

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

**Present:-**

Councillor Dixon in the Chair

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

Also in attendance:-

Mr Nigel Cummings, Scrutiny Officer, Sunderland City Council

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

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

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

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

**Apologies for Absence**

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

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

**Minutes of the last meeting of the Committee**

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 31<sup>st</sup> January, 2018 (copy circulated) be confirmed and signed as a correct record.

**Declarations of Interest (including Whipping Declarations)**

There were no declarations of interest made.

**Update on Improving Urgent Care in Sunderland**

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

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

(For copy report – see original minutes).

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

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

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

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

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

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

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

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

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

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

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

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

### **Consideration of the Decision of South Tyneside and Sunderland Joint Health Scrutiny Committee to Refer the 'Path to Excellence' Decisions to the Secretary Of State for Health**

The Head of Member Support and Community Partnerships submitted a report (copy circulated) attaching for Members' information, the final formal response of the Joint Health Scrutiny Committee to the South Tyneside and Sunderland NHS Partnership Path to Excellence consultation, an indicative timetable for the local authority (s) referral process and the Department of Health outline protocol on receipt of a referral to the Secretary of State.

(For copy report – see original minutes).

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

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

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

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

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

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

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

## **Annual Report**

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

(For copy report – see original minutes)

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

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

## **Annual Work Programme 2017/18**

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

(For copy report – see original minutes).

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

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

### **Notice of Key Decisions**

The Head of Member Support and Community Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from 28<sup>th</sup> March, 2018.

(For copy report – see original minutes).

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

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

(Signed) D. DIXON,  
Chairman.