

**At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 3<sup>RD</sup> OCTOBER, 2018 at 5.30 p.m.**

**Present:-**

Councillor D. Dixon in the Chair

Councillors Beck, Cunningham, Davison, Fletcher, Heron, Johnston and O'Brien

Also in attendance:-

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

Mr Nigel Cummings – Scrutiny Officer, Sunderland City Council

Mr David Gallagher, Chief Officer, Sunderland Clinical Commissioning Group

Ms Andrea Hetherington – Acting Director of Corporate Affairs, South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust

Ms Lorraine Hughes, Consultant in Public Health, Sunderland City Council

Mr Graham King, Head of Integrated Commissioning, Sunderland City Council

Mrs Christine Tilley – Team Leader, Community Governance Services, Sunderland City Council

Mr Tony Walsh, Healthwatch

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

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, N. MacKnight and McClennan.

**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 5<sup>th</sup> September, 2018 (copy circulated) be confirmed and signed as a correct record.

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

Item 4 – Commissioning of a Multi-speciality Community Provider (MCP)

Councillor Fletcher made an open declaration as Board member of Sunderland Care and Support.

Item 5 - Managing the Market

Councillor Cunningham declared an interest in the report as a family Member worked at Cherry Tree Gardens.

Councillor Fletcher made an open declaration as Board member of Sunderland Care and Support and withdrew from the meeting at this juncture.

### **Commissioning of a Multi-speciality Community Provider (MCP)**

The Chief Officer, NHS Sunderland CCG submitted a report (copy circulated) providing Members with an update of progress realising the local strategic ambition of a Multi-speciality Community Provider (MCP) leading, developing and delivering an effective integrated 'out of hospital' care model in Sunderland.

(For copy report – see original minutes).

Mr Scott Watson, Director of Contracting and Informatics, NHS Sunderland Sunderland Clinical Commissioning Group briefed the Committee on the background to the decision to secure a multi-speciality community provider collaboration business model via an alliance approach and the aim to have it in place by April 2019.

Mr Watson briefed Members on the development and implementation of the alliance arrangements over three key stages. He advised of the engagement work undertaken within the marketplace and the overarching engagement event held in June 2018, where views had been overwhelmingly supportive of the approach.

Mr Watson briefed the Committee on how the alliance model would work and in doing so referred to diagram 1 of the report. He explained the key features and referred Members to the key next steps in the process to implement the alliance proposals.

Councillor Davison asked how much influence the MCP would have over providers in relation to their terms and conditions and charges for services.

In response, Mr Watson advised that the Alliance would have an oversight of the contractors' standards. There were some key things to look at such as staff terms and conditions which they would need to be aware of and might need to deal with. Providers needed to work within the system and not come back for more money. However it was clear there wasn't any more money and therefore this should not happen. The NHS was free to patients at the point of source and would remain free.

In response to the Chairman, Mr Watson reported that providers covering 90% of the contracts had signed up to the Compact for Collaboration. All Members of the Alliance Executive had signed up excluding General Practice.

Councillor Johnston referred to the vision statement of the alliance and enquired how this could be achieved, in particular the statement 'ensuring people will live longer with better quality of life'.

In response to the Chairman, Mr Watson stated that there was some evidence of people getting a better standard of care and having better outcomes with the alliance approach where a whole raft of services were coordinated.

The Chairman asked who would manage the MCP.

Mr Watson advised that they were going out to appoint a Director to manage the MCP. There was a need for transparency and communications were inherent in everything the CCG was doing. There was recognition that there was a lot of work to be done from how they worked currently to get to the position of working more collaboratively. There would be a lot of decisions made that were not palatable with all providers.

In response to an enquiry from the Chairman as to how the computer systems were interacting with each other, Mr Watson advised that they were making sure key patient systems were able to integrate with each other and access the information needed. NHS England had provided a further grant of £0.5m to the 'Great North Care Record'; the ambition being to join up all the care records in the north. At the moment they were trying to get all those in Sunderland joined up.

Mr Graham King, Head of Integrated Commissioning, Sunderland City Council advised that he sat on the Shadow Board and commented that from a local authority commissioning perspective, the MCP felt like a natural evolution. There was already in the city the 'Better Care' pooled budget and reciprocal arrangements between Council staff and the CCG. The Shadow Board Members would be requesting approval from their respective organisational boards for the All Together Better Alliance Executive Group to approve the terms of reference and Scheme of Delegation at its first formal meeting that month. Sunderland CCG Governing Body and the Council's Cabinet would ratify these in November 2018.

The Chairman asked who looked after the patient's financial 'purse strings'.

Mr King responded by saying things were at an early stage but it was an emerging area. Ultimately the patient would look after their own budget for health services and decide how best it should be spent in consultation with the services and in addition to Direct Payments for Social Care. However, he repeated that this was early days in the deployment.

In response to Councillor O'Brien, Mr King confirmed that Direct Payments were not being got rid of.

The Chairman asked Mr Watson whether he could foresee any delay in having the Alliance in place.

