

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the Council Chamber of the CIVIC CENTRE, SUNDERLAND on WEDNESDAY, 3rd NOVEMBER, 2021 at 5:30pm.

Present:-

Councillor N. MacKnight in the Chair

Councillors Burnicle, Butler, Haswell, Heron, Leadbitter, Potts, Speding and M. Walker

Also in attendance:-

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

Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council

Mr. James Duncan – Deputy Chief Executive, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

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

Mr. Paul McCabe – Head of Estates and Facilities, Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust

Ms. Lorraine Nelson – Divisional Director for Surgery, South Tyneside and Sunderland NHS Foundation Trust

Mr. Andrew Short – Head of Facilities and Property Services, Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust

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

Mr. Peter Sutton – Executive Director of Planning and Business Development, South Tyneside and Sunderland NHS Foundation Trust

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 Councillors McClennan and McDonough and on behalf of Ms. Helen Steadman

The Chairman advised those at the meeting that he had received a number of comments and questions from Councillor McClennan that he would ask the Scrutiny Officer to forward for written response should they not be raised during discussion of that item on the agenda.

Minutes of the last meeting of the Committee held on 6th October, 2021

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 6th October, 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 (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. 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. David Chandler, Chief Officer and Chief Finance Officer, Sunderland CCG and Mr. Philip Foster, Managing Director, All Together Better Alliance, provided the Committee with joint presentations which gave updates in relation to performance standards; the All Together Better Alliance winter schemes and current pressures; and the latest position of the CoVid-19 Vaccination Programme.

(for copy presentations – see original minutes)

Mr. Chandler advised that for the next meeting of the Committee they would look to provide further information on the schemes that they had undertaken in the Millfield and Hendon wards and the impact they had on the level of uptake of the vaccine in those wards over the previous months.

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

Councillor Heron commented on how easy she had found it to book and attend for her booster vaccine appointment and urged others to take it up. She also referred to a text she had received from her own practice advising that twenty-four appointments had been missed in a single day and raised concerns at this, given the bad press some GP's were receiving in relation to offering face to face appointments at the current time.

In closing, Councillor Heron also raised her concerns for the upcoming winter months and the additional pressures that would be placed on staff and how long they could continue to sustain these levels whilst taking care of their own wellbeing.

Councillor Haswell also commented that he would be interested to know if the pressures on staff was seen as a driver for staff exiting the organisation and was informed by Mr. Foster that they were not seeing a large amount of staff leave, although this may be different for social care staff. The biggest issue they were facing were members of staff having to isolate due to CoVid regulations and/or sickness.

In response to a query from Councillor Haswell regarding what initiatives had been implemented to address the recruitment pressures, and whether there was any competition from other NHS organisations or partner agencies, Mr. Foster advised that they were not seeing competition from others as an issue and they had number of incentives such as joining up and referral bonuses for staff. The Trust had ran a number of initiatives to increase recruitment, including recruiting from overseas. He advised they were seeing similar pressures for recruitment in mental health fields and it wasn't that there was competition between organisations but between professions. The whole range of issues; such as the pandemic and Brexit occurring at the same time, had added to these extra pressures.

Mr. Peter Sutton, Executive Director of Planning and Business Development, added that they had worked with the University of Sunderland to 'grow their own' nurses and 95% of students who had their placement in Sunderland hospitals chose to stay after their qualifications. They also worked closely with Sunderland Colleges to try and promote other more scientific roles in the hospitals.

Mr. Sutton advised that retention remained good and international recruitment had seen thirty nurses being recently recruited from the Philippines, with a further thirty to forty nursing roles to be filled over the coming months. The real challenge would be levels of staffing over the winter period.

When asked if the drop off in the number of residents coming forward for the booster was down to reluctance to get it or apathy, the Committee were advised that residents were not rushing forward for the vaccination in the same way they had for their first and second doses but they continued to run campaigns to try and encourage as many residents as possible to have their booster. The NHS were being as flexible as possible to offer the booster vaccination to those that qualified in as many ways as possible, to make it easier for the resident to attend a site accessible to them.

In response to a further question as to how many housebound residents remained to receive their booster, and what the timescales were to have these administered, Mr.

Chandler advised that approximately half of the city's housebound residents, 1,500 people, had received their booster vaccination with the remainder to be rolled out at a rate of 400 per week, so long as the time that had passed since they had received their second dose allowed it.

