

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Wednesday 4th September, 2019 at 5.30 pm

Membership

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

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	No Items	

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

27th August, 2019

Item 2

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 3rd JULY, 2019 at 5.30p.m.

Present:-

Councillor D. Dixon in the Chair

Councillors Butler, Cunningham, Davison, Essl, Heron, N. MacKnight, McDonough and Mann

Also in attendance:-

Ms. Kathryn Bailey - Locum Consultant, Public Health
Ms Lynne Bennett – Governance Law Specialist, Sunderland City Council
Mr David Chandler – Chief Finance Officer and Deputy Chief Officer, Sunderland Clinical Commissioning Group
Ms Debbie Cornell – Head of Corporate Affairs, Sunderland Clinical Commissioning Group
Mr Nigel Cummings – Scrutiny Officer, Sunderland City Council
Mr David Gallagher – Chief Officer, Sunderland Clinical Commissioning Group
Ms Gillian Robinson – Scrutiny Officer, Sunderland City Council
Ms Joanne Stewart – Principal Governance Services Officer, Sunderland City Council

The Chairman opened the meeting and introductions were made.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Leadbitter, McClennan and O'Brien

Minutes of the last meeting of the Committee held on 5th June, 2019

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 5th June, 2019 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Sunderland Clinical Commissioning Group 2019/20 Operational Plan

The Deputy Chief Officer of Sunderland Clinical Commissioning Group (CCG) submitted a report (copy circulated) which updated the Committee on the Sunderland CCG's 2019/20 operational plan, ratified by their Governing Body on 26th March, 2019.

(for copy report – see original minutes)

Mr. Chandler, Chief Finance Officer and Deputy Chief Officer, Sunderland CCG, took the Committee through the plan advising that 2019/20 was year one of a new planning period for the CCG as the previous operational plan had covered a five year strategy from 2014 to 2019.

Councillor McDonough referred to 46.4% of children and young people in Sunderland with a diagnosable mental health condition receiving treatment from an NHS-funded community health service against a target set of 34% by March, 2020 and asked how services intended to improve their current performance, and then maintain that level, given ongoing pressures on resources and funding. Mr. Chandler advised that they were working with the Mental Health Trust to continue to improve access to mental health services, with the aim to having a single point of access to services for children and young people. He also informed Members that they had commissioned the use of the Kooth online counselling service which through the internet based platform allowed young people to have online conversations with counsellors and/or through moderated chat rooms.

In relation to funding for improvements, Mr. Chandler advised that there was an agreement that there would be a standard fixed amount of funding paid into improving mental health services this year and explained that they could always look to direct this towards certain services if the single point of contact was not enough to see the required improvements.

With regards to mental health services in other areas, such as accident and emergency rooms, the Committee were informed that what was in place at present was working well and were advised that the NHS were investing more resources into crisis teams allowing faster responses in key service areas.

Mr. Chandler commented that it would be a challenge to make sure that they were investing in the right areas to ensure improvements in mental health services continued but by listening and working with partner agencies they would continue to ensure that the right level of care was being provided in the right places.

Councillor Mann referred to the diagram showing the challenges to be faced in the context of Sunderland being a village of 100 people and commented on the 38 people which were living in the most deprived quintile, stating that this had to have a link to the obesity prevalence, the estimated smoking prevalence and the inequalities in life expectancy. She asked how they could start to address these issues in local communities. Mr. Chandler commented that services were aware of the challenges they faced and they did not want to see the gaps in health outcomes grow wider. They were undertaking prevention work to look at what could be done to reduce health inequalities and he reassured the Committee it was an area they were passionate and very focussed upon improving.

Councillor Heron commented on the works in relation to implementing the national Enhanced Health in Care Home Framework, specifically around the policies for hydration and nutrition and the sharing of best practices between care home managers and welcomed the continued roll out during 2019/20.

In response to a question from Councillor Butler around the good self-management of medication for chronic and persistent pain, Mr. Chandler advised that a lot of work was going in to that specific area with programmes around self-care and social prescribers such as looking to provide more suitable alternative exercise and rehabilitation programmes. They were looking to simplify the services so they were contained in one area but he assured Members that there would be more self care based programmes offered to patients unless there was a reliance for them to have a medical professional involved.

When asked which services the CCG commissioned in relation to this, Mr. Chandler advised that they commissioned services such as the community physiotherapist and the redesigned integrated musculoskeletal service which GP's could refer patients to for triage, who would then direct them to the most appropriate service.

Councillor Butler advised that in Durham they ran pain management programmes which were promoting more cognitive behavioural therapies to help patients cope better with pain, without giving them false hope of a pain-free lifestyle, and Mr. Chandler commented that Sunderland were looking at a very similar programme. They were actively tackling the issuing of high level opioid prescriptions and had allocated funding to help patients better understand the outcomes they could expect through pain clinic colleagues and their GP's. He advised that the resources that were saved on providing prescriptions could be used to provide alternative therapies for those patients and although it was going to be a challenging journey it was one which had to be addressed as they could not continue to prescribe high levels of medication.

Councillor Davison discussed cancer prevention and how screening was a very effective measure to take but stated that the report did not mention the percentages of people who contract lung cancer but who had never smoked and commented that these patients may not be picked up at regular check up's with their GP until they had symptoms, which by then may be too late. Mr. Chandler advised that there was a lot of work being undertaken to reform and change the way in which screening was offered to patients and advised of one such pilot scheme, whereby they would be approaching people, aged around 50-60, who were attending football matches or shopping precincts inviting them to go for a check-up scan. He advised that this was in addition to the regular cancer screening that was provided and commented that they would continue to look to bring new ways of increasing the numbers of patients being screened. In relation to data around the figures for non-smokers contracting lung cancer, Ms. Bailey advised that she could provide that information to Members.

In response to a query from Councillor Davison regarding the Red Bag Scheme, Mr. Chandler advised that the project was ran in conjunction with care homes across the city to make sure that residents can be easily identified when they are brought into hospital by having all their health related paperwork and personal belongings in a dedicated red bag. The bag stays with the care home resident from the moment they leave the care home in an ambulance and will stay with them throughout their assessment in the Emergency Department, stay on a ward and through their discharge back to the care home.

Councillor Davison referred to the overall goals for 2019-20 in relation to end of life care and asked if the Committee could receive regular updates on this to see how it

was progressing, which Mr. Chandler advised could be provided.

In response to a query from Councillor Davison around waiting times for referral to treatments reducing, Mr. Chandler advised that waiting lists were generally at around eighteen weeks and that they had a trajectory moving forward with NHS England to work to reduce those further. He advised that a consistent workforce was difficult to attract to some specialist areas which could pose a significant challenge to them but that it was an area of patient care that they would continue to work towards improving.

Councillor Davison also requested that she be provided with further information on the deliverable set out on page eleven of the Operation Plan; 'Continue to provide leadership to the statutory Child Death Review Process as the key statutory partner alongside the local authority.'

Councillor Dixon asked if, in terms of the Enhanced Health in Care Homes Framework, this was carried out in association with partners and was informed by Mr. Chandler that they would not work in isolation but very closely with the local authority and care home partners and that it would be more focussed on the level of care to each individual.

Councillor Cunningham commented that the next report on the agenda would highlight the current state of GP practices in the city as being very good and asked how the initial Golden Hello recruitment and retention programme was assessed and reviewed going forward. Mr. Chandler commented that the programme had been successful but commented that it was as part of a suite of measures which had been introduced to recruit GP's in Sunderland and that it should not be looked at in isolation to those other schemes. He reminded Members that the new Medical School would start offering places for study in September, 2019 and along with other schemes they felt that the future was bright.

In relation to a further question from Councillor Cunningham regarding patients engaging with GP's through less than traditional ways, such as email or through an app, and ensuring that the same standards of care were met, Mr. Chandler advised that it was early days in the use of technology. They were aware that there was information available that showed some models did work well and advised that there were a number of pilot sites underway which were being actively supported but advised that it was down to ensuring that they were improving access for patients to GP practices in new ways which fit current lifestyles.

Mr. Gallagher advised Members that the Operational Plan had been submitted to the meeting to allow the Committee to see the key areas of work for the upcoming year ahead but advised that he would be happy to bring back further information around the performance in relation to expected outcomes to a future meeting.

The Chairman having thanked Mr. Chandler and Mr. Gallagher for their attendance, it was:-

3. RESOLVED that the information within the overview of the CCG's 2019/20 Operational Plan be received and noted.

Care Quality Commission GP Inspection – Annual Report

The Chief Officer of Sunderland Clinical Commissioning Group (CCG) submitted a report (copy circulated) which provided the Committee with an overview of inspections that have been undertaken by the Care Quality Commission (CQC) in the NHS Sunderland CCG area.

(for copy report – see original minutes)

Ms. Cornell, Head of Corporate Affairs, Sunderland CCG, took the Committee through the report advising that the outcomes recorded reflected the hard work of GP practices in the city to continue to work towards continual improvements being made.

Councillor Heron commended GP practices in the city for their hard work and praised the CCG for their excellent report. Ms. Cornell thanked the Member and advised that they were undertaking further work to promote what had gone well for those practises which had received good and outstanding outcomes so they were hopeful they would continue to see more improvements over the coming months.

The Chairman agreed that it was an excellent report which illustrated the quality of GP practices in the city and commented that it provided reassurances to the Committee and patients that overall, they were providing good and safe care. He noted that there were a small number of practices that were last inspected in 2015 and asked if it would be expected that these would be due a CQC visit in the near future. Ms. Cornell advised that the process followed by the CQC would be dependent upon the outcome of their inspection and advised that from April, 2019 they had introduced the Annual Regulatory Review (ARR) for practices which were rated as 'good' or 'outstanding' and that for any practices rated as 'requires improvement' or 'inadequate' this would not apply and the CQC would continue to inspect within six or twelve months accordingly.

The Chairman having thanked Ms. Cornell for her report and attendance, it was:-

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

Policy Development & Review 2019/20: Approach to the Review and Setting the Scene

The Director of People, Communications and Partnerships submitted a report (copy circulated) which established background information and set out an approach to undertaking the review to assess the oral health of the Sunderland population and the case for interventions to improve oral health.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, presented the report advising of the overall aim of the policy review, the proposed terms of reference and how it was proposed to gather evidence. He also advised Members of the scope of the review and the expected timescales which the Committee would work towards.

Mr. Cummings advised new Members on the Committee that he would be providing a reading pack of information which would be circulated to them in due course and explained that the first meeting they held would allow them to set the scene in much more detail so that they would have the background of the current position in Sunderland before meeting with expert witnesses and looking to gather more evidence and information.

Ms. Kathryn Bailey, Locum Consultant in Public Health, advised the Committee that she had some information which had been received through an opinion survey in relation to the barriers to people in the city accessing dental services and she could look to provide this to Members. She also advised that she could provide information on the mapping of practises in and around the city.

Members having no further questions or comments, it was:-

5. RESOLVED that:-
- i) the Committee agree the titles of the review as 'Oral Health in Sunderland';
 - ii) the Committee agree the terms of reference for the policy review; and
 - iii) the Committee agree the proposed timetable for the review.

Annual Work Programme 2019/20

The Director of People, Communications and Partnerships submitted a report (copy circulated) which set out for Members information the current work programme for the Committee's work during the 2019-20 municipal year.

(for copy report – see original minutes)

6. RESOLVED that the work programme for 2019/20 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 17 June, 2019.

(for copy report – see original minutes)

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

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

(Signed) D. DIXON,
Chairman.

SUNDERLAND SAFEGUARDING ADULTS BOARD ANNUAL REPORT

REPORT OF SUNDERLAND SAFEGUARDING ADULTS BOARD

1. Purpose of the Report

- 1.1. It is a Care Act requirement for the Independent Chair of the Safeguarding Adults Board to give an annual account of the work of the Board.
- 1.2. The annual report, attached for members' information, highlights the current work of Sunderland Safeguarding Adults Board (SSAB) during the year 2018-19

2. Background

- 2.1. The workings of the Board and its current sub-committees, and importantly what they have achieved, are shown within the body of the report and also the links the Board has with other strategic partnerships within the City
- 2.2. The work of SSAB focuses on four strategic priorities, as identified in its Strategic Delivery Plan 2019-24:
 - Prevention
 - Making Safeguarding Personal (MSP)/ User Engagement
 - Partnership (including regional collaboration)
 - Key local areas of risk (self-neglect, mental capacity and exploitation)

These priorities inform the Board's local actions to safeguard adults in Sunderland and are underpinned by the Care Act's six key principles of adult safeguarding.

- 2.3 The report highlights significant progress against its strategic priorities, and provides detail of the future direction of travel for the Board with regard to continuing to develop the SSAB Prevention Strategy; further work on SSAB's Multi-Agency Safeguarding Adults Procedures; further development of the SSAB website; ongoing work to explore the potential to develop Adult Missing Sexually Exploited and Trafficked (AMSET) arrangements in Sunderland; participating in National Safeguarding Week 18th – 24th November 2019

3. Recommendation

- 3.1 The Scrutiny Committee is asked to note and comment on the content of the Safeguarding Adults Board Annual Report

Annual Report 2018-2019



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Foreword

by the Independent Chair of SSAB



It has been a pleasure and a privilege to be Independent Chair of the Sunderland Safeguarding Adult Board for this last year. Partners understand the importance of working together in order to keep vulnerable people safe, and they have shown enthusiasm and commitment to the joint working that the Board has led.

The harsh face of austerity has been evident in the city this last year. Private providers of residential and home care have faced tight budgets, whilst statutory services from all agencies have undergone further cuts. In some other areas I

have known austerity to provoke competition and defensiveness amongst staff – but here in Sunderland I have seen a real commitment to partnership, to rethinking how services can still be provided with less, and to supporting each other at a time of difficulty. It will be important that this commitment continues, as it seems as if our country is not yet through the worst of the financial crisis.

We have streamlined the way in which the Board operates, to get the most out of the contributions of senior partners from all agencies. We are also looking to work more collaboratively with colleagues in neighbouring authorities, to seek to align some of our ways of working.

The board is in good shape, and ambitious for the future. Much of this can be attributed to the major contributions of partner agencies who chair subgroups, lead on the programmes of work, and ensure that people in Sunderland remain safe. In particular, though, my thanks are due to Amy Paulsen and Pamela Weightman for ensuring that the Board's ambitions are translated into concrete outcomes.

Sir Paul Ennals

Independent Chair, Sunderland SAB

Sunderland Safeguarding Adults Board

[Sunderland Safeguarding Adults Board \(SSAB\)](#) is a statutory body which brings together partner organisations in Sunderland to safeguard and promote the welfare of adults at risk of abuse and neglect, and is responsible for ensuring the effectiveness of what partner agencies do. SSAB has a strong focus on partnership working and has representation from the following organisations across the City:

- [Sunderland City Council](#)
- [Northumbria Police](#)
- [Sunderland Clinical Commissioning Group](#)
- [South Tyneside & Sunderland NHS Foundation Trust](#)
- [Northumberland, Tyne & Wear NHS Foundation Trust](#)
- [Healthwatch Sunderland](#)

SSAB works closely with other statutory partnerships in Sunderland, including:

- [Sunderland Health and Wellbeing Board \(HWBB\)](#) - responsible for producing the [Joint Strategic Needs Assessment \(JSNA\)](#) and HWBB Strategy. A 'Framework of Cooperation' is in place between SSAB, HWBB and Sunderland Safeguarding Children Board, setting out the role and remit of each Board and their interrelationship with each other.
- [Safer Sunderland Partnership \(SSP\)](#) - SSP and SSAB work in collaboration on cross-cutting themes, including domestic abuse, violence against women and girls, sexual exploitation, migration/asylum and modern day slavery. SSAB receives updates regarding Domestic Homicide Review activity.
- [Sunderland Safeguarding Children Board \(SSCB\)](#) - SSAB and SSCB have worked jointly on a range of common workstreams, and also hold, or contribute towards, learning events highlighting both safeguarding children and adults issues.

Our Vision

In order to improve the effectiveness of SSAB in accordance with its statutory responsibilities, the Board has the following vision:

People in Sunderland are able to live safely, free from neglect and abuse

SSAB's vision for safeguarding adults in Sunderland can only be delivered effectively through the support and engagement of a wide range of partner agencies and organisations across the city.

SSAB continues to work toward achieving its vision through the committed local partnership working between a range of organisations that comprise the membership of SSAB, the SSAB Partnership Group and Sub-Committees, continuing to work together with common objectives and commitments.

Strategic Delivery Plan

SSAB's [Strategic Delivery Plan](#) was refreshed in Autumn 2018 following a successful Board development meeting. The Plan details key focus areas for the period of 2019-2024, and identifies how SSAB will ensure its statutory responsibilities are met in accordance with the [Care Act 2014](#) and embedded in practice across the partnership. The Plan is underpinned by SSAB's Multi-Agency Memorandum of Understanding, which describes the Board's remit and governance arrangements.

SSAB has established four strategic priorities detailed in the Plan:

- Prevention
- Making Safeguarding Personal (MSP) / user engagement
- Partnership (including regional collaboration)
- Key local areas of risk (self-neglect, mental capacity and exploitation)

These priorities inform the Board's local actions to safeguard adults in Sunderland, and are underpinned by the Care Act's [six key principles of adult safeguarding](#).

The strategic priorities will be progressed through the work of the SSAB's Partnership Group and Learning and Improvement in Practice (LIIP) and Quality Assurance (QA) sub-committees.

Strategic Delivery Plan:

Progress and Achievements

Prevention

- Work has commenced on the development of a SSAB Prevention Strategy
- Successful safeguarding campaign 'Safetember', including launch of SSAB's Twitter page, networking and footfall events across the partnership to promote safeguarding adults messages
- Development of quarterly newsletter

Making Safeguarding Personal (MSP)/user engagement

- MSP assurance exercise undertaken with partners by the QA sub-committee
- Service-user survey conducted by Healthwatch, on behalf of SSAB. Majority of responses were positive about their experience of the safeguarding process and felt they/their relative were safer as a result
- Development of easy read safeguarding adults guide with support and input from self-advocates and service-users from Sunderland People First

Partnership (including regional collaboration)

- Annual Safeguarding Conference held in collaboration with South Tyneside and Sunderland Healthcare Group, Sunderland and South Tyneside CCGs, SSCB and South Tyneside Safeguarding Children and Adults Boards
- Safeguarding Children and Adults information leaflet revised in partnership with SSCB

Key local areas of risk

- Revision of SSAB's Self-Neglect and Clean Homes Guidance is nearing completion
- In response to findings from Safeguarding Adult Reviews and practitioner feedback 'How to Assess Mental Capacity' training course developed and launched

The Work of SSAB and its Sub-Committees

Governance

- Membership of the Board reviewed
- Meeting frequency changed to quarterly for sub-committees and twice yearly for Board
- Governance documents reviewed and refreshed
- Quarterly newsletter developed and launched
- Assurance plan refreshed
- Continued interface with domestic homicide review process
- Continued involvement with Domestic Abuse Strategic Project Group

Quality Assurance

- Case file themed audits and in-depth performance data audits carried out, including: Neglect and Acts of Omission; Making Safeguarding Personal; Capacity and Consent; Hospital Discharges; Self-Neglect; Service User Desired Outcomes and Threshold Levels
- Assurance exercise undertaken with partners regarding how MSP is built into their services and practice
- Service user survey conducted on behalf of SSAB by Healthwatch, responses showed overall, people were positive about their experience of the safeguarding process and felt that they/their relative were safer as a result
- Supported Safer Internet Day on 5th February 2019
- Developed new safeguarding adults information posters, available on the SSAB website for partners to use
- Revised safeguarding children and adults information leaflet with SSCB
- Easy Read Safeguarding Adults Guide developed, with support and input from Sunderland People First, Age UK Sunderland, Sunderland Care and Support and Sunderland Carers' Centre
- Held 'Safetember' event, which included football events, creation of the SSAB Twitter profile, coffee mornings and information stands
- Developed post-training survey regarding knowledge and practice from delegates attending SSAB's training courses

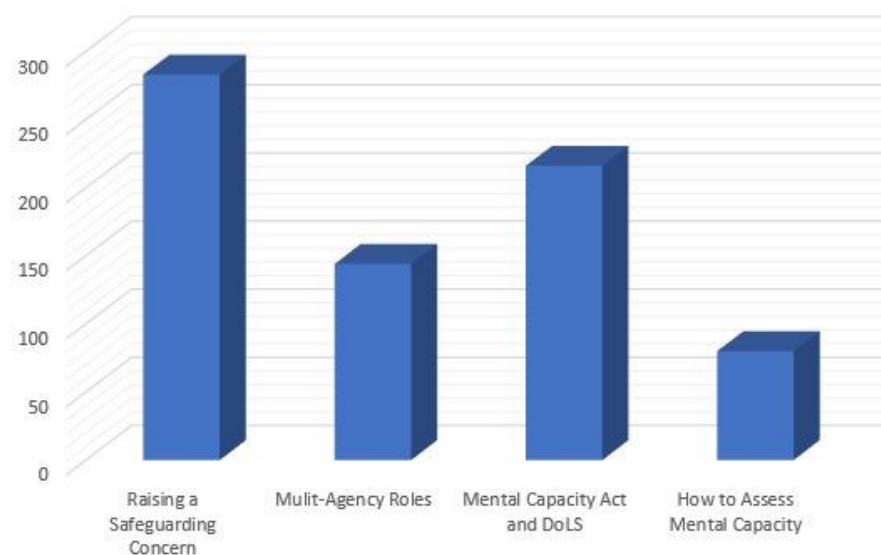
Learning and Improvement in Practice

- Developed practical 'How to Assess' mental capacity training
- Developed interface with [LeDeR](#)
- Established several task and finish groups to review practitioner guidance and SSAB governance documents
- 1 scoping meeting carried out, which did not meet the Care Act criteria for a Safeguarding Adult Review
- Published one Safeguarding Adult Review (SAR) concerning 'Eva'
- Developed and launched SAR referral form and guidance

Training

- Continued delivery of multi-agency safeguarding adults training, delivering 55 training sessions across the year
- Launched 'How to Assess Mental Capacity' training in January 2019
- Training continues to be well received and has resulted in an improvement in the number and quality of safeguarding concerns being raised, as well as the contribution of partner agency attendees at safeguarding meetings, delivering upon the key principles of adult safeguarding: empowerment, prevention, proportionality, protection, partnership and accountability

Training Attendance 2018 - 19



www.sunderlandsab.org.uk

Statutory Partners' Contribution to Safeguarding

Key Achievements

SSAB partners continue to support the safeguarding adults agenda, meeting key statutory responsibilities and contributing to the work of the sub-committees and Board. Partners, both statutory and non-statutory, have proactively engaged in local and national safeguarding campaigns, and continue to share good practice and learning. Partners also undertake regular governance and assurance activities, reporting to the Board as required, such as undertaking audits, achieving safeguarding and Prevent training compliance, and updating policies, procedures and referral pathways.

South Tyneside and Sunderland NHS Foundation Trust

- Taking a collaborative approach to adult and children's safeguarding agenda, this includes restructuring and co-location of the City Hospitals Sunderland and South Tyneside Safeguarding Team and realignment of the Safeguarding Trainer role
- Sunderland Royal Hospital and South Tyneside Hospital both have an established hospital Independent Domestic Violence Advocate (IDVA) and Domestic Abuse Health Advocate (DAHA) to support staff to recognise and respond to domestic abuse. There were 193 IDVA/DAHA referrals across the Trust in 2018/19

Northumberland, Tyne and Wear NHS Foundation Trust

The Patient Safety Trust 'Clinical Police Liaison Lead' Nurse is now part of the Safeguarding Adults and Public Protection (SAPP) Team, further enhancing multi-agency working with Police colleagues and partners. This has allowed SAPP Practitioners and the Police Liaison Lead to share knowledge, skills and experience to further enhance and strengthen public protection arrangements, both internally and externally

Sunderland Clinical Commissioning Group (CCG)

- Delivered and commissioned bespoke training for GPs and primary care staff to share learning from reviews in key areas of practice such as the Mental Capacity Act
- Developed reporting arrangements to SSAB on market management and assurance arrangements regarding commissioned providers
- Established new model and commissioning arrangements for [MARAC](#) information sharing and dissemination provided by South Tyneside and Sunderland NHS Foundation Trust working with the Police as part of the new model

Sunderland City Council

- Creation and development of an adult Multi-Agency Safeguarding Hub (MASH) with support from Northumbria Police
- Review of [Safeguarding Adults Concern \(SAC\) form](#) contents and format, and transition of form into the development of a Safeguarding Portal to allow online referrals
- Adult safeguarding as part of the supervision process is embedded and implemented for all social workers across the council and forms part of the Adult Needs Assessments questions asked during assessment to identify an adult at risk
- Key improvement actions identified for inclusion in the City's multi-agency Prevent Action Plan by completing effective benchmarking exercise against Home Office *National Prevent Self Assessment Toolkit*
- Dealt with 6 cases of modern slavery in 2018-19 and has supported them to access the [National Referral Mechanism](#)

Northumbria Police

Northumbria Police policies and procedures in relation to adult safeguarding have been rewritten and refreshed to include the Care Act.

