At a meeting of the HEALTH AND WELL-BEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY, 8TH JUNE, 2011 at 5.30 p.m.

Present:-

Councillor Walker in the Chair

Councillors Fletcher, Francis, Maddison, Padgett, Snowdon, Waller and N. Wright.

Also in Attendance:-

Karen Brown	-	Sunderland Council
Jean Carter	-	Sunderland Council
Gillian Gibson	-	Sunderland Teaching Primary Care Trust
Carol Harries	-	City Hospitals Sunderland NHS Foundation Trust
Fiona MacDonald	-	Sunderland Teaching Primary Care Trust
David Noon	-	Sunderland Council
Russell Patton	-	Northumberland Tyne and Wear NHS Trust
Neil Revely	-	Sunderland Council
Julie Whitehouse	-	Sunderland Teaching Primary Care Trust
Councillor Tate	-	Chair of Management Scrutiny Committee

The Chairman opened the meeting by welcoming Councillors Francis and Waller who were attending their first meeting as Members of the Health and Well-Being Scrutiny Committee.

Apologies for Absence

Apologies for absence were received on behalf of Councillors Hall, F. Miller and Shattock.

Minutes of the Last Meeting of the Committee held on 6th April, 2011

1. RESOLVED that the minutes of the meeting of the Committee held on 6th April, 2011 be confirmed and signed as a correct record.

Declarations of Interest

There were no declarations of interest made.

Change in the Order of Business

The Chairman advised that he would be taking item 6 on the agenda (Health and Wellbeing Board) at this juncture to allow Mr. Revely to undertake a hospital visit thereafter.

Health and Wellbeing Board

The Executive Director of Health, Housing and Adult Services submitted a report (copy circulated) which provided the Committee with an update on the development of a Health and Wellbeing Board for Sunderland and the wider national policy context.

(For copy report – see original minutes).

Neil Revely, Executive Director of Health, Housing and Adult Services presented the report. He advised that under the Health and Social Care Bill, each local authority would be required to establish a Health and Wellbeing Board (H&WB) for its area. The Bill also stated that the H&WB Board must be a Committee of the local authority being politically balanced etc. Final proposals were not to hand and awaited the outcome of the Government's 'pause to reflect' on NHS reforms as a whole.

With regard to timescales, Sunderland along with other local authorities had been accepted into the early implementer programme. This would allow the Council to develop arrangements which would be reviewed at the turn of the year with the aim of establishing a Shadow Board in April 2012. The Board would take up its full duties and responsibilities in April 2013. The early implementer and Shadow arrangements would allow Sunderland to learn locally and nationally with regard to best practice.

A report on the establishment of the Board would be submitted to Cabinet on 22nd June and would be referred to this Committee prior to submission to Council.

In response to an enquiry from Councillor N. Wright, Mr. Revely advised that membership of the Board had yet to be finalised. It was likely to be Chaired by the Leader of the Council and comprise around five Councillors, the Executive Director/s of Adult Services/Children's Services, the Director of Public Health, a representative of Health Watch and a representative from the local GP consortium. The aim was to make the Board as inclusive as possible.

Councillor Snowdon asked whether the new Board would run alongside the Health and Wellbeing Scrutiny Committee. Mr. Revely confirmed that it would. The new Bill had the effect of strengthening the role of the Committee in that Scrutiny could go anywhere the NHS goes.

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

2. RESOLVED that the report be received and noted.

Integrated Strategic and Operational Plan 2011-2015

The Chief Executive submitted a report (copy circulated) which presented the Sunderland TPCT Integrated Strategic and Operational Plan (ISOP) for 2011-2015.

(For copy report – see original minutes).

Fiona MacDonald presented the report which set out the Sunderland TPCT four year vision for improvement supported by plans for meeting the national priorities set out in the Operating Framework for the NHS in England 2011-12 together with identified local priorities.

In response to an enquiry from Councillor Fletcher, Julie Whitehouse advised that a meeting regarding the transition to GP consortia was to be held at the Washington Arts Centre on 18th July, 2011.

Councillor Francis referred to the aim of improving the health of the city and asked what was it that Sunderland people were not doing. Ms. Gibson replied that at its most basic there was a lack of physical activity, poor diet and high levels of smoking and alcohol consumption.

Councillors Snowdon and N. Wright pointed out that as the ISOP was a public document it should contain a glossary to explain the numerous acronyms used throughout.

Councillor N. Wright stated that whilst the health of the City was not good it was right to acknowledge that a great deal of positivity activity had taken place and as a result there was a greater awareness among residents of the benefits of healthy eating and exercise. A big part of the problem with regard to tackling poor health was the degree of deprivation in the City. In addition Councillor Wright highlighted her concern regarding the effect of the ongoing cuts in public sector finance on the Improving Access to Psychological Therapies programmes (IAPTs). Russell Patton replied that every pound spent at the front end was money well spent. Prevention and early intervention to prevent the need for secondary care had to be the way forward. IAPTs would face increasing pressure both in terms of reduced resources and demands for their services as the impact of the cuts started to bite.

