

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in Committee Room 1 of the CITY HALL, SUNDERLAND on TUESDAY, 31 OCTOBER, 2023 at 5:30pm.

Present:-

Councillor Usher in the Chair

Councillors, Bond, Burnicle, Haque, Heron, Hunter, Jones, Speding, M. Walker and Walton.

Also in attendance:-

Nigel Cummings – Scrutiny Officer, Sunderland City Council

Philip Foster – Managing Director, All Together Better.

Andrea Hetherington - Director of Corporate Affairs and Legal, South Tyneside and Sunderland NHS Foundation Trust

David Noon – Principal Democratic Services Officer, Sunderland City Council

Gillian Robinson – Scrutiny, Mayoral and Member Support Coordinator, Sunderland City Council

Gerry Taylor – Executive Director Health, Housing and Communities, Sunderland City Council

Scott Watson – Director of Place (Sunderland), NHS North East and North Cumbria Integrated Care Board

Apologies for Absence

Apologies for absence were given on behalf of Councillor Graham-King.

Minutes of the last meeting of the Committee held on 3 October 2023

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 3 October 2023 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

Councillor Jones made an open declaration as an employee of the North East & North Cumbria Integrated Care NHS (NCIC) and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trusts (CNTW).

Sunderland Safeguarding Adults Board Annual Report

The Director of Place (Sunderland), NHS North East and North Cumbria Integrated Care Board submitted a report (copy circulated) which provided the Committee with a performance update as at end of September, 2023.

(for copy report – see original minutes)

Mr Scott Watson, Director of Place (Sunderland), NHS North East and North Cumbria Integrated Care Board (ICB) presented the report highlighting a number of performance issues including indicators relating to the key areas of Urgent Care; Planned Care; Cancer; and Mental Health, together with any mitigations undertaken. It was important to note that industrial action, winter and staffing pressures across the health and care system would continue to impact on the delivery of a number of key national and local performance indicators.

The Chairman thanked Mr. Watson for his comprehensive presentation and invited questions and comments from the Committee.

Councillor Hunter referred to the expansion of the Mental Health Support Team into schools and asked if the 10 schools referred to were primary, secondary, or a mixture of both. Mr Watson replied that they were primarily secondary schools as this was where the demand was. It was hoped that the offer could also be expanded into primary schools.

Councillor Bond referred to Mr Watson's 'a bit of a mixed bag' description of the performance and suggested that in fact national standards were not being met in respect of any of the indicators. He asked if there were any timescales regarding when these standards were likely to be met. Mr Watson replied that the situation in Sunderland was far from unique. Only a handful of trusts across the country met these standards. Regionally and compared to many trusts nationally, Sunderland's performance was good. He anticipated that by the end of the next financial year the performance figure would be up to the 75% mark and within the next 18 to 24 months would be close to the national standard indicator.

Councillor Haque pointed out that urgent care performance did not hit North East or Regional targets and that there had also been a drop in performance in respect of patients waiting for more than 6 weeks. Mr Watson explained that both the planned care diagnostic waiting times and urgent care performance faced challenges relating to capacity, industrial action, seasonal pressures and increased demand. Whilst diagnostic waiting times were improving, this indicator faced its biggest challenge during periods of industrial action as priority was given over to urgent care. With regard to urgent care, it was hoped that the decision to co-locate the GP out of hours service within the Urgent Treatment Centre would help performance.

Councillor Speding noted that the orthopaedic situation had not shown any sign of improvement historically, and expressed doubts that it ever would. He stated that there was anecdotal evidence to suggest that surgeons were switching from NHS patients to take up more private health care work. The advertising around private health care often cited the ability to jump the NHS queue as one of the advantages. Mr Watson replied that waiting times in Sunderland for orthopaedic treatment were better than many of its regional neighbours and in particular Newcastle but conceded that they still remained long. It was true that more people were opting to go private, the ICB were very conscious of this and aware of the advertising campaigns that encouraged it. There were key priorities that the ICB wanted to drive forward and the last thing it wanted was to see the rise of a two-tier system. Ms Hetherington added that all consultants were required to fulfil their NHS contracts. It was not the case that they could just drop an NHS patient to treat a private patient.

In response to an enquiry from Councillor Walton as to whether any trusts met the performance standard in relation to planned care, Mr Watson advised that some did regionally. The issue impacting on waiting times in Sunderland had been capacity in relation to non-obstetric ultrasound. Additional capacity was now in place and an education and engagement programme was to be implemented. Additional capacity in relation to MRI scanning was also to be implemented in South Tyneside District Hospital and the ICB were looking at ways to allow GPs to refer directly into the radiography service.

As a supplementary question, Councillor Walton asked if there was enough equipment available to cater for the increased capacity? Ms Hetherington confirmed that this was the case and there were also a number of mobile scanners available. The main issue affecting performance was staffing rather than any lack of equipment.

Councillor Jones stated that child mental health had been a challenge before the pandemic. She asked if the situation was worse now and if this was the result of chronic under-funding from central government. Mr Watson replied that it would not be appropriate for him to address the political aspect of the question however with regard to the challenges, he advised that there had been a growth in the complexity of the referrals. Whilst there had been no deep dive research undertaken as yet, there was anecdotal evidence to suggest that the prolonged periods of isolation enforced during lockdowns had been a contributing factor. It was noticeable that more referrals were being received directly from schools.