In relation to the Millfield and Hendon wards, Councillor Haswell asked if they were looking to similar areas of deprivation in other parts of the country to learn from best practice? and was informed by Mr. Chandler that discussions were held on a regular basis both regionally and nationally with colleagues to share information around what had worked in increasing uptake of the vaccination in their area. He advised that the use of the voluntary and community sector and social media had proved to be really successful but that the main difference that had been highlighted was where they were able to get closer to communities to share information and promote the vaccination programme.

Councillor Butler referred to the term 'system wide escalation' as referred to in the presentation and sought further information as to what this would actually look like. Mr. Foster explained that it referred to a number of steps that could be taken to alleviate the pressure on other services if needed. For example, there could a decision made that non elective procedures may stop, or asking GPs not to focus on particular areas or services, but there were a number of plans in place should it be deemed necessary in the future. He explained that they would not want to engage these steps; but should the balance shift and there was a need to provide staff to support pressures in a particular service area they could put those plans in place.

In response to queries from Councillor Butler regarding officers liaising with leaders in the Black, Asian and minority ethnic (BAME) community, and whether there were any cultural or religious reasons why they could not have the vaccine, Mr. Chandler advised that they had been working with faith leaders at the mosques and the Bangladeshi centre since the very beginning and would continue to do so. The faith leaders were helping to break down any misconceptions in their communities and the make up of the vaccine was such that there was no reason they were aware of for them not to have it.

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; and
- ii) further information be included on the initiatives rolled out in the Millfield and Hendon wards and the impact of those in the next report to the Committee from the Sunderland CCG.

Operational Recovery – NHS Foundation Trust

South Tyneside and Sunderland NHS Foundation Trust submitted a report which provided the Health and Wellbeing Scrutiny Committee with an overview of the work around operational recovery of the Trust.

(for copy report – see original minutes)

Ms. Lorraine Nelson, Divisional Director for Surgery, South Tyneside and Sunderland NHS Foundation Trust, took Members through a presentation which covered a number of key issues, including:-

- Focus of current guidance;
- Internal governance and external drivers;
- Cancer care and performance; and
- Waiting times.

(for copy presentation – see original minutes)

Ms. Nelson advised that NHS Trusts across the country had to suspend many of their elective care during the pandemic, with key staff having been transferred to critical care, and hospital capacity being under pressure. The presentation set out the work that was being done to address a number of issues resulting from the impacts of the pandemic and the significant effort that had been made in collaboration with partners to reduce the waiting times for patients.

In closing, Ms. Nelson agreed with colleagues at the meeting who had also raised the issue of workforce capacity becoming a huge challenge as they moved through the winter period.

The Chairman, on behalf of the Committee, commended the performance of the Trust and the work that had been undertaken in reducing waiting times for patients and the 31 and 62 day wait for cancer care patients. He commented that this was a massive reflection on the commitment and work of the staff and asked that the Committee's thanks and well wishes be forwarded to them.

The Chairman thanked Ms. Nelson for her presentation and the information provided, and it was:-

3. RESOLVED that the information provided be received and noted.

Monkwearmouth Hospitals and Community Health Services

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust submitted a report which provided the Health and Wellbeing Scrutiny Committee with an overview of the proposed development at the Monkwearmouth Hospital site.

(for copy report – see original minutes)

Mr. James Duncan, Deputy Chief Executive and Mr. Andrew Short, Head of Facilities and Property Services, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, took Members through their presentation which set out the current issues there were at Monkwearmouth Hospital and the proposals for the new accommodation, along with pictures of the existing and proposed views from neighbouring streets.

(for copy presentation – see original minutes)

Discussions were held with Members of the Committee around how to include elements of the historic, current building in the new development and were informed that they were currently looking at the options available to them but that they would definitely look to incorporate a feature in the new build to recognise the heritage of the site and honour the memory of Sir John Priestman. Mr. Duncan went on to advise that they appreciated the want to leave a symbol from the original build, and they had asked for the foundation stones to be kept, but it was unlikely that they would be able to preserve the frontage of the building.

Councillor Haswell asked what the lifespan of the new build would be and if the floor space would remain the same or increase/reduce and was informed that the new development would have more or less the same floor area, although if you included the building to the side of the current development there would be a slight net reduction.

As a follow up question, Councillor Haswell asked if the new development was allowing for any potential to grow if there was actually going to be a reduction in space overall and was advised that the South Tyneside services would be moving off site along with other services which were now working from home and did not require space within the development. Members were informed that although the floor space may be the same in the new build the spaces would be more open plan, more accessible and allow better utilisation so that the accommodation in the new centre would become the main hub for community services in the city.