With regard to the levels of deprivation, Ms. Gibson confirmed that their impact on health was recognised. She advised that pilot programmes were ongoing in the West and Washington areas of the City in conjunction with the Area Committees to improve health outcomes for local residents, connect residents to public health services and embed health and lifestyle issues into the work of staff and volunteers in local communities. There was also a joint piece of work being undertaken

between the TPCT and the Council on the effects of the cuts on the delivery of services for children.

The Chairman having thanked Ms. MacDonald for her report, it was:-

3. RESOLVED that the report be received and noted.

Annual Work Programme and Policy Review

The Chief Executive submitted a report (copy circulated) for Members to determine the Annual Work Programme for the Scrutiny Committee during 2011-12, including the main theme for a detailed policy review.

(For copy report – see original minutes).

Karen Brown, Scrutiny Officer, proceeded to brief Members on the report. She referred the Committee to paragraph 3.5 of the report, which provided details of the topics highlighted from the Scrutiny Conference as potential issues for the Committee to consider.

Ms. Brown briefed the Committee on each suggested policy review topic. Members were advised that Scrutiny should only take place in respect of those topics where the Committee felt value would be added.

Councillor N. Wright referred to the work programme and requested that her concerns were recorded regarding the move to a six weekly cycle of scrutiny committee meetings. She stated that she did not think it was a good decision for Scrutiny. The Chairman and Councillor Snowdon stated that they also held reservations about the decision. The Chairman however advised that if extra meetings were needed then they would be organised.

Members of the Committee proceeded to give consideration to the 5 policy review proposals detailed at paragraph 3.5 and following discussion, it was:-

4. RESOLVED that Hospital Discharge (in its widest sense including measures to allow independent living) be selected as the Scrutiny Committee's topic for in-depth policy review for 2011-12.

Safe and Sustainable Consultation: Children's Heart Services

The Chief Executive submitted a report (copy circulated) which provided the Committee with details of the ongoing consultation about the reconfiguration of children's heart services in England.

(For copy report – see original minutes).

Karen Brown, Scrutiny Officer presented the report advising that the consultation centred on four options to reduce the number of hospitals providing children's heart

surgery from 11 to 6 or 7. Of the four options, A, B, C included the retention of the Freeman hospital, option D did not.

Members having highlighted the importance of retaining the Freeman Hospital, it was:-

5. RESOLVED that option A be agreed as the Committee's favoured option in response to the Safe and Sustainable consultation document.

Forward Plan – Key Decisions for the Period 1st June to 30th September, 2011

The Chief Executive submitted a report (copy circulated) which provided Members with an opportunity to consider the Executive's Forward Plan for the period 1st June to 30th September, 2011.

(For copy report – see original minutes).

In response to an enquiry from Councillor Snowdon, Karen Brown advised that the North East Joint Health Overview and Scrutiny Committee review into the health of the ex service community had been entered into the Centre for Public Scrutiny Awards. The review had picked up the award for best joint working, together with the overall award for best review of the year. Councillor Snowdon and the Members of the Committee recorded their congratulation to Karen and all involved in delivering the review and in securing such prestigious awards.

6. RESOLVED that the report be received and noted.

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

(Signed) P. WALKER,
Chairman.

HEALTH AND WELL-BEING SCRUTINY COMMITTEE 19th July 2011

Sunderland Learning Disabilities Campus Completion

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 To inform members of the completion of the programme to support people with learning disabilities to move on from NHS campus accommodation.

2. Background

2.1 'Valuing People Now' is a three-year government strategy for people with learning disabilities setting out the vision 'that all people with a learning disability are people first with the right to lead their lives like any others, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. They and their families and carers are entitled to the same aspirations and life chances as other citizens'. In particular, the strategy:

- addresses what people said about the support people with learning disabilities and their families need;
- reflects the changing priorities across government which impact directly on people with learning disabilities;
- provides a further response to the Joint Committee on Human Rights report, 'A Life Like Any Other?'

2.2 One of the delivery priorities for government and local authorities was progress in the numbers of adults with learning disabilities known to social services moving into settled accommodation (i.e. not living in NHS campuses or residential care).

2.3 The White Paper 'Our Health, Our Care, Our Say' said that all NHS campuses should close by 2010. A capital funding programme was available to ensure that all people with a learning disability living in NHS Campus accommodation be moved to more appropriate accommodation. This was to ensure that people had the same opportunities as everyone else in relation to how they live, where they live and with whom.

3. Current Position

3.1 The Committee has previously received reports on the progress in January 2008 and February 2009 which outlined the background to the Government's target, the situation in Sunderland and the potential implications. The plans were positively received by the Scrutiny Committee. Since then detailed multi agency work has been

undertaken to ensure people living in those services are found more appropriate community accommodation which meets their individual needs.

