and provide responsive, high quality care	Help people to increase self-care (looking after yourself) through access to appropriate medical advice	Ensure appropriate access to treatment as close to home as possible	Simplify access by improving integration across health and social care and reducing duplication of services	Meet national requirements
No.	Option details	All of the key principles met?				
A	Replace current services with: <ul style="list-style-type: none"> General Practice (GP) and Sunderland Extended Access Service evening and weekend GP appointments in 5 'locality' hubs; Mon – Fri 8am – 8.30pm, time will vary at weekends and bank holidays Emergency department will remain the same Minor injuries will be seen at the urgent treatment centre located at the Pallion Health Centre 	✓	✓	✓	✓	✓
	Replace current services with: <ul style="list-style-type: none"> General Practice (GP) and Sunderland Extended Access Service evening and weekend GP appointments in 4 'locality' hubs; Mon – Fri 8am – 8.30pm, time will vary at weekends and bank holidays Extra 'locality hub' within the urgent treatment centre Emergency department will remain the same Minor injuries will be seen at the urgent treatment centre located at the Pallion Health Centre 	✓	✓	✓	✓	✓

What is the Sunderland Extended Access Service?

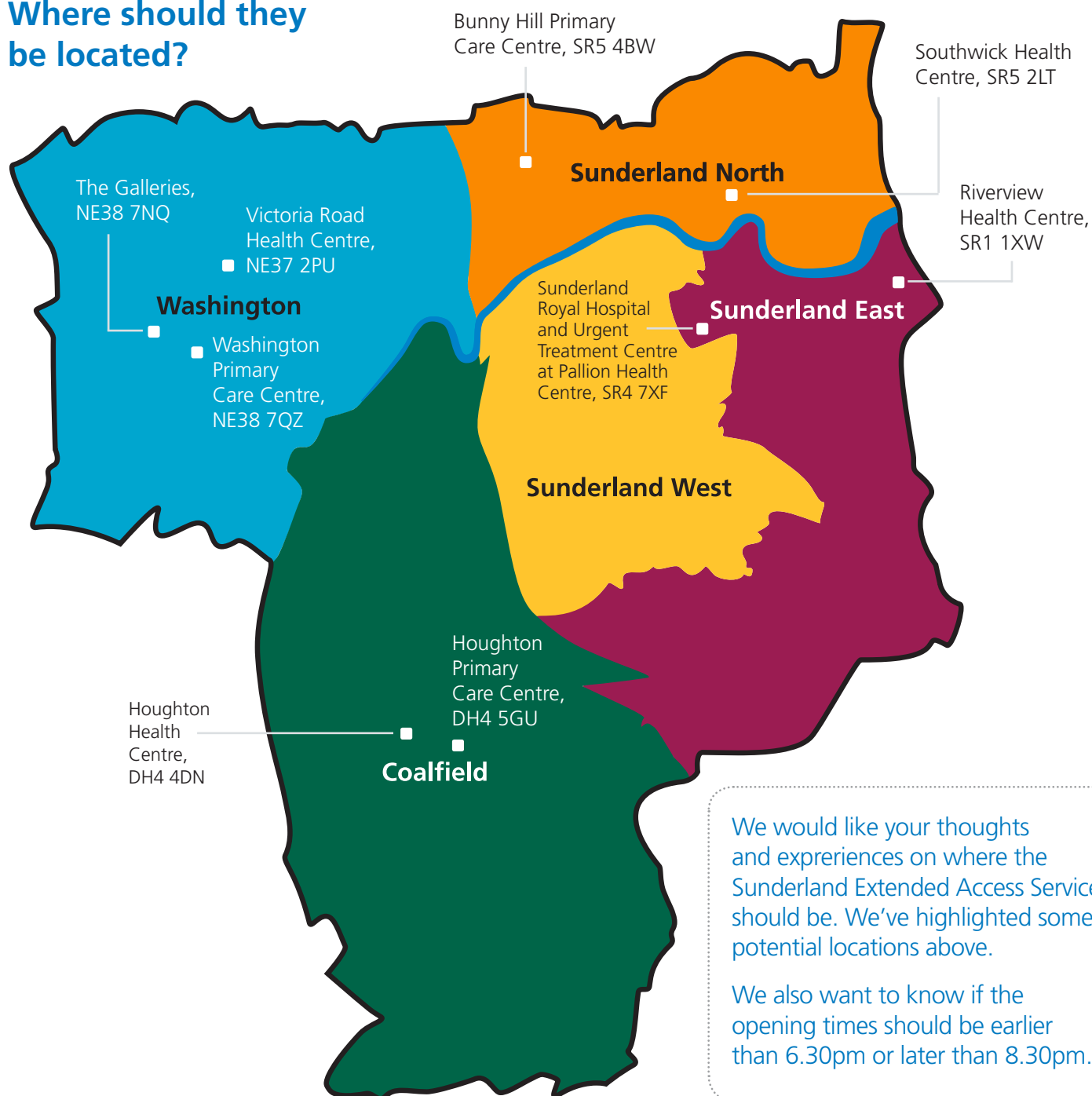
It is a national requirement to provide extended access in GP practices, although this can be provided by practices working together rather than in every practice.

