

**At a meeting of the HEALTH AND WELL-BEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY, 15<sup>th</sup> September, 2010 at 5.30 p.m.**

**Present:-**

Councillor P. Walker in the Chair

Councillors Fletcher, A. Hall, Maddison, Padgett, Shattock, D. Smith, Snowdon and N. Wright.

**Also in Attendance:-**

Councillor Speding	-	Portfolio Holder
Councillor Tate		
Karen Brown	-	Sunderland City Council
Nonnie Crawford	-	Director of Public Health
Victoria French	-	Sport, Wellness and Partnership Manager
Julie Gray	-	Head of Community Services
Carol Harries	-	City Hospitals Sunderland NHS Foundation Trust
Emma Hindmarsh	-	Sunderland City Council
Claire Harrison	-	Sunderland City Council
Graham King	-	Sunderland City Council
Karen Purvis	-	Sunderland City Council
Neil Revely		Sunderland City Council

**Apologies for Absence**

Apologies for absence were received on behalf of Councillors Chamberlin and Old.

**Minutes of the last Meeting of the Committee held on 9<sup>th</sup> June, 2010**

1. RESOLVED that the minutes of the meeting of the Committee held on 9<sup>th</sup> June, 2010 be confirmed and signed as correct record

**Declarations of Interest**

Item 4 – Response from Cabinet – Policy Review – Tackling Health Inequalities in Sunderland.

In accordance with Part 5 – [Part 2, Paragraph 11(b)] of the Council's Constitution, Councillor Speding declared a personal and prejudicial interest in the item as a

Member of the Cabinet and left the meeting having addressed questions from Members of the Committee in respect of their presentation and prior to any deliberation.

## **Policy Review – Tackling Health Inequalities in Sunderland**

The Executive Director of Health, Housing and Adult Services submitted a report (copy circulated) to provide feedback from the Cabinet meeting held on 24 June 2010, which considered the Health and Wellbeing Scrutiny Committee's Policy report into tackling health inequalities in Sunderland.

(For copy report – see original minutes)

The Chairman welcomed Mr Neil Revely, Executive Director of Health, Housing and Adult Services and Councillor Speding, Portfolio Holder for Healthy City to the Committee and invited them to present the report.

Mr Revely and Councillor Speding reported on the progress that had been made against each recommendation.

Councillor Shattock referred to the Handbook to be developed for Members and enquired how the Directorate would ensure that its availability was communicated and that issues of importance were addressed.

Councillor Shattock also advised that Members of the North Area Committee had been informed by a representative from the Salvation Army that requests for food parcels had gone up significantly recently and enquired whether the Directorate was aware of the situation.

Councillor Speding advised that the handbook would be brought to the Committee in draft form prior to it being published for comments. Mr. Revely advised that the handbook would be in the form of a pocket size aide memoir which was easily accessible. Briefings would be arranged for Members and Heads of Service (who would be asked to cascade the information to staff).

With regard to the food parcels, Mr Revely advised that concerns had been raised and were being looked into by the homelessness team.

Dr. Crawford advised that the results of the recent Marmot review had advised that a significant difference in health inequalities could be achieved during early years, employment and by tackling child poverty. The review provided evidence testifying to the importance of early years development and education as having a major impact on health. It urged too that employment, fair employment and decent working conditions were also major contributions to health and wellbeing. Therefore, some of the most important determinants of health and health inequalities were the wider 'upstream' determinants other than health including housing, education and employment offering real opportunities to improve health and reduce health gap. She advised that the progress report should be addressing these issues.

Mr Revely agreed that early years could make a sustainable difference to health outcomes.

2. RESOLVED that the proposed actions detailed within the Action Plan be noted

### **Care Quality Commission (CQC) –CQC Service Improvement Plan (Safeguarding Adults and Choice and Control for Older People)**

The Executive Director of Health, Housing and Adult Services submitted a report (copy circulated) to present to Members, the CQC Improvement Plan for Health, Housing and Adult Services following the Service Inspection that took place in January 2010.

(For copy report – see original minutes).

Mr. Neil Revely presented the report and informed Members of the current position in relation to the CQC Improvement Plan which set out 20 improvement areas detailing the specific actions and timeframes that had been identified as central to meeting the overall improvement areas.

