

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held remotely using Microsoft Teams and livestreamed on YouTube on WEDNESDAY, 14th APRIL, 2021 at 5.30p.m.

Present:-

Councillor D. Dixon in the Chair

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

Also in attendance:-

Mr. David Chandler – Chief Operating Officer and CFO, Sunderland Clinical Commissioning Group
Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council
Ms. Liz Davies – Director of Communications, South Tyneside and Sunderland NHS Trust
Ms. Andrea Hetherington – Director of Corporate Affairs and Legal, South Tyneside and Sunderland NHS Trust
Ms. Gillian Robinson – Scrutiny, Mayoral and Member Support Coordinator, Sunderland City Council
Ms. Joanne Stewart – Principal Governance Services Officer, Sunderland City Council
Mr. Peter Sutton - Director of Planning and Business Development, City Hospitals Sunderland
Ms. Gerry Taylor – Executive Director of Public Health and Integrated Commissioning, Sunderland City Council
Dr. Tracey Teasdale – General Practitioner Lead, Sunderland GP Alliance

Apologies for Absence

There were no apologies for absence given.

Minutes of the last meeting of the Committee held on 10th March, 2021

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 10th March, 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, which included details on:-

- Key facts and figures in relation to the current situation and Sunderland's experience of the pandemic;
- The roadmap out of lockdown;
- The vaccination programme;
- The Local Outbreak Management Plan; and
- Locally enhanced contact tracing.

Mr. David Chandler, Chief Operating Officer and CFO, Sunderland CCG also provided the Committee with a presentation which gave updates in relation to performance standards, out of hospital care and the latest position of the CoVid-19 Primary Care Vaccine Programme.

(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 residents living in the North of Sunderland and asked where they were expected to go for a PCR test without using public transport. Ms. Taylor advised that residents could book into one of the centres in the usual way and they would be offered an appointment at the site with the next availability. Councillor Davison raised the issue that there were still not test sites based in the North of Sunderland. Ms. Taylor explained that residents could book an appointment at any of the sites across the city and that if these were not suitable they could also request a home test to be sent to them directly.

Councillor Mann raised concerns over the recent introduction of the e-scooters in the city and residents using them without them having been cleansed between users and Ms. Taylor advised that she would have to check the actual health and safety guidance around using the scooters and then circulate this information to Members.

In response to a question from Councillor Mann regarding waiting times at the Accident and Emergency Department and how this compared nationally, Mr. Sutton advised that they were currently in the top quartile for performance but they had seen an increase in residents presenting themselves recently and therefore were seeing pressure build back up on the service.

He informed Members that they were consistently looking at ways to reduce the demand on the emergency department by expanding primary care services locally to help take pressure away. The performance target would always remain a challenge but he could assure Members that it was an area that was continually looked at for improvement.

Mr. Sutton advised that a national review was being undertaken at the moment to consider introducing more appropriate national monitoring, breaking down attendees at the emergency departments into levels of clinical need which would provide more detailed data than the average of four hours waiting time for all who access the service.

With regards to a question from Councillor Haswell regarding how many times someone would be re-invited for their vaccination, Mr. Chandler advised that multiple attempts would be made using different contact methods, i.e. telephone and text message. He explained that staff would continually chase up residents who had not yet had their vaccination and that this was why it was so important that they ensured their contact details were up to date with their local GP surgery. There was also a number of communications being shared via social media and they had held drop-in sessions at three of their six services so they were looking to offer as many opportunities as possible to residents to access services.

Dr. Teasdale also advised that they described it as an 'evergreen' offer whereby they would not stop offering the vaccination to those who were eligible until that person declined it. In response to a further query Dr. Teasdale confirmed that they also contacted GP surgeries who would advise if there were any known issues with the patient where they may need extra support and assistance in responding to and accessing vaccination opportunities.

Councillor Haswell referred to the early delivery of the second dose of the vaccination and asked why the decision had been made and if there was the potential to delay the first dose for others and was informed that they were offering the second dose sequentially through the tier in order not to waste vaccines. Dr. Teasdale explained that they ran a 'push' model where they were allocated vaccines for second and first doses by the centre and presently they had no first vaccines delivered but that from next week they would be provided with more doses to push forward with the next cohort of residents. At the moment she felt quite confident that they were not limiting first doses for any residents given that both the NHS and themselves had opened up vaccination bookings for the 45-49 year old cohort.

In relation to the vaccination of hard to reach groups with the roving team, in particular those suffering with drug and alcohol addiction who may not be engaging, Dr. Teasdale advised that they were working with a number of groups such as Changing Lives, Wear Recovery and the YMCA to continue to administer vaccinations to those residents and they were very keen to look at offering outreach clinics if required and where there was demand.

In response to a question from Councillor MacKnight as to how confident they were in meeting the trajectory and timeframes for those treatments which had been delayed due to CoVid-19, Members were informed that it was difficult to give exact dates as it would depend upon the resources, i.e. the workforce, the physical capacity and finances. He explained that he was unable to give assurances with

definitive dates as this was a part of the planning guidance work they were currently undertaking, modelling different scenarios and the demand levels and capacity available, operations, outpatients, etc. and how long it would then take to clear the backlog in those cases.

Mr. Sutton went on to advise that in some areas such as diagnostics they were confident that they could reduce the backlog to six weeks within months whereas some areas such as orthopaedics may take longer as patients were waiting for operations and the service was only able to get two or three patients on a theatre list in a day then it would obviously take longer to clear that backlog. He commented that they would look to keep Members informed as they moved forward in the planning guidance and had a better vision of how they would continue to move forward in the coming months.

