

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in Committee Room 1 of the CITY HALL, SUNDERLAND on TUESDAY, 26 MARCH, 2024 at 5:30pm.

Present:-

Councillor Usher in the Chair

Councillors Bond, Butler, Graham-King, Heron, Hunter, Jones, Speding, Walton and M. Walker

Also in attendance:-

Mark Cotton – Assistant Director of Communications, North East Ambulance Service (NEAS)

Nigel Cummings – Scrutiny Officer, Sunderland City Council

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

Gillian Robinson – Scrutiny and Members Support Coordinator, Sunderland City Council

Samantha Start – Public Health Lead, Sunderland City Council

Joanne Stewart - Principal Democratic Services Officer, Sunderland City Council

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

Wendy Thompson – Head of Primary Care, North East and North Cumbria Integrated Care Board

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

Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Burnicle and Haque.

Minutes of the last meeting of the Committee held on 27 February, 2024

Councillor Jones referred to the paragraph at the top of page five of the minutes whereby it referred to Ms. Jones and commented that this should have been Ms. Johnson, and it was:-

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 30 January, 2024 (copy circulated) be confirmed and signed as a correct record, subject to the amendment as set out above.

Declarations of Interest (including Whipping Declarations)

Item 4 – South Tyneside and Sunderland NHS Foundation Trust, CQC Action Plan.

Councillor Jones made an open declaration as an employee of the North East & North Cumbria Integrated Care Board (NECIC) and in her role as a commissioner of services.

Change in Order of Business

The Chair advised that he would be taking item 6 on the agenda – Oral Health Promotion Update at this juncture to allow the presenting Officer to leave thereafter.

Oral Health Promotion Update

The Executive Director of Health, Housing and Communities submitted a report (copy circulated) which provided an update on the oral health promotion work following the publication of the Oral Health Strategy.

(for copy report – see original minutes)

Samantha Start, Public Health Lead, took Members through the report and addressed comments and questions thereon.

Councillor Bond referred to the National and Local Context slide of the presentation and the number of hospital admissions and commented that, as Sunderland did not add fluoride to their water, he could not believe that the rate was significantly lower than North East and England averages unless it was only relating to the hospital rather than referrals, and was therefore misleading. Ms. Start advised that she had been informed that Sunderland did not have consultants in the hospital so if there were issues with oral health then they would potentially have to go to an alternative hospital which may skew the figures.

In response to comments from Councillor Bond doubting the statement that 83.6% of adults received access to NHS dental services, Ms. Start explained that this was from a national data set but added that it did rely on self-reporting from patients. Councillor Bond asked that it be fed back that the figure would then be irrelevant as only those who had attended a dentist would have sight of the survey.

Councillor Butler asked how outcomes of the strategy were to be measured, whether short or long term, and was advised that there was an advisory group set up who would look at the strategy and pull together an action plan, with particular reference to the five key areas. She advised that the issue they would have was the lag in data collection but that the group would provide regular updates and report back.

Councillor Butler also referred to the fluoridation programme and work that had been undertaken in 2019 by the Committee, and commented that the Committee may want to refer back to that work and their findings. Ms. Taylor advised that there was now a live consultation on fluoridation in the Northeast which was the responsibility of the Department of Health and Social Care to take forward but Councils and individuals could respond.

In response to a follow up question, Ms. Taylor informed the Committee that in the past the responsibility had sat with the local authority but following work being paused during CoVid and the change in the Act, this was now the responsibility of the DHSC.

Councillor Speding referred to the family hubs across the city and asked what outreach, if any, would be provided from these? Ms. Start explained that they had teams of staff who would go into hubs and train staff, and then families who accessed the hubs would be given advice, support and information. In terms of the national strategy, this was more focussed on very early years and pregnant women, offering support with weaning, etc. before children got teeth and the damage having already be done.

Councillor Speding asked what happened to those families who could not access the hubs as they may not be in the most accessible areas of the city for vulnerable families and Ms. Start advised that staff were trained through commissioned services but there would also be access to oral health services through trained staff in nurseries and schools through the 0-19 years service.

Councillor Walton referred to signposting to local NHS dental services and commented how it was not always clear which practices had services available and asked how it worked in practice? He was informed that it was one of the areas that had been picked up at the advisory group and they had asked how best to get information out to residents. Currently they were being directed to the 111 service who could direct them to dentist services but this may change in the future with the dentistry plan. Councillor Bond advised that there was a website that could provide information on practices which were accepting NHS patients but this was not always up to date.

Mr. Watson advised they would direct patients to NHS.uk; but they would qualify that with that it was up to the practice to keep information up to date and that not all did. If there were urgent requirements for treatment, then the 111 service was the correct route as they would assess the patient and signpost them to the most appropriate service.

In response to comments from the Chairman regarding getting the message through schools when they had their own pressures with SEN and attendance, etc. Ms. Start commented that it could be tricky but they were trying to use as many platforms as possible to raise the profile of oral health and toothbrushing. They tended to visit schools and then pass any information back to Together for Children so that they were all giving the same, consistent message.

There being no further questions, the Chairman thanked the Officer for their report, and it was:-

2. RESOLVED that the information within the report be received and noted.

North East Ambulance Service – Update 2024

The Deputy Chief Executive and Assistant Director of Communication and Engagement, North East Ambulance Service (NEAS), submitted a report (copy

circulated) which attached a presentation for Members information, providing an overview of activity and performance for the NEAS.