Mr Watson responded to say that the only risk to this was if providers disengaged, however he did not foresee any delay.

The Chairman having commented that he looked forward to receiving an update report and having thanked Mr Watson for his attendance, it was:-

2. RESOLVED that the following recommendations be supported:-
- i) the adoption of the All Together Better Alliance as the title of the MCP alliance in Sunderland; and
  - ii) the work done to date and the ongoing engagement activities underway to develop the alliance arrangements, with the objective of ensuring the alliance is in place by April 2019.

## **Managing the Market**

The Executive Director of People Services, submitted a report (copy circulated) providing information relating to the care and support provider market in Sunderland, including the on-going work undertaken by the Commissioning Team with regards to working with and developing a diverse care and support market, and an update on quality and adult safeguarding matters.

(For copy report – see original minutes).

Mr Graham King, Head of Integrated Commissioning briefed the Committee on the report highlighting how the Commissioning Team engaged with the provider markets as set out at paragraph 3.

In response to Councillor O'Brien's enquiry as to whether 19% of homes being rated as 'requires improvement' under the CQC ratings and inspections was high, Mr King advised that this represented 9 homes from 36. He added that Sunderland had one of the highest number of homes i.e. 75% that had an overall rating of 'good'.

Councillor Davison asked that the location of the care homes be included in the report in future.

Councillor Davison commented that it was misleading that on the signage Highcliffe Care Centre had five stars above its name.

Councillor Davison enquired whether a new care home was inspected when it first came into operation in the city to make sure it was giving a good quality service.

Mr King agreed that the five stars Councillor Davison had made reference to above were misleading.

Mr King advised that the breach relating to medicines in respect of Highcliffe Care Centre was in respect of the pharmacy that they were using and not something the Care Centre was doing. The issue relating to working with vulnerable people had now been rectified. Mr King added that the Council was not in control of the inspections the CQC undertook. However Council Officers did go out as a team of commissioners whenever a new home came into the city.

Councillor Heron commented that Paddock Stile Manor still required improvement and she found this very concerning. She referred to the issues raised in relation to staff training and the need for all members of staff who deliver care to people to have an enhanced DBS and Adults barred list check.

Mr King advised that Officers would dig into the inspection to find out what training was needed. In terms of the journey Paddock Stile was on, it had been marked as 'inadequate' and was now rated as 'requires improvement'. This was the recognised process of improvement. Homes did not usually move straight up to being judged as 'good'. Mr King added that in June Paddock Stile had started admitting people again as it was considered to have reached an acceptable level of care once more.

Councillor Johnston enquired as to what was needed in respect of Cherry Tree Gardens and Haddington Vale which had been rated as 'requires improvement'.

Councillor Johnston also asked whether there was any reason why the number of referrals to the independent advocacy service had dropped.

In response to the above, Mr King advised that the Commissioning Team continued to meet with Sunderland Home Care Associates, the care provider, who were working to a new standard in respect of the above care schemes.

In respect of the advocacy service, Mr King advised that the reduction for the quarter in question was linked to the Christmas holiday season and that work had been completed to improve the referral process, raise awareness etc. which had resulted in an increase in referrals for the previous quarter. There had been an increase in the number of advocates and so it was not envisaged that waiting times would go up. Waiting times to access the service had reduced from 54 days and were currently around 28 days.

In response to the Chairman, Mr King advised that care homes were generally very cooperative and engaging when it came to taking advice and making changes following the receipt of a 'requires improvement' rating from CQC as it made sense from both a care and business perspective to do so. The Council was able to use its contractual levers and stop putting people in the care homes in question, however generally there was such a level of engagement that there wasn't any need to resort to this action and the home would put on a voluntary suspension and not take any more customers until the issues were resolved. Good governance was something he had in mind to pick up with the whole of the market as well as issues such as pressure sores. This said, there was so much that was going so well in the city.

The Chairman commented that as a general trend CQC inspections were improving.

Councillor O'Brien commented that it was great to see two care centres in Grindon which are run by Sunderland Care and Support (SCAS) and provide a short break service, doing so well, one of which had achieved an outstanding rating.

Mr King stated that he echoed Councillor O'Brien's comments and added that Grindon Lane Short Break Service was one of the first to get an outstanding rating. There had been one more since however, which was also a short stay scheme run by SCAS.

In line with Members' requests, Mr King advised that the location of the care homes and further analysis of the work of the Independent Advocacy Service would be provided within future reports to the Committee.

The Chairman thanked Mr King for his report and commented that he looked forward to receiving further reports which showed improvement and it was:-

3. RESOLVED that the report be received and noted and that regular updates from the Commissioning Team in relation to the market position, taking into account the above requests for further information, be submitted to the Scrutiny Committee.

### **Integrated Sexual Health Services**

The Director of Public Health submitted a report (copy circulated) providing an opportunity to seek views about future plans for the delivery of sexual health services in Sunderland.

(For copy report – see original minutes).