4. Conclusion

4.1 The Committee is asked to receive a presentation about the completion of the programme.

5. Background Papers

DH Valuing People Now: a new three-year strategy for people with learning disabilities 'Making it happen for everyone' 2009

Health & Well-Being Review Committee 'Campus update and proposed closure of Newhaven and Newbury Cottages' 11th February 2009

Health & Well-Being Review Committee 'NHS Campus Reprovision of Services for People with Learning Disabilities' 16th January 2008

6. Abbreviations and Glossary

NHS Campus	A campus is a service that is: 1. NHS provided long-term care in conjunction with NHS ownership/management of housing (residents do not have an independent landlord and housing rights) 2. Commissioned by the NHS 3. People who have been in assessment and treatment services more than one year, who are not compulsorily detained or undergoing a recognised evidence based treatment programme People living in such accommodation are technically and legally NHS patients.
IMCA	Independent Mental Capacity Advocacy

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Sunderland Health and Well-Being Scrutiny Committee

19th July 2011

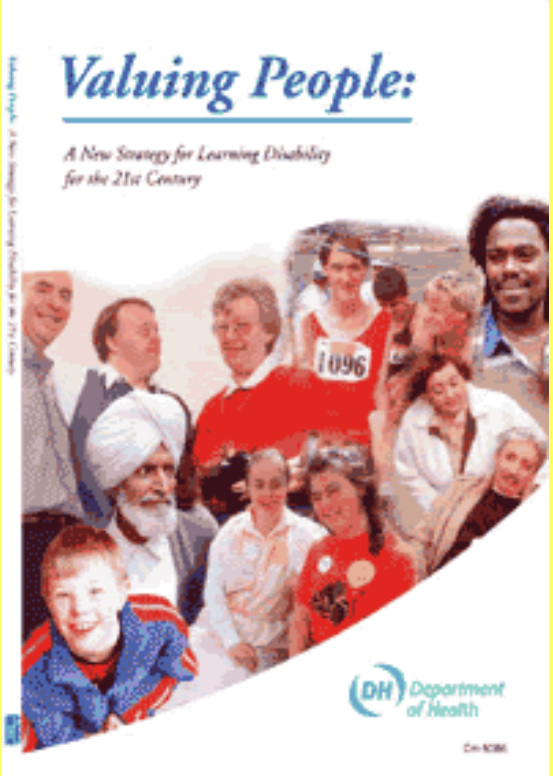
Sunderland Learning Disabilities Campus Completion

Alan Cormack
NHS South of Tyne and Wear
and
Tony Quinn
NTW NHS Foundation Trust

Why did people need to move?

- Valuing People said so
- The Government said this must happen

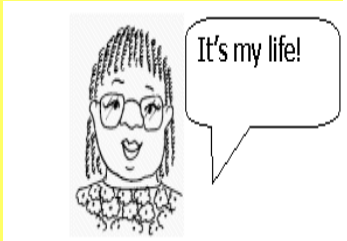
And, it was right for people



Who did it affect ?

- It affected **19** Sunderland people
- They lived in NHS buildings at Northgate Hospital, Monkwearmouth Hospital and in Sunderland
- Some people moved into their new houses in 2008 - some in 2009 - and some in 2010 – and the last person moved in October 2010

How did it happen?



- Everyone had a person centred plan

- People were supported to choose where they live and with whom (if anyone!)

- We worked in partnership with Endeavour Housing Association and Gentoo and the houses had to be what people wanted and needed – not just what was available !

The Housing Bid

- We successfully bid for £802,500 capital monies from the Department of Health

- The TPCT gave £545,000 capital monies

Day to day monies

Day to day support costs for the people are funded by the TPCT:

£2 million per annum

How did we manage to get and keep the money?

- We got these monies because we were able to show that we had evidence of:
  - good quality housing
  - Person Centred Plans
  - Involvement of people and their families
  - Involvement of IMCAs
  - Organisations working together
  - Reporting to the Partnership Boards and to the Council's Health and Well-being Scrutiny Committee

How was it all managed?

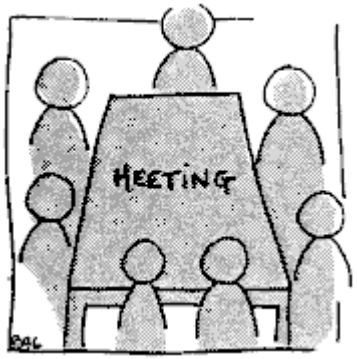
Housing

By a sub group of Alan, Tony, Barrie Mitchison, Maurice Baynham (TPCT) and Jackie Sochocka (Consultant).

We passed the capital monies for the houses to Endeavour and Gentoo and have signed detailed legal and financial agreements

Day to day monies

By the Learning Disability Pooled Budget Monitoring and Implementation Group



Examples of success

- Some of the 8 people refused the first house offered because they didn't like it or the area and that was ok 
- One man is now speaking and expressing himself - dancing in the kitchen at his home to radio music 
- On Christmas morning, he woke staff to wish them a Merry Christmas, and then went back to bed 
- One lady has got her own little business which both keeps her occupied and earn some money 

Well done to everyone who was involved in this project

HEALTH & WELL-BEING SCRUTINY COMMITTEE

CARE STANDARDS LINKED TO STAFFING WITHIN CARE HOMES

REPORT OF THE EXECUTIVE DIRECTOR OF HEALTH, HOUSING AND ADULT SERVICES 19 July 2011

1. Purpose of Report

1.1 At the Health and Wellbeing Committee's request, this report provides information on care standards linked to staffing in care homes. The report is based on Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) 2009 and CQC outcomes 12, 13 and 14 of the Essential Standards of Quality and Safety, which relates to staffing.

