At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the Council Chamber of the CTY HALL, SUNDERLAND on WEDNESDAY, 9th MARCH, 2022 at 5:30pm.

Present:-

Councillor N. MacKnight in the Chair

Councillors Butler, Haswell, Heron, Leadbitter, McClennan, Potts and Speding

Also in attendance:-

Dr. Carol Aitken – General Practitioner, Sunderland GP Alliance
Ms. Andrea Cairns – Senior Health Advisor, ST&SNHSFT
Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council
Mr. Sean Fenwick – Director of Operations, ST&SNHSFT
Mr. Philip Foster – Managing Director, All Together Better Alliance
Dr. Emily Hadaway – Head of GP Clinical Services, Sunderland GP Alliance
Ms. Andrea Hetherington – Director of Corporate Affairs and Legal, ST&SNHSFT
Ms. Lorraine Hughes – Public Health Consultant, Sunderland City Council
Dr. Fadi Khalil – Executive GP, Sunderland Clinical Commissioning Group
Ms. Claire McManus – Divisional Director, Family Care, ST&SNHSFT
Ms. Wendy Mitchell – Public Health Lead, Sunderland City Council
Ms. Victoria Muller – Operations Manager, Sunderland GP Alliance
Ms. Joanne Stewart – Principal Governance Services Officer, SCC
Ms. Judith Taylor – Head of General Practice, Sunderland GP Alliance
Ms. Wendy Thompson – Head of Primary Care, SCCG

Apologies for Absence

Apologies for absence were given on behalf of Councillors Burnicle, McDonough and M. Walker and from Ms. Gerry Taylor, SCC and Mr. David Chandler, CCG.

Minutes of the last meeting of the Committee held on 2nd February, 2022

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 2nd February, 2022 (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 (SCCG) submitted a joint report which

provided the Health and Wellbeing Scrutiny Committee with an update on the Covid-19 situation, including recovery, in Sunderland.

(for copy report – see original minutes)

The Committee were provided with a comprehensive update and taken through a presentation by Ms. Lorraine Hughes, Public Health Consultant, which set out the latest public health developments in relation to CoVid-19 across the city, including details on:-

- A summary of case data in relation to the current situation and Sunderland's experience of the pandemic;
- The vaccine programme;
- Possible future scenarios;
- Recent Government announcements and recommended behaviours in light of those; and
- The LA7 current priorities and living with CoVid.

Mr. Philip Foster, Managing Director, All Together Better Alliance and Dr. Carol Aitken, General Practitioner, GP Alliance, provided the Committee with joint presentations which gave updates in relation to performance standards; the All Together Better Alliance winter scheme summary; and the latest position of the CoVid-19 Vaccination Programme.

Mr. Sean Fenwick, Director of Operations, South Tyneside and Sunderland NHS Foundation Trust, also gave a presentation to the Committee on operational recovery and provided Members with information in relation to the focus of current guidance and the position with regards to waiting lists.

(for copy presentations – see original minutes)

Councillor MacKnight thanked everyone for their presentations and invited comments and questions from the Committee.

Councillor McClennan referred to the reported cases of CoVid and asked what happened in relation to positive cases that were not reported; and if Officers had any idea what the 'true' figures were for the city and was informed by Ms. Hughes that there would always be an under reporting of the actual number of people who had contracted CoVid and it was very hard to know otherwise what the real number of cases would be. She advised that they were reliant on people recording their lateral flow test (LFT) results so they were captured in the system, whereas when people were taking a PCR test they were recorded on their behalf. Ms. Hughes advised that they did ask that both positive and negative LFT results were recorded as it allowed them to get an understanding of the rate and scale of testing in the city but was aware that this would not always be the case.

Ms. Hughes commented that routine regular testing within healthcare and care home settings had helped as it allowed them to capture people who they may not have previously had they not been required to test for work purposes. She added that going forward there would not be access to free LFT's universally so it would not be possible to know what the true rates of infection were in the community. Routine regular testing in the future would give an early indication of infections in the

community along with other information collected such as hospital admissions, the number of deaths attributed to CoVid, etc. but they were asking similar questions of Government as to how it would be monitored to give an early indication in the future.

