

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in Committee Room 1 of the CITY HALL, SUNDERLAND on TUESDAY, 1 NOVEMBER, 2022 at 5:30pm.

Present:-

Councillor Butler in the Chair

Councillors Ayre, Bond, Heron, Speding and Usher

Also in attendance:-

Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council

Ms. Vicky Mitchell – Divisional Director, South Tyneside and Sunderland NHS Foundation Trust

Ms. Joanne Stewart – Principal Governance Services Officer, Sunderland City Council

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

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

Apologies for Absence

Apologies for absence were given on behalf of Councillors Chisnall, Potts and D. Trueman and on behalf of Dr. Sean Fenwick, South Tyneside and Sunderland NHS Foundation Trust.

Minutes of the last meetings of the Committee held on 27th September and 4th October, 2022

1. RESOLVED that the minutes of the last meetings of the Health and Wellbeing Scrutiny Committee held on 27th September and 4th October, 2022 (copies circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

Councillor Butler made an open declaration as he may have a professional interest in items on the agenda as an employee of North Cumbria Integrated Care Services.

Operational Recovery Update – NHS Foundation Trust

South Tyneside and Sunderland NHS Foundation Trust submitted a report which provided the Committee with an update on operational recovery of South Tyneside and Sunderland NHS Foundation Trust.

(for copy report – see original minutes)

Ms. Vicky Mitchell, Divisional Director, South Tyneside and Sunderland NHS Foundation Trust advised Members that they had received an overview of the recovery plan in November 2021 and gave a presentation which provided an update on the current situation and covered:-

- Current National Guidance;
- Key Operational Deliverables;
- Cancer Care and Performance; and
- Major Pressures.

(for copy presentation – see original minutes)

The Chairman thanked Ms. Mitchell for her informative presentation and commented that it was very welcoming that the trust had been chosen to deliver the national screening programme offering targeted lung health checks but asked where the staff and resources would be coming from. Ms. Mitchell advised that they were in quite a fortunate position whereby they had been able to attract the respiratory nurses that they needed, for example they were able to offer progression to some nurses who they may have otherwise lost to other services. They had also used international recruitment to appoint more radiographers; as there were not sufficient coming through their local streams; and they also had staff who were willing to work extra shifts given that it was only a short-term service that was being offered.

Ms. Mitchell advised that they need to deliver the service regardless of whether the trust had been chosen as a pilot and in being able to deliver it initially allowed them more control so they could then manage incidental findings, i.e. where a CT scan was taken of the lung and a problem was identified in another part of the anatomy, they were able to ensure patients were given the right care with the right people.

The Chairman provided Ms. Mitchell with a compliment that he had received from a resident whose parent had been diagnosed with lung cancer and the time from the GP appointment to investigation, to treatment and feeling better had been only six weeks and she had been extremely complimentary of the service.

Councillor Heron referred to recruitment and commented that there were a lot of news stories advising of nurses leaving the profession and asked if they were able to recruit new nurses to vacancies and was informed that locally they were working quite closely with the University of Sunderland to try and improve nurses arriving from the nursing school, where the facilities were exceptional, as previously they had to rely on other areas of the country to fill their cohort.

Ms. Mitchell also explained that they were pursuing international recruitment; which was not something they would necessarily want to have to rely on; but it was the reality of where they currently were. They had recently carried out an international

recruitment drive with an NHS agency who had identified 140 nurses that they were integrating and bringing into the trust, and they would continue to pursue this further. She advised that there were moves afoot within the NHS to improve the number of training places in the country but the position they found themselves in now meant that they were exploiting opportunities that were available to them to fill their cohort.

In response to a further comment from Councillor Heron regarding previous training schemes where nurses were trained through the hospital rather than universities, Ms. Mitchell advised that they were looking at different mechanisms for delivering solutions to the recruitment of nurses and that model did work in other areas such as allied health professionals and therapy areas, and they were looking at options so that they could try to diversify their workforce.

Councillor Usher referred to the comments made on recruitment and staffing and asked if the succession plan could be described to the Committee. Ms. Mitchell advised that they had lost some consultants in radiology and did not have the amount of workforce that they needed to run the service, which was through a combination of retirements and people relocating, and that this reflected a national problem in that they had not previously trained enough radiologists to fulfil the demand. Five to six years ago they realised that there was going to be a problem so they had put a lot more people through the training programme so they would be looking at 6/7 people who they were hoping would come to and be the right fit for the organisation, although there was a very competitive market between hospitals for the same staff.

In response to a further comment from Councillor Usher, Ms. Mitchell advised that they did not have the same recruitment issue with radiographers and were in a really good position with those staff, again working with the university to maintain a local feed and through international recruitment.