2. Background

2.1 Within Health, Housing and Adult Services, the Social Care Governance team have a role in monitoring the quality of services providing guidance, advice and support in respect of service improvement to providers and reporting back the results of monitoring to inform other councils activities including Commissioning and Safeguarding Vulnerable Adults.

2.2 A number of assessment tools have been developed to assess the quality of services in a number of practice areas. The tools used are informed by published best practice available and during visits this information is shared with managers of services. One area of practice looked at during monitoring is staff induction, training and supervision.

2.3 The SCG team have a planned programme of activity that includes all commissioned services and information from that activity is summarised within this report.

2.4 The report focuses on both care homes for older people and people with learning disabilities.

3. Care Homes for Older People

3.1 During 2009 and 2010 work was undertaken to assess the performance of all Older Person services (54 Homes operated by 25 providers) against the Sunderland Standards of Care. Homes were given a rating in accordance with their assessed performance and received fee levels according to their rating (Gold, Silver, Bronze and Standard).

3.2 There are 164 different lines of enquiry, which make up the requirements of the Sunderland Quality Standards. There are 25 lines of enquiry that looked at elements of staffing.

3.3 In relation to **Induction for Staff**, information gathered in 2009 identified that induction and the use of the Common Induction Standards required further development by across providers.

3.4 Whilst 23 out of 25 providers are using the Common Induction Standards appropriately to support staff, only 43% of homes were considered to have an induction programme that was person centred and included training about privacy, dignity and respect.

3.5 The Tyne and Wear Care Alliance (TWCA) have made available resources to support providers to meet the requirements of the Common Induction Standards; including training, advice, access to support, workshops.

3.6 There is a requirement that staff receive 6 **supervisions** per year. In 2009, only 28% of Homes were achieving this. With support from Social Care Governance and TWCA, the assessments linked to the Quality Standards demonstrated an improvement, with 44% of Homes now compliant. Focussed improvement activity is planned, in order to further improve this requirement.

3.7 Following the outcome of the first Quality Assessment Visit's there has been improvement in some of the lines of enquiry related to **safeguarding standards**. It was clear that homes which had taken on board advice and information made available via the Social Care Governance Team and via a workshop facilitated by the Safeguarding Adults Team could evidence that they had achieved an appropriate standard during the 2010 Quality Assessment Visit.

3.8 Many Homes now incorporate Safeguarding Adults into their induction programmes; with 60% of Homes linking safeguarding procedures to ongoing training for staff within homes. Staff being aware of what constituted a safeguarding alert and the reporting procedures has improved with 41% in 2009 and 52% in 2010.

3.9 Services are required to be able to demonstrate that they have identified **training** that is specific to meet the needs of people living in the home and have developed a training and development programme based on that information.

3.10 Demonstrating that homes have training and development plans for staff is a requirement, and despite evidence that training had take place, very few homes could provide evidence of how they had identified training that was specific to the needs of people living in homes. This is another area for improvement activity within 11/12.

3.11 TWCA have secured funding for 11/12 to progress **dementia training** in care homes and are seeking to train Dementia Champions to work in each service to lead quality improvement in the care of people with dementia type symptoms, as required by Sunderland's response to the National Dementia Strategy. This is an area that has improved over last year, with 42% of Homes already providing basic level training in dementia to all staff.

3.12 There have been real improvements in relation to **medication training**. 92% of homes have an appropriate medication policy. The real improvements between the first year and 2010 are noted in respect of training, with increased numbers of Homes ensuring staff are training in all levels of medication. Importantly, 42% of homes have now introduced an assessment of competence to administer medication

3.13 77% of Homes have a ratio in excess of 75% of care staff who have been trained or are in the process of being trained to NVQ level 2 or equivalent.

4. Homes for People with Learning Disabilities

4.1 A programme of monitoring 25 commissioned registered homes took place during the months of February, March and April 2011. Whilst the Quality Standards for Care Homes relate specifically to homes for older people and their fee levels, the monitoring visits to homes for people with learning disabilities covers many of the same areas.

4.2 Information identified that **induction** and the use of the Common Induction Standards is well established in services for people with learning disabilities. 23 of the 25 homes demonstrated the use of the Common Induction Standards and in 18 homes safeguarding training was included in induction.

4.3 A high proportion of Homes were able to demonstrate that **safeguarding training** had been received by staff; however only 14 Homes could demonstrate that the manager had received responsible persons training. Guidance was given to managers of services and Areas for Action notices left with the service, which will be followed up within a given timeframe.

4.4 Supervision processes are in place and used appropriately in 14 homes, demonstrating that a minimum of 6 supervisions per year take place.

4.5 Information was collected about the range of training provided over and above that mandatory training required, often specific to the needs of the individuals within the Homes. The following provides an example of training expected and % of homes delivering these training:

Training
Risk Assessment 68%
Person Centred Planning 64%
Restrictive Physical Interventions 72%
Understanding Valued Roles 80%
Equality and Diversity 68%
Human Rights Law 72%
Mental Capacity 84%

4.6 During the monitoring visits, advice was offered to managers regarding CQC outcome 14 that relates to **supporting workers**. In particular advice was offered that individual services develop training and

development plans that are based upon the needs of people living in the home and demonstrates what training is being provided with timescales for completion of training.

