

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 2nd OCTOBER, 2019 at 5.30p.m.

Present:-

Councillor D. Dixon in the Chair

Councillors Cunningham, Davison, McDonough, Mann and O'Brien

Also in attendance:-

Ms. Deborah Cornell – Head of Corporate Affairs, Sunderland CCG
Mr Nigel Cummings – Scrutiny Officer, Sunderland City Council
Mr. Philip Foster – Managing Director, All Together Better Alliance
Mr. David Gallagher – Chief Operating Officer, Sunderland CCG
Dr. Tracey Lucas – Lead GP, Sunderland CCG
Ms Gillian Robinson – Scrutiny Officer, Sunderland City Council
Ms Joanne Stewart – Principal Governance Services, Sunderland City Council
Dr. Martin Weatherhead – Chairman, All Together Better Alliance

The Chairman opened the meeting and introductions were made.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Butler, Heron, Leadbitter, MacKnight and McClennan.

Minutes of the last meeting of the Committee held on 2nd October, 2019

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 2nd October, 2019 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

All Together Better Update

The Managing Director of All Together Better submitted a report (copy circulated) which provided the Committee with an update and overview of the All Together Better (ATB) Alliance in Sunderland.

(for copy report – see original minutes)

Mr. Philip Foster, Managing Director, All Together Better and Dr. Martin Weatherhead, Chairman, All Together Better took the Committee through the report

advising that the ATB was an alliance of provider and commissioning organisations that work closely together to plan, deliver and improve the health and care services in communities across the city.

Members were provided with a presentation (copy circulated) which provided an overview and update on the ATB Alliance and included information on their vision and objectives; the care and operating models; and progress being made.

(for copy presentation - see original minutes)

Councillor McDonough referred to the report, commenting that it was impressive to read, and asking if there were any Key Performance Indicators (KPI's) to measure outcomes against and how often the plan would be reviewed. Dr. Weatherhead advised that they did not have specific KPI's and instead were working towards the CCG's NHS outcomes framework and they were hopeful that they could see some impact on those in the short term. Services were aiming to reduce health inequalities to provide outstanding care and high-quality service every time for everyone and not just for those patients who already access services and know how and where to be seen.

When asked what they would deem to be a success in the next five years, Dr. Weatherhead advised that he would like to see improvements made on the health outcomes for Sunderland residents and see that Sunderland was no longer ranked as national outliers in specific areas and if these improvements were not to be seen then the look to make improvements would have failed. Mr. Foster commented that there were some performance measures in place but it was felt that the real improvements would be seen when patients reported that they had found it easier to access services and it could be seen that they were moving away from more traditional ways of caring for people; and seeing patients beginning to care for themselves. He advised the Committee that they looked to move away from reporting against meaningless KPI's and more at the impact improvement measures were having on the patient experience overall.

In response to comments from Councillor Mann around the impact of the new business model; specifically relating to access to mental health services, Mr. Foster commented that any improvements in service delivery Councillor Mann had experienced may have been from work undertaken prior to the production of the operational plan but advised that this project was looking to reflect and then build on the mental health, learning disability and autism services through programme two; putting mental health care on a level footing with physical health services and looking to continue improving and building on current success. Dr. Weatherhead advised that there was a real commitment from the chief executive and director level within the organisations and it was recognised that there needed to be change and improvement in the way mental health services were accessed.

Councillor Mann referred to the neighbourhood ward level provision and asked how it was planned to develop this further and was advised that it was still in the very early stages of development but that partners were already aligned within the five localities. Mr. Foster informed the Committee that the project team had been set up and would be working from the ground up to build services within the localities. Discussions would also be held with local Councillors and they would not just be looking to use volunteer groups who were already aware to them but also bringing in

other community assets such as local groups, small independent businesses and cafes, etc. to look to develop a social subscriber level of services.

The Committee were advised that there would be a core standard across the city with investment into particular issues on needs identified as being relevant to locality areas. Good practice could then be transferred and shared if and when necessary throughout all of the five localities. Dr. Whitehead commented that they could see varying needs within localities, at opposite ends of the spectrum, and it was about recognising local variations or service need and altering ways to deliver services and resources to meet those specific requirements.

Councillor Dixon referred to looking at alternatives to detention under the Mental Health Act and asked if this was an issue of significance in the city and what viable alternatives there were to consider. Mr. Foster commented that mental health was a big issue in Sunderland; as in most areas of the country nowadays; and commented that the number of detentions were rising. He informed Members that they were looking towards prevention rather than just treatment and having contact with individuals at risk as quickly as possible; having them access both physical and mental services in a joined up approach rather than them being provided through separate pathways.