This means people could access urgent appointments because GP practices will work together to manage these types of

appointments. The Sunderland Extended Access Service will be able to see your medical history. These appointments are available by calling 111 or through your GP practice.

We haven't decided the final opening times and locations so would like your views on this.

Where should they be located?





What is an urgent treatment centre?

It is a national requirement to provide an urgent treatment centre and we need to introduce this in Sunderland. It will:

- Be led by GPs who oversee a range of primary care health professionals
- Ideally be located near the emergency department so that people can be transferred between services quickly if needed
- If someone turns up at the emergency department with a minor injury or illness, the right professionals are close by to help so people are treated by the right healthcare professional and the emergency department can focus on people with life threatening conditions
- Treat minor physical and mental health illness and injuries
- Provide direct access to simple diagnostics such as x-rays, blood tests and emergency contraception
- Be open 365 days a year
- Offer both pre-booked and 'walk-in' appointments

What we want your views on

We want your views to make sure that we have got it right.

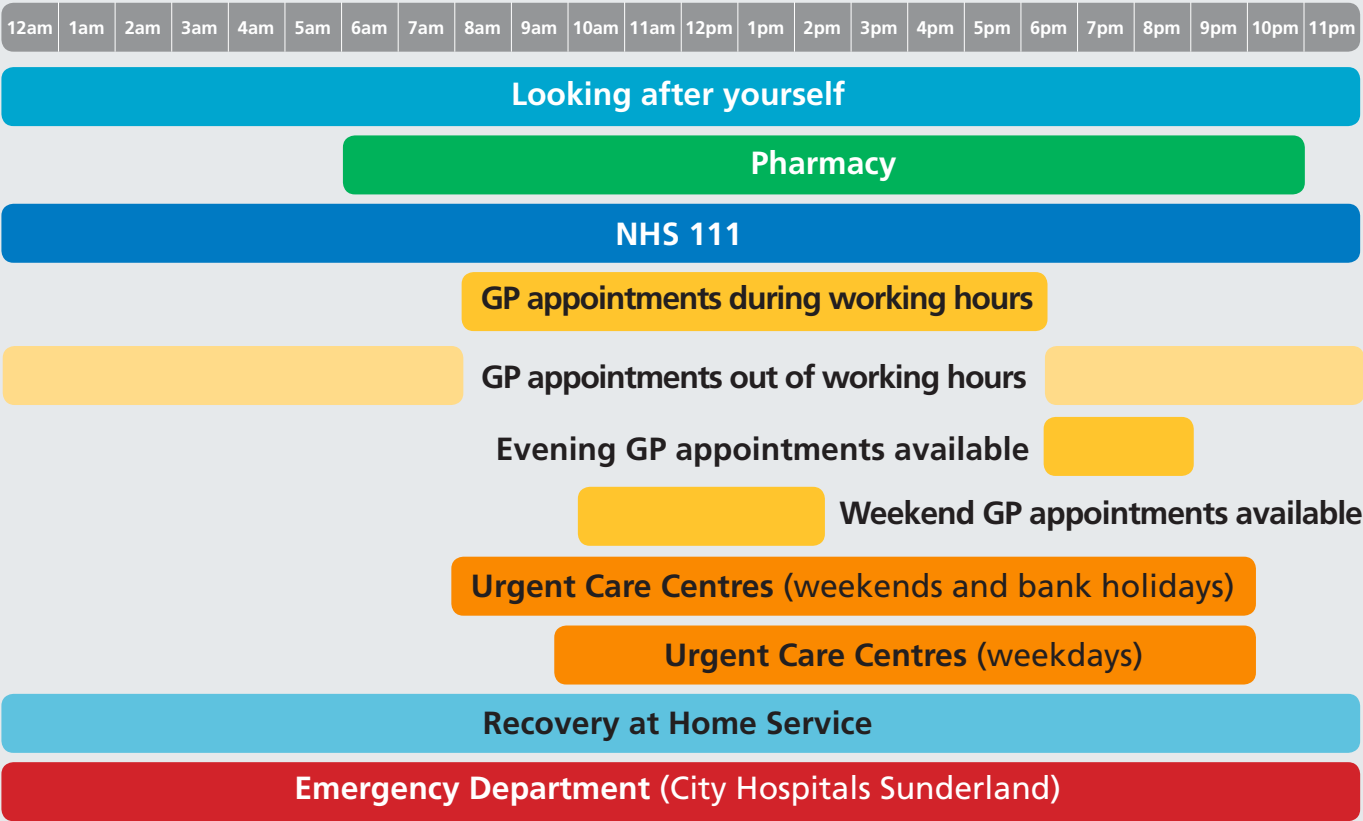
We want to know:

- Where you think the Sunderland Extended Access Service should be located?
- Whether or not the urgent treatment centre and Sunderland Extended Access Service should be joined up
- What should the opening times be for the urgent treatment centre and the Sunderland Extended Access Service?
- Can you think of any options or ideas that we might have missed?

How things might look in the future?

By proposing this new model, we have tried to make NHS services easier to understand.

Current situation



Potential future situation

12am 1am 2am 3am 4am 5am 6am 7am 8am 9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm 9pm 10pm 11pm

Looking after yourself

Pharmacy

Improved NHS 111 service (available by calling or online from October 2018)

GP appointments and Sunderland Extended Access Service (times to be confirmed)

Recovery at Home Service (including 24/7 home visiting)

Sunderland Royal Hospital and Urgent Treatment Centre (Pallion Health Centre):









- **Urgent Treatment Centre**
- **Emergency Department**
(inc. mental health rapid assessment service)



Have your say

If you live in the area or use services in Sunderland, it is important that you have your say. It is the only way we will understand how you feel about the proposed improvements to urgent care services.

There are plenty of ways to get involved:

-  Complete the online survey – available at: www.sunderlandccg.nhs.uk
-  Phone 0191 217 2670 for a copy of the survey and we will post one out to you or we can help you complete it over the phone
-  Email us at SUNCCG.sccg@nhs.net
-  Get in touch via social media:
 -  @SunderlandCCG or
 -  @Sunderlandhealth
-  Watch our YouTube channel by searching for 'Sunderland CCG'
-  Write to us at NHS Sunderland Clinical Commissioning Group, Pemberton House, Colima Avenue, Sunderland, SR5 3XB

Attend an event in person

There are a number of events you can attend in person or engage with through social media.



Consultation launch

Join us at the consultation launch on:

**Wednesday 9 May, 2 - 4pm
at Bede Tower, Burdon Road,
Sunderland SR2 7EA.**

If you cannot make this event in person, you can also join us online to have your say.

You can follow us on:

-  @SunderlandCCG or
-  @Sunderlandhealth

to watch this event live or it will be saved so you can watch it later.

Discussion events

We will also be holding nine discussion events in Durham, South Tyneside and Sunderland. At these events you will be able to have your say on the urgent care services in Sunderland. We want to know your thoughts on the proposals, or if there are other solutions we haven't thought about. These events will be held on:

Tuesday 15 May, 10 - 12pm,
Washington Arts Centre, Biddick Lane.
Washington, NE38 8AB

Wednesday 23 May, 5 - 7pm, (dedicated
Travel and Transport event) Bede Tower,
Burdon Rd, Sunderland, SR2 7DZ

Thursday 24 May, 12 - 2pm,
The Hetton Centre, Welfare Road,
Hetton-le-Hole, DH5 9NE