5. Summary

5.1 Following the Quality Assessment Visits and quality rating process all care homes for older people were supplied with information regarding their performance, detailing their areas of good practice and areas of service improvement for each home. The picture in the care homes is one of increasing performance, particularly in relation to staff training and supervision.

5.2 Care homes for people with learning disabilities continue to perform highly against expectations, particularly in relation to use of common induction standards and safeguarding adults training.

5.3 The information gathered through the quality assessment process and the monitoring visits is used by the Social Care Governance Team to inform future monitoring programmes. Specific actions indentified at an individual service level are subject to review and further monitoring. These individual actions are also analysed to see if themes are emerging, in order that focussed improvement activities should be planned for groups of homes/services.

5.4 Above all, the improvement activity following monitoring visits ensures that the Council continues to strive for high quality services in Sunderland.

6 Recommendation

6.1 Members are requested to receive this report as requested

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HEALTH AND WELL-BEING SCRUTINY COMMITTEE 19th JULY 2011

REVIEW OF REHABILITATION AND EARLY SUPPORTED DISCHARGE FROM HOSPITAL

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 To make proposals to the Scrutiny Committee for their forthcoming review of Rehabilitation and Early Supported Discharge from Hospital.

2. Background

2.1 At its meeting on 8th June 2011 the Scrutiny Committee agreed to pursue a review of Rehabilitation and Early Supported Discharge from Hospital.

2.2 Many patients discharged from hospital will not require ongoing care from either the NHS or from social care and their discharge arrangements can be considered straightforward. However, some patients will require further support, either on a short-term basis to support rehabilitation and recovery, or on a longer-term basis to meet ongoing care needs. These more complex discharge arrangements are likely to be lower in number but will require effective planning and co-ordination.

2.3 The Community Care (Delayed Discharges) Act 2003 facilitates joint working and requires partners to identify the causes of delay, and implement the actions required to tackle delays within local systems.

2.4 A Care Quality Commission (CQC) Inspection Report of Sunderland City Council's Adult Social Care dated January 2010 and published in April 2010 stated that "*The Council needed to build on its partnership arrangements with health partners to assure effective and timely hospital discharge processes and support subsequent holistic care pathways in the community."*

2.5 The NHS Operating Framework 2011/12 creates clearer incentives to drive integration between health and social care partners by giving PCTs responsibility for securing post-discharge support, with hospitals responsible for any readmissions within 30 days of discharge.

2.6 Success is measured by the impact of hospital services and community-based care in achieving timely and appropriate discharge from hospital. The ability of the whole system to ensure appropriate discharge for everyone passing through a hospital is an indicator of the (a) effectiveness of the interfaces within and between health and social care services, and (b) the efficient use of NHS resources (i.e. hospital beds).

3. What is a Delayed Discharge?

3.1 A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying a bed. A patient is ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer AND
- a multi-disciplinary team decision has been made that the patient is ready for transfer AND
- the patient is safe to discharge/transfer.

3.2 Delayed transfers are bad for the people who suffer delay and for the wider health and social care system. The consequences can be very serious, threatening the independence of vulnerable older people, who make up the majority of those experiencing delay. Although the problem is often thought of primarily in connection with older people, the effects of delayed transfers are felt by a wide range of patients and their families.

3.3 In many ways delayed transfers of care represent the point at which the health and the social care economies meet - the point at which the demand generated through the acute trusts, in terms of occupied beds, meets the resources available to assess and place those with on-going health and social care needs.

3.4 Because of this, the issue has been identified as an improvement priority by local partners. It is an important area where whole system ownership of the problem and effective joint working with improved integration between health and social care will be particularly important in order to bring about improvements.

4. The Scrutiny Review Process

4.1 A scrutiny review involves a number of stages. The stages are broadly:

Stage 1 Scope	Identify the background, issues, potential outcomes, timetable and frame the review within specific terms.
Stage 2 Investigate	Gather evidence using a variety of techniques.
Stage 3 Analyse	Highlight key trends and issues from the evidence gathered.
Stage 4 Clarify	Identify the principal messages of the review.
Stage 5 Recommend	Formulate and agree realistic recommendations from the principal messages identified.
Stage 6 Report	Draft and final reports are prepared based on the evidence, findings and recommendations.

Stage 7 Monitor	The Committee monitors recommendations on a regularly agreed basis.

4.2 The review is currently at Stage 1 and this report sets out how the project will define its aims, who it will seek evidence from, how it will gather that evidence and over what timescales, resources and constraints.

5. Aim of the Review

5.1 To establish how effectively health and social care services are working in partnership to support timely discharges from hospital and promote independence in community settings.

6. Proposed Terms of Reference

6.1 It is proposed the review will be within the following terms of reference:

1. To identify the factors which cause delays in discharging people from hospital.

2. To assess the community-based health, social care and support available after hospitalisation including intermediate care, re-ablement and other rehabilitation pathways and the expectations put on families and carer support.