Dr. Weatherhead advised that episodic care works well but that once treatment has been received for a particular episode there are gaps in providing longer term preventative care and additional support. He was confident that once improvements were made in bridging the gap in support it would inevitably have an impact on detention rates. This issue had been recognised by the trust as an area which they knew they had to work to improve.

Councillor Davison referred to the issue of self medicating and commented that if a patient rang the 111 service and was then directed to a pharmacy to access medication there may be the issue of them not being able to afford the prescription, especially in areas of deprivation around the city. Dr. Weatherhead advised that this point had been made and they could look in the future to bring in schemes similar to those running in other areas of the country where they ran a voucher scheme for lower income households. Mr. Foster commented that it was about finding the right balance so that repeat prescriptions were not continuing to be issued on an ongoing basis, helping to reduce the level of reliance by patients on medications when alternative provisions may be able to help them manage their condition.

Councillor Dixon referred to Project 10 and asked how they would ensure that both health professionals, health workers and patients fully understood what was meant by medical optimisation and was informed that engagement with people would be about making sure they understand what it means for them in the future rather than using the sometimes confusing technical jargon. Dr. Weatherhead advised that they would look to piggyback on the information that the Council were publishing, such as the community news, etc, and using groups such as Healthwatch to help explain to the public what the changes meant for them.

In response to Councillor Davison's question regarding the workforce and organisational development and whether terms and conditions of staff would be protected and that their health and safety were looked after, Mr. Foster commented that the workforce were very important to them and that it was very much around how to develop resources to ensure there were enough staff and how they could

work with colleges and the university. The aim was to develop the workforce so that it was prepared to deliver services going into the future and remove the duplication within roles.

Councillor O'Brien commented that he was glad to see the plans for mental health services as he knew how destructive the system could be when patients waited too long between referrals and were left on medications. Mr. Foster commented that the ambition was there and they would wait to see if the changes demonstrated a real difference being made to people in the city. He gave reassurances to the Committee that they were committed to taking different approaches to help support people with mental health issues and added that if the situation continued in the same way then they would not be able to support and meet the needs of people in the future.

In response to a query from Councillor McDonough regarding how they were looking to combat the issue around the recruitment and retention of GP's to the city Dr. Weatherhead advised that this was an issue nationally, but that it became more of an issue in more difficult and diverse areas of the country. He informed the Committee that there were a number of projects and schemes to help recruit more GP's into the area; referring to the opening of the new medical school; but advised that they had to accept that they were fighting against national pressures.

Dr. Lucas advised that they were also looking at ways of using other professionals in the city to relieve the pressures on GP's. There were professionals in the city who were just as skilled, who could share their abilities and they could look collectively to be more creative in the way that they support patients so that GP's time and resource could be released to treat only those patients that needed to be seen by them.

Dr. Weatherhead commented that if they could look to get a collaborative approach with the North East Ambulance Service this would help in expanding the life span of staff as they could look to rotate their work environments and look to stay in post longer if they wished. The Committee were informed that it was important not to improve one area only for this to have a negative impact on services elsewhere and that it would take time to introduce these new ways of supporting patients.

Councillor Dixon referred to multi-agency care plans and asked who would manage and have oversight of them to ensure they were being carried out correctly? Mr. Foster advised that there were a lot of examples of good care plans in the city but with regards to the emergency care plans they could do better. The GP would be at the centre of the integrated care plan but it was how they wrapped other roles into them. Multi discipline team meetings were held every week with GP practices to look to improve and they recognised what need to be undertaken to see improvements going forward as they looked toward the neighbourhood team approach.

When asked who managed the financial side of the integrated care plans, Mr. Foster advised that the whole resource sits with the All Together Better alliance so that they could coordinate resources around the patient. With the Council they worked towards accessing the Better Care Fund which looks to join up health and care services so that patients can continue to live independently in the community for as long as possible.

Councillor Dixon referred to the myth that some may have around care in the home replacing hospital care and asked how this could be addressed and was informed that hospital care would always be provided for those patients that needed it but for those who did not need that level of care it was better for them to be supported to enable them to continue to live in their own homes or residential care. The changes to the service were not a way of keeping ill people out of hospital but more about how to better coordinate care and support around an individual patient's needs.

Councillor Dixon went on to refer to social prescribing as being a key project within the operational plan and commented that it presented challenges, in particular to the voluntary and community sector groups who ran the majority of projects which patients were referred into and asked if this had been factored into the work that was being undertaken. Mr. Foster commented that they did not expect this to cause problems in Sunderland as the alliance were very clear that they would be making sure that it was a whole system approach working with the primary care network and partner agencies. They had held an event with the voluntary sector providers to start conversations with them and had invited them to be involved, as partners, in designing the pathways for future delivery.

