

**At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held remotely using Microsoft Teams and livestreamed on YouTube on WEDNESDAY, 1<sup>st</sup> JULY, 2020 at 5.30p.m.**

**Present:-**

Councillor D. Dixon in the Chair

Councillors Butler, Cunningham, Davison, Greener, Haswell, Heron, Leadbitter, N. MacKnight and McClennan

**Also in attendance:-**

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

Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council

Ms. Ann Dingwall – Commissioning Manager, Sunderland City Council

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

Ms. Gillian Gibson – Director of Public Health

Mr. Graham King – Head of Integrated Commissioning, Sunderland City Council

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

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

Dr. Shaz Wahid – Medical Director, South Tyneside and Sunderland NHS Foundation Trust

The Chairman opened the meeting and introductions were made.

**Apologies for Absence**

Apologies for absence were submitted to the meeting on behalf of Councillor Mann.

**Minutes of the last meeting of the Committee held on 11<sup>th</sup> March, 2020**

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 11<sup>th</sup> March, 2020 (copy circulated) be confirmed and signed as a correct record.

**Declarations of Interest (including Whipping Declarations)**

There were no declarations of interest made.

## **CoVid-19 in Sunderland – Update**

The Director of Public Health, Assistant Director of Adult Service and Sunderland CCG submitted a joint report which provided the Committee with a comprehensive overview of the CoVid-19 situation in Sunderland.

(for copy report – see original minutes)

The Chairman welcomed Ms. Gibson, Director of Public Health, who took Members through a presentation which provided the Committee with information on the impact of CoVid-19 in Sunderland and the control plan for the city looking forward. The Chairman also welcomed Mr. King and Ms. Dingwall who presented their information on the impact of CoVid-19 on social care and care homes in the city.

(for copy presentation – see original minutes)

Councillor Dixon thanked Ms. Gibson for her report and presentation and invited representatives from Sunderland CCG to provide an update for the Committee prior to inviting questions and comments from the Committee.

Councillor Greener commented that a lot of residents were sharing concerns over the possibility of a second wave of the virus and asked what reassurances could be given or what was the chance that a local lockdown, such as that which had happened in Leicester, could be possible in Sunderland. Ms. Gibson commented that what would happen in Sunderland in the future would be dependent upon people's behaviour over the next few weeks as lockdown is relaxed. If residents follow the guidelines around social distancing then there should not be any cause for concern but they could not guarantee that this would be the case and would just have to continue to monitor the situation.

Ms. Gibson advised that the number of cases had increased so quickly earlier in the year that they had been unable to control the spread of the virus but that there had now been more resource put into place to combat any increase in cases. They could not afford for people to become complacent and they would continue to work with local people to ensure that they continued to behave in a safe and responsible manner.

Councillor Davison asked if residents of care homes, with CoVid-19 symptoms, had been treated in hospital or at the home and was informed that the majority of patients only showed mild symptoms, with only 20% of patients needing more medical intervention and where this was necessary they were appropriately transported to hospital. The treatment for CoVid-19 at the time was oxygen, fluids and supportive nursing care, as there was no specific drug treatment available, and this was provided to them in the most appropriate setting, whereby if necessary they would be escalated to hospital for treatment.

In relation to paragraph 4.5.1 of the report, Councillor Davison asked, where the report referred to patients requiring to isolate at home with family members, where feasible, what was determined as being where feasible or not and was explained that they could not force people to stay at home who were not ill, and that some may need to leave the home for their jobs and livelihoods so that on occasion some people were simply not able to isolate.

In response to a question from Councillor Davison as to the future plans for the Nightingale Hospital, Mr. Sutton advised that no decision had been made as yet but it was very much still in place in case of the facilities being required by the wider North East region should there be an increase in cases.

Councillor Davison, in closing, commented that she felt it was very sad that patients in the hospitals were not able to watch TV or entertainment due to the extortionate costs for them to access those services.

