

**At a meeting of the SCRUTINY COMMITTEE held in the CIVIC CENTRE
SUNDERLAND on THURSDAY, 8th OCTOBER, 2015 at 5.30 p.m.**

Present:-

Councillor N. Wright in the Chair

Councillors Davison, Fletcher, Howe, Scanlan, David Snowdon, Dianne Snowdon and Mr. Steve Williamson.

Also in attendance:-

Ms. Debbie Burnicle, Deputy Chief Operating Officer, Sunderland Clinical Commissioning Group

Ms. Claire Charlton, Head of Extra Care Housing, Housing and Care 21

Mr. Nigel Cummings, Scrutiny Officer, Sunderland City Council

Mr. Philip Foster, Chief Operating Officer, Sunderland Care and Support Ltd

Ms. Gillian Gibson, Consultant in Public Health, Sunderland City Council

Ms. Rhiannon Hood, Assistant Head of Law and Governance, Sunderland City Council

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

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

Dr. Ian Pattison, Chair of the Sunderland Clinical Commissioning Group

Welcome and Introductions

The Chairman welcomed everyone to the meeting and asked them to introduce themselves.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Ms. A. Blakey.

Minutes of the last Meeting of the Committee held on 10th September, 2015

The Chairman referred to page 7 of the minutes in respect of the item on Child and Adolescent Mental Health Services and advised that the references to 'Washington Mind' should be amended to read 'Washington AIM'.

The Chairman referred to paragraph 2 of page 8 and asked that it be amended by the inclusion of 'and the other members of the Working Group' so it now read:-

'The Chairman commented that she was aware that a massive amount of work had been going on in the Directorate to make improvements to Children's Safeguarding Services and that she and the Vice Chairman and the other members of the Working Group had also been working closely with the Directorate and the Improvement Board'.

1. RESOLVED that the minutes of the last ordinary meeting of the Scrutiny Committee held on 10th September, 2015 (copy circulated), be confirmed and signed as a correct record subject to the above amendments.

Declarations of Interest (including Whipping Declarations)

Item 4 – Sunderland APMS Procurement

Councillor Dianne Snowdon made an open declaration as a patient of Barmston Medical Group.

Councillor David Snowdon made an open declaration as a patient of two of the practices mentioned in the report.

Item 5 – Sunderland Care and Support Limited Annual Update

Councillor Fletcher declared an interest in the item as a Board member of Sunderland Care and Support Ltd. Councillor Fletcher left the meeting room following the presentation of the Chief Operating Officer and prior to any consideration of the item.

Sunderland APMS Procurement

The Chief Officer of Sunderland Clinical Commissioning Group (SCCG) submitted a report (copy circulated) to update the Committee on the CCG's decision to re-procure three Alternative Provider for Medical Services contracts in Sunderland which were due to terminate in the contract year 2015/16.

(For copy report – see original minutes).

Ms Debbie Burnicle Deputy Chief Operating Officer, Sunderland Clinical Commissioning Group and Dr Ian Pattison, Chair of the Sunderland Clinical Commissioning Group presented the report detailing the background to the decision to commission a single APMS contract covering the three practices concerned and the engagement proposals to be undertaken with patients and stakeholders.

Ms Burnicle provided the Committee with the following information in order to provide context in respect of the issues detailed in the report. A service review had been undertaken with regard to the three individual APMS practices which had identified a continued need for the services provided. There was a national steer to move towards equitable funding i.e. an aim to move towards the same fee per person per practice. This would release £1m back to Sunderland for GP practices for each year of a five year contract and help support the CCG's developing local strategy to sustain GP practices in the city. The proposals represented a change to the type of contract not a change to the type of services provided. It could however mean a change of provider depending on who was successful at the end of the commissioning process.

In response to an enquiry from Councillor Dianne Snowdon, Dr Pattison advised that medical records would be shared between the three practices but whether there

would be a single contact number / reception would be a matter for the provider to determine.

