

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the Council Chamber of the CIVIC CENTRE, SUNDERLAND on WEDNESDAY, 6th OCTOBER, 2021 at 5.30p.m.

Present:-

Councillor N. MacKnight in the Chair

Councillors Haswell, Leadbitter, McClennan, McDonough and Speding

Also in attendance:-

Dr. Carol Aitken – General Practitioner

Dr. James Bell – Chairman, Sunderland GP Alliance

Mr. David Chandler – Chief Officer and Chief Finance Officer, Sunderland Clinical Commissioning Group

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

Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council

Ms. Liz Davies – Director of Communications, South Tyneside and Sunderland NHS Foundation Trust

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

Dr. Emily Hadaway – Head of GP Clinical Services, Sunderland GP Alliance

Dr. Tracy Lucas – Senior Responsible Clinician, All Together Better

Ms. Gillian Robinson – Scrutiny, Mayoral and Member Support, 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

Ms. Judith Taylor – Head of General Practice Services, Sunderland GP Alliance

Ms. Tracey Teasdale – Head of Federated Clinical Services, Sunderland GP Alliance

Mr. Matthew Thubron – Head of Contracting and Performance, Sunderland Clinical Commissioning Group

Mr. Jon Twelves – Chief Executive, Sunderland GP Alliance

Apologies for Absence

Apologies for absence were given on behalf of Councillors Burnicle, Butler, Heron, Potts and M. Walker

Minutes of the last meeting of the Committee held on 8th September, 2021

Councillor Haswell referred to the issue of face-to-face GP appointments and the Scrutiny Officer advised that this would be further discussed under the Work Programme item later on the agenda.

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 8th September, 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, Sunderland Clinical Commissioning Group (SCCG) and South Tyneside and Sunderland NHS Foundation Trust 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 the presentation by Ms. Gerry Taylor, Director of Public Health and Integrated Commissioning, which set out the latest public health developments in relation to CoVid-19 across the city, including details on:-

- Key facts and figures in relation to the current situation and Sunderland's experience of the pandemic;
- The autumn and winter plan;
- Public Health advice
- The vaccination programme;
- The Local Outbreak Management Plan; and
- Testing strategy and contact tracing.

Mr. Matthew Thubron, Head of Contracting and Performance, Sunderland CCG, Mr. Philip Foster, Managing Director, All Together Better Alliance and Ms. Tracey Teasdale, Head of Federated Clinical Services, GP Alliance, provided the Committee with joint presentations which gave updates in relation to performance standards, the All Together Better Alliance key winter schemes and the latest position of the CoVid-19 Primary Care Vaccine Programme and ward summary.

(for copy presentations – see original minutes)

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

Councillor McDonough referred to the very high rates of infection in children and asked if this was resulting in serious illness or a rise in hospital admissions for those age groups and was informed by Ms. Taylor that it was particularly secondary aged

children that they were seeing a rise in infections but that this was not resulting in hospital admissions which continued to be generally adults.

In response to a further question regarding what could be done working with schools as children returned to schools and the number of cases increased, Ms. Taylor advised that they were giving advice on the additional steps that schools could take such as reintroducing face coverings if they were experiencing an outbreak. She explained that in the Government's autumn/winter plan there were extra restrictions which could be introduced nationally if they deemed it was necessary.

Councillor McDonough asked if it was expected that there would be any further funding from central government to deal with future local outbreaks and if there were any local restrictions being planned as part of the outbreak management plan; and was informed that the city had been an area of enhanced response whereby extra support had been given to encourage the uptake of vaccinations and that this, along with support for testing and vaccinations, were the areas they could ask for further assistance. Ms. Taylor also advised Members that she was not aware of any additional funding that was being made available to support the local outbreak plan.