Councillor McClennan asked if there were any national guidelines as to what percentage to add to the recorded figure to give a clearer estimate of the true number of infections as it was worrying that the virus could be hitting particular areas, communities or age groups that they were not aware of. Ms. Hughes advised she was not aware of anything that gave an estimated percentage other than the modelling they undertook which had been shown as part of her presentation. She advised that they did see quite a significant number of LFT results recorded by residents; although she felt that it was much less likely that people would take the time to record a negative result. In the early days it had been quite cumbersome to enter LFT results, continually re-entering details into the system, but this had changed and it was a more streamlined and improved system. They would never be in a position where they could state that the figures recorded were an exact figure.

In response to a further question from Councillor McClennan as to which wards were under responding and had low uptake of the vaccination, Ms. Muller advised that they were Pallion, Hendon, Millfield, St. Anne's, Southwick, Barnes, Pennywell and Washington North. Ms. Muller explained that they had known about issues in the Hendon and Millfield wards for some time and had focussed on those areas; providing local vaccination centres and roving pop-up clinics for residents to attend. They had since identified further wards where they would look to also put in place some focussed work including a targeted leaflet drop that was being supported by the local authority. Ms. Muller also confirmed that they were looking to use the Pallion Action Group site going forward which Councillor McClennan had advised had good contacts into the local communities.

Councillor McClennan had noted that all of the presentations; both this evening and at previous meetings; had a strong emphasis on cancer patients and reducing their waiting times for treatment and asked if this was a Government requirement or a priority identified by the NHS Trust as it did appear to be taking an unbalanced priority against other patients who may be have been waiting some time for treatment. Mr. Fenwick advised that there had been an absolute and intentional directive from the Secretary of State for Health and the NHS Executive to maintain both urgent and cancer cases, the premise being that if they did not operate on those patients then they would see a reduction in their length of life. This left them in an uncomfortable position where it had a significant negative impact on other patients as they continued to wait.

Mr. Fenwick informed the Committee that nationally, orthopaedics and ophthalmology were the two areas with the largest waiting lists but locally ophthalmology was not an issue; and the vast majority of long waiting patients sat within trauma and orthopaedics. They recognised the symptom burden and the functional reduction patients waiting an unacceptable amount of time was having on them and they were trying to get as much activity in that area that they could by utilising other options such as the use of the independent sector but this was not suitable for all cases. He commented that it was an uncomfortable position where some patients had been disadvantaged but they were trying to reduce this as quickly as possible.

In closing, Councillor McClennan thanked all of those in attendance for their efforts and the work they had undertaken during the pandemic and in particular Mr. Foster who had always kept his presentations clear of acronyms and 'jargon' for Members to understand.

Councillor Haswell referred to the heat map which had been used in the presentation from Public Health and asked if it could be included at future meetings and was informed by Ms. Hughes that if the data was continued to be produce nationally in this way then it could be included.

Councillor Haswell referred to the accident and emergency wait time and commented that at the February meeting the Committee had been advised that the four hour waiting time was worsening throughout January but today were advised that January was stabilising and February was improving, and asked if there had been a revision of January data and why? Mr. Fenwick advised that during the first wave of the infection the emergency department performances were very good, despite being in a pandemic, and this had been due to there being a single disease presenting at the department and they were able to put infrastructure in to manage that.

Mr. Fenwick went on to advise that during January and February performance always took a downturn due to the increased number of presenters and increased length of stay so the original premise was based on what normally happens. What had happened over the last three to four months had been an increased time in the emergency department for those that need to be admitted, due to performing PCR tests on patients which took an extra forty five minutes; and added to the waiting time of patients. The service were finding with the Omicron variant of the infection that patients were turning up with an incidental diagnosis of CoVid when presenting to the department with another ailment; which had brought about some additional logistical problems but they had managed to get on top of those which was why they were seeing an improving position.

Mr. Foster understood that the way the performance team produced the data was about themes and therefore in January it was deteriorating but they then saw the standardisation improving; he would check this with Mr. Chandler and advise the Scrutiny Officer who could communicate this to the Committee.