Referring to the action for the Council to review advocacy arrangements and complete process of Commissioning Independent Advocacy Service for Older People and Dementia Advisory Service for people with more complex needs, Councillor Wright advised that there were many other examples of advocacy and asked Mr. Revely to provide feedback on the entire advocacy service available.

Mr. Revely advised that advocacy was a growing area particularly around safeguarding adults and services were being expanded.

Mr. King stated that the CQC inspection had made a number of recommendations around safeguarding. These included fuller engagement with health partners around multi agency safeguarding, a greater awareness raising of the availability of advocacy services and addressing the gaps in the range of advocacy services available.

Mr. King advised that if advocacy in Sunderland was better promoted there was concern that the service needed would not always be in place, therefore, the current arrangements would be reviewed and potentially re-commissioned and a tendering process would commence.

Councillor Wright was extremely pleased to receive the report and stated that the Directorate response to the Service Inspection recommendations was very good.

Mr. Revely stated that the Directorate had acted upon the recommendations immediately. He hoped the report was reassuring.

The Chairman commented that he was very pleased to see the progress that had been made and queried how the CQC would be following up on the recommendations.

Mr. Revely advised that the national team CQC had now been disbanded by the new Government.

Mr. King stated that under the old regime CQC would have returned in October. Although this was no longer a requirement, an informal meeting to demonstrate the work achieved following the initial inspection would still take place.

Councillor Shattock referred to Action 7 – Restructure Safeguarding Adults Team in light of expectations for improvements to make them more "fit for purpose" to environment and customer expectations, and questioned what the current structure was.

Mr. King advised that currently an alert came directly to the Safeguarding Team (Stage 1) and it was decided at that point if an Investigating Officer was needed (Stage 2). The Inspection Team advised that it was impossible for the Safeguarding Team to carry out the entire function given the volume of alerts received. Within the new structure the first alert would go to a social work team who would carry out the care manager function. If it was determined that the case needed to be taken further then the Safeguarding Team would become involved.

Mr. King informed the Committee that the Safeguarding Team had been strengthened by two further practitioner posts and a policy support officer. An independent Chairman had also recently been appointed for the Safeguarding Adults Board. Colin Morris, ex Chief Executive from Darlington PCT, was the successful candidate and he came with a wealth of experience.

The Chairman having thanked Mr. Revely for his report it was:-

3. RESOLVED that:-

- i) the CQC Improvement Plan be received and noted;
- ii) Members receive further updates on actions at future meetings.

### **Re Provision of Community Child and Adolescent Mental Health Services Across South of Tyne and Wear**

The Children's Lead for Commissioning, Sunderland Teaching Primary Care Trust submitted a report (copy circulated) to provide members with an update on progress to date in relation to the re provision of Child and Adolescent Mental Health (CAMH) and Learning Disability Services across South of Tyne and Wear.

(For copy report – see original minutes).

The Chairman welcomed Janette Sherratt, Head of Health Improvement, to the Committee and invited her to present the report.

Ms. Sherratt provided background to the report and the current position.

Councillor Fletcher enquired what happened to young people the day after their 18<sup>th</sup> birthday.

Ms. Sherratt advised that the transition of patients from child and adolescent to adult mental health services was carefully managed and for some children over the age of 18 there may need to be flexibility over the two services and joint working to resolve any complexities.

Councillor A. Hall enquired how children living with parents with mental health problems were supported and enquired whether CAMHS were able to provide support.

Ms. Sherratt advised that the issue was again about joint working with joint client group.

Dr. Crawford stated that there needed to be greater integration across the client groups and the safeguarding agenda for adults needed to be cross cutting with children – the family needed to be considered as a client group.

Dr. Crawford suggested that the Committee consider inviting the two independent Chairs from the Children and Adults Safeguarding Boards to respond to how they can work towards an integrated approach.

Councillor Wright raised concerns regarding where in the locality services would be provided. The Committee was concerned about the interests of the people of Sunderland and it was important to know if patients would be expected to travel to South Tyneside for services as this could be extremely distressing for them.

