

**At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the Council Chamber of the CIVIC CENTRE, SUNDERLAND on WEDNESDAY, 7<sup>th</sup> JULY, 2021 at 5.30p.m.**

**Present:-**

Councillor N. MacKnight in the Chair

Councillors Burnicle, Butler, Haswell, Heron, McClennan, McDonough, Speding and Walker

**Also in attendance:-**

Ms. Kath Bailey, Public Health Specialist, Sunderland City Council

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

Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council

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

Ms. Andrea Hetherington – Director of Corporate Affairs and Legal, South Tyneside and Sunderland NHS Trust

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

Mr. Graham King – Assistant Director Adult Services / Chief Operating Officer Sunderland Care and Support, Sunderland City Council

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

Ms. Hazel Taylor – Clinical Director, Washington PCN

**Apologies for Absence**

Apologies for absence were given on behalf of Councillors Leadbitter and Potts.

**Minutes of the last meeting of the Committee held on 14<sup>th</sup> April, 2021**

Councillor Haswell referred to page five, paragraph six, of the minutes and asked that it be included that Mr. Sutton had also advised, as part of his response to questioning, that at it's peak ten of the twenty two beds available at the current Royal Eye Infirmary site had been in use at any one time.

There was also an omission that Mr. Sutton had advised he would return to future meetings of the Committee with updates on the development in due course.

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 14<sup>th</sup> April, 2021 (copy circulated) be confirmed and signed as a correct record, subject to the amendments as identified above.

## **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 taken through the presentation circulated from Ms. Kate Bailey, Public Health Specialist, 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 roadmap out of lockdown;
- The vaccination programme;
- Information about variants and how we responds to them;
- The Local Outbreak Management Plan;
- Locally enhanced contract tracing; and
- The hosting of safe events.

Mr. David Chandler, Chief Operating Officer and CFO, Sunderland CCG, Mr. Philip Foster, Managing Director, All Together Better Alliance and Dr. Fadi Khalil, Executive GP, Sunderland CCG, provided the Committee with a presentation which gave updates in relation to performance standards, the All Together Better Alliance engagement and priorities and the latest position of the CoVid-19 Primary Care Vaccine Programme.

Mr. Graham King, Assistant Director of Adult Services / Chief Operating Officer of Sunderland Care and Support, provided information to the Committee on the current position in relation to adult social care across the city and the impact on services as a result of the pandemic.

(for copy presentations – see original minutes)

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

Councillor McDonough asked if there were any particular areas of the city where there were rises in cases that needed more focus in pushing the vaccine and Ms. Bailey advised that Officers kept an eye on the data at quite a granular level and that they did record the top five wards and these findings were showing that they tended to be some of the more deprived areas of the city. She advised that they targeted areas with the lowest uptake of the vaccine, which at present were Millfield, Hendon, Washington North, Barnes and St. Peter's but explained that although they were recorded as the lowest in the city the uptake was still pretty good. Should the pattern change then they would re-evaluate and look to target those areas.

In response to a question from Councillor McDonough regarding the relocation of the testing site to North Hylton, Ms. Bailey advised that this was not due to any spike in infection cases in that area but just that there had been no physical testing site in the north of the city and now the opportunity to identify a site had arisen.

Councillor McDonough asked how, or if, the NHS were continuing to work with the private sector to supplement services and get treatments to patients quicker as had been undertaken earlier in the pandemic. Mr. Chandler advised that the NHS were presently not utilising the private hospitals to treat patients as they had earlier in the pandemic; but advised that the NHS commissioners were continuing to use them to carry out more elective work. They had been brought online to help with capacity and they were expecting to see lot more patients use them as part of the overall response.

With regards to GP's seeing more patients, Councillor McDonough asked if these were physical or virtual appointments; as virtual appointment were quicker and more efficient but some people had not felt that they were as effective as being seen in person. Dr. Khalil advised that 52% of appointments were face to face, with 48% being undertaken by remote access, however they knew that these did not fit all patients and GP surgeries were currently working to revert back to a balance between the two options, whilst taking into account other issues such as waiting room capacity, etc.