Councillor Dianne Snowdon referred to the ongoing problem with regard to the recruitment of GPs and practice nurses and asked whether this was specifically a local problem or a nationwide issue. Dr Pattison replied that the problem existed across the city, the region and the nation as a whole. Locally the problem was at its worst on the eastern coastal strip and south of the Tyne. The problems in recruitment were not helped by the almost constant 'bashing' of GPs by the media which did little to enhance the attractiveness of the profession. Sunderland was currently bottom of the league in terms of preferred places to train. Of the current training places available, only 50% had been taken up.

The Chairman agreed that the current trend in the media of GP bashing was disgraceful but also found it unacceptable that students could undertake all their medical training in the UK before leaving immediately thereafter to take up lucrative positions abroad. She believed that as a condition of the training, students should agree to practice in the UK for a fixed period of time following qualification. With regard to the unattractiveness of Sunderland as a place to train or practice she asked whether any formal research had been undertaken to determine why this was so. Ms Burnicle replied that no formal research had been undertaken. The major issues for GPs revolved around the length of the working day, workloads and the high stress levels generated by the pressurised nature of practice work. There was also a reluctance to take on substantial levels of debt generated by a mortgage on the surgery premises together with its upkeep and maintenance. Dr Pattison advised that a recent local LMC survey had identified that up to 30 GPs were looking to retire in the next 5 years. The main medical school in the region was located in Newcastle and its graduates tended to stay within the city or in Northumberland. Ms Burnicle explained that Sunderland were trying to support career start GPs in the city via a two year mentoring scheme in an existing practice. 8 places had been secured this year. The previous scheme had supported 20 new GPs of whom 15 had opted to remain in Sunderland at the end of the two year programme.

Councillor Davison expressed concern that sick people were being asked to travel considerable distances to receive treatment when they shouldn't be expected to do so. Ms Burnicle replied that the key theme arising from the Group's engagement with people was the importance of the continuity of care in respect of long term conditions however if the condition was not long term people were more happy to travel eg from Bunny Hill to Hendon. Dr Pattison added that it was important to state that travelling to a different surgery for treatment would only be offered as an option. It was not something that would be forced on people.

Mr Williams highlighted that comparisons could be made between the proposals in the report and the groupings that developed between chains of academies. In such cases there had often been complaints about a lack of communication, too rapid pace of change etc. He suggested that the CCG could look at some of the lessons learned in the various Ofsted reports.

Councillor Fletcher believed that patients would be reluctant to travel and stated that it would have made more sense to have brought the three Washington surgeries together rather than align two of them with the surgery in Pennywell. Ms Burnicle replied that the CCG had not had the opportunity as the third Washington surgery

operated under a different contract. Dr Pattison added that the smaller the surgery the larger the impact on services if a GP fell ill as there was no longer the ability to employ locums. The proposals in the report would help protect services in Pennywell.

In response to an enquiry from Councillor David Snowden, Ms Burnicle confirmed that there would be a cancellation clause in the contract as a safeguard should the provider under perform.

The Chairman referred to paragraph 4.2 of the report and asked if Ms Burnicle could expand on the consultation process (including how patient views would be sought and used to influence the procurement process). She also asked if members could receive a copy of the consultation document.

Ms Burnicle replied that the exercise was not being described as a consultation but rather as an engagement. The CCG would be sharing information regarding the contract model with patients and stakeholders and would be interested in hearing anything people wanted to tell them. The questions and comments received would be grouped into themes and taken into account at appropriate points in the procurement process. The engagement had been shared with Healthwatch who had provided advice and offered to act as an independent voice. There was no consultation document as such that could be shared with members however Ms Burnicle advised that she would forward the patient letter, information sheet and details of the Stakeholder briefings. The patient letter provided details of the 3 information sharing sessions and provided a feedback form for those people unable to attend. The information and feedback form was also available on line.