Ms. Sherratt advised that the CAMHS service would definitely exist in Sunderland, South Tyneside and Gateshead. Tier 4 services (services to meet the needs of children and young people with highly complex and severe mental health needs) could not be provided in all areas. Currently all tier 4 services were based at the Fleming Nuffield site, however, practitioners were able to physically come and work with other services. Tier 4 services accounted for less than 0.07% of services.

There would be a South of Tyne and Wear clinic for Autism, but at the current time it was unsure where it would be based. However, it should be borne in mind that there was a whole scale shift to localisation.

In response to a further question from Councillor Wright, Ms. Sherratt advised that there had been three public consultation events and two for children and young people. Special schools had also been consulted. Carers organisations had met with the PCT and had been included.

Having thanked Ms. Sherratt for her report it was:-

4. RESOLVED that the Committee be kept informed of the outcome of the consultation. .

### **Equity and Excellence: Liberating the NHS Summary and Consultation Questions on the Local Democratic Legitimacy in Health Proposals**

The Chief Executive submitted a report (copy circulated) to provide members with a summary of the 'Equity and excellence in health, liberating the NHS white paper' a summary of the consultation paper, 'Increasing democratic legitimacy in health', and to suggest a response to the consultation paper.

(For copy report – see original minutes).

Ms. Karen Brown presented the report and advised that at the informal meeting of the Scrutiny Committee held on 1<sup>st</sup> September, Members discussed the consultation paper and their comments were included in the report.

The Committee were asked to endorse the suggested response for submission as part of the consultation.

Ms. Brown advised that similar themes had emerged from the other regional health scrutiny committees.

Dr. Crawford made reference to the white paper proposal to establish health and wellbeing Boards and suggested that Members might want to consider and query how the Board would address children's issues given that the remit seems to be heavily weighted on adult social care.

Dr. Crawford also asked the Committee to consider the role of Cabinet Portfolio holders as elected Members on the Board and how it would be managed.

Dr. Crawford queried how the Board would address the five themed local strategic partnership areas and how the move from LINKs to Healthwatch would maximise the benefits of feedback effectively.

Ms. Harries stated that the LINK was concerned about the morph into Healthwatch in that that they would not have the necessary skills to fully engage in the new remit and providing the support within the complaints procedure.

The Chairman advised that the White Paper still had many grey areas and there were still many questions to be answered. He too was aware that the existing LINK had concerns about its capacity to be able to fulfil the crucial role of providing advocacy and support.

The Committee agreed that Dr. Nonnie Crawford's input was invaluable and agreed to include the following comments within the response.

- In a rapidly moving system there needed to be adequate representation on the Health and Wellbeing Boards and should include Elected Members from

all political parties and include the Director of Children's Services. However, the Board should not become too big otherwise its effectiveness would be diluted.

- GP Commissioning – how successfully will the NHS Commissioning Board engage with GPs to establish a comprehensive system to GP consortia and ensure they are on board to meet the new challenge of balancing patient centred care and population viewpoints

Dr. Crawford felt that the White Paper was travelling in the right direction but the speed was happening too quickly.

Having thanked Dr. Crawford for her input it was:-

5. RESOLVED that the Committee endorse the suggested response for submission to the Regional Health Scrutiny Committee.

### **Centre for Public Scrutiny 8<sup>th</sup> Annual Conference Feedback**

The Chief Executive submitted a report (copy circulated) provide the Committee with feedback from the Centre for Public Scrutiny (CfPS) 8<sup>th</sup> Annual Conference that was held on 30 June and 1 July 2010.

(For copy report – see original minutes).

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

### **Annual Work Programme 2010 - 11**

The Chief Executive submitted a report (copy circulated) for the Committee to receive an updated work programme for the 2010-11 Council year.

(For copy report – see original minutes).

The Chairman advised that he had requested a future report to be presented to the Committee regarding sexually transmitted infections.

7. RESOLVED that the Committee note the updated work programme.

### **Forward Plan – Key Decisions for the Period 1 July 2010 – 31 October 2010**

The Chief Executive submitted a report (copy circulated) to provide Members with an opportunity to consider the Executive's Forward Plan for the period 1 September – 31 December 2010.