Statutory Partners' Contribution to Safeguarding

Good Practice

Examples of good practice across the partnership include attendance at multi-agency safeguarding training and dissemination of learning throughout organisations of local reviews—including news bulletin articles, face-to-face sessions and “7 minute” briefings. Assurance of safeguarding compliance is provided through rigorous audit programmes, internal agency reporting mechanisms and regular reporting to commissioners and regulating bodies, such as the [Care Quality Commission](#).

South Tyneside and Sunderland Foundation Trust

- The Safeguarding Trainer role has been realigned across the Trust, ensuring a streamlined approach to safeguarding children and adult training content and taking a lead role in compliance monitoring. Current safeguarding training compliance is over 94% for Levels 1 and 2 safeguarding training across the Trust. The Trust has also achieved over the 85% compliance target set by NHS England for [WRAP Prevent](#) training
- SCR/SAR Briefing and Safeguarding Awareness Sessions: Quarterly “Hot Topic” awareness raising sessions arranged and held across the Trust regarding safeguarding children and adults issues, with special guest speakers invited to present. September continues to be the month when “Safetember” is hosted, a local campaign to raise awareness of safeguarding issues
- Safeguarding supervision is being implemented across the Trust

Northumberland, Tyne and Wear NHS Foundation Trust

- The Safeguarding Adult and Public Protection (SAPP) Team practitioners provide a ‘triage’ service to all safeguarding and public protection concerns raised within the trust to ensure that the person is, wherever possible, safeguarded and effective safety plans are put in place. Daily advice, supervision and support is provided to trust services

Sunderland Clinical Commissioning Group (CCG)

During 2018 the CCG Safeguarding Team have continued to support development of the Domestic Abuse Advocate (IDVA) in a Primary Care Pilot securing funding to deliver year 3 of the pilot. The CCG has also provided additional non-recurrent funding to support Specialist Domestic Abuse Services including Community IDVA Services and Services to support children who have been affected by domestic abuse.

Sunderland City Council

Sunderland has a well established [Channel](#) Panel, a current Sunderland Channel case has been identified as an example of exceptional good practice: Person A was referred due to their risk of radicalisation after being identified as accessing extremist material online and being vulnerable to developing entrenched views and inciting others into this activity. Under the Channel process, they received a support package addressing their potential for extremist radicalisation with support from mental health services, social care and housing, and therapeutic and logistical interventions designed to deflect and move them away from this path. A first for the Channel process in Sunderland was the partnership with Sunderland AFC’s Foundation of Light and their KICKS programme, which developed a support programme that engaged the individual so well they are now being considered for removal from the Channel process and managed under mainstream core business

Statutory Partners' Contribution to Safeguarding

Working with Partners

Partners continue to contribute to multi-agency working, in particular by representation at a wide range of multi-agency safeguarding for a, which includes: [MAPPA](#) (now [MOSOVO](#) - Management of Sex Offenders & Violent Offenders), [MATAC](#), [MARAC](#), [CONTEST](#) Board and [Channel](#) Panel.

Sunderland Clinical Commissioning Group (CCG)

The CCG have actively supported partnership working across a number of key areas including:

- Hate Crime and Tension Monitoring where the CCG Designated Nurse Safeguarding Adults is Vice Chair
- Representing the CCG and regional health colleagues on the NHSE North Region Modern Day Slavery (MDS) Sub Group taking forward work on behalf of the NHSE National MDS Group

Northumberland, Tyne and wear NHS Foundation Trust

- A dedicated Safeguarding and Public Protection (SAPP) Practitioner has undergone training and development over the last 12 months to provide continuity and knowledge of Prevent referrals made by Trust clinical staff, and attend Prevent/Channel Panels accordingly. Good working relationships have also been fostered with Special Branch colleagues who have the police lead for Prevent
- SAPP continue to contribute to multi-agency safeguarding hubs (MASH) for multi-agency safeguarding decision making at the point of referral, the SAPP Team provide vital support/information to assist decision making/outcomes required to safeguard

Sunderland City Council

- The development of the Adult Multi Agency Safeguarding Hub (MASH) evidences excellent partnership working, partner agencies working with the MASH include Northumbria Police, City Hospitals Sunderland, Northumberland Tyne and Wear NHS Foundation Trust, Wear Recovery, Sunderland CCG, Gentoo, Financial Safeguarding Team and Housing Options as well as the Council's own Adult Services including Adult Safeguarding, community Older Persons, physical disabilities, mental health and learning disability teams
- The council continues to be represented at the Northumbria Prevent Coordination Group, It has also led to a discussion upon a North and South Regional Prevent Hub to process Prevent referrals, with Sunderland being proposed as the possible Hub lead for the South
- Attendance at North East (north) Channel Regional Engagement Workshop to provide input into the review of the current national Prevent Duty Guidance

Northumbria Police

Referrals submitted for adults who are of concern to the police for reasons under the wider definition of Vulnerability as well as those meeting the Safeguarding threshold are now all subject to multi-agency triage within the Multi-Agency Safeguarding Hub (MASH) arrangements for adults which launched in 2018. This is an exciting opportunity for partners to come together and work collaboratively to safeguard adults experiencing abuse or neglect as well as adopt a wider early help and information sharing approach to prevention opportunities.

South Tyneside and Sunderland Foundation Trust

In March 2019, the Safeguarding Adults and Children Team along with Sunderland and South Tyneside's Safeguarding Adults and Children Boards and Sunderland and South Tyneside CCGs, organised a multi-agency "Think Family" Safeguarding Conference. This featured a number of external speakers and was well attended. The event evaluated very well with positive feedback.

Statutory Partners' Contribution to Safeguarding

Making Safeguarding Personal

Making Safeguarding Personal (MSP) has been actively embraced by partners in Sunderland since it was introduced. Partners have taken forward a significant amount of work to incorporate the principles of MSP into their policies and procedures, staff ways of working, staff communications (e.g. newsletters), and single-agency training opportunities.

Sunderland Clinical Commissioning Group (CCG)

When providing advice on the management of individual safeguarding concerns the CCG safeguarding team ensure that their approach is person-centred and ensures that there is appropriate consideration in relation to:

- The individual's consent
- The individual's desired outcomes for safeguarding
- Issues related to capacity/advocacy
- Personalised support

Making Safeguarding Personal is embedded in all of the multi-agency and single agency training provided by the CCG.

Northumbria Police

Northumbria Police policies and procedures in relation to adult safeguarding have been rewritten and refreshed to include the 6 key principles of Making Safeguarding Personal.

Sunderland City Council

- Embedded and improved Making Safeguarding Personal (MSP) principles within operational delivery. The council's Adult Safeguarding Team, with the crucial support of the Performance Team, have assisted in the development of a bespoke software package through Liquidlogic which has supported performance improvements around MSP in the safeguarding process
- The recording of questions around MSP principles, such as: was the individual or individual's representative asked what their desired outcomes were; were the desired outcomes achieved; has the adult been informed of the outcome; has the referrer been informed of the outcome; and is the adult satisfied with the outcome, has allowed analysis of how well the safeguarding journey in Sunderland is adopting a personalised approach that enables practitioners, families, teams and the SSAB to know what difference has been made
- Attendance of the adult at risk, their family or advocate at safeguarding meetings to ensure that the voice of the adult at risk is heard

Northumberland, Tyne and Wear NHS Foundation Trust

All policies have been updated to include making safeguarding personal principles

South Tyneside and Sunderland Foundation Trust

- A Safeguarding and MCA/DoLS Champions network is now firmly established within both Trusts and held quarterly. Making Safeguarding Personal has been one of the topics of discussions.
- STFT Safeguarding Team Newsletter included a feature on Making Safeguarding Personal

2018-19 in Figures



2655

Concerns received
34% of cases progressed to an enquiry:
23% S42
11% other



Desired Outcomes

84% of individuals were asked what their desired outcomes were, of these 47% expressed a desired outcome. 97% were either fully or partly achieved



Primary support Reason

Individuals with physical support needs represented almost half of all concerns received



Mental Capacity

In 45% of completed cases the client was identified to lack mental capacity. 100% of these individuals were supported.



Main Location of Abuse

Individuals' own homes: 42%
Residential/nursing homes: 40%
Alleged perpetrator's home: 6%
Concerns raised in a health setting continues to be low at 4%



Main categories of Abuse

Physical abuse: 29%
Neglect: 22%
Psychological abuse: 11%
Self-neglect: 11%
Financial abuse: 11%



Age/Gender

Females aged 85+ account for the highest number of concerns raised

Learning Lessons

In 2017 the Learning and Improvement in Practice sub-committee undertook a scoping exercise regarding information known to partner organisations in relation to 'Eva'. Whilst the exercise concluded that the specific causes of Eva's death did not indicate a strict statutory requirement to undertake a Safeguarding Adult Review (SAR), the recommendation was that a SAR should still be undertaken due to the significant learning that could be gained from the case and due to the similarities to a SAR previously published by SSAB in October 2015.

The Review involved a number of partner agencies who operate in Sunderland. A workshop involving front-line staff who had worked with Eva was held, and provided valuable insight and supported the SAR process in identifying learning and key recommendations.

The SAR resulted in a detailed multi-agency action plan, which was monitored by the Learning and Improvement in practice sub-committee before being shared with the Quality Assurance sub-committee.

The [Executive Summary](#) of the Review and an accompanying [7 Minute Briefing](#) were published in May 2018.

What does 2019-20 Hold?

- Development of a SSAB Prevention Strategy to support the Strategic Delivery Plan
- Further work on SSAB's Multi-Agency Safeguarding Adults Procedures, to streamline them and make them easier to navigate and more accessible to professionals and public
- Further development of the SSAB website, to include a greater breadth of safeguarding resources
- Ongoing work to explore the potential to develop Adult Missing Sexually Exploited and Trafficked (AMSET) arrangements in Sunderland, to build on best practice in children's MSET arrangements and AMSET arrangements in other North East localities
- SSAB will be participating in the National Safeguarding Week in November 2019, with SSAB partners undertaking a range of safeguarding adults awareness-raising activities

HEALTH & WELLBEING SCRUTINY COMMITTEE

4 SEPTEMBER 2019

HEALTHWATCH SUNDERLAND ANNUAL REPORT 2018-19

REPORT OF HEALTHWATCH SUNDERLAND

1. PURPOSE OF THE REPORT

- 1.1 The annual report attached, for Members' information, highlights the current work of Healthwatch Sunderland during the year 2018/19.

2. BACKGROUND

- 2.1 The work of Healthwatch, and importantly what it has achieved, are shown within the body of the report and also the links that the organisation has with other organisations within the city, locally and nationally.
- 2.2 The annual report highlights a number of key achievements including:
- Visited over 100 local services;
 - Published 37 reports;
 - Signposted over 500 people to local services;
 - Received over 1700 feedback responses on services.
- 2.3 The annual report also highlights some of the key areas that Healthwatch has been involved with during the year. These include:
- GP Mergers;
 - Care Home Life;
 - Sunderland Community Equipment Services.

3. RECOMMENDATION

- 3.1 That Committee is asked to note and comment on the content of the Healthwatch Sunderland Annual Report 2018-19.

Contact: Margaret Curtis
Healthwatch Programme Manager
(0191) 514 7145



Healthwatch Sunderland

Annual Report 2018-19



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Message from our Chair

This has been another busy year for Healthwatch Sunderland, staff and volunteers and both have risen to the challenge of dealing with numerous and complicated issues with enthusiasm and good humour.

There are many changes to health and social care services being proposed and consultation has taken place on the Path to Excellence proposals which we have been fully engaged in to ensure the voice of patients and public have been heard.

More work has been done around the Clinical Commissioning Group (CCG) consultation around Urgent Care Services in the city and a full submission was made by Healthwatch Sunderland detailing the issues of concern.

We also produced a report on the provision of equipment in the community that helps people live independent lives and our recommendations are being acted upon.

Path to Excellence Phase 2 and work around Integrated Care Systems across the North East and North Cumbria continues.

We have also undertaken a substantial amount of work around what it is like to live in Care Homes in the city, which has been welcomed by the public and service providers alike. Our Star Awards are also incredibly popular and very much appreciated by recipients.

Throughout the year we have also worked with the GP Alliance, Sunderland Adult Safeguarding Board and the North East Ambulance Service.

A very busy year indeed and next year is going to be just as busy and we need to hear your views on health and social care services in the city to enable us to be effective in our work.

I have decided to stand down as Chair of Healthwatch Sunderland at the end of March 2019 and I want to thank the Board, Staff and all our Volunteers for all their work throughout the year and wish them well for the future. I am sure the new Chair, John Dean will represent the views of patients and public with enthusiasm and vigour and I wish him well in his endeavours.

Alan Patchett



About us

Healthwatch is here to make care better

We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.

If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to health and social care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.

If you're part of an organisation that's worked with, supported or responded to, thank you too. You've helped to make an even bigger difference.

None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.

If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.



A handwritten signature in black ink, which appears to read 'Robert Francis'.

Sir Robert Francis QC
Healthwatch England Chair

Our vision is simple

Health and social care that works for you. People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.



Our purpose

To find out what matters to you and to help make sure your views shape the support you need.



Our approach

People's views come first - especially those that find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



People are at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

- + Visiting services to see how they work
- + Running surveys and focus groups
- + Going out in the community and working with other organisations

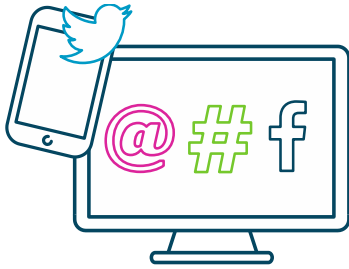
Our main job is to raise people's concerns with health and social care decision-makers so that they can improve support in Sunderland. The evidence we gather also helps us recommend how policy and practice can change for the better.





Highlights from our year

Here's how we have engaged with the residents of Sunderland in numbers:



We have **1415** followers on Twitter and **233** friends on Facebook.

Join us and keep up to date with how we can help you.



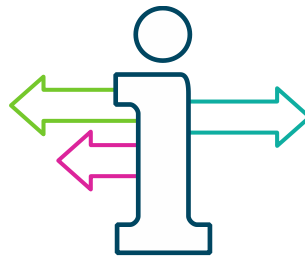
We have gathered over **1700** pieces of feedback on peoples experiences of using local health and social care services.



We visited over **100** services and over **200** community activities and events to understand your experiences of care.



Have a look at our website and sign up to our newsletter - we had over **23,000** visitors to our website this year!



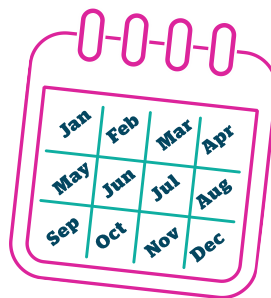
Over **500** people accessed our Information & Signposting Service - can we help you with your health and social care questions?



We published **37** reports - covering areas such as GP mergers, Care Home Life, and Community Equipment Services.



We have spoken to **131** residents, **127** of their relatives and friends and **228** staff members to find out what Sunderland's care homes are really like.



We have **22** volunteers (Volunteer Champions & Board members) helping to carry out our work. In total, they gave **674** hours.



We hold regular information stalls in our hospitals, health centres, GP practices and community venues across the city - come visit us, we'd love to see you!

A photograph showing a group of people, likely a community group or a meeting. In the foreground, a man with a short beard and a red shirt is looking down at a document. Next to him, a woman with blonde hair tied back with a clip is also looking at the document. In the background, another woman with glasses is visible. The image is tilted slightly to the right. Overlaid on the image are two text boxes: a green one with a quote icon and a dark blue one, both containing white text.

**How we've made
a difference**

Changes made to your community

Here's how sharing your views with us has led to positive changes to health and social care services in Sunderland. We show that when people speak up about what's important, and services listen, care is improved for all.

Here's some examples of how, with your help, we made a difference in Sunderland...

GP mergers: Ensuring that patients remain at the heart of changes in Sunderland

Nationally and locally GP practices are having to make changes to the ways they provide better and more sustainable services for their patients. Locally we have seen this happening through mergers of some of our GP practices across the city to facilitate the delivery of sustainable, high quality and safe health care to patients.

To ensure that patients remain at the heart of these changes in Sunderland, we have played a pivotal role in ensuring their voices are heard and listened to during this process, as it can be very unsettling for some.

To help to achieve this, we worked in partnership with practice staff, their management teams, Patient Participations Groups (PPG's) and the Clinical Commissioning Group (CCG). We supported the patient

engagement work, which over the course of the year has affected approximately 20,000 patients within three GP practices. By attending consultations and carrying out specific engagement with practice patients we spoke to 599 patients across the three practices.

The engagement work saw our Engagement Team, volunteers and some practice Patient Participation Group members visiting the practices after 6 months (and in one case again at 12 months) post-merger, during surgery times to chat to patients and ask them: 'How do you think things are going since the merger?'. Patients were more than willing to share their views and personal experiences of using the practices since the changes. The findings were then used by the practices involved to develop their future services, putting patients at the heart of what they do.

To see what they said visit our website: www.healthwatchesunderland.com/healthwatch-sunderland-consultations-reports





CARE HOME LIFE: What it's really like!

Thanks to residents, friends and relatives and staff from the care homes across Sunderland, local people now have the information they need when choosing a care home for themselves or a loved one.

As a result of our 'Care Home Life - What it's really like!' work, members of the general public now have access to our reports, which detail what life is like in the care homes of Sunderland. The reports are compiled after the Healthwatch Team carry out visits to each of Sunderland's 48 care homes. We gather feedback and listen to residents so that we can annually refresh and publish our findings.

Previous to our work local people would have had to visit each home they were interested in without any real information on what it is really like to live there. People have told us how this can be a very emotional and very stressful time and how the work of 'Care Home Life' has made a massive positive difference to them:

"The Care Home Life reports really helped me and my sister when looking for a home for my mam."

Local representatives of organisations supporting older people are now also acknowledging the value of our work and reaping the benefits. They have told us:

"I used the Care Home Life reports during the course of my work, I find them really useful and easy to navigate with their 'trip advisor' style ratings. Thanks Healthwatch Sunderland!" (Sunderland Carers Centre).

Care Home Managers have also told us that the work is having a positive effect on their home. One local Manager who received an 'Outstanding' CQC inspection told us the following about our work and support, when inviting us to their subsequent inspection result celebration event:

"I personally believe that without your help and support we wouldn't have achieved the great success. Therefore I would greatly appreciate your attendance on this day if it is possible. Without your attendance I personally feel the celebration would not be complete."



Other Managers have used feedback gained as a result of the work to implement positive changes in their care home for the benefit of their residents. The quote below exemplifies this:

“Following this draft report I have appointed a Hydration Champion for the team. We as a Care Home will be taking part in National Nutrition and Hydration week 11th March until the 17th March. I will also be re-sending some paperwork to families where they can outline how, when and why they want to be contacted about their loved ones.”

Following on from the success of this work our office has had many calls from other Healthwatch across the country, from County Durham in the North, as far down as Sutton in the South. Staff have sought advice, asking many questions on good practice and how they can replicate this work in their areas.

Finally, intelligence we have collected along the way has informed our other work. We are now working in partnership with Action on Hearing Loss, (the largest charity for people with hearing loss in the UK), researching the possibility of the development of a suitable training package for care home staff.

This was identified as a gap in current provision and it is hoped that the training will help staff who engage in such training will be better placed to support residents with hearing loss.

Whilst in the care homes of Sunderland we have met some amazing people; from residents, to their relatives and friends and fabulous staff. To recognise the achievements of the home Managers, their staff and the outstanding work they do, we have presented 5 care homes with a Healthwatch Sunderland Star Award.

To find out more visit our website:
www.healthwatchesunderland.com/care-home-life-what-its-really-like



Nominate a star

If you would like to nominate a staff member, team or service for one of our star awards for the difference they have made to you or someone you know please get in touch.

- Email: healthwatchesunderland@pcp.uk.net
- Tel: 0191 514 7145
- Web: www.healthwatchesunderland.com



Phoenix Unit, Sunderland Royal Hospital

Nominate a Star: The services that go the extra mile

As a Healthwatch we often hear about those services that shine or individuals who go the extra mile.

Celebrating these services or individuals is an essential and enjoyable part of our work and the 'Nominate a Star' scheme is our way of acknowledging all the good we hear about.

Over the past year we have presented the following organisations with a Star Award:

GP Surgeries:

Happy House Surgery
Villette Surgery
Dr Bhate and Partners

Hospital Wards:

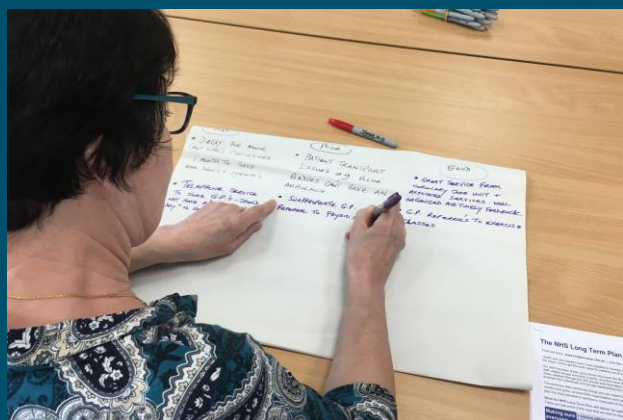
Phoenix Unit, Sunderland Royal Hospital

Care Homes:

Ryhope Manor
Marigold
Valley View & The Lodge
Archers Park
Elizabeth Fleming

*"All of the staff at the home and myself were overwhelmed to receive such a prestigious award. It is wonderful to know through the feedback received that we are getting the care we provide right and our residents and families are happy." - Elizabeth Fleming
Care Home*


If you would like to nominate a staff member, team or service for one of our Star Awards for the difference they have made to you or someone you know, please get in touch.



Have your say

Share your ideas and experiences and help services hear what works, what doesn't, and what you want from care in the future.

- Email: healthwatchsunderland@pcp.uk.net
- Tel: 0191 514 7145
- Web: www.healthwatchsunderland.com

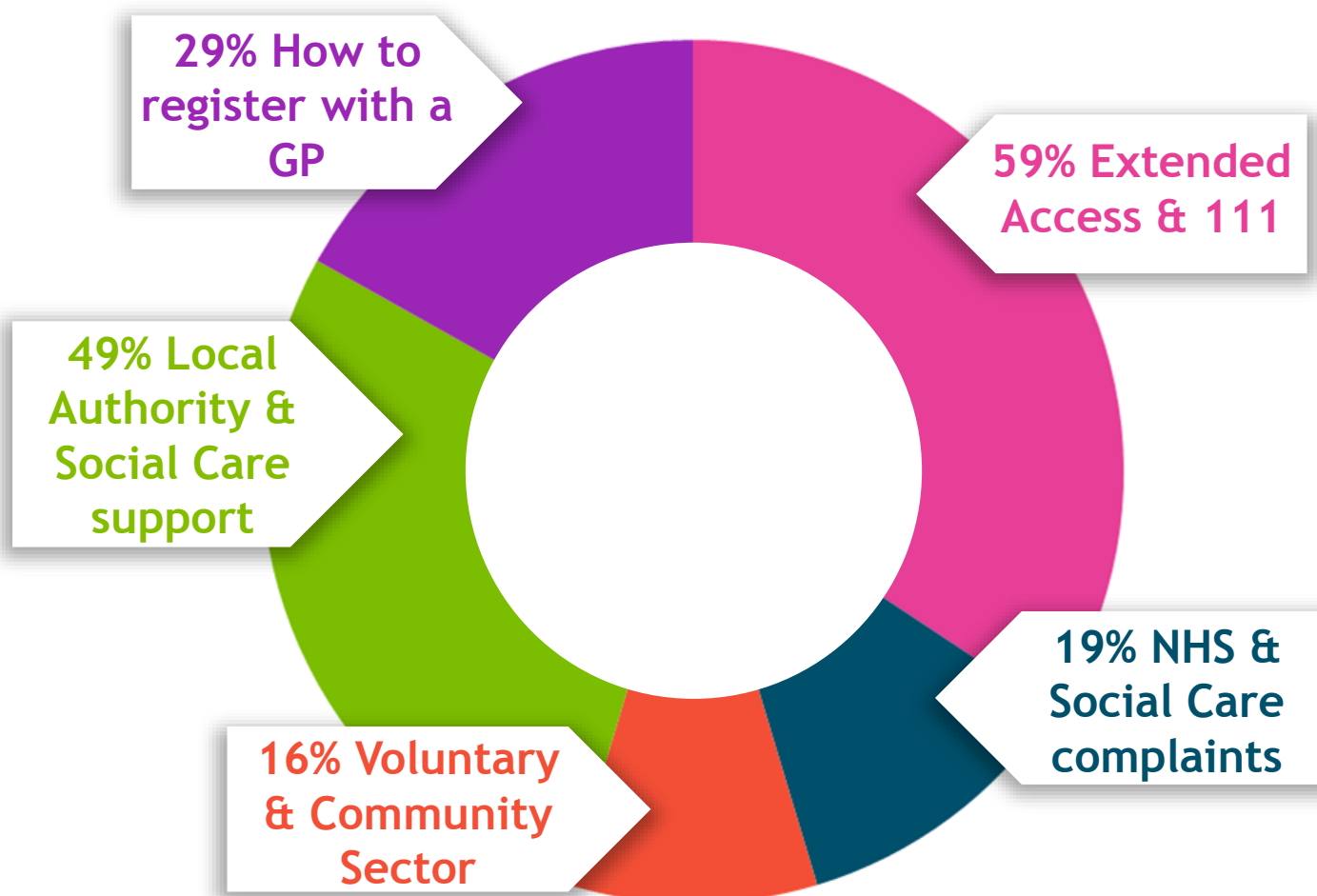


Helping you find the answers

What services do people want to know about?

