

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

Meeting to be held on Wednesday, 2nd September, 2020 at 5.30 pm

This meeting will be held remotely. Joining details will be emailed to all participants.

The meeting will be livestreamed for the public to view on the Council's YouTube channel, 'sunderlandgov' at :-

<https://youtu.be/J6cWIL4C4>

Membership

Cllrs Butler, Cunningham, Davison, D. Dixon (Chairman), Essl, Greener, Haswell, Heron, Leadbitter, N. MacKnight, Mann and McClennan

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Part A – Cabinet Referrals and Responses

No Items

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Information contained in this agenda can be made available in other languages and formats on request

Part B – Scrutiny Business

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Report of the Director of Public Health, Assistant Director of Adult Services and Sunderland Clinical Commissioning Group (copy attached)

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Report of the Scrutiny and Members' Support Coordinator (copy attached).

Part C – Health Substantial Variations to Service	-
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No Items

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No Items

E. WAUGH,
Assistant Director of Law and Governance,
Civic Centre,
SUNDERLAND.

24TH August, 2020

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held remotely using Microsoft Teams and livestreamed on YouTube on WEDNESDAY, 1st 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 11th March, 2020

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 11th 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.

COVID-19 IN SUNDERLAND - UPDATE

**REPORT OF THE DIRECTOR OF PUBLIC HEALTH, ASSISTANT DIRECTOR OF
ADULT SERVICES AND SUNDERLAND CCG**

1. PURPOSE OF THE REPORT

- 1.1 To provide the Health and Wellbeing Scrutiny Committee with an update of the Covid-19 situation in Sunderland.

2. BACKGROUND

- 2.1 The Director of Public Health, Assistant Director of Adult Services, Sunderland Clinical Commissioning Group, Managing Director of All Together Better Alliance and City Hospitals Sunderland to provide the committee with an ongoing update of the situation in Sunderland.
- 2.2 This will be the second update received by the Health and Wellbeing Scrutiny Committee and will provide the latest information on the key issues in relation to the Covid-19 pandemic.

3. CURRENT POSITION

- 3.1 The Covid-19 pandemic remains a challenging and uncertain situation and the presentation will provide the opportunity for Members of the Committee to receive an up-to-date overview in Sunderland.
- 3.2 The update is extremely comprehensive and will be provided in 3 parts as follows:

Director of Public Health Update – a presentation will be provided on the latest Public Health position in relation to the Covid-19 response and this will be circulated to Members prior to the meeting;

Assistant Director of Adult Services Update – an ongoing update will be provided at the meeting for the Committee on the Covid-19 response from adult services;

Sunderland CCG Update – two presentations are attached at appendix 1 and 2 for the committee's information on current Covid-19 activity and recovery.

- 3.3 Due to the ongoing and constantly evolving nature of the Covid-19 situation Members should be aware that a number of the updates will be verbal or presentations that will be circulated to Members under separate cover.

4 RECOMMENDATION

- 4.1 The Health and Wellbeing Scrutiny Committee is recommended to receive the verbal update and presentations on the Covid-19 pandemic and comment on the information provided.

Contact Officer: Nigel Cummings, Scrutiny Officer
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nigel.cummings@sunderland.gov.uk

Covid-19 Recovery Update

Health and Wellbeing scrutiny Committee
2 September 2020



Better health for Sunderland

Outline

- Aim to cover the following 3 main areas:
 - Phase 3 Recovery planning
 - Out of hospital and joint commissioning update (All Together Better)
 - In-hospital update (STSFT)



Phases of recovery

	Phase 1	Phase 2	Phase 3	Phase 4
Phase	Covid-19 level 4 incident response	Covid-19 level 4 incident response and critical services switch-on	Ongoing covid-19 management and NHS open for business	New NHS
Timeframe	March 2020 – April 2020	May 2020 – July 2020	August 2020 – March 2021 May need to be broken into shorter periods, or reviewed at the end of the calendar year	April 2021 onwards
Purpose	Enable NHS to deal with peak covid-19 demand	Identify critical services risks and impacts during Covid-19 preparation and peak Start to restore safe service levels for critical services, lock in service innovation and signal re-start to some routine services Develop monitoring tools to measure and reassure	Ensure capacity in place for ongoing covid-19 activity Return critical services to agreed standards Address backlog of services Retain changes from pandemic we wish to keep	BaU covid-19 service in place including sufficient critical care headroom NHS priorities established Improved service models as BaU
Planning	CEO/COO letter to NHS issued 17 March 2020	Letter to NHS issued 29 April 2020 Short term operational planning for May to July 2020	Letter to NHS / light touch planning guidance planned for issue late May/early June 2020	Planning guidance planned for issue late December 2020