Thursday 7 June, 12 - 2pm,
Enterprise Suite, Hope Street Exchange,
1 - 3 Hind Street, Sunderland, SR1 3QD

Wednesday 13 June, 2 - 4pm,
North East Business and Innovation
Centre (BIC), Enterprise Park East,
Wearfield, Sunderland, SR5 2TA

Monday 18 June, 12:30 - 2:30pm,
Sunderland Bangladeshi International
Centre, 30 Tatham Street, Sunderland,
SR1 2QD

Saturday 23 June, 10 - 12pm,
Bede Tower, Burdon Road, Sunderland,
SR2 7DZ

Monday 2 July, 5 - 7pm,
The Glebe Centre, Durham Place,
Murton, SR7 9BX

Mon 16 July, 6 - 8pm, Roberts Lounge,
Baldon Community Association,
New Road, Baldon Colliery NE35 9DS


Online question and answer events

If you cannot make an event, you can join us online and have your say. Two dedicated online sessions have been arranged for:

- Thursday 21 June 6:30 – 7pm
- Thursday 28 June 6:30 – 7pm

These have been arranged in partnership with Sun FM. You can take part by following us on

 @Sunderlandhealth or Sun FM

 @1034SunFM to let us know any comments or questions you may have.



What happens next?

Milestone

Public consultation

Feedback available from the consultation

Improved NHS 111 service goes live*

24/7 Home Visiting Service goes live

Decision made

New Urgent Care system goes live

* this is the go live date for the North East

Deadline

9 May to 12 August 2018

October 2018

1 October 2018

1 October 2018

December 2018

1 April 2019

You have until Sunday 12 August 2018 to provide **your** feedback

Glossary

Emergency department (A&E)

The emergency department is a service available 24 hours a day, seven days a week where people receive treatment for life-threatening emergencies. This includes severe pneumonia, diabetic coma, bleeding from the gut, complicated fractures that need surgery, and other serious illnesses.

Emergency care

Lifesaving treatments and care that is provided in an emergency department.

General Practitioner (GP)

Your local doctor, who can help you with a whole range of health problems and refer you for specialist care or assessments if you need it. GPs usually work in practices as part of a team that includes nurses and other healthcare professionals, such as pharmacists.

Healthcare professional

Someone that is qualified to diagnose, treat and prevent illness, injury and other physical and mental conditions. Doctors, nurses, physiotherapists, healthcare assistants and pharmacists are all known as healthcare professionals.

Integrated Urgent Care Service

This is the improved 111 service and will go live in the North East from October 2018.

NHS England

NHS England leads the National Health Service (NHS) in England. They set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care. They hold CCG organisations to account for spending local money effectively for patients and efficiently for the taxpayer.

NHS Sunderland Clinical Commissioning Group

An organisation led by local doctors, nurses, and other healthcare professionals. We are responsible for planning, developing and funding NHS healthcare and health services in order to improve health and reduce inequalities.

Path to Excellence

If you live in Sunderland and have experience of, or an interest in, local hospital services you may be aware of the Path to Excellence programme. The Path to Excellence is a five-year programme set up to secure the future of local hospital-based NHS services.

A public consultation on phase one of the programme has already been undertaken and further consultation will follow in phase two.

NHS Sunderland CCG are part of the South Tyneside and Sunderland NHS Partnership leading the Path to Excellence programme, which also includes NHS South Tyneside Clinical Commissioning Group, City Hospitals Sunderland NHS Foundation Trust and South Tyneside Hospital NHS Foundation Trust. All four NHS organisations are committed to delivering the best possible NHS services for the future through the Path to Excellence programme which focuses on hospital services.

However, the consultation described in this booklet focused on 'out of hospital' urgent care services but it is important that we link these two transformation programmes.

Primary care

Care provided by GP practices, dental practices, pharmacies and high street optometrists. It is many people's first (primary) point of contact with the NHS. Around 90% of patient interaction is with primary care services.

Sunderland Extended Access Service

Provides the opportunity to access additional GP appointments at evenings, weekends and bank holidays. This is a national requirement, although the final locations are still to be decided.