(for copy report – see original minutes)

Mark Cotton took Members through the presentation which covered a wide range of issues including:-

- Demand and performance;
- Response times performance;
- Hospital performance; and
- Trust capacity.

(for copy presentation – see original minutes)

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

Councillor Jones asked what impact the NHS 111, 'press 2 for Mental Health', may have on the ambulance service and also the 'Right Care, Right Person' initiative by Northumbria Police and was informed that although the press 2 service was not yet up and running they had been filtering calls to give a measure of the volume of calls that may be received. This information had then been shared back with the two mental health trusts in the service area. They had undertaken a lot of work over the previous year to manage the impact so that the patient would get the best care.

With regards to the right care, right person initiative, Mr. Cotton advised that it was a nationwide scheme, and calls going into control rooms which were identified under the set criteria would then be redirected elsewhere. They had seen an increase in calls into the NEAS as a result which was being managed within the current capacity at the moment. He advised that two other forces, Durham and Cleveland, had not yet gone live and it would be important that they mirrored the system that was in Northumbria Police force so that there was no variation between areas they supported.

Councillor Butler referred to the ambulance sited at Marley Park and asked where they looked for other sites, and if the Council could support this in any way, and was advised that they were currently undertaking a review of all stations, to stock check what was available and in what state. After that they would then look at potential sites for placing ambulances, and in the future they could look to revisit the Committee and have that discussion with Members.

In response to a question regarding category 4 incidents, and if there was capacity for community responders to be utilised, Mr. Cotton advised that whilst category 4 cases may not be urgent they may still be complex, chronic conditions which needed a higher clinical skill than an alternative first responder may have.

Councillor Butler referred to third party ambulance services and asked if this suggested there was a recruitment and/or retention problem and was informed they did not have either. There were two university's who facilitated oversubscribed courses for new staff coming into the service and in terms of retention they had put into place a new clinical framework of progression for roles and also introduced specialist and practitioner roles, working with primary care providers.

In response to comments from Councillor Bond regarding the quality of care, and the findings of the CQC report, and why the management structure was still rated as inadequate? Mr. Cotton advised that the inadequate rating referred to the well led domain, which had not been re-inspected by the CQC after the 2022 report. A Section 29 notice had now been formally withdrawn, so the CQC were satisfied that the improvements made in the areas of concern had now been addressed. The CQC inspection process was also changing to look more at the patient journey, rather than the individual trust.

Mr. Cotton advised that a lot of improvements had been made, both in the management and some of the systems that had been highlighted; which included having a strong and robust development programme, teaming up with Northumbria Health Care Trust, as they were rated outstanding by the CQC, to provide a buddy and challenge support system. With regards to incident reporting, they recognised they needed to make the system more robust, and NHS England had also highlighted a new system in patient reporting which was due to come into effect in April, 2024.

Councillor Bond asked if the CQC element could be included in future reports to the Committee, which Mr. Cotton advised would not be an issue.

There being no further questions, the Chairman thanked Mr. Cotton for his detailed presentation, and it was:-

3. RESOLVED that the content of the report and presentation be received and noted.

Improving Access to General Practice

The North East and North Cumbria (NENC) Integrated Care Board (ICB) submitted a report (copy circulated) which detailed the work that had been undertaken within the OCB primary care team to improve access to general practice in Sunderland.

(for copy report – see original minutes)

Scott Watson and Wendy Thompson, presented the report advising that its purpose was to provide an update on the initiatives undertaken to support improved access and specifically how the Primary Care Access Recovery Plan (PCARP) was being implemented within Sunderland.

The Chairman thanked Mr Watson and Ms. Thompson for presenting the report and invited questions and comments from the Committee.

Councillor Butler commented on using the pharmacy first service himself and the brilliant treatment he had received, which he hoped would help relief pressures on other services in the future.

In response to a query from Councillor Bond regarding governance over the pharmacists prescribing, Ms. Thompson advised that they were all prescribers in their own right, but that they also prescribed under patient route directions which were national protocols which governed those individual pharmacies. They were

also looking at national statistics to identify any patients which may go back into general practice or emergency departments.

Councillor Jones asked if a breakdown could be included in future reports of the additional employees and which disciplines they may work in, which Ms. Thompson advised could be included.

The Chairman commented on co-ordinating data stored by GP's and the use of different systems and was advised that in Sunderland, all GP's used the same clinical system so that they could all 'talk' to each other.

Having no further questions or comments, it was:-

4. RESOLVED that the information within the report be received and noted and that the progress to date on different access initiatives be noted.

Annual Report 2023/24

The Scrutiny and Members' Support Coordinator submitted a report which attached the annual report of the Committee to be included as part of the overall Scrutiny Annual Report which was to be submitted to a future meeting of the Council.

(for copy report - see original minutes)

Mr. Nigel Cummings, Scrutiny Officer took Members through the report advising that the report provided a very brief snapshot of some of the main work undertaken by the Committee during the municipal year 2023/24.

He advised that the report had been written from the perspective of the Chairman of the Committee and would be submitted to a future meeting of the Council.

Mr. Cummings confirmed he would take on board all comments from Members and would look to circulate a second draft to all Members for information.

The Committee having fully considered the report, it was:-

5. RESOLVED that the report be approved to be included in the Scrutiny Annual Report for 2023/24 subject to the amendments as discussed.

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 that had been considered through the municipal year.

6. RESOLVED that the report be received and noted.

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 14th of February 2024.

(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, Scrutiny Officer for initial assistance.

7. 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.