The Chairman replied that it seemed to be a fait accompli in that the procurement process had already been decided. Ms Burnicle advised that the CCG had debated whether the proposals represented a change to service and it was decided that it only represented a change in contract. The CCG believed that if they had used the term consultation people would have had an expectation that they would be able to influence changes to services. The CCG were exploring ways to include public representation on the panel during the procurement stage. This would depend on the results of the engagement plan and what people felt was important to them.

Councillor Howe asked that if the consultation was negative would the CCG still press ahead? Dr Pattison confirmed that it would. The CCG had a decision to make and it would do what it thought was best. Sunderland was losing GPs and the Barmston practice was running on an emergency contract. The aim of the proposal was to give a long term resilience to the 3 practices.

Councillor Scanlon welcomed the proposals. She believed that the scheme was a good one which would save money in the long term.

The Chairman drew the debate to a close and thanked Ms Burnicle and Dr Pattison for their attendance which had been very informative. It had been extremely important to gain a perspective from the GPs point of view. She referred to the recommendations in the report and moved that they be amended to include a recommendation that a request be made to explain why GPs were able to train in the UK and leave to practice elsewhere immediately upon graduation and whether measures could be taken to prevent this. This was agreed accordingly and Dr

Pattison advised that he would take up the matter with Health Education England on behalf of the Chairman.

2. RESOLVED that:-

- (i) the proposal to re-procure the three APMS contracts due to terminate on 30th September 2016; the CCG's plans to engage with directly affected patients and stakeholders about the procurement; and the key milestones and associated timeframe be noted,
- (ii) any queries raised by members during the engagement process be forwarded to Ms D. Burnicle at the CCG;
- (iii) a request be made by Dr Pattison on behalf of the Committee to Health Education England to explain why GPs were able to train in the UK and leave to practice elsewhere immediately upon graduation and whether measures could be taken to prevent this.

Sunderland Care and Support Ltd – Annual Scrutiny Update

The Chief Operating Officer submitted a report (copy circulated) to provide feedback to members of the Committee on the progress made by Sunderland Care and Support Ltd throughout 2014/15.

(For copy report – see original minutes).

Mr Phillip Foster presented the report drawing members' attention to the following key aspects:-

- i) the aims of the company and the services provided
- ii) a review of the business undertaken during the last 12 months
- iii) the operation of the Recovery at Home Service
- iv) the governance arrangements underpinning the operation of the company
- v) the future direction of the Company and the principal risks to be faced

At the conclusion of Mr Foster's presentation, Councillor Fletcher retired from the meeting having declared an interest as a member of the Board of Sunderland Care and Support.

Councillor Davison referred to the current levels of sickness at the company which appeared to be high and asked whether any reasons had been identified and whether the company operated an absence management policy. Mr Foster replied that the company had adopted the Council's absence management policy and would take disciplinary action where necessary. The first priority would be to maintain communications and offer support. The company had a largely female workforce, many with caring responsibilities. The company always looked at shift patterns and rotas to help with the work life balance and support attendance at work. Mr Foster stated that he believed 14 days was still too high a figure and some of this could be attributed to a former culture where people believed they 'deserved' a day off. There was a balance to be struck and the main priority was that service users received a continuity of care.

Councillor Dianne Snowdon referred to paragraph 4.1 regarding company governance, (including the Care Quality Commission (CQC) inspection) and asked when the last inspection had taken place, what was the outcome and where were the results published. Mr Foster replied that the organisation was not inspected as a whole however each of its 19 services were inspected individually. The last inspection had taken place in August and the service had been rated as 'good'.

In reply to an enquiry from Councillor David Snowdon, regarding company employees, Mr Foster confirmed that there had been no change to the grades / terms and conditions for employees who had been subject to a TUPE transfer from the Council. New staff had been employed as 'support workers' and were paid a salary of approximately £16,000. These staff received the same bank holiday payments, were subject to the same sickness policy and were enrolled in the Government Nest Pension Scheme rather than the Local Government Pension Scheme.