In response to a query regarding face-to-face appointments with GP's, Mr. Chandler advised that every surgery should be offering face to face appointments but quite commonly there may be a triage process first. It was difficult for GP's to see patients face to face, as they had to go through thorough cleaning processes in between patients, but should the GP need to see the patient then they would be invited in for that appointment. It may be difficult for residents to access as it was an extremely busy service but every GP surgery should be offering appointments. Mr. Chandler asked Members of the Committee to email him if they were made aware of any practices that were not offering the service and he could follow this up.

Councillor McDonough asked if there was any intention to reinstate arrangements with private hospitals to help with the backlog of patients waiting for treatment and was informed that they would continue to utilise these services, maximising as much capacity as possible to help in getting waiting times for patients reduced.

With regards to the reduction in cancer referrals, Councillor McDonough asked if there was a worry that people weren't coming forward and what could be done to address the issue. Mr. Chandler advised that they were worried that referrals were lower than two years ago and explained that there were action plans and a number of campaigns coming forward encouraging people to visit a practitioner if they had any concerns with regards to their health and they would continue to address this issue.

Waiting times for children's mental health had been described as positive and Councillor McDonough sought clarification as to what they defined 'being positive' as, and what prevention work was being undertaken? Mr. Chandler advised that children's waiting times for mental health services were still much better than they were eighteen months ago and that this was due to additional capacity and resources being brought in to improve the service. Children were expected to be seen within eighteen weeks for assessment and were regularly seen much sooner than this, based on clinical need. They were working with mental health providers, who had been trying to recruit additional staff, and there was a meeting to be held to

discuss recruiting staff on permanent contracts to make sure they could deal with any backlog as quickly as possible.

Mr. Chandler went on to advise that in relation to prevention work, they had been working with Together for Children and there were a number of schemes continuing, working closely with the local authority and schools, and they were able to put more resources into further schemes if necessary. Ms. Taylor also advised that they had invested additional funding through the Public Health grant for the children's community services to ensure they pick up any issues which had arose in relation to the pandemic.

In response to comments from Councillor Speding regarding the current narrative around the responsibility on the community, rather than the NHS, as the first port of call for health and social care, especially given the pressures going forward, Mr. Chandler advised that there were limited resources across the emergency care network and it was a way of encouraging people to know what their first port of call should be. For example, patients who could be dealt with by a pharmacist should not be using the 999 service. Mr. Chandler advised that it was going to be a really tough winter for all and the overall approach was to try and keep lines of entry as clear as possible and make the best use of services collectively.

Councillor Speding asked at what point vaccinations could become mandatory for frontline staff and was informed that there were already mandatory dictates for care home staff to be vaccinated but there was no requirement for health care staff and that would be in the hands of central government to introduce.

Councillor Haswell asked what support was in place for health care staff who were absent from work due to the impact of CoVid, either through mental health concerns or 'burnout', to try and help them recover and bring them back into work and also asked if they had a current shrinkage rate figure? Mr. Chandler advised that they had heard from colleagues that they were reporting high levels of staff absence for these reasons and he was reassured from them that they were doing all they could to support their staff through what had been a very difficult and challenging eighteen months. He would look to be able to provide further information around figures, etc. through the local foundation trust as it was not something he would have available to him.

Councillor Haswell also asked what engagement was being undertaken with Better Health at Work North East to encourage employers to offer services to their workforce for more minor concerns and Ms. Taylor advised that they did work with a number of employers around achieving the Better Health at Work awards, of which there were varying levels. They looked to share good practice as to how they could support their employees for both physical and emotional wellbeing. Mr. Chandler added that they were making good progress in this field with more employers in the region continuing to sign up to and offer support.

Dr. Lucas also advised the Committee that there was specific mental health support available for all frontline doctor's and that there was the Practitioner Health programme which had been running for a number of years, which any qualified doctor, from any speciality, could access.

Councillor MacKnight also asked if the Scrutiny Officer could liaise with the Director of Communications to provide further information and assurances as to what was offered and available to frontline workers.

