

**At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held remotely using Microsoft Teams and livestreamed on YouTube on WEDNESDAY, 3<sup>rd</sup> FEBRUARY, 2021 at 5.30p.m.**

**Present:-**

Councillor D. Dixon in the Chair

Councillors Davison, Greener, Haswell, Heron, Leadbitter, N. Macknight, Mann and McClennan

**Also in attendance:-**

Ms. Debbie Cornell – Head of Corporate Affairs, Sunderland Clinical Commissioning Group

Mr. Mark Cotton – Assistant Director of Communications, North East Ambulance Service

Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council

Ms. Ann Dingwall – Commissioning Manager, Sunderland City Council

Mr. Philip Foster – Managing Director, All Together Better Alliance

Ms. Jane Hibberd – Senior Manager – Policy, Sunderland City Council

Dr. Fadi Khalil – Executive GP, Sunderland Clinical Commissioning Group

Mr. Graham King – Assistant Director Adult Services, Sunderland City Council

Mr. Paul Liversidge – Chief Operating Officer, North East Ambulance Service

Ms. Gillian Robinson – Scrutiny, Mayoral and Member Support Coordinator, Sunderland City Council

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

Ms. Gerry Taylor – Executive Director of Public Health and Integrated Commissioning, Sunderland City Council

**Apologies for Absence**

Apologies for absence were given on behalf of Councillor Butler and Mr. David Chandler, Sunderland Clinical Commissioning Group.

**Minutes of the last meeting of the Committee held on 6<sup>th</sup> January, 2021**

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 6<sup>th</sup> January, 2021 (copy circulated) be confirmed and signed as a correct record.

**Declarations of Interest (including Whipping Declarations)**

Item 4 – CoVid19 in Sunderland – Update

Councillor MacKnight made an open declaration in the above item as he had a professional interest in the report from the Executive Director of Public Health.

## **CoVid-19 in Sunderland – Update**

The Executive Director of Public Health and Integrated Commissioning and Sunderland Clinical Commissioning Group submitted a joint report which provided the Health and Wellbeing Scrutiny Committee with an update on the Covid-19 situation in Sunderland.

(for copy report – see original minutes)

The Committee were provided with a comprehensive update and presentation from Ms. Gerry Taylor, Executive Director of Public Health & Integrated Commissioning which set out the latest public health developments in relation to CoVid-19 across the city. Dr. Fadi Khalil, Executive GP, also provided a verbal update to the Committee on the latest information in relation to the vaccination programme roll out within the city.

(for copy presentations – see original minutes)

Councillor Dixon thanked Officers for their presentations and invited questions and comments from the Committee.

Councillor Davison referred to there still being no testing sites based in the north of the city and asked for further detail on where the extra sites referred to in the presentation would be located. Ms. Taylor advised that she would provide that information to the Scrutiny Officer for circulation which would include the locations of the extra sites and the dates they were expected to be up and running.

Councillor Mann asked if all residents who were in the top two tiers and were housebound had now received their vaccination and was informed by Dr. Khalil that to date 2,500 housebound residents had received their vaccinations, with around 200 residents remaining; which they endeavoured to have administered by the end of the week.

In response to a follow up question around transport being provided for those residents in the next tiers who may otherwise struggle to attend a hub for their vaccination, Ms. Taylor advised that she was aware that there was a lot of work being undertaken to support people in getting to the hub sites which included being able to offer additional transport options for those residents that may need it.

Councillor MacKnight commented that the roll out of the vaccination programme was only one part of the exit strategy from the pandemic and emphasised that good public health and the “hands, face space” campaign, needed to be the message that was reinforced and continually rolled out to reduce any future spread of the virus.

Councillor Dixon commented that he was seeing in the news that the police were continuing to break-up illegal gatherings across the country and asked how well Sunderland were complying with the restrictions. Ms. Taylor advised that the Enforcement Team worked closely with Northumbria Police to identify and enforce where there were examples of those not following the rules and breaking the law. She advised that she was aware that there had been some enforcements within the city but explained that she did not have the exact figures as a comparison towards

the North East areas but would ask if these figures could be made available and circulate them.

Councillor Dixon referred to the spread of the South African variant which was raising public health concern in certain parts of the country and asked if we were monitoring for the variant in the region, and what measures would be employed should it be detected. Ms. Taylor informed Members that there was no specific evidence of the South African variant having been located in Sunderland, although if the strain were to be identified there were already a number of actions in place to deal with it. Ms. Taylor explained that in some parts of the country where the variant had been found, and not as a result of travel, then there had been the need for additional testing to be undertaken and they would continue to learn from the findings should there be a similar outbreak of the variant in the city.