Urgent care

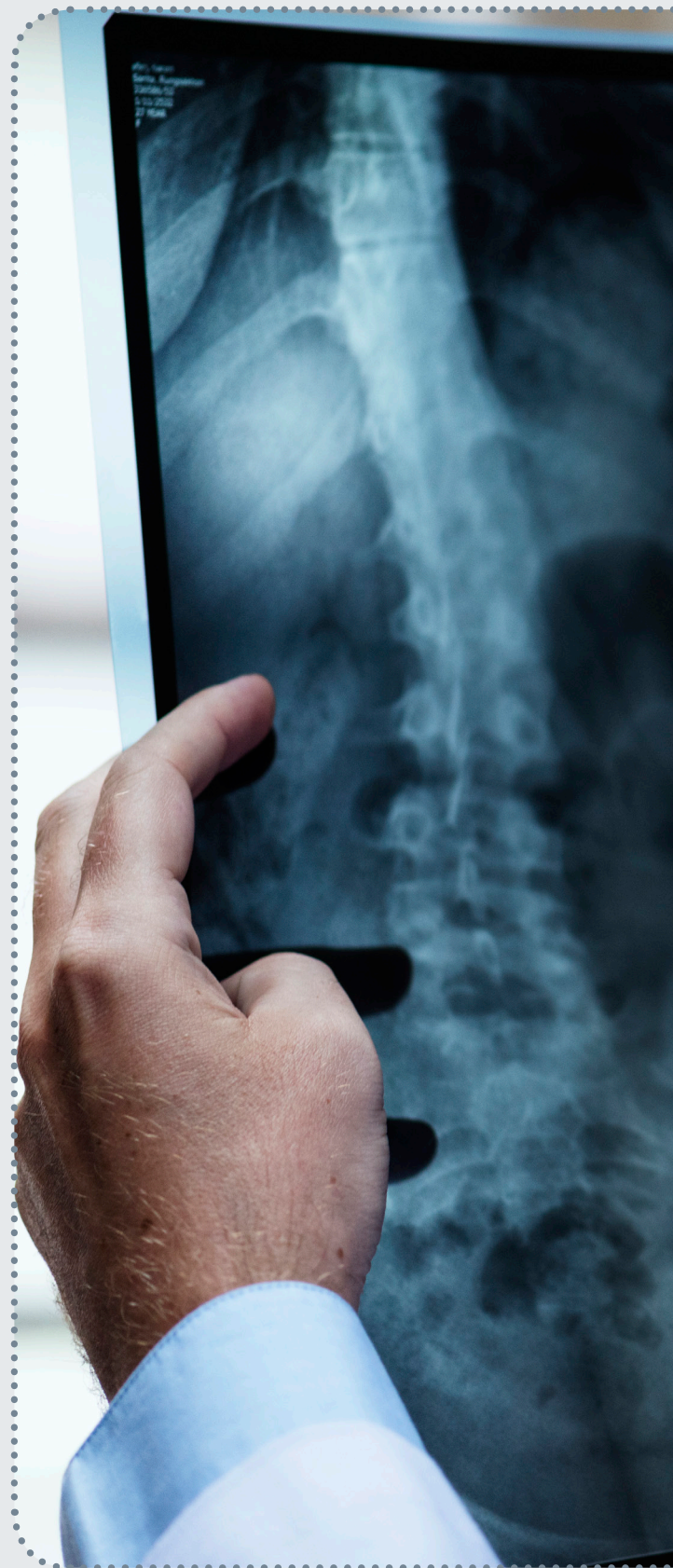
When you suddenly become unwell and need to see a healthcare professional the same day but it is not an emergency. This includes urgent care for both mental and physical health.

Urgent Care Centres (walk in centres)

Walk-in services (or you can book appointments) to treat minor illnesses and injuries.

Urgent treatment centre

The new name for an urgent care centre. This is a national requirement and it will be led by GPs. It needs to be located near to the emergency department so that people can be transferred between services if needed.



