

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 4th SEPTEMBER, 2019 at 5.30p.m.

Present:-

Councillor D. Dixon in the Chair

Councillors Butler, Cunningham, Davison, Heron, Leadbitter, McDonough and Mann

Also in attendance:-

Ms Debbie Cornell – Head of Corporate Affairs, Sunderland CCG

Mr Nigel Cummings – Scrutiny Officer, Sunderland City Council

Mr. John Dean – Chairman of Sunderland Healthwatch

Sir Paul Ennals – Independent Chairman of the Adult Safeguarding Board

Mr David Gallagher – Chief Officer, Sunderland CCG

Ms Gillian Robinson – Scrutiny Officer, Sunderland City Council

Ms Joanne Stewart – Principal Governance Services, Sunderland City Council

Ms. Wendy Thompson – GP Commissioning Lead

The Chairman opened the meeting and introductions were made.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Essl and McClennan

Minutes of the last meeting of the Committee held on 3rd July, 2019

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 3rd July, 2019 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Change in the Order of Business

At this juncture the Chairman advised that they would be considering Item 6 – Refresh of GP Commissioning Strategy first on the agenda so that the Officer attending could leave to attend another commitment.

Refresh of General Practice Commissioning Strategy

The Chief Officer of Sunderland Clinical Commissioning Group (CCG) submitted a report (copy circulated) which provided the Committee with an update regarding the refresh of Sunderland CCG's General Practice Commissioning Strategy.

(for copy report – see original minutes)

Ms. Wendy Thompson, GP Commissioning Lead, Sunderland CCG, took the Committee through the report advising that since the publication of the first strategy in 2016 there had been several changes within the NHS, both locally and nationally, and it therefore became apparent that the CCG needed to review and refresh the existing strategy to ensure it included key developments within General Practice and the wider healthcare system.

Councillor Heron referred to the recruitment of GP's and commented that in her own practice she felt that there was a high turnover of GP's and a number that only work part-time and asked if the situation was seen to be improving or whether this was going to be a long term problem. Ms. Thompson advised that the situation was improving but that there was a national crisis in terms of recruitment and retention of GP's and that they needed to look at professionals with different skill mixes who could provide some of those services currently being provided by a GP. New roles allowing professionals to see patients and provide services to them would release pressures put upon GP's. They realised that they had to look at a more holistic approach and direct patients to alternative forms of care or arrangements to help them to look after their own conditions without always being reliant upon visiting their GP.

In relation to the recruitment of GP's in Sunderland, Ms. Thompson reminded Members of the Committee that there were programmes and initiatives in place, such as the 'Golden Hello' package for new GP's, but that they recognised that they needed to continue to look at regional and national practices that were working well to better support GP's. Ms. Thompson explained that the new system would have a clinical pharmacist employed, who would be part of a network of professionals, and they would work in neighbourhood practices or from a centrally based hub that patients could attend.

In response to a question from Councillor Davison as to what the main achievements were considered to be in relation to the five objectives, Ms. Thompson advised that the key initiatives which had been implemented were set out within appendix 1 of the report but commented that recruitment and retention of GP's had improved and that a lot of work had been undertaken to improve access to services.

When asked how access to GP services had improved, Ms. Thompson explained that there was an annual GP patient survey undertaken that provided information but explained that it was difficult to compare this year's to previous years as the questions had changed. Data did advise that they had seen an increase in patient satisfaction levels in their ability to get a GP appointment in person or over the phone and in their patient experiences once appointments had been attended. Ms. Thompson advised the Committee that there were also more initiatives in place to improve access to services which included mapping out the extended hours availability and a report about the implementation of that service would be available in the near future.

Councillor Mann referred to the Patient Access Database System and commented that a number of prescriptions or medications were not included on the database and therefore when they were being delivered it was making the process more difficult for patients as they then had to source the remainder of the prescription separately. Ms. Thompson advised that it was a national system that was being rolled out across the

country and commented that she was aware that some medications may not be included on the system for particular reasons, such as GP's not wanting those medications to be used repetitively or that they could simply be bought over the counter. She informed Members that she would take the comments back to the Head of Medicine who would be able to provide a full response. Councillor Mann commented that her main concern was that patients were not made aware that these medications were not available through the system until they were either delivered or they went to the pharmacy to pick them up and that this was then making the process more difficult for the patient rather than easier.

Councillor McDonough referred to the thirty four GP's that had benefitted from the 'Golden Hello' scheme and asked how this compared with other local authorities and was informed by Ms. Thompson that there were no other similar schemes in the region but that they were happy with the number of GP's that the scheme had attracted to date.