In response to a query from Councillor Davison regarding the taking of an analgesic before residents attended for their vaccination to reduce any adverse reactions, Dr. Khalil advised that it was not a recommendation as such but that it would be common sense for any residents who suffer side effects such as a sore arm, flu-like symptoms or headaches to take some form of pain killer like paracetamol. In response to a follow up question Dr. Khalil informed the Committee that the recommendation would be for residents to wait until they suffer any side effects before taking any medication and not to be taking pain killers as a preventative measure prior to having had the vaccination.

Councillor MacKnight thanked Dr. Khalil and his colleagues for the work they were doing in the successful rolling out of the vaccination programme as it was appreciated by all. He also referred to a number of scams he was aware of, usually via text message, whereby it was requesting people to verify their identity using official documents. Councillor MacKnight felt it was important to mention that the NHS would not issue requests in such a manner and asked residents to stay vigilant in not engaging with anything they received which was suspicious. Ms. Cornell advised that there was a 'frequently asked questions' page on their website which residents could be directed to, or if there was anything specific she could look into on the Councillor's behalf.

Dr. Khalil also commented that residents could call their GP if they had received a text message and were either unsure of its authenticity or unable to book the appointment themselves.

In response to a question from Councillor Mann as to whether she could recommend parents of clinically extremely vulnerable young people to request the Oxford-AstraZeneca virus as she had been informed by a practice nurse that there could be less adverse side effects experienced with it, Dr. Khalil advised that they were not looking to give the option to residents as to which vaccination they received. He explained that should a resident be offered the vaccine, they should be encouraged to receive it and not to wait until one or the other is available. It was much better in the long run for them to have been given the vaccine and both vaccines had some risk of side effects and could affect different people in different ways.

Councillor Mann advised that when she had been contacted to book her daughter's vaccination the staff had asked if she had received her flu vaccination in the seven days prior and asked if there was a clinical reason for this. Dr. Khalil commented

that there was no issue in having both vaccines within a short space of time, it would merely be to identify which vaccination was responsible for any side effects that the patient may suffer from.

Councillor Haswell referred to the decision to divert vaccination supplies from the North East to other areas of the country and asked if Officers had a ballpark figure as to how many residents may have missed out as a result of this decision. Dr. Khalil commented that he would not have access to those figures but advised that he did not feel that Sunderland were missing out in relation to the number of vaccinations they were receiving and administering. Members were informed that Sunderland were still weeks ahead in the roll out of the vaccination and whilst there may have been some concerns initially, they were continuing to receive large numbers of vaccine, with another 10,000 doses arriving this week.

When asked by Councillor Haswell if the supplies of vaccine had altered at all since that statement had been made, Dr. Khalil advised that the week before there had been a 'quiet' week across the region, but he did not know if this had been countrywide or not. He explained that this week supplies were ramping back up to similar figures of vaccination they had received previously.

Councillor Dixon asked what impact the reduced number of supplies the previous week had and was informed it was difficult to say as they continue to issue every vaccine they receive. If there were delays of vaccines coming into the country, then they could only give those that were being delivered. Should more vaccine supplies be available Dr. Khalil informed the Committee that they currently had capacity to administer twice as many as they were currently giving.

Councillor McClennan referred to discussions that had been held at the last meeting regarding the vaccinations of homeless people and hostel residents whereby she had been told that they were not a priority and that we could not deviate from the order of the Government's priority tiers without getting into trouble. She explained that she had subsequently found that a town in Greater Manchester were targeting the homeless who were being vaccinated at the same time as their top tier residents. The Committee had clearly been told at the last meeting that the CCG were not able to prioritise this cohort of residents yet the scheme being ran in Oldham clearly contradicted that and she sought clarification as to whether it was a Government initiative not to vaccinate the homeless or if it was a decision made at more of a local level.

Dr. Khalil explained that the homeless population were very much a priority and they were looking at how best to target them as one of a range harder to reach groups which included sex workers, BME communities, asylum seekers, etc. They had been working with the local authority to identify hostels and shelters and intended within the next week to go out with a mobile unit to begin vaccinating the homeless population. Due to the nature of that population Dr. Khalil advised that they relied on the local authority to advise them as to where they could best target to vaccinate the homeless as they probably had a better knowledge than GP surgeries would and offered to keep the Committee up to date with how the rollout was going.

Councillor McClennan requested that the minutes of the previous meeting be amended as they did now not reflect what was happening in the city with regards to the homeless population and the roll out of the vaccination. Ms. Cornell raised a

note of caution in amending the previous minutes as they did reflect the information that was correct at that time. The meeting was obviously a month ago which clearly showed how rapidly things were changing in addressing the pandemic and therefore the minutes from this meeting would reflect the change in position in relation to vaccinating the homeless.

