

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 11th APRIL 2018 at 5.30 p.m.

Present:-

Councillor Dixon in the Chair

Councillors Chequer, Davison, Heron, Middleton, D. Trueman and G. Walker.

Also in attendance:-

Ms Debbie Burnicle, Deputy Chief Officer, Sunderland Clinical Commissioning Group
Mr Nigel Cummings, Scrutiny Officer, Sunderland City Council
Ms Ann Dingwall, Strategic Commissioning Manager, Sunderland City Council
Mr David Gallagher, Chief Officer, Sunderland Clinical Commissioning Group
Ms Gillian Gibson, Director of Public Health, Sunderland City Council
Mr David Noon, Principal Governance Services Officer, Sunderland City Council

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Fletcher, Hodson, Johnson, Leadbitter and McClennan.

Declarations of Interest (including Whipping Declarations)

Item 3 – Commissioning of a Multispecialist Community Provider (MCP)

Councillor Chequer made an open declaration as an employee of the Northumberland, Tyne and Wear NHS Foundation Trust.

Item 5 Managing the Market

Councillor Middleton made an open declaration as a family member was employed at the Riverside Extra Care Scheme

Change in the Order of Business

The Chairman advised that he would defer Item 3 on the agenda (Commissioning of a Multispecialist Community Provider) until later in the meeting to allow the presenting officer to attend having been detained at another meeting.

Oral Health in Sunderland

The Director of Public Health submitted a report (copy circulated) which aimed to:-

- Raise awareness with the Health and Wellbeing Scrutiny Committee about the poor state of oral health in people in Sunderland, focusing on the oral health outcomes of five year olds;
- Notify the Health and Wellbeing Scrutiny Committee that the public health team had increased the priority afforded to addressing this issue and would be working to put in place a strategy to tackle poor oral health that made use of all key evidence based interventions;
- Start a conversation about the role that water fluoridation could play in Sunderland;
- Offer the opportunity for members of the Health and Wellbeing Scrutiny Committee to comment on plans for addressing this issue.

(For copy report – see original minutes).

Ms Gibson presented the report and proceeded to address comments and questions from members

The Chairman advised that a lot of emails had been received since the publication of the agenda from groups opposed to the fluoridation. He advised that the debate about fluoridation would be discussed fully after the results of the feasibility study to be undertaken by Durham, South Tyneside and Sunderland were known. In response to a question from Councillor Davison, Ms Gibson informed the meeting that while some areas of Sunderland had natural fluoridation, there had never been artificial fluoridation in the area.

Councillor Walker referred to paragraph 5.3 of the report and asked if there were links between schools and dentists to encourage children to have their teeth checked regularly. Ms Gibson advised that work would be done with school nurses to educate parents and encourage them to familiarise young children with dentists at an early age. The 0-19 Strategy had also been strengthened in respect of the focus around oral health. She would like it further developed so that a brief check of a child's oral health was undertaken when he/she met the School Nurse for the first time.

In response to an enquiry from the Chairman, Ms Gibson advised that no thought had yet been given as to how any consultation regarding fluoridation would be undertaken. It would however need to allow experts and the local community to give their opinions and given the controversial nature of the matter it would be likely that any report arising from the consultation was produced through independent oversight.

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

2. RESOLVED that:-

- i) the poor state of oral health in people in Sunderland be noted,
- ii) it be noted that the public health team had increased the priority afforded to addressing the issue and would be working to put in place a strategy to tackle poor oral health that made use of all key evidence based interventions,
- iii) a report on the outcomes of the Oral Health Needs Assessment be submitted to the Committee in due course,

iv) representatives of the new School Nursing Service be invited to a future meeting of the Committee and updates on the work of the service be factored into the Committee's Work Programme

Managing the Market

The Executive Director of People Services, submitted a report (copy circulated) to provide the Scrutiny Committee with an update in relation to the work being undertaken by Sunderland City Council's Commissioning team and partners to work with and develop a diverse market for care and support for people in Sunderland.

(For copy report – see original minutes)

Ms Anne Dingwall, Commissioning Lead presented the report highlighting the current position in relation to the following provider markets in Sunderland:-

- i. Accommodation based services for older people – (Residential and Nursing Care; Extra Care Accommodation).
- ii. Accommodation based services for people with disabilities – (Residential Care; Independent Supported Schemes; Core and Cluster Schemes).
- iii. Accommodation based services for people with mental health needs – (Residential Care; Independent Supported Living Schemes; Core and Cluster Schemes).
- iv. Community services – (Care and Support into people's homes; Day Care/Opportunities; Preventative Services)

In response to an enquiry from Councillor Walker, Ms Dingwall advised that the figure of 252 beds unoccupied was correct but had to be viewed in the context that it was across 47 homes.