Mr. Short went on to advise that there were other benefits such as being able to utilise premises in Washington for use by patients from the West Sunderland area, which they couldn't offer in the past, so there will be a net reduction in service users accessing the Monkwearmouth site, making it more focussed on serving the community surrounding it.

With regards to the lifespan of the new building, Members were advised that it was being looked at as a 50-70 year building and that as health care changed over those years the new development could meet those needs in a much more suitable way than the current one could.

In response to a further question from Councillor Haswell regarding the current and new car parks, Mr. Short advised that there would be the same 165 spaces as there were currently. When Councillor Haswell raised concerns around this as there were already reported parking issues in the area, Mr. Duncan advised that a lot of work had been undertaken to resolve the issues over a number of years, working alongside the Council, and the issue had not been behind the justification for the new development.

Councillor Haswell asked how the project was being funded and was informed that overall the development would be neutral in terms of costs as some services were moving and they were then able to rationalise some other community facilities. The capital funding for the actual build was secured through a development framework so that it would not bring any additional costs to the CCG.

In relation to there being any impact on those patients who would be transferred to services in South Tyneside, Mr, Duncan advised that the change would actually be more beneficial for them as the need to travel would be reduced as they would be offered more locally accessible services for residents of South Tyneside.

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

4. RESOLVED that the presentation and proposals be received and noted.

Draft Sunderland Domestic Abuse Safe Accommodation and Support Services Strategy

The Executive Director of Public Health and Integrated Commissioning submitted a report which provided the Committee with the opportunity to provide views on the draft Domestic Abuse Safe Accommodation and Support Services Strategy and in particular the four strategic priorities set out within it.

(for copy report – see original minutes)

Ms. Taylor, Executive Director of Public Health and Integrated Commissioning took Members through the report advising that the draft Strategy set out four strategic priorities for 2021 to 2024:-

- Ensure that what we do is underpinned by a robust needs assessment;
- Deliver quality service interventions which contribute to improving outcomes for survivors and children;
- Increase safe accommodation provision; and
- Strengthen our approach in hearing the voice of survivors, and children and young people, including those with protected characteristics, to ensure their views are heard and influence what we do.

Councillor Potts commented that the report stated that the majority of victims of domestic abuse needing accommodation were female and asked if there was ever the need to provide support accommodation for males and if this was included within the strategy. Ms. Taylor advised that most of those they offered support to were women and families but that they also looked to meet the needs of all survivors of domestic abuse.

Councillor Butler commented that they should not lose sight of the fact that women were the main victims of domestic abuse, especially when two women a week were being killed by their partner or former partner, and praised that survivors were being consulted on the draft strategy and felt that this was an area that all organisations should take on board for future strategy development, as too often decisions were made about groups without giving them a voice in something that influenced them. Ms. Taylor stated that this draft strategy was a good example of co-production and it was something they would like to ensure they continued going forward.

Councillor Haswell broadly welcomed the draft strategy and commented how it was good that the plan strongly focussed on engaging with the survivor's network and community groups but raised concerns that twice in the report it was referenced that it was less likely for victims from a BAME background to engage in services and the

need for a community resource but yet when the groups were listed as to who the Council were going to engage with they did not mention what action was going to be taken to support the BAME community and what community organisations they were going to work with to open those doors.

Likewise, Councillor Haswell referred to the reports of domestic abuse from the LGBTQ+ community, which was proportionately higher than the rates within the heterosexual community, but yet there was no engagement strategy with LGBTQ+ organisations and how those links were going to be created so that they felt they could approach the services. He asked if these issues were picked up in the equality impact assessment.

Ms. Taylor advised that she would feed those comments back to relevant officers and advised that under the new partnership they were looking to develop ongoing arrangements to continue co-production and engagement with survivors of domestic abuse. She was aware that they had not worked through all of those groups yet so they were helpful comments as to how engagement could be developed further going forwards.

Councillor MacKnight commented that the report set out that there was a definite, clear link between cases of domestic abuse and areas of social deprivation, as well as a clear link in a lot of cases with alcohol and substance misuse, and felt that as a Council there was a quite clear public health message there to continue addressing the issues through a joined up working approach.

The Chairman thanked Ms. Taylor for consideration of the draft strategy report, and it was:-

5. RESOLVED that the information provided be received and noted and the comments made on the strategic priorities of the draft Safe Accommodation Support Services Strategy be fed back to the relevant officers.

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, Scrutiny Officer, presented the report and provided an update on the current position on work programme items in relation to:-

- Accessibility across the city;
- Impact of Decent Homes Standard; and
- GP Access in Sunderland.

Members having considered the report and update, 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 18 October, 2021.

(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:-

7. RESOLVED that 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.