People don't always know how to get the information they need to make decisions about their own health and social care. Healthwatch plays an important role in providing information and pointing people in the right direction for the support they need.

Here are the most common things that people ask us:



Our Care Home Life reports support people to find the right care home.

Thanks to residents Rhoda and Jenny for sharing their views.

Visit our website to view our reports.

www.healthwatchsunderland.com

How we provide people with information and signposting support

Finding the right care or support can be worrying and stressful.

There are a number of organisations that can provide help, but people don't know where to look. Last year we helped over 500 people access the advice and information they need.

If you have any questions or issues around health and social care you can contact us in number of ways including:

- + Our website, look for our Information & Signposting page
- + You can give us a call
- + Send us an email
- + Message us through Facebook or Twitter
- + Come visit us when we are out and about



Rita's story:

"My prescriptions were costing a fortune as I was only getting a two week supply of medication each time. Healthwatch Sunderland informed me that I could ask my practice if I could have a prescription for a longer time period which would reduce this cost and the surgery agreed to this.

So, thanks to Healthwatch Sunderland, I am over the moon I saved money on my prescriptions."

Veterans in Crisis:

We spoke with an army veteran who felt isolated, alone and in need of support. We informed him about Veterans in Crisis (VICS) and the support they offer to veterans in Sunderland. He did not feel well enough to attend a meeting or speak to them on his own, so he gave permission for us to contact VICS on his behalf. When we spoke to VICS they agreed to meet up with the gentleman and support him. With support the gentleman did engage with VICS and has been along to their meetings and made use of their foodbank.

Visit: veteransincrisis.co.uk





Signposting: Sunderland GP Extended Access Service

During engagement sessions across the city, the most common feedback we hear from the general public is related to issues around accessing GP appointments. To improve this situation, the Sunderland NHS Clinical Commissioning Group (CCG) have introduced the Sunderland GP Extended Access Service, which offers out of hours GP appointments. We found that although this service has been up and running for some considerable time, many members of the public are still unaware of its existence.

It has become apparent that although patients' needs are fitting the criteria to access the service, some practice staff are not offering these appointments. We have highlighted this to the CCG and as a result of bringing this to their attention, they offered additional training sessions to the relevant staff and increased the amount of promotion for the service.

However, we haven't stopped there, on a mission to inform people of services they are entitled to, we now spread the word whilst on our travels around the city, explaining the service to people at various venues, during meetings, groups and in particular during surgery post-merger engagement sessions at newly formed practices.

People have shared how grateful they are for the information we have shared.

"Thank you for this information. I can't understand why my practice didn't offer me this choice. I now know I can ask for this when I need it."

Over a 6 month period we have distributed over 250 leaflets and are still continuing to do so as part of our Information & Signposting Service.

Wheelchair Accessible Dentists

In December 2018, whilst at a local GP surgery we met a lady who explained she was finding it difficult to access her current dental practice, due to the fact she is a wheelchair user. A lot of our city's dental practices are located in old, and sometimes listed buildings and therefore can be difficult to update and make alterations to, so this can be a common problem.

To provide the lady with current information on the wheelchair accessible dentists across the city we carried out some research, and now we have an up to date list available on our website.

The lady who originally sparked this work was grateful for the information and said;



"Thank you so much, you have made a real difference."

This work then sparked further research and the production of a list of wheelchair accessible Opticians and Pharmacies and the production of a short video to promote this work which can be found on our website.



Arthur is happy with his new wheelchair

Sunderland Community Equipment Services report

Initial conversations with some service users of Sunderland Care and Support, Community Equipment Services (SCES) highlighted some issues. This feedback was gathered over the first few months of 2017 and involved engagement work with the following organisations: Sunderland Carers Groups in Washington, Southwick and Pallion, Stroke Association groups, Alzheimer's Society groups, Kepier Medical Practice Patient Participation Group and South Hylton Medical Centre Patient Participation Group.

The feedback gathered prompted a larger piece of work, looking at SCES and accessing more focused feedback from their service users and equipment prescribers. To read the report and the response to the report from Sunderland Care and Support visit our website 'Report' page.

Following this work, whilst visiting one of the city's sheltered accommodations, we spoke to Arthur who was waiting a long time to get a new wheelchair. He had been visited by a SCES representative who had told him he required an electric wheelchair to replace his old one.

Whilst waiting for his new electric wheelchair, Arthur said he was left without any wheelchair at all and could not get out and about, even to the local shop and that he was in fact housebound!

He added that he was frustrated and unhappy at not being able to get out and about in his community, which was very important to him.

With his permission we contacted SCES on his behalf; they advised that the Rehabilitation Engineering and Aids for Living (RREMS) Service, which is based at the Freeman Hospital in Newcastle, were dealing with his order for a new electric wheelchair.

After we contacted RREMS and explained Arthur's situation to them they made his order a priority. In the meantime SCES also mended the old wheelchair whilst he was waiting to enable him to get around. Result! To say he was pleased was an understatement!

We informed Arthur that should he need our support in the future, not to hesitate to get in touch, which he did a couple of months later. He needed support around benefits, so we contacted Age UK Sunderland Advocacy Service on his behalf, they duly made contact regarding his needs.

"I am very grateful, I could not have got better support anywhere. I now get out to places like Barnes Park and South Shields then over to North Shields on the ferry."

We as a team have learnt a lot from this piece of work, as well as strengthening our partnerships across the city, some of our partners have now built new relationships with SCES. After a representative visited local Stroke Association Groups and Sunderland Carers Centre Groups, he was asked to re-visit Sunderland Carers Centre Group in the Washington area. The group wish to keep the relationship ongoing and hope that he will visit again in Autumn 2019 to inform them of the organisation's new services.

"The Washington Carers Group benefitted greatly from having SCES attend their monthly group, feeling that their issues relating to the service were listened to and acted upon in subsequent changes to service delivery."

Helen McAdam, Sunderland Carers Centre



Our volunteers

How do our volunteers help us?

At Healthwatch Sunderland we couldn't make all of these improvements without the support of all of our amazing Volunteer Champions and Board members. They work with us to help make health and social care better. The team have provided 674 hours to support their local community.

They help to:

- + Raise awareness of the work we do in the community
- + Visit services to make sure they're meeting people's needs
- + Collect people's views and experiences which we use in our reports
- + Ensure that patient and service user voices are heard at strategic meetings across the city

Meet our volunteer Champions

We caught up with a few of our fantastic volunteers to show you how their work truly makes a difference to the lives of people in our area.

June

June began her volunteering journey with us in February 2017, after hearing about the volunteer roles available whilst completing a course for people who are coping with brain injuries. June was enrolled on the course after having several mini strokes a few years earlier, which left her with cognitive problems and resulted in her being given early retirement from work on health grounds.

During her time volunteering with us and undeterred by her condition, June has grown in confidence over the past few years and has gone from strength to strength. Staff who have worked alongside her have witnessed the positive progression June has made and she has become a real asset to our Engagement Team and its work. When June was asked about her volunteering she said:

"My volunteering with Healthwatch Sunderland has boosted my self-confidence as I learned how to approach and interact with people through information stands, care home visits and group work. I am confident to explain who we are and how we are trying to improve health and social care services throughout the city by asking for feedback on what works and what can be improved. Through the group work I have also found a way to turn negatives into



positives by explaining the personal problems I sometimes have with cognition, especially speech and comprehension, I find I can empathise more and they respond positively to this.

I find my volunteering has boosted my morale and self-worth in lots of ways I didn't expect and with the continuing support of Wendy, Anna, the staff and other volunteers I hope to continue improving into the future as my role develops."

Our volunteers

Nancy

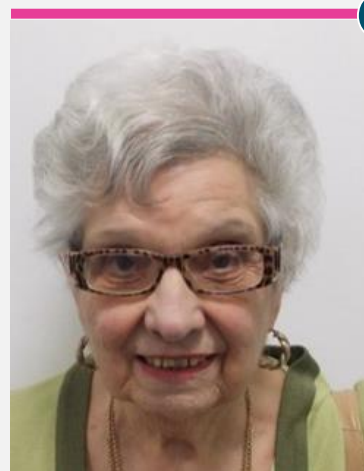
Nancy has volunteered with Healthwatch Sunderland since its launch in April 2013 and continues to be a much valued member of the team.

Nancy is enthusiastic and always up for a new challenge, whether this be a training course, hosting a Healthwatch Sunderland information stand, collecting resident's experiences in care homes or general engagement across the city, Nancy is there!

Nancy recently celebrated her 90th birthday and told us why she still enjoys her volunteering:

"I enjoy volunteering alongside the other Healthwatch Sunderland volunteers and staff

team and meeting new people on a one to one basis, which I find really rewarding. I'm a big believer 'if you don't use it, you'll lose it' and I have no intention of losing it!"



Lynda

Lynda originally got involved in volunteering just over a year ago, as she had lots of spare time to give and likes to keep herself busy. During this time Lynda has supported both staff and other volunteers with engagement stalls, care home visits and group talks. Staff have seen how far Lynda has grown in both her self-confidence and skills. Lynda said the following about her volunteering:

"I was a little nervous at first but soon got into the swing of things and now really enjoy my volunteering. I love talking to other people, listening to their stories and I also feel very proud when I hear that the work I have contributed to, such as the Care Home Life

work, has made a real difference to local people. I would highly recommend volunteering to anyone."



Would you like to volunteer?

Do you have some spare time to give?
Please contact our team on:

- Email: healthwatchsunderland@pcp.uk.net
- Tel: 39 0191 514 7145
- Web: www.healthwatchsunderland.com



“The views and stories you share with us are helping to make care better for our local community”

Arlene, Healthwatch Volunteer



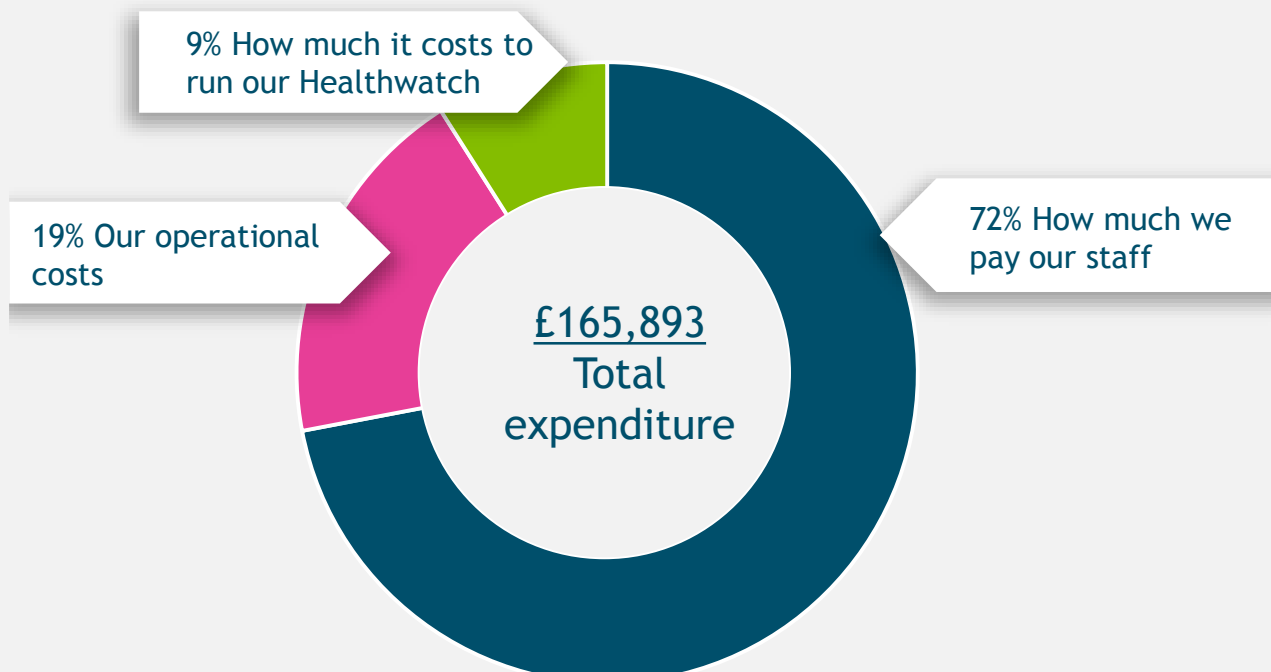
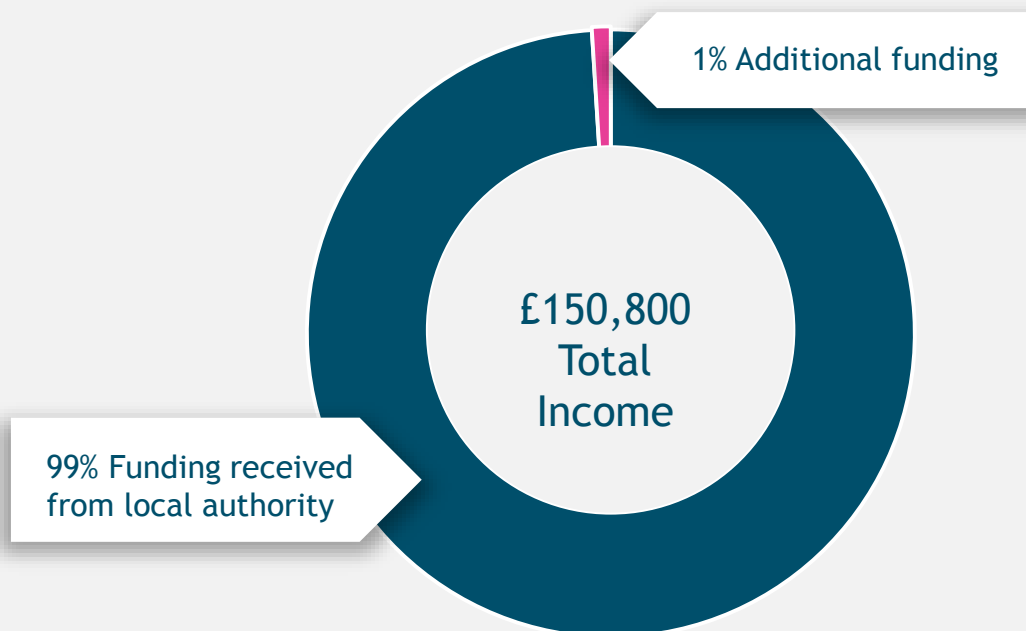


Our finances

How we use our money

To help us carry out our work, we are funded by our local authority. In 2018-19 we spent £165,893.

We also received £800 of additional income from the Adults Safeguarding Board and the NHS Urgent Care Programme.





Our plans for next year



Message from our new Chair

Dr John Dean



After almost two years as Vice Chair, I look forward to continuing the excellent initiatives started in 2017 and 2018. Changes in health and social care continue at a pace. Starting with the merger of our two regional hospitals and recently the All Together Better Alliance that will have a significant impact on the integration of health and social care services in the community.

We will continue our involvement in the Path to Excellence process and will ensure that our regional Healthwatch partners whose communities are affected, are able to add their voice to the engagement process.

Our plan is to be involved in the All Together Better Alliance and to continue patient representation in the New Consultation Types programme being rolled out by Sunderland CCG along with our engagement in the new Telecare initiative using digital networks and devices to aid care in the home environment. As members of the Health and Wellbeing Board we will, additionally, participate in the alcohol and tobacco sub-groups of the Board.

Sunderland Healthwatch volunteers and staff will be involved in providing real time feedback from patients in the Sunderland Hospitals. This will help in improving hospital services.

As a result of the major changes being planned for health and social care services, the next year will be very challenging but will be helped by the contributions from our two new board members and the continued enthusiasm of our dedicated staff members and volunteers.

Finally I would like to thank Alan Patchett for his significant contribution.

Message from PCP

Chief Executive

Firstly I would like to thank the people of Sunderland for working so closely with Healthwatch. To support over 500 people through the information and signposting service is phenomenal and the level of interaction and feedback Healthwatch Sunderland now receives is testament to the hard work and dedication of the staff and volunteer team, but also the willingness of local people to engage. Healthwatch's goal is to listen to local people's health and social care needs and influence service design and delivery; this is something that Sunderland does really well.

The sustained interest in the Healthwatch Sunderland's social media, website and events or activities is good to see and I look forward to this continuing into 2019-20.



Carol Gaskarth
Carol Gaskarth
Chief Executive

Thank you

Thank you to everyone that is helping us put people at the heart of health and social care, including:

- + Members of the public who shared their views and experience with us.
- + All of our amazing staff and volunteers.
- + The numerous voluntary organisations that have contributed to our work - so many of you have been generous with your time.
- + The care home staff that have welcomed us into their homes, and especially to the residents and their loved ones who have shared their experiences.
- + Our statutory partners in the local authority and CCG - thank you for listening.

"Thank you for coming to speak to us today. We have found the information really useful."

Group facilitator

"Thank you for being so kind and understanding. You listened to both me and my husband and recognised when he needed support. I really appreciate it and you have made a real difference."

Member of the general public

"I love the Care Home Life work. You can see first hand who is doing well, which for a member of the public is fantastic! I love the fact that you have highlighted those homes who have good old fashioned values and care. The homes which have not done so well need to listen to what their residents and families have to say. What a brilliant piece of work!"

Tyne & Wear Care Alliance

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Photo by Steve Mayes

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Item 6

HEALTH AND WELLBEING SCRUTINY COMMITTEE

4 SEPTEMBER 2019

REFRESH OF GENERAL PRACTICE COMMISSIONING STRATEGY

REPORT OF CHIEF OFFICER SUNDERLAND CLINICAL COMMISSIONING GROUP

1 Purpose

- 1.1 The purpose of this report is to provide the Health and Wellbeing Scrutiny Committee with an update regarding the refresh of Sunderland Clinical Commissioning Group's (CCG) General Practice Commissioning Strategy.

2 Background to the strategy development

- 2.1 In 2016 the CCG published its first General Practice Commissioning Strategy 2016-2021 which explained the CCG's vision of '*Better Health for Sunderland*'. The overall aim was to '*sustain and transform general practice to ensure the provision of high quality primary medical care, delivering improved health outcomes for local people, now and in the future*'.

- 2.2 To do this the CCG developed five objectives:

OBJECTIVE 1	Supporting general practice to increase capacity and build the workforce
OBJECTIVE 2	Improving patient access
OBJECTIVE 3	Ensuring the central, co-ordinating role of general practice in delivering out-of-hospital care
OBJECTIVE 4	Supporting better health through prevention and increasing patients' capacity for self-care
OBJECTIVE 5	Encouraging new working arrangements between practices.

- 2.3 A number of initiatives were developed to support delivery of the objectives and the CCG, working alongside delivery partners, has implemented many of these initiatives to date.

- 2.4 However, since the publication of the strategy in 2016, there have been several changes within the NHS both locally and nationally. These changes include the publication of national schemes such as the General Practice Forward View (GPFV), the introduction of Integrated Care Systems and Partnerships and latterly the publication of the NHS Long Term Plan which included fundamental changes to how General Practice will deliver services in the future via Primary Care Networks and digital solutions.

- 2.5 From a local perspective, commissioners and providers within Sunderland have been working collaboratively to develop the 'All Together Better' model

which is split into four programmes, one of which is dedicated to General Practice.

- 2.6 In light of these changes to the healthcare landscape, it became apparent that the CCG needed to review and refresh the existing strategy to ensure it included key developments within General Practice and the wider healthcare system.

3 Strategy revision

- 3.1 In order to determine the objectives and deliverables within the revised strategy, and to understand what is important to practices, facilitated engagement events were held in each locality with all practice personnel.

- 3.2 At the events practices informed the CCG that there was a need to concentrate on the following areas in order to meet the overall aim of strategy:

- **Workforce** – Practices reported that they need more staff and a greater diversity of skill mix to meet patient demand. The importance of training and retention of staff was highlighted. Workforce requirements include the need for specific roles to address gaps in current provision within general practice such as mental health support, social prescribing and further clinical pharmacist input;
- **Integrated working** – Practices stated that they would like primary and community services to be available in a more integrated manner with robust collaboration between different healthcare organisations to ensure patients are cared for holistically. Removal of bureaucracy and duplication across the wider healthcare sector and further integrated working with social care were also highlighted;
- **Premises and IT/digital** – Practices stated that they need faster IT with greater interoperability alongside an estate which is fit for purpose, meets capacity needs and ensures the sustainability of general practice;
- **Prevention and Self-Care** – Practices highlighted the importance of having access to tools/information that support patients to take responsibility for their clinical conditions and a greater focus on the prevention agenda;
- **Communication** – Practices stated that they need standardised information, templates and guidance which are clear, easy to use and support them in their daily work.

- 3.3 On reviewing the delivery of initiatives against the CCG's original objectives, along with changes to the local and national healthcare landscape, it was determined that the objectives within our revised strategy should remain the

same, however a number of initiatives have been developed within the strategy to ensure delivery of the objectives. Alongside practices, key stakeholders received drafts of the strategy prior to its finalisation, including members of the CCG Executive (clinical and non-clinical), Governing Body members, Sunderland Local Medical Committee, ATB Executive, Sunderland City Council, South Tyneside and Sunderland NHS Foundation Trust and Sunderland GP Alliance. All have contributed to the initiatives stipulated in the revised strategy. The initiatives are shown in section 4 of the attached strategy (Appendix1).

- 3.4 The revised strategy has been formally approved by the CCG's Governing Body and is now published.

4 Recommendation

- 4.1 The Committee are asked to note the content of this report and the refreshed strategy that has been developed.

Commissioning Strategy for General Practice 2019-2024

DRAFT



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5	Implementation	34
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FINAL

Section 1 – Executive summary of the General Practice strategy for Sunderland

This section summarises the strategy by setting out the aim of the strategy and the five objectives set to ensure delivery. Further detail is provided in section 4.

In 2016 we published our first General Practice Commissioning Strategy which explained our vision of **Better Health for Sunderland**. Our overall aim was to **sustain and transform general practice to ensure the provision of high quality primary medical care, delivering improved health outcomes for local people, now and in the future.**

To do this we developed five objectives:

OBJECTIVE 1	Supporting general practice to increase capacity and build the workforce
OBJECTIVE 2	Improving patient access
OBJECTIVE 3	Ensuring the central, co-ordinating role of general practice in delivering out-of-hospital care
OBJECTIVE 4	Supporting better health through prevention and increasing patients' capacity for self-care
OBJECTIVE 5	Encouraging new working arrangements between practices.