In response to a further query from Councillor McDonough, Mr. King advised that care home staff were tested three times a week, with one PCR test and two lateral flow tests per week and residents were being tested four weekly. He advised that if there was to be an outbreak in a care home this would obviously result in more testing during that time.

Councillor McDonough asked if another spike in infections in the winter, which could potentially be during the flu season, was foreseen and if it was to happen what preparations the NHS were putting in place to tackle that. Mr. Chandler advised that they had response groups who actively monitored the situation day by day, week by

week and should it be felt that there was a need to respond to rises in infections then there were plans and procedures to put into place, for example they knew how to quickly extend capacity in the intensive care unit if it was required. He assured the Committee that services were prepared and business continuity plans were ready to put into place if needed.

The Committee were also advised that they had prepared a 'lessons learned from the last year' which was being fed into a new plan for the winter and while CoVid patients were reducing, they were now seeing demand rise from other pressures so they were constantly evaluating and coordinating to be prepared for the winter, although the demand on services had not reduced during the summer months.

Councillor Speding commented that he was pleased to see the adoption of the Greek alphabet to identify variants, rather than locations, to stop any stigma being attached to future variants, as there had been some rise in hate crimes towards some ethnic groups which was felt may be as a result of the naming of variants. Ms. Bailey agreed wholeheartedly with the comments but only wished that the WHO had made the decision a lot sooner.

Councillor Speding referred to the vaccination rates, and the flu vaccination that was available currently, and asked if the CoVid vaccination would continue to be administered to address any further variants in a similar way. Dr. Khalil advised that the simple answer was that they did not yet know what would happen in the future with vaccines. They were currently modelling all of the various scenarios and they had commitment from all of the GP practice's and the PCN's, etc. that they would provide the CoVid vaccine for phase three but the particulars had not yet been agreed upon.

He also referred to the NHS app and the Track and Trace system and the fact that he had been required to sign in at the Civic Centre but there had been no QR code to capture. He commented that he felt that this should be something that was adopted. He understood from his own experiences that the younger residents of the city were on board with using the system and commented that QR codes should be offered in Council buildings. Ms. Bailey advised that the legal requirement was to collect the data but how it was gathered was variable although using the app alongside paper-based systems allowed for more inclusion.

Councillor Speding referred to the percentage of face to face appointments with GP's and was encouraged by the fact that 52% were currently face to face as he had been concerned that patients with long term illness may be placed at the end of a queue for telephone consultations and that there may be some reluctance from those patients to use alternatives to traditional in person appointments.

In response to comments from Councillor Speding regarding the use of private sector facilities, Mr. Chandler advised that the use of private hospitals to carry out elective surgeries was a long standing arrangement they had with the NHS and the

additional capacity was invaluable and helped with peaks and troughs in demand. They were hopeful it would help reduce waiting lists faster than if only using NHS facilities and resources.

Councillor Haswell referred to the Pfizer vaccine being that of choice for under 40 year olds, but commented that he had been offered the Moderna vaccine and asked if there was reasoning behind that. Ms. Bailey advised that PCN sites had access to the Pfizer vaccine but that the mass vaccination centres had some stocks of the Moderna vaccine and would use that as an alternative also, and that this could vary day to day dependant on vaccine supplies.

In response to a query from Councillor Haswell regarding the wards in the city with low uptake of the vaccine, and Millfield and Hendon being 10-15% behind the next lowest wards, and if there was any reason other than deprivation that was affecting those two wards, Ms. Bailey advised that Officers had been trying to unpick data and understand what was driving those particular patterns but it was complex and could be multiple causes. It was partly around the demographics of those areas, residents being younger, a predominance of some ethnic groups in those communities and the deprivation profiles as well. She commented that there was an element of the cohort six, those clinically at risk, that they knew from the flu vaccination programme could be more of a challenge to get them to come for their vaccines so there could also be complacency in those groups of residents. All of those factors together drove the patterns that were being seen and they were working to address the different tactics to try and improve the uptake of vaccinations for those communities.