Councillor Davison referred to the harder reach to groups and asked if there was a strategy in place to address vaccinating residents who may have gained access to the country illegally and Dr. Khalil commented they would be included in the previously referred to plans. The local authority would again be key in that piece of work to ensure they could locate and vaccinate as many of the more difficult to engage with residents as possible.

Mr. Graham King advised that the local authority had been working with the CCG to pull together a list of harder to reach groups, which had been challenging in the very nature of the cohort of people they were hoping to contact and reiterated that last month they were in a very different position as to where they were now with the vaccination programme. He informed the Committee that the ambition to vaccinate the harder to reach groups was always there it was just a question of doing it as soon as they could, following the vaccination of the top two tiers of residents.

The Committee thanked all those in attendance for their hard work and dedication during very difficult times and appreciated all of the work that was being undertaken in the successful roll out of the vaccination in the city, and it was:-

2. RESOLVED that the updates provided within the report and presentations be received and noted.

## **North East Ambulance Service – Activity and Performance 202**

The Deputy Chief Executive and Assistant Director of Communications and Engagement of North East Ambulance Service submitted a report which provided a presentation giving and overview of activity and performance for the North East Ambulance Service.

(for copy report – see original minutes)

The Committee were provided with a presentation which covered a wide range of issues including ambulance response times, hospital handover performance, 999 incident volumes and violent assaults against staff.

(for copy presentations – see original minutes)

Councillor Dixon thanked Mr. Cotton, Assistant Director of Communications and Engagement for NEAS, for his thorough presentation and invited questions and comments from the Committee.

Councillor Haswell commended the fantastic work of the ambulance service and team given the challenges that they have had. He explained that he had ran into some members of the crew from the Ford Industrial Estate depot and he had portrayed his thanks to them, adding that they were a real credit to the organisation.

Councillor MacKnight echoed the thanks to the service who were going above and beyond at the moment and referred to handover times at accident and emergency. He explained that he knew the trust had undertaken a lot of work to make the flow of patients through accident and emergency better but asked if the Committee could be given a run through of the clearing process for the ambulances at present.

Mr. Liversidge, Deputy Chief Executive of NEAS, advised that a lot of the processes had changed as a consequence of the CoVid pandemic, and on average the down times for the service had been impacted upon, although they had been able to bring in a lot more resource to help mitigate against the inefficiencies brought around by those changes. For instance, the downtime for the deep clean of ambulances is now reduced to approximately 30 minutes, with specific teams being used to clean on behalf of the crew, so extra staff were being used to try and fill gaps and help the service.

In relation to the pressures that winter usually brings, Mr. Liversidge advised that those incidents were planned for on an annual basis but that this year what had been predominately different was ensuring the good health and wellbeing of staff members. The service were providing adequate counselling where needed and ensuring they were having open communications with staff, which had become a real focus of the board throughout the pandemic.

In response to a query from Councillor Dixon regarding any lack of key personnel such as paramedics, which had been raised as an issue at previous meetings, Mr. Liversidge advised that for this year they would be over established with paramedics and clinicians as they had really worked to fill those posts. He explained that this was in anticipation of the national work around primary care networks to employ paramedics, so they had worked with partners to increase numbers of staff to be able to commit to having paramedics working in different environments moving forward.

The Committee thanked Mr. Cotton and Mr. Liversidge for their attendance and for their continued hard work and dedication, and it was:-

3. RESOLVED that the update provided within the report and presentation be received and noted.

### **Refreshing the Health and Wellbeing Strategy : The Healthy City Plan**

The Executive Director of Public Health and Integrated Commissioning and Deputy Chief Officer / Chief Finance Officer of Sunderland Clinical Commissioning Group submitted a joint report which provided the Committee with an update on the refresh of the Health and Wellbeing Boards Health and Wellbeing Strategy, the refreshed document being referred to as the 'Healthy City Plan'.

(for copy report – see original minutes)

Ms. Jane Hibberd, Senior Manager Policy, gave a presentation to the Committee on the Healthy City Plan which set out the Health and Wellbeing Boards:-

- Vision for health and wellbeing;
- Governance for the delivery of the plan;
- Performance Framework; and
- Understanding of what makes us healthy and happy.

(for copy presentation – see original minutes)

Ms. Gerry Taylor, Executive Director of Public Health and Integrated Commissioning paid tribute to Councillor Dr. Geoffrey Walker who had very much supported the development of the Health City Plan and advised that the plan had been developed in partnership with Board members and extended partners and included insights from the Sunderland Health Summit which had been held in November, 2019.