Since 2016 we have seen several changes within the NHS both locally and nationally which has led us to review and revise our strategy; this revised strategy explains where we have got to in delivering our vision, and what we still need to do. Our practices have told us that we need to concentrate on the following areas:

- **Workforce** – Practices have reported that they need more staff and a greater diversity of skill mix to meet patient demand. The importance of training and retention of staff has been highlighted. Workforce requirements include the need for specific roles to address gaps in current provision within general practice such as mental health support, social prescribing and further clinical pharmacist input;
- **Integrated working** – Practices have stated that they would like primary and community services to be available in a more integrated manner with robust collaboration between different healthcare organisations to ensure patients are cared for holistically. Removal of bureaucracy and duplication across the wider healthcare sector and further integrated working with social care have also been highlighted;
- **Premises and IT/digital** – Practices have stated that they need faster IT with greater interoperability alongside an estate which is fit for purpose, meets capacity needs and ensures the sustainability of general practice;

- **Prevention and Self-Care** – Practices have highlighted the importance of having access to tools/information that will support patients to take responsibility for their clinical conditions and a greater focus on the prevention agenda;
- **Communication** – Practices have stated that they need standardised information, templates and guidance which are clear, easy to use and support them in their daily work.

On reviewing the delivery of initiatives against our original objectives, along with changes to the local and national healthcare landscape, this revised strategy highlights that our objectives should remain the same. However, to support the implementation of our objectives we have identified a number of initiatives that we will implement as follows:

Objective 1 Supporting general practice to increase capacity and build the workforce	Objective 2 Improving patient access	Objective 3 Ensuring the central, co-ordinating role of general practice in delivering out-of-hospital care	Objective 4 Supporting better health through prevention and increasing patients capacity for self-care	Objective 5 Encouraging new working arrangements between practices.
We will develop or continue initiatives to support recruitment and retention of the general practice workforce to meet increasing demand and complexity.	We will support our general practices by aligning extended hours requirements with our Extended Access service.	We will continue to develop Community Integrated Teams, support MDT working and to further refine schemes such as 'Recovery at Home' and 'Care Home Alignment'.	We will work with the Local Authority and Community Voluntary Sector to support the development of self-care models.	We will provide support to our PCNs to ensure delivery of the seven national specifications introduced by NHS England.
We will develop and support emerging and existing leaders.	We will support the requirement and ability for NHS 111 to book patients directly into the right service.	We will work with Local Authority colleagues to develop public health links and social care input to our PCNs.	We will continue to progress with and implement digital technologies to support self-care for patients.	We will support PCNs to maximise funding opportunities.
We will source and support education and training of the general practice workforce.	We will develop initiatives to support increased capacity within our practices.	We will work with colleagues to develop mental health services that support our patients	We will strengthen mental health prevention to address factors that shape mental and physical health and wellbeing of patients.	We will ascertain, in line with Objective 2, the general practice and wider health care estate needed to support further collaboration via PCNs.

Objective 1 Supporting general practice to increase capacity and build the workforce	Objective 2 Improving patient access	Objective 3 Ensuring the central, co-ordinating role of general practice in delivering out-of-hospital care	Objective 4 Supporting better health through prevention and increasing patients capacity for self-care	Objective 5 Encouraging new working arrangements between practices.
We will support PCNs with the introduction of additional roles to general practice via the Network Directed Enhanced Service (DES).	We will implement the outcome of the national 'Improving Access to General Practice' review once published.	We will work with public health colleagues to determine how we can best ensure Health Visitors and Midwives are closely linked with our practices and that there are links between School Nurses and our practices.	We will continue to support the prevention agenda via local schemes.	We will continue to support practices who wish to merge or introduce new working arrangements.
We will continue to implement and work with our local practices to implement the initiatives within the GPFV.	We will continue to develop digital solutions to support better patient access to general practice services.	We will develop a safeguarding hub for the city to provide centralised support for the Safeguarding Adults and Children's agenda to ensure GPs meet their statutory responsibilities and improve outcomes for vulnerable adults and children.		We will continue to invest in our practices to sustain funding and reduce bureaucracy.
	We will support our practices to ensure there is sufficient premises capacity to deliver services to patients.			We will continue to develop a pipeline of general practice investment opportunities that could attract local and/or national funding and also be delivered at a regional level.

Objective 1 Supporting general practice to increase capacity and build the workforce	Objective 2 Improving patient access	Objective 3 Ensuring the central, co- ordinating role of general practice in delivering out- of-hospital care	Objective 4 Supporting better health through prevention and increasing patients capacity for self- care	Objective 5 Encouraging new working arrangements between practices.
				We will implement initiatives that support the interface between primary, community and secondary care.

Despite being aligned to one of the five objectives, several of the initiatives will contribute to the delivery of more than one objective. The order in which these initiatives will be implemented will be influenced by our organisational Operational Plan and our transformational change programmes for 2019/20 onward.

Expected benefits

We recognise the five objectives are interdependent and the priorities collectively have the potential to deliver the following benefits:

- Recruitment and retention of the general practice workforce and support for a different skill mix of staff working within general practice;
- Developing a workforce strategy that supports ongoing development of the various staff roles;
- Increased capacity within our general practice teams by introducing new ways of working and a holistic model of care delivery across community care;
- Improved integrated working with areas such as Mental Health, Public Health and Health Visiting;
- Developed and mature Primary Care Networks that deliver population-based care;
- Improved patient access to routine and urgent appointments within general practice;
- Increased capacity and additional staff roles, providing the platform for longer consultation time (to support a holistic and pro-active approach to care);

- Patients are engaged in making decisions about their health and are confident to care for themselves;
- Through reduced administrative burden on GPs and nurses, this will enable them to focus on clinical care; and
- Shared information across all main services to support the provision of high quality care.

To understand whether the strategy is delivering the anticipated benefits, a number of metrics will be developed and used as indicators of success, which will be refined and revised through implementation as well as taking any national metrics into account that are being developed.

DRAFT

Section 2 Introduction

This section introduces the history of the original strategy and discusses the context and purpose of the revised strategy.

2.1 General Practice Strategy 2016-2021

In 2016 NHS Sunderland Clinical Commissioning Group published the 'Commissioning Strategy for General Practice 2016-2021' (the strategy), which set out our ambition to support and sustain general practice and its workforce within Sunderland, to improve access to services and to support better outcomes for patients.

The strategy was developed following a series of consultation events with Sunderland practices and other stakeholders, and outlined five objectives to be delivered; these objectives were designed to support the overall vision of **Better health for Sunderland** with the aim to **sustain and transform general practice to ensure the provision of high quality primary medical care and delivering improved health outcomes for local people, now and in the future.**¹

2.1.1 Strategy Objectives

As part of the engagement with practices and stakeholders to inform the previous strategy, feedback received highlighted key initiatives that were analysed and grouped thematically into the following work streams:

- Workforce;
- Ways of working;
- IT infrastructure;
- Prevention and self-care;
- Premises;
- Contractual/Financial Arrangements.

We also engaged with the public about what was important to them. From the collective feedback, five objectives were identified as shown in figure 1.

Figure 1

OBJECTIVE 1	Supporting general practice to increase capacity and build the workforce
OBJECTIVE 2	Improving patient access
OBJECTIVE 3	Ensuring the central, co-ordinating role of general practice in delivering out-of-hospital care
OBJECTIVE 4	Supporting better health through prevention and increasing patients' capacity for self-care
OBJECTIVE 5	Encouraging new working arrangements between practices.

¹ Commissioning Strategy for General Practice 2016-2021

Responsibility for the implementation of the strategy was assigned to our Primary Care Commissioning Committee (PCCC) – this is the committee established to make collective decisions on the review, planning and procurement of primary medical care services in Sunderland, under delegated authority from NHS England.

To support and oversee delivery of the strategy, the Committee approved the development of an oversight group called the General Practice Strategy Implementation Group (GPSIG) which includes personnel from within the CCG and from partner organisations. A sub-group of the GPSIG, the Workforce Steering Group, was also initiated to specifically oversee the development and implementation of workforce initiatives.

There has been significant progress against the delivery of the objectives since the publication of the original strategy; these include initiatives to address clinical workforce shortages, the development of services to improve access to primary medical care services and the implementation of Community Integrated Teams and other schemes to deliver care to patients outside of the hospital setting. **These, alongside the implementation of some of the national schemes are discussed in Appendix 1.**

2.2 Current Baseline Position

Since publication of the original strategy there have been significant changes to the general practice landscape, both locally and nationally. These changes are discussed further in section 3 and have resulted in the need to review and revise the original strategy for general practice within Sunderland to ensure we not only respond to the ambitious national expectations but also to determine what new initiatives are required to be implemented.

This revised strategy therefore builds on the previous strategy and its deliverables. In developing this document we have held events with all GP practices within Sunderland, liaised with CCG personnel, members of our Governing Body and Executive Committee, Primary Care Commissioning Committee and other key stakeholders to ensure we collate a view from commissioners and providers alike. A list of all key partners and stakeholders is shown in Appendix 2.

2.2.1 GP Practice Numbers and Contract Types

As mentioned above there have been changes to the general practice landscape both locally and nationally since April 2015; in Sunderland we have seen a significant reduction in practice numbers as shown in figure 2. This reduction is a result of different factors including practices agreeing to merge to form larger practices, practices terminating their contracts and those contracts not being re-commissioned or contracts being reviewed at the point of expiry and then being commissioned differently. As a result of there being less practices, the average list size of a practice has increased.

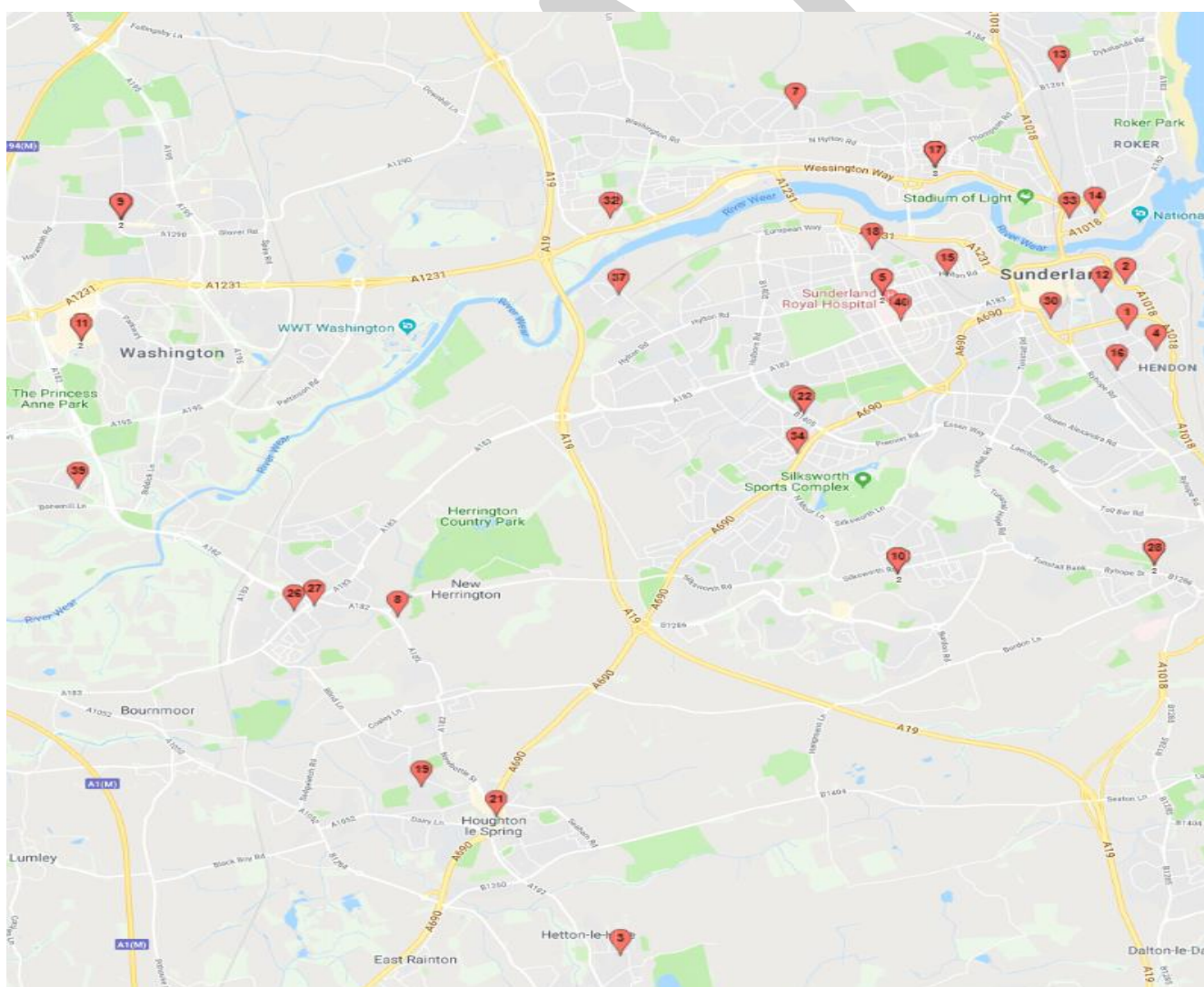
Figure 2

	2015		2019	
Number of GP Practices	51		40	
Number of Patients	283,434		284,295	
Average Practice List Size	5,456		6,769	
Number of Single-handed Practices*	10		9 (reducing to 7 by October 2019)	
Contract types²	GMS	14	GMS	36
	PMS	34	PMS	2
	APMS	3	APMS	2

*Single-handed practices are practices with only one individual holding the contract and placing its sustainability at risk.

A map of our current practices is shown in figure 3 - a key to the map is provided in appendix 3.

Figure 3



² There are three contract types. GMS is a nationally agreed contract negotiated between NHS Employers and the General Practitioners Committee on an annual basis. PMS agreement is a locally negotiated contract but the funding paid to the practice per patient is in line with GMS. APMS is a contract that is procured and is tailored specifically to commissioner requirements and its funding is locally decided – all GP contracts procured are now of this type

2.2.2 Development of City-Wide GP Federation

In 2015, Sunderland practices formed a federation, Sunderland GP Alliance (SGPA) which is currently owned by 36 out of the 40 GP practices in Sunderland. SGPA is a not-for-profit limited liability organisation designed to support its member practices with city-wide initiatives and to enable closer collaboration between GP practices and GPs within the city³.

Sunderland GPA has been commissioned to provide the following services to support practices:

- Community Integrated Team facilitation;
- Care Home Alignment support;
- Extended Access Scheme;
- Career Start GPs;
- Career Start for Practice Nurses and Healthcare Assistants;
- Ambulatory ECG;
- NHS England Clinical Pharmacy Scheme;
- Leading on Clinical Pathway development;
- GP input to Recovery at Home.

They also hold 2 APMS contracts for GP services within Sunderland. GPs from their member practices are elected to their Board on a cyclical basis to ensure adequate representation of their practices' interests.

2.2.3 GP Practice Workforce

In terms of workforce, practices nationally and locally were facing and continue to face significant workforce pressures; a comparison of workforce figures in 2015 and 2018 (taken from general practice workforce figures for Sunderland (September 2018))⁴ are highlighted in figure 4 and show that we now have fewer GPs than we had in 2015 but, in contrast, we have more nurses overall. Whilst the GP workforce numbers have reduced, the increase in the number of nurses is predominantly due to the increase in Advanced Nurse Practitioner roles. Practice Nurse numbers have reduced gradually with over 50% of the Practice Nurses above the age of 55. However, in order to support the long-term condition management agenda over the coming years we require more nursing roles and greater diversity of the workforce to bring a different skill-mix. The development of a range of clinical roles is a key priority for our workforce plan. Analysis of the non-clinical workforce highlights that there are 19 Practice Managers and 64 receptionists/Medical Secretaries are aged 55 and over, highlighting that we also need to support the development of the wider general practice workforce to ensure sustainability.

³ <http://www.sunderlandgpalliance.co.uk/>

⁴ National Workforce Reporting System <https://www.nwrs.nhs.uk>

Figure 4

	2015	2018
Number of GPs (headcount)	190	186
Number of GPs per FTE*	186	150
Number of GPs aged 55 and over	51	38
Number of Nurses** headcount	113	128
Number of Nurses per FTE*	84	96
Number of Nurses aged 55 and over	Not published	45

*FTE equates to 37.5 hours per week

**Mixture of Practice Nurses and Advanced Nurse Practitioners

Figure 5 shows the age profile of general practice staff in Sunderland (as at September 2018) and figure 6 shows the trend in GP numbers.

Figure 5

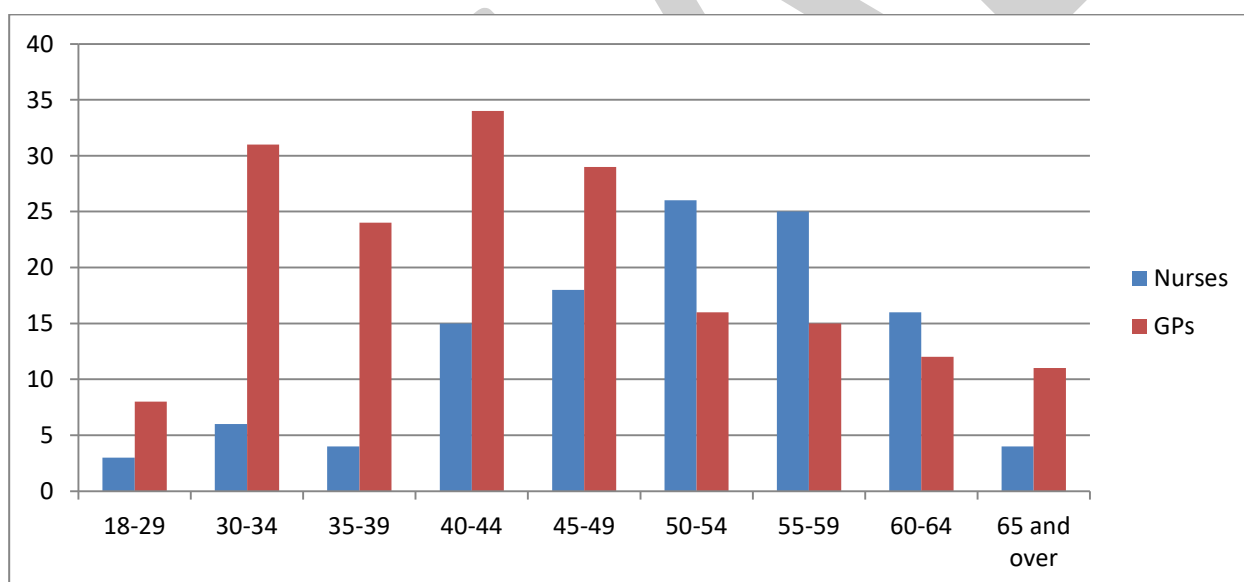
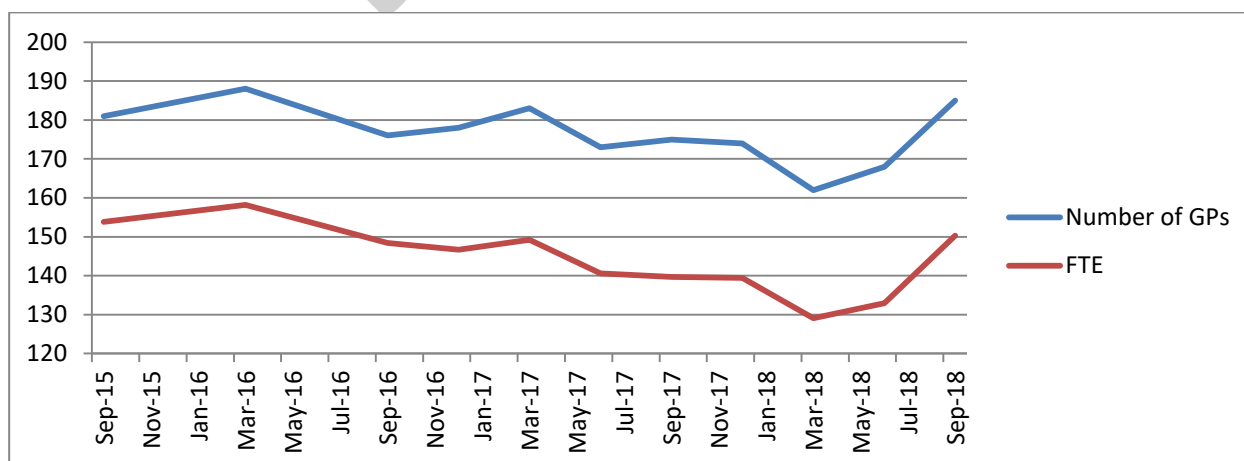


Figure 6



2.2.4 GP Practice Funding

Following agreement to delegate primary care commissioning to the CCG, we have received a specific allocation for commissioning core GP services. This funding was £38.152 million in 2015/16 and has increased year on year in line with announced allocation growth increases as shown in figure 7. In addition, we have committed additional resources to support general practice from its programme allocation which is also shown in figure 7.

Figure 7

	2016/17 (£000s)	2017/18 (£000s)	2018/19 (£000s)
Delegated GP Allocation	39,284	40,469	40,644
CCG monies invested (non-delegated):			
Recurrent Funding (GP QP)	656	656	656
Extended Access (£6 per head)	1,278	1,704	1,804
Non Recurrent Funding	1,240	1,803	3,591*

*Note that 2018/19 non recurrent funding included significant one off investment into medical record scanning across practices to support release of estate for clinical use.

2.2.5 GP Practice Premises

In 2017/18 NHSPS in conjunction with the Department of Health and NHS England published a Consolidated Charging Policy⁵ which outlined how GPs (amongst others) occupying NHSPS buildings without formal lease agreements, would be charged on a market rent basis. This has affected 20 of the practices in Sunderland. Whilst some charges (including rent, rates and clinical waste) are reimbursable by commissioners, others such as facilities management and service charges are not. NHS Sunderland CCG has supported practices to secure historical subsidy funding from NHS England and put in place additional capacity in the CCG to support practices in understanding their debt position.

⁵ <https://www.property.nhs.uk/about-us/policies/charging-policy/>

Section 3 Changes to the Healthcare Landscape

This section focuses on the changes to the healthcare landscape over recent years which have impacted on general practice in Sunderland.

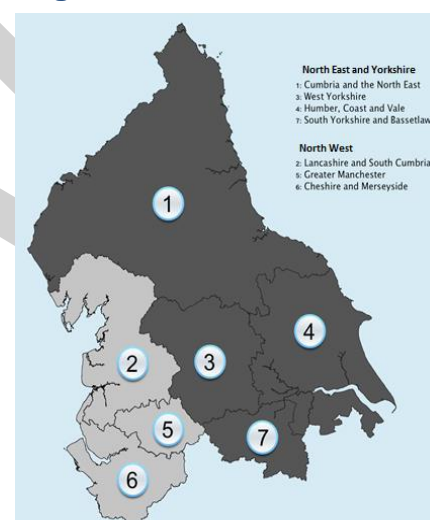
3.1 General Practice Forward View

The publication of the General Practice Forward View (GPFV)⁶ in April 2016 committed an extra £2.4 billion per annum nationally (up to and including 2020/21), with the expectation that this extra funding would improve patient access but also support general practice to introduce new ways of working in order to ensure its sustainability. The GPFV introduced many initiatives to be implemented; implementation of these initiatives within Sunderland is highlighted in appendix 1.

3.2 Integrated Care Systems and Partnerships

Figure 8

In 2016, 44 Sustainability and Transformation Partnerships were formed throughout the country; these partnerships brought together NHS organisations and local councils to set out proposals for planning and commissioning care to improve the health and care for their local population and provide system leadership⁷. These partnerships have in some areas evolved and continue to evolve into Integrated Care Systems (ICSs) of which there are two emerging in the North region as shown in figure 8.