Ms Lorraine Hughes, Consultant in Public Health, Sunderland City Council presented the report to the Committee drawing attention to the sexual health commissioning responsibilities in place since 2013 which were set out at appendix 1 and commenting that the system was very complicated and provided challenges in terms of the interdependencies currently in place.

Ms Hughes highlighted that Local Authorities were mandated to commission open access sexual health services for everyone present in their area, however it was not set out to what level and how the services have to be provided. They were not a resident based provision and patients had a choice of where to access services.

Ms Hughes advised that the direction of travel nationally was still toward integrated sexual health services.

Ms Hughes referred the Committee to the sexual health outcomes in Sunderland set out at paragraph 4 of the report and the key findings of engagement work set out at paragraph 5. Ms Hughes highlighted the common perception of stigma associated with the Genitourinary Medicine (GUM) clinic set out in the key themes to emerge from the stakeholder interviews, as well as the location of the GUM clinic, which she advised the service provider was aware of.

Ms Hughes briefed Members on the proposed service model to operate from 1 October 2019. The contract would be for five years with the option to extend for two twelve month periods. There would be two routes of provision that were known as the Self Care and Direct Access Pathways. The pathways were interdependent and a service user might access one or both to manage their sexual health.

Ms Hughes advised that NHS England was keen that HIV treatment was maintained in Sunderland and that the service was currently provided by City Hospitals. In terms of access to services in Sunderland, 47% were Sunderland residents, 47% were from Newcastle and a small number were from Durham and other areas. It was the responsibility of NHS England to make adequate provision. Councillor Cunningham referred to the key findings of engagement work and the view that had emerged from that from stakeholders that Chlamydia was seen as 'a badge of honour'. He enquired what work was being done to change this view.

Ms Hughes advised that outreach work into schools and other venues where young people were, worked well. They would also look to do sessions to communicate data and factual information, including the consequences of STIs. Ms Hughes

advised that there was also an enhanced offer in the 0-19 service which had started in July and they would look to include something in there. They would also build something into the approach about tackling attitude and embarrassment.

Councillor O'Brien enquired whether the outreach work would focus on certain communities or age groups such as catholic schools and the gay community.

Ms Hughes advised that they would focus on key groups they knew were at risk, where the case figures were increasing and clients who were accessing other services such as the Substance Misuse Service. Some groups were more challenging to reach, however it was about finding a way to make the service accessible.

The Chairman referred to the reference in the report about using a range of media to provide information about the specialist and non-specialist sexual health services that were available in Sunderland and asked whether this included social media and whether market testing would be carried out to make sure it was getting to the target audience.

Ms Hughes confirmed that it did and that this would be developed with service users.

The Chairman commented that it could be embarrassing for individuals and asked how the service ensured the confidentiality and privacy of service users.

Councillor Cunningham enquired what steps were being taken to try and tackle the stigma related to STIs.

Ms Hughes advised that some of the training would support this. There was still a stigma which acted as a barrier to getting key groups to access the service. It was about being user friendly, gender neutral and making people feel comfortable to disclose and access the services available.

Ms Hughes referred to the key outcomes for sexual health in Sunderland detailed at paragraph 4.2 reporting that between 2015 and 2017 38.2% of HIV diagnoses were made at a late stage of infection, however this compared well to 41.1% in England. She added that the consultants in the GUM service championed the work around HIV and commented that Sunderland was lucky to have the interest and expertise available in the services being provided.

The Chairman asked that feedback on the service be brought back to a future meeting of the Committee to monitor how things were going.

The Chairman having thanked Ms Hughes for her attendance, it was:-

4. RESOLVED that:-

- i) the commissioning responsibilities of the Council for sexual health services, some of which are mandated, be noted; and
- ii) the burden of sexual health on the population of Sunderland be noted.

## **Annual Work Programme 2018/19**

The Head of Member Support and Community Partnerships submitted a report (copy circulated) attaching for Members' information, the current work programme for the Committee's work to be undertaken during the 2018-19 Council year.

(For copy report – see original minutes).

Mr Nigel Cummings, Scrutiny Officer, highlighted that a report on the Urgent Care Consultation was scheduled for the next meeting and the Annual report of Sunderland Care and Support would be submitted to the meeting on 28<sup>th</sup> November.

The Committee asked Mr Cummings to chase up the Patient Travel and Transport Impact Assessment relating to Urgent Care Services.

5. RESOLVED that the current work programme for the Committee's work to be undertaken during the 2018-19 Council year be noted and endorsed and that emerging issues be incorporated into the plan as they arise throughout the year.

## **Notice of Key Decisions**

The Head of Member Support and Community Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from 18<sup>th</sup> September, 2018.

(For copy report – see original minutes).

Councillor Davison referred to item 180725/274 on the Notice and asked if further information could be provided as to whether this meant the fees for Care and Support at Home for Adults were to increase.

It was therefore:-

6. RESOLVED that the Notice of Key Decisions be received and noted and Mr Cummings make enquiries in relation to the above matter and circulate any response received to the Members of the Scrutiny Committee.

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

(Signed) D. DIXON,  
Chairman.