

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held remotely using Microsoft Teams and livestreamed on YouTube on WEDNESDAY, 10th MARCH, 2021 at 5.30p.m.

Present:-

Councillor D. Dixon in the Chair

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

Also in attendance:-

Mr. David Chandler – Chief Operating Officer and CFO, Sunderland Clinical Commissioning Group
Ms. Debbie Cornell – Head of Corporate Affairs, Sunderland Clinical Commissioning Group
Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council
Dr. Fadi Khalil – Executive GP, Sunderland Clinical Commissioning Group
Mr. Graham King – Assistant Director Adult Services, Sunderland City Council
Ms. Gillian Robinson – Scrutiny, Mayoral and Member Support Coordinator, Sunderland City Council
Ms. Joanne Stewart – Principal Governance Services Officer, Sunderland City Council
Mr. Peter Sutton - Director of Planning and Business Development, City Hospitals Sunderland
Ms. Gerry Taylor – Executive Director of Public Health and Integrated Commissioning, Sunderland City Council

Apologies for Absence

Apologies for absence were given on behalf of Mr. Philp Foster, All Together Better Alliance.

Minutes of the last meeting of the Committee held on 3rd February, 2021

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 3rd February, 2021 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

Item 4 – CoVid19 in Sunderland – Update

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

CoVid-19 in Sunderland – Update

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

(for copy report – see original minutes)

The Committee were provided with a comprehensive update and presentation from Ms. Gerry Taylor, Executive Director of Public Health & Integrated Commissioning which set out the latest public health developments in relation to CoVid-19 across the city, which included details on:-

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

Mr. David Chandler, Chief Operating Officer and CFO, Sunderland CCG and Mr. Peter Sutton, Director of Planning and Business Development, City Hospitals Sunderland also provided the Committee with a presentation which gave updates in relation to performance standards, out of hospital care and the CoVid-19 Primary Care Vaccine Programme.

(for copy presentations – see original minutes)

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

Councillor Butler commented that the information provided was predominately positive but added that health inequalities in more deprived areas of the city, where the death toll was higher, was still a big concern for him. He asked what, if any, consultation had taken place to ensure the fight against those inequalities and asked if these would continue or intensify following the restructure of Public Health England. Ms. Taylor explained that the tackling of inequalities, which may have been exacerbated through the pandemic, was very much something that the Health and Wellbeing Board wished to focus on. Last year they had focussed on the issue and their findings were merged into the Healthy City Plan which was a partner strategy and they would continue to work very closely with colleagues as the new structure was developed.

Councillor Butler referred to the new requirements to label food and drink packaging and commented that this information was already known by a lot of people and it was more about addressing the reasons behind the way in which people were choosing to eat and drink; and how those habits had been formed, that would see more of a difference being made than simply amending labelling. Ms. Taylor advised that any Public Health programme would need to be made up of a combination of initiatives to combat an issue, as one alone would not work by itself. She advised that through the Health and Wellbeing Board they would be looking at a programme

which focusses more on the causes and the wider determinates of health inequalities rather than just those initial health risks.

Mr. Chandler added that in terms of the recovery programme the NHS had been told that it had to take account of health inequalities, so when recovering services they had to be actively considering those issues so that people were not 'left behind'.

Councillor Heron sought more information on the localised contact tracing that was being carried out and Ms. Taylor explained that they had started in January, 2021 and were focussing on those cases which had not been contacted by the national system after 32 hours. Over that period of time the number of residents they were contacting had increased but it was allowing Officers to have the opportunity to talk with residents and give them more local advice and information that would be relevant to support them.

In response to a comment from Councillor MacKnight as to people now thinking that the pandemic was beaten and what message Ms. Taylor would give residents moving forward, she advised that firstly she would like to thank them for all of their efforts to date and the fact that people had been following the national 'stay at home' guidance. Ms. Taylor commented that the guidance needed to continue to be followed even as restrictions were eased, otherwise it would see another increase in cases and the 'Hands, Space, Face' guidelines should be adhered to.

Councillor Mann commented that people were advising her that they were finding it very difficult to book an appointment online for their vaccination at any local sites and were only being offered sites further afield such as Durham, Carlisle, etc. which was an issue for some residents with no transport. Mr. Chandler advised that the letters which residents were currently receiving were issued by the national teams and were asking residents to book onto national vaccination sites, and therefore this would not be one of the local six vaccination sites in Sunderland. He was aware that there were some issues with the national online booking system where appointments were not being 'held' when trying to book and therefore sites further from home were being offered.

He assured Members that they were currently working their way through contacting residents and inviting them to one of the local six sites so if this was better for them they should wait to be contacted. Mr. Chandler explained that he understood why the national letters were being sent; to try and encourage as many people as possible to get booked in for vaccinations, but he couldn't reassure residents enough that they would be contacted in time if they wished to be booked into one of the more local vaccination hubs.