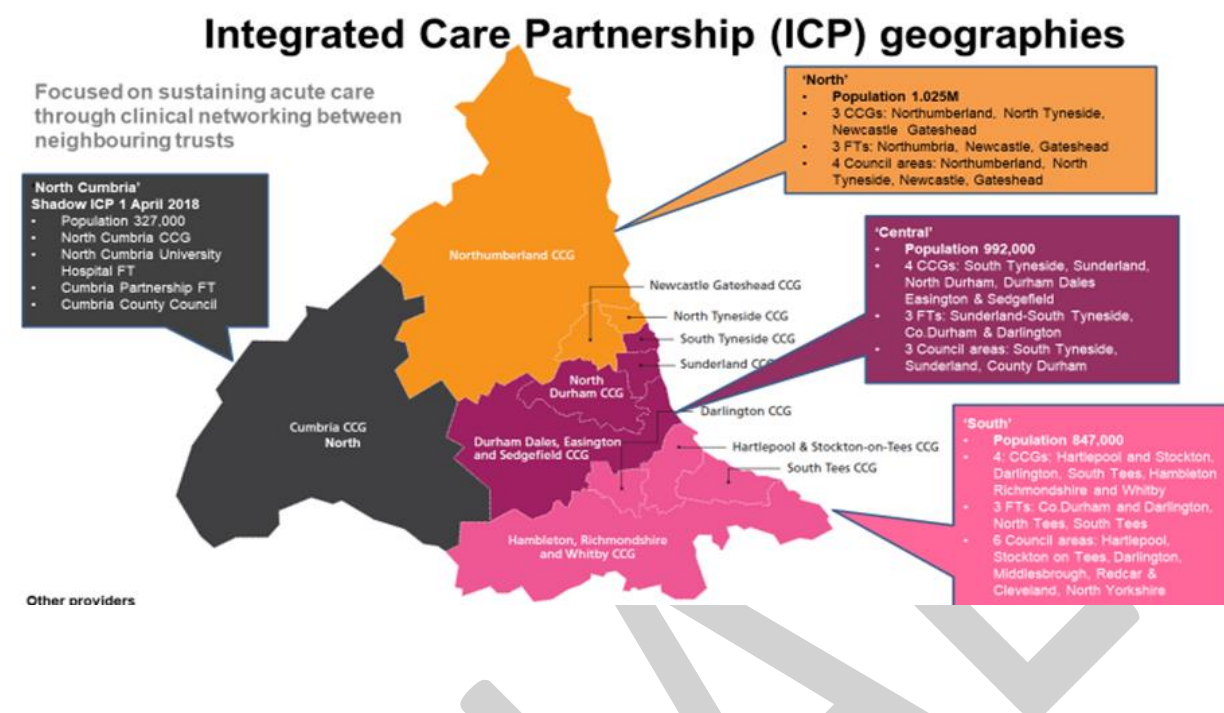


Within an ICS there are smaller Integrated Care Partnerships (ICPs); there are four in this area (figure 9). Sunderland is part of the Central ICP alongside NHS South Tyneside CCG, NHS North Durham CCG and NHS Durham Dales, Easington and Sedgefield CCG, covering a population of 992,000 people. The work of the ICS and the ICP has yet to have an impact on general practice. General practice will have a role to play in the future in the success of the ICP/ICS.

⁶ <https://www.england.nhs.uk/gp/gpfv/>

⁷ <https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

Figure 9



3.3 The NHS Long Term Plan

In June 2018, a new five-year funding settlement was announced for the NHS, equating to a 3.4% average real-terms annual increase in funding. In response to this, NHS England published The NHS Long Term Plan (LTP)⁸ in January 2019. The LTP outlines the key ambitions for the NHS over the next 10 years and how it will utilise the funding increase by setting out fundamental changes to the healthcare system to:

- Break down the barriers between primary and secondary care;
- Increase the focus on prevention and tackling health inequalities;
- Continue the focus on chronic conditions;
- Boost services for children and young people;
- Support further digital enhancements and;
- Confront plans to tackle the diminishing NHS workforce.

The LTP contains seven chapters focussing on a new service delivery model, prevention and health inequalities, long-term conditions and services for children and young people, workforce (recruitment, training and retention), digital platforms to transform care delivery, investment and, finally, mechanisms for implementation of the LTP.

Whilst all chapters of the LTP are relevant to General Practice, it is chapter 1 – ‘A new service model for the 21st century’, which will have the most impact on how General Practice will function. It commits a ring-fenced primary care fund of an additional £4.5 billion per annum by 2023/24 to fund demand, workforce expansion and service redesign. The historical divide between primary and community care will be dissolved by boosting out-of-hospital care:

⁸ <https://www.longtermplan.nhs.uk/>

- Through redesign there will be reduction in pressure on emergency hospital services;
- There will be greater emphasis on personalised care with people getting more control over their own health;
- Mainstream changes across the NHS for digitally-enabled primary and outpatient care;
- There will be an increased focus on population health.

To further support the implementation of the LTP within general practice, NHS England in conjunction with the British Medical Association published changes to the GP contract to take effect from 01 April 2019; these changes introduce the requirement to implement **Primary Care Networks**⁹ (PCNs) which are designed to ensure general medical services are part of an integrated approach to health and social care delivery over the next few years.

This is one of the key changes affecting general practice over the next 5 years; PCNs are to be led by general practice working closely with community teams and the primary care sector to create a fully integrated community-based health care team.

PCNs are to be implemented via a Directed Enhanced Service (DES)¹⁰ and will be accountable to the CCG and NHS England as co-commissioners.

3.4 Primary Care Networks

PCNs are geographically based teams, led by GP practices in the PCN area, delivering services to their registered population of between 30,000 and 50,000 patients. The PCN must have a Clinical Director providing strategic leadership and oversight of service delivery of the PCN and representing the PCN as part of the wider health and social care system.

In Sunderland we have been working as geographical localities for a number of years. Our PCNs represent the current localities with the exception of Sunderland West, which have agreed to split into two PCNs due to the size of the locality.

PCNs and their mandated services have been developed following the learning from the vanguard programme. The vanguard programmes were national programmes designed to test new models of care. Sunderland was a trailblazer due to the existing relationships and the vanguard programme which has allowed practices, working within the wider out-of-hospital system, to be ready to implement mandated services at an accelerated pace. Some of the areas are highlighted in figure 10.

Over the next five years, PCNs are expected to deliver seven specifications as shown below; whilst the specifications are still being developed by NHS England, figure 10 shows the equivalent schemes which have already been implemented within Sunderland.

⁹ <https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-des-specification-2019-20/>

¹⁰ A DES is options for practices to sign up to and are for services which are over and above what is delivered via their core contract.

Figure 10

Delivery Year	Mandated Service	What Do We Already Have In Place?
2019	Extended Hours Access (2019)	This service will be delivered alongside Extended Access scheme from 2019
2020	Structured Medication Reviews and Optimisation	Quality premium initiatives including specific medicines optimisation schemes
2020	Enhanced Health in Care Homes	Care home alignment, care home nursing support and regular MDTs
2020	Anticipatory Care	Community integrated teams, care home alignment, care home nursing support and regular MDTs and end of life pathway
2020	Personalised Care	Social prescribing model such as piloting the PAM
2020	Supporting Early Cancer Diagnosis	Part of the Cancer Alliance, Early Diagnosis Awareness worker, lung cancer case finding, FIT testing for colorectal cancer, quality premium initiatives, cancer screening programmes
2021	CVD Prevention and Diagnosis	Quality premium, QOF management, NHS Health Checks, Steps for Health, stop-smoking services
2021	Tackling Neighbourhood Inequalities	No information at present

To support the delivery of services, each PCN is entitled, under the DES, to reimbursement (up to a maximum threshold) of some or all of the salary of 5 key additional roles which will come into force over the next 5 years. These roles and the year in which they can be reimbursed by NHS England are shown in figure 11.

Figure 11

Year	Role
2019/20	Clinical Pharmacist
2019/20	Social Prescribing Link Worker
2020/21	Advanced Practice Physiotherapist
2020/21	Physician Associate
2021/22	Advanced Paramedic Practitioner

Whilst initially the PCN may start with GP practices, the PCN is designed to be a *'foundation of all Integrated Care Systems; and every Integrated Care System will have a critical role in ensuring that PCNs work in an integrated way with other community staff*

such as community nurses, community geriatricians, dementia workers and podiatrists/chiropractors'.¹¹

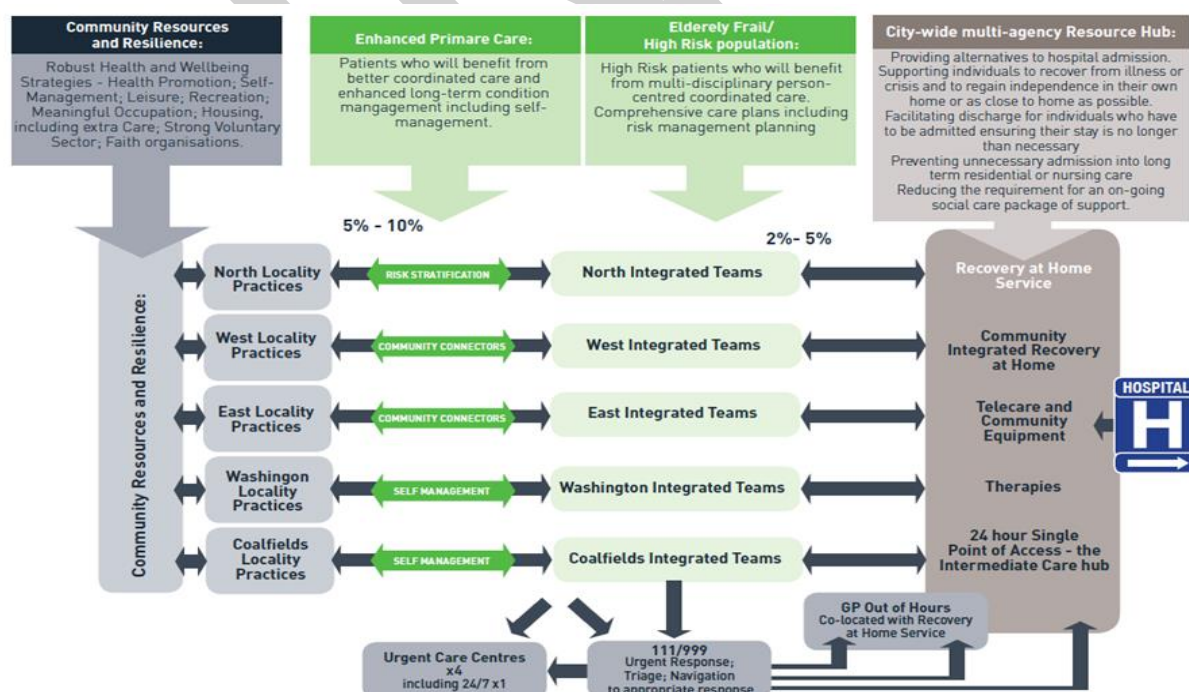
It is expected that the PCN will be a key player and delivery vehicle for the Sunderland out-of-hospital ATB model.

3.5 All Together Better

In October 2014 a new care model known as the Multispecialty Community Provider (MCP) model was introduced as part of the vanguard programmes highlighted in the Five Year Forward View¹². Sunderland became one of the vanguard sites utilising the MCP programme which was designed to integrate out-of-hospital care via a population based health and social care model. In Sunderland this is now known as All Together Better (ATB)¹³ which has been working towards delivering a vision for the future of out-of-hospital care with the aim of promoting health and wellbeing, delivering quality care for patients and carers and ensuring sustainability of the system.

Since March 2018 commissioners and providers have worked collaboratively to develop the alliance approach for Sunderland. It is agreed that ATB will focus on; *'person centred, proactive and coordinated care, which will support appropriate use of health and care services, will improve patient and carer experience and outcomes, ensuring people will live longer with better quality of life'*¹⁴. The revised model is depicted in figure 12, and will be revised further in light of the implementation of PCNs.

Figure 12



¹¹ Page 30-31 'Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan – <https://www.england.nhs.uk/publication/gp-contract-five-year-framework/>

¹² <https://www.england.nhs.uk/new-care-models/about/>

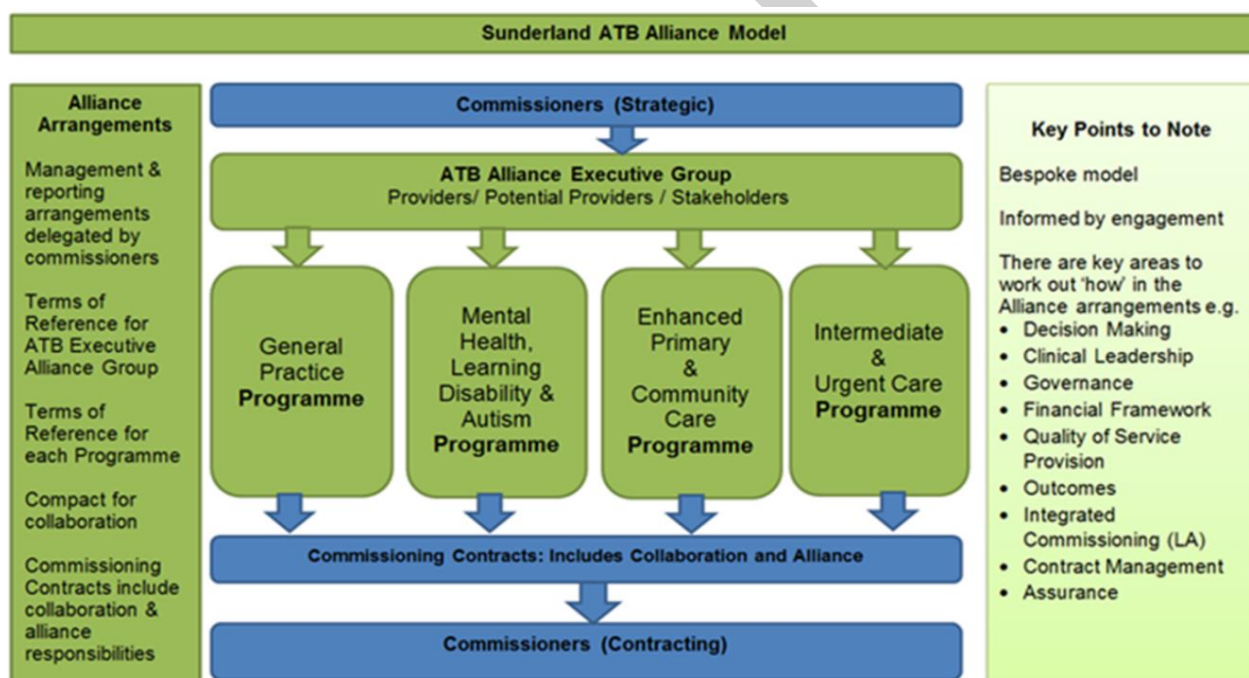
¹³ <http://www.atbsunderland.org.uk/>

¹⁴ ATB Programme 1 Terms of Reference

The scope of services (all out-of-hospital services) has been organised into four programmes acting as the implementation and delivery mechanism for ATB. The programmes are shown in figure 13 with Programme 1 being dedicated to general practice; this programme has been established to undertake and be responsible for overall integrated delivery, performance, outcomes and system-wide overview of general practice and pharmacy services. The overall expectation is that the priorities identified within this strategy, as well as supporting the delivery of PCNs, will be the key focus for Programme 1.

PCN Clinical Directors will also support the work of the ATB and will be able to influence the out-of-hospital system by working closely with the ATB programmes.

Figure 13



3.6 CCG Priorities

The CCG priorities are to support the development of the ICS, implement the LTP and the priority areas summarised in the operational plan as shown in figure 14.

As shown in figure 14, general practice is one of the key transformation programmes with an overall objective to develop PCNs, increase the workforce and support digital transformation.

Figure 14

Sunderland CCG Plan on a Page 2019/20										
SUSTAINABILITY - Finance, Workforce & Quality & Safety	Our Vision:	Better Health for Sunderland								
	Delivered by:	Prevention			Transforming Community Care		Transforming In Hospital Care			
	Measured by:	CCG Improvement & Assessment Framework, All Together Better Alliance Outcomes								
	Underpinned by our values:	Inclusive	Patient centred	Responsive	Innovative	Empowering	Integrity	Open and Honest		
	Prevention	Transformation Programmes		Objective						
		Maternal Health & Wellbeing		Ensure safe and sustainable services for improved outcomes in maternity and ensure the best start in life.						
		Child Health & Wellbeing		Improve child health; mental, physical and emotional wellbeing and reduce avoidable illness in later life.						
		Cancer		Improve cancer outcomes, reducing smoking, increase screening uptake, early diagnosis and improve patient cancer pathway experience including survivorship and end of life care.						
		Respiratory		Improve health outcomes and optimise the length and quality of life for people with and at risk of respiratory disease including care at end of life.						
	Community Care	Cardiovascular Disease (incl. Diabetes)		Optimise the length and quality of life for patients with, and at risk of CVD, through robust primary and secondary prevention, streamlined pathways and integrated services that meet national standards .						
		Transformation Programmes		Objective						
		General Practice		Further Development of Primary Care Networks, increasing workforce and digital transformation						
Mental Health, Learning Disabilities and Autism		Working with partners to ensure the successful implementation of system wide Mental Health, Learning Disabilities and Autism programmes								
Enhanced Primary and Community Care		Deliver integrated and patient centred care through the transformation of enhanced primary and community services.								
In hospital	Intermediate and Urgent care		Ensure patients benefit from treatment, in the right place, at the right time, by the right professional through the provision of a simple seamless pathway across Intermediate and Urgent Care.							
	Transformation Programmes		Objective							
	Path 2 Excellence		Ensure a safe and sustainable model for acute services by delivering a single clinical operating model across the local health economy							
Enabled by:		Integrated commissioning		Digital & Technology		Training & Leadership		Medicines Optimisation		
		Engagement		Patient & Carer Empowerment		Population Health Analytics		Collaboration		
								Locality Networks		
								Research Evidence & Innovation		

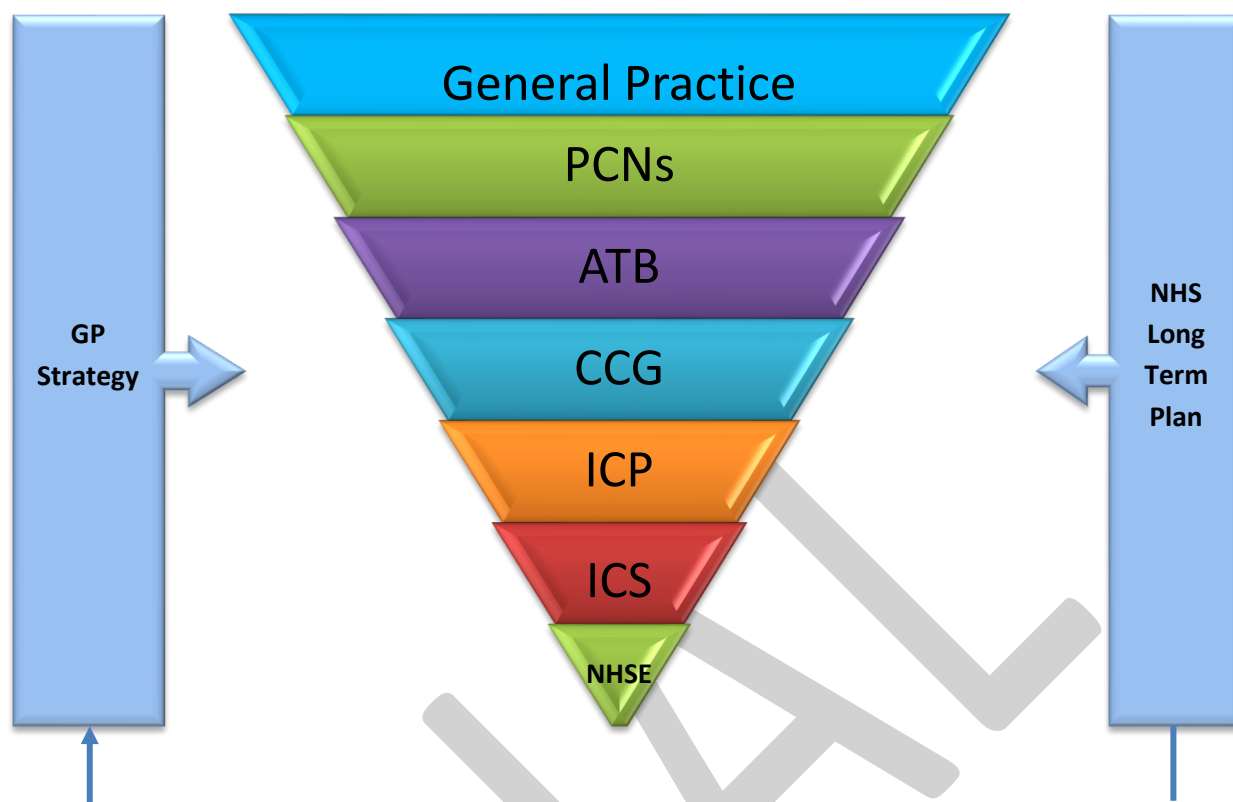
3.7 How does it all fit together?

The NHS LTP states how health and social care should be delivered now and in the future, with seamless care delivered by integrated primary, secondary and community teams in accordance with the needs of the population.

There are many organisations involved in healthcare commissioning, all with similar priorities; however in terms of the general practice landscape the key interdependencies and associated hierarchy are depicted in figure 15. This diagram aims to show how all organisations are responsible for delivery of the LTP. It also aims to show that delivery of the objectives of this strategy are the collective responsibility of the CCG, ATB, PCNs and practices alike and that the priorities identified by those organisations have influenced the deliverables of this revised strategy.

It is worth noting that currently it is the CCG and NHSE that has statutory responsibility for healthcare commissioning. Integrated Care Systems and Integrated Care Partnerships remain an evolving virtual part of the system.

Figure 15



Section 4 Vision and Objectives

This section discusses the agreed strategic objectives and priorities which will be implemented by 2025. These strategic objectives have been developed as a result of engagement with our practices and other key stakeholders.

4.1 Vision

The overall CCG vision of **better health for Sunderland** remains the same, as does the vision to **sustain and transform general practice to ensure the provision of high quality primary medical care, delivering improved health outcomes for local people, now and in the future.**

To do this we will need to:

- Ensure our practices have the right workforce in terms of numbers and skill mix to support a holistic model of health and social care delivery, both now and in the future;
- Implement initiatives to improve efficiency in order to create capacity within general practice to care for patients through longer appointment times and different ways of accessing services;
- Develop the physical infrastructure.

We will need to work with our delivery partners and our PCNs in order to achieve our collective goals and the expectations stipulated in the LTP.

4.2 Objectives and Priorities

In order to determine the objectives and deliverables within this revised strategy, facilitated engagement events were held in each locality with practice personnel. Clinical and Managerial leads for the CCG outlined the purpose of the engagement event as being:

- To refresh the current general practice strategy;
- To listen to practice views and give them the chance to shape the future of general practice through the strategy;
- To get practices' ideas and ensure the strategy makes those ideas and visions a reality;
- To consider the wider strategic developments of:
 - ATB;
 - Long Term Plan;
 - Previous general practice strategy achievements.

A presentation highlighted the key elements of the LTP and working groups were held to consider the following questions:

1. What do you like in the current strategy?
2. What do you need to improve general practice?

3. What do you need more / less of?
4. What would you want the future to look like?

Each group was also asked to feed back their top three priorities.

The collated results from each of the events were thematically analysed and the results are shown in appendix 4.

In summary they focus on the following key areas:

- **Workforce** – Practices need more staff and a greater diversity of skill mix to meet patient demand. The importance of training and retention of staff was highlighted. Workforce requirements included the need for specific roles to address gaps in current provision within general practice such as mental health support, social prescribing and further clinical pharmacist input;
- **Integrated working** – Practices want primary and community services to be available in a more integrated manner with robust collaboration between different healthcare organisations to ensure patients are cared for holistically. Removal of bureaucracy and duplication across the wider healthcare sector and further integrated working with social care were also highlighted;
- **Premises and IT/digital** – Practices need faster IT with greater interoperability alongside an estate which is fit for purpose, meets capacity needs and ensures the sustainability of general practice;
- **Prevention and Self-Care** – Practices need access to tools/information that will support patients to take responsibility for their clinical conditions and a greater focus on the prevention agenda;
- **Communication** – Practices want standardised information, templates and guidance which are clear, easy to use and support them in their daily work.

From feedback provided by practices and other key stakeholders, it is clear that the current objectives are still relevant and therefore should remain (figure 16).

Figure 16

OBJECTIVE 1	Supporting general practice to increase capacity and build the workforce
OBJECTIVE 2	Improving patient access
OBJECTIVE 3	Ensuring the central, co-ordinating role of general practice in delivering out-of-hospital care
OBJECTIVE 4	Supporting better health through prevention and increasing patients' capacity for self-care

OBJECTIVE 5**Encouraging new working arrangements between practices.**

Feedback has also been utilised to analyse the current strengths, weaknesses, opportunities and threats (SWOT) to establish where we need to focus our attention (figure 17).