In relation to the low uptake wards, Councillor Haswell asked if the ward Councillors for Pallion could be involved in any discussions and also raised that there were other community centres in the area which may have a broader cross section of the community than just the Pallion Action Group; whose users tended to be fairly static. He offered to have a further discussion with Officers outside of the meeting as to which other centres he thought may be beneficial to contact.

Councillor Butler asked if Officers knew the reasoning behind Sunderland no longer having a mass vaccination centre, whilst Newcastle and Darlington still would and asked if it would negatively impact the residents of Sunderland should there be another spike or variant of the virus. Dr. Aitken advised that the feedback they had was that it was felt that the numbers were not needed and there was also going to be a financial implication and therefore site was naturally coming towards the end of a fixed agreement, whereas the other sites had extended their agreements. There

was a strong encouragement that PCN's would continue to be involved but she was not able to give any further details at the moment.

Councillor Butler commented that other areas would also have PCN's and pharmacies, etc involved in giving vaccinations and it was quite worrying that Sunderland would no longer have the mass vaccination centre and he hoped it would not undo all of the great work that had already been done.

Councillor Speding also commented that he struggled to understand, from a regional point of view, where in the terms of numbers South Tyneside and Sunderland NHS Trust outnumbered that of Newcastle and Darlington. He raised concerns that the presentation showed that only five community pharmacies would be involved as it did not seem to give enough coverage. Having heard that there were eight wards that had a low uptake of the vaccinations in the city he was surprised to hear that the service would now be taken away from the residents of Sunderland and South Tyneside and he hoped that colleagues in South Tyneside were raising similar concerns.

Dr. Aitken commented that they had been under the impression that a site was being looked at in the Doxford area so it had been news to themselves too. She went on to state that she completely understood the concerns of Members which was why they were looking locally and regionally so that there was no detrimental effect.

Dr. Aitken advised that she would feedback the concerns of Councillors and pointed out that there would also be eight vaccination buses which they would be looking at deploying but there were no exact details available as yet.

Dr. Khalil added that the decision to decommission the Nightingale Centre was a regional one and the spring programme for vaccinations would have much lower numbers attending, i.e. the over seventy five year olds only. He also referred to the health inequalities faced in the Hendon and Millfield wards and advised that the mass vaccination site was never going to address these issues and it was more about how to tackle and change the narrative to address the hesitancy from residents in those wards.

He felt that there was enough provision in Sunderland to vaccinate those patients they needed to and the risk was if there was a surge could they set things up to address this? He felt that issue could be addressed at that time and added that having a mass vaccination site was a waste of resource at this time and the question was how they could invest time and effort in addressing local needs of the wards in the city.

The Chairman added that there was an ongoing exercise with the staff at the Nightingale Centre to work out a way to retain the staff capacity to call on should they be necessary to be called upon if there was a surge in the future.

Councillor Heron echoed the concerns of other Members and commented that they had an aging population and the remnants of a heavy engineering and mining background in the city and they had to think of those residents who may not be able to access services in Newcastle or Darlington. When asked if the walk-in centres would remain, Ms. Muller advised that the local vaccination sites would stay in place and also advised that they had made internal links with the operations manager from

the Nightingale Centre who had experienced admin staff and vaccinators which they were hoping would move into the local sites to give more capacity.

The Chairman stated that recently it had been highlighted that training schemes needed to be in place, and the recruitment and retention of people to be looked at in the workforce, and commented that there were a lot of people who had deferred their retirement to help out during the pandemic. Clearly, a lot of medical staff were now feeling the stress of two years of continuous work and he sought colleagues thoughts on what impact, if any, there was going to be as the end of the pandemic may see those staff take up their retirement, and what contingency, if any, may be in place. Mr. Fenwick advised that they had not yet seen an increased number of retirements, early or otherwise, but he did think asking more of getting existing staff than they already were gave him significant concerns. The emphasis instead had been on taking work from them and replacing this rather than asking staff to give more as he felt that would fail very quickly.