Councillor Heron thanked Mr. King and his staff for a couple of telephone calls she had to make on behalf of local care homes who were running out of PPE and the service were able to provide stocks within a couple of hours of being requested. She also referred to a further call made on behalf of an elderly resident who had no family and social care was provided at her home from the following day which showed that systems were in place and working.

Councillor McClennan referred to paragraph 2.4 of the report and asked how many tests had been carried out so far and how many were targeted and was informed by Ms. Gibson that data had been provided but they were not allowed to share this in the public domain. She had responded with her concerns that this was unhelpful to partners and other agencies who may benefit from being party to the information and she was hopeful to have a response soon.

Councillor McClennan also referred to section 6.2.2 on care homes and asked what a capacity tracker was, in terms of care home vacancies, and also if the problems around PPE stocks were now resolved, and if not, what approach was being taken. Mr. Chandler advised that the capacity tracker was put in place across the North East region to give an overall view of bed capacity in care homes across the region, which was quite unique and allowed better management of spaces. In terms of PPE, there were good stock levels for the City at this moment but obviously this could change dependant upon the pressures put upon it. Measures were in place to ensure PPE was being used appropriately and levels were being monitored locally, regionally and nationally.

In response to a question from Councillor McClennan regarding the funding for the IPC resource which was due to end in July, 2020 and if it was to be extended further in the current circumstances, Mr. Chandler informed Members that a paper was going to the Executive Committee of the CCG in the coming days to ask them to continue the support until at least the end of March, 2021 and to look to provide recurrent, long term support into infection control which and that this would be kept under review.

Councillor McClennan referred to paragraph 7.7 and queried the claim that children not being at school reduced mental health needs and asked where this information was coming from as this was in contrast to what she was being made aware of and also asked what was being done to support children with autism who were missing out on face to face contact. The Members were informed that children's needs may be different when not at school and Mr. Chandler had to agree that CoVid-19 would create some issues for children and they were expecting an increase in demand and services were preparing for that, although he could not predict just how much.

In terms of children with autism, Mr. Chandler advised that this was an area that was being looked into both locally and nationally to identify how best they could continue to support those young people.

Councillor McClennan referred to paragraph 9.16 and the costs incurred by the CCG and asked if they were going to be getting the funding back in full, and in a timely manner, and also if there were any more up to date figures than those set out in the report. Mr. Chandler advised they had been informed they were getting the £1.9million as referred to in the report but understood that they were only one of many partners and agencies who were being affected financially as a result of the pandemic.

Councillor Cunningham asked how the normal NHS services were continuing to progress both during and after the pandemic and was advised that during the initial breakout of the virus services were asked to pause any routine procedures, hip replacements, knee replacements, etc. although they had continued with cancer treatments, etc. during the initial wave. They were now starting to look at how to restart some of those services that had been paused, involving having discussions other partners and agencies such as those in the independent sector, to investigate if some of their facilities could be accessed to allow them to maintain capacity at the main hospital sites from a CoVid point of view.

Mr. Sutton went on to advise that obviously performance rates had deteriorated as a result of this, as it had across the country, but they were now in the process of prioritising cases and picking back up the routine procedures but services would not return to the timescales and treatment rates they were six months ago as they would be operating at a lower level of capacity due to the new procedures in place to continue to combat CoVid.

In response to a question regarding what it was felt the biggest threats and challenges from CoVid-19 were to the City moving forward, Ms. Gibson commented that with pubs and similar venues reopening this weekend there was some cause for concern as people should continue to stick to social distancing guidelines but this could not be guaranteed in a more relaxed setting. Other threats Ms. Gibson was aware of would be areas such as the drop in the number of baby and children immunisations which had been more difficult to administer with schools being closed and GP surgeries not carrying out immunisations at the moment.