3. To make recommendations to appropriate commissioners to consider how any gaps or perceived gaps in service provision can be addressed.

7. Sources of Evidence

7.1 At the outset of a review it should be determined whether and how to engage partners, stakeholders and service users as participants, observers and/or witnesses. The following are key areas for evidence gathering:

a) Health, Housing and Adult Services Directorate

b) NHS Trusts – alignment with jointly commissioned intermediate care services and NHS commissioned re-habilitation teams

c) Independent sector social care and support providers – potential providers of longer terms support following re-ablement

d) Potential workers in the service and directly affected staff

e) Service Users and their Carers

8. Methods of Enquiry

8.1 It is envisaged that evidence gathering will take place at scheduled meetings to be held on 7th September, 19th October, and 7th December. It is further envisaged that evidence gathering will take place during two intensive sessions as follows:

a) During November 2011 (date to be confirmed) to hear from a number of witnesses in an intensive session.
b) During the early part of 2012 (date to be confirmed) a stakeholder event to enable stakeholders and key agencies to participate in the policy review and provide their views and experiences.

8.2 In September 2011 the Committee will be asked to endorse the nomination of a number of co-opted representatives onto the Health & Well-Being Scrutiny Committee for this time-limited project. Appropriate organisations have been identified and will be approached and invited to submit nominations. Organisations to be approached include Links, Carers Centre, Age UK, and patient representatives.

8.3 The Committee may wish to involve a particular service user group in the review. For example, the National Stroke Strategy is a ten-year programme for implementing high quality stroke care across the care pathway from prevention to long term care and support. There remains scope for improving outcomes around post hospital discharge and longer term care: for example, developing early supported discharge arrangements and community specialist stroke rehabilitation.

9. Proposed Timetable and Approach to Review

It is proposed that the evidence gathering for the review will include:

Setting the Scene – how services are currently delivered	September – October 2011
Visits – relevant settings and facilities	October - December 2011
Evidence Gathering meetings – meet key witnesses	November 2011
Documentary research	July – September 2011
Invite written evidence	November – January 2012
Written consultation – service users	November – January 2012
Evidence Gathering stakeholder event	February 2012
Consideration of Draft Final Report	March 2012
Consideration of Final Report by the Scrutiny Committee	April 2012
Consideration of Final Report by the Cabinet/Council	June 2012

10. Scrutiny Budget

10.1 The Scrutiny Committee has a delegated budget of £10,000 which can assist Members in key aspects of their policy review work. The budget allows the Committee to go on site visits, conduct surveys, commission research, call expert witnesses and hold public events as part of the ongoing evidence gathering process of the policy review. Consideration will need to be given, throughout the policy review, to any potential funding implications required to aid Members in their enquiry.

11. Community Engagement / Diversity and Equality

11.1 Community engagement plays a crucial role in the Scrutiny process and sections 7 and 8 detail who the Scrutiny Committee could involve. However, thought will need to be given to the structure in the way that the Committee wishes to encourage those views.

11.2 In addition, equality and diversity issues have been considered in the background research for this review under the Equality Standards for Local Government. As such the views of local diversity groups will be sought throughout the inquiry where felt appropriate and time allows.

12. Conclusion

12.1 The Committee is asked to consider and endorse the scope of the review.

13. Background Papers

Health & Well Being Scrutiny Committee – Work Programme and Policy Review Report 8th June 2011
The Community Care (Delayed Discharges) Act 2003
CQC Inspection Report of Sunderland City Council's Adult Social Care 2010
DH The Operating Framework for the NHS in England 2011/12
DH National Stroke Strategy 2007

14. Key Terms

Assessment	A process whereby the needs of an individual are identified and their impact on daily living and quality of life evaluated.
Avoidable admission	Admission to an acute hospital, which would be unnecessary if alternative services were available
Care management	A process whereby an individual's needs are assessed and evaluated, eligibility for services is determined, care plans drafted and implemented, and needs are monitored and reassessed.
Care package	A combination of services designed to meet a person's

	assessed needs
Care pathway	Care pathways are described variously as integrated care pathways, clinical pathways, critical pathways, care maps, or anticipated recovery pathways. A care pathway is an agreed and explicit route an individual takes through health and social services.
Delayed transfer of care	A delayed transfer of care is experienced by a hospital inpatient who is ready to move on to the next stage of care but is prevented from doing so for one or more reasons.
Intermediate care	A range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living. This can be delivered in an individual's own home, housing schemes, day centres and hospitals, as well as in more traditional care and rehabilitation settings such as community hospitals and care homes.
Re-enablement	Reablement complements the work of intermediate care services. Reablement seeks to support a different phase on the continuum of care providing services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living. In reality, the intermediate care and homecare reablement phases for specific individuals may overlap.
Rehabilitation	A programme of therapy and re-ablement designed to restore independence and reduce disability.
Sheltered housing	Specially designed accommodation, available for rent or purchase, mainly for older people. Some sheltered schemes are called 'extra care'.
Transitional care	Care provided to a person who is not able to be placed in their home or the permanent setting. It can be used, for example, while someone is awaiting major adaptations to their own home.