The Chairman thanked all attendees for their presentations and information provided, and on behalf of the Committee gave a heartfelt thanks to all the workforce and staff involved over the previous two years who had gone above and beyond for the residents of the city, and it was:-

2. RESOLVED that:-

   - Any further information provided by Mr. Foster on emergency department wait times be circulated to the Committee through the Scrutiny Officer; and
   - the updates provided within the report and presentations be received and noted.

Monument Surgeries – Pennywell Branch CCG Update

The Sunderland Clinical Commissioning Group submitted a report which provided an update to the Committee on the future of the Monument Surgery provision in Pennywell.

(for copy report – see original minutes)

Ms. Wendy Thompson, Head of Primary Care, Sunderland Clinical Commissioning Group (SCCG), took Members through the report which set out the decision taken by the Primary Care Commissioning Committee (PCCC), which is a statutory committee of the SCCG and detailed the mobilisation plan which had been agreed as a result of that decision.

Members were informed that the approved date of closure was agreed to be 31 May, 2022 and patients had been contact to inform them of the final decision and the next steps to be taken. As of 28 February, 2022 the practice list had 2,170 from approximately 2,700 patients; which showed that they were starting to re-register at practices elsewhere and further letters would be sent to continue to remind them and support individuals who may need assistance in understanding the content of the letters.

Councillor Speding asked if there was going to be a concerted effort to recruit and retain GP’s in Sunderland as this had been an issue for a number of years and the

Scrutiny Committee needed to understand the way forward. Ms. Thompson advised that there were a number of schemes in Sunderland to support the recruitment and retention of GP's in the city including peer support and mentorship schemes to try and encourage newly qualified GP's to want to stay in Sunderland and this would continue until they were satisfied that they had a sufficient workforce in the city.

In response, Councillor Speding commented that the city had a state of the art University, in terms of nursing, etc. and the eye infirmary, being the only one in the region and the expertise around all of those services. He stated that the issue had been looked into a number of years ago but there did not seem to have been any improvements made; although he understood it was up to individuals as to where they chose to take up a GP position.

Dr. Hadaway advised that on behalf of the Sunderland GP Alliance she could advise of some of the measures they had taken; such as the work they had undertaken with the Templars organisation which looked to bring GP's into the city from Spain and explained that this was well established in Humber and Yorkshire; they also had tier two sponsorship at the GP Alliance which meant that they could employ GP's that needed a visa to work in the country. She also explained that all of the GP's who worked within the GP Alliance were salaried employees, rather than self employed, which could make it more challenging to recruit to positions.

Dr. Khalil agreed that this was an ongoing issue, advising that there was a national shortage of GP's, but explained that in Sunderland they had maintained the overall number of GP's. GP's tended to take up positions in the area that they had trained so they had increased the number of training practices from five to almost twenty in the city and they were seeing more GP's coming in, although this was not necessarily full time equivalents. It was a female predominant workforce and a more complex profession now which lends itself to more part-time workers. It was recognised that there was sometimes a struggle to recruit GP's but that this was usually within smaller practices which may face further issues attracting the new generation of GP's.

Councillor Potts referred to the letters being sent to residents and asked if they could also be contacted by telephone and Ms. Taylor advised that they had been offering a lot of intense support for patients; having a daily drop-in between 10:00am and 4:00pm to support them in registering at a new practice. Ms. Taylor also advised that they had vulnerable, priority groups which they monitored on a daily basis and they were supporting patients that had low literacy levels so that all bases were covered.

Councillor McClennan commented that in terms of preparing for the closure of the practice she did not think that there was much more that could have been done but referred to comments made that the Committee had made the decision and asked that it be minuted that it was not the decision of this Scrutiny Committee. For clarity, the Chairman advised that it was the Primary Care Commissioning Committee of the CCG and not this Committee that had made that decision.

Councillor McClennan referred to point 3.2 and 3.3 of the mobilisation plan and the inventory or equipment, drugs, supplies, etc. and asked if there was any way that the supplies could be forwarded to the Ukraine for use. Ms. Thompson explained that they did have other sites within the city so stock would be transferred to those

practices, however, she advised that they had started pulling together bandages, medical supplies and equipment that could be sent to the Ukraine, so it was on their radar.

