

**At a meeting of the SCRUTINY COMMITTEE held in the CIVIC CENTRE  
SUNDERLAND on THURSDAY, 12<sup>th</sup> MARCH, 2015 at 5.30 p.m.**

**Present:-**

Councillor N. Wright in the Chair

Councillors Davison, Howe, T. Martin, David Snowdon and Dianne Snowdon together with Mrs Blakey and Mr. Williamson.

**Apologies for Absence**

Apologies for absence were submitted to the meeting on behalf of Councillor Waller.

**Minutes of the last Meeting of the Committee held on 12<sup>th</sup> February, 2015**

1. RESOLVED that the minutes of the last ordinary meeting of the Scrutiny Committee held on 12<sup>th</sup> February, 2015 (copy circulated), be confirmed and signed as a correct record subject to the deletion of Councillors David and Dianne Snowdon from the list of members submitting apologies for absence.

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

There were no declarations of Interest made.

**Public Health Wellness & Culture Scrutiny Panel Referral: Substance Misuse Treatment Services**

The Lead Scrutiny Member for Public Health, Wellness and Culture submitted a report (copy circulated) which provided Members with the findings of the Public Health, Wellness and Culture Scrutiny Panel on an item commissioned by the Committee in relation to the Sunderland Substance Misuse Treatment Service.

(For copy report – see original minutes)

Karen Brown, Scrutiny Officer introduced the report highlighting the discussions undertaken by the Panel and the conclusions reached. Members' attention was drawn to appendix 2 of the report which detailed the Panel's findings to the Committee. With regard to the performance monitoring aspect of the report, Ms Brown advised that the second paragraph of the section (page 20 of the agenda papers) had been amended as follows.

'Providers are required to report to the commissioner any death of an individual known to services. At this point in time, there is no evidence of a correlation between the change in services and an increase in deaths. Commissioners undertake an annual audit in relation to drug related deaths

accessing records in the coroner's office. This is a more reliable data source and will be scrutinised to identify any links or trends.'

Graham King, Head of Integrated Commissioning then addressed the Committee to place the issue in context and describe the journey undertaken by the Authority from the re commissioning of the substance misuse service in August 2013, the commissioning of a review in May 2014, the rapid assessment of the Sunderland Adult Drug and Alcohol Treatment system between December 2014 and January 2015, through to the first meeting of the Substance Misuse Improvement Board held on 12<sup>th</sup> February, 2015.

Gillian Gibson, Consultant in Public Health, then drew Members' attention to the Cabinet report attached as appendix 1 which had been approved by the Cabinet at its meeting held the previous day. The report had outlined a forward plan for the delivery of the substance misuse treatment and prevention services and had sought approval to commence the procurement of various elements of the service. Ms Gibson added that it was envisaged that the Service would be in place as soon as possible after September 2015.

The Chairman then welcomed and introduced John Liddell, Health Improvement Manager from Public Health England together with Beverley Oliver, Public Health England's Health and Wellbeing Programme Lead who proceeded to brief the Committee on their role in undertaking the rapid assessment of the Sunderland Adult Drug and Alcohol Treatment System. Copies of the findings from the Rapid Assessment were table for the information of Members.

The Chairman thanked the speakers for their presentations and then provided the Committee with the opportunity to ask questions on what they had heard and on the reports in front of them.

Councillor Tom Martin referred to page 21 of the agenda papers and the recommendation from Public Health England that an independent mediator was commissioned to work on relationship issues between agencies; and asked whether this recommendation had been implemented. Mrs Gibson confirmed that the Independent Mediator had been appointed and that the meetings with providers had started that week.