Figure 17

Strengths	Weaknesses
<ul style="list-style-type: none"> • Sunderland GP Alliance; • Local University Medical, Nursing and Pharmacy Schools; • Established locality working; • Established recruitment initiatives; • Stability in majority of practices; • Established ATB; • Established Extended Access service; • Recurrent funding streams. 	<ul style="list-style-type: none"> • 9 single-handed practices; • Shared care arrangements; • Mental health support into practices; • Health visitor and midwifery liaison with practices; • Retention of general practice staff.
Opportunities	Threats
<ul style="list-style-type: none"> • Closer collaboration via Primary Care Networks; • Additional roles – Clinical Pharmacist and Social Prescriber models; • Initiatives to recruit, train and retain general practice staff; • IT initiatives to support greater interoperability; • Digital work streams to support capacity building; • Further funding to support implementation of PCNs; • Mergers to support smaller practices. 	<ul style="list-style-type: none"> • Premises (space utilisation and state of repair), and uncertainty (practices in NHSPS buildings); • Ageing workforce (clinical and non-clinical) – loss of experienced clinicians and managers; • Reducing number of GPs; • Changes to NHS Pension • Increased demand on general practice.

As a result of engagement and SWOT, we have been able to highlight a number of initiatives to be implemented which include general practice and partner organisations, where appropriate for this strategy. The delivery of the objectives and the associated initiatives is a collective responsibility of the CCG, ATB, PCNs and practices.

4.2.1 Objective 1 Supporting General Practice to increase capacity and build the workforce

The initiatives that have been implemented since 2016 to develop our workforce have supported an increase in overall nursing staff. However our GP and Practice Nurse

numbers continue to reduce; this would have been significantly worse had we not implemented recruitment initiatives such as Career Start and Golden Hello programmes. However with a significant proportion of the workforce coming up to retirement age, there is more to do to ensure our workforce meets the challenges of modern general practice.

This may be addressed to some extent via the introduction of the PCN additional roles that are designed to provide a different skill mix focussing on specific tasks that would usually be undertaken by GPs and nurses. In turn this would not only ensure patients are seeing the appropriate healthcare professional but would also ensure GP and nurse time is used effectively to manage appropriate clinical tasks.

The workforce challenges may also be addressed by the review and appropriate continuation of existing workforce initiatives, and the introduction of new initiatives within Sunderland and indeed the region, to boost workforce recruitment and retention over the coming years as follows:

Our commitment	How will we achieve this?
We will develop or continue initiatives to support recruitment and retention of the general practice workforce to meet increasing demand and complexity.	<ul style="list-style-type: none"> • Reviewing current contracts for Career Start GP, Career Start Practice Nurse and Career Start Healthcare Assistants; • Working with NHS England to implement the GP Retention Scheme; • Working with local universities (Nursing, Medical and Pharmacy schools) to scope the development of a training academy to support the availability of multi-professional clinical placements and education/training delivery within Sunderland; • Identifying a specific funding source and agree processes for allocation and access to CCG and other local/national schemes i.e. CCG, Apprenticeship Levy; • Ensuring the regional ICS Primary Care Workforce Strategy objectives and our workforce plan are aligned; • Creating opportunities to be involved in design, delivery and deployment of research and evidence gathering activities to support recruitment and retention of the general practice workforce and improve quality for patients, as identified in the Cumbria and North East Primary Care Research Strategy¹⁵.
We will develop and support emerging and existing leaders.	<ul style="list-style-type: none"> • Setting up leadership development sessions by identifying new GPs to the city via Career Start; • Continuing to support CCG Executive Clinical Leads and other non-clinical staff to develop leadership skills; • Supporting Primary Care Network Clinical Directors on the National Leadership Development Programme; • Increasing the number of training practices and GP

¹⁵ Cumbria and North East Primary Care Research Strategy (July 2018) - North of England Commissioning Support in partnership with NHS National Institute for Health Research Local Clinical Research Network North East and Cumbria

	Trainers across Sunderland.
We will source and support education and training of the general practice workforce.	<ul style="list-style-type: none"> • Scoping the current state by assessing skills and interests in general practice for general practice clinical and non-clinical staff; • Identifying training needs for existing Practice Nurses and Healthcare Assistants; • Identifying training opportunities and education programmes for the general practice workforce; • Developing a training and education plan to reflect needs and opportunities identified; • Scoping all relevant career pathways for nurses and Practice Manager role development; • Supporting the wider health economy in the development of a regional training hub; • Continuing to support attendance at Time-In-Time-Out (TITO) education events; • Scoping specialist interest roles for clinicians with a view to supporting the development of services that will assist the out-of-hospital agenda to meet demand for services (i.e. Clinicians with specialist interest in Dermatology); • Scoping the development of appraisal and clinical supervision support for all staff; • Developing a training plan for Administration staff and Practice Managers with a skills escalator to enable succession planning.
We will support PCNs with the introduction of additional roles to general practice via the Network Directed Enhanced Service (DES).	<ul style="list-style-type: none"> • Supporting the emerging workforce groups highlighted in the Network DES; • Develop a social prescribing model working with Practices, the ATB, the Local Authority and the voluntary sector • Developing a Social Prescriber Link Worker job description and model to be utilised by PCNs; • Supporting ATB to develop a clinical pharmacy model for Sunderland to support PCNs; • Identify funding for those PCNs who sign up to a Network Plus agreement, to recruit the additional roles faster than identified within the DES.
We will continue to implement and work with our local practices to implement the initiatives within the GPFV.	<ul style="list-style-type: none"> • Reviewing implementation of each GPFV initiative to date and assessing any gaps; • Developing a work-plan to support the further implementation of each initiative, including any associated funding support; • Supporting resilience within general practice through a local resilience fund which can be accessed by those practices most in need as identified via a Resilience and Sustainability Dashboard.

4.2.2 Objective 2 Improving patient access

Despite the introduction of the Extended Access service and different ways of accessing clinical consultations via digital solutions, more needs to be done to ensure patients are aware of the different ways to access services at their GP practice and in the community. This will reduce waiting times, effectively manage patient demand and expectations and give an overall better patient experience.

The following initiatives have therefore been identified:

Our commitment	How will we achieve this?
We will support our general practices by aligning extended hours requirements with our Extended Access service.	<ul style="list-style-type: none">• Contract negotiation with the current Extended Access provider;• Support to the PCNs to achieve extended hours contractual requirements via the development of formal sub-contracting arrangements;• Consider a city-wide triage interface for general practice to support consistent messages to patients accessing same-day services across the system;• Support to advertise extended access services thereby increasing patient awareness of the service.
We will support the requirement and ability for NHS 111 to book patients directly into the right service.	<ul style="list-style-type: none">• Working with our regional colleagues to ascertain gaps in provision so that gaps can be addressed.
We will develop initiatives to support increased capacity within our practices.	<ul style="list-style-type: none">• Support the development of a capacity planning tool;• Pilot and evaluate (with a view to continue) initiatives that will support increased capacity within practices and thereby reduce demand on other services.
We will implement the outcome of the national 'Improving Access to General Practice' review once published.	<ul style="list-style-type: none">• Gap analysis of the review outcome versus current delivery;• Supporting the necessary contract changes (extended access and PCN Network Agreements) including contract variation and funding requirements to ensure implementation.
We will continue to develop digital solutions to support better patient access to general practice services.	<ul style="list-style-type: none">• Continuing to deploy the technology that underpins and enables the range of new digital channels into general practice for patients.• Allowing other channels, such as video conferencing between patient and practice, advanced telephony, patient messaging and patient access to mature within our digital exemplar practices and increase coverage across the city;

	<ul style="list-style-type: none"> Review new capabilities from NHS Digital such as the NHS App.
We will support our practices to ensure there is sufficient premises capacity to deliver services to patients.	<ul style="list-style-type: none"> Undertaking formal baseline assessments of the current general practice and wider healthcare estate; Developing a cohesive estates plan to explore ways in which we can support the delivery of services within practices and PCN areas; Supporting the primary care estate to be environmentally sustainable; Working with Local Authority spatial planners to determine the impact of future planning applications on the general practice estate. Continuing to support practices to bid for capital expenditure to improve or develop the general practice estate; Committing to provide those practices that occupy NHS Property Services premises with a subsidy for non-reimbursable service and facilities management costs; Providing practical support to practices to help them understand and validate their bills from NHSPS; Supporting PCNs to ensure they have the required estate to deliver mandated and additional services; Considering funding support for the conversion of records rooms into clinical rooms, where demonstrably required, released as a result of the digitising of patient records.

4.2.3 Objective 3 Ensuring the central, co-ordinating role of general practice in delivering out-of-hospital care

The out-of-hospital model in Sunderland, determined by the ATB will continue to be developed and supported via the following initiatives:

Our commitment	How will we achieve this?
We will continue to develop Community Integrated Teams, support MDT working and to further refine schemes such as 'Recovery at Home' and 'Care Home Alignment'.	<ul style="list-style-type: none"> Continuous improvement of GP-led multidisciplinary Community Integrated Teams managing frailty and multi-morbidity; A central GP role in advanced care planning for complex patients (utilising deciding right documents such as EHCP); Continuing to review and improve the Care Home Alignment Scheme, working closely with the older people nursing teams and care home staff, improving advanced care planning, providing an enhanced service of medication reviews and end of life planning;

	<ul style="list-style-type: none"> • Exploring the integration of mental health professionals into Community Integrated Teams as part of the multi-disciplinary approach; • Working closely with 'Recovery at Home' to improve access and enhance GP leadership within the 'Recovery at Home' programme; • Supporting further developments in end of life care to those not within care homes, ensuring patients and families are supported and have access to the right care when required; • Improving prescribing outcomes via the minimising of harm due to excessive prescribing and reducing waste.
We will work with Local Authority colleagues to develop public health links and social care input to our PCNs.	<ul style="list-style-type: none"> • Meeting with Local Authority Public Health Services to understand capacity within the public health teams.
We will work with colleagues to develop mental health services that support our patients (including IAPT, CPN, Dementia workers).	<ul style="list-style-type: none"> • Working with ATB Programme 2 to understand current service provision; • Mapping current service provision to current need (known and unknown) to develop a model for delivery; • Supporting the alignment of mental health workers to PCNs, starting with IAPT LTC staff, who will be co-located in primary care; • Developing closer alignment between practices and CPNs to improve relationships, improve visibility of secondary care mental health services with the aim of improving patient journeys, outcomes and experiences; • Further develop and promote initiatives such as telephone access to a Mental Health Consultant by practices to manage patient queries, promotion of 'Silver Cloud' to prevent progression of mental health symptoms and increase number of SMI Physical Health Checks.
We will work with public health colleagues to determine how we can best ensure Health Visitors and Midwives are closely linked with our practices and that there are links between School Nurses and our practices.	<ul style="list-style-type: none"> • Working with public health teams within the Local Authority to understand current service commissioning and provision; • Mapping current service provision to current need (known and unknown) to develop a model for delivery; • Supporting the alignment of Health Visitors and Midwives to PCNs and encourage greater links between School Nursing and our practices.
We will develop a	<ul style="list-style-type: none"> • Utilising the skills and expertise of the existing CCG

<p>safeguarding hub for the city to provide centralised support for the Safeguarding Adults and Children's agenda to ensure GPs meet their statutory responsibilities and improve outcomes for vulnerable adults and children.</p>	<p>Named and Designated Professionals to enhance the competencies of GP Safeguarding Leads and other general practice staff in accordance with the Royal Colleges' Intercollegiate Guidance;</p> <ul style="list-style-type: none"> • Evaluating the 'Child Protection Report Writer' pilot and consider extension of the role to cover the city; • Working with strategic safeguarding partners to continually improve information sharing with GPs; • Providing strategic leadership to develop a hub and spoke model which provides resources that enable centralised support to review policies, improve training and support ongoing quality improvement initiatives; • Ensure key staff have access to robust safeguarding supervision from the CCG Designated Professionals.
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4.2.4 Objective 4 Supporting better health through prevention and increasing patients' capacity for self-care

Delivery against this objective is a key priority not only of this strategy but is a key focus of the LTP which will be supported via the implementation of the following initiatives:

Our commitment	How will we achieve this?
We will work with the Local Authority and Community Voluntary Sector to support the development of self-care models.	<ul style="list-style-type: none"> • Applying for and utilising Voluntary Sector Grant Funding to develop initiatives within PCNs; • Working with ATB colleagues and Local Authority to develop the social prescriber model with a view to promoting access to prevention and self-care programmes and services across the city.
We will continue to progress with and implement digital technologies to support self-care for patients.	<ul style="list-style-type: none"> • Continuing to develop the content of our digital platforms to align to the national 111 on-line guidance and the forthcoming NHS App. • Continuing to progress with our investment made through the NHS Technology Tariff and will increase the use of the MyCOPD app as part of annual reviews; will further explore similar capabilities that support other long term conditions. • Working with the ICS digital community to develop a strategy for the application of the Health Call¹⁶ platform within the ATB model. • Supporting our Local Authority partners in the mobilisation of their National Test Bed project to develop the Assistive Technology Strategy

¹⁶ <https://www.healthcall.com/>

	<p>which will see connected 'Internet of Things (IoT)' devices piloted within 120 homes across to support health and care needs initially focusing on:</p> <ul style="list-style-type: none"> • Moving around the home; • Nutrition and hydration; • Monitoring mood; • Managing medication use.
We will strengthen mental health prevention to address factors that shape mental and physical health and wellbeing of patients.	<ul style="list-style-type: none"> • Enabling local integrated care teams to draw on and incorporate mental health expertise to support people with low level to complex care needs; • Working with mental health providers and the ATB to increase the visibility and availability of mental health services.
We will continue to support the prevention agenda via local schemes.	<ul style="list-style-type: none"> • Support the delivery of national and local programmes such as screening, smoking dependency, and achieving a healthy weight; • Explore better use of Making Every Contact Count specifically in respect of supporting brief interventions relating to smoking and alcohol; • Raising awareness of the harms of smoking in pregnancy with patients and supporting midwifery teams to reduce levels of smoking in pregnant women in Sunderland; • Support the delivery of a healthier environment within primary care for patients and for those working in primary care; • Ensuring our Quality Premium continues to include indicators relating to the early diagnosis and treatment for identified clinical conditions.

4.2.5 Objective 5 Encouraging new working arrangements between practices

We have continually supported new working arrangements between practices and the development of locality working; the emerging PCNs will ensure that these working arrangements continue and improve. A key focus for the CCG and ATB is to ensure our PCNs are supported. We will therefore support our PCNs to go further, faster and encourage innovative approaches which will ensure services provided are of high quality, high performance and are sustainable.

To support delivery of this objective we will implement the following initiatives:

Our commitment	How will we achieve this?
We will provide support to our PCNs to ensure delivery of the	<ul style="list-style-type: none"> • Providing business intelligence support to analyse and monitor data for use by the PCN;

seven national specifications introduced by NHS England.	<ul style="list-style-type: none"> • Providing CCG Locality Commissioning Manager links to the PCN; • Supporting the attendance of practices via dedicated time to attend specified PCN meetings.
We will support PCNs to maximise funding opportunities.	<ul style="list-style-type: none"> • Alignment of a CCG Finance Manager to advise PCNs of availability of funding streams; • Development of an annual 'Network Plus' agreement to support additional services and innovation; • Supporting our PCNs to ensure optimum access to the Investment and Impact Fund.
We will ascertain, in line with Objective 2, the general practice and wider health care estate needed to support further collaboration via PCNs.	<ul style="list-style-type: none"> • This will be achieved by the priorities identified under objective 2.
We will continue to support practices who wish to merge or introduce new working arrangements.	<ul style="list-style-type: none"> • Policy and contractual advice; • Locality Commissioning Manager support to oversee the process; • Funding support for HR, legal and communications advice.
We will continue to invest in our practices to sustain funding and reduce bureaucracy.	<ul style="list-style-type: none"> • Continuing to develop and implement the Quality Premium on an annual basis, ensuring it links with our CCG and ATB priorities; • Liaising with NHS England to identify funding and mechanisms for applying and developing bids with and on behalf of practices; • Working with practices to develop 'off the shelf' schemes that can be utilised to access non-recurrent slippage monies at short notice; • Providing funding support to our practices in NHS Property Services buildings.
We will continue to develop a pipeline of general practice investment opportunities that could attract local and/or national funding and also be delivered at a regional level.	<ul style="list-style-type: none"> • Developing the Clinical Digital Resource Collaborative (CDRC) which will develop tools to support standardisation of data capture and coding to enable information to flow easily for direct patient care and also to be aggregated for population health management; • Refresh the technical infrastructure supporting the delivery of GPIT services; • Migration to the national Health and Social Care Network (HSCN) which will deliver additional resilience, improved capacity and support for practices;

	<ul style="list-style-type: none"> Starting the process of digitising Lloyd George paper records within general practice.
We will implement initiatives that support the interface between primary, community and secondary care.	<ul style="list-style-type: none"> Implementing plans to widen the scope of our existing information sharing capabilities; Increasing the range of services using the functionality to share information between general practice and our community provider; Continue to work with colleagues throughout the region as part of the development of the Great North Care Record (GNCR); Supporting Local Authority partners with the requirements of connectivity to NHS infrastructure and preparation for connectivity to the HIE to support; <ul style="list-style-type: none"> Outpatients remodelling; Non-value-added diagnostics and tests.

Section 5 Implementation

This section provides details of the implementation of the revised strategy, including the funding available and the governance arrangements in place to support its implementation.

5.1 Governance

In line with our delegated responsibility for the commissioning of general practice services, our established Primary Care Commissioning Committee, which reports directly into our Governing Body, will maintain the responsibility for overseeing the implementation of this revised strategy. Six-monthly updates on the implementation of the actions identified in section 4 will be provided to the committee and will be subject to internal audit in line with our audit cycle.

5.2 Funding

NHS England has now published primary care allocations for the five year period from 2019/20 to 2023/24 with the first three financial years being firm allocations and the subsequent two financial years being indicative at this stage. The announced allocations for this period are outlined in figure 18.

Figure 18

	2019/20 (£000s)	2020/21 (£000s)	2021/22 (£000s)	2022/23 (£000's)	2023/24 (£000's)
Delegated GP Allocation	42,058	43,805	45,675	47,742	50,053

The growth in primary care allocations is required to fund inflation pressures such as increases in global sum payments and premises reimbursements to practices as well as elements of contractual investments required into primary care networks such as workforce reimbursements.

In addition to the primary care allocations for the five year period, we will continue to separately receive and invest funding in relation to extended access (£6 per head) services which will support the improvements in patient access outlined within the strategy. We will also continue to ring fence the funding currently invested in the Quality Premium from our programme allocations for general practice.

We will explore the appropriate investments which could be made from our programme funding or drawdown funding to form an offer which could be made to primary care networks to assist increasing capacity in general practice and the management of demand pressures within the health and care system.

5.3 Operational Delivery

To implement the previous strategy the Primary Care Commissioning Committee established the GP Strategy Implementation Group and a Workforce Steering Group.

These groups will continue to oversee the implementation of our key priorities. However, the role of both groups will be reviewed to determine how they link with ATB Programme 1 - General Practice Group, which, in time is expected to be the group to oversee the implementation of this revised strategy.

DRAFT

Appendix 1 – Objectives and Priorities Delivered to Date

To support delivery of the last strategy key priorities were developed for the years 2016/17, 2017/18 and 2018/19; these priorities were aligned to the objectives – delivery of the key initiatives that have been implemented are as follows:

Objective 1 Supporting general practice to increase capacity and build the workforce

GP Career Start

This scheme attracts newly qualified GPs to general practice, giving them the opportunity to work in a practice for two years which not only gives them valuable experience as a GP but also allows them to spend two sessions per week on a specialised area of their choice. Our experience shows that Career Start GPs are more likely to stay in the city when they finish their 2 year programme. Since April 2015 we have had 19 GPs on this scheme (8 of whom are still on the scheme) with an 80% retention rate in the city.

Practice Nurse and Health Care Assistant Career Start

Practice nursing is very similar to GP recruitment and there is an identified need for more nurses in general practice. Equally, skilled Practice Nurse time can be freed up when supported by Healthcare Assistants undertaking particular tasks. To enable this, we have commissioned two programmes; a Career Start Practice Nurse Programme which enables trained nurses to consider a career in practice nursing, giving them experience in general practice and access to specialist training; and the second is the Career Start Healthcare Assistant Programme, designed to attract candidates into healthcare who may have little or no experience. The programme provides candidates with academic and general practice training which enables them to become Healthcare Assistants and/or access nurse training. To date 14 nurses and 11 Healthcare Assistants have been recruited via these schemes. We have also been a key partner in the development of the Nursing School within the University of Sunderland; this has given us the opportunity to support placements in general practice for pre-registration students, as well as mentorship for students, which ultimately provides student nurses with an insight into general practice with the aim that this may be a career pathway. Alongside this we have supported Practice Nurses to attend clinical skills training at university and supported them to become Advanced Nurse Practitioners.

Golden Hello Scheme

This is a recruitment and retention scheme which incentivises GPs to come and work in Sunderland, including those who may have been Career Start GPs. GPs must stay for a minimum of 3 years and are incentivised with a £20k pro rata payment. To date we have had 34 GPs on this scheme since 2017.

GP Trainers Bursary

This is a financial incentive to support GPs wishing to become GP Trainers. In the longer term this will encourage newly qualified GPs to stay in Sunderland as they are often

attracted to training practices where they can get extra support. We currently have 18 GP Trainers and 6 GP Educators and have 13 training practices.

Non-Clinical Workforce Schemes

As well as the clinical workforce schemes developed we have also implemented specific elements of the GP Forward View to increase capacity in general practice and we have also implemented the following schemes for administration staff and Practice Managers:

Administration Staff

- Awareness sessions on working with patients who may need more support i.e. patients who are sensory impaired, and what services are available locally to signpost patients to;
- Managing pressure at work and quality improvement activity which included what is looked for in a CQC inspection e.g. clinical audit.

Practice Managers

We have supported Practice Managers to undertake the North East Leadership Academy Practice Management Leadership Programme.

30 Practice Managers have also attended a development day, giving managers the opportunity to network and share ideas both in localities and in city wide groups. The session included:

- Stress, personal resilience and five ways to wellbeing;
- New roles and apprenticeship training programmes in general practice;
- Collaborative working in localities.

Deputy Manager/Office Managers/Team Leaders also attended a series of workshops which included:

- Delivering service excellence;
- HR – the basics;
- Promoting quality and handling complaints.

We have also been involved in the development of the new Medical School at the University of Sunderland with our Chair being a member of the Partnership Board set up to establish and mobilise the school – the school is GP focused and, by being so it is hoped it will not only attract trainers and educators to the city but will also attract medical students who will want to stay within the city as GPs in the longer term.

The GPFV also highlighted a number of programmes to boost the workforce, of which many have been implemented as follows:

GP Retention Scheme

The GP Retention Scheme provides financial and educational support to GPs and practices to help retain GPs who are seriously considering leaving, or have left, general practice. The scheme provides funding for the GP for up to four clinical sessions per week for a period of up to five years.

NHS Sunderland CCG does not have any GPs on the GP Retention Scheme; however the CCG has implemented a number of initiatives to increase and retain GPs in the area.

International Recruitment

Sunderland is part of the North East and Cumbria-wide scheme designed to source qualified GPs from abroad to work in England. There is a robust process to recruit and support the GPs so that they are able to work within the NHS, including 3 months where they observe general practice locally in a host practice, as well as a period of induction and refresher training in a host practice before they undertake any direct patient activity. At least four local practices have expressed an interest in being a host, however the scheme has not proven to be as successful as hoped and there are currently only two international recruits in the North East and Cumbria, none of which are in Sunderland.

Clinical Pharmacist in General Practice Programme

This programme was initially a pilot which was first introduced in 2015 as a means to secure 250 clinical pharmacists to work in general practice throughout England, with the expectation that the programme would support those practices in areas of greatest need due to the high number of GP vacancies. It was recognised that the Clinical Pharmacist has a role in streamlining practice prescription processes, medicines optimisation, minor ailments and long term conditions management and has a key part to play within general practice.

The evaluation of the pilot, undertaken nationally, led to further investment committed within the GPFV of an additional £112 million to secure 1,500 pharmacists working in general practice.

NHS Sunderland CCG managed to secure 6 Clinical Pharmacists as part of the initial pilot scheme.

Objective 2 Improving patient access

Extended and Improved Access

The GPFV first introduced the Extended Access initiative which is designed to provide improved access to GP services. The initiative also forms part of the NHS Operational Planning and Contracting Guidance 2017-19¹⁷ and the Refreshed Planning Guidance

¹⁷ <https://www.england.nhs.uk/operational-planning-and-contracting/>

published in February 2018¹⁸. CCGs across England have the responsibility of commissioning an Extended Access service which has specific key requirements as follows:

- Commission pre-bookable and same day appointments for general practice services after 18:30 and until 20:00 Monday to Friday; these appointments should be a mix of nursing and GP appointments;
- Commission pre-bookable and same day nurse/GP appointments on both Saturdays and Sundays to meet local population needs;
- Number of appointments to commission equate to 30 minutes of consultation time per 1000 population (weighted¹⁹).