Where we are

- Phase 3 planning letter published on 31 July
- Covid national alert down to level 3 – regional control rather than national
- Sets out NHS priorities:
 - Accelerate return to near normal level of non-Covid health services
 - Preparation for winter, vigilance around possible infection spikes locally and nationally
 - Take account of lessons learned, lock in beneficial changes, support staff, tackle health inequalities and prevention



Restoring/recovering health services

- All cancer services to be restored to full operation
- Providers to recover the maximum elective activity possible between now and winter
- Systems are expected to re-establish:
 - Overnight electives, outpatient/day case procedures (90% of last year's activity by September)
 - MRI/CT and endoscopy procedures (90% and 100% respectively of last year's levels by October)
 - First outpatient attendances and follow ups (100% of last year's activity in September)
- Access to most independent hospital capacity until March 2021 to support elective activity



Primary and community

- Restore activity to usual levels where clinically appropriate
- Catch up on childhood immunisations and cervical screening
- Programme of structured medication services within enhanced support to care homes
- GP practices to offer face to face appointments, as well as remote triage, video, online and telephone consultations
- Continued support/rehabilitation of patients following acute phase of COVID
- Resume safe home visiting for vulnerable/shielding patients
- Fully embed the discharge to assess process
- Resume CHC assessments



Mental health, learning disabilities and/or autism

- CCGs to continue to increase investment in the mental health services
- IAPT services to fully resume
- 24/7 crisis helpline for all ages to be retained
- Continue to reduce number of children, young people and adults with a learning disability and/or autism in inpatient settings
- Review all patients on community mental health teams' caseloads
- Maintain growth in numbers of children and young people accessing services
- Complete all outstanding Learning Disability Mortality Reviews by December 2020)
- Patients with learning disabilities to have annual health checks, accesses screening and flu vaccinations



Preparing for winter

- Continue to follow Covid-19 related practice
 - testing, infection prevention control and PPE
- Deliver expanded flu vaccination programme
- Expand 111 First offer to reduce pressure on A&E services
- Maximise use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand
- Work with local authorities to ensure discharges not delayed



Workforce

- NHS People Plan for 2020/21
- Aims to build momentum and make lasting change
- Includes specific commitments around:
 - **Looking after our people** – quality health and wellbeing support for everyone
 - **Belonging in the NHS** – focus on tackling the discrimination that some staff face
 - **New ways of working** – effective use of people's skills and experience
 - **Growing for the future** – how we recruit, train and keep our people, and welcome back colleagues who want to return
- All systems to develop a local People Plan



Health inequalities and prevention

- Restore NHS services inclusively so used by those in greatest need
- Systems to consider digital inequalities and develop digitally enabled pathways which increase inclusion
- Each NHS organisation to have board member responsible for tackling inequalities by September
- Strengthening leadership and accountability at board level - improving diversity at board and senior levels
- Engage those at greatest risk of poor health outcomes:
 - more accessible flu vaccination
 - better targeting of LTC prevention and management
 - obesity reduction
 - increasing continuity of care of maternity carers



Thank you and questions.....