In response to a query regarding any correlation between the uptake in schools around the Hendon and Millfield wards, given that they had the lowest uptake in the city, Mr. Chandler commented that it was still early days in getting numbers but that those two wards were areas they would continue to keep an eye on and work with in a proactive manner to try and get those numbers up. Dr. Aitken advised that schools were expecting around 50% take up at present but explained that there had been some issue as to whether parental consent was required to vaccinate a young person. Systems would also need to be put in place to offer mop up sessions for those young people who had not been vaccinated in the first round.

Councillor Haswell asked if further updates could be provided on the roll out of vaccinations given to young people moving forward.

In response to a query from Councillor Leadbitter regarding residents being offered separate appointments for their CoVid booster and flu jabs, Ms. Teasdale advised that this could be offered. They were trying to be as efficient as possible in the roll out to give both vaccinations to residents in care homes where possible, but it would not be forced, and they could have them on separate days if they requested this.

The Chairman thanked all attendees for their presentations and information provided, and it was:-

2. RESOLVED that:-

- i) the updates provided within the report and presentations be received and noted;
- ii) further updates be included on the rollout of the CoVid vaccination in school age children in future reports to the Committee; and
- iii) further information be provided to the Committee on what support was being offered to frontline workers as requested above.

Future of Monument Surgeries in Pennywell

The Sunderland GP Alliance submitted a report which provided the Health and Wellbeing Scrutiny Committee with an overview of the future of Monument Surgeries in Pennywell.

(for copy report – see original minutes)

Mr. Jon Twelves, Chief Executive, Sunderland GP Alliance took Members through a presentation explaining the background to Sunderland GP Alliance and the formation of Monument Surgeries which encompassed Pennywell, Barmston and The Galleries Health Centres as part of a single APMS contract.

The presentation also set out the workforce challenges and patient experiences at Pennywell Medical Centre and what other options had been explored. The Committee were advised that a patient consultation would run from 4th October to

26th November, 2021 with a meeting to be held early in 2022 with NHS Sunderland CCG to decide the next steps.

(for copy presentation – see original minutes)

The Chairman thanked Mr. Twelves for his presentation and invited questions from the Committee.

Councillor McDonough commented on the failure of management to recruit to the GP position at Pennywell Medical Centre and felt that the plans were short-sighted given the number of housing developments planned for the area, bringing in even more residents, and questioned if there would be concerns for GP provision in the area in the future. Mr. Twelves disagreed that the decision was just what was best for the organisation and reiterated that they were clinically run and aimed to do what was best for their patients. The organisation was non-profit and the decision would be taken purely on what was clinically safe and provided the best services for the residents of Pennywell.

With regards to housing developments in the area, Mr. Twelves advised that residents moving into the area would have an option as to which practice they joined, and there was no basis to believe they would join the Pennywell practice. They would also need to see a sufficient number of patients join the Pennywell practice to require two GP's, to overcome the professional isolation issue that had been outlined within the presentation.

In response to further comments from Councillor McDonough regarding the majority of current users moving to their next nearest surgery and if that surgery, i.e. South Hylton, would have the capacity to deal with the number of patients, Mr. Twelves advised that South Hylton surgery had more capacity at the moment and it was felt that they could comfortably accommodate the transition of patients from Pennywell Medical Centre.

Dr. Hadaway advised that during her twelve months in post one of her main roles had been to try and recruit to the organisation to try and stabilise the practices and they had been really successful in appointing to a number of posts to support the GP's. Unfortunately, none of those recruited would be wanting to work in isolation in Pennywell without GP support available to them and overwhelmingly the reasons that had been given for not wanting to appoint to the post in Pennywell was the issue of isolation and being spread across the three practices.

Members were informed that a mapping exercise had been undertaken on the postcode of patients registered at the Pennywell surgery and it was found that most residents lived an equal distance to South Hylton surgery with a huge proportion living closer, so there was not much physical distance between them.