The Chairman referred to paragraph 4.1.6 of the report which identified that the local authority was carrying out its own quality monitoring visits which would result in a quality rating for each home. He asked if the ratings and inspections would be made available to the public and how could they access them. Ms Dingwall replied that the reports would be made available on the Council's website having first been shared with residents, their families and social workers. The inspections would be informed by those undertaken by the CQC.

Councillor Chequer referred the CQC inspections of homes and asked if in future reports, brief information could be included regarding a home's performance in relation to each of the 5 domains in order that the Committee was able to see the whole picture rather than just the extremes of good and bad. She referred to paragraph 4.5.6 which stated that the average length of time that clients were on the waiting list for Relevant Persons Representative (RPR) provision was 57 days. Councillor Chequer stated that this was a long time and asked what was being done to reduce this. In addition Councillor Chequer asked what would be put in place for a resident that wished to transfer out from a home that had received an inadequate rating from the CQC and also what provision was provided in respect of short term breaks.

Ms Dingwall replied that short term breaks were offered to people with an eligible need and could be up to 56 nights per year. The short term break figures were not included in the report but could be included in the future. If a service user asked to transfer out of a home then this would be facilitated by their social worker. Ms Dingwall acknowledged that the figure of 57 days for RPR provision was over and above what was acceptable and was due to both increased demand and staffing pressures. Work was being undertaken to reduce the waiting time. With regard to the 5 CQC inspection domains, Ms Dingwall advised that this information could be provided in future reports.

There being no further questions or comments for Ms Dingwall the Chairman thanked her for her report and it was:-

3. RESOLVED that:-

i) the report be received and noted

ii) the Committee continue to receive regular updates from the Commissioning Team in relation to the market provision including additional information regarding the 5 CQC inspection domains, short term breaks and advocacy support.

Commissioning of a Multi-Speciality Community Provider (MCP)

Sunderland CCG submitted a report (copy circulated) to provide the Committee with an update on progress in 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. Appended to the report for Members' information were copies of the Stakeholder Briefing note and the MCP Final Prospectus.

(For copy report – see original minutes).

Ms Debbie Burnicle, Deputy Chief Officer, Sunderland CCG presented the report and addressed questions and comments from members.

In response to an enquiry from the Chairman as to how the Collaboration model differed from the Accountable Care Organisation, Ms Burnicle advised that Accountable care organisations (ACOs) were established when commissioners awarded a long-term contract (usually 10 years) to a single organisation to provide a range of health and care services to a defined population following a competitive procurement. The ACO would have the ability to subcontract with other providers to deliver the contract. In contrast the Collaboration model would comprise several partner organisations in a system acting and behaving as though they were one, whilst maintaining statutory and contractual responsibilities of individual organisations, both Commissioners and Providers. This would be formalised by an alliance agreement which overlaid underlying commissioning contracts.

The CCG had opted for this approach as their preference was to continue to build on the success arising from the more joined up approach over the last few years between the current providers, working collaboratively with commissioners.

Councillor Walker referred to paragraph 4.7 which advised that the ability of the collaboration approach to deliver the pace and transformation required, would be kept under review over the next year and the CCG reserved the right to commission the MCP using a different business model if the review concluded that the collaboration approach was not able to deliver the further transformation at the pace required. He noted that there would be a complex network of relationships involved in an alliance of the size proposed and asked what would be the alternative model if the alliance was not able to deliver. Ms Burnicle confirmed that it would be the Accountable Care Model.

In response to an enquiry from Councillor Davison, Ms Burnicle advised that she had just sent a briefing to Mr Cummings in relation to the position at Farnborough Court. Mr Cummings confirmed that he would circulate it to all members of the Committee for their information.

With regard to further enquiries from Councillor Davison, Ms Burnicle advised that the adult population of Sunderland had 4 levels of need. The Out of Hospital Care Model (as detailed on page 12 of the MCP Prospectus) was organised to respond more effectively to those levels of need. With regard to those people un registered with a doctor she advised that they tended to be the homeless and members of the travellers community.

In response to an enquiry from the Chairman, Ms Burnicle advised that the reception to the proposals had been very positive with no negative feedback received to date.

There being no further questions or comments, the Chairman thanked Ms Burnicle for her report and it was :-

4. RESOLVED that the report be received and noted.

At this juncture the Chairman informed Members that this would be Ms Burnicle's final meeting as she was shortly to be taking early retirement from the CCG. He thanked Ms Burnicle for efforts on behalf of the Committee and the contribution she had made to its meetings over the years. Ms Burnicle responded suitably.

Annual Work Programme 2017/18

The Head of Member Support and Community Partnerships submitted a report (copy circulated) attaching for Members' information, the final report in respect of the Committee's work undertaken during the 2017/18 council year.

(For copy report – see original minutes).

5. RESOLVED that the report be received and noted.

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 28th March, 2018.

(For copy report – see original minutes).

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

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

(Signed) D. DIXON,
Chairman.