

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

Present:-

Councillor Usher in the Chair

Councillors Ayre, Dagg, Donkin, Feeley, Hunter, F. Miller, D.E. Snowdon, Tobin and Walton

Also in attendance:-

Nigel Cummings – Scrutiny Officer, Sunderland City Council

Anna Gillingham – Engagement Coordinator, Healthwatch

Julie Parker-Walton – Public Health Consultant, Sunderland City Council

Joanne Stewart - Principal Democratic Services Officer, Sunderland City Council

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

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

Integrated Care Board

Suzanne Watson – Head of Primary Care, North East and North Cumbria Integrated Care Board

Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Heron and McDonough

Minutes of the last meeting of the Committee held on 22 October, 2024

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 22 October, 2024 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

Councillor F. Miller made an open declaration as an Age UK Wellbeing Coordinator.

Councillors Feeley and D.E. Snowdon made open declarations as trustees on the board of Washington MIND, although it was not directly referred to in reports.

Improving Access to General Practice

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

(for copy report – see original minutes)

Suzanne Watson, Head of Primary Care, NENC ICB, took Members through the report advising that the General Practice Improvement Programme (GPIP) offered support to practices and PCN's over two years to change and improve how they work. The programme was in a number of phases and focussed on five key priority areas.

The Committee were given updates on each of the key access initiatives which had been undertaken as part of the improvement works and also provided Members with data from a general access viewpoint on appointments, through the general practice patient survey and that from the NHS friends and family test.

The Chairman thanked Officers for their report and invited questions and comments from the Committee.

Councillor Feeley referred to the face to face discussion around the support level framework (SLF) that had been offered to the practices in Sunderland and asked how they had been invited and if reasons had been given by those practices which had declined and was advised that they had been invited through a range of methods; such as emails and phone calls and that this had been undertaken multiple times, not just the once. Some practices felt that they were being put under further scrutiny and had a defensive approach to being involved and therefore the level of trust needed to continue to be improved on so that they would want to get involved.

In response to a question from Councillor Ayre regarding the Pharmacy First service and the extra workload and pressures associated with it, Ms. Watson advised that she did not have the data available, but it was something she could look into further. Mr. Watson advised that they knew it was successful in terms of take up, with a lot of patients electing to go to their pharmacy for certain conditions, but it was something that needed to be monitored consistently.

Councillor Donkin referred to the graph on page 13 and asked how many callers had hung up and was advised that they did not have that data but it was something they were looking to get in the future. They agreed that it was a key piece of information which would be extremely useful but commented that it would be difficult to know precisely as practices worked in different ways for their appointment making.

In addition, Mr. Watson also advised Members that they had invested in a cloud based telephony system a few years ago so that no callers got cut off and this had improved the rate, with less patients hanging up, as it continually kept them aware of where they were in the queue. When asked who the provider was by the Chairman, Mr. Watson advised he could provide this information as he did not have it to hand.

In a follow up question, Cllr Donkin asked how many of the 130,000 bookings were made online or through a telephone call, Mr. Watson advised that he would need to

look into that further but clarified that the 130,000 were over the month of September and not made in one day.

Councillor Miller also referred to the Pharmacy First Service and told of examples where patients had used the service but ultimately ended up needing a same day GP appointment. She had been informed of a practice not having a paediatric GP available at the time a patient needed to be seen and having been referred to accident and emergency. Mr. Watson commented that if he could be provided with more information outside of the meeting he could look into the issue as all practices should have provision to treat all patients.

Councillor Tobin asked how GP's were helping to support elderly people in the city who may not feel comfortable with the online systems and was informed that no practice should be forcing patients to use the online booking systems alone and there should always be multiple options for those who can't access the digital options. Ms. Watson commented that she was aware some practices would sit with a patient and show them how to access online services if the patient wanted to know, but no practice should be demanding patients only use that route.

In reply to a question from Councillor Tobin regarding support for public facing staff, such as receptionists offering a triage role, Ms. Watson advised that there was training and support provided for staff but it had become a more difficult job and staff turnover could be quite high in those positions. She commented that it was an area they needed to continue to look at in depth in terms of what extra support was offered. Mr. Watson commented that it was clear from the CQC inspections that there was a direct correlation between poor performing practices and high staff turnover, low staff morale, etc. The high performing practices tend to have a solid management structure and low staff turnover and it was imperative to have local measures in place so that staff felt supported, which then fed on to a better patient experience.