Councillor Haswell commented that he had previously expressed disappointment in the closure of the practice, and was still getting residents contacting him who were upset about the closure, and referred to the significant housing developments in the area and the increase in population that would follow. He asked what the mechanism was to open a new GP practice in the area; if it was possible and how it could be encouraged as the population in the area continued to grow.

Ms. Thompson explained that it was a difficult question to answer but advised that the way the national procurement rules worked at the moment was that in order to procure a new GP practice they had to go through significant work to understand what the local need was. Closing a practice in the area due to lack of GP cover would not necessarily lend itself to suggest that they would want to procure a new practice as they would have the same situation with a new provider struggling to appoint a GP to work there. Should the local population significantly increase, needing 2,000 – 3,000 residents for it to be a viable practice, then as a commissioner under the Integrated Care Board they would need to carry out a needs assessment and a formal procurement exercise to engage a provider for that area.

In a follow up comment, Councillor Haswell stated that in the future it may be worth considering renaming any practice as it could become something new and more attractive to residents. He advised that there were going to be hundreds of residents moving into the area as part of the new developments and the issue need to be looked at now rather than later.

Dr. Khalil advised that as a GP with two practices in the area he considered the better solution would be to consolidate and expand the seven or eight practices in the area to ensure that they were sustainable and were big enough to take on extra patients, whilst also being able to provide a better service for their existing patients.

In response to a further question from Councillor Haswell, Dr. Khalil advised that he was aware that when the Council were building new housing developments they could apply for a stream of funding, but he was not aware of the detail as it had never been used, and they could look to work together in the future to access this if and when necessary.

The Chairman advised that it was a point that Councillor Speding had previously raised regarding joined up working with the Planning Department and there was definitely mileage in seeing how services could work collaboratively. Councillor Haswell commented that it had been referred to the Economic and Prosperity Scrutiny Committee but as yet it had not been considered. The Scrutiny Officer agreed to take the matter up further and feedback to Members accordingly.

Councillor Heron commented that this had been an ongoing issue for years and she did not know what further could be done to enhance the offer to GP’s and get them to come to the area and was interested to see if offering part-time and jobshare positions could help.

Councillor McClennan asked if there was any mileage in linking with local medical schools and creating sponsorship packages for undergraduates on condition that once qualified they served in the city for a number of years and was informed it was something they could look at but once qualified you could not force an individual to stay. Ms. Thompson advised that it was not just about GP's as there was a much wider workforce they should be tapping in to and encouraging to increase the number of available professionals in practices to better understand how they could support patients to see the right professional and not just access their GP. The Chairman also commented that it took approximately twelve years to become a fully qualified GP which could be a long time to ask a student to make a decision on where they planned to take up employment once they were qualified.

In terms of housing, Ms. Thompson advised that they had worked with the Planning Department over the last couple of years, so they were aware of housing developments in the city, but explained that it did not always result in an increase in the population as it could be residents moving between estates in the city rather than into the city anew but they would continue to work with them on this going forward.

Councillor Heron commented that a lot of residents did not realise that they could speak with a nurse practitioner in the practices rather than make a GP appointment and this needed to be better publicised so that residents understood what services were available to them. Dr. Hadaway explained that admin staff who were trained and could direct patients to the correct professional but it was also about educating the public so they knew what was available, although some patients would always want to see their GP.

The Chairman thanked attendees for their report and presentation and the information provided, it was:-

3. RESOLVED that:-

   - the Scrutiny Officer feedback to Members on the item around access that had been referred to the Economic and Prosperity Scrutiny Committee; and
   - the information within the report and mobilisation plan be received and noted.

Sexual Health Provision in Sunderland

The Executive Director of Public Health and Integrated Commissioning and the Divisional Director – Family Care South Tyneside and Sunderland NHS Foundation Trust submitted a report which provided and update on the whole system's approach to sexual health in Sunderland.

(for copy report – see original minutes)

Ms. Wendy Mitchell, Public Health Lead, Ms. Claire McManus, Divisional Director and Ms. Andrea Cairns, Senior Health Adviser took the Committee through the report advising that the term 'sexual health services' referred to all services which were either commissioned or supported in partnership with the whole system approach to sexual health and provided examples of the services they offered and the ongoing challenges that they faced.