South Tyneside and Sunderland
NHS Foundation Trust

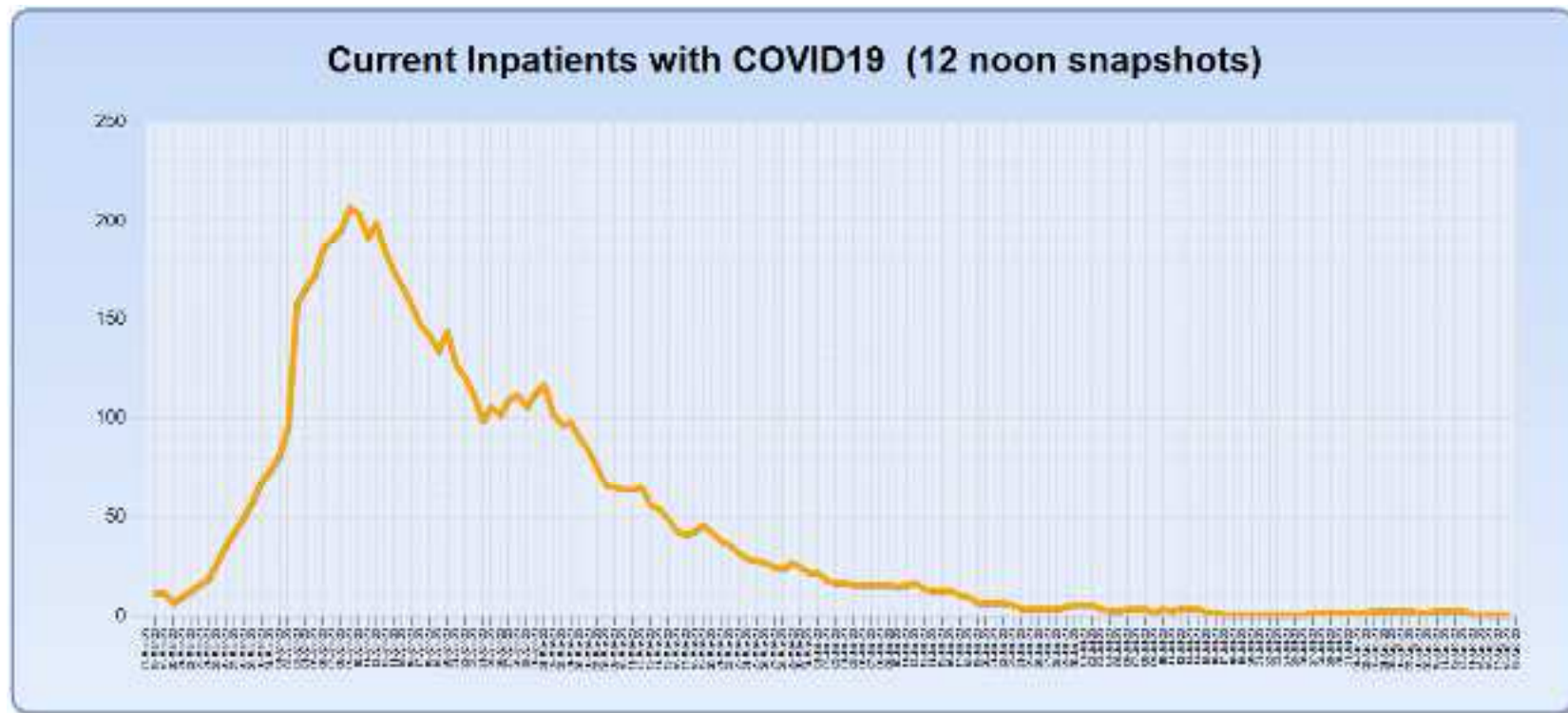
COVID-19

Peter Sutton
Accountable Emergency Officer

The path to
excellence

Inpatient activity

(March-August 2020)



Overall picture - headline figures

	No.
Total admitted with COVID	894
Total discharged	565
Discharged to usual home	371
Discharged to Care Home	145
Discharges to other locations	49
Deaths (COVID+)	329
Current number positive COVID inpatients	1
Current number positive COVID inpatients in critical care beds	0
Number of staff PCR tested (20 March – 18 August)	2990 (815 tested positive)

Command, Control & Communication

**Currently National Level 3 incident
(stepped down from Level 4 in August)**

- National incident response – multi-agency command and control established through Local Resilience Forums (LRFs)
- NHS national/regional command and control in place via NHS England/Improvement – Regional Incident Coordination Centre meeting twice weekly (Monday and Thursday)
- ICS/ICP command and control in place
- Trust Tactical (Silver) and Operational (Bronze) command teams in place - initially daily (7 days) – now twice weekly (wef 17/08)
- Communications - COVID specific staff briefings commenced at outset plus specific stakeholder briefings
- Rapid Clinical Advisory Group – created to review all new guidance and make recommendations to Tactical (Silver)