In a follow up question, Councillor Tobin asked if they felt that best practice was shared, and was advised that part of the work around primary care networks was having a buddy system and sharing experiences and best practice in cases of extremes so they did work quite closely together within their networks.

The Chairman referred to the low take up of the GPIP and the SLF and asked if there was an issue with cost and was informed that it was funded for practices and that once a couple of practices were involved and positive news started to spread they hoped to get more involvement. There was also an issue where they may feel they did not have the time to get involved as their resources were already under pressure.

In response to a query from Councillor Dagg regarding the time from booking date to appointment graph, Ms. Watson advised that 'do not arrive' (DNA) patients were not included.

Councillor Dagg asked what could be provided to ensure that patients did turn up for their appointments and Ms. Watson advised that they had found if the practice sent a link for patients to book their own times it reduced the number of DNA's but it was a difficult issue to solve and they continued to look at ways to reduce those rates. Mr. Watson advised that the DNA rate was reducing and practices were using text

message reminders, advising how patients could cancel if they no longer needed the appointment, and practices were much more on the front foot now and using their own social media channels to share figures.

Councillor Ayre referred to the local practice nurse scheme and asked if they were registered and was advised that they were; and an advanced nurse practitioner was a registered nurse with the ability to prescribe

In response to a query from Councillor Walton regarding the new medical school, Ms. Watson confirmed that they were working alongside the University of Sunderland as to how they could make more improvements and make it more likely that graduates wanted to stay and work in the area. Mr. Watson informed Members that one of the primary care networks had a good working relationship with the medical school and had agreed to take in some of the trainees and help accommodate them within local practices.

Councillor Hunter commented on newly trained GP's and keeping them in the area and asked if they had come across any risk of them moving away due to there being no practice able to employ them and was advised that up until very recently, recruiting GP's had been an issue. At this moment in time, there were now more GP's than jobs, but hopefully that would resolve as under the new Government there were changes intended to change how GP's were employed, which should see them being able to retain even more.

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

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

Sunderland Women's Health Hub

The Director of Delivery for South Tyneside and Sunderland, North East and North Cumbria Integrated Care Board (NENC ICB) submitted a report (copy circulated) which provided an update to the Committee on the progress and future of the Women's Health Hub pilot in Sunderland.

(for copy report – see original minutes)

Suzanne Watson, Head of Primary Care (South Tyneside and Sunderland), took Members through the report which set out the background and context of the Women's Health Hubs and advised of the local context and the services that were currently being offered by the hub in the city.

Members were informed that as part of the pilot there was an ongoing patient and public involvement plan which covered many aspects and Newcastle University had been commissioned to undertake a robust evaluation.

The Chairman commented on the service not knowing the future of their funding and costs and asked how they communicated in poorer areas of the city that the services were available to them? The Committee were informed that they had met with

Councillor A. Smith who had given them some ideas as to how they could further get in touch with groups in some of those areas and look at other ways of working with them, such as taking a nurse out to groups that were already meeting and providing advice.

Councillor Ayre asked if, as part of the overall work programme, there was any provision to involve males, such as the fathers of the teenage pregnancy or perpetrators of domestic abuse or any other male influence that could help their work? Ms. Watson commented it was a useful point which she could take back and feed those comments into the service.

In response to comments from Councillor Walton regarding barriers for some women accessing services due to their circumstances, Ms. Watson commented that they were hoping to build this into the insights of the evaluation, to then go out to focus groups and understand personal reasons as to why some patients would not look to access services and confirmed that the groups were not made up solely of service users, there was a broad range.

Councillor Miller referred to paragraph 3.1 of the report and the menopause, and commented on the fact that a lot of GP's did not have the knowledge to deal with the issue and asked what plans there were going forward. Members were informed that there weren't many GP's specifically trained in the menopause and patients were getting different levels of support. Ms. Watson advised that there was a training programme and the hub would bring people in for specific training who could then return to their practice, helping to share that skill set across the city.

In relation to comments from Councillor Tobin regarding any reasons behind the increase in terminations, Ms. Watson advised that it was not information they collected from patients but it was an area that could be built into the focus group, if people were willing to share their experience. Councillor Tobin had asked if it was down to lack of contraception or if there were other issues and Ms. Watson commented that it was an area they could look to investigate further and understand the reasons behind the data.

There being no further questions or comments, it:-

3. RESOLVED that the information within the report and the progress to date on the Women's Health Hub pilot and health needs assessment be noted.