In response to a further query regarding any issues around international recruitment following the referendum results on Brexit, Ms. Thompson advised that it may have complicated the situation but explained that since 2016/17 they had found that a number of applicants from other countries had been unsuccessful in their applications as they had not met specific speech and language requirements.

With regards to comments from Councillor McDonough about access to mental health and suicide prevention services being a 'GP lottery', Ms. Thompson advised that the issue was a priority and key objective and explained that she had recently spoken with colleagues in mental health services around what support they could get into GP surgeries to help further. They were hopeful that getting links to external support for patients into GP surgeries would help improve access to the services which were available.

Councillor Butler asked if by creating vast amounts of GP appointments through new recruitment, etc. were they not concerned that patients would continue to attend the GP practice for every ailment and was informed that there was a lot of work ongoing to signpost patients to the most relevant treatment and GP receptionists had been trained to help patients with that by asking them questions at the first point of contact. The Primary Care Network (PCN) and the onset of social subscribers would continue to help in relieving the pressure places on GP's. The aim was to ensure that patients were given as much information as possible so that they were not making GP appointments where not necessary.

In relation to a question from Councillor Butler around initiatives to promote good self care and management, Ms. Thompson commented that there were a lot of initiatives currently being promoted, such as apps to help support patients in self management of conditions and the plethora of information that was available to signpost patients. Ms. Thompson advised that they were also looking at other professionals working in the primary care networks and other community based services to help support the wider needs of their patients.

When asked by Councillor Leadbitter how many medical students were on roll at the new medical school, Ms. Thompson advised that courses were all fully subscribed and they would continue to work with regional universities to get as many students

interested at the pre-registration stage as possible to keep enrolment numbers rising year on year as the school develops.

In response to a comment from Councillor Davison around using paramedics and linking them to GP practices to take the pressure from GP's, Ms. Thompson advised that only one practice that she was aware of had taken this up through employing a paramedic as a member of staff. Paramedic students tended to leave their course and go directly into the ambulance service.

Councillor Butler referred to a scheme he was aware of in Scotland, whereby other health professionals could chose to convert to study medicine with the premise that they would stay to work. Ms. Thompson advised that NHS Scotland had very different rules than to that of NHS England, though she was aware of some undergraduate courses where students could convert to study medicine.

When asked if the medical school would be opening up to accept students on their course not just through the A Level entry route, Ms. Thompson advised that that would probably be a question best asked of the University of Sunderland, although she was aware that there were very strict requirements to study medicine.

Councillor Dixon asked if the strategy had been shared with all GP practices in the city and was informed that it had been developed in conjunction with GP practices and that they had all been provided with a draft copy of the strategy and given the opportunity to comment before the final version had been prepared, so that they were fully on board.

The Chairman having thanked Ms. Thompson for her attendance, it was:-

3. RESOLVED that the information within the GP Commissioning Strategy be received and noted.

Sunderland Safeguarding Adults Board Annual Report

The Sunderland Safeguarding Adults Board (SSAB) submitted a report (copy circulated) which provided the Committee with their annual report for Member's information which highlighted the current work of the SSAB during the 2018-19 year.

(for copy report – see original minutes)

Sir Paul Ennals, Independent Chairman of the Sunderland Safeguarding Adults Board, took Members through the annual report advising that it was a Care Act requirement to provide an annual account of the work of the Board. The Committee were informed that the work of the SSAB focussed on four strategic priorities as identified in its Strategic Delivery Plan 2019-2024, which informed the Board's local actions to safeguard adults in Sunderland and were underpinned by the Care Act's six key principles of adult safeguarding.

Councillor Dixon commented that he was delighted to see the frequency levels of the inspections that had been put in place and asked how robust they would be and how they were then monitored. The Committee were informed that they were making really progress in developing a multi agency safeguarding hub and the Board were driving the work forward around this and seeing good progress in bringing partners

together as well as information sharing protocols which were moving forward and the themed periodic audits which were programmed on a cycle.

Councillor Butler commented that it was an encouraging report and referred to self-neglect and asked if people were at risk of not being able to look after themselves. Sir Paul Ennals commented that the issue they faced was that people would turn down care and support themselves when it would be apparent to others that they may need some help. It was a big decision to override an individual's decision and they would not want to force services upon someone who didn't feel that they needed it. It was an issue that would never be completely cracked but it was more about making access to those services available to them and also looking at the prevention agenda rather than treatment.