Appendix: options which did not meet the five key principles

These are the options that we considered that didn't meet the five key principles. Further detail and information can be found in the 'Urgent Care Strategy Outline Business Case' document online at www.sunderlandccg.nhs.uk/get-involved/urgent-care-services

		Be safe, sustainable and provide responsive, high quality care	Help people to increase self-care (looking after yourself) through access to appropriate medical advice	Ensure appropriate access to treatment as close to home as possible	Simplify access by improving integration across health and social care and reducing duplication of services	Meet national requirements
Did not meet all of the key principles		Main reason for not meeting the key principles – they did not meet the national requirements				
No.	Option details					
1	Do nothing and retain all services	X	X	X	X	X
2	Replace current services with: <ul style="list-style-type: none"> General Practice (GP) Evening and weekend GP appointments in 'locality' hubs Emergency department with streaming to GP led primary care service and minor injuries (8am – midnight) Think Pharmacy First service in pharmacies 	✓	X	✓	✓	X
3	Replace current services with: <ul style="list-style-type: none"> General Practice (GP) Evening and weekend GP appointments in 'locality' hubs Emergency department with streaming to GP led primary care service and minor injuries (8am – midnight) More services in pharmacies Minor injury all day in 5 hubs 	X	X	✓	✓	X

4

Replace current services with:

- General Practice (GP)
- Evening and weekend GP appointments in 'locality' hubs
- Emergency department with streaming to GP led primary care service and minor injuries (8am – midnight)
- Think Pharmacy First service in pharmacies
- Minor injury all day in 5 hubs
- One hub / urgent care centre with equipment for diagnosis (8am – midnight)

X

X

✓

✓

X

5

Replace current services with:

- General Practice (GP) and evening and weekend GP appointments in 'locality' hubs (8am – 8pm)
- GP out of hours service (8pm – 8am) at the hospital site
- Minor injuries are seen at the hospital
- More services in pharmacies

X

X

✓

✓

X

6

Replace current services with:

- General Practice (GP) and evening and weekend GP appointments in 'locality' hubs (8am – 8pm)
- GP out of hours service (8pm – 8am) at the hospital site
- Minor injuries are seen at the hospital
- One additional 'locality' hub located at the hospital
- Think Pharmacy First service in pharmacies

✓

X

✓

✓

X

7

Replace current services with:

- Patients seeing their GP practice first and they refer patients to weekend/evening appointments, minor injuries service, emergency department
- When GP practice not open people can call 111 and they refer patients to weekend/evening appointments, minor injuries service, emergency department

✓

X

X

✓

X

		Be safe, sustainable and provide responsive, high quality care	Help people to increase self-care (looking after yourself) through access to appropriate medical advice	Ensure appropriate access to treatment as close to home as possible	Simplify access by improving integration across health and social care and reducing duplication of services	Meet national requirements
		Did not meet all of the key principles				
No.	Option details	Main reason for not meeting the key principles – they did not meet the national requirements				
8	<p>Replace current services with:</p> <ul style="list-style-type: none"> Patients seeing their GP practice first and they refer patients to weekend/evening appointments, minor injuries service, emergency department When GP practice not open people can call 111 and they refer patients to weekend/evening appointments, minor injuries service, the emergency department Acute home visiting service 	✓	✗	✗	✓	✗
		Main reason for not meeting the key principles – not sustainable because didn't have the workforce for GPs 24/7				
9	<p>Replace current services with:</p> <ul style="list-style-type: none"> GP led 'locality hubs' (8am – 8pm) GP out of hours service (8pm – 8am) at the hospital site <p>Minor injuries are seen at the hospital</p>	✗	✓	✓	✓	✓



Sunderland
Clinical Commissioning Group

Pemberton House, Colima Avenue,
Sunderland, SR5 3XB

Have **your** say



If you require this document in another format such as large print, easy-read, braille, audio, or a different language please contact the NECS communication and engagement team on **0191 217 2670** or email [**NECSU.comms@nhs.net**](mailto:NECSU.comms@nhs.net)

ANNUAL WORK PROGRAMME 2018/19

REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY PARTNERSHIPS

1. Purpose of the Report

- 1.1 The purpose of the report is to consider and agree a work programme for the Committee for the municipal year 2018/19.