The Chairman thanked the Officers for their informative report and real-life patient case study, stating that the services were a undervalued tool and urged the Scrutiny Committee to hear more from the service in the future.

Councillor Butler echoed the Chairman's comments and stated that the case study showed how effective communication in healthcare was absolutely vital. He referred to the teenage cohort using social media and asked if the communications team used sites such as TikTok, etc. and was advised that the use of alternative mediums was something that had been discussed with Public Health Leads and partners, whilst also asking young people how they wished to receive health messages.

Members were informed that they worked with colleagues in Together for Children who had access to engagement and participation groups of young people and as professionals they had to get over any nervousness of using those platforms.

The Committee were informed that the University of Sunderland had undertaken a piece of work around using TikTok for some educational messages so there was evidence available to support using those opportunities to give out a range of health messages.

In response to a further query from Councillor Butler as to what was being done to reach earlier stage infections in patients and help combat the late diagnosis of HIV, allowing patients to live longer, healthier life's, Members were informed that there was a lot of work ongoing within the Trust but there was a need to unpick what sat behind the key performance indicators to better understand the data more before they could come up with a solution.

Ms. Cairns commented that it was still very difficult for some people to discuss HIV and AIDS and they needed to get to a position where testing was normalised, regardless of sexual orientation, and was seen simply a means for early diagnosis so that treatments could be given to allow patients to live a long and healthy life. This had been recognised by the service for a long time and a lot of work had been carried out with colleagues and GP's, looking at indicator factors and what patients were presenting with, encouraging colleagues to think about a HIV diagnosis and to ask the uncomfortable questions and not make assumptions.

The service were available to offer support other health professionals should their patient be given a positive HIV result and the consultants were more than happy to offer advice to colleagues providing health advisors who were trained in giving those results to patients if needed. They would not want tests not to be given to patients because they were frightened of the result and how to manage it.

In response to a follow up question from Councillor Butler around the possibility of mass testing at large group events, such as football matches, Ms. Cairns advised that part of the outreach work had been undertaking mass testing for chlamydia and gonorrhoea but it was more difficult for HIV testing as it had historically been a drawn blood test that was then sent to a lab. There were now dry blood spot tests and point of care testing and they did use these with other agencies if they were looking to get a quick referral; but those agencies did not have the infrastructure in place to take that positive result forward with the patient. They were looking at offering online fingerprick testing which could be carried out at home and sent off so that there was more access to testing.

Councillor Speding complimented the concentration of work on young people in the city, as that was where issues may start, and referred to the positive case study which had been given regarding the young person sharing their experiences and getting help.

He referred to the issue of teenage pregnancies and sexually transmitted diseases which had been an issue for a number of years and raised concerns that sexual health was not on school curriculum's as far as he understood and was voluntary and asked what, if anything, could be done about it. Ms. Mitchell commented that there was not one area in the system that contributed to under eighteen conceptions but they were in a very different position now with the resources that were available than they had been. The relationships and sex education (RSE) was now a statutory duty that had to be implemented and it was a school's responsibility to provide this.

She stated that there could be different delivery methods in schools throughout the city so they had taken the decision within TfC to fund a post to coordinate and lead that activity to better support schools so that they would have access to standardised training and messaging. As schools would then work closely with services they could pick up if there was an emerging need in a particular school or area so they could come together and prepare a joined-up response and action plan to support them.

Ms. Mitchell also advised that statutory guidance due to be delivered in September 2020 had been delayed due to the pandemic but Sunderland were in a good position to implement that guidance and the next phase would be to understand and quality assure the standard education that was provided; reminding schools of their responsibility in that delivery and support them where needed.

Councillor Speding commented that there were more women than ever involved in football nowadays and it was an opportunity to consider that range of audience, with parents also being involved; as an area to target in the future. Ms. Mitchell thanked him for his comments and could consider those points going forward.