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HEALTH AND WELL-BEING SCRUTINY COMMITTEE 19th July 2011

Visit to older people's day hospital and inpatient facilities

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 To provide feedback from a visit to see the day hospital services and inpatient environment for older people in Sunderland provided by Northumberland, Tyne and Wear NHS Foundation Trust.

2. Background

2.1 Mental Health services for older people in Sunderland and South Tyneside are provided by Northumberland, Tyne and Wear NHS Foundation Trust. Plans were developed to improve the day hospital services and inpatient environment for older people, particularly those with dementia, and consolidate some services to improve quality for those people using them. This is in line with the plans for the PrIDE development (Providing improved mental health and learning disabilities environments in Sunderland and South Tyneside) which have been subject to full public consultation.

3. Visit to facilities

3.1 Following reports to the Committee consulting members on environmental improvements to Wearmouth View, Monkwearmouth Hospital, and the PrIDE project members were invited to visit Grange Day clinic and Wearmouth View hospital on 23rd June 2011.

3.2 Members attending the visit were Councillors Walker, Shattock, Francis and Hall.

3.3 The services provided include both inpatient and community services to support people with functional mental health conditions like depression and anxiety and organic conditions like dementia.

3.4 The services provided from the Grange Day clinic aim to assess, treat and stabilise a persons mental health conditions, so that they can continue to live well at home. People may go to the day hospital once or twice a week for a short period of time so that they can have intensive assessment and treatment from clinical staff without needing to be admitted to hospital or as part of support to go home from hospital. This is different from 'day services' which might support someone's social care needs or provide respite care.

3.5 Services for people with illnesses such as depressions and anxiety include:

- Assessment and diagnosis
- Specialist psychological therapies
- Health promotion including healthy living and exercise
- Anxiety management

- Medication reviews

3.6 Members also viewed the newly established one central day hospital site at Wearmouth View. This development is one of the first steps towards improving mental health services across the city and helps move toward providing a centre for dementia, which will be located at Monkwearmouth Hospital.

3.7 Services at the hospital include more complex assessments and treatments. Specific services for people with suspect/confirmed dementia include:

- Memory assessment and diagnosis
- Cognitive stimulation therapy
- Memory rehabilitation
- Health promotion including healthy living and exercise
- Specialist psychological therapies
- Medication reviews

3.9 Services for carers include:

- Information and signposting
- Education and support groups
- Individual assessment and treatment where appropriately identified

3.10 The newly consolidated service has only been operational since June and members were impressed that the service had established itself so quickly. It was also noted that:

- service users transport concerns are being addressed with the availability of 4 ambulance service crews to transport service users to and from the day centre.
- service users can now be referred to the unit directly from their GP.
- There have been significant improvements in data sharing between services.
- The views of service users are taken on board with feedback constantly being sought so that improvements can be made to the day service.

3.11 It was acknowledged that there are often a number of concerns during any period of change and staff are working hard to ensure that these concerns are addressed and that the needs of services users are met.

4. Recommendation

4.1 The Scrutiny Committee is asked to note the feedback following the visit.

Background Papers

Scrutiny Committee report 'Environmental improvements to Wearmouth View, Monkwearmouth Hospital' 13 October 2010
Scrutiny Committee report 'Pride Project Update' 8 December 2010
Scrutiny Committee Changes to Older People's Inpatient Services in Sunderland and South Tyneside in preparation for the PrIDE Development report March 2011

HEALTH AND WELL-BEING SCRUTINY COMMITTEE 19th July 2011

REQUEST TO ATTEND CONFERENCE

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 For the Committee to consider nominating delegates to attend two events relevant to the current work programme and both taking place during September.

2. Background

2.1 The Council's Overview and Scrutiny Handbook contains a protocol for use of the Scrutiny Committees budget to attend training and conferences relevant to the remit of the Committee.

3. Event Details

(a) Ageing Well Workshop

Date: Monday 5 September 2011
Time 1.30 – 4.30 pm
Venue: York

Programme
- Policy context on Ageing Well
- The importance of ensuring that people age well
- Guidance for scrutiny on 'A good place to grow older?'
- Scrutiny questions to ask around the Ageing Well programme

There is no cost for attendance at the conference however travelling costs will be incurred.

(b) Building the Compassionate Community: End of Life Care

Date: Friday 9 September 2011
Time: 9.00 am – 4.00 pm
Venue: Teesside University

Programme
- Confronting the taboo: changing mindsets towards death and dying
- Reflections on the 'Good Death' Charter
- Engaging local authorities in the public health at end of life agenda
- Making social housing more compassionate for those approaching the end of life

There is no cost for attendance at the conference however travelling costs will be incurred.

4. Recommendation

4.1 It is suggested that the Committee nominates the Chair of the Committee, and the Health Scrutiny Officer to attend workshop (a). Additional places can be reserved for workshop (a) depending upon demand. Nominations are sought for workshop (b).