2. Background

- 2.1 The work programme is designed to set out the key issues to be addressed by the Committee during the year and provide it with a timetable of work. The Committee itself is responsible for setting its own work programme, subject to the coordinating role of the Scrutiny Coordinating Committee.
- 2.2 To be most effective, the work programme should provide a basis and framework for the work of the Committee, while retaining sufficient flexibility to respond to any important issues that emerge during the course of the year. The work programme is therefore intended to be a working document that the Committee can develop and refer to throughout the year.
- 2.3 In order to ensure that the Committee is able to undertake all of its business and respond to emerging issues, there will be scope for additional meetings or visits not detailed in the work programme.
- 2.4 The remit of the Health and Wellbeing Scrutiny Committee covers the following:-

Any matter relating to the service performance, service provision and the commissioning of health services for adults and children including adult social care, mental health services, public health, wellness, decent homes. To act as the designated scrutiny committee for statutory purposes for health.
- 2.5 The work programme should reflect the remit of the Committee and the need to balance its responsibility for undertaking scrutiny, performance management and policy review (where necessary). In accordance with the recent independent review of the scrutiny function there will be an increasing emphasis on accountability and performance management in the composition of the work programme for the year ahead.
- 2.6 The work programme should also reflect and be aligned to the key priorities of the Council as set out in documents such as the Sunderland Strategy, Joint Sunderland Needs Assessment and the Corporate Plan, reflect issues highlighted following external assessments and issues raised during the Health and Wellbeing development session held on 23 May 2018.

3. DETERMINING THE SCRUTINY WORK PROGRAMME

- 3.1 Topics for inclusion in the Scrutiny Work Programme will vary from single issue items for consideration such as policy and performance reports through to regular updates on issues that the committee have adopted a more focused monitoring role.
- 3.2 The table below summarises the relevant single item issues which are likely to be a regular feature of the work programme for 2018/19. The table also summaries a number of issues and topics that members of the committee have discussed at its recent development session. These items will be programmed into the work programme at relevant dates in discussion with the appropriate officers.

Regular Work Programme Items	
Managing the Market (Quarterly)	To provide information relating to the care and support provider market in Sunderland, including the on-going work undertaken by the Commissioning Team in developing a diverse care and support market, and an update on quality and adult safeguarding matters.
Health and Wellbeing Scrutiny Committee Work Programme (Monthly)	To receive the committee's work programme outlining future meetings of the committee and the items scheduled for those meetings.
28 Day Notice of Key Decisions (Monthly)	To consider the Council's 28 Day Notice of Key Decisions which contains matters which are likely to be the subject of a key decision to be taken by the executive, a committee of the executive, individual members of the executive, officers, area committees or under joint arrangements in the course of the discharge of an executive function during the period covered by the plan.
Single Item (Items to be scheduled when dates known)	
Community Beds (Sunderland CCG)	A review of community beds across Sunderland is being undertaken and the findings from this review to be shared with the committee.
MCP Update (Sunderland CCG)	To provide further updates on the out of hospital model as this progresses (to also consider the impact on delayed transfers on mortality rates).

NHS Performance (Sunderland CCG)	To consider NHS performance across Sunderland on a bi-annual basis.
Renal Ambulance Transport Services (Sunderland CCG)	To consider quality assurances following a number of issues related with the service.
Breast Service Update (Sunderland CCG)	To seek further information to the committee on the development of a local survey including feedback results.
Public Health Strategy (Public Health)	To provide an opportunity to consider the development of the Public Health Strategy for Sunderland.
Oral Health in Sunderland (Public Health)	A further update on oral health initiatives for the city including the potential for water fluoridation.
Integrated Wellness Service (Public Health)	To consider the development and progress towards a re-designed integrated wellness service.
Sexual Health Services (Public Health)	To provide further information on the review of services for sexual health across Sunderland.
School Nursing Service (Public Health)	To provide a further update on the recently re-procured service for school nursing.
Transforming Care Programme (Sunderland City Council)	To offer an update on the transitioning programme for people with learning disabilities (to include information on mortality rates).
Welfare Reform (Sunderland City Council)	To look at the work being done across the city in relation to Universal Credit.
Homelessness (Sunderland City Council)	To provide information on the Homelessness Reduction Act and what this means for Sunderland.
Substantial Variations to Health Services	Substantial variations to health services will be presented to the Committee as such issues emerge.

3.3 A draft Scrutiny Work Programme for 2018/19 is attached as **Appendix 1**, which incorporates, where relevant the items above.

- 3.4 It should be noted that the work programme is a 'living' document and can be amended throughout the course of the municipal year. Any Elected Member can add an item of business to an agenda for consideration (Protocol 1 within the Overview and Scrutiny Handbook outlines this process).