In closing, Mr. Foster thanked the Committee for their time, advising that he would look to continue to provide a further update on an annual basis.

There being no further questions for Mr. Foster and Dr. Weatherhead, the Chairman thanked them for their informative report and presentation and it was:-

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

Urgent Care Strategy Delivery Update

The Chief Officer of Sunderland CCG submitted a report (copy circulated) which updated Members on the progress of the delivery of the Urgent Care strategy / reform programme in Sunderland.

(for copy report – see original minutes)

Dr. Tracey Lucas, Lead GP of Sunderland CCG, took Members through the report providing updates on the following key areas of the Urgent Care delivery:-

- Recovery at Home (RaH) Service;
- Sunderland Extended Access Service (SEAS);
- Urgent Care configuration;
- Urgent Treatment Centre (UTC) implementation;
- System Minor Injury and Illness Activity; and
- The next steps for Urgent Care transformation.

Councillor Dixon thanked Dr. Lucas for her report and referred to the 'teething' issues with the car park system at the Pallion Urgent Treatment Centre and asked if she could explain what these issues were and how they were being resolved? Dr. Lucas advised that there had been concerns that there were not enough parking spaces on site but that there was more of an issue about them being used correctly and through undertaking some minor works they had managed to free up a further

fourteen car park spaces. Work had been carried out with the ambulance services to ensure it was easier for them to park and have access to the facilities and more space had been created in the waiting room so they were happy they had undertaken what was necessary to ensure that the site was fit for purpose.

In response to comments from Councillor Mann around car parking access always being an issue due to its proximity to the Royal Hospital, Dr. Lucas agreed and explained that the works undertaken would make it easier for centre users now and that they had to address the problems of the car park being used by others in a practical way. Mr. Foster also advised the Committee that Healthwatch had been consulted as one of the partner agencies and that they had brought in patients to access the facilities in a wheelchair to make sure they were fully accessible.

Councillor Davison referred to the issue around public transport, commenting that practically nothing had been done to address the issue and that it would be extremely difficult for a parent with a sick child who would usually attend the Bunny Hill Centre to then have to travel to Pallion. Dr. Lucas advised that they had consulted with Nexus as part of the process and advised that extended access services would still be available in the Bunny Hill Centre so there should only be a small cohort of minor injury patients that would need to travel. Dr. Lucas explained that it was not possible to have all facilities, such as X-ray machines, at all of the centres and it was about how they made the best use of the resources and skills they had available to them so that services were fit for the majority.

In response to a follow up question from Councillor Davison, Dr. Lucas advised that the extended access services were available from 6:00-8:30pm on a weekday, 9:00-5:00pm on weekends and 10:00-2:00pm on Bank Holidays in centres across all of the five localities. She advised that a further 46,000 GP appointments a year had been made available through the changes which was a massive addition to have made.

In response to a further question from Councillor Davison regarding services from Southwick practice moving into the Bunny Hill Centre, Dr. Weatherhead confirmed that this was the plan but advised that there had been some delay in the move. The Committee were advised that this decision was taken as it was felt that it was the best fit for those patients attending the practice.

Members having considered the report, it was:-

3. RESOLVED that the update provided within the report and the key areas for consideration as discussed within the final stages of the delivery of the Urgent Care strategy be received and noted.

Oral Health in Sunderland : Progress Report

The Executive Director of Corporate Services submitted a report (copy circulated) which provided Members with an ongoing progress report in relation to the review into oral health in the city.

(for copy report – see original minutes)

Mr. Nigel Cummings, Scrutiny Officer, presented the report advising that Members had undertaken further evidence gathering sessions and that they had visited a water treatment plan in the North East, since the last update provided to the Scrutiny Committee.

Members were advised of further planned activities for the review and advised that the review remained on course for completion by December, 2019.

Members having considered the report, it was:-

4. RESOLVED that the progress in relation to the policy review be received and noted.

Annual Work Programme 2019/20

The Strategic Director of People, Communications and Partnerships submitted a report (copy circulated) which set out for Members information the current work programme for the Committee's work during the 2019-20 municipal year.

(for copy report – see original minutes)

Councillor Davison referred to the End of Life Care item which was planned to be submitted to the Committee in November and asked who would be presenting the item as it would be beneficial if they could have staff who provided that care in attendance at the meeting. Mr. Cummings advised he would liaise with the report authors and see what would be practical in terms of staff attendees at the meeting of the Committee in November.

5. RESOLVED that the work programme for 2019/20 be received and noted.

Notice of Key Decisions

The Strategic Director of People, Communications and 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 21 October, 2019.

(for copy report – see original minutes)

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

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

(Signed) D. DIXON,
Chairman.