Going into the winter there were concerns around having a bad flu season, along with CoVid and persons who may not have been able to access health care which could put services into a difficult position. Ms. Gibson advised that she had to take the opportunity to stress how important it was for those people who were eligible for flu vaccinations to get them this year, to protect both themselves and the wider health and care system.

Councillor Cunningham asked how a decision for local lockdown was made; given that Sunderland had been highlighted on a list of 36 cities of concern where cases may have increased. Ms. Gibson commented that it was a real surprise to her that Sunderland was included on the list as they had no cases two weeks previously and only a single case in following weeks but going from zero to one would appear as a large increase when recorded as a percentage. She reassured Members that they were continuing to see very low numbers of new cases of CoVid in the City. In terms

of the decision being made for a local lockdown, Ms. Gibson advised that it would be decision that would be debated both locally and nationally if needed.

Councillor Haswell commented that he was getting anecdotal information from nurses carrying out face to face visits who did not have stocks of PPE and that gaps still existed and asked what assurances were in place to ensure staff were receiving equipment when needed. Mr. Chandler advised that stock levels of PPE were at an acceptable level for the area and commented that they may have suffered an issue with their particular providers for their equipment but he was happy to have further discussions around this.

Councillor Haswell also referred to the mental health provision for children and young people, which had been raised earlier, and asked what provision had remained in place for children who had recently returned to school and those children of key workers who had attended school throughout. Mr. Chandler advised that the available mental health provision to young people had not changed and that they had seen the number of referrals of young people drop but that they would expect an increase over and above the number of children that had been accessing services prior to the pandemic once schools returned and lockdowns were lifted.

Councillor Haswell referred to section 8.1 of the report and the reduced number of referrals in relation to safeguarding, and asked if services were preparing for a return to normal levels or if they were expecting a surge in referrals and Mr. Chandler commented that there had been an increase in referrals during the earlier stages of CoVid which had now returned to more normal levels. This was an area that they would have to continue to keep under review and should they need to increase capacity in that service area then they would.

Mr. King added that from a children's safeguarding perspective the Children's Education and Skills Scrutiny Committee were to consider a report at their next meeting on the impact of CoVid on Children's Services which would pick up on waiting times for mental health services, etc. and may contain more detailed information for Members.

In response to a question from Councillor Haswell regarding cancer treatment waiting times deteriorating quite significantly, he asked what the longest wait for a patient currently was and the average waiting time now for patients. Mr. Sutton advised that it was very much business as usual for cancer treatments within hospitals but advised that they had seen that through patient choice they had seen a drop in the number of patients being seen within the two week target and that this was the first time they had ever missed that target. This was down to the confidence of patients coming into the hospital environment and it was about raising this so that they still felt comfortable accessing necessary services.

In response to Councillor Haswell's questions regarding excess deaths in Sunderland during particular weeks, Ms. Gibson advised that it looked at first instance that it may be due to random variations of the data but she would look into the matter further and provide the Scrutiny Officer with the relevant information for circulating to the Committee.

Councillor Butler referred to the enforcement of lockdown rules by the local authority and asked how many enforcements had been made in the city and Ms. Gibson explained that there was less enforcement available going forward than there had

been previously. There was very little the police could do to enforce some of the lockdown rules and it was more around residents working with local authorities as there were no new powers given to local authorities and partners. In terms of how much enforcement there had been Ms. Gibson advised she would gather further information from the police for circulation to Members.

In a follow up question, Councillor Butler asked what powers the local authority had in terms of business' that may be opening that should not and Ms. Gibson advised that they did have health and safety powers, and the food safety act where appropriate, so there were ways to enforce some actions but it varied dependant upon the individual circumstances of each case.

Councillor Butler also asked if Officers knew the current 'R' rate for Sunderland and how accurate the data was and was informed that it was only available at a North East level, but that it may not be particularly helpful and they were focussing more on the increase of positive infection cases in the City.