The Chair asked how the Waiting Well Initiative was proceeding, how patients were reacting to it and was it helping to manage expectations and concerns? Mr Watson advised that the initiative was working well and in terms of evaluation from the perspective of patients the feedback had been very positive. The initiative had been introduced on a pilot basis however the ICB would be looking to mainstream it given the positive evaluation. The Chair then referred to Faster Diagnostic Standard for Cancer and asked how it was progressing and what did it mean for patients. Mr Watson replied that the standard was progressing well with a performance of 87%. The measure was now a lot more transparent and it was hoped that the improved early diagnosis of cancer would improve the survival rates for patients.

In response to an enquiry from Councillor Bond, Mr Watson confirmed that if all current vacancies were filled then it was more likely that performance standards would be reached. In response to a further enquiry from Councillor Bond, Mr Watson confirmed that salaries for vacant positions were provided for in the budget.

Councillor Bond suggested that a hospital that carried out both NHS and private health services would be incentivised to prioritise private work as the rewards were greater. Mr Watson replied that he could understand why people would feel that was the case, however in terms of the hospital referred to by Councillor Bond, its business model was not set up that way.

There being no further questions, the Chairman thanked Mr Watson for his attendance, and it was:-

2. RESOLVED that the information provided be received and noted.

Sunderland Winter Planning

All Together Better Sunderland submitted a report (copy circulated) which provided the Committee with an overview of the winter resilience plans in the city for 2023/24.

(for copy report – see original minutes)

Mr Philip Foster – Managing Director, All Together Better presented the key elements of the report including: -

- The review of the 2022/23 winter plan, highlighting what worked well and areas identified for improvement,
- The 'Whole System Approach' being taken in respect of the 2023/24 plan and the development of a new transition from hospital service model,
- The Covid and Flu Vaccination programme on offer in Sunderland including cohort eligibility and campaign timings,
- Services in respect of Mental Health,
- Interdependencies of the Winter Plan with other service developments,
- Key continuity and resilience risks together with the assurance provided through the All Together Better Alliance Command and Control Group.

The Chairman thanked Mr Foster for his report and invited questions and comments from Members.

Councillor Bond welcomed the establishment of the 'Transfer of Care Hub' as part of the new transition from hospital service model. He stated that it made sense that the ICB funded the first part the transfer and asked what the funding provided. In response the Committee was advised that it provided funding for the first two weeks of care after leaving hospital.

In response to an enquiry from Councillor Walton, Mr Foster explained that the aim of the Care Hub was to enable the quick discharge of patients who no longer required hospital care and where home or a community setting was the best place for them to continue their recovery. It was hoped that the hub would enable a reduction in discharge waiting times of up to 25%. To put this in context, Mr Watson advised that a reduction of 25% was the equivalent of the freeing up of a whole hospital ward.

In response to an enquiry from Councillor Walton, Mr Foster confirmed that the success of the Hub would depend on the planned increase in social care capacity. Additional capacity in the domiciliary care sector was being established and the All Together Better Alliance was working with the Local Authority to 'block out hours' to enable the alignment of the model with the Local Authority's social work teams and reablement at home service.

Councillor Speding described the quicker discharge of patients to their homes as the desired 'utopia' and asked if it was achievable? Mr Foster confirmed that providing care as close to a person's home as possible was what people wanted. There was no doubt that there were growing pressures on social care and as a result services were striving to be more creative and innovative, for example, in the increasing use

of assistive technology and an emphasis on the importance of prevention together with the impact that lifestyles made to a person's health. It was a fine balance.

In response to an enquiry from the Chairman, regarding high frequency users of the Emergency Department, Mr Foster advised that it was recognised there was a group of patients who would use the A and E Department as their first port of call for any health issue. The cases were often complex, concerning patients that led chaotic lives, who suffered from mental health issues and or drug and alcohol dependencies. A new steering group taking a multi-agency approach would review the list of high frequency users and agree appropriate interventions for staff supporting patients to take forward. Councillor Jones welcomed the approach being taken.

With regard to the vaccination programme, Councillor Jones asked if the indefinite GO North East bus strike would impact on the ability of people to receive their injections. Mr Foster replied that a key feature of the vaccination programme was that it was delivered at a local level to eliminate the need to travel as much as possible. The situation would continue to be monitored however there had been no drop off in take up to date.

There being no further questions, the Chairman thanked Mr Foster for his attendance, and it was:-

3. RESOLVED that the information provided be received and noted.

Annual Work Programme 2023/24

The Scrutiny, Members and Mayoral Support Coordinator submitted a report (copy circulated) which briefed members on the development of the Committee's work programme for the municipal year 2023/24 and appended a copy of the programme for Members' consideration.

(for copy report – see original minutes)

Mr Nigel Cummings, Scrutiny Officer presented the report and briefed the Committee on the current position regarding those items already scheduled on the work programme and those waiting to be programmed in on a suitable date. In addition, Mr Cummings briefed the Committee on the Smart House opening day to which members would receive an invitation and the availability of on-line Scrutiny Training.

With regard to the Suicide Prevention Update due to be presented at the Committee's meeting on 16th January, members were informed that Washington Mind had offered to provide a training session for the Committee.

4. RESOLVED that the report be received and noted and that the training offer from Washington Mind be accepted.

Notice of Key Decisions

The Scrutiny, Members and Mayoral Support Coordinator submitted a report (copy circulated) which provided Members with an opportunity to consider those items on

the Executive's Notice of Key Decisions for the 28 day period from the 11th October 2023.

(for copy report – see original minutes)

The Committee was advised that if Members had any issues to raise or required further detail on any of the items included in the notice, (that were within the purview of the Committee), they should contact Mr Cummings for initial assistance.

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

There being no further items of business, the Chairman closed the meeting having thanked members and officers for their attendance and contributions.

(Signed) J. USHER,
Chairman.