Update on Drug and Alcohol Services in Sunderland

The Executive Director of Health, Housing and Communities submitted a report (copy circulated), which provided the Committee with an update on the supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) and current drug and alcohol services in Sunderland.

(for copy report – see original minutes)

Julie Parker-Walton, Public Health Lead, took Members through the report advising of the summary findings from the Sunderland Drug and Alcohol Health Needs Assessment and the current service provision, Wear Recovery. Members were

advised that services were based around three recovery hubs located in the City Centre, Washington and Coalfields and was open to all residents, or people in the process of moving to Sunderland, or those registered with a Sunderland GP.

Members were provided with information on the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) and what that funding had been used for in Sunderland and what benefits it had brought. The Committee were informed that the funding ran until 2024/25 and were given the implications and risks to the wider system if there was to be a reduction in the funding going forward.

The Chairman thanked the Officer for their in-depth report and sought comments and questions from the Committee.

Councillor Miller asked if it would be an option to link up with the Beacon of Light and the Men's wellbeing groups and clubs that were held there as a way to start conversations around social drinking and habits? Ms. Parker-Walton advised that they did work with SAFC but she would check to ensure that they were also working with the groups that met in the Beacon. She also advised that they worked with an ex-Sunderland football player who came to recovery events to share his experience and offer support to those men who attended.

Councillor Tobin asked if there were hidden issues, in terms of women and alcohol and drugs abuse, and if it was felt that this could be something that was being missed in the city or if this was another area to add, should the work be extended? Ms. Parker-Walton commented that it could be an issue, especially around alcohol abuse, as sometimes people did not realise that they had a problem. Through the grant they had been able to have co-located posts which could reach into communities, carrying out poverty proofing work in areas of the city that may have high levels of alcohol abuse and they continued to try to reach more areas. The Aspire service was a different way of engaging with residents, and providing a different message to residents and they would continue to try and reach as much of the city as possible.

Councillor Feeley referred to a further Sunderland football player who had been quite open and honest recently about his own struggles with addiction and wondered if this seen an increase in referrals. He also commented on the huge problem of a drinking culture with football games and that this was an area that needed working on.

Councillor Feeley also referred to paragraph 5.5 of the report and working with Northumbria Police and asked if this had created any challenges due to changing members of staff, etc and Ms. Parker-Walton commented that it could be a problem but the Inspector for the City Centre had been a constant figure for quite some time, which had helped work with organisations stay consistent.

Councillor Snowdon commented on the changing drinking habits, nationally, of young people between the ages of 19-25 reducing their level of alcohol consumption and commented that it would be interesting to see how the city sat in relation. Ms. Taylor commented that the health related behaviours survey had shown that there had been a reduction in alcohol use of younger people of secondary school age.

Councillor Walton referred to residential treatment and what the options would be when facing financial pressures in the future and Ms. Parker-Walton advised that

they had aligned £600,000 this year to residential rehabilitation; costing on average £3,000 per week, per patient, but some people needed this provision and moving forward it would be a demand on the budget should the funding grant not continue.

When asked if there was the opportunity to explore regional working together for provision, Ms. Parker-Walton explained that they had explored a North East Residential Rehab Unit but because of the short term funding it was a risk for providers but this was an option that Directors could continue to visit. Ms. Taylor advised that should the grant cease or reduce then they had already started a piece of work to discuss what the offer would look like, prioritising services.

Councillor Donkin referred to a free coffee bike that was going around the city and asked for further information and was advised that this was not something run by Public Health but could be a recovery connection, offering an outreach service, but she could look to find out further detail.

In response to a comment from Councillor Dagg regarding the use of alcohol diaries, as some people did not always realise how much they drank, Ms. Parker-Walton advised that when they ran their communications they worked to make people more aware of the consequences of drink and what a unit of alcohol was. The diary was an online tool where people could put information in themselves and aligns with the AUDIT-C tool, which could then provide advice and interventions in relation to their recorded level of alcohol consumption.

The Chairman referred to the Women's Health Hubs and asked if this service would be available and was informed they were open to attending wherever there was a need to promote their services, and as it was an outreach service they may have already visited.

When asked what was in place for gambling addictions, Ms. Parker-Walton suggested that it may be beneficial to bring a further report to a future meeting of the Committee as there was an NHS Service around gambling with NECA providing services in Sunderland.

There being no further questions or comments, it was:-

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

Work Programme 2024/25

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 2024/25 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.

5. 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 13 November 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.

6. 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.