Sunderland City Council

HEALTH & WELL-BEING REVIEW COMMITTEE

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Wednesday, 13th September, 2006 at 5.30 p.m.

ITEM

1.	**Apologies for Absence**	
2.	**Minutes of the last Meeting of the Committee held on 12th July, 2006** (copy herewith).	1
3.	**Declarations of Interest (including Whipping Declarations)**	
4.	**Branch Surgery Closure – High Street, Easington Lane** Report of the Acting Director of Primary Care and Clinical Governance (copy herewith).	7
5.	**Inpatient Provision – Cherry Knowle Hospital** Presentation by the Locality Director, Northumberland, Tyne and Wear Trust.	12
6.	**Council Comments : Patient and Public Involvement in Health** Report of the City Solicitor (copy herewith).	13

This information can be made available on request in other languages. If you require this, please telephone 0191 553 7994

7. **Observing NHS Board Meetings** 18

Report of the City Solicitor (copy herewith).

R.C. RAYNER,
City Solicitor.

Civic Centre,
SUNDERLAND.

5th September, 2006.

At a meeting of the HEALTH AND WELL-BEING REVIEW COMMITTEE held in the CIVIC CENTRE on WEDNESDAY, 12th July, 2006 at 5.30 p.m.

Present:-

Councillor R. Bainbridge in the Chair

Councillors Dixon, J. Heron, Leadbitter, Paul Maddison, Richardson, M. Smith, W. Stephenson, S. Watson and Wilson.

Also Present:-

Councillors Blackburn and Tate (Observing)

Welcome and Introduction

The Chairman welcomed everyone to the meeting and invited all those present to introduce themselves.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Blyth, N. Wright, Mr. M. Clarke (Northumberland, Tyne and Wear NHS Trust) and Ms C. Harries (City Hospitals Foundation NHS Trust).

Minutes of the last meeting held on 14th June, 2006

In relation to page 5 of the minutes Mr. Paul Staines, Review Co-ordinator, advised the Committee that he had contacted the STPCT, chasing the information on male ill health and unemployment and was awaiting a response.

In response to a query from page 7 of the minutes (04/22 Burn Care), Mr. Staines advised that Newcastle City's Health Scrutiny Committee was keeping the region informed of progress on the national review of "Burn Care". Mr. Staines assured the Committee that he would keep them up to date using the Members' information bulletin he produced.

1. RESOLVED that the minutes of the last meeting held on 14th June, 2006 be confirmed and signed as a correct record.

Variation in Order of Business

At this juncture the Chairman proposed that the Committee hear Item 4 – Procaine Treatment as Item 6, to allow members of the public who had expressed an interest in the item, to attend the meeting.

Declarations of Interest (Including Whipping Declarations)

Item 4 - Adult Services Commissioning Strategy (Vulnerable Adults) 2006/07 – 2007/08 in Collaboration with Sunderland TPCT

Councillor M. Smith declared a personal interest in the report as a family member was employed by the Sunderland Teaching Primary Care Trust (TPCT).

Item 5 - Policy Development and Review – Diabetes – Scope and Background Information

Councillors M. Smith, Watson and Richardson declared personal interests in the report as having family members involved with Sunderland TPCT.

Item 6 - Procaine Treatment

Councillor M. Smith declared a personal interest in the item as a family member was employed by City Hospitals.

Adult Services Commissioning Strategy (Vulnerable Adults) 2006/7 – 2007/8 in Collaboration with Sunderland TPCT

The Deputy Chief Executive (Adult Services) submitted a report (copy circulated) which presented Members with the first Adult Services Commissioning Strategy (Vulnerable Adults) 2006/07 – 2007/08 produced in collaboration with Sunderland PCT.

(For copy report – see original minutes)

Ms. Debbie Burnicle, Head of Partnership Development, advised the Committee of the purpose of the Strategy and how areas for future development had been brought out during the consultation and feedback process; including from providers and users.

Ms. Burnicle informed Members that this was very much a 'working' document which would change and adapt as new developments arose. She advised the Committee that the Strategy would be submitted to Cabinet as an appendix to the White Paper report they were expected to receive.

Councillor Richardson asked why the commissioning strategy was not joint with the TPCT as some other Councils had moved to the next stage and had joint services. He was advised that this was down to this area being at different levels within the differing groups. Ms. Burnicle informed the Committee that where areas of overlap had been identified joint services had been established and had performed well, e.g. Mental Health Integrated Services and Care of Older People, but with Adult Services Advanced Care there were areas of overlap and further work needed to be undertaken to ensure processes worked in-line together before providing a joint service.

In response to a query from Councillor Heron regarding commissioning intentions and key milestones, Ms. Burnicle advised that intentions were set out at the beginning of the strategy and had detailed links to further documents and plans, such as the Business Plan, which contained indicators of achievement, workforce and resources information.

Councillor M. Smith sought details of what the service was expected to look like in 10 years time and was informed that the focus would be on acute need, signposting to mainstream community based services for all to access, and offering specific help on issues in sectors where it had been identified there was a need.

Councillor Watson raised concerns over communities and facilities being ready and prepared to service residents' needs in the future in a commissioning focussed environment. Ms. Burnicle informed Members that a lot of services were currently being provided which were not seen as a social service function and that issues also included accessing the services and helping them to grow and develop to allow more people use of them.

A discussion ensued regarding the Direct Payments scheme where Ms. Burnicle clarified issues that Members had regarding the employment of Personal Assistant's and future developments of the scheme. She advised that some areas were forming co-operatives to help control the services needed by a number of clients and that changes would be identified with the key worker when the individual was reassessed. Ms. Burnicle informed Members that each individual would have a regular 6-12 week review, where any changes to provision of Direct Payments would be recognised and implemented. Clarification would be sought and information provided. 'Individualise Budget' pilots were also taking place – the nearest being in Gateshead.

The Chairman thanked Ms. Burnicle for the in depth report and informed the Committee that any further questions could be directed through the Review Co-ordinator for a response.

2. RESOLVED that the report be received and noted.

Policy Development and Review – Diabetes – Scope and Background Information

The City Solicitor submitted a report (copy circulated) asking Members to determine a detailed terms of reference for the review. Background information on Diabetes in relation to National Policy, incidences in the City and the changing arrangements for health management of the problem was also set out.

(For copy report – see original minutes)

To assist the review Mr. Staines, asked Members to consider three areas. These were:-

- the setting up of a focus group which could be either staff or community focussed;

- the agreement of a date in January to hold an evidence gathering event from witnesses; and

- how to best engage Members of the public, making them aware of the review and seeking their involvement.

Members discussed the dates for the witness day in January 2007, which had been previously circulated by Mr. Staines and felt that the 26th January, 2007 would be the date which allowed most Members to attend.

The Chairman informed Members of a news item regarding a 21 year old, with diabetes, from Sunderland who had completed the 2005 Triathlon World Championships in Honolulu, Hawaii. He advised that the Review Co-ordinator was going to contact the gentleman and invite him to give his perspective as part of the review.

Councillor Heron stated that Type 2 Diabetes was a major problem and on the increase and therefore a relevant review topic. Mr. Staines advised that intervention and raising awareness through the Council and its Partners to promote the message of Healthy Living would help in having a greater impact.

Members queried if there was any evidence of Diabetes being hereditary, and although there was a general consensus that Type 2 was more likely to be linked to an unhealthy lifestyle, Mr. Staines advised he would investigate this and the other aspects raised during discussion, which would help to set some questions for the witnesses attending in January.

Having given full consideration to the report, it was:-

3. RESOLVED that:-

(i) the baseline information be received and noted;

(ii) that the 26th January, 2007 be agreed as the date for part 1 of the Expert Jury (evidence gathering day); and

(iii) that the information on the national Expert Patient Programme, included in the work programme, be delivered as part of the review rather than a separate report.

Procaine Treatment

The Director of Corporate Affairs, City Hospitals Sunderland, submitted a report (copy circulated) which gave Members details of current Procaine Treatment offered by a consultant at City Hospitals Sunderland (CHS) and its future plans.

(For copy report – see original minutes)

Mr. Brent Kilmurray, Director of Strategy and Service Development, presented the report to the Committee informing them that the treatment was likely to continue being prescribed after Dr. Terry Daymond, Consultant Rheumatologist at CHS, retired in February 2007.

He advised that Dr Daymond's position would be filled but that it would be unlikely the new consultant would offer the treatment, as it had been one of Dr. Daymond's specialist interests. He assured the Committee treatment was not being withdrawn due to finances, as the provision was fully funded and these funds would cease in line with the treatment ending. Decisions were made by clinicians as to care to be prescribed.

Mr. Kilmurray informed Members that each patient was being reviewed to ensure that they continued to receive quality care during the transitional period. Alternatives were being offered including: referral to another Consultant, the Chronic Pain Clinic or back to the GP for an assessment of physiotherapy/occupational health treatments.

Members raised concerns over the treatment being stopped if there were 207 patients currently choosing procaine and how they would be cared for in the lead up to and after the provision stopping. Mr. Kilmurray advised that Consultant decision were heavily based on clinical and scientific evidence and that over the last 20 years a number of more beneficial treatments had been developed, meaning the phasing out of Procaine.

Councillor Maddison asked if the City Hospitals were aware of any other physicians due to retire, which would result in a specialist treatment being changed in the future and was informed that most interests were shared by two or more doctors now which should stop the similar public concerns occurring again.

The Chair advised that given patient and carer interests involved, this issue would best be reviewed and monitored by the City Hospital's PPI Forum with

any information fed back to Members of the Committee. Mr. Staines informed the Committee that any update or further intentions with regard to the treatment would be included in the information bulletin Members received.

Following discussion of the report, it was:-

4. RESOLVED that:-

(i) the report be received and noted;

(ii) that CHS PPI Forum be invited to consider this issue; and

(iii) the Review Co-ordinator provide Members with future updates as part of their news bulletin.

Conference Feedback Report – AMBEX 2006

The City Solicitor submitted a report (copy circulated), which provided the Committee with feedback from Councillor Stephenson (copy circulated) who had attended the annual conference of the Ambulance Services Association, AMBEX 2006, on behalf of the Committee.

(For copy report – see original minutes)

Councillor Stephenson updated Members on the content of the conference. He had chosen as his main focus, three main areas:-

- Technology and Healthcare – the ambulance radio replacement programme;

- National Stoke Strategy; and

- the Ministerial Address.

The Councillor informed Members it had been a very interesting conference, although some parts had been quite technical and would require specific knowledge of the subject but overall he felt it would be of value to send a Member to future conferences.

Having discussed the report, it was:-

5. RESOLVED that the report be received and noted.

The Chairman thanked everyone for their attendance and closed the meeting.

(Signed) R. BAINBRIDGE,
(Chairman).

HEALTH & WELL-BEING REVIEW COMMITTEE 13TH SEPTEMBER, 2006

BRANCH SURGERY CLOSURE - HIGH STREET, EASINGTON LANE

LINK TO WORK PROGRAMME: CONSULTATION

Report of the Acting Director of Primary Care & Clinical Governance

1. Purpose of Report

1.1. To consider, as the Council's health OSC, whether the Committee wishes to comment on an application to Easington PCT to close a branch surgery at 14b High Street, Easington Lane, Sunderland from 31st December, 2006.

2. Process

2.1 Dr Sanghera currently operates from two premises shown below. The Practice has made an application to close the branch surgery at Easington Lane, which is supported by Easington Primary Care Trust (PCT). Although Dr Sanghera is an Easington GP, the branch surgery is in Sunderland. Whilst Easington Lane patients remain registered with an Easington PCT GP, service provision remains the responsibility of that PCT:

Main Surgery Premises	**Branch Surgery Premises**
South Hetton Surgery Front Street South Hetton Co Durham DH6 2TH	14b High Street Easington Lane Sunderland DG5 0JN
Distance between two sites: 1.4 miles	

2.2 Opening times at both surgeries are as follows:

South Hetton - main surgery hours		**Easington Lane - branch surgery hours**	
Day	**Times**	**Day**	**Times**
Monday	8:00 - 18:00	Monday	10:30 - 12:00
Tuesday	8:00 - 18:00	Tuesday	10:30 - 12:00
Wednesday	8:00 - 18:00	Wednesday	10:30 - 12:00
Thursday	8:00 - 13:00	Thursday	Closed
Friday	8:00 - 18:00	Friday	10:30 - 12:00
Saturday	Closed	Saturday	Closed
Sunday	Closed	Sunday	Closed

2.3 County Durham & Darlington PCT is responsible for patients and contractors within County Durham and Darlington serving a population of 600,000 people, over 550 practitioners and contractors providing primary care services. Its responsibilities include all administrative aspects of Primary Care Trust duties relating to family doctors, dentists, pharmacies and optometrists. Services provided include:

- Patient registrations
- Transfer of medical records
- Contractor administration
- Health screening call and recall
- Post payment verification
- Fraud liaison
- Electronic links support for the Exeter computer system
- Finance and payments
- Complaints handling
- Courier delivery service
- Practice staff training
- The provision of patient information

3. Application

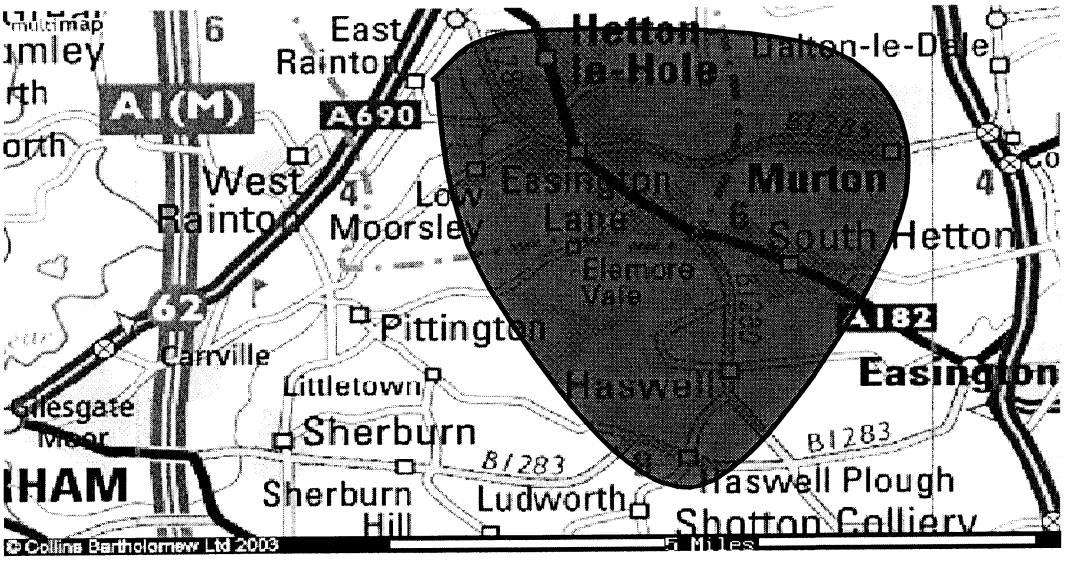
3.1 The Easington Lane branch surgery is currently housed within leased accommodation which is currently for sale by the landlord and this is the prime reason for the application to close. The following issues also apply:

- Dr Sanghera has not expressed a wish in purchasing the property
- Adequate branch services cannot be provided because the premises is too small to allow for the full range of expected services
- There is no vacant accommodation within the area that could be brought in line with current 'fit for Practice' standards
- The current property does not meet the requirements of the Disability Discrimination Act (DDA). To bring it up to requirements would be costly and not provide value for money from public resources
- The configuration of rooms means there is inadequate soundproofing and the Practice has had to take interim steps to ensure patient consultations cannot be overheard by waiting patients
- The building is difficult to heat
- Continuous care for community patients is of concern as District Nurses do not attend the branch surgery
- Services supporting primary care - such as nurses, midwives, pharmacy advisers and other professionals allied to medicine - are not available at the branch surgery
- It is difficult for the The Practice who are unable to provide chaperones for intimate examinations at the premises
- By the time of closure, patients remaining on the panel will have access to significantly improved facilities at the main site in South Hetton due to the completion and opening of a primary care purpose built modern facility
- Additional, patients will be offered registration with the nearby Hetton Practice within the Sunderland boundary
- Closing the branch surgery would mean providing primary care services from the main site and patients would enjoy a better level of care across the board

- The Practice would be able to make better use of both its clinical and administrative resources in order to consolidate and improve patient care at the main site - and indeed - to manage its patient list more effectively than as is presently the case
- Easington PCT has been identified as an under-doctered area and the Trust is pursuing recruitment initiatives to redress this shortfall. The branch surgery has proved to be a deterrent to attracting GPs who expect to be working from modern premises with up to date facilities

4. Patient list information and branch surgery attendance indicators

4.1 A patient distribution map is shown below to illustrates the dispersal of the Practice population:



4.2 The following factors may also be of interest in Member considerations:

- The branch Practice has been open since 1980
- The Practice's list size is 3,232, of which:
  - 2,813 are aged under 65 years of age
  - 213 are aged between 65-74 years of age
  - 206 are aged over 75 years of age
- During the quarter ended March 2006, a total of 68 new patients joined the Practice and a total of 80 patients left the Practice
- During the quarter ended June 2006, a total of 53 patients joined the Practice and a total of 80 left the Practice list
- The Practice has a long term GP vacancy (1)
- There is currently 1 whole time equivalent Practice GP
- No staff will loose their jobs or have hours reduced
- No financial savings are being sought as staff transfer to the main site
- The average list size per GP in Easington PCT is 1,849, so the Practice presently has a higher than average list, due to the GP vacancy

4.3 There are approximately 1,000 patients currently registered with South Hetton Practice who live in Easington Lane. The Practice advise Easington PCT that 100 of these patients regard the branch premises as the principal surgery.

4.4 Practice records suggest, on average, between 4 - 6 patients usually attend the branch surgery during morning surgery.

5. Proposed patient arrangements

5.1 The Practice has no plans to remove any patients from its list and all patients will be asked to continue to attend the main surgery if they wish.

5.2 There is a high percentage of patients in Easington Lane who prefer to attend the main premises as the branch surgery does not operate an appointments system, plus the provision of services at the branch is limited (as mentioned earlier).

5.3 There are a few older patients who prefer the branch surgery due to a lack of transportation.

5.4 For those patients who may not wish to attend the main surgery on a permanent basis, the nearest surgery is shown below. The list status of this Practice, at the time of writing, is "open" to new patients resident in their defined boundary. Other Practices are being consulted as part of this exercise:

Surgery Address	**Distance from Dr Sanghera's branch surgery**
Hetton-le-Hole Medical Centre, Hetton-le-Hole	2 miles

6. Public transport arrangements between sites

6.1 Public transport between the branch and main surgery sites is as follows:

Services X5, 231, 152, 65
Buses run regularly between the Grey Horse, South Hetton and Easington Lane

Buses from the branch surgery to Hetton le Hole Practice are X5, 35, 35A

The *U-Call* service also operates in the Coalfields area.

7. Patient consultation

7.1 Patients have been contacted about the proposed closure and two consultation events held in March 2006. Due to staff absences within the PCT and time elapsed in the process, two additional consultation meetings were held on 21st August, 2006 with all patients receiving written confirmation of the meeting and an invitation to attend.

7.2 Patient consultation is an ongoing commitment of the Trust and it is unlikely the branch surgery will close before the end of the year. This gives patients some considerable time to decide on their options and for the NHS to plan for a smooth transition.