Staff

- Keeping staff personally resilient/supported
 - Psychological & Well-being Support Team established
- Shielded staff (159) – undergoing case by case assessment for return to work
- Staff antibody testing completed June/July
- Home working expanded

Overall our staff have been truly amazing – calm, caring and professional



Social Distancing

- Embedding of social distancing requirements - risk assessments undertaken across Trust. COVID and non-COVID zones established
- Difficult to achieve in some areas – eg ED waiting rooms
- Staff wear face covering on way to work through hospital buildings and don appropriate PPE once at place of work
- Hygiene stations installed at key points around Trust
- Appropriate signage in place



Supplies and PPE

- Centralised Trust procurement
- Local / centralised national logistics
- Personal Protective Equipment (PPE) – good supplies
- Innovation – Barbour, Nissan etc.
- National Loan Equipment initiative – much of the equipment available is considered clinically unsuitable for various reasons (unfamiliar to staff, of unknown provenance / evaluation), some CPAP machines acceptable

Trust Response - now and looking forward

- Safely recover maximum elective activity - aiming to return to 90% of 'normal' pre-COVID by October
- Restore full operation of all cancer services
- Ability to rapidly step up COVID capacity again if required – 2nd wave, winter + flu season
- Continuing dynamic assessment of ways of working-which will be maintained, changed and which will revert to pre-COVID
- Continue to review impact of changes, virtual encounters established eg.virtual meetings, on-line training, virtual clinics, workplace - home/'hot desking', digital administrative solutions (dictation etc), extended working week etc.
- Reviewing IT and Estates strategies and capital programme (digital and oxygen)
- Ongoing psychological and well-being support for staff



Key Risks in the next 3-6 months

- A 2nd spike of COVID-19 (particularly if coincides with flu, plus a bad winter) -ability to rapidly step up COVID-19 capacity again
- Impact of social distancing on patient activity/flow
- Flu vaccination - challenges in light of increased scope (>50s etc.)
- A no-deal EU-Exit (unknown impact on procurement etc. especially in the case of a second spike of COVID-19)
- Another major incident – especially a cyber attack as we are all more dependent than ever on our IT systems
- Maintenance of staff resilience in the medium to longer term
- Ability to recover 'routine' services – waiting times, demand and capacity



Questions

ANNUAL WORK PROGRAMME 2020/21

**REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT
COORDINATOR**

1. Purpose of the Report

- 1.1 The purpose of the report is to consider and agree a work programme for the Committee for the municipal year 2020/21.

2. Background

- 2.1 The work programme is designed to set out the key issues to be addressed by the Committee during the year and provide it with a timetable of work. The Committee itself is responsible for setting its own work programme, subject to the coordinating role of the Scrutiny Coordinating Committee.

- 2.2 To be most effective, the work programme should provide a basis and framework for the work of the Committee, while retaining sufficient flexibility to respond to any important issues that emerge during the course of the year. The work programme is therefore intended to be a working document that the Committee can develop and refer to throughout the year.

- 2.3 In order to ensure that the Committee is able to undertake all of its business and respond to emerging issues, there will be scope for additional meetings or visits not detailed in the work programme.

- 2.4 The remit of the Health and Wellbeing Scrutiny Committee covers the following:-

Any matter relating to the service performance, service provision and the commissioning of health services for adults and children including adult social care, mental health services, public health, wellness, decent homes. To act as the designated scrutiny committee for statutory purposes for health.

- 2.5 The work programme should reflect the remit of the Committee and the need to balance its responsibility for undertaking scrutiny, performance management and policy review (where necessary). In accordance with the review of the scrutiny function there will be an increasing emphasis on accountability and performance management in the composition of the work programme for the year ahead.

- 2.6 The work programme should also reflect and be aligned to the key priorities of the Council as set out in documents such as the Sunderland Strategy, Joint Sunderland Needs Assessment and the Corporate Plan, reflect issues highlighted following external assessments and issues raised during the Health and Wellbeing development session held on 3 August 2020.

3. DETERMINING THE SCRUTINY WORK PROGRAMME

- 3.1 Topics for inclusion in the Scrutiny Work Programme will vary from single issue items for consideration such as policy and performance reports through to regular updates on issues that the committee have adopted a more focused monitoring role.
- 3.2 The table below summarises the relevant single item issues which are likely to be a regular feature of the work programme for 2020/21. The table also summarises a number of issues and topics that members of the committee have discussed at its recent development session. These items will be programmed into the work programme at relevant dates in discussion with the appropriate officers.

