

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

Present:-

Councillor Usher in the Chair

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

Also in attendance:-

Nigel Cummings – Scrutiny Officer, Sunderland City Council

Sean Fenwick – Deputy Chief Executive and Director of Operations, South Tyneside and Sunderland NHS Foundation Trust

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

Joanne Stewart – Principal Governance Services Officer, Sunderland City Council

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

Apologies for Absence

Apologies for absence were given on behalf of Councillors Graham-King and Potts

Minutes of the last meeting of the Committee held on 4 July, 2023

Councillor Bond referred to page 2, paragraph 2 where it stated that UDA rates averaged at around £30 per day and commented that this should read '£30 per UDA'; and it was:-

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 4 July, 2023 (copies circulated) be confirmed and signed as a correct record, subject to the amendment as set out above.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Operational Recovery Update – NHS Foundation Trust

South Tyneside and Sunderland NHS Foundation Trust submitted a report (copy circulated) which attached a presentation that provided an update on the operational recovery of the trust.

(for copy report – see original minutes)

Mr. Sean Fenwick, Deputy Chief Executive and Director of Operation, South Tyneside and Sunderland NHS Foundation Trust, took Members through a presentation which set out data and information on a wide range of issues in relation to operation recovery, which included:-

- Referral to Treatment Time;
- Local Capacity and Demand;
- Diagnostics and Faster Diagnosis Standard;
- Cancer Performance; and
- Mental Health.

(for copy presentation – see original minutes)

The Chairman thanked Mr. Fenwick for their informative presentation and invited questions and comments from Members.

Councillor Heron advised that over the last few weeks she had heard of more people suffering from long Covid and asked if there was an increase of patients being admitted to hospital with it. Mr. Fenwick advised that they continued to monitor levels internally, which allowed changes to be made should they see a spike in inpatient numbers, but advised that they had not had to revert to any of the procedures they had in place during the pandemic; although he was aware that a couple of trusts within the North East had had to during the last few weeks. In relation to long CoVid cases he commented that they would see a reduction in new cases but advised that they ran a long CoVid service for patients to access until they had recovered.

Councillor Speding referred to the Trauma and Orthopaedics service and asked if there was a situation whereby consultants in private hospitals were now not renewing their contracts with the NHS and was advised that the independent sector; where the NHS had asked private organisations to undertake work; was fairly fixed, as they were not able to take all of the patients that the NHS could. In terms of private practice, which was relatively small in the North East, they were not in a situation where any NHS specialists had left to go to work in the independent sector and therefore it was not a material issue for them.

In response to a query from Councillor Speding regarding the invasive procedure for prostate cancer and the possible life changing side effects from it, Mr. Fenwick advised that they had not carried out a transrectal biopsy for approximately two years now which helped to avoid a number of the issues, complications and risk of infection related to that procedure.

With regards to treatment for prostate cancer being available at a local level, he went on to advise that they were looking to provide a one-stop shop everywhere they provided urology services but there would be some restrictions due to the technology and more advanced MRI scanning machines that were available at particular sites. He explained that MRI's for prostate cancer were a standard investigation nowadays, to the point that they were now looking to give patients an MRI before they saw the urologist so that they could then make a more informed decision. They accepted that they probably undertook 10% of MRI scans that were not necessary but this ensured the 90% got earlier detection and treatment.

In a follow up question, Councillor Speding asked if the PSA test was less accurate and was informed by Mr. Fenwick that if a PSA result came back very high then there was a good chance of it being due to prostate cancer. The problem lay in that lots of other things could cause PSA results to rise and therefore it was an imperfect screening test as it introduced too much uncertainty.

In relation to the reasons for non-attendees at appointments, when there were so many ways in which patients were reminded of their appointment and given the opportunities available to them to cancel or rebook with ease, Mr. Fenwick advised that prior to the reminder service going live the rate of patients not attending appointments was around 8%; since the service this was typically at 4-5%. He advised that prior to the reminder service a number of patients had informed them that when trying to advise they were unable to attend they had not been able to contact anyone so they had to look to provide a range of ways for patients to contact them in a way that was most suitable for them.