Councillor Davison referred to the pictograph of 2018-19 in figures and commented that it was shocking that the main location of abuse was 40% in residential / nursing homes. Members were informed that it would be of more concern if there were none and that in comparisons it was always one of the highest categories as the practitioner had to indicate a location. The figure did not refer to hundreds of incidents so it had to be taken in context. The raising of concerns in residential / nursing homes means that residents are confident to raise the voice and does not necessarily mean that there has been any level of abuse but that they would like it investigating.

In relation to a query from Councillor Mann around training, Members were advised that since new arrangements had been introduced every member of staff had received training. He explained that new legislation had been introduced so all staff had been retrained and the previous year a key conclusion from the safeguarding training had been that practitioners felt more confident in handling cases having undertaken the training.

Councillor Dixon commented that the report highlighted that the membership of the board had been reviewed and asked what the reasoning behind that was and if it was felt that it had improved the operation of the board and was informed that when he had become Chairman, Sir Paul Ennals had felt that there were too many meetings, so he had streamlined the number of meetings and requested sharper reports with tighter recommendations and to date it was working well. The Children's Safeguarding Board had seen changes in new legislation which, if it worked, could have an impact on the Adults Safeguarding Board so it was important that best practice was shared.

The Chairman having thanked Sir Ennals for his report and attendance, it was:-

4. RESOLVED that the progress and achievements within the annual report be received and noted, whilst acknowledging the ongoing challenges which face adult safeguarding.

Healthwatch Sunderland Annual Report 2018-19

Healthwatch Sunderland submitted a report (copy circulated) which set out for Members information the annual report, highlighting the current work of Healthwatch Sunderland during the year 2018/19.

(for copy report – see original minutes)

Mr. John Dean, Chairman of Healthwatch Sunderland, presented the report advising that after almost two years as Vice Chairman, he looked forward to continuing the excellent initiatives that had been started since 2017. He expected timescales which the Committee would work towards. As a result of major changes being planned for health and social care services he expected the next year to be very challenging but informed Members that they would be helped by the contribution of two new board members and the continued enthusiasm of dedicated staff members and volunteers.

Councillor Davison welcomed the comments on the issues with travel and transport, advising that Members had raised this on several occasions, and asked what Healthwatch were hoping to gain in the future to address these concerns. Mr. Dean commented that they would like to see a shuttle bus service hitting the communities and outskirts of the city, possibly running through hub points to then pass by the hospitals or a routine service that ran a circular route. He commented that a lot of users were elderly and they needed to have a more direct transport route to and from services as it could be difficult for them to get there otherwise.

Mr. Dean advised that he was aware that there was a transport group established but he had not seen any concrete action to have come from them. The transport group were sympathetic to the public's needs but he understood that many of the transport providers were private companies and that it would ultimately come down to finances and resources. It was an area that they would have to continue to push forward in the hope that a satisfactory resolution could be found.

Councillor Davison went on to ask if many of the people they came into contact with were aware of the extended GP service and was informed that when given the opportunity, volunteers from Healthwatch would look to give out leaflets and communicate changes to the public to ensure that they were kept as up to date as possible but he felt that more could be done.

Councillor Mann referred to the 49% of people contacting Healthwatch in relation to local authority and social care support and commented that she knew they were working to access care homes and GP surgeries, etc. but asked what more could be done to get access to those who were socially isolated and hard to reach groups. Mr. Dean advised that they were working to get in to forums with social workers and care workers and advised that they gathered the views of family and friends of those who may be socially isolated to learn how they could best engage with the more hard to reach groups.

Councillor Cunningham commented that obviously volunteers were an integral part of Healthwatch and asked how they recruited new volunteers and was informed that new volunteers were usually recruited via word of mouth and through former board members on other groups which Healthwatch may have been involved with. He advised that they were always open to recruiting more members and to do this they ensured that they had a visual impact in and around the city, sharing information and providing advice.

In response to a question from Councillor Cunningham who asked how the Healthwatch priorities were determined and what they were moving forward, Mr. Dean advised that they were keen to have more involvement and give better support

to the Health and Wellbeing Board Projects now that the numbers of board members had increased. He commented that they were careful to remain independent and saw their role in the future to continue to support services but they did see a lot more challenges facing them to continue to improve patient inclusion.

Mr. Dean went on to comment that they had a lot of engagement with patients through GP surgeries and hospital waiting rooms and moving forward they would continue to work on communications; getting information from NHS services and the CCG out to the public and community.

Councillor McDonough commented that he would be interested to see a breakdown of the people that Healthwatch came into contact with such as by age, background, etc. and was informed that younger people were harder to contact but they did engage with some young people through colleges and the young carer's and they asked them their views on how best they could look to have access with more.