Regular Work Programme Items	
Covid-19 Updates (Monthly)	Multi-agency updates on the impact and response to Covid-19. This will also, as progress is made, concentrate on themed updates on care homes, local lockdown plan, hospital pressures, impact on GP's and preparations for winter.
Managing the Market (Quarterly)	To provide information relating to the care and support provider market in Sunderland, including the on-going work undertaken by the Commissioning Team in developing a diverse care and support market, and an update on quality and adult safeguarding matters.
Health and Wellbeing Scrutiny Committee Work Programme (Monthly)	To receive the committee's work programme outlining future meetings of the committee and the items scheduled for those meetings.
28 Day Notice of Key Decisions (Monthly)	To consider the Council's 28 Day Notice of Key Decisions which contains matters which are likely to be the subject of a key decision to be taken by the executive, a committee of the executive, individual members of the executive, officers, area committees or under joint arrangements in the course of the discharge of an executive function during the period covered by the plan.
Single Item (Items to be scheduled when dates known)	
Flu Immunisation Programme (Public Health)	To provide information on the immunisation programme for Sunderland and the impact of Covid-19 on the programme as a whole.

Local Lockdown Plans (<i>Public Health</i>)	To look at the public health plans for any potential local lockdown as a result of any potential spike in Covid-19 cases.
Winter Preparedness (<i>Social Care, Public Health, CCG</i>)	A look at the measures being taken to ensure a number of sectors across the city are prepared for the winter and any potential coronavirus second wave.
Ophthalmology (<i>Sunderland CCG</i>)	To look at current service provision, is it fit for purpose and what is the future for this service.
North East Ambulance Service (<i>NEAS</i>)	An annual update on the work and performance of the North East Ambulance Service in the region and Sunderland, including the impact of Covid-19 on the service.
Mental Health Strategy (<i>Sunderland CCG</i>)	Sunderland CCG to share developments on the MH Strategy.
NHS Foundation Trust Merger (<i>South Tyneside and Sunderland NHS FT</i>)	An update on the merger of the two trusts, what progress has been made and what the future holds.
Engaging with the public (<i>City Council/Sunderland CCG</i>)	To look at the work being undertaken to engage local communities and the public with health services.
All Together Better Alliance (<i>Sunderland CCG</i>)	A further update on the progress and role of the All Together Better Alliance within Sunderland.
Phase 1 – Path to Excellence Update	Feedback on implemented services changes from Phase 1 of the Path to Excellence Programme.
Integrated Care Systems/Partnerships (<i>Sunderland CCG</i>)	An overview and update on progress of the integrated care system/partnership for the North East.
Substantial Variations to Health Services	Substantial variations to health services will be presented to the Committee as such issues emerge.

Potential Issues for In-depth Review	
Smoking during pregnancy	A look at the key issues, what is currently on offer, what works well and what does not, viewpoint from a number of key stakeholders.

- 3.3 A draft Scrutiny Work Programme for 2020/21 is attached as **Appendix 1**, which incorporates, where relevant the items above.
- 3.4 It should be noted that the work programme is a 'living' document and can be amended throughout the course of the municipal year. Any Elected Member can add an item of business to an agenda for consideration (Protocol 1 within the Overview and Scrutiny Handbook outlines this process).
- 3.5 It should also be noted that in terms of in-depth policy reviews there will only be the capacity to look at one topic during the year and it may be that Members look to receive one-off reports on the other issues and possibly re-visit these issues in more detail during a future work programme.