With regards to the relocating of the testing facility to North Sunderland, Councillor Haswell asked if demand had dropped to warrant the current site being closed or if there should be two sites running. Ms. Bailey informed Members that the way in which residents were accessing testing had changed significantly as they had moved through the pandemic. As more alternatives offers were being rolled out they had seen less demand through the physical sites and they no longer required as many so they took the opportunity to relocate the site in an area of the city that did not previously have one.

Councillor Haswell asked if the Committee could continue to receive more information on the five wards ranked with the lowest uptake of the vaccination in the city and Ms. Bailey advised they would ensure the Committee were updated accordingly in future reports.

Councillor Haswell referred to the report from the CCG in relation to the fifty-two and eighteen week referral for treatment and commented that in this report Mr. Chandler had referred to being online with the national trajectory, however in previous updates it had been presented as comparable with other NHS trusts in the region. He asked if there had been a deterioration in the performance with other NHS trusts whilst still being inline with the targets. Also, he referred to the demand on accident and emergency (A&E) services being at a ten-year high and asked what was being done

to divert residents to alternative provision such as walk in services and out of hours GP's.

Mr. Chandler advised that the referral to treatment (RTT) data was presented in a different way but Sunderland were still performing the best in the North East region. He informed Members that this may change going forward with the rollout of the Elective Recovery Fund (ERF) as other areas may have better access to funding but he assured Members that compared to both regional and national targets Sunderland continued to perform strongly in relation to RTT. He explained that the challenge was to take advantage of the ERF opportunity and bring the waiting lists down as fast as they possible could and they were putting more support in for those patients who were waiting for treatment.

In relation to A&E demand, Mr. Chandler explained that they had a lot of extra capacity in the system other than just the emergency department, such as urgent care facilities, and they were currently seeing a 50/50 split across the two services. GP surgeries continued to be extremely busy but were not turning patients away and they were looking to bring the extended access service back up to full speed as soon as possible so that those additional offers were in place. He informed the Committee that they were still seeing a lot of patients presenting to A&E that maybe did not need to and who could have received treatment and advice through their pharmacy or the 111 telephone service. He explained that this was a cultural issue and it make take some time to change.

Councillor Haswell referred to the All Together Better presentation and supporting hospital discharge and asked how often there had been an escalation to bronze or silver during the last three to six months and was informed by Mr. Foster that during the winter the bronze and silver meetings had be in operation weekly. Since March they had started to step some of that command control structure down and during the last month they had only had to call an emergency bronze meeting once following the Bank Holiday when patients had needed some support in discharging from hospital.

In response to a further question from Councillor Haswell regarding the spike in demand for the therapy teams and whether there was a backlog, Mr. King advised that there was a backlog around the waiting time for assessments which was usually within a couple of days but was now more closer to a couple of weeks. He explained that they were employing a number of agency staff to help in bringing that waiting time down within the next month or so.

Councillor Haswell asked if Officers had a recovery plan that identified when they should return to the normal rates of waiting times and also asked what assurances there were that the agency staff being used provided the quality of provision that was the same as that from long term members of staff. Mr. King advised that they tend to use the same agency workers and that they had contracts in place with agencies that they were comfortable with. The service also looked to provide a contract for

agency staff for a reasonable amount of time rather than just one or two weeks which would usually attract more reasonable members of staff.

In relation to current activity levels for the Therapy Team, Mr. King did not envisage that it would ever return to where it had been previously as pre-CoVid they had started to see demand on the service increasing. There was a recovery plan in place for adult social care which he was happy to go through in more detail at one of the future meetings when he provided his quarterly update report.

In a follow up question, Councillor Haswell asked if the budget was available for the agency staff or if it would be more affordable to be looking at recruiting additional staff within the organisation to avoid paying premium agency rates. Mr. King agreed that agency staff did cost more but explained that grants had been made available for social care that could be drawn down to support this and other additional costs in the current circumstances.