Councillor Davison referred to the interim arrangements that had been established and asked Mrs Gibson if she was satisfied. Mrs Gibson replied that she was. A range of alternatives had been considered however they would have resulted in clients being unable to access the structured treatment services currently available to them. The interim arrangements would allow this treatment to continue

Councillor Howe expressed his concern that the problems identified had existed for two years before they had been brought before the Scrutiny Committee and that it had taken the intervention of Councillor Kay to ensure this had happened. Likewise the Chairman stated that she had been dismayed that the overview and scrutiny function of the Authority had been left in the dark about the issue. She stated that where concerns were raised about the performance of any Council function, the matter must not be left in the ownership of a single Officer or Councillor. Mr King acknowledged that the issue had been brought to the Committee a lot later than it should have been. He believed that this would be addressed through the Panel recommendations in that the Substance Misuse Improvement Board would include a

Scrutiny Committee member and that there would be quarterly reports to the Committee on the performance of the new service. Mr King advised that there had been no deliberate attempt to hide the issue from the Scrutiny Committee.

Councillor Davison asked whether the 30% budget cut had contributed to the decline in performance levels of the service. She also asked whether there was any evidence that the payment by results system worked? Mr King advised that there was no correlation between cost and performance it was more to do with the way partnerships had worked within the pathway. Ben Seale, Public Health Commissioning Manager informed members that payment by results had been applied to a number of performance indicators such as Hepatitis B immunisation and the alcohol pathway and had worked well in these cases. The Chairman stated that she remained to be convinced. From her point of view payment by results appeared to be more of a mechanism to punish rather than one that drove the delivery of good practice. Mr. Seale replied that its main benefit was that it sharpened the providers focus on the delivery of outcomes. Councillor David Snowdon stated that with regard to payment by results, providers were incentivised to deal with the easiest of cases as a priority to get their 'numbers up' while the more difficult time consuming cases were pushed to one side.

Councillor Davison stated that mention had been made of a decrease in the waiting time to access the service and asked what this currently was. The Committee was advised that the waiting time was within 5 days from the date of referral.

Mr. Williamson stated that was he disappointed to see that there were recommendations concerning recognition of the customer voice when he would have hoped that it was already embedded in the process. There was a lot to be gained from speaking to the customer and he supported the recommendation for a clear plan of how the customers' voice was to be heard and fed back to the senior level.

The Chairman asked Mrs Gibson and Mr Seale to ensure a greater emphasis was placed on the voice of the service user. Mr Williamson added that the service users at the point of delivery were of particular importance.

Councillor Copeland in the capacity of an observer stated that she was shocked that officers had sat on the problem for two years. The Chairman interjected and stated that there was no suggestion that officers had sat on the issue. It was clear that steps had been taken to address the problem but concern centred on the amount of time taken before the Committee was informed of the issue. It was the role of the Committee to be a critical friend and therefore it wanted and needed to be informed. When major issues arose the question was always asked as to why it hadn't been scrutinised more closely and it was the scrutiny function upon which the spotlight always fell.

There being no further questions, the Chairman thanked the officers from the City Council and Public Health England for their attendance. In addition she also thanked Councillor Kay for bring the issue to the Committee's attention and Councillor Howe and the Public Health, Wellness and Culture Scrutiny Panel for their investigation of the matter.

2. RESOLVED that:-

- i) A member of the Scrutiny Committee be appointed to sit on the Substance Misuse Improvement Board;
- ii) The performance of the new Substance Misuse Service be reported to the Scrutiny Committee on a quarterly basis and that in the interim an information report be submitted as soon as possible on the progress made;
- iii) Representatives of the service providers be invited to attend a meeting of the Committee in due course;
- iv) Measures be taken to ensure the roles and relationships between the Sunderland Safer Partnership Board and Scrutiny are clarified and understood by all involved including the development of a Communications Plan;
- v) Investigations be made into the potential adaptation of the Health Protocol as a template for use with internal services and that progress made in this regard be reported to the Committee in due course.

### **Safer Sunderland Annual Report 2013/14**

The Lead Policy Officer for Community Safety submitted a report (copy circulated), which highlighted for Members' information, some of the Safer Sunderland Partnership's key achievements in delivering it's priorities during 2013-14.