Councillor Haswell referred to HIV testing and late diagnosis in the city and asked how we were approaching other agencies to encourage people to test alongside other treatment they may be undergoing and was informed by Ms. Mitchell that this was improving, with information cascaded to departments around screening opportunities. Discussions had been held with a consultant in the Trust who had positively reported that a number of departments had picked up on the training available so she had been able to raise indicators that they could look out for and the symptoms that could be confused with other conditions. It was felt that they could continue to improve within primary care and the small working group that was set up would unpick what the level of understanding and competency was and work to improve this.

In response to a further question from Councillor Haswell regarding the findings of the Terrance Higgins Trust in HIV infection rates being higher in the heterosexual population and whether this was reflected in Sunderland, Ms. Mitchell informed the Committee that it was a similar position in Sunderland, with a higher proportion of the heterosexual population testing positive. There was some data that had been made available which looked at activity over the HIV testing week and it showed that

access to testing had improved during that time. She would forward this data to the Scrutiny Officer to be shared with Members.

Councillor Haswell further asked if there was an action plan in place to understand firstly, what the cause of this may be and secondly, how that number could be driven down and was advised that there was no action plan as yet but that was due to equity audits not having been concluded. Members' comments could be taken into consideration when looking at how the message could be tailored better to particular age ranges of the population.

In response to a query from Councillor Haswell regarding the offering of emergency prescriptions, Ms. Cairns referred to the example he had given, whereby the patient had been offered an appointment in the future, and advised that she would need to ensure that staff were trained on this matter as it could be time dependant as to when patients needed to start their treatment.

She informed the Committee that with regards to PEPSE (Post-Exposure Prophylaxis) colleagues in the emergency department were aware that a patient could present there and be given a start pack with a referral into the service so that there was no delay in their treatment beginning. In relation to PReP (Pre-Exposure Prophylaxsis) Ms. Cairns advised that following the recent national rollout, they were putting in place a PGD which would allow nurses to be able to prescribe this in a timely manner, without having to have a doctor on site.

At the request of the Chairman Ms. Cairns explained that PEPSE was given to patients who may think they had been in contact with HIV or were at risk of having contracted it to try and prevent the infection and that PrEP was given to prevent the patient contracting the infection.

Councillor Haswell referred to the extension of the administering of the HPV vaccine to men who had sex with men and asked how this was being promoted and was informed by Ms. Cairns that it was raised, discussed and encouraged to have at every patient consultation and advised that it would also be an easy fix to ensure that it was better promoted on their website as a service that was offered.

Councillor Haswell referred to representations made in 2018 about the accessibility of the service for neurodivergent users and concerns that there was not the level of staff training to support them, anecdotally he had been advised that they were reluctant to engage with the sexual health service due to the reception they may received and asked if any training had been delivered since that time? Ms. Cairns advised that a lot of training had been on hold due to the pandemic when the priority had been to maintain the service but now that they were emerging from the pandemic, training and development was a priority for the service.

Councillor Haswell commended the SH24 service and that they had chosen to fund the full suite of tests and asked how awareness of the service could be raised further to make as many residents as possible aware of this. Ms. Mitchell commented that it was good to have positive feedback and they were always looking at what the offer was and the shift to online users and how services were accessed and this made-up conversations that they were currently having around the effects CoVid had also had on access to services.

Ms. Cairns also commented that the impact of CoVid and the reduction of face-to-face consultations had made online testing more mainstream and it was advertised through their own website to help raise the awareness of it. They would not want patients to become reliant upon online testing, as it may not cover all available tests, but it was making it more accessible to those patients who would not access mainstream services. She advised Members that there were checks and balances in place with online testing so that users could be referred directly to their services and it gave them reassurances that people weren't just continually using the online testing services.

In response to a query from Councillor Butler regarding the HPV vaccine, Ms. Hughes advised that it was delivered as part of the school immunisation programme, firstly to girls and recently expanding to boys. There had not been a catch-up programme for older boys who had not been offered it as that was not how the programme worked. They were starting to see now how effective the programme had been in reducing the number of cases of cervical cancer and it may be in future that there was less need for cervical smears because of how effective the HPV vaccine programme had been.