In response to a query from Councillor MacKnight regarding the 2,700 patients registered at Pennywell Medical Centre, Mr. Twelves confirmed that there was capacity at South Hylton Surgery, but it was down to patient choice which surgery they decided to move to.

Mr. Chandler advised that the decision-making rests with the CCG so it did not matter what the GP practice thought would be best in their regard, the CCG would

only decide what was in the right interest of the patients, and there would be professional support given to the Committee following the end of the consultation for them to come to that decision.

He also advised that there were issues nationally in recruiting GP's but they had done a lot in Sunderland over the last five years to try and address those challenges, through the GP strategy and various projects, such as the career start scheme, as to how to attract and retain GP's and without that work he felt that there could have been a real problem in Sunderland.

Councillor Speding commented that the recruitment and retention of GP's was not a new problem and had been discussed in many other forums over the years and people were happy to travel to visit GP's surgeries if that was where they felt more comfortable. He felt that the fail safes and policies were in place to support the decision that had to be made and the consultation process would allow patients to be provided with all of the options available to them.

Councillor McClennan commented on the reason some patients may not use the GP services most local to them and suggested this could be for familial reasons, as they had used those services from being young and carried on, which had to be taken into account. She also referred to the geographical difficulties some residents may have in accessing the South Hylton surgery as the village was quite isolated and at the bottom of a quite steep bank, which may limit access for some of the older, less mobile patients.

Mr. Twelves commented that they were conscious of the travel issues to the South Hylton surgery and added that he was aware that there was public transport available and they would have to look if this would need to be adapted to change the timings or route once the decision was made. He would welcome the support of the local authority and Councillors about how they may encourage providers to review those services at that time.

In response to a query from Councillor McClennan as to why contracts could not be revisited between the surgeries of South Hylton and Pennywell, the Committee were informed that it would require primary legislation in Parliament and could not just be resolved with solicitors and would be outside the remit of the Committee.

Councillor Speding recommended that the issue of community travel be referred to the relevant Scrutiny Committee for their consideration following the decision having been made, and the Chairman supported that proposal.

The Chairman thanked Officers for their presentation and input, and it was:-

3. RESOLVED that the update and information provided be received and noted and that further updates be submitted to future meetings of the Committee as appropriate.

Urgent and Intermediate Care

All Together Better and Sunderland Clinical Commissioning Group submitted a joint report which provided and updated the Health and Wellbeing Scrutiny Committee on

the progress of the embedding of the Sunderland Urgent Care Strategy (2019) and the planning for the next phase of urgent care provision in Sunderland for 2021/22.

(for copy report – see original minutes)

Mr. Foster, Managing Director, All Together Better Alliance, took Members through the report which set out the current position in relation to the urgent treatment centre, recovery at home and the Sunderland GP extended access service, advising that the ongoing transformation work identified within the update would take place via ATB and further engagement and updates would be provided to the Committee in due course.

In response to Councillor Haswell's questions regarding signage and consultation around the moving of the Pallion Urgent Treatment Centre into the footprint of the hospital, Ms. Davies advised that work was planned over the new few weeks to have conversations with current service users to understand their experiences and to allow feedback to be gathered on any improvements that may need to be made in relation to the move. In terms of signage, once a go live date had been arranged they would need to plan to advise patients as to when changes would be happening and the different access point they would need to use but this would be drip fed in the lead up to the actual move.

Ms. Davies explained that another of the major benefits and improvements to the service would be the marrying up of IT systems, which was not possible whilst they were in their current sites, and would allow for an overall better patient experience.

Mr. Foster also advised that they had been working very closely with Healthwatch who they would use to engage with patients to ensure messages were shared and that through the 111 service they could advise patients of the change of location.

With regards to a further question from Councillor Haswell regarding the future of the building, Mr. Foster advised that practices were already looking at alternative uses for the space so he was confident it would be used to enhance the area, with the potential to support the vaccination programme in the first instance.