4. Recommendations

- 4.1 That the Health and Wellbeing Scrutiny Committee consider and agrees the draft work programme for 2020/21 and incorporates emerging issues as and when they arise throughout the forthcoming year;

5. Background Papers

- 5.1 Scrutiny Agendas and Minutes

Contact Officer: Nigel Cummings
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HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2020-21

REASON FOR INCLUSION		1 JULY 20 D/L:19 June 20	2 SEPTEMBER 20 D/L:21 August 20	30 SEPTEMBER 20 D/L:18 Sept 20	28 OCTOBER 20 D/L:16 Oct 20	25 NOVEMBER 20 D/L:13 Nov 20	6 JANUARY 21 D/L:23 Dec 20	3 FEBRUARY 21 D/L:22 Jan 21	10 MARCH 21 D/L:26 Feb 21	14 APRIL 21 D/L:2 April 21
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business		Covid-19 Update (Sunderland City Council, CCG & NHS FT) Draft Health Inequalities Strategy (Julie Parker-Walton)	Covid-19 Update (Sunderland City Council, CCG & NHS FT)	Covid-19 Update (tbc) Winter Preparedness (G King/Public Health) Flu immunisation Programme (G Gibson)	Covid-19 Update (Sunderland City Council, CCG & NHS FT) Engaging with the Public (Sunderland CCG)	Covid-19 Update (Sunderland City Council, CCG & NHS FT) All Together Better Alliance (Sunderland CCG)	Covid-19 Update (Sunderland City Council, CCG & NHS FT) Care and Support Annual Report (Sunderland Care and Support)	North East Ambulance Service (M Cotton) NHS FT Merger Update (NHS FT) Integrated Care Systems Update (Sunderland CCG)	MH Strategy (Sunderland CCG) Managing the Market (G King) Annual Report (N Cummings)	
Performance / Service Improvement										
Consultation/ Information & Awareness Raising	Notice of Key Decisions	Notice of Key Decisions Work Programme 20-21	Notice of Key Decisions Work Programme 20-21	Notice of Key Decisions Work Programme 20-21	Notice of Key Decisions Work Programme 20-21	Notice of Key Decisions Work Programme 20-21	Notice of Key Decisions Work Programme 20-21	Notice of Key Decisions Work Programme 20-21	Notice of Key Decisions Work Programme 20-21	Notice of Key Decisions Work Programme 20-21

Items to be scheduled

Ophthalmology
Path to Excellence Phase 1 & 2 Updates

NOTICE OF KEY DECISIONS

REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT COORDINATOR

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28-day period from 17 August 2020.

2. BACKGROUND INFORMATION

- 2.1 Holding the Executive to account is one of the main functions of Scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Notice of Key Decisions) and deciding whether Scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.2 To this end, the most recent version of the Executive's Notice of Key Decisions is included on the agenda of this Committee. The Notice of Key Decisions for the 28-day period from 17 August 2020 is attached marked **Appendix 1**.

3. CURRENT POSITION

- 3.1 In considering the Notice of Key Decisions, Members are asked to consider only those issues where the Scrutiny Committee could make a contribution which would add value prior to the decision being taken.
- 3.2 In the event of Members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions for the 28-day period from 17 August 2020 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
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The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

Notice is given of the following proposed Key Decisions (whether proposed to be taken in public or in private) and of Executive Decisions including key decisions) intended to be considered in a private meeting:-

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
200813/492	To approve the procurement of contractors to undertake Seaburn Infrastructure Works	Cabinet	Y	15 September 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200604/484	To approve the proposed Better Care Fund arrangements with Sunderland Clinical Commissioning Group for the period 2020-2021.	Cabinet	Y	During the period from 15 September to 31 October 2020.	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
170927/212	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force Area.	Cabinet	Y	During the period from 15 September to 30 November 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
190823/385	To approve the proposed Governance Arrangements for the Centre of Excellence for Sustainable Advanced Manufacturing (CESAM) and related matters.	Cabinet	Y	During the period from 15 September to 30 November 2020.	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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190906/402	To consider expansion proposals by an existing Council tenant in respect of a strategic property and the associated capital funding and revised lease term proposals.	Cabinet	Y	During the period from 15 September to 30 November 2020.	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200810/491	To procure a Letting Agent at Hillthorn Business Park.	Cabinet	Y	During the period from 15 September to 31 October 2020.	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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200813/493	To approve the Triggering of pre-emption rights to acquire HCA interests in Sunnyside and disposal of land to facilitate regeneration proposals.	Cabinet	Y	During the period from 15 September to 30 November 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200813/494	To approve the establishment of a funding mechanism for the acquisition residential properties.	Cabinet	Y	During the period from 15 September to 30 November 2020.	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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200813/495	Approval to consult upon the Development Management Scoping Report Supplementary Planning Document	Cