

**At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 6<sup>th</sup> FEBRUARY, 2019 at 5.30 p.m.**

**Present:-**

Councillor D. Dixon in the Chair

Councillors Beck, Cunningham, Heron, Johnston, Leadbitter, N. MacKnight 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 Philip Foster – Chief Operating Officer, Sunderland Care and Support

Mr David Noon – Principal Governance Services Officer, Sunderland City Council

Mr Scott Watson – Director of Contracting & Informatics, 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 Davison, Fletcher 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 9<sup>th</sup> January, 2019 (copy circulated) be confirmed and signed as a correct record.

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

There were no declarations of interest made.

**Sunderland Care and Support Ltd – Annual Report**

The Chief Operating Officer submitted a report (copy circulated) to provide members of the Committee with Sunderland Care and Support's Annual Report for 2018.

(For copy report – see original minutes).

Mr Phillip Foster, Chief Operating Officer Sunderland Care and Support, presented the report and addressed questions and comments from Members thereon.

Councillors Heron and Leadbitter paid personal tributes to the staff from the Recovery at Home Team in respect of the standard of care they had received from the Service and asked that their thanks was communicated to the Team. Mr Foster advised that he would be more than happy to do so.

Councillor Heron referred to the emphasis being placed on reducing the length of hospital stays via the recovery at home services and asked if this had placed additional pressure on Sunderland Care and Support. Mr Foster advised that Care and Support were part of the Recovery at Home Service which was a unique partnership that brought together a range of health and social care professionals as a team to provide short-term care to people at home. Its aim was to help prevent people going into hospital if they didn't need to be there and support people who've been discharged and needed a little extra help. The success of the service could be judged from the fact that Sunderland were second placed in the league table for the least number of hospital beds blocked. The Partnership included doctors; nurses; social workers; carers and other health professionals (like pharmacists and therapists), as well as re-ablement and occupational therapy staff. Demand for the service had increased over the last couple of years and the length of its application had moved away from the prescriptive 6 weeks per patient to a more flexible approach based on how long the person actually required the service.

The Chair referred to the recent proposals in respect of urgent care in Sunderland and asked if they were likely to impact on the Recovery at Home Service. Mr Foster replied that he believed they would not. The Recovery at Home Service would be part of the urgent care strategy and would continue to receive referrals following triage via the Urgent Care Centre or a GP.

Councillor O'Brien stated that it was great to see the success of the short break service and the engagement with the disabled community recognised in the report. He referred to the Recovery College believing it to be a great asset and asked if its courses were widely advertised. Mr Foster advised that the Recovery College continued to go from strength to strength. Although it was hosted by Sunderland Care and Support who provided some formal staff, the service was peer led. It had attracted and built up involvement from the voluntary sector and statutory services. A great tribute to the college was the fact that a lot of former students had returned to the college as tutors and mentors. Mr Foster added that it was planned that representatives from the College would be invited to address meetings of the Council's Area Committees in the near future.

In response to enquiries from the Chair regarding how complaints were used to drive service improvement, Mr Foster advised that over the course of the year the Service had received 32 complaints all had been resolved and none had been referred to the Ombudsman. There had had been no common themes. The level of complaint could be judged against the fact that the service had over 5,000 contacts per week with some of the most vulnerable residents in the city. Every complaint received a formal response. The outcomes of all complaints were fed back to the teams concerned and sometimes complainants were invited to come in and talk to staff meetings regarding service improvements.

In response to an enquiry from the Chairman regarding his future plans, Mr Foster informed the Committee that he had worked for the Council for a total of 38 years, the last 5 as Chief Operating Officer at Sunderland Care and Support. For the last 3 years he had been working closely with Health Colleagues as part of the All Together Better Sunderland Vanguard Programme which had made significant progress with the development and implementation of an integrated out of hospital care model. The vanguard had provided the input and ideas on the development of an alliance model for Sunderland. The CCG now wished to enhance the care model and secure it for the longer term future via an alliance including and integrating all out of hospital services it commissioned into one model of care. The membership of the All Together Better Alliance included representation from NHS Sunderland CCG, Sunderland City Council, City Hospitals Sunderland, South Tyneside Foundation Trust, Northumberland Tyne and Wear Foundation Trust, the Sunderland General Practice Alliance and Sunderland Care and Support.

Mr Foster informed the Committee that he had been appointed to the All Together Better Alliance as its Managing Director on secondment for a period of 18 months. He would be working with both commissioners and providers with the aim of wrapping services around people that required them. It would be a challenging and exciting role and he would be more than happy to keep the Committee updated on the work of the Alliance.

The Chairman having thanked Mr Foster for his attendance and having wished him well in his new role, it was:-

2. RESOLVED that the report be received and noted and that the Committee continue to receive updates in respect of the work of Sunderland Care and the All Together Better Alliance.

### **Breast Care Service Update**

The Director of Contracting and Informatics, Sunderland Clinical Commissioning Group submitted a report (copy circulated) which updated the Committee on the arrangements for breast care services in Sunderland and in particular the details of the local patient survey following previous discussions of the issue, most recently at the Committee's meeting held in January, 2018.

