

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in Committee Room 1 of the CITY HALL, SUNDERLAND on TUESDAY, 3 JANUARY, 2023 at 5:30pm.

Present:-

Councillor Butler in the Chair

Councillors Ayre, Bond, Chisnall, Mann, McDonough, Speding, D. Trueman, and Usher

Also in attendance:-

Ms. Debbie Burnicle – Chairman, Sunderland Healthwatch

Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council

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 Heron, Potts and M. Walker and on behalf of Andrea Hetherington.

Minutes of the last meeting of the Committee held on 29th November, 2022

Subject to the inclusion of Councillors Mann and McDonough in the attendance, it was:-

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 1st November, 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.

NHS North East and North Cumbria Integrated Care Board Performance Report

The Director of Place (Sunderland) – North East and North Cumbria Integrated Care Board submitted a report which provided the Committee with an update on the performance of the Integrated Care Board and in particular Sunderland.

(for copy report – see original minutes)

Mr. Scott Watson, Director of Place took Members through the presentation which covered a number of key performance issues, including:-

- Urgent Care;
- Planned Care;
- Cancer; and
- Mental Health

(for copy presentation – see original minutes)

Mr. Watson advised that the data set out within the agenda was reported with a four-week lag and, where possible, he gave a more up to date context on the current systems, challenges and pressures.

The Chairman thanked Mr. Watson for his informative report and invited questions and comments from the Committee.

Councillor McDonough referred to the lack of GP appointments, despite being informed at previous meetings that there were plans and strategies being put in place to make progress. He also referred to GP's who had contracts to only work two or three days a week and asked if there was a contracting issue; or if the contracts being given were too generous to GP's. In closing, he spoke of reinforcing the message to residents that the GP practice may not be the most appropriate place to go and offer alternatives and asked how partners could look to push that message further as this may be having a knock on effect on presentations at A&E departments, etc.

Mr. Watson advised that these issues were not only being experienced in Sunderland and that the entire country was seeing an increased pressure on services. In relation to GP access, he advised that GP's were seeing more patients than they ever had before and that there was now enhanced access in the city as they had increased out of hour clinics so patients should be able to get access to a GP. Therefore, he would not agree with comments that the lack of GP access may be the cause as to why patients were presenting at the emergency departments.

Mr. Watson went on to inform the Committee that they had carried out some survey work; which he would submit to a future meeting; which showed that for the most part the general public's access to GP's was seen as quite good; and the narrative that patients presenting at A&E was due to them not being able to get an appointment at their GP was not substantiated by the findings of the report; which had been independently commissioned via Healthwatch.

In relation to GP contracts, Mr. Watson explained that GP's worked to a national standard contract which was negotiated separately with the government and he felt that they GP's working incredibly hard. It was down to personal choice if they

decided to work less than a five day week and this could be due to other commitments they may have.

With regards to better communications, Mr. Watson commented that it was a valid point and they had tried numerous different ways to target different groups of residents such as through social media, radio and social marketing targeting demographics. The reality was that as a population, people understood that the A&E departments were always open and may present there as a default, and how that was resolved he genuinely did not know; it was not through want of trying through numerous communication campaigns and they would continue.

The Chairman advised the Committee of the GP Access report, which was available on the Sunderland Healthwatch website, which may assuage some of the concerns raised in relation to GP access.

Councillor Mann raised her concerns in relation to the targets for ambulance response times for a category 2 patient, e.g. stroke victims, which was set at 18 minutes but was actually taking over one hour, and commented that this could have utterly tragic consequence and effects for patients. She also referred to the new 59 minutes standard for handover's which was being implemented to help alleviate ambulance delays as she had been made aware of residents who had sat at the urgent care or the accident and emergency departments for hours.

In response to a further query from Councillor Mann in relation to the waiting list for orthopaedics, Mr. Watson advised that the information provided in the presentation could be broken down by speciality but by far in Sunderland the long waits were in orthopaedics; with the extreme long waiters being patients who required complex spinal surgery. When asked if patients from outside the area were included, he advised that the bulk of the patients treated in Sunderland Royal Hospital were Sunderland residents, with a small number from South Tyneside and North East Durham (Seaham/Murton) with it being their local general hospital.

Mr. Watson went on to comment that they hoped that the figures would improve as more work was provided periodically through the year through the independent sector providers such as Spire, Washington or Nuffield, Teesside, and explained that these alternative providers would only be accessed following discussions with patients that they were happy to use these services.