In response to enquiries from the Chairman, Mr Foster advised that the Company Board comprised himself together with Councillors A. Wilson, Lawson and Fletcher. The Company was looking to expand its membership and it was likely that two new appointees would be made to the board at its next meeting to be held on 21st October. The apprenticeship scheme was one of the largest in the region lasting for 12 months with the apprentices receiving £110 per week. Training towards an NVQ in care was undertaken at Sunderland College by 60 apprentices with a further 4 pursuing an admin qualification.

The Chairman referred to the £3m efficiency savings required and asked Mr Foster if he felt well placed to meet the challenges this would bring. Mr Foster replied that the onus was on the company to work smarter and more effectively. It would require workforce development and the adoption of new role and models of working. There would be a greater emphasis on partnerships and joined up arrangements.

The Chairman referred to paragraph 5.3 and the reference that the Company may look to extend its services into other areas in the North East. She asked Mr Forster to expand on this and whether the recent issues at Gentoo would serve as a warning. Mr Foster advised that the company was set up to provide it with the ability to trade and therefore help it to limit the need to make cuts. Whatever was earned was ploughed back into the company. There were other areas that would willingly take up services such as Recovery at home and economies of scale could be made through the sharing of services such as telecare. Mr Forster also noted that Gentoo was a completely different form of business.

In response to an enquiry from the Chairman regarding issues raised in the media over timed care appointments of 15 minutes, Mr King advised that Sunderland did not operate in this way. Within the contracts that the Council held with its 10 home care providers visits were not prescribed in terms of 'minutes' rather they were described in terms of the needs of the person receiving care. For example if it involved bathing a person then the visit would last perhaps 45 minutes.

The Chairman having thanked Mr Foster for his attendance and his presentation, it was :-

3. RESOLVED that the report be received and noted.

Housing and Care 21 Extra Care Schemes

The Head of Integrated Commissioning submitted a report (copy circulated) updating the Committee on issues previously raised by members in relation to Housing and Care 21 Extra Care Schemes at Beckworth Mews, Bramble Hollow and Woodridge Gardens.

(For copy report – see original minutes).

Mr. King presented the report and introduced Ms. Claire Charlton, Head of Extra Care Housing at Housing and Care 21 who was present to address questions and comments from Members.

Ms. Charlton referred to the perceived high managerial turn over in its Sunderland homes and advised that a review of the situation had taken place. Housing and Care 21 now believed that it had a generally stable team within the city. Beckwith Mews now had a new manager to cover a period of maternity leave. Ms Charlton explained that Housing and Care 21 wanted to attract staff because they were seen as a good employer who valued its staff by offering the opportunity to upskill and providing good terms and conditions. If there was a gap in any of its Sunderland homes then the organisation would attempt to use Sunderland people to fill it. Ms Charlton believed that the situation at Bramble Hollow was now stable.

Ms Charlton admitted that poor communications was something that people had raised with the firm recently. It was something that the firm were striving to improve and she hoped that things would soon get better. A regular monthly newsletter `was to be distributed to all residents and a 'you said we did' scheme introduced. In addition residents' conferences would also be arranged.

With regard to the provision of activities this varied from scheme to scheme but the firm worked to support residents in establishing entertainment. This was particularly the case at Bramble Hollow. At Dovecot there was a vibrant social scene that needed little assistance.

Ms Charlton stated that the CQC report into Dovecot Meadows had been a blow and was very disappointing. In terms of whether the service was caring Dovecot Meadows had been rated good however the overall rating was that the service required improvement. This had been because the Service had been found to be in breach of 2 regulations under the Health and Social Care Act. Under Regulation 12, medicines were found not to be always administered safely and under Regulation 9, Care Plans were not always found to be person centred. Housing and Care 21 had begun improvement actions straight away. The action plan had been submitted to the CQC and shared with Council colleagues.