(For copy report – see original minutes).

Councillor H. Trueman, Deputy Leader, introduced the report following which Stuart Douglass, Lead Policy Officer for Community Safety, outlined the progress made in tackling priority issues such as domestic violence, anti-social behaviour, improving the safety and feelings of high risk victims and vulnerable groups, re offending, cohesion and safeguarding.

Councillor T. Martin referred to the 10% increase in shoplifting and asked if the current economic situation was to blame. Councillor Trueman and Mr Douglass advised that there was no evidence that the downturn in the economy and the changes to the benefits system had driven desperate people to steal. It was thought however that 'professional' shoplifters were turning towards everyday items rather than higher end goods because the state of the economy had created a 'demand' for these essential products.

In response to an enquiry from Mrs Blakely regarding the misuse of legal highs and alcohol and the links to child sexual exploitation, Mr Douglass replied that there was no evidence of any occurrence in Sunderland. The links however were acknowledged and operation sanctuary had found such evidence in relation to offences committed in the west end of Newcastle.

Mr. Williamson having sought assurances that measures were in place to prevent a 'Sheffield' style situation were despite data and trends being available they were ignored, Mr Douglass advised that Sunderland had robust intelligence sharing meetings in place involving key Council and Health officers and Chaired by Northumbria Police. There was also a strong strategic approach led by the Sunderland Safeguarding Board. Councillor Trueman advised that Vera Baird, Crime Commissioner, had advised at Panel meetings that data existed however he was not sure as to the extent to which it could be shared. He advised that he would seek clarification from Ms Baird. The Chairman advised that this was vital. She stated that we were all aware of our responsibilities but 'did not know what we did not know.'

The Committee needed to find ways in which it could become better informed. In this regard she would be meeting with Neil Revely, Executive Director of People Services and Colin Morris, the new Chair of the Sunderland Safeguarding Board.

There being no further questions, the Chairman thanked Councillor Trueman and Mr. Douglass for their attendance and it was:-

3. RESOLVED that the report be received and noted.

### **Health and Social Care Integration and the Better Care Fund.**

The Chief Officer, Sunderland Clinical Commissioning Group (CCG) and Executive Director of People Services submitted a report (copy circulated) which presented the Committee with an update in relation to the vision for the integration of health and social care in the city via the mechanism of the Better Care Fund.

(For copy report – see original minutes).

Members were informed that the fund was intended to be a catalyst to improve services and achieve value for money through organisations agreeing a joint vision of how integrated care would improve outcomes for local people and achieve efficiencies. The fund would be allocated to local areas where it would be put into pooled budgets under joint governance between CCGs and local authorities. A condition of accessing the money was that CCGs and local authorities must jointly agree plans for how the money would be spent. In Sunderland agreement had been reached to pool the council's adult social care budget and all out of hospital spend from the CCG to create an overall BCF totalling £158m.

The vision aimed to ensure that local people had easy and appropriate access to health and social care solutions which were easy to use and avoided duplication. Work would be undertaken with citizens, patients, and carers, as well as those who could support those solutions, including health and social care providers to change behaviours to ensure appropriate care, in the right place at the right time. The new system aimed to consist of truly integrated multi-agency working so that local health and social care systems worked as a whole to respond to the needs of local people.

Councillor Davison asked what would be done to improve the quality of health in Care Homes. Ian Holliday, Head of Joint Commissioning at NHS Sunderland CCG advised that traditionally once a person entered a care home, the community nurse ceased visits as it was assumed that the home would have its own nursing staff. Today this was no longer the case. The community nurse would continue to visit the patient as if he/she were still in their own home. There was a drive to encourage all the residents of a care home to register with the same GP practice.