8. Next steps

8.1 Prior to Easington PCT making a decision, consultation is taking place with:

- The Local Medical Committee
- The local Pharmaceutical Committee
- The Patient & Public Involvement Forum
- This Committee
- Local GP Practices

8.2 All comments are required by 30th September 2006.

9. Recommendation

9.1 The Review Committee is asked if it wishes to make any comment to Easington PCT on proposals to close the GP branch surgery at 14b High Street, Easington Lane, Sunderland with effect from 31st December, 20006.

Background Papers

None

S Grogan,
Acting Director of Primary Care & Clinical Governance

Contact Officer: **Yvonne Nicholson (0191 515 4832)**
yvonne.nicholson@easingtonpct.nhs.uk

Sunderland
City Council

Item No.5

HEALTH & WELL-BEING REVIEW COMMITTEE **13TH SEPTEMBER, 2006**

CHERRY KNOWLE HOSPITAL INPATIENT RE-PROVISION

LINK TO WORK PROGRAMME : CONSULTATION

Report of the Locality Director, Northumberland, Tyne & Wear Trust

1. Purpose

1.1 To discuss with Martin Clarke, Locality Director and Tony Railton, Project Manager, progress in re-providing in-patient services for the Sunderland locality.

2. Background

2.1 The Mental Health Trust has provided members of the Committee with regular updates on proposals for service modernisation and re-provision.

2.2 A presentation to this meeting will bring Members up to speed and focus on:

- The final PFI bid
- Feedback on the Involvement/Communications Strategy (supported by the Committee on 7th December, 2005)
- Service Models to be used

2.3 Following the presentation, Members may wish to ask Messrs Clarke and Railton questions including on next stages of development/timetable to complete the project.

2.4 The Committee is reminded that as discussions are ongoing through the Council's formal planning process, Members should not ask questions around issues of detailed design and site layout.

3. Recommendation

3.1 It is recommended that the Committee receives a presentation on the re-provision of in-patient services for the Sunderland locality.

4. Background Papers

None

A Hall,
Chief Executive

Contact Officer: **Martin Clarke (0191 56 56 256)**
martin.clarke@stw.nhs.uk

Sunderland City Council

Item No.6

HEALTH & WELL-BEING REVIEW COMMITTEE 13TH SEPTEMBER, 2006

COUNCIL COMMENTS - PATIENT & PUBLIC INVOLVEMENT IN HEALTH LINK TO WORK PROGRAMME: CONSULTATION

Report of the City Solicitor

1. Purpose

1.1 To consider - and if possible endorse - comments made by officers in lieu of an opportunity for detailed consideration at THIS Committee.

2. Background

2.1 On 13th July, the Department of Health (DoH) published consultation proposals to replace Trust-based *Patient & Public Involvement Forums* with new *Local Involvement Networks* (LINks). LINks are to be area-based and have many of the same powers as PPI Forums. They will also take on an as set unspecified role in relation to social care. A number of other patient & public involvement issues have also been incorporated into consultations by the DoH.

2.2 DoH timing was not good, with views requested by 7th September, 2006. The launch of consultation failed to account for the summer holiday of many members of the public/workers in voluntary organisations and the summer recess common to most Councils. It also failed to satisfy national guidance to Departments.

2.3 Members will recall that in 2003, the DoH created independent PPI Forums across England to represent patient & public views. A Commission was also set up. PPI Forums replaced area-based Community Health Councils. The DoH announced in 2004 the Commission would be abolished as part of its 'arms length body' review. PPI Forums would be replaced at an unspecified date.

3. Detail

3.1 Five elements of reform are proposed with five questions set focussing on the new LINks. No timetable beyond close of consultations is given:

1. **LINks:** Top-tier Councils will be 'appropriately funded' to commission a LINk. Guidance will follow on how tendering should take place. Expectations are LINks will include user groups, voluntary & community sector organisations as well as interested individuals (including children and young people not represented previously on PPI Forums)

2. **OSCs:** OSCs will be encouraged to focus attention on 'decision-making activities in NHS and social care commissioners'. There is no intention to limit a committee's activities and the DoH recognises OSCs already face capacity issues. LINks will have powers to refer matters to OSCs - strengthening the soft link existing before with PPI Forums. In Sunderland there is a PPI protocol already in place that can form a useful building block