Councillor Leadbitter asked if parental consent was required when prescribing contraception to young people and was informed that any young person who accessed the service was seen by a fully trained sexual health nurse or doctor where a full history was taken. At this time young people were encouraged to talk to their parents or someone they trusted about having sex to ensure that it was going to be safe and their own decision. The young person had to fulfil a set of guidelines during the consultation that they understood the implications of having sex and the risks associated; and if these were fulfilled, they would issue the contraception. If a safeguarding issue was raised during the consultation, they would advise the young person that they were concerned and raise a referral but this would not stop the prescribing of any contraception.

In response to a question from Councillor McClennan for under eighteen conception rates to be broken down into wards, Ms. Mitchell advised that they were currently being updated and that this could be circulated. Ms. Hughes advised that the ward data was produced on three year aggregated ward level data which was issued nationally. She also advised that they did have some hospital-based data which was based on live births and would be more up to date, but not as accurate, but it allowed Officers to see any trends to target services to ward areas if necessary.

Councillor McClennan commented that it was a much more complicated problem than the work the professionals were doing as it could be a more cultural and generational issue and could be the only aspiration that some young women in the city had.

Ms. Hughes commented that when national recording started in the 1990's Sunderland had some of the highest rates on underage conception which had reduced greatly and that this should be celebrated as the city had started from a much more challenging position. Some intergenerational elements were seen but there were very complex factors in terms of the evidence base to reduce teenage pregnancy but they knew there was a strong correlation with areas of poverty and deprivation. Some of those cycles needed to be broken down and they had a targeted parenting programme which worked with first time parents, aged nineteen

and under, offering an intensive parenting programme for two years which looked at areas such as return to work or education, etc. The programme had very good outputs and they had retained and increased investment in the provision.

With regards to a query from Councillor McClennan around the gender of patients diagnosed with HIV, Ms. Cairns advised that in Sunderland it was more prevalent in males.

She also asked what the definition was of a 'late diagnosis' of HIV was and what would be the trigger for a patient to ask for help; as symptoms were not always shown until quite late and patients could be passing that infection on. Ms. Cairns commented that was exactly why they were trying to raise the importance of regular testing, to reduce the risk to others, and they were looking at the education and training around normalising the testing for HIV. A late diagnosis would be based upon an individual's viral load and the amount of virus in a patient's system and other presenting conditions they may have.

The Chairman referred to issues he had been made aware of contacting the LARK service over the telephone and Ms. Cairns advised that when they had moved into their new premises there had been some initial issues with the system. They now had an automated queuing system so there should be no more problems going forward.

In closing, Ms. Hughes thanked everyone for the work they had undertaken and the Scrutiny Committee for their comments and hoped that Members could see the improvements that had been delivered; working closely with the Sexual Health Services and partner agencies, and she had welcomed the opportunity to return to the Committee with their progress to date.

Councillor MacKnight thanked Officers for their very informative report, and it was:-

4. RESOLVED that:-

    - The data collected as part of the HIV Testing week be forwarded to the Scrutiny Officer for circulation to the Committee;
    - The information on under eighteen conception broken down into wards be provided to the Scrutiny Officer to circulate once available; and
    - The information set out within the report be received and noted.

Annual Report

The Scrutiny, Mayoral and Members' Support Coordinator submitted a report which sought approval from the Committee of the report as part of the overall scrutiny annual report 2021/2022.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, presented the report advising that it provide a brief snapshot of some of the work undertaken by the Committee during 2021/2022 and that it would be presented to Council as part of the overall scrutiny annual report.

Councillor Haswell referred to paragraphs 10 and 11 of the report and asked if the language could be strengthened with the inclusion of the word ‘remain’ in relation to the concerns about the loss of beds and the closure of the Pennywell practice and also noted that there was no reference to the referral on access that the Committee had made.

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

5. RESOLVED that the Scrutiny Officer make the relevant amendments to the report and circulate a revised version to Members for approval to be included in the Scrutiny Annual Report 2021/22.

Work Programme 2021/2022

The Scrutiny 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 advised that he would seek further information on the referral that the Committee had made to the Economic and Prosperity Scrutiny Committee and feedback to Members accordingly, and it was:-

7. 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 21 February, 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:-

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

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

(Signed) N. MACKNIGHT,
Chairman.