Councillor Butler referred to mental health of residents and the potential for safe events to be run and asked if it was thought that parkrun's could resume soon. Ms. Bailey explained that this was very much a 'live' issue and a request had been made to restart them in Sunderland. She had sight of the CoVid framework which she had a couple of issues with in relation to the delivery model, such as everyone starting at the same time, etc. and those specific concerns had been fed back to parkrun. She also added that as a region all authorities should either agree or disagree to restart them as there would be an issue with residents travelling between authority areas if only some areas agreed to restart.

Councillor Butler commented that infection rates outdoors was minimal but wondered what the unintended consequences of not allowing them to go ahead were, as there was the social and mental aspect of exercise as well as the physical. Personally, he felt that parkrun's should be allowed to restart and he understood that the CEO had shared a list of those authorities that had agreed to it, and that it was subject to the agreement of local authorities and landowners. He understood that they were due to recommence on 26<sup>th</sup> June but that the decision would be taken on 11<sup>th</sup> June and asked what all Members could do to encourage the reopening of them with the caveats in place required to keep them safe.

Ms. Bailey commented that the social and mental health benefits, as well as the physical benefits, were really important and they would all like to see a return to activities such as these if the circumstances and measures were right. It was recognised that being outside was much safer than attending inside venues and she felt that they would get to an agreement about restarting parkrun's but it would depend on infection rates. She advised that there were other runs arranged within the city and if they were to go well it would build confidence generally around running more similar, safe events. She understood that parkrun would just like a yes or no answer across the board but the organisers had to appreciate that what may be the

situation in Sunderland would not be the same as other parts of the country and therefore it had to be context specific.

As a follow up question, Councillor Butler commented that the Sunderland 10K and Half Marathon events were going ahead with more participants than would ever be at a parkrun and asked what was the difference? Ms. Bailey advised that it was the control at the beginning and the end of those races but there was still the chance that should infection rates escalate they may also not go ahead. The same degree of scrutiny and responsibility was applied to all events to make decisions as fair as possible. They had been in discussions with the event organisers from the beginning and protocols were in place to ensure that the hands, face, space message was continued to be promoted for the event; this planning ensured the events could be undertaken as safely as possible.

Councillor Butler referred to the overwhelming of the A&E department and commented that from personal experience it didn't seem as though everyone was giving out the same information as a relative of his had been advised to go to A&E when they could not get a GP appointment for over three weeks. Dr. Khalil commented that this should not be the advice that was given, and he would be happy to take more details outside of the meeting so he could look into the matter further.

Councillor McClennan referred to the five areas of deprivation within the city which had now been identified, and had not been available at earlier meetings, she asked if there were any real statistics or research available on which aspect(s) of deprivation were causing the issue, for example in the Hendon ward there were three very distinct communities, the transient community; living in closed together terraces, the BME community and the East End residents; who had intergenerational lives, on top of which there were long term health issues and high unemployment issues and she was wondering how much level of detail they were trying to gather in terms of why there were differences in the five deprived areas. Ms. Bailey advised as they had gone through the pandemic they had gathered more detailed data on certain aspects and there were a number of key pieces of research going on nationally and internationally around the spread of the infection. There had been a particular piece of work undertaken on intergenerational households and the effect on transmission but the findings from these would not be available for some time although this would not stop them continuing to carry out their own studies to understand what was happening locally.

In relation to children and mental health, Councillor McClennan raised her concerns and noted that treatment and services was being maintained but asked if services were doing anything differently and tackling the long term impact it may have on children during this hopefully one-off incident. Mr. Chandler advised that in terms of access, services had stayed open and access to those services had improved. He also advised that the NHS had to invest at least as much, if not more, into mental health services as physical services and in Sunderland they had recently agreed to



double the amount of funding into children's mental health services than was going into adult's.

Mr. Chandler went on to assure the Committee that they were trying to make it as easy as they could for families to get to see a GP and then, where appropriate, get the referral onto more specialised services. The mental health services were then trying to be as responsive as possible in terms of the kinds of issues that were being referred to them, whilst also working with local authorities and schools, etc. but they recognised there was more to do in the area.