In closing, Mr. Dean advised that their biggest concern was in relation to mental health services and access to them and they were hopeful they could play a part in signposting people to services. He advised that Healthwatch did not, historically, reach many 17-23 year olds but they were always happy to reach out to colleges and other establishments to go along and give information or a presentation should that level of interest be there.

Members having no further questions or comments, it was:-

5. RESOLVED that the Committee received and note the work of Healthwatch Sunderland as outlined in the Annual Report.

Sunderland Clinical Commissioning Group Improvement and Assessment Framework

The Chief Officer, Sunderland Clinical Commissioning Group (CCG) submitted a report (copy circulated) which provided the Committee with performance information for Sunderland CCG, including national comparisons and indicators of a regional and national interest.

(for copy report – see original minutes)

Mr. David Gallagher, Chief Officer, Sunderland CCG, presented the report advising that the CCG Improvement and Assessment Framework (IAF) became effective from 1st April, 2016 and had four domains:-

- Better Health;
- Better Care;
- Sustainability; and
- Leadership.

Performance was rated against each standard/indicator in the domains, ratings in the six clinical priority areas and currently Sunderland CCG was rated as Outstanding.

In response to a question from Councillor Dixon around what plans were in place to address the lack of capacity of consultants, Mr. Gallagher advised that the issue

they had was that more members of staff were becoming trained in specialist areas, which was good as patients were receiving better care in those areas but it meant there were fewer people to deal with the generalities of medicine. He went on to advise that the newly formed Medical School would help but that this would be five to eight years in the future. There was a number of other initiatives being put in place to help address the issue such as having skilled up other professionals to help ease the pressure placed on medical staff and also the works around improving the recruitment and retention of staff which had previously been discussed.

Councillor Dixon referred to end of life care and still being in the bottom quartile for England and asked when improvements could be expected to be seen. Mr. Gallagher commented that the assessment framework was almost like an MOT for a car whereby it pinpointed a moment in time. He advised that most end of life care was provided in the community and that gradual improvements had been seen but advised that he could look to bring a report back to a future meeting of the committee to allow Members to deep dive in to that particular service area.

Councillor Heron commented on the ambulance service and asked what recruitment of paramedics was like, commenting that they were a vital service but feeling that they may be looked on as a poor relation sometimes. Mr. Gallagher advised that there had been a number of newly qualified paramedics recently taken on by the ambulance service and that they should see improvements in the service as this cohort are brought on board. He explained that handover delays were a particular issue which had been highlighted and handovers were usually made up of a fifteen minute handover of the patient and then fifteen minutes to be ready for the vehicle to be back on the road but suitable breaks needed to be rostered in to the staff day before moving on to the next callout as soon as possible.

Councillor Cunningham asked if Mr. Gallagher was able to provide any further information as to why ambulance response times were particularly poor in Sunderland and was advised that recruitment of staff had played a part but also that the way in which ambulance response times were now recorded had changed. Mr. Gallagher advised that the new system would record when a patient was taken by the ambulance crew to hospital and not when the first responder had reached the patient. The service were also looking to ensure that they had the right fleet of vehicles for the areas they served and they would continue to try and support the service to ensure improvements were made and that performance was good across the board.

Councillor Dixon referred to the accident and emergency four hour wait and commented that whilst it was good to note that performance is better than the national picture, he asked if there were any reasons as to why Sunderland performance was one of the lowest in the region. Mr. Gallagher advised that they were working to raise awareness with the public as to when it was more relevant for them to attend the accident and emergency room, rather than using it as a default when faced with delays at their GP practice. He informed Members that although patients were waiting longer, data told them that they were not coming to harm as a result of their wait. The service were looking towards a number of interventions to direct people away from attending accident and emergency but Mr. Gallagher commented that this was very much a cultural issue and it was evident that the work to get people to consider suitable alternatives first was key.

Members having no further questions or comments, it was:-

6. RESOLVED that the Committee would like to acknowledge the areas of good performance that are outlined in the report and recognise that this was down to the hard work of staff across the CCG and health services. The Committee also noted that there were clear areas for improvement and progress that were highlighted within the report.

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 Heron requested that an update on maternity services in Sunderland and South Tyneside be provided to a future meeting of the Committee and added in to the work programme accordingly.

Councillor Davison requested that an item be included on the work programme to discuss the provision of the school nursing service now and in the future.

7. RESOLVED that the work programme for 2019/20 be received and noted and the items as set out above be included.

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 19 August, 2019.

(for copy report – see original minutes)

8. 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.