Mr Williamson made the point that school buildings were often under used and suggested that as such they could become delivery points for health services for children who would already be on site. This would help in instances where children missed appointments because their parents were unable to take time off work or had arrived late owing to a busy schedule. The Chairman stated that this was an excellent and very valid point. Mr Holliday advised that at the moment the programme only applied to adult care however this was something that would be borne in mind if hopefully it was extend to children's services.

Chairman referred to Mr. Holliday's remark that Sunderland had been successful in the NHS's Vanguard programme and asked what this entailed. Mr Holliday advised in January 2015 the NHS had invited applicants to become 'Vanguard sites' for the new care models programme, in delivering and supporting improvement and integration of services. On 10<sup>th</sup> March Sunderland was announced as one of 29 successful applicants out of 269. Sunderland had entered under the category of 'Multispecialty Community Providers – Moving Specialist Care Out of Hospitals and into the Community.'

The Chairman having asked that Mr King and Mr Holliday take back the Committee's congratulations to their staff on achieving the award, it was:-

4. RESOLVED that the report be received and noted and that further progress reports be submitted in due course.

### **Care Act Consultation Outcomes**

Alan Caddick, Head of Housing Support and Community Living, presented a report (copy circulated) regarding the outcomes of the Council's recently concluded Care Act consultation exercise undertaken in support of wider Care Act implementation activity.

(For copy report – see original minutes)

Members were informed that the Care Act replaced virtually all existing Social Care law and guidance, and the Council was required to implement the Act's requirements starting from April 2015. As part of this, the consultation exercise was undertaken between 9th February and 2nd March 2015 to raise awareness of these changes, and of people's views/ concerns about any of these. A press release was issued to launch the exercise and also to help raise awareness of the Care Act amongst the wider public. The major part of the exercise consisted of the issue of just over 3,330 letters to the council's current social care customers. An 'easy read' version of the letter and Care Act Summary were developed by Sunderland People First, and were issued to just over 200 customers.

Customers that wished to pass on any views could do so in a number of ways, with the letter advising of the following:

- An e-consultation exercise on the councils Care Act Landing page.
- Via a dedicated helpline number covered by the Customer Service Network.
- Via one of 5 arranged drop in events. (One was arranged in each local area and two of the meetings were also arranged in early evening to allow more people to attend than could otherwise have been the case).

Mr Caddick informed Members that there had been a limited public response to the consultation comprising:-

- 3 individual responses on the e-consultation site
- 15 people who attended an event completed a questionnaire
- 30 calls to the customer service network

- Approximately 40 people attending the 5 events – (the majority being carers rather than people that received services themselves)

Mr Caddick and Mr Sahota (Head of Personalisation), having addressed comments and questions from members in relation to budgetary pressures, the lack of timeliness in respect of Government Guidance and consulting more specifically with the voluntary sector, the Chairman thanked them for their attendance and it was:-

5. RESOLVED that the report be received and noted and that a further progress report be submitted in due course.

### **Notice of Key Decisions**

The Chief Executive 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 10<sup>th</sup> February 2015.

(For copy report – see original minutes).

The Chairman asked that Members having any issues to raise or requiring further detail on any of the items included in the notice, contact Nigel Cummings, Scrutiny Officer, for initial assistance.

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

### **Annual Work Programme 2014/15**

The Chief Executive submitted a report (copy circulated) attaching for Members' information, the work programme for the Committee's work being undertaken during the 2014/15 council year.

(For copy report – see original minutes).

7. RESOLVED that the information contained in the work programme be received and noted.

### **Lead Scrutiny Member Update**

The Lead Scrutiny Members submitted a joint report (copy circulated) providing an update to the Scrutiny Committee regarding the work of each of the six Lead Scrutiny Members and supporting Panels.

(For copy report – see original minutes).

The Committee received an update from those Lead Scrutiny Members present on the issues that had arisen following the publication of the agenda and therefore not included in the report before the Committee.

8. RESOLVED that the update of the Lead Scrutiny Members be received and noted.

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

(Signed) N. WRIGHT,  
Chairman.