3. **More Explicit Duties on Providers/Commissioners to Consult:** The s11 duty on the NHS to consult [Health & Social Care Act, 2001] will be simplified and strengthened. A new duty will be placed on commissioners to respond to what patients and the public have said - and show the difference this has made in regular reports. Expectations are that local people should be able to identify, prioritise and determine what services should be commissioned through continuous dialogue - particularly important as the range of providers moves towards more choice, GP practice-based commissioning and possibly individualised budgets for clients

4. **A Stronger National Voice:** Work is ongoing by a group of patient organisations to identify a more joined-up way the DoH can consult national patient & carer organisations in the future

5. **A Stronger Voice in Regulation:** A stronger voice for users in regulation is promised linking performance to how local arrangements have involved service users, the public, LINks, etc. This will be assisted by a planned coming-together of health and social care regulators who will be able to demonstrate best practice to those they are inspecting

4. Comment

4.1 Attached at Appendix A, is a letter 'signed-off' by the Council's Executive Management Team. Members will note responses are given against the DoH's five questions. Strong representations are also made about the Department's effectiveness in providing an opportunity for interested parties to comment.

5. Recommendation

5.1 That the Committee endorse comments made by Executive Management Team to Department of Health consultations.

Background Papers

Health & Social Care Act, 2001

A Stronger Local Voice': Consultations on Public & Patient Involvement (DoH)

R C Rayner,
City Solicitor

Contact Officer: **Paul Staines (0191 553 1006)**
paul.staines@sunderland.gov.uk

Appendix A

Patient and Public Involvement Team
Department of Health
692D Skipton House
80, London Road
London SE1 6LH

Date: 21st August, 2006
Our Ref: PS/ps/62155D
Your Ref:

Dear Sir or Madam,

'A Stronger Local Voice': Consultations on Public & Patient Involvement

Set out below is my Council's response to *'A Stronger Local Voice: A framework for creating a stronger local voice in the development of health and social care services'* published by the DoH on 13th July.

Sunderland is pleased to see proposals published for debate, but is very disappointed that only seven weeks is allowed for responses. Government's own Code of Practice requires 'a minimum of 12 weeks for written consultation at least once during the development of the policy'. The Code has clearly not been followed here. Our concern is particularly heightened given much of the seven week period is when the public are on their summer holidays and Councils in recess. We would strongly support an extension of consultations on *A Stronger Voice* to enable the DoH's own Code to be met.

We are also disappointed Public & Patient Forums and Overview & Scrutiny Committees are not included in the target audience - or even circulation list. You will be aware both groups are actively involved in providing a local voice for people and have significant experience to share with the DoH in shaping a new and stronger voice for communities. We hope this failure to include is an oversight - or perhaps an indication further detailed consultation is coming with key patient & public involvement partners - on say the role, powers and membership of the new LINks that are relatively silent in your document.

Having looked, in detail at the consultation paper, we would offer the following comment to the questions you set out:

1. What arrangements can we put in place to make sure there is a smooth transition to the new system?

We hope the DoH has learnt from the transition from Community Health Councils to PPI Forums. At that time there was a temporary weakening of the local voice as Forums took time to form and recruit. We believe a strong voice would be assured if guidance was published as early as possible. This would enable support organisations to recruit and train before LINks commenced their work.

Forums are now starting to come into their own and it would be sad to loose all their experience. To utilise this - and to aid at transition - we would suggest Forum members are guaranteed representation in the new LINks (at least in the first year). Forums also provide a useful springboard for recruitment and have good contacts with community organisations and the NHS - all of which will help as the LINKs become established.

We believe transition is best managed locally. Overview & Scrutiny Committees might usefully be involved. We would suggest commissioning a support organisation is undertaken by a Council Department not procuring health and social care services for clients now. This will demonstrate independence to communities. At the same time, we recognise commissioning will need to reflect on the detailed experience of Adult and Children's Services who have significant knowledge of the local third sector.