Councillor Haswell stated that he was getting reports from residents where the family were split over different GP practices and how it felt that there was almost a postcode lottery as to which were being invited for a vaccination or not. He was also being informed that some practices in his area were back logged inputting records and there were concerns that patients may be missing out because of this.

Dr. Khalil advised that currently they would receive a supply of vaccine in doses of 600-800 per week, per neighbourhood, but advised that they knew exactly where each practice in the city was at in administering the vaccine through the tiers 1-9. He explained that they did not want to start sending messages to everyone within a tier

for them not to be able to book an appointment if there was not enough supply on site and therefore they only uploaded a slightly larger number of appointments as there were doses of vaccine to allow for any slippage, whilst ensuring that all vaccines available were given.

When asked if he could confirm that no GP practice was 'behind', Dr. Khalil advised that they had granular data from each practice in the city and they were always looking to ensure that all neighbourhoods were approximately at the same level. This could be the reason behind residents being offered alternative sites where vaccine supplies were still available. He explained that the roll out had started in the west area of the city and therefore they would be a week ahead of other areas in the city.

Mr. Chandler also assured Members that they actively monitored data from each practice so if there were signs of a practice falling behind they would spot this quickly and intervene. He also commented that should any Members have queries or concerns they could contact himself or Dr. Khalil directly and they could look into the matter further for them.

Councillor Dixon commented that Covid-19 and the variant strains was something that we were going to have to live with for a long time and asked if we should be preparing for next winter and the potential health issues of flu and respiratory viruses due to the populations limited exposure through social restriction. He was informed that this was something they prepared for every year and they would continue to do this in the normal way; taking into account the different pattern they had seen with flu this year due to the CoVid restrictions.

In response to questions regarding the second dose of the vaccine, Mr. Chandler advised that they were working towards the eleven week timescale for residents, subject to supplies, but they had been assured that these would be provided. They would ideally look to offer resident's appointments at the same site as to where the first dose was given but if a hub had excessive doses then residents may be asked to travel. Dr. Khalil also explained that there would be a clinical record kept as to which vaccine the resident had been given as a first dose so residents did not need to worry if they did not have the completed vaccine card they were given at their first appointment as everything was stored on their GP record.

In response to a question from Councillor MacKnight about the process behind using any leftover vaccines, Mr. Chandler advised that they would never waste a vaccine and looked to use all of the vaccines available to them within their restrictions, i.e. Pfizer having a three day use target after defrosting. He informed the Committee that when making the vaccine up they ensured that they did not prepare more than were expected to be administered on that day. Should they get to day three and realise that there was going to be an excess of vaccines, due to non-attendees for appointments, etc. then they would ensure that the vaccine was used, possibly by giving it to staff members who were on site. Dr. Khalil advised that there were usually around twenty doses of vaccine spare to allow for breakages, accidents, etc. which if leftover they would always look to administer rather than go to waste.

In closing, Councillor MacKnight commented that he felt that the success of the vaccination programme was as a result of it being an NHS ran programme and not

government and involving the health professionals in the rollout of the programme from the very beginning.

With regards as to how it was intended to complete administering the rest of the vaccinations to people with learning disabilities within the city, Dr. Khalil advised that they were planning to have provided these within the next ten to fourteen days. He advised that there was a dual approach of inviting some residents in to hubs and visiting others in their homes and therefore the process was taking a little longer but he was confident that this would be completed soon.

Councillor Butler referred to an issue he was aware of with one of his residents who was an unpaid carer for their extremely vulnerable parent but was now receiving differing advice regarding their vaccination and felt in 'limbo' and asked if all tier 6 residents had been given the vaccine and if so, what could be done to help this family and others who may be in a similar position. Dr. Khalil informed the Committee that tier 6 was the largest group for the city consisting of approximately 40,000 residents which was why it would take longer. They had administered vaccines to approximately 50% of tier 6 residents and were hopeful that they would be receiving a further 10,000 supplies the next week which could increase this to around two thirds of the group. In relation to the individual case Councillor Butler had referred to Dr. Khalil suggested that they should check with their GP practice that they were definitely on the carer list to ensure that they were contacted in due course.

In response to Councillor Davison's questions regarding the numbers of patients who may have refused an operation during the pandemic, Mr. Sutton advised that they did have a number of patients who opted to delay their treatment but that they were in the majority routine operations. Where an urgent care patient had requested this they had tried to have an understanding and clinical conversation with them to discuss their options and what the consequences could be. Overall, it was a very small number who had requested that their procedure be postponed until a later date.

Councillor Dixon asked if they had been successful in targeting the harder to reach groups for vaccination, which had been raised at previous meetings, and was advised that they had been contacted by the Bangladeshi Centre and the mosque which they were attending to give vaccinations. There was also a focussed group from the CCG and Local Authority who were coordinating a community engagement plan to ensure they reached all residents and they would continue to work through those harder to reach groups such as sex workers, the homeless and those with chaotic lifestyles. Mr. King agreed to forward further information via email to Committee Members in relation to the rollout of this programme.