When asked by Councillor Bond how the patient initiated follow up's (PIFU's) would work, Ms. Mitchell advised that it would be a consultant and patient conversation at the appointment to explain that having reviewed things from a clinical pathway they did not think the patient would need to be seen in twelve months, or whatever the standard practice was. The consultant would then advise that they would leave the case open for the patient for them to contact them if they were comfortable with that arrangement. Everyone would then know that the patient was initiating their own follow up and if they made contact an appointment would be arranged.

Councillor Bond raised concerns that without follow up from a member of staff then a patient may fail to self-refer and was assured by Ms. Mitchell that PIFU's would not be the relevant approach for all patients and that during the discussions the consultant would assess which patients were suitable for a PIFU and which would still require that follow up review.

In response to a question from Councillor Bond as to how many patients were waiting 104 weeks or how many of those patients had fallen off that waiting list, Ms. Mitchell advised that from her experience you typically had 10% drop-off rate of patients who are on a waiting list, regardless of their waiting time. Mr. Watson informed the Committee that as of last week there was a single 104 week waiter patient in Sunderland who was awaiting complex spinal surgery. He also advised that there was a region wide initiative that looked at all of the long waiters across the

region and made interventions, contacting patients to see if there had been any changes they should be aware of, so there was proactive intervention.

With regards to comments from Councillor Speding around the recruitment of radiologists, Ms. Mitchell advised that the issues STSFT were having were felt in the majority of trusts that had a similar profile to them such as Durham and Gateshead; and the tertiary specialist centres with more high profile cases had less issues, such as Newcastle and South Tees.

In a follow up question, Councillor Speding asked why there was such an issue in recruiting to radiology and was advised that it had been short-sightedness in that there had not been enough training spaces in the past, and it was a national problem with insufficient trained radiologists in the system to fulfil the demands. NHS England profile how many places they think they will need per specialism, as the worst thing they could do would have been to overtrain groups of consultants and then not have jobs for them to go into.

Councillor Ayre asked for an idea of the activities that they had for the health and wellbeing of staff and also asked if they were being proactive in the retention of staff, understanding why they may consider leaving the service. Ms. Mitchell informed Members that they had a significant drive at the moment to improve staff health and wellbeing and explained that they were offering Thrive, which was their own psychological support system that had been commissioned which they could access for one to one or group support, and that it was being really well received and accessed. There were also various wellbeing initiatives that were being explored in the organisation such as providing healthy food in canteens, a freedom to speak up guardian and getting more positive conversations embedded, as well as proactive absence so staff were contacted if absent to understand the reasons and also providing workshops on issues such as personal finances.

In terms of staff retention, exit interviews were given to staff who did leave, and stay questionnaires were being rolled out to ask current staff members what would convince them to stay within their service; whereby they could then promote those services that were already available or look to make any improvements or address areas that may make them consider leaving.

In response to a further question from Councillor Ayre as to whether paper letters were still being maintained for those patients who were not technical; Ms. Mitchell advised that only those patients that had signed up to electronic appointments and letters would receive them and that the default position was always to issue a paper letter. They were also doing a lot of work on health literacy at the moment ensuring that information and letters were based on reading age to ensure it was accessible, wherever possible.

With regards to the lung health checks, Councillor Ayre asked if they were signposting people to the stop smoking services and Ms. Mitchell advised that this was one of the criteria of the national scheme and every patient was referred regardless and then must opt out if they wish.

Councillor Butler referred to the potential for strike action and asked what, if anything, would be in place should strike action be called? Ms. Mitchell informed the Committee that they had an emergency response lead and business continuity plans

in place which cover things such as strike action and they would be considering this as much as possible. In the event that they were made aware of strike action they could mobilise these. She believed there was a clause where they had to provide a basic minimum level of service from an emergency perspective but clearly they would want to mitigate any impact on the elective recovery programme so they would be reverting to those processes.

The Chairman thanked Ms. Mitchell for her report and presentation, and it was:-

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

Integrated Care System Update

The Director of Place – North East and North Cumbria Integrated Care Board submitted a report which provided the Committee with an overview of the North East and North Cumbria Integrated Care System and what this meant for Sunderland.

(for copy report – see original minutes)

Mr. Scott Watson, Director of Place (Sunderland) – North East and North Cumbria Integrated Care Board advised the Committee that Integrated Care Systems (ICS) were partnerships of organisations that have come together to plan and deliver joined up health and care services, with the outcome to improve the outcomes in population health and healthcare, tackle inequalities in outcomes, experiences and access, enhance productivity and value for money and help the NHS support broader social and economic development.