Ms. Taylor advised that there was also a piece of work being undertaken in line with the Council's Healthy City Plan around patients not attending appointments to see if there were any other issues the Trust could explore which could reduce these numbers further. The findings of this could be shared in due course, although it was in very early stages at the moment.

Councillor Bond referred to the CQC report which had set out clinical governance as one of the areas which required improvement and asked how they balanced reducing the waiting list whilst trying to improve clinical governance at the same time? Mr. Fenwick agreed that there was no point in giving up quality for quantity and alongside the recovery process they were undertaking a full review of the clinical governance process to ensure it was simple, all staff could understand it and that it was effective. He informed the Committee that they had not reduced the time of clinical governance activities to give up to clinical recovery activities so the timetables looked the same as they had pre-pandemic and none of that time had been sacrificed.

In relation to block contracts and how much progress was being made to move to incentivised contracts; Mr. Fenwick advised that the national position was not available yet but it had been made very clear that all of the funding for this year had been paid out and therefore he could not see it being introduced in this financial year. Any further funding would probably only be given to support winter pressures rather than elective recovery.

Councillor Burnicle advised that a resident had informed them that they had been told that there would be a five year waiting list for their child to receive an ADHD diagnosis and if through the right to choose scheme they chose to go to an alternative site such as Teesside would any ongoing treatment have to be taken there or could they refer back to Sunderland. Mr. Fenwick advised that firstly they were not necessarily the provider of diagnostic services for ADHD but a five year waiting list did sound unacceptable. Should a family choose to access services in another location then there was nothing that would stop them being repatriated to a local service if they wished.

Mr. Fenwick advised that the Government were in the process of introducing DMAS (Digital Mutual Aid System) and PIDMAS (Patient Initiated Digital Mutual Aid

System) which allowed patients who had been waiting over forty weeks to add themselves to an app where other providers who may have capacity to offer that service could take patients on from that list. He commented that in terms of the incident Councillor Burnicle had referred to the family should be offered a range of providers but the diagnosis itself was very important as it opened up access to further services. If diagnosis was given by a private practitioner then the family could return to NHS treatment following that; but they should ensure that they carried out their own research on that provider.

Councillor Jones thanked Mr. Fenwick for his presentation and commented that it had been very detailed and comprehensive, open and transparent, and that it acknowledged the areas for improvement whilst sharing the initiatives that were available and showing that the patient was at the heart of the recovery process and that they were not just fixed and focussed on targets.

Councillor Usher asked how much an MRI scanner machine could cost and was advised that a standard CT cost approximately £1million, an MRI scanner around £1.2million and a recently acquired SPECT-CT scanner had been about £2.3million.

There being no further questions, the Chairman thanked Mr. Fenwick for their attendance, and it was:-

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

Work Programme 2023/2024

The Scrutiny, Mayoral and Members' Support Coordinator submitted a report (copy circulated) which attached the proposed work programme for the year for consideration and agreement.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, presented the report advising that the report included a number of potential topics to consider along with the Scrutiny Work Programme for 2023/24.

Mr. Cummings advised the most popular topic for the Task and Finish Working Group had been Integrated Services and invited interest from Members if they wished to be included. Councillors Usher, Jones, Heron, Speding, Burnicle, Hunter and Walton had shown an initial interest in being involved with the working group and Mr. Cummings advised he would look to prepare a scoping paper and hold a meeting for Members to be able to confirm their involvement.

Members having considered the report, it was:-

3. RESOLVED that the contents of the work programme and the update on the task and finish working group for 2023/24 be received and noted.

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 9 August, 2023.

(for copy report – see original minutes)

Mr Cummings, Scrutiny Officer, having advised that if any further Members wished to receive further information on any of the items contained in the notice they should contact him directly, it was:-

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

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

(Signed) J. USHER,
Chair.