2. *What do you think should be included in a basic model contract to assist local authorities tendering for a host organisations to run a LINk?*

We believe the quality of support provided by host organisations will be vital to the success of the LINk. Local authorities should be encouraged to appoint host organisations that have credibility, experience and local 'clout'. Performance management should also be reflected upon.

The level of finance provided to Councils for the LINk host organisations will be critical. We would suggest, in addition to crude measures such as population size, the DoH also considers health inequalities and access to hard to reach groups in its financial calculations.

3. *How can we best attract members and make people aware of the opportunities to be members of LINks?*

The experience of the PPI Forums suggests recruitment (and retention) is made difficult by a lack of clarity around remit, role and powers. Forums were encouraged to develop their own role, but this proved difficult and confusing for new organisations with an array of new members. A greater degree of clarity would help attract people to take part. Consideration could also be given to elections amongst voluntary organisations to ensure a good spread of interests. LINks should also be required to have a mix of interested parties based on population profile and clinical interests.

If people are to participate in LINks, they must feel they can achieve concrete results and LINks should have statutory powers at least on a par with those of PPI Forums.

We are very pleased to see that membership now includes younger citizens and third sector agencies whom we feel have important voices that were not heard before.

4. *What governance arrangements do you think a LINk should have to make sure it is managed effectively ?*

We would suggest a basic national framework for LINks with limited flexibility. This will assist in providing national benchmarks in the three main elements to successful governance, namely: accountability, assurance and innovation.

5. What is the best way for commissioners to respond to the community on what they have done differently as a result of views they have heard ?

The Council would support a tougher requirement than a reliance on the proposed Primary Care Prospectus. We would welcome the inspection regime being used to rate how commissioners were responding to communities. Inspection bodies could also establish best practice to be shared to support organisations.

In closing, I should be grateful if you would note that this letter sets out the views of Council Officers. Your timetable for consultation coincides with the Council's summer recess. '*A Stronger Local Voice'* will, however, be considered by the Health & Well-Being Review Committee (my Council's health OSC) at its first available meeting on 13th September.

Please contact Paul Staines, Review Co-ordinator if you require any further information. Paul can be contacted at paul.staines@sunderland.gov.uk on 0191 553 1006, or by fax on 0191 553 1020.

Yours sincerely,

R. C. Rayner

R.C. Rayner LLB
City Solicitor

DX: 60729 Sunderland

Sunderland
City Council

Item No.7

HEALTH & WELL-BEING REVIEW COMMITTEE **13TH SEPTEMBER, 2006**

OBSERVING NHS BOARD MEETINGS

LINK TO WORK PROGRAMME: MONITORING & EVALUATION

Report of the City Solicitor

1. Purpose

1.1 To receive an oral report from Councillor Leadbitter on issues discussed at a recent NHS Board meeting.

2. Background

2.1 At its meeting on 14th June, 2006 Councillor Shirley Leadbitter agreed to take on the role of Committee observer at Board meetings of the Sunderland Teaching Primary Care Trust, City Hospitals Foundation Trust, Northumberland, Tyne & Wear Trust, North East Ambulance Service Trust and North East Strategic Health Authority.

2.2 Review Committee Protocols in place have helped Members and NHS colleagues establish robust and healthy working arrangements; arrangements that have received positive comment from organisations such as the Democratic Health Network and Centre for Public Scrutiny. Appointing a Member observer extends further opportunities for Councillors to be actively involved in the ongoing work programme (a key theme of 'overview & scrutiny'). It also avoids the need for further reports from officers. NHS Trusts are supportive of an observer as a development of good working relations. Trust Board meetings remain open to all members of the public who may wish to attend.

2.3 As with all aspects of the committee's working arrangements, there is an opportunity to review practice each year when considering the Corporate Overview & Scrutiny Protocol.

3. Recommendation

3.1 It is recommended that the committee receives an oral report from Councillor Leadbitter.

4. Background Papers

Overview & Scrutiny Protocol

R C Rayner,
City Solicitor

Contact Officer: **Paul Staines (0191 553 1006)**
paul.staines@sunderland.gov.uk