Councillor Haswell referred to the disabled parking bays outside of the current centre and commented that this may be a downside of the move as patients would need to use the accident and emergency entrance which would usually be busy with ambulances. Ms. Davies advised that this was an issue they would work through as part of the implementation process but there were drop off spaces currently alongside where the ambulances accessed the site.

With regards to further queries regarding signage from Councillor Haswell, Ms. Davies agreed that it was necessary that signage was placed at all entrances and key points around the site and not just at the Hylton Road entrance. They would also ensure that the needs of different patients were also taken into account, such as the partially sighted, and ensure they were thinking through how they could proactively advise service users.

Councillor McClennan referred to a letter received from Keep Our NHS Public Sunderland and District Branch and referred to a complaint that had been made by a patient, and subsequently upheld, in relation to difficulties they had experienced at

the Pallion UTC through the extended hours service in relation to blood tests and asked for assurances that improvements had been made in terms of the issues that had been raised and that procedures were in place to stop this from happening again.

Councillor McClennan further referred to the letter received and asked if the Trust were monitoring and recording the transfer of Children from South Tyneside to Sunderland Hospital and requested assurances for the Committee on this aspect of the service. Mr. Chandler commented that nearly always the patient transferring would be from South Tyneside to Sunderland and on that basis he would expect it be more appropriate for South Tyneside CCG and Scrutiny Committee to look into any matters rather than Sunderland.

Mr. Foster advised that if the Scrutiny Officer could forward the letter referred to on to him he could look to provide a response to the Committee on those matters.

Councillor MacKnight referred to the reconfiguration of the services in Sunderland and commented that there had been concerns from colleagues and residents in relation to the Houghton Primary Care Centre and asked if there had been any feedback received on the service? Dr. Lucas commented that the extended access service had ran from Houghton for two years now and one of the main concerns had been the delivery of minor injury services which they had agreed to provide a degree of from the site. During that time they had no reports of users not being able to access appropriate care throughout that time.

The Chairman thanked Officers for their presentation and input, and it was:-

4. RESOLVED that the update and information provided be received and noted and further updates be submitted to future meetings of the Committee.

Build Back Better : Our Plan for Health and Social Care

The Scrutiny and Members' Support Coordinator submitted a report which provided the Committee with an overview of the recently publish Government plan for Health and Social Care.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer took Members through the report advising that on 7 September, 2021 the government had published it's plan for tackling the backlog in the NHS and providing sustainability in going forward. The plan set out details for adult social care in England and the wider support that would be provided for the social care system, explaining the plan to introduce a new Health and Social Care Levy.

Mr. Cummings advised that it would be important to ensure that as further detail and information was published around health and social care reforms the Committee were kept aware of these and what it may mean for Sunderland; and proposed that they continue to monitor the issue and receive relevant updates as and when appropriate.

The Chairman thanked Mr. Cummings for the report, and it was:-

5. RESOLVED that the information provided be received and noted and the Committee continue to receive relevant updates as and when appropriate.

Work Programme 2021/2022

The Scrutiny and Members' Support Coordinator submitted a report (copy circulated) which provided a range of topics and issues to consider in the development of the work programme for the municipal year ahead.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, presented the report and referred to the topic of GP Access in Sunderland, advising that the CCG were to undertake a review on the issue and informed the Committee that there was the opportunity for a Member of the Committee to be included on the project group if they wished. Any Member who would like to be considered could forward any concerns regarding days, times of meetings to himself and Mr. Chandler advised these could look to be worked around as all meetings were currently being held via Teams.

Councillor McDonough referred to the Adult Mental Health Provision item being submitted to the Committee in February and asked if it would be possible to include children's mental health as an item at a future meeting, although he was aware this was also under the remit of the Children, Education and Skills Scrutiny Committee. The Scrutiny Officer agreed to tie this in as part of the report in February.

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 13 September, 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.

(Signed) N. MACKNIGHT,
Chairman.