Councillor Mann also raised referrals to the physiotherapy service and asked if there was a shortage of therapists as the wait seemed to be getting longer; she had been advised by residents that there was a four to five month wait for their first appointment. Mr. Watson commented that this was beyond what he would expect for general access physiotherapy but explained that he could look into this further.

Councillor Butler asked if there was any data collected on the number of more complex patients who, having had such a long wait for treatment, had then chosen not to go ahead with the complex surgery. Mr. Watson commented that figures should be available and that this was not uncommon. Part of the Waiting Well Initiative when contacting patients was to have discussions with them as to whether they felt they still required the surgery.

Councillor Speding commented that in the past industrial organisations had undertaken annual health checks on staff which may have been able to help with the early diagnosis of some illnesses, and asked if there was anything similar that was undertaken in the present day? Ms. Taylor advised that the Committee had previously considered an item on the Wellbeing at Work Programme which the Council supports, working with employers in the city to encourage, advise and support them as to how they support the wellbeing of their staff on a preventative basis and giving awards to those businesses that got involved at varying levels.

Councillor Chisnall commented that at her employment, every month, through their Health and Safety department, they were contacted to carry out a DSE assessment to make sure they were sitting correctly and also checking up on the mental health of staff, offering support; but it was a lot more online than face to face.

Councillor Butler also commented that he was aware that there some sectors who offered access to convalescence support but that they usually relied on charitable organisations to help provide that model of care.

Councillor Mann also commented that she was aware of a number of organisations in the city who worked with the Council and Public Health to help support their staff but in different ways than it may have been in the industrial settings in the past. They tend to offer mental health and counselling support, on site gym facilities, etc. and more preventative support to their staff.

Councillor Bond referred to the urgent care figures and commented that for some patients you would need to add both the wait for the ambulance and also the wait to be treated at A&E to get a true idea of how long a patient had actually waited to be seen. He commented that it was not just CoVid that had caused these issues as it had been obvious over the last ten years that delays were increasing and staff were becoming demotivated with the lack of support they were getting and were therefore leaving to take up other work.

When asked how long patients were waiting to be triaged, Mr. Watson commented that there had been a new set of A&E performance indicators; one of which was time to assessment; but a decision had been taken that these would not be implemented and they would keep the four hour current standard. He was fairly sure the hospital would hold the information on the time taken for a patient to be first seen; and would monitor it, but he could understand the argument that the whole pathway should be measured.

The Chairman commented that resources were continually redirected in the NHS so it constantly felt like they were firefighting and up against it with a workforce that were worth their weight in gold and should be looked after more.

In response to a query from Councillor Ayre regarding services to compliment GP's and free them up, Mr. Watson advised that in a lot of GP practices they had a number of skilled professionals so that patients could be directed to the most appropriate practitioner for their needs; i.e. a practice nurse or pharmacist, instead of a GP.

Councillor Ayre also referred to the handover from ambulance to the emergency department and commented that any system would require an extra team to support

it. Mr. Watson explained that the new 59 minute standard would require additional nursing staff brought in from other wards to support it or in some circumstances they could look at one ambulance crew looking after two patients to allow the other crew to get back on the road. It was felt that it was better to commit the additional resource and have the handover occur, then leave the unknown risk out in the community unable to get an ambulance.

In response to comments from Councillor Butler regarding first contact practitioners, Mr. Watson advised that the NHS planning guidance had been published on 23rd December and one of the issues raised was the direct referral into community services; so that patients could self-refer to services such as physiotherapy or speech and language services, etc. without first having to be referred through a GP.

Councillor Bond asked how many GP and nurse vacancies there were in the city and Mr. Watson advised that this was information he did not have to hand but he could provide it to be circulated to the Committee.

Councillor Mann referred to her own GP practice and how they were very keen to upskill and train staff within their practice to keep staff, and it would be great to know that was happening across the city. Councillor Butler commented that it was a good point to make as health professionals need protected learning time and whilst they were under so much pressure it was very difficult to implement and was a further challenge in the workforce.

In closing, Mr. Cummings advised he had circulated the link to the Healthwatch report and the previous report on Better Health at Work to Members of the Committee for their information.

The Chairman thanked Mr. Watson for his very informative report and commented that the Committee appreciated the work that all of the services were providing under the extreme pressures they were facing, and it was:-

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

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:-

3. 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 21 December, 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:-

4. 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.