We commissioned this service in 2016 and it is currently being delivered by Sunderland GP Alliance, utilising the current general practice workforce. The service delivers GP and Nurse Practitioner urgent and pre-bookable appointments on weekday evenings and on weekends from five hubs within the City. Appointments can be booked via the GP practice reception or by calling 111. Utilisation rates vary across the localities with an average of 78%.

In terms of general access to GP services, at the time the original strategy was produced, 73% of patients surveyed via the national GP patient survey stated that their experience of making an appointment was 'good' and 86% of patients described their experience of their GP practice as 'good' or 'very good'. The latest GP patient survey shows that there has been a slight deterioration in the results compared to 2016 despite the many initiatives that have been implemented to improve patient access. Sunderland is still however above the national average for these results. Figure 19 highlights the results of the key questions from the GP patient survey.²⁰

Figure 19

	Q - Generally, how easy is it to get through to someone at your GP Practice on the phone? A - Easy or Very Easy	Q - Overall, how would you describe your experience of making an appointment? A - Good or Very Good	Q - How satisfied are you with the General Practice appointment times that are available to you? A – Satisfied or Very Satisfied	Q - Overall, how would you describe your experience of your GP Practice? – A – Good or Very Good
Sunderland Average 2018*	77%	70%	68%	85%
National Average 2018*	70%	69%	66%	84%
Sunderland Average 2016**	76%	73%	No comparable data	86%

*last published data Jan to March 2018 **Published July 2016

¹⁸ <https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf>

¹⁹ Weighted population is where a weighting factor is applied to the actual number of patients registered at a practice. The weighting factor takes into account rurality, patients in a care home, age and deprivation factors and practice funding for core services is based on weighted population – the weighting factor is designed to support practices financially for the additional workload required by specific population groups

²⁰ National GP Patient Survey <https://www.england.nhs.uk/statistics/statistical-work-areas/gp-patient-survey/>

A different mechanism for measuring how satisfied a patient is with their practice is the Friends and Family Test (FFT) which asks patients if they would recommend their practice to their friends and family. 91.3% of patients in Sunderland who participate in the FFT are reporting that they would recommend their GP practice to a friend or family member, indicating that patients are satisfied overall with the service they are receiving from their GP practice.²¹

One of the initiatives introduced via the GPFV is to redesign appointment systems in order to reduce the number of patients not attending for their booked appointment (DNAs). Reducing DNAs help to improve access for those patients who have not been able to get an appointment at a convenient time. We have implemented bi-directional text messaging to remind patients of their appointments and have introduced advanced telephony in 31 of our 40 practices to make it easier for patients to cancel appointments.

We have also implemented 'active signposting' which provides patients with a first point of contact within general practice who can direct them to the most appropriate source of help; called Care Navigators, they utilise web and app-based portals to provide self-help and management resources, as well as signposting patients to the most appropriate professional. In Sunderland we have 19 practices with staff trained in active signposting and 15 practices that have implemented the e-consult system which gives patients self-help and self-management resources.

Premises

We have supported our practices to submit bids to NHS England for improvement grants to improve their premises as well as bids against the Estates and Technology Transformation Fund (ETTF). The ETTF is a multi-million pound fund designed to invest in modernising and transforming premises and technology within general practice to improve services for patients.

In total, eight practices have been successful in obtaining funding 2016 and 2019 equating to £136,014.

IT and Digital

We have implemented many digital schemes to support patient access as part of the GPFV and other initiatives as follows:

- The migration of practices onto EMIS Web as the primary GP clinical system in use across the city;
- We have invested heavily to support the digitising of Lloyd George paper records to deliver a more efficient retrieval process for clinicians and support administrative processes for subject access requests; furthermore capacity within practice may be increased through the release of estate as storage and possible conversion into clinical rooms;

²¹ Business Intelligence Analysis of Friends and Family Data April 2019

- EMIS to EMIS record sharing enabled between general practice and community services across all practices;
- Widescreen monitors deployed across all practices to support the use of decision support tools (Map of Medicine);
- Patient Wi-Fi / Guest Wi-Fi deployed across all practices ahead of the national deployment also enabling social care access;
- Docman advanced workflow deployed to 36 practices (later removed after Docman 10 upgrade leaving 7 practices);
- The Medical Interoperability Gateway (MIG) deployed across all practices along with a specialised EPaCCS dataset;
- EMIS data sharing extended to cover GP Extended Access Service
- EMIS Anywhere devices deployed to all practices enabling remote access to clinical systems and supporting business continuity
- Refreshing of all label printers supporting electronic ordering and specimen management across all practices underway
- Integrated Devices - All practices in Sunderland have access to a set of integrated clinical devices (BP machine, ECG and Spirometry) that integrate into the clinical system.
- Infrastructure for video consultations - This project looked at ensuring that the infrastructure was in place to allow practices to carry out video consultations. All 40 GP practices have screens in clinical rooms with integrated web cameras and headsets to allow video consultations to take place. The five practices that are part of the new consultation types work stream are currently testing out the software required for video consultations;
- New Consultation Types – this introduces new communication methods that can be utilised for consultations, such as telephone consultation and e-consultation. We currently have five practices that are testing new software to allow video consultations. Using funding from the GPFV we have also led a regional procurement exercise to secure a provider of online consultations. 'E-consult' were procured to deliver this service and, to date, there are 15 practices in Sunderland live with the service; in quarter 4 of 2018/19 there were 1575 unique visits to the software generating 345 e-consults for the practices; a third of these consultations were looking for administrative support.

Objective 3 Ensuring the central, co-ordinating role of general practice in delivering out-of-hospital care

We have made a firm commitment to support the integration of services and GP leadership in the out-of-hospital system as part of our ATB programme. After extensive consultation, a set of design principles were developed for ATB.



















To ensure strong GP leadership and to maintain a central role for general practice in the delivery of community services the following design principles have been agreed:

- Strategic leadership role for general practice throughout all levels of the MCP;

- Strong clinical operational leadership, recognising the role of the GP as the expert generalist and the value of continuity of care;
- Protect existing budgets for general practice and identify additional resource in line with the national ambition to increase investment in general practice;
- Sustain and transform general practice and primary care by assisting the recruitment and retention of staff and ensuring a responsive, flexible and highly skilled work force;
- Locality focus (c 50,000 patients) for delivery of services that are wrapped around patients and closely aligned to general practice where appropriate
- Develops and implements an estates strategy that protects and improves the community and GP estate.

These design principles were co-developed with practices and wider stakeholders in 2017 and are the guiding principles for the development of ATB and future integrated care providers. Those design principles are increasingly relevant with the emergence of Primary Care Networks which are expected to have a locality focus (c50,000 patients) with strong GP and clinical leadership, and investment in workforce and premises. The full design principles are depicted in figure 20.

Figure 20

 <p>1. Integrated and holistic approach to care to include physical and mental health that is integrated with social care.</p>	 <p>2. Conduct a population health needs approach in developing strategies to improve the health and wellbeing of the population and reduce health inequalities</p>	 <p>3. Proactive and patient centred care that empowers patients and addresses people's needs</p>	 <p>4. Consistent and standardised offer of care to the population whilst maintaining the national standards of quality and safety</p>	 <p>5. Strategic leadership Role for General Practice throughout all levels of the MCP</p>	 <p>6. Strong clinical operational leadership, recognising the role of the GP as the expert generalist and the value of continuity of care</p>
 <p>7. Protect existing budgets for general practice and identify additional resource in line with the national ambition to increase investment in general practice</p>	 <p>8. Support the delivery of more enhanced and specialised community services where appropriate without increasing the workload for General Practice</p>	 <p>9. Sustain and Transform General Practice and Primary Care by assisting the recruitment and retention of staff and ensuring a responsive, flexible and highly skilled work force.</p>	 <p>10. Locality focus (c 50,000 patients) for delivery of services that are wrapped around patients and closely aligned to General Practice where appropriate</p>	 <p>11. Develops and implements an estates strategy that protects and improves the community and GP estate.</p>	 <p>12. Integrate the intermediate and urgent care system with the model of care to ensure responsiveness to patient needs</p>
 <p>13. Ensure patients have timely access to high quality services within a simplified system</p>	 <p>14. Close working with the community and the voluntary sector</p>	 <p>15. Focus on self-care and prevention to promote independence and reduce pressures on the health and social care system</p>	 <p>16. To ensure continuous and effective patient and staff involvement where service changes are required or proposed</p>	 <p>17. Improve the quality and efficiency of services through sharing records, data and information including integrating information management and technology</p>	 <p>18. Maximise the agreed outcomes within the resources available</p>

As part of our integration agenda we have implemented the following initiatives to support the delivery of our objective to ensure general practice has a co-ordinating role in out-of-hospital care:

Community Integrated Teams

In 2015 we developed Community Integrated Teams (CIT) as part of our extensive design and planning phase of the vanguard programme; this reflected the strong requirement for better integrated care from general practice. CIT enables a more

collaborative way of working, bringing together multidisciplinary teams (MDT) to manage complex, frail and vulnerable patients in a proactive and patient centred way.

As a result of this programme, community staff such as District Nursing, Community Matrons and Social Workers are now co-located in each locality to enable better working relationships. This also allows further understanding and sharing of roles of responsibilities. New roles such as MDT Co-ordinators, Living Well Link Workers and Carers Centre Locality Leads have been developed and attend weekly MDT meetings and support the teams in managing people's needs.

Multidisciplinary meetings are held in and led by each practice to review risk stratified patients to improve outcomes and experiences with a focus on prevention and supporting people to managed at home or closer to home with the aim of reducing admissions and Emergency Department attendances. General practice takes a lead role in these meetings.

Feedback from staff and patients has been overwhelmingly positive regarding the approach and the new way of working. CIT are co-terminous with the CCG and Local Authority localities and are the platform on which Primary Care Networks have been developed.

Care Home Alignment and Older People Nursing Support

Funding has been allocated to practices to enable the streamlining and alignment of care homes to practices and the advanced care planning initiative.

We have also increased the specialised Nursing support into the care homes by commissioning the Older People Care Home Nursing Team who support the care home MDT and delivery of clinical services. This has impacted significantly on both patient outcomes and GP experience of delivery of care by increasing efficiency as a result of the reduction in multiple care homes to visit.

We have also implemented the Medicines Optimisation in Care Homes scheme as part of the Pharmacy Integration Fund which involves pharmacists and pharmacy technicians working with their health and social care colleagues and care homes staff, patients and their families to provide a number of benefits for care homes and their residents.

Recovery at Home

The Sunderland Recovery at Home Service is a multi-disciplinary integrated 24/7 rapid response service to address an individual's immediate needs, to be patient centred, advocate proactive care management and ensure patients can be cared for at home until proven otherwise. It promotes minimal clinical handovers, so that patients deal with as few faces as possible and, fundamentally it is a hospital discharge and re-admission prevention service focused on maximising peoples' independence and recovery. The service now includes 24/7 GP support, allowing further enhancement and sustainability of the service.

Objective 4 Supporting better health through prevention and increasing patients' capacity for self-care

There are many initiatives that we have implemented to ensure patients are given the opportunity to increase their capacity to self-manage their clinical conditions. In Sunderland, we support the Sunderland Information Point²² and Wellbeinginfo.org²³ both of which include a plethora of information for patients and carers to utilise. We also continue to promote the childhood app²⁴ for use by parents and formed part of a Digital Roadshow held in Bridges, Galleries and Hetton Centre.

As part of the vanguard programme we promoted the use of a tool called Patient Activation Measure (PAM)²⁵. The Patient Activation Measure (PAM) is a validated, commercially licensed tool and has been extensively tested with reviewed findings from a large number of studies. It helps to measure the spectrum of skills, knowledge and confidence in patients and captures the extent to which people feel engaged and confident in taking care of their condition.

In terms of other initiatives we have implemented, patients with Diabetes have benefitted from the implementation of the following:

- DESMOND²⁶ – this is a structured education programme specifically for Diabetics. We have worked with our practices and community services to promote and encourage uptake. We also have trained some Practice Nurses to deliver DESMOND, and have a further cohort due to begin their educator training in June 2019, with the aim of increasing patient choice and access;
- HeLP Diabetes²⁷ - this has been implemented across all practices in Sunderland and we are currently working with the Implementation Advisory Group to share our learning, with a view to becoming an early adopter site for the new tool once ready;
- Diabetes UK Information Prescriptions²⁸ – this has been implemented across all of our practices. Implementation was supported by individual practice visits to ensure prescriptions are available live in EMIS. All practices now have food models to enhance discussions around diet with patients during consultations;
- National Diabetes Prevention Programme²⁹ – to date there have been 990 referrals made into the programme. We have worked with our practices to embed the referral process as part of practice processes for future patients meeting the criteria.

We have supported practices to empower patients to self-care by providing patient information and commissioning a campaign on self-management of minor and self-

²² <https://www.sunderlandinformationpoint.co.uk/kb5/sunderland/directory/home.page>

²³ <https://wellbeinginfo.org/>

²⁴ <https://www.sunderlandccg.nhs.uk/campaigns/childhood-illnesses-app/>

²⁵ <https://www.england.nhs.uk/ourwork/patient-participation/self-care/patient-activation/pa-faqs/#11>

²⁶ <https://www.desmond-project.org.uk/>

²⁷ <https://www.help-diabetes.org.uk/>

²⁸ <https://www.diabetes.org.uk/Guide-to-diabetes/Managing-your-diabetes/information-prescriptions>

²⁹ <https://www.england.nhs.uk/diabetes/diabetes-prevention/>

limiting illnesses. We have worked with practices and Community Pharmacy to move all patients capable of doing so, to self-manage the ordering of their own prescriptions. This not only supports improved patient engagement with their medicines but also reduces medicines waste and free-up valuable time within the practice.

We have supported practices with the rolling out MyCOPD³⁰, a self-care system for patients with COPD. Currently 20 practices have active patients. We also extended the use of the platform to include a small group of heart patients. Five practices have 11 patients using this for a variety of heart conditions.

Further self-care is being supported with the roll out of help sheets obtained from a number of recognised websites. The practices are also able to promote public health apps including change4health³¹.

We have implemented Step2Health, which is a self-care and rehabilitation service aiming to enable those people at high risk, and who are diagnosed with long term conditions, to live better quality, independent and healthier lives for longer. It also is designed to reduce the preventable dependency and demand on public sector services amongst people living with long term conditions. The programme provides the following elements:

- A single route into a menu based service;
- Triage of all referrals to determine the most appropriate route for the patient, right care, right time, right place, first time;
- Assessment through guided conversations, goal setting and action planning to work with the patient to develop a tailored programme menu to support achievement of goals;
- A menu of interventions to include education, disease self-management, physical exercise with opportunities to sustain active lifestyle;
- Behavioural management to support ongoing engagement, anxiety and mood management, with a focus on the importance of social integration;
- Social navigation to a broad range of community resources and support in line with the pathways developed by the service;
- Robust exit strategies to ensure flow through the service.

Objective 5 Encouraging new working arrangements between practices

To support the delivery of this objective, the CCG has dedicated recurrent funding to support practices who wish to merge; the funding is also utilised to support practices to register patients when a neighbouring practice closes. The CCG follows recently-developed NHS England local policies to manage mergers and contract termination but provides additional support via the Locality Commissioning Manager, NECS' Communications and Engagement Team and NECS' IT team to manage a safe transition for practices and patients. We also have a local Sunderland policy to provide specific support to practices that see a significant increase in patients when a nearby practice

³⁰ <https://www.nhs.uk/apps-library/mycopd/>

³¹ <https://www.nhs.uk/change4life/about-change4life>

closes. Since 2016 we have managed seven practices to merge, 2 APMS contract procurements and 2 contract terminations.

We have also developed a 'Localities Working Together' programme, with Locality Practice Managers and Locality Practice Nurses working collaboratively with us to support new initiatives and act as a key link back into practices.

Other Initiatives and Support

Quality and Performance

The CCG has responsibility, as a delegated commissioner of general practice services, for quality assurance; to hold GP practices (as indeed all providers) to account for delivery of contractual obligations and quality standards. As a strategic commissioner we also take responsibility for working closely with and supporting GP practices to ensure service delivery continually improves and that they have in place processes to drive this continual improvement, including the adoption and sharing of innovation³².

We work closely with NHS England and the Care Quality Commission (CQC) to be assured that the quality of our general practice services continue to improve and, to oversee practices we have a Local Quality in Primary Care Group which utilises a Primary Care Quality Dashboard to identify practices that may need support or guidance. The group is accountable to the Primary Care Commissioning Committee which has responsibility for the commissioning of general practice services.

The dashboard, developed over the last two years, contains key contractual and statutory compliance data about each practice; this way we can gain a holistic picture about current performance. However, data is only one part of the picture. We also consider softer intelligence gained through engagement with our practices to determine if there are any circumstances which explain highlighted performance, such as staff shortages or specific demographic explanations.

We also provide specific support to our practices following unfavourable CQC inspections and have supported all of our practices rated as 'Inadequate' to be taken out of special measures with the CQC – furthermore we have held specific training events with practices to assist them in the requirements and expectations of the CQC, which has proven successful in reducing the number of practices requiring additional support. We now have one practice that is rated 'Outstanding', 38 practices that are rated as 'Good' and one practice that is rated as 'Requires Improvement'.

Resilience

The GP Resilience Programme was amongst the first programmes implemented by NHS England in 2016/17 as part of the GPFV; it was designed to support practices to be more resilient thereby ensuring sustainability. The programme, which is still ongoing, invites practices to bid for funding to allow them to access from a menu of support; this menu ranges from helping to stabilise practices at risk of closure through to more

³² NHS Sunderland CCG's Quality Strategy 2018-2021

transformational support, including, if appropriate, helping practices to explore new models of care, including:

- Diagnostic services to quickly identify areas for improvement support;
- Specialist advice and guidance e.g. human resources, IT;
- Coaching/supervision/mentorship;
- Practice Management capacity support;
- Rapid intervention and management support for practices at risk of closure;
- Co-ordinated support to help practices struggling with workforce issues;
- Change management and improvement support to individual practices or group of practices.

Within Sunderland we have had three practices in 2016/17, two practices and a city-wide bid in 2017/18 and three practices in 2018/19 that have successfully requested and been granted support since the programme's commencement.

To provide further support, we implemented a local resilience fund to support those practices that were not successful in obtaining funds via the national programme; this has resulted in further investment in 13 practices since the local fund was introduced in 2017/18.

Productive Workflows

This initiative was introduced as part of the GPFV and introduces new ways of working to enable staff to work more effectively, including document management systems. We have implemented patient check-in screens in all 40 practices which allow patients to check in when they attend the GP practice; it can also collect information to support friends and family test (FFT) responses and Quality and Outcomes Framework indicators (QOF). Sunderland has also implemented GPTeamnet across all 40 practices which allows practices to share information both within their practice and across both localities and the CCG as a whole.

There are also five practices in Sunderland which have access to Surgery Pods; these allow patients to take height, weight and BP in the waiting area and the information feeds back into the clinical system.

We have implemented a Correspondence Management initiative within 31 practices which aims to reduce the volume of paperwork dealt with directly by GPs by ensuring actions from incoming correspondence are dealt with by the most appropriate person in the practice. This is facilitated by providing funding for additional training for clerical staff, and relevant protocols, in order for them to support GPs in clinical administration tasks. All incoming correspondence about patients from hospitals is processed by a member of the clerical team by following protocols developed in-house and refined through continuous improvement.

The Quality Premium

We first introduced the Quality Premium (QP) in 2017/18 as a result of merging the funding realised from the PMS review³³, Directed Enhanced Services³⁴ and Local Enhanced Services/Incentive Schemes³⁵. The funding was utilised to develop one scheme to incorporate key indicators that could be delivered in general practice with the aim that it increased capacity and saved some practice staff time as well as giving certainty to what had been historically annual funding and contracts. This thereby reduced bureaucracy associated with claiming different sources of funding, whilst also rewarding practices for achieving key clinical priorities. The QP is split into 3 areas:

- 70% indicators - these are indicators that are a 'must-do' for participating in the scheme and are not performance monitored;
- 30% indicators - these are indicators which are monitored and funding is based on performance against key targets;
- QP+ - these are areas that are activity based.

The scheme utilises recurrent funding and is assessed on an annual basis to determine which indicators are to be included, amended or resigned. All practices signed up to participate in the QP in 2017/18 and in 2018/19.

Medicines Optimisation – Support for Practices

Since 2015, practices have realised the benefit of a CCG-based Medicines Optimisation Team whose aim it has been to improve patient care and safety and improve the cost effective use of medicines in Sunderland.

We have worked with stakeholders across the Sunderland health care economy to develop a joint formulary of medicines and therapeutic guidelines for use across primary and secondary care, with the aim of standardising treatment and reducing variation. We have also implemented a safety review and taken actions to ensure shared care drug monitoring is adequate. We have committed to reviewing and implementing a safer system of managing shared care drugs going forward. We are currently working with partners in NHS South Tyneside CCG to develop a formulary and harmonise guidelines across both CCGs.

The formulary is published on a website and implemented primarily through OptimiseRx³⁶ which delivers messages to prescribers at the point of prescribing. It will also be populated within EMISweb. Formulary compliance is monitored and practices receive reports to support safe and cost-effective prescribing.

Treatment guidelines that have been developed to date include Type II Diabetes, Asthma and COPD, Atrial Fibrillation and Headache. Cost-effective prescribing guidelines for

³³ A review by NHS England of the contract and funding mechanism of practices with PMS agreements

³⁴ Services commissioned by NHS England, over and above core contracted services which every Practice is eligible to deliver for extra funding

³⁵ Services commissioned by the CCG, over and above core contracted and Directed Enhanced Services which every Practice in Sunderland is eligible to deliver for extra funding

³⁶ <https://medicines.necsu.nhs.uk/optimize-rx-support-information/>

emollients, treatment of dry eyes and stoma appliances and accessories have also been developed.

A key priority over the last four years has been to improve antimicrobial stewardship within Sunderland. Through a range of measures, we have supported Sunderland prescribers to reduce inappropriate antibiotic prescribing and have achieved significant reductions with around 28,000 fewer prescriptions for antibiotics written in the twelve months to Feb 2019, than in the twelve months to Feb 15. These measures include:

- The development and promotion of antimicrobial prescribing guidelines;
- Provision of self-care and safety netting materials;
- The commissioning of campaigns to promote behaviour change in patients
- Providing access to funded point of care C-Reactive Protein testing for upper respiratory tract infections.

During the same period the percentage of higher risk broad spectrum antibiotics has also reduced from 10.6% to 9.2%. This led to the achievement of the National Antibiotic Guardian Award in 2018 for the work on point of care testing.

We also commission Medicines Optimisation Support Teams to ensure practices are supported to implement medicines optimisation initiatives. In addition to Practice support, medicines optimisation support to care homes has also been commissioned; this is an initiative which is now being rolled out by NHS England. The service provides holistic medication reviews to complex patients in care homes and also those patients who are identified as being vulnerable housebound patients.

We commission a number of other specialists to support medicines optimisation in general practice. This includes a Community Diabetes Nurse to review and optimise treatment of patients with Type II Diabetes, a Care Home Dietitian service to improve nutrition and quality of life for patients in care homes and a Community Stoma Review service.

To reduce unnecessary waste and ease pressure in general practice associated with the prescribing of wound dressings, we have worked with our tissue viability colleagues in community services to introduce on-line ordering. We will investigate this method for obtaining other non-drug items that are traditionally supplied on prescription over the coming months.

We have implemented a wide range of additional productivity initiatives to ensure best value for money for the NHS, providing support for practices via the Practice Pharmacist teams and encouraging engagement by offering practices a share of efficiency savings to reinvest in patient care. In the last financial year, prescribing costs were £3 million less than in 2015.

We engage with practices through regular prescribing reports, allowing benchmarking and monitoring of progress and we have recently started to offer practice visits to discuss

prescribing. We also produce a monthly newsletter, 'Medicines Safety Net', to highlight new guidelines, evidence and patient safety issues.