4. Recommendations

- 4.1 That the Health and Wellbeing Scrutiny Committee consider and agrees the draft work programme for 2018/19 and incorporates emerging issues as and when they arise throughout the forthcoming year;

5. Background Papers

- 5.1 Scrutiny Agendas and Minutes

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

HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2018-19

REASON FOR INCLUSION	6 JUNE 18 D/L:25 May 18	4 JULY 18 D/L:22 June 18	5 SEPTEMBER 18 D/L:24 August 18	3 OCTOBER 18 D/L:21 Sept 18	31 OCTOBER 18 D/L:19 Oct 17	28 NOVEMBER 18 D/L:16 Nov 17	9 JANUARY 19 D/L:21 Dec 17	6 FEBRUARY 19 D/L:25 Jan 18	13 MARCH 19 D/L:1 March 18	10 APRIL 19 D/L:29 March 18
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business	Urgent Care Consultation (Sunderland CCG – Helen Fox)	CCG Operational Plan 17/18 (Sunderland CCG) Managing the Market (G King) CQC GP Inspection Annual Report (Sunderland CCG)	Housing and Care 21 Schemes – update (G King)		Care and Support Annual Report (P Foster) Managing the Market (G King)	Adult Safeguarding Board Annual Report (G King)	Healthwatch Annual Report 17/18 (Margaret Curtis – Healthwatch)	North East Ambulance Service (M Cotton) Managing the Market (G King)	Annual Report (N Cummings)	Managing the Market (G King)
Performance / Service Improvement										
Consultation/ Information & Awareness Raising	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19

Items to be scheduled

Speech and Language Therapy
Dementia Friendly City

Item 6

HEALTH AND WELLBEING SCRUTINY COMMITTEE

6 JUNE 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 22 May 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 22 May 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 22 May 2018 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

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

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

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

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
170810/205	To approve the freehold acquisition of a property to provide children's services accommodation.	Cabinet	Y	During the period 25 April to 30 June 2018.	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
170927/212	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force area.	Cabinet	Y	During the period 25 April to 30 June 2018.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
180103/235	To seek approval for the procurement and award of contracts to providers for local welfare provision	Cabinet	Y	During the period 25 April to 30 June 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
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	20 June 2018	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180308/245	To seek approval for the sale of land at former Southwick School.	Cabinet	Y	During the period 1 July to 31 October 2018.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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
180418/252	To consider and approve corporate proposals in respect of Siglion LLP.	Cabinet	Y	During the period 30 May to 31 July 2018	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180424/253	To seek approval to acquisition of premises in Hay Street, Sheepfolds Industrial Estate, Sunderland	Cabinet	Y	During the period 18 July to 31 October 2018.	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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180424/254	To seek approval to an Option Agreement in respect of land at Savannah Road/Moorway, Washington.	Cabinet	Y	During the period 18 July to 31 October 2018.	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180429/255	To approve the Revenue Budget Outturn 2017-2018 and the First Revenue Review 2018-2019.	Cabinet	Y	20 June 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180429/256	To approve the Capital Programme Outturn 2017-2018 and the First Capital Review 2018-2019 (including Treasury Management).	Cabinet	Y	20 June 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
180502/257	Adoption of the Bishopwearmouth Conservation Area Character Appraisal and Management Plan as formal planning guidance. Approval of amendments to the designated boundary of the Bishopwearmouth Conservation Area	Cabinet	Y	20 June 2018	N	Not applicable	Cabinet Report and supporting appendices	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180503/258	To consider an options appraisal to determine the disposal method of green belt release sites.	Cabinet	Y	18 July 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180503/259	To agree the financial position and provide an update on progress of the Sunderland Strategic Transport Corridor Phase 3 scheme.	Cabinet	N	During the period 20 June to 31 July 2018.	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
180511/260	In relation to the acquisition of the Alex Smiles Site, to amend the previous decision to allow for enabling works.	Cabinet	Y	18 July 2018	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Note; Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure. Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below. Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team PO Box 100, Civic Centre, Sunderland, or by email to committees@sunderland.gov.uk

Who will decide;

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

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

Elaine Waugh
Head of Law and Governance **22 May 2018**