(For copy report – see original minutes).

Mr Scott Watson, Director of Contracting and Informatics, presented the report highlighting the current position and the results of the patient survey, distributed to patients who had attended the Grindon Lane Service over a six month period during 2017/18.

Members were informed that the Grindon Lane service had now been running for just over two and a half years and was well established. Due to its location, the service continued to accommodate referrals from other CCG areas such as Easington and Seaham and was the main access point for residents in those areas. The service continued to operate two clinics per week, flexing depending on demand and patients also had the option to have any routine follow ups at Grindon Lane if they chose to do so.

With regard to the survey this was developed with significant input from the patient group and was sent to patients who had accessed the Grindon Lane service between August 2017 and January 2018. A section of the survey related to patients who had received a diagnosis of cancer to ensure feedback could be gained across the full pathway. The survey was split into a number of key areas to understand different components of the pathway and also included a number of key questions which patients identified as a priority for the new service during its development. These components included:-

- Patient choice (of location and appointment at point of referral)
- Arrival at first appointment including the environment
- Diagnostics
- Post diagnostic pathway including diagnosis and communication
- Final thoughts

There were a number of key areas that the patient group wanted to understand which were important to patients which were privacy and dignity and the environment. The survey was sent out to 758 patients and 308 responses were received equating to a response rate of 40.6%. A response rate this high suggested that the findings were reflective of the service provided and population served. Overall, the results of the survey were good. 96% of patients thought the treatment they received from Grindon Lane was either fairly good, good or very good.

In response to an enquiry from Councillor Johnston, regarding the potential for additional slots at Grindon, Mr Watson advised that all slots for the two day clinics at Grindon were booked via the NHS e-Referral Service (ERS). If the slots over the two days became fully booked, and patients were still seeking appointments, staff would look to extend the number of slots during the two days or if required, over a third day. For the most part demand was usually satisfied by the two day clinic.

In response to an enquiry from the Chair, Mr Watson explained how the patients group had evolved from a protest group against the loss of the breast care provision in Sunderland to playing an integral part in shaping the development of the new service.

The Chair asked if the results of the patient survey were available publically eg on the CCG website and whether it had been shared with patients. Mr Watson advised that the results of the survey had been shared with the patients group with a view to considering any actions required arising from the survey feedback. He didn't believe that the results had been made available publically on the CCG website however the information was contained in the report before members which was obviously a public document and was available publically on the Council's website.

At this juncture Mr Watson paid tribute to the late Mrs Shirley Williams, the driving force behind the Breast Care Patients Group and their campaign to retain the breast care service in Sunderland. Mrs Williams had been instrumental in helping shape the development of the clinic in Grindon and the redesign of the service as a whole. The CCG were currently meeting with Shirley's husband to consider how her contribution could be best marked formally.

The Chairman on behalf of the Committee echoed and endorsed Mr Watson's tribute.

3. RESOLVED that the report be received and noted; and that the matter be formally removed from the Committee's work programme

## **Urgent Care**

The Head of Member Support and Community Partnerships submitted a report (copy circulated) to provide feedback to the Committee on the CCG's decision in respect of the future of Urgent Care in Sunderland.

(for copy report – see original minutes)

Mr Nigel Cummings, Scrutiny Officer presented the report and advised Members that the CCG's decision was taken at its meeting held on 29<sup>th</sup> January 2019 and drew their attention to the document circulated separately which detailed the decision taken. This amounted to the establishment of an urgent treatment centre located at Pallion Health Centre with five Sunderland Extended Access services located throughout Sunderland, namely:-

- Pallion Health Centre (this would be joined up with the urgent treatment centre)
- Bunny Hill Primary Care Centre
- Houghton Primary Care Centre
- Riverview Health Centre
- Washington Primary Care Centre

Opening times for the urgent treatment centre would be 10am to 10pm, Monday to Friday and 8am-10pm weekends and bank holidays. The Sunderland Extended Access Services would be open 6pm-8.30pm, Monday to Friday, 9am-5.30pm weekends and 10am-2pm on bank holidays.

The clinical model had changed following the consultation to address concerns voiced by people living in the Coalfields and Washington area. This meant people would be able to use the Sunderland Extended Access Service at Houghton Primary Care Centre and Washington Primary Care Centre for both minor illnesses and injuries.

Members welcomed that residents would be able to use the Extended Access Services at Houghton Primary Care Centre and Washington Primary Care Centre for both minor illnesses and injuries but expressed concern that this had not also been extended to Bunny Hill. Concern was also expressed regarding parking and the availability of public transport, especially if it could not be guaranteed that an appointment could be arranged locally. Members also believed that it was crucial that the new arrangements were published as widely as possible.

The Chairman having advised members that he intended to defer further consideration of the matter to a future meeting at which time the Committee's formal response to the decision of the CCG would be formulated, it was:-

4. RESOLVED that the report be received and noted and that further consideration of the matter be deferred to a future meeting.

## **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)

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 arose 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 15<sup>th</sup> January, 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 contributions.

(Signed) D. DIXON,  
Chairman.