Councillor MacKnight asked if Officers were aware of any requests for PPE that were turned down due to the lack of supplies and Mr. King informed Members that he was not aware of any providers who had been refused PPE via the Local Resilience Forum (LRF) drop. In the early days prior to the LRF system they did use PPE from Sunderland Care and Support and the Foundation Trusts to keep the care sector going and there were one or two issues where managers in some services had not been aware as to how to access the PPE through the LRF process. Overall, PPE may have got limited on occasion but it had thankfully always been available in the City.

In response to a question from Councillor MacKnight around the next level of data becoming available to local authorities, Ms. Gibson advised that they were hopeful to get individual postcode data in the next week or so and they would just want to check the quality of the data before sharing, as data would tend to improve in its quality as more was gathered.

Councillor MacKnight asked if the contact tracing would be provided through a local system or the national Serco design system and Ms. Gibson explained that she did not have access to that information but she could look to get more information for Members.

Councillor McClennan referred to the risk assessment table as set out in the report at page 81 and older people being at risk of social isolation. She raised her concerns over the Council and Partners over emphasising the need for access to ICT and online resources and asked if Officers were looking at how we could provide equipment and online training for older residents. Mr. Foster advised that working with partners, Sunderland was the first area in the country to introduce a scheme whereby they were handing out easy to use iPads to older residents to monitor their own vital signs, linked to a control centre, whilst also offering a social element allowing users to do things such as play bingo online, etc. It was proving very popular and feedback was excellent from patients so Sunderland was well placed to continue to roll the scheme out further, although they still understood the importance of interaction on a more personable level for older residents.

Members asked that their sincere thanks and gratitude be given to all NHS and key workers who had continued to support residents of the city during the pandemic and there being no further questions or comments, the Chairman thanked all representatives for their participation, and it was:-

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

### **Health Inequalities Strategy**

The Director of Public Health submitted a report which sought endorsement from the Committee on the draft Sunderland CoVid-19 Health Inequalities Strategy, including the strategy objectives and key actions within the report.

(for copy report – see original minutes)

Ms. Parker-Walton, Scrutiny Officer, gave a presentation to the Committee which covered:-

- Why it was necessary to have the strategy;
- The aim of the strategy;
- The strategic objectives and key outcomes for the strategy; and
- The next steps; with the strategy finally being endorsed by the Health and Wellbeing Board

(for copy presentation – see original minutes)

Councillor Cunningham asked for more information on the locality toolkit that had been referred to and was informed that there was already a version available on the LGA website as well as another version that had been developed regionally. Ms. Parker-Walton advised that it was about picking out the best bits from that which was already available to make the most fit for purpose version of the toolkit that suited the needs of the city.

Councillor Dixon asked if it was felt that there would be further funding made available to tackle the issues raised through the strategy and Ms. Gibson commented that she could not predict what spending they would be allocated going forward. She added that it was more about how to focus more on prevention than treatment using the resources that were currently in place rather than creating new services with extra funding, although it would always be appreciated.

When asked how the strategy would be monitored, Ms. Parker-Walton advised it would be regularly discussed at the Health and Wellbeing Board and that Cabinet had asked for it to return in a year's time for them to consider.

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

3. RESOLVED that the contents of the report and presentation be received and noted.

## **Annual Work Programme 2019/20**

The Scrutiny and Members' Support Coordinator submitted a report (copy circulated) which provided options, support and advice for Members on the development of the scrutiny work programme for 2020/21.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, presented the report advising the Committee that he would be looking to organise a workshop for the Committee during July/August to discuss the key priorities for the Committee and to look to populate the work programme for the municipal year. The Work Programme would be drawn up following those discussions and submitted to the next meeting of the Committee for approval.

Members having considered the report, it was:-

4. RESOLVED that the information within the report 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 15 June, 2020.

(for copy report – see original minutes)

5. 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 and contribution to the meeting.

(Signed) D. DIXON,  
Chairman.