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HEALTH & WELL-BEING SCRUTINY COMMITTEE

19th July 2011

ANNUAL WORK PROGRAMME 2011-12

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of Report

1.1 For the Committee to receive an updated work programme for 2011-12

2. Background

2.1 The Scrutiny Committee is responsible for setting its own work programme within the following remit:

Social Care (Adults); Welfare Rights; Relationships and scrutiny of health services; Healthy life and lifestyle choices for adults and children; Public Health; Citizenship (Adults); and External inspections (Adult Services)

2.2 The work programme can be amended during the year and any Member of the Committee can add an item of business.

3. Current Position

3.1 In addition to the items taken at the scheduled meetings the following activities have taken place since the last meeting.

- A visit has taken place to the Grange Day Clinic and Wearmouth View Hospital. A feedback report is set out elsewhere on the agenda.

4. Conclusion & Recommendation

4.1 That Members note the updated work programme.

5. Background Papers
None

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	JUNE 08.06.11	JULY 19.07.11	SEPTEMBER 7.09.11	OCTOBER 19.10.11	DECEMBER 07.12.11	JANUARY 11.01.12	FEBRUARY 22.02.12	APRIL 4.04.12
Cabinet Referrals & Responses			Cabinet Response to 2010/11 Food Policy Review		Progress report on 2010/11 Policy Review			
Policy Review	Work Programme & Policy Review – Hospital Discharge & Reablement (KJB)	Scope of Policy Review (KJB)			Home Care – final progress report (SL)			Draft Annual Report (KB)
Performance			Performance & VfM Annual Report (SL)	Procurement of social care for adults with a learning disability – progress report (SL)	Performance Q2 (SL)			Performance Q3 (SL)
Scrutiny	Safe and Sustainable: Consultation Integrated Strategic & Operational Plan (STPCT) Health & Well-Being Board (JC)	Campus Closure Programme (PC) Standards in Care Homes (SL)	Safe and Sustainable: Independent report Assessment Procedure (PC)	Meals at Home Service (PC)	Safe and Sustainable outcome of consultation	Quality Standards Care Homes (SL)		Annual Commissioning Plan (STPCT)
CCfA/Members items/Petitions		Request to attend conferences. Feedback from visit to Wearmouth View						

At every meeting: Forward Plan items within the remit of this committee / Work Programme update

HEALTH & WELL-BEING SCRUTINY COMMITTEE

19th July 2011

FORWARD PLAN – KEY DECISIONS FOR THE 1 JULY – 31 OCTOBER PERIOD

REPORT OF THE CHIEF EXECUTIVE

1. Purpose of the Report

1.1 To provide Members with an opportunity to consider the Executive's Forward Plan for the period 1 July – 31 October 2011.

2. Background Information

2.1 The Council's Forward Plan contains matters which are likely to be the subject of a key decision to be taken by the Executive. The Plan covers a four month period and is prepared and updated on a monthly basis.

2.2 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 Forward Plan) 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.

2.3 In considering the Forward Plan, members are asked to consider only those issues which are under the remit of the Scrutiny Committee. These are as follows:-

General Scope: To consider issues relating to health and adult social care services

Remit: Social Care (Adults); Welfare Rights; Relationships and scrutiny of health services; Healthy life and lifestyle choices for adults and children; Public Health; Citizenship (Adults); and External inspections (Adult Services)

3. Current Position

3.1 The relevant extract from the Forward Plan is attached.

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. Recommendations

4.1 To consider the Executive's Forward Plan for the current period.

5. Background Papers

Forward Plan 1 July – 31 October 2011

Contact Officer : Karen Brown, Scrutiny Officer
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Forward Plan - Key Decisions for the period 01/Jul/2011 to 31/Oct/2011

E Waugh,
Head of Law and Governance,
Commercial and Corporate Services,
Sunderland City Council.

14th June 2011

Forward Plan: Key Decisions from - 01/Jul/2011 to 31/Oct/2011

No.	Description of Decision	Decision Taker	Anticipated Date of Decision	Principal Consultees	Means of Consultation	When and how to make representations and appropriate Scrutiny Committee	Documents to be considered	Contact Officer	Tel No
01438	To agree the Social Care Contributions Policy for Personalisation	Cabinet	20/Jul/2011	Cabinet, Service Users and Ward Members, Portfolio Holders	Briefings and/or meetings with interested parties	via the Contact Officer by 20 June - Health and Wellbeing Scrutiny Committee	Report	Neil Revely	5661880
01514	To agree Procurement of Social Care Services: Care and Support Provider for Cherry Tree Gardens Extra Care Scheme.	Cabinet	20/Jul/2011	Cabinet, Service Users and Ward Members, Portfolio Holders	Briefings and/or meetings with interested parties.	Via the Contact Officer by 20 June 2011 - Health and Wellbeing Scrutiny Committee and Sustainable Communities Scrutiny Committee.	Report and supporting papers	Neil Revely	5661880
01515	To agree Procurement for First Tier Welfare Rights Service and to award contract from April 2012.	Cabinet	20/Jul/2011	Cabinet, Service Users and Ward Members, Portfolio Holders.	Briefings and/or meetings with interested parties	Via the Contact Officer by 20 June 2011 - Health and Wellbeing Scrutiny Committee.	Report and supporting papers	Graham King	5661894