Councillor Dixon thanked Officers for their presentation and commented that the performance of the Board in achieving the targets, as set out in the presentation, would be scrutinised by this Committee on a regular basis and that he would pay particular interest in what they deemed success to look like going forward and invited questions and comments from Members.

Councillor Davison referred to the number of admission episodes for alcohol related incidents and asked what influence, if any, the plan could have on licensing regulations and the ease of access to cheap alcohol that there was in the city. Ms. Taylor commented that Officers were working with colleagues in the licensing department around the licensing strategy for the city and they needed to look at how to bring public health considerations into that decision making process, for example limiting the number of premises selling alcohol in one area, and this work would continue to progress.

Councillor Haswell echoed the Chairman's comments around performance monitoring and asked if Members could be provided with interim targets and goals, so he could see what the Committee would be holding Officers to account for, as he could not see the gaps being closed by 2030 as generational change would be needed.

In a follow up comment, Councillor Haswell raised the issue of having a safe space to consume alcohol and referred to previous data which had indicated that consumption within the home in more affluent areas of the city was greater than in those of the poorer communities. He commented that he did not think the sale of alcohol in areas was so much a problem, as the result of changes in licensing restrictions in more deprived areas limiting the opening of public houses. In his own ward he found this saw an increase in residents, particularly men, drinking alone at home which could then become excessive. If the Healthy City Plan was to progress he would be concerned to see more restrictions placed on licensed premises as he felt this could have more of an adverse effect, rather than providing a safe space for people to meet with friends for a sociable drink.

Ms. Taylor advised that they would be looking to take a rounded approach to support a reduction in the unhealthy consumption of alcohol in the city as data showed that it was a significant issue and area for concern. In terms of licensing, some of the work would be around the number of outlets selling cheaper alcohol and not just having a focus on restrictions for public houses.

With regards to smoking, Councillor Haswell raised concerns over shock campaigns that would look to shame people into stop smoking when it was their personal life choice. He agreed that the numbers of people smoking in deprived areas were higher than the national average, but he would be against looking to shame those who smoked into giving up when it may be the only vice and comfort they had. Ms. Taylor commented that they had to get the level of support right, but it was one of the issues that counted for the most significant proportion of health inequalities rather than one of the social determinant's, so it was something they very much wanted to address in the city but without demonising people.

In relation to the comments around licensed premises and the decline of them in the city, Councillor MacKnight commented that it was now cheaper to buy some alcohol than it was to purchase a bottle of soft drink and it would be beyond the Council to be able to reinvigorate the public house trade. He also strongly disagreed with comments from Councillor Haswell regarding smoking as he felt that there was no upside to smoking as this was a habit that would shorten or end a person's life and support needed to be given to residents to enable them to stop.

Councillor MacKnight asked if it was possible to provide the data and information provided in the presentation on an Area Committee level as it may help Councillors to get the message out into local communities, Ms. Taylor advised that not all the data could be broken down into those smaller geographical areas but that which was she could look to share.

Councillor Dixon commented that the Committee were strongly behind the rolling out and development of the Healthy City Plan although he had some reservations regarding prevention work as this was often one of the first things to be cut during difficult times and he hoped that this would not be the case going forward. He added that a lot of health inequalities were impacted upon by other social inequalities so could not see improvements being made until some of those were addressed also. He looked forward to seeing the performance and monitoring information being submitted to future meetings of the Committee to allow Members to be able to chart the progress of the plan.

Ms. Taylor advised that Members had been given the high-level strategy information of the plan and they were working on implementation plans behind that which would provide some of the granularity. The next steps would be to look at the ambition of the plan against the set metrics. The plan was for all partners and agencies within the city to work together in taking it forward to see improvements being made and information would be provided to the Committee in the future for them to monitor.

Having fully considered the report and presentation, it was:-

4. RESOLVED that the updates provided within the report and presentation be received and noted.

### **Annual Work Programme 2020/21**

The Scrutiny and Members' Support Coordinator submitted a report (copy circulated) which sought the Committee's agreement of the draft scrutiny work programme for 2020/21.



(for copy report – see original minutes)

Members having considered the report, it was:-

5. RESOLVED that the work programme 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 11 January, 2021.

(for copy report – see original minutes)

Mr Cummings 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:-

6. RESOLVED that a briefing note be requested as set out above and the Notice of Key Decisions be received and noted.

The Chairman then closed the meeting having thanked Members and Officers for their attendance and contribution to the meeting.

(Signed) D. DIXON,  
Chairman.