Councillor Davison referred to statistics that one in two people would now get cancer in their lifetime and asked if they were correct, and if so what the reason for the increase was as it had previously been one in three people. Ms. Taylor advised that the reason for seeing a greater proportion of people with cancer could be that people were living longer so may be more likely to have it during the period of their lives, as well as fewer people now dying from heart disease and strokes which was having an impact on the increase of patients diagnosed with cancers.

When asked if the recent publicity surrounding the Oxford Astra-Zeneca vaccine had had any adverse effect on vaccination take-up, Mr. Chandler advised that they were not seeing any significant reductions in the number of people attending for vaccinations.

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.

Sunderland Eye Infirmary

The South Tyneside and Sunderland NHS Foundation Trust submitted a report which provided the Committee with an update on the redevelopment of the Sunderland Eye Infirmary (SEI).

(for copy report – see original minutes)

Mr. Peter Sutton, Director of Business Planning and Development, City Hospitals Sunderland took the Committee through the report advising that they were looking for their support on the steps moving forward with regards to the changes at the Sunderland Eye Infirmary. Mr. Sutton explained that there would be no changes to clinical services provided at the new Eye Infirmary and that all services would be transferred to the new modern, purpose-built facility.

Mr. Sutton advised the Committee of the planned patient and public involvement and set out the timings and next steps for the development with the Trust hoping to submit a formal planning application at the end of May 2021 with building work expected to begin in 2022 (subject to planning approval) and the new Eye Hospital to open in 2024.

Ms. Davies advised that the feedback from the well-attended public engagement sessions that had been held was positive and they would continue to have in-depth focussed working groups to get as many views as they possibly could. She informed Members that she could look to bring further information back to a future meeting of the Committee with their findings.

In response as to how they were reaching service users, Ms. Davies advised that the work with RNIB was quite pivotal; they had recorded an audio version of the engagement document which they were sharing on their behalf through their connections with the voluntary and community sector groups.

In response to a further question as to how the public engagement had been undertaken with the current CoVid restrictions, Ms. Davies advised that it had been a challenge but they had been using a variety of methods; digital media and print, through a channel of groups such as Healthwatch and voluntary groups and ensuring that they aimed to advise in the right places to raise awareness.

Councillor Haswell raised concerns of the bed reduction from twenty-two currently to eight in the new development and Mr. Sutton assured Members that this was not a cut in services as due to the developments over the years and the ability to now provide high quality day care for cases the need for patients to stay overnight was no longer there. In the new development there would be ten day surgery beds and eight on a ward for overnight stays and they were confident that they would never have to cancel a patient's treatment due to a lack of beds.

When asked if there had ever been a time when all of the beds had been in use at the current Eye Infirmary, Mr. Sutton confirmed that there hadn't been for a long time. Modelling had been undertaken to understand future need, especially with a growing elderly population, but the majority of treatments could now be carried out as day patient cases. Mr. Sutton also advised Members that the new development would allow for expansion of the building in the future if it was required.

In response to questions regarding the financing of the new development, Mr. Sutton confirmed that the figure of £36million would be repaid in full, including interest payments and would not be paid for by Sunderland Council Tax payers.

Councillor Haswell referred to the car parking facilities and asked how the charging structure would be decided upon and was informed that there would need to be a consistent approach to charges at the new site, in line with other trust rates but that this was a topic of ongoing national debate. He advised that particular groups would be exempt from car park charges but that it was likely others would stay in line with other NHS sites or there could be criticism as to why it was different.

In relation to a question from Councillor Haswell regarding public transport access to the new site, Mr. Sutton advised that there would be bus stops directly outside which were being introduced as part of the wider city plan. He advised that there were

currently only two bus routes that went to the Eye Infirmary and they were expecting there to be seven or eight in the future.

Councillor Haswell referred to the engagement sessions and noted that there was only one evening session offered and also asked if they were offering braille and large print copies of the engagement document for those residents who were not online but wished to engage. Ms. Davies commented that she was happy to arrange a further evening session and confirmed that as well as the audio version they did have alternatives including braille and large print but added that they had very few requests for those.

In relation to plans for the old site and the design of the new development, Mr. Sutton advised that no decision had been made on the future of the existing site, although they would work with the local authority in the disposal of the site as they would expect it to be attractive to developers. With regard to the design of the new build they were currently having conversations with the planners over the visuals for the old Vaux site as a whole to ensure that it would be consistent with the overall vision but yet still be a new, iconic building and that it was important to get it right for the city. They had also been looking at other new builds around the country in Manchester and London and would continue to speak with colleagues to understand what had worked and what could be included in the design.

The Committee thanked Mr. Sutton for his report, and it was:-

3. RESOLVED that the Committee:

- Received and noted the plans for the redevelopment of Sunderland Eye Infirmary; and
- Approved the proactive patient and public involvement strategy as the most appropriate and efficient approach for ensuring local people are able to influence the new eye hospital plans.

Annual Work Programme 2020/21

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

(for copy report – see original minutes)

Members having considered the report, it was:-

6. 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 22 February, 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:-

7. 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 throughout the year and having wished Councillor Davison well in the future as she would not be standing in the forthcoming elections.

(Signed) D. DIXON,
Chairman.