The Committee were also advised that the PCN's continued to try to work in neighbourhoods and home in on problems suffered by children and young people and gave an example where they were working with schools in the Washington North area. Members were advised that as part of that pilot, social prescribers were being used to go into schools, to work in a different way to traditional mental health workers, and try to tackle some lower level issues such as anxiety, bullying, etc with children before it could become a bigger issue. Councillor McClennan commented that it was heartening to know this work was being piloted and asked if more information could be provided on the scheme.

Councillor McClennan referred to an article circulated by the Scrutiny Officer on the Finnish Education System and found it fascinating how they were tackling the spreading of misinformation through social media and the internet by working with children from kindergarten and upwards through the curriculum and urged Together for Children to consider exploring it in greater detail and possibly look to run a similar trial with a school in the city. Mr. Cummings advised that he would pass the article and comments on to Officers in Together for Children who were not present at the meeting.

In response to comments from Councillor McClennan regarding the Sunderland Royal Hospital becoming the sole base for patients with CoVid in the region, Mr. Chandler advised that as Chief Officer of the CCG this was not something he had been made aware of but he could not comment on behalf of the NHS. Ms. Bailey commented that at the beginning of the pandemic it had been discussed as an early strategy as the hospital had a specialist infectious disease unit but it was not something she was aware of for the future. Ms. Hetherington also commented that it would be dependent on the numbers of cases of infection, and that Sunderland did have a specialised ward so if it was deemed necessary patients from across the region may be sent there, although Councillor MacKnight did raise the fact that Sunderland was not the only hospital to have this facility.

Councillor MacKnight referred to the increase in A&E attendances and asked if Officers had any idea what the drivers were behind that and what message, if anything, Councillors could be giving to members of the public about alternative routes for treatment that were available. Mr. Foster commented that the rise in demand could be for a whole range of reasons and factors and explained that there

was a vast amount of communications that was circulated through the outbreak boards, the Trust's and CCG's information, signposting patients to the 111 telephone service and GP services, etc. If anything, he would ask Members to promote the message that if it was not a real emergency situation or condition then not to present to A&E.

Mr. Chandler added that the key message for urgent care would be for patients to use the 111 telephone service who could help signpost them to the correct service for assistance, rather than just turning up at A&E where it may not be appropriate.

Councillor MacKnight referred to the progression of the vaccination programme and the cautious optimism that we were on the road to recovery and asked what the key message would be as to where we currently are and what steps need to be taken to ensure the continued moving out of the pandemic phase. Ms. Bailey commented that the vaccine programme was really important and the key thing that was making the big difference in tackling the pandemic. The only thing that could possibly undermine the success of the programme would be the reluctance of some groups to come forward for the vaccine or a new variant that does not respond to current vaccines. The key messages would be for residents to remain cautious in the progressing roadmap and continue with the hand, face, space behaviours going forward.

Ms. Taylor commented that there was also the need to ensure that people were encouraged to attend for their second injection as they were seeing a higher drop off rate, especially in younger people, and they were having to be chased up to attend.

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.

### **Path to Excellence Phase Two – Joint Health Scrutiny Committee Update**

Mr. Cummings, Scrutiny Officer, advised the Committee that the wrong report had been included in the papers and as such, requested that the item be deferred to a future meeting of the Committee.

Councillor Haswell sought assurance that in doing so the Committee were not missing any deadlines in relation to the roll out of phase two and Mr. Cummings confirmed that they were not as the report was purely for information.

Accordingly, it was:-

3. RESOLVED that the report be deferred to a future meeting of the Committee.

### **Annual Scrutiny Work Programme 2021/2022**

The Scrutiny and Members' Support Coordinator submitted a report (copy circulated) which provided options, support and advise to Members on the development of the scrutiny work programme for the municipal year ahead.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, advised that a working group session had been arranged for 22<sup>nd</sup> June, 2021 which all members and colleagues were invited to attend to look towards setting out a number of relevant issues and topics for consideration by the Committee.

Members having considered the report, it was:-

4. RESOLVED that the work programme be received and noted and that the development of the scrutiny work programme through a working group session be agreed.

### **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 17 May, 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:-

5. 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) N. MACKNIGHT,  
Chairman.