The Chairman thanked Ms Charlton for attending before the Committee and appreciated the honesty and openness of her presentation. With regard to the action plans to address the concerns raised by the CQC the Chairman asked Mr King for his opinion on the matter. Mr King replied that he was working closely with Ms

Charlton and he was confident that the action plan, if delivered to timescale, would resolve the medical issues highlighted by the CQC.

In response to enquiries from Councillor Fletcher, Ms Charlton advised that each apartment had its own locked medical cabinet and record book. With regard to the 175 apartments there would be a minimum of 6 carers on duty during the overnight period with as many as 20 on duty during the day. The firm did not operate a system of staff sleep ins. Housing & Care 21 did use a system of measured medicine doses but it trusted the resident's pharmacist to have done this. It was the opinion of the CQC that Housing & Care 21 should be able to identify individual medicines

Councillor Dianne Snowden informed Ms Charlton that she was the local Councillor for the area which included the Woodridge Gardens Scheme. The report before members had made reference to the introduction of more regular engagement between scheme members and local Councillors. Councillor Snowden informed Ms Charlton that following the departure of the previous scheme manager at Woodridge Gardens this had yet to happen. She also asked that the monthly newsletters to residents also be emailed to the local ward councillors.

Councillor David Snowden advised Ms Charlton that he had taken the opportunity to read the inspection report prior to this meeting and he found it remarkable that Dovecote Meadows had not had a fatality on its hands.

Councillor Davison stated that that one of the concerns raised by members at their earlier meeting had been the residents' complaints regarding the decrease in the market value of their properties and their difficulties in re selling. In reply Ms Charlton informed the Committee that re sales had never been a problem in the past. It had only recently developed at schemes in Sunderland and areas of the West Midlands. Housing & Care 21 had now introduced a buy back scheme at 80% of the market value. It had also provided owners with the opportunity to sub-let properties.

The Chairman thanked Ms Charlton for her attendance. She believed that a buy back scheme of 80% was concerning but also felt that Housing and Care21 appeared to be trying hard to address the issues raised by residents and the CQC.

The Chairman moved that the Committee consider three specific recommendations based on what had arisen during the course of the debate. This was agreed accordingly and it was:-

4. RESOLVED that:-

- (i) Housing and Care 21 be requested to provide assistance to residents who wished to enjoy entertainment within their Extra Care scheme but did not possess the ability or competency to organise it themselves,
- (ii) a further report on the progress of the Action Plan to meet the requirements of the CQC Inspection report of Dovecot Meadows be submitted to the Scrutiny Committee in April 2016; and
- (iii) a copy of the residents' newsletters be email to appropriate ward members in respect of the Beckwith Mews, Bramble Hollow and Woodridge Gardens Extra Care Schemes.

Notice of Key Decisions

The Chief Executive 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 22nd September, 2015.

(For copy report – see original minutes).

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

Annual Work Programme 2015-16

The Head of Scrutiny and Area Arrangements submitted a report (copy circulated) which provided the Annual Scrutiny Work Programme for 2015-16 for the Committee's information.

(For copy report – see original minutes).

Nigel Cummings having advised that the November 2015 meeting would include additional items in relation to:-

- i) the Safer Sunderland Partnership
- ii) Gambling Act 2005 – Approval of the Council's Statement of Principals
- iii) Licensing Act 2003 – Approval of the Council's Statement of Licensing Policy

It was:-

6. RESOLVED that the information contained in the work programme be received and noted.

Lead Scrutiny Member Update: October 2015

The Lead Scrutiny Members submitted a joint report (copy circulated), which provided an overview to the Scrutiny Committee of the work of each of the six Lead Scrutiny Members and supporting Panels to date.

(For copy report – see original minutes).

7. RESOLVED that:-

- (a) the update of the Lead Scrutiny Members be received and noted; and
- (b) the current expenditure and remaining scrutiny budget for 2015/16 be noted.

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

(Signed) N. WRIGHT,
Chairman.