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.

Managing the Market

The Executive Director of Neighbourhoods submitted a report which provided a presentation to the Committee relating to the care and support provide market in Sunderland and gave an update on the ongoing risks and recovery from the coronavirus pandemic.

(for copy report – see original minutes)

Mr. Graham King, Assistant Director Adult Services, provided the Committee with a presentation which covered; key successes, the current position, plans going forward and gave an update on safeguarding.

(for copy presentation – see original minutes)

Councillor Dixon thanked Mr. King for his thorough presentation and invited questions and comments from the Committee.

Councillor Dixon asked if the increase in safeguarding concerns had been as a direct result of the lockdown(s) and the social restrictions that had been in force across the country and was advised that Officers were taking part in a regional insight research where they were contacting people and professionals who had been through the safeguarding process to understand what the impacts of CoVid had been. They were currently seeing lower number of low-level concerns which suggested that they were receiving less report but staff safeguarding reports continued to come in from those businesses that had continued to provide services throughout the pandemic. He advised that they would look to bring a report back to a future meeting of the Committee on the findings of the research.

Councillor Dixon also referred to the media attention on care home staff not taking up the vaccine and asked if there were similar issues in Sunderland. Mr. King informed Members that the latest figures showed that 90% had taken up the offer of the vaccination. He advised that they were providing a number of question and answer sessions for staff, to encourage as many of them to take up the offer of a vaccination as possible but added that the 90% take up rate was a favourable starting position.

The Committee thanked Mr. King for his attendance, and it was:-

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

Health and Care Bill Proposals – Integration and Innovation: Working Together to Improve Health and Social Care for All

The Scrutiny and Members' Support Coordinator submitted a report which provided the Committee with an overview of the Department of Health and Social Care's legislative proposals for a Health and Care Bill.

(for copy report – see original minutes)

Mr. Nigel Cummings, Scrutiny Officer took Members through the report advising that the Secretary of State for Health and Social Care had presented the legislative proposals for a Health and Care Bill to Parliament on 11 February, 2021. The proposals aimed to build on the collaborations witnessed through the CoVid-19 pandemic and looked to develop a system better able to serve people in a fast-changing world.

Members were informed that subject to Parliamentary business, the legislative proposals for the reform of the health and care as outlined in the White Paper would begin to be implemented in 2022.

In response to a query from Councillor Davison regarding accountability, Mr. Cummings advised that at the moment this was an area that was still being considered for the Integrated Care Systems (ICS) and their relationship with local authorities but that this was an area they would continue to monitor. Mr. King informed Members that the scrutiny duty would absolutely remain and that the ICS would have a statutory duty to continue to engage in a similar way to that which the CCG had.

Councillor MacKnight welcomed that the ICS would continue to collaborate with providers and therefore build on the work already done and commented that it made sense to pool their expertise and share the workload. The concern he did have was the term 'duty to collaborate' which he felt didn't give it the strength it deserved and he would be keen to keep an eye on developments, especially with there being no promise of extra funding being provided to go along with the changes.

In relation to concerns from Councillor Mann and a query as to the study into water fluoridation programme the Committee had undertaken and what would happen with the findings from it now, Mr. Cummings commented that the Government had been disappointed that local authorities had not adopted water fluoridation and that the general take up had been quite slow. Ms. Taylor commented that in other areas it had taken quite some time when they had agreed to the water fluoridation proposal as it was quite complex and therefore it may be that there is a more central decision to be taken.

With regards to Public Health responsibilities being moved around under the new arrangements, Ms. Taylor advised that every so often discussions were undertaken as to whether the more clinical services, such as sexual health, drugs and alcohol, etc. should move away from local government and into the NHS, although there were no proposals for this at the moment.

Having fully considered the report, it was:-

4. RESOLVED that the report be received and noted and further updates be submitted to the Committee as and when appropriate.

Annual Report 2020/21

The Scrutiny and Members' Support Coordinator submitted the Health and Wellbeing Scrutiny Committee report (copy circulated) which would form part of the overall scrutiny annual report 2020/21 that was to be submitted to a future meeting of the Council.

(for copy report – see original minutes)

Councillor Haswell commented that overall he was happy with the content of the report but felt that it did need to reflect comments made in relation to the Health and Wellbeing Strategy from the previous meeting as there had been a variety of views given, both for and against. Mr. Cummings commented that he could include that amendment and circulate the report around the Committee for final agreement before submitting the report to Council.

Members having considered the report, it was:-

5. RESOLVED that the Health and Wellbeing Scrutiny Committee report be approved for inclusion in the Scrutiny Annual Report 2020/21.

Annual Work Programme 2020/21

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

(for copy report – see original minutes)

Members having considered the report, it was:-

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 11 January, 2021.

(for copy report – see original minutes)

Mr Cummings having advised that if any further Members wished to receive further information on any of the items contained in the notice, they should contact him directly, it was:-

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

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

(Signed) D. DIXON,
Chairman.