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Appendix 2 - List of Key Stakeholders

All GP practices in Sunderland
CCG personnel
Sunderland Local Medical Committee
All Together Better Executive
Sunderland City Council
South Tyneside and Sunderland NHS Foundation Trust
Sunderland GP Alliance

DRAFT

Appendix 3 - Key to practices

Marker	Name
1	DEERNESS PARK MEDICAL GROUP
2	DR BHATE SURGERY
3	HETTON GROUP PRACTICE
4	VILLETTE SURGERY
5	WEAR SIDE MEDICAL PRACTICE - PALLION
6	PALLION FAMILY PRACTICE
7	RED HOUSE MEDICAL CENTRE
8	HERRINGTON MEDICAL CENTRE
9	DR STEPHENSON & PARTNERS
10	JOSHI NA
11	GALLERIES MEDICAL PRACTICE
12	THE NEW CITY MEDICAL GROUP
13	FULWELL MEDICAL CENTRE,
14	ST BEDE MEDICAL CENTRE
15	MILLFIELD MEDICAL GROUP
16	ASHBURN MEDICAL CENTRE
17	BRIDGE VIEW MEDICAL GROUP
18	THE OLD FORGE SURGERY
19	KEPIER MEDICAL PRACTICE
20	CONCORD MEDICAL PRACTICE
21	HOUGHTON MEDICAL GROUP,
22	THE BROADWAY MEDICAL PRACTICE
23	SUNDERLAND GP ALLIANCE MEDICAL PRACTICE
24	NEW WASHINGTON MEDICAL GROUP
25	SPRINGWELL MEDICAL GROUP
26	GRANGEWOOD SURGERY
27	WESTBOURNE MEDICAL GROUP
28	HYLTON MEDICAL GROUP
29	NEW SILKSWORTH MEDICAL PRACTICE
30	PARK LANE PRACTICE
31	SOUTHLANDS MEDICAL GROUP
32	CASTLETOWN MEDICAL CENTRE
33	MONKWEARMOUTH HEALTH CENTRE
34	HAPPY HOUSE SURGERY
35	DR. R. OBONNA
36	DR WEATHERHEAD & ASSOCIATES
37	SOUTH HYLTON SURGERY
38	RICKLETON MEDICAL CENTRE
39	I J HEALTHCARE
40	CHESTER SURGERY

Appendix 4 – Feedback from practices

What do you like in the current strategy?

Key Themes	Specific Areas
Workforce	<ul style="list-style-type: none"> • Career Start Scheme • Clinical Pharmacists in practice • Golden Hello Scheme • Healthcare Assistant Scheme • Community Matron input into MDT • Nurse training • TITO training and development sessions
Ways of Working	<ul style="list-style-type: none"> • Community Integrated Teams • Multi-disciplinary teams • Integration • MCP/ATB way of working • Recovery at Home • Care home alignment • Extended access • Out-of-hospital care
IT/digital and estates infrastructure	<ul style="list-style-type: none"> • EMIS community • Data sharing • Health pathways
Contractual/financial arrangements	<ul style="list-style-type: none"> • Resilience funding • Quality Premium
Prevention and Self-care	<ul style="list-style-type: none"> • Self-care programmes • Age UK

What do you need to improve General Practice?

Key Themes	Specific Areas
Workforce	<ul style="list-style-type: none"> • Training of the workforce, including IT training • Training hubs • Training practices and GP Trainers • Workforce including diversity of skill mix <ul style="list-style-type: none"> ○ Clinical pharmacists ○ Health visitors ○ Care co-ordinators in practice ○ CPN/Mental Health Practitioners in practice ○ Paramedics ○ School nurses ○ Safeguarding co-ordinators • Succession planning

Key Themes	Specific Areas
	<ul style="list-style-type: none"> • Practice development • Links with University of Sunderland • Workforce strategy • Retention of retiring GPs
Ways of Working	<ul style="list-style-type: none"> • Specialist hubs • Community services • Responsive support • Spirometry hub • Sharing staff in a hub setting • Collaboration between teams • Networks of staff
IT/digital and estates infrastructure	<ul style="list-style-type: none"> • Estates funding to be clarified • Resolution of NHSPS lease cost disputes • Faster and robust IT • Interoperability • IT sharing across secondary and primary care • Digitalisation
Contractual/financial arrangements	<ul style="list-style-type: none"> • Decrease costs of primary care • Winter pressures funding recurrently • Local Authority contracts to be improved
Prevention and Self-care	<ul style="list-style-type: none"> • Social prescribing • Focus on Prevention • Patient education • Improved self-care arrangements • Navigators to support benefits appeals • Health promotion services
Communication	<ul style="list-style-type: none"> • Consistent messages • Reduced bureaucracy • Improved relationships with primary care • Extended Access standard protocols • Secondary care protocols
Specific Clinical Areas	<ul style="list-style-type: none"> • Access to IAPT • Better Mental Health provision in community • Prescribing issues resolution • Pharmacy dispensing of hospital scripts • Treatment rooms • Working with Out of Hours • Care home reviews • Recovery at home prescribing • Cognitive Behaviour Therapy in schools • Shared care across boundaries • Allied Health Professionals to make referrals

Key Themes	Specific Areas
	<ul style="list-style-type: none"> Support for complex care home patients

What do you need more / less of?

MORE	
Key Themes	Specific Areas
Workforce	<ul style="list-style-type: none"> Training of the workforce, including IT training, contraception training and issue resolution training Training hubs Formal links to training GP Trainers Workforce including diversity of skill mix <ul style="list-style-type: none"> Nurses and Nurse Associates Clinical Pharmacists Mental Health Practitioners Paramedics Medical Assistants Consultant based in primary care GP Choices Support bank for all staff Group appraisal
Ways of working	<ul style="list-style-type: none"> Hub working and networks Public health links Social care input Remote working for some staff Capacity Child protection reports centrally written
IT/digital and estates infrastructure	<ul style="list-style-type: none"> Robust IT/local IT technician Shared IT systems GP Team net expansion Estates strategy to be developed and implemented
Contractual/financial arrangements	<ul style="list-style-type: none"> Recurrent investment rather than non-recurrent spend Winter schemes to be recurrent to support increased demand
Prevention and Self-care	<ul style="list-style-type: none"> Self-care programmes Prevention programmes Patient education

MORE	
Key Themes	Specific Areas
Communication	<ul style="list-style-type: none"> • Standard policies and templates • Advice and guidance/helpline • Communication and engagement • Improved correspondence from hospital • Newsletter • Clearer info about pilots/initiatives • 111 protocols
Specific Clinical Areas	<ul style="list-style-type: none"> • Mental health services • Treatment rooms • Extended access • Medication review • Over The Counter scheme • Opioid/CBT • Easier patient pathway
LESS	
	<ul style="list-style-type: none"> • Bureaucracy

What would you want the future to look like?

Key Themes	Specific Areas
Workforce	<ul style="list-style-type: none"> • More staff <ul style="list-style-type: none"> ○ Health Visitors ○ Personal trainers ○ Nurses and Nurse Associates ○ Clinical Pharmacists ○ Mental Health Practitioners ○ Paramedics ○ Medical Assistants ○ Consultant based in primary care • More time for staff to do tasks • Workforce strategy • More training practices • Training hubs and access to training • Collaboration with University of Sunderland • Career Start for GPs

Key Themes	Specific Areas
Ways of working	<ul style="list-style-type: none"> • Central hub to access support • Collaboration • Integration with the community • Links with Public Health and Social Workers • Pharmacist in care homes • Mental Health Hub / Practitioner • Shared resources i.e back office functions • Mobile workforce • Working across multiple sites • Health and social care complimenting each other • Sure start programme • Social prescribing drop in service • Young people's services • Safeguarding network
IT/digital and estates infrastructure	<ul style="list-style-type: none"> • Better and faster IT/interoperability • Better use of E-consult • Evaluation of Steps to Health • Data sharing • Central telephone triage • Patient records to be viewed • Localised apps • Use of IT • More room
Prevention and Self-care	<ul style="list-style-type: none"> • Self-care promotion and practitioners • Self-care in schools
Communication	<ul style="list-style-type: none"> • Manage patient expectation • Responsibility for information • Effective signposting
Specific Clinical Areas	<ul style="list-style-type: none"> • Minor Injuries Unit in Washington • Planning support for CQC inspections • Improved pathways • GP on the day/access • Appropriate transfer from secondary to primary care • 15 minute appointments • Appropriate 111 referrals • Self-referral service to physiotherapy • Mental health, alcohol and SMS patient treatment advice service

What do you think are the top 3 priorities?

Key Themes	Specific Areas
Workforce	<ul style="list-style-type: none"> • Training and education • Workforce <ul style="list-style-type: none"> ○ Nurses and Nurse Associates ○ Clinical Pharmacists ○ Mental Health Practitioners ○ Paramedics ○ Medical Assistants/ PA ○ Consultant based in primary care ○ Social Prescribers ○ Health Champions • Career Start GP and Practice Nurse Schemes
Ways of working	<ul style="list-style-type: none"> • Further Integration/Community Integrated Teams • Recovery at Home Roll Out and development • Improved links with public health • Community hub development • Self-referral to physiotherapy • Mental health links in practices • Improved Shared care arrangements/support • GP Practice not first port of call
IT/digital and estates infrastructure	<ul style="list-style-type: none"> • Estates • IT services • DOS for all services
Contractual/financial arrangements	<ul style="list-style-type: none"> • Out-of-hospital care to come with appropriate funding • Recurrent funding and less non-recurrent
Prevention and Self-care	<ul style="list-style-type: none"> • Self-care promotion and prevention • Self-care in schools
Communication	<ul style="list-style-type: none"> • Signposting for administrative staff
Specific Clinical Areas	<ul style="list-style-type: none"> • Improve existing services • Patient access • Social prescribing • Standardised policies to support with CQC

SUNDERLAND CCG IMPROVEMENT AND ASSESSMENT FRAMEWORK

REPORT OF THE CHIEF OFFICER SUNDERLAND CLINICAL COMMISSIONING GROUP

1. PURPOSE OF THE REPORT

- 1.1 To provide the Committee with performance information for Sunderland CCG, including national comparisons and indicators of a regional and national interest.

2. BACKGROUND

- 2.1 The CCG Improvement and Assessment Framework (IAF) became effective from 1st April 2016, replacing the existing 2015/16 CCG Assurance Framework.
- 2.2 The new CCG IAF has four domains as follows:
- Better Health
 - Better Care
 - Sustainability
 - Leadership
- 2.3 Performance is rated against each standard/indicator in the domains, ratings in the six clinical priority areas. Currently Sunderland CCG is rated as Outstanding.

3. CURRENT POSITION

- 3.1 The attached presentation provides an overview of the performance of Sunderland CCG against the Improvement and Assessment Framework and includes:
- CCG Improvement and Assessment Framework (IAF)
 - National comparison
 - Indicators of national and regional interest

4 RECOMMENDATION

- 4.1 The Scrutiny Committee is recommended to consider and comment on the information provided in the presentation.

Contact Officer: Deb Cornell - Head of Corporate Affairs
Sunderland Clinical Commissioning Group

NHS Sunderland CCG

CCG Improvement and Assessment Framework Update

4th September 2019



Agenda

- CCG Improvement and Assessment Framework (IAF)
- National comparison
- Indicators of national and regional interest
 - Based on national and regional priorities and expectations of regulators
- Questions



Background to CCG Assurance

- The CCG Improvement and Assessment Framework (IAF) became effective from 1st April 2016, replacing the existing 2015/16 CCG Assurance Framework
- The CCG IAF mirrors the Five Year Forward View aims:
 - Better health for their local populations
 - Better care for patients
 - Better value for the tax payer
 - (and adds a focus on leadership)
- The new CCG IAF has four domains, including the triple aim from the Five Year Forward View and STPs:
 - Better Health
 - Better Care
 - Sustainability
 - Leadership
- Annual refreshes with changes to indicators based on national policy changes

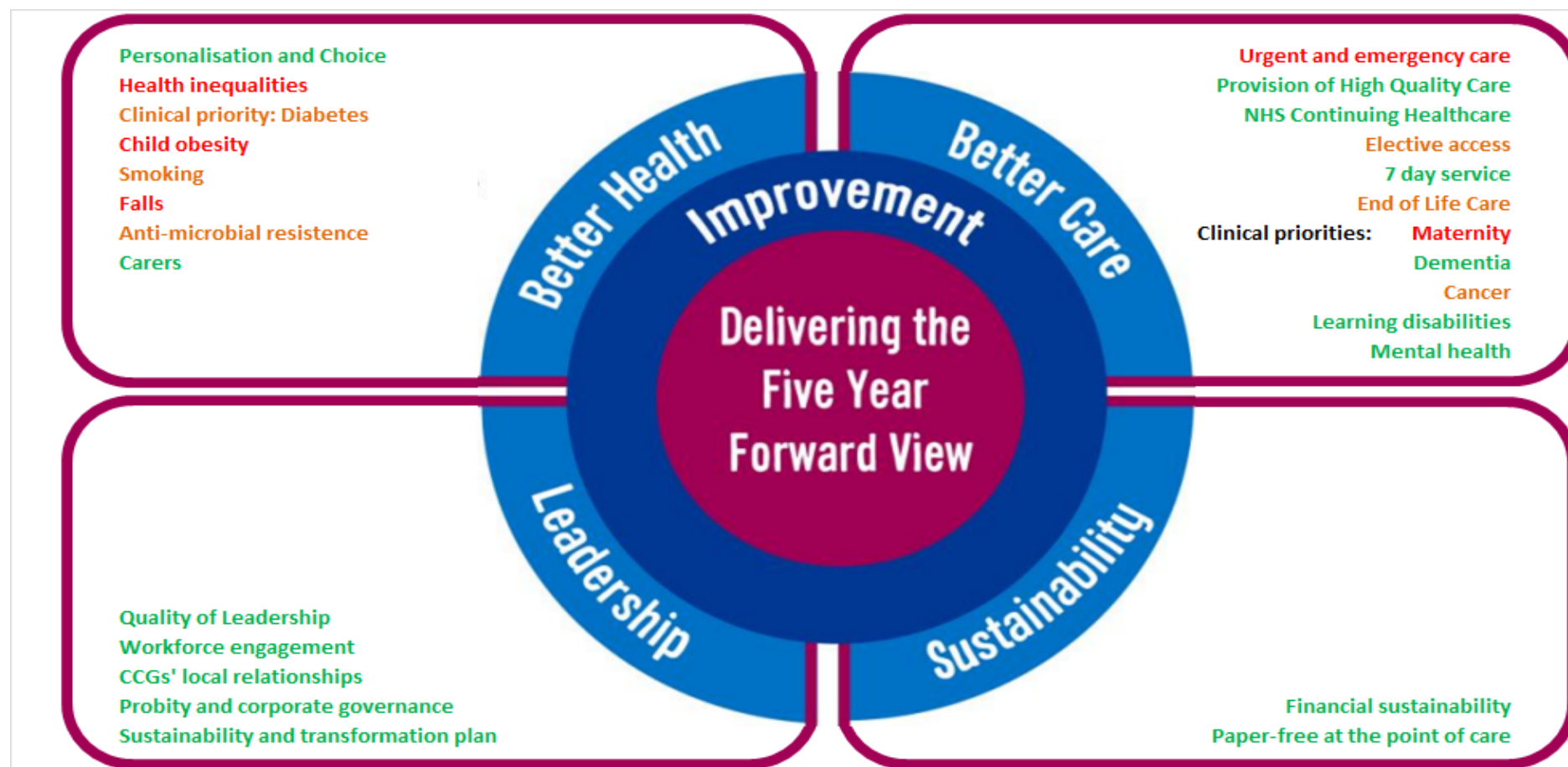


Background to CCG Assurance

- No in-year overall or domain ratings: overall rating at year end
- Overall Ofsted style ratings at the end of each year
 - Outstanding
 - Good
 - Requires improvement
 - Inadequate
- Overall rating derived from:
 - Performance against each standard/indicator in the domains, ratings in the six clinical priority areas and regional team view
 - Results of 60+ CCG IAF indicators published quarterly on MyNHS: www.nhs.uk/mynhs
- 2018/19 SCCG rated **Outstanding** overall for the third year running



SCCG IAF Risk Assessment



National comparison

- Better health (9 indicators)
 - Best quartile in England for 1 indicator
 - Personal health budgets
 - Bottom quartile in England for 4 indicators
 - Childhood obesity
 - Emergency admissions for ambulatory care sensitive conditions
 - Appropriate prescribing for antibiotics
 - Diabetes structured education course
- Sustainability (2 indicators)
 - In year financial performance and use of the NHS e-Referrals Service (previously choose and book). Both rated good.
- Leadership (6 indicators)
 - Comparable national performance for all indicators and fully compliant for probity and corporate governance and quality of CCG leadership



National comparison

- Better care (35 indicators)
 - Best quartile in England for 10 indicators
 - Cancer patient experience
 - Mental health early intervention psychosis (EIP)
 - Delayed transfers of care
 - Neonatal mortality and still births & experience of maternity services
 - Referral to treatment (RTT)
 - Primary care access and provision of high quality care (hospital)
 - Completeness of GP learning disabilities register
 - Achievement of clinical standards (7 day services)
 - Bottom quartile in England for 10 indicators
 - Cancer diagnosis at early stage and one year survival from cancer
 - Smoking at time of delivery and choice in maternity
 - Emergency admissions for urgent sensitive conditions
 - End of life care (emergency admissions in last 3 months of life)
 - Learning disability specialist inpatient care and annual health check
 - Mental health data robustness and IAPT recovery
- Remaining indicators comparable to England



Indicators of national and regional interest

- Accident and emergency (A&E) four hour wait
 - Definition
 - National standard **95%** of patients to be seen, treated and discharged from A&E (and other urgent care facilities within **four** hours)
 - Sunderland system performance better than national performance but one of the lowest in the region
 - Current pressures
 - Volume of minor illness patients self presenting into Sunderland Royal Hospital (SRH) and increased ambulance arrivals into SRH
 - Hospital use of other dispositions and streaming e.g. extended access
 - Recovery/action plan
 - Urgent care transformation programme led by ATB programme 4
 - Increased provision of GP extended access at UTC Dec 1st
 - Multi agency system wide action plan from the “perfect system” project



Indicators of national and regional interest

- Referral to Treatment (RTT) and volume of patients on a waiting list

- Definition

- Locally agreed expectation that waiting lists and waiting times do not increase in 2019/20 (agreed with NHS England/Improvement)

- Current pressures

- Increased demand into a number of key pressure areas such as orthopaedics, rheumatology and dermatology
- Lack of capacity and consultant availability due to workforce pressures and changes in consultant pensions

- Recovery/action plan

- Implementation of a single point of access for musculoskeletal (MSK) GP Dermatology transformation programme implementing new pathways and enhancing the community service in Sunderland
- Additional capacity sourced from the Independent Sector
- expected to be commence October'19



Indicators of national and regional interest

- Ambulance Response Times

- Definition

- Four categories of response ranging from life threatening to less urgent calls
 - North East Ambulance Service (NEAS) a good performer overall nationally BUT at a local level, significant variation in performance with Sunderland one of the lowest in the region

- Current pressures

- Volume of 999 calls in the Sunderland patch increasing
 - Ambulance handover delays at SRH which impacts on vehicles responding to incidents

- Recovery/action plan

- National work around hospital handovers commissioned and led by the Emergency Care Improvement Team (ECIP)
 - NEAS transformation plan with increased funding for crews and vehicles which also includes improvements to rostering
 - Specific actions from the “perfect system” for NEAS



Summary

- Sunderland CCG rated as outstanding for 2018/19, third succeed year
 - A lot of areas of good practice/strength e.g. dementia, learning disabilities and mental health
- A number of pressures consistent with previous years and system pressures e.g. use of urgent care system, childhood obesity
- Key action plans are in place to help mitigate the risks and overarching ICS plan being developed to the deliver the LTP requirements
- Key transformation programmes in place to **improve outcomes** for patients and **deliver** national standards such as urgent care, pathway development, engagement with general practice, providers and other stakeholders.



HEALTH & WELLBEING SCRUTINY COMMITTEE

4 SEPTEMBER 2019

ANNUAL WORK PROGRAMME 2019-20

REPORT OF THE STRATEGIC DIRECTOR OF PEOPLE, COMMUNICATIONS AND PARTNERSHIPS

1. PURPOSE OF THE REPORT

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

2. Background

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

3. Current position

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

4. Conclusion

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

5 Recommendation

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

6. Glossary

n/a

Contact Officer: Nigel Cummings, Scrutiny Officer
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HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2019-20

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

Items to be scheduled

NOTICE OF KEY DECISIONS

REPORT OF THE STRATEGIC DIRECTOR OF PEOPLE, COMMUNICATIONS AND PARTNERSHIPS

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28-day period from 19 August 2019.

2. BACKGROUND INFORMATION

- 2.1 Holding the Executive to account is one of the main functions of Scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Notice of Key Decisions) and deciding whether Scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.2 To this end, the most recent version of the Executive's Notice of Key Decisions is included on the agenda of this Committee. The Notice of Key Decisions for the 28-day period from 19 August 2019 is attached marked **Appendix 1**.

3. CURRENT POSITION

- 3.1 In considering the Notice of Key Decisions, Members are asked to consider only those issues where the Scrutiny Committee or relevant Scrutiny Panel could make a contribution which would add value prior to the decision being taken.
- 3.2 In the event of Members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions for the 28-day period from 19 August 2019 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
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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
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 from 17 September to 31 December 2019.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190725/374	To approve implementation of the road repair and upgrade works, as part of the overall Port of Sunderland Enterprise Zone project, which is included in the Capital Programme 2019/20 – 2022/23.	Cabinet	Y	17 September 2019	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190813/375	To approve the Joint Protocol between Sunderland City Council and Together for Children, for the prevention of homelessness and provision of suitable accommodation for 16–17 year olds.	Cabinet	Y	17 September 2019	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190813/376	To agree the contract for the Operation of Beach Street Household Waste and Recycling Centre and Development of Replacement Facility.	Cabinet	Y	17 September 2019	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190813/377	<p>To</p> <ul style="list-style-type: none"> receive information relating to, and seek a decision on the proposal to commence the statutory processes required to increase the capacity of Willow Fields Primary School and St Paul's CE VC Primary School and; authorise the Executive Director of Neighbourhoods to procure capital works required for a new build primary school (Willow Fields Primary School) and extensions at Benedict Biscop Primary and St Paul's CE VC Primary School. 	Cabinet	Y	17 September 2019	N	Not applicable.	Cabinet report	<p>Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN</p> <p>committees@sunderland.gov.uk</p>

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
190813/378	To give approval to publish Sunderland City Council's Energy Company Obligation 3 Flexible Energy (ECO 3 Flex) Sunderland Statement of Intent, and to agree to the appointment of a single local provider to manage delivery of the ECO Flex Scheme within Sunderland.	Cabinet	Y	17 September 2019	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190813/379	To approve joint commissioning with Sunderland Clinical Commissioning Group of health input to the Initial Contact and Referral Team through the 0-19 Public Health Service.	Cabinet	Y	17 September 2019	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190815/382	To seek approval of a procurement process for the provision of a Security Guarding Contract for Council premises and related services	Cabinet	Y	17 September 2019	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190816/383	To seek approval for the payment of financial assistance to a Sunderland based company in relation to the company's own investment plans	Cabinet	Y	During the period 17 September to 31 October 2019	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
181024/312	To approve the Final Business Case in relation to the development of a Regional Adoption Agency and agree next steps leading up to the establishment of the Regional Adoption Agency.	Cabinet	Y	During the period from 15 October to 31 December 2019.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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190304/344	To consider investment partner proposals for the funding of office and other developments on the Vaux site.	Cabinet	Y	During the period from 15 October to 31 December 2019.	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190522/360	To consider a proposal to recommend Council to agree an amendment to the Budget and Policy Framework to enter into a potential financial arrangement with a local organisation.	Cabinet	Y	During the period from 15 October to 31 December 2019.	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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190813/380	To seek approval to develop a strategic framework and action plan to enable the development of more resilient communities, including a more vibrant Social Enterprise sector.	Cabinet	Y	15 October 2019	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190114/325	To procure a contractor to undertake works at Jacky Whites Market.	Cabinet	Y	15 October 2019	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190813/381	To seek Cabinet agreement for the level of investment and neighbourhood delivery model for first tier welfare rights advice provision for the period 1 April 2020 to 31 March 2023.	Cabinet	Y	15 October 2019	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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190521/358	To approve and make a capital contribution to Phase 4 of the Bridges comprising the redevelopment of the former Crowtree Ice Rink building to provide a new leisure use.	Cabinet	Y	10 December 2019	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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

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Who will decide;

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

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

Elaine Waugh,
Assistant Director of Law and Governance

19 August 2019