(For copy report – see original minutes).

The Chairman requested further information on Item number 01436 – To agree for the Council to assist with and facilitate the transfer of NTW's learning disability homes to a registered Social Landlord.

Councillor Shattock requested more information regarding item number 01426 – To agree Moving from Contracting to Personalised Budgets (Day Care Services – OP)

Mr King agreed to provide the information.

8. RESOLVED that the contents of the report be received and noted and additional information be provided to Members.

### **Policy Review – Appointment of a Co-opted Member**

The Chief Executive submitted a report (copy circulated) for the Committee to endorse the nomination of one representative on the Health & Well-Being Scrutiny Committee for a time-limited project in relation to Malnutrition and Dehydration in Hospitals.

(For copy report – see original minutes).

Ms. Karen Brown, Scrutiny Officer presented the report and reminded the Committee that they had determined that Membership for the current municipal year should include one nominated (non voting) representative to support the delivery of the Policy Review into malnutrition and dehydration in hospitals.

Two organisations had made nominations and details of the individuals were set out in the report.

Councillor Fletcher proposed Alan Patchett, Director of Age UK which was duly seconded.

Accordingly it was:-

9. RESOLVED that it be agreed that Alan Patchett, Director of Age UK is the coopted on to the Committee until April 2011 subject to agreement by Council.

### **Health of Ex-Service Community**

The Chief Executive submitted a report (copy circulated) for the Committee to receive a briefing about progress on the regional health scrutiny review of ex-service personnel.

(For copy report – see original minutes).

Ms. Karen Brown, Scrutiny Officer presented the report and advised that the project was progressing well. Gratitude was expressed to Councillor Graham Hall who had attended the overview day and provided feedback.



10. RESOLVED that the progress of the project be noted.

### **Performance Report 2009/2010 – Health, Social Care and Sport and Leisure Services**

Report of the Chief Executive, Executive Director of Health, Housing and Adult Services and Executive Director of City Services (copy circulated) to provide Health and Wellbeing Scrutiny Committee with a performance update relating to the period April 2009 to March 2010. This report includes key achievements during 2009/10, residents satisfaction with services and progress in relation to the LAA targets and other national indicators.

(For copy report – see original minutes).

Mr. Graham King provided the update. Ms. Julie Gray was also in attendance to respond to any queries Members might have on the sport and leisure statistics.

Councillor Shattock enquired whether the abolition of free swimming had had an effect on the numbers.

Ms. Gray advised that the free swimming scheme had ended in July and it was therefore too early to ascertain whether numbers had dropped. In response to removal of the free swimming provision, the Council was doing what it could to remove price barriers.

Referring to the success of the existing extra care schemes, Councillor Shattock queried what the long term plans were for future proposed schemes given the current spending cuts.

Mr. King advised that a different model would need to be established in future. Investors needed to be encouraged to come into the City and purchase Council/private land for building. A recent event at the Glass Centre had received a great deal of interest from parties which would hopefully lead to a great reduction in financial input from the Council.

Dr. Crawford again stated that the performance reports were principally about adults; as mentioned previously. Consideration needed to be given to employment rates and breastfeeding – following more of a life course.

Ms. French, Sport, Wellness and Partnership Manager, provided an update in relation to referrals to wellness centres which incurred a lot of detail around the report. 2009/10 saw over 3,000 adults referred with 2,300 people participating in the scheme. 42% had experienced significant weight loss and 39% had managed to reduce their BMI.

In response to a question from the Chairman regarding the roll out of pharmacies delivering health checks, Dr. Crawford advised that they were universally delivered in

GP surgeries. Pharmacies in seven natural neighbourhoods delivered the checks. As resources were shrinking there had been a need to prioritise.

The Chairman queried details regarding the heartbeat award, where it was advertised and whether it was voluntary.

Ms. Gray advised that it was a national standard promoted via the environmental health department.

11. RESOLVED that the good progress made by the Council and the Sunderland Partnership be noted and consider those areas requiring further development to ensure performance is actively managed.

The Chairman then closed the meeting having thanked Members and Officers for their support.

(Signed) P. WALKER,  
Chairman.