

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 10th APRIL, 2019 at 5.30 p.m.

Present:-

Councillor D. Dixon in the Chair

Councillors Beck, Cunningham, Davison, Fletcher, Heron, Johnston, and McClennan.

Also in attendance:-

Ms Deborah Cornell – Head of Corporate Affairs, Sunderland Clinical Commissioning Group

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

Mr Nigel Cummings – Scrutiny Officer, Sunderland City Council

Mr David Gallagher – Chief Officer, Sunderland Clinical Commissioning Group

Mr David Noon – 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 and N. MacKnight.

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 14th March, 2019 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Ambulance Response Standards

The Chairman welcomed and introduced Mr Mark Cotton, Assistant Director of Communications, North East Ambulance Service (NEAS) who provided the Committee with a detailed presentation covering a wide range of issues including:

- New response performance standards;
- Capacity and Demand Review; and

- Ambulance future resourcing.

Mr Cotton also drew members attention to their agenda packs which included a comprehensive report to show performance data in more detail across the whole Trust service area and more specifically in relation to the Sunderland CCG area.

(for copy report and presentation – see original minutes)

The Chair referred to the proposals to create additional capacity to bridge the perceived gap in resources required to deliver the new performance targets and questioned if the figure regarding the reduction in abstractions was realistic. Mr Cotton replied that this would be depended upon getting the correct relief rates built into the rotas, harmonising processes and making relief consistent across all stations. There was also a need to tackle sickness rates and find a reduction to 5% from the current 6%.

In response to an enquiry from the Chair, Mr Cotton outlined the following targets in relation to response times:-

Category one (for calls about people with life-threatening injuries and illnesses). These will be responded to in an average time of seven minutes.

Category two (for emergency calls). These will be responded to in an average time of 18 minutes.

Category three (for urgent calls). These types of calls will be responded to at least 9 out of 10 times within 120 minutes.

Category four (for less urgent calls eg where you may be given advice over the telephone or referred to another service such as a GP or pharmacist). These calls will be responded to at least 9 out of 10 times within 180 minutes.

In response to an enquiry from the Chair regarding when the clock started ticking in relation to the measurement of the response, Mr Cotton advised that in respect of Cat. 1 calls this was 30 seconds after the call was connected for the other three categories this was 4 minutes from the point of call.

Councillor Davison expressed concern about the 111 system regarding the time taken to answer calls and she was curious as to the number of calls being abandoned, she queried the 30 minute turn round time for ambulance crews especially if they had been responding to a traumatic case and questioned whether the service would have the necessary number of vehicles to cover the proposed changes to staff rotas. Mr Cotton replied that with regard to traumatic cases if standby time was required for staff counselling etc this was provided and the clock would be stopped. The vehicle / staffing requirements had been modelled and sufficient vehicles were available. Consultations on the new rotas had been on going since January. NEAS had been very proud to win the 111 contract in 2018 and Mr Cotton contended that 97-98% of calls were answered in time which was above the performance target of 95%. He was aware of the criticism of the service as being assessment via telephone however the service now had clinicians such as GPs and Consultants in the call centre to assist with triage and there was no evidence that

that anyone had ever been referred into the wrong service. The presence of clinicians in many cases had prevented the unnecessary dispatch of ambulances.

Councillor McClennan referred to the presence of clinicians in the 111 call centre and questioned whether it took them away from their day jobs. She also asked if they were paid agency rates for this work or whether it was part of their normal salary. Mr Cotton advised that the presence of the clinicians in the room assisted in the 'day job' because if they weren't there, hospital admissions would increase thereby increasing the clinicians' work load. Mr Cotton believed that the clinicians salaries covered this work rather than them receiving agency rates however he would check if this was the case and report back to the Committee.

In response to an enquiry from Councillor McClennan regarding major incident planning in respect of the Port, Mr Cotton advised that coincidentally an assessment had just been carried that very day. NEAS had specific emergency planning and business continuity teams and processes were tested regularly.

The Chairman referred to the move away from the dispatch of Rapid Response Vehicles towards an increased use of Double Crewed Ambulances across the region and asked Mr Cotton if he could explain the reasoning and rationale behind this. Mr Cotton explained that for the purpose of performance measurement, under the old system a Rapid Response Vehicle could be dispatched and the clock would stop at the point it arrived at the scene. This was irrespective of whether it was the right vehicle to respond or not. For example it would be fine if the patient had suffered a heart attack however it would be inappropriate if the victim had suffered a stroke where a Double Crewed Ambulance would be needed.

In response to an enquiry from Councillor McClennan, Mr Cotton advised that the additional investment from the CCG to assist in funding the changes required to achieve the new standards amounted to £10.4m over a period of 4 years. In response to a further enquiry from Councillor McClennan, Mr Gallagher stated that for the purposes of clarity, the funding was secured and signed into the contract.

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

2. RESOLVED that the report and presentation be received and noted

Sunderland Urgent Care Strategy Mobilisation Update

The Executive Director of Nursing, Quality and Safety, Sunderland Clinical Commissioning Group which provided the Committee with an update on the delivery of the new Urgent Care Model for Sunderland.

(For copy report – see original minutes)

Mr Gallagher, Chief Officer, presented the report which hoped members had found self-explanatory. He stated that as members would be aware following the period of public consultation, the CCG had agreed to make a number of changes to its plans in response to comments from patients, including offering minor injuries services by

appointment at the extended access services in Houghton and Washington as well as the Urgent Treatment Centre in Pallion as originally proposed.

The CCG was also taking a closer look at concerns about parking and reception facilities at Pallion and as a result, had now arranged to delay the changes to urgent care services in Sunderland so that the local NHS can take extra steps to address these issues. This had been discussed and agreed by all partners involved in the urgent care system. This extension would ensure mobilisation of the new model is undertaken safely and communicated effectively to the public and all stakeholders within a reasonable timeframe. As a result, the changes to urgent care services would now take place on 1 August 2019 instead of 1 April as planned. Urgent care services would therefore continue in their current form until 31 July 2019.

Mr Gallagher advised that key to this was the planned detailed communications campaign taking place across all services and media that was ongoing and would continue throughout implementation to hopefully minimise confusion ensure everyone from service users to staff knew what would be happening come 1st August.

Councillor Heron stated that this was important as a previously published echo article had appeared to confuse the public regarding the provision of services in Houghton and Washington. Mr Gallagher thanked Councillor Heron for the information which stated was very useful. He would ensure that the communications regarding the local aspects of the service changes were ramped up.

In response to an enquiry from Councillor Davison regarding what provision would be made for patients who were unable to self-medicate via the 111 service, Mr Gallagher advised that he would investigate and report back.

In response to an enquiry from the Chair, Mr Gallagher confirmed that the membership of the Urgent Care Mobilisation Group was as detailed in paragraph 2.3 of the report.

Councillor Cunningham thanked, Mr Gallagher and the CCG for their decision in deferring the implementation of the urgent care strategy until August and asked if there were details available regarding the parking works at Pallion. Mr Gallagher replied that he was unable to go into specifics at the present time but he would bring back details to the Committee as the scheme was developed.

The Chair referred to the availability of appointments and access to GPs at the health centres and asked if there were any issues. Mr Gallagher replied that hopefully there weren't any current issues. He was confident that the likelihood of any issues would lessen as the system ramped up. The system would be tested and closely monitored to ensure this.

Councillor Johnston referred to the 'perfect system project' and asked that investigations were made in respect of people calling from Washington and Houghton were unable to access the service. Councillor Heron also asked that 111 call handlers were made aware of the availability of the service at Houghton as in some cases callers were being told that there was no service there and they would have to attend Pallion.

The Chairman referred to dialogue with bus companies over the urgent care proposals. He asked that if there was a transport and travel group, would it be possible to have Scrutiny Committee involvement through elected member representation on the group. Mr Gallagher confirmed that there was and that representation from an elected member would be very welcome.

The Chairman having thanked Mr Gallagher for his attendance, it was:-

3. RESOLVED that

Annual Work Programme 2018/19

The Director of People, Communications and Partnerships submitted a report (copy circulated) attaching for Members' information, the final work programme for the Committee's work to be undertaken during the 2018-19 Council year.

(for copy report – see original minutes)

4. RESOLVED that the work programme for the Committee's work undertaken during the 2018-19 Council year be 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 26 March, 2019.

(for copy report – see original minutes)

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

The Chairman then closed the meeting having thanked Members and Officers for their attendance and contributions over the course of the last municipal year.

(Signed) D. DIXON,
Chairman.