The Committee were given a presentation which covered a number of key issues, including:-

- What are ICS's, ICP's and ICB's;
- Strategic aims of the ICB's;
- Continuity of place-based working; and
- Developing Integrated Care Partnerships.

(for copy presentation – see original minutes)

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

In response to a query from Councillor Bond as to who had instigated the changes, Mr. Watson advised that it had initially been instigated by the Secretary of State pre-CoVid and had taken some time to get through Parliament, so they had known the changes were coming. He advised that some of the 42 ICB areas were relatively small and not too dissimilar a footprint from that which the CCG had covered. The North East and North Cumbria ICB was a much bigger footprint so it could look and feel much more complicated but they had tried to retain a lot of what they had under the CCG's; such as staff continuity giving organisational memory.

Councillor Ayre made an observation that he had seen a number of changes in the NHS and commented that it felt very much like that in a few years' time the Committee would be being advised that it was now becoming a central, integrated, primary care trust.

Councillor Speding commented that he understood Healthwatch to be a statutory watchdog and that now this did not seem to be the case and the ICB's were independent in real terms, and he wondered how easily the changes could be explained to the people on the streets. Mr. Watson informed the Committee that it was probably not easily explained, and it was more important to focus on the message and the narrative of what the joint committee was doing in Sunderland. The ICB was really clear that most of its work would be carried out by delegating its authority down to the joint committee to make decisions for the residents of Sunderland, with the 'Sunderland pound'.

In response to further comments from Councillor Speding regarding housing being one of the biggest contributing factors to health and wellbeing, Ms. Taylor advised that the place-based arrangements allow the opportunity to think about the broader subjects which needed to be woven together across Sunderland and would encompass more of the partnership than the ICB at the wider geography does. The Health and Wellbeing Board cover a range of areas under its remit and some of those need to be incorporated into the place-based arrangements which may not be at the moment.

She advised that at the moment, NHS colleagues were trying to establish what had been outlined within the national documentation at the wider geography and as work developed some things may be done differently in the future at a local level. At the moment they were working on getting set up nationally with what had been described in the documentation.

Mr. Watson gave the Committee assurances that from an ICB perspective they saw the Health and Wellbeing Board as being important within the governance and structure; and the expectation was that they would be calling on the views, knowledge and understanding of the three Health and Wellbeing boards and would be absolutely key to that Integrated Care Partnership.

Councillor Butler was pleased that the issue of housing had been raised as he felt that it was an area that had slipped under the radar for a lot of health and wellbeing, especially considering the contacts they receive from residents regarding housing standards and quality. Adequate scrutiny of the housing provision needed to be undertaken and he fully intended to undertake that and he was happy that it had been included in their policy's and documentation. He felt that it was the Council's responsibility to ensure that housing standards were delivered for the residents of Sunderland.

Councillor Butler asked if Mr. Watson could provide any information on elected Member representation on the ICB and whether the inclusion of the Council Leader or the Chairman of the Health and Wellbeing Board on the ICP's had been confirmed and if there was any available correspondence on that consultation? Mr. Watson advised that he did not think the ICP membership had been confirmed as yet but they were expecting that as part of the area ICP they would either have the three

Health and Wellbeing Board Chairman or a mixture of Council Leaders and Chairman as a mix of elected representatives.

In terms of the ICB, Mr. Watson advised he would circulate the diagram which showed the membership, which included local authority representatives, provider representatives and lay members and a local authority Lead Member representing all the local authorities. Councillor Butler commented that he felt that it was extremely important that elected Members had representation at every level of the decision making and Mr. Watson commented that for delivery the ICB would answer to the ICP which had a lot of elected Membership so there was definitely that opportunity to hold to account and scrutinise.

In closing, Mr. Watson advised that the expectation from their perspective was that they would continue to do what the CCG had in attending this Committee and providing updates as requested.

The Chairman thanked Ms. Mitchell for her presentation and the information provided, and it was:-

3. RESOLVED that the Committee noted the content of the presentation and the information provided.

Work Programme 2022/2023

The Scrutiny, Mayoral and Members' Support Coordinator submitted a report (copy circulated) which attached the current work programme for the year and also provided an update on a number of potential topics, as raised by Members, for the Committee's consideration.

(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 a draft Scrutiny Work Programme for 2022/23. He informed the Committee that the work programme was a 'living' document and could continue to incorporate emerging issues as and when they arose throughout the forthcoming year.

Members having considered the report and update, it was:-

4. RESOLVED that the work programme, including amendments, and the update on topics for review during 2022/23, 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 12 October, 2022.

(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:-

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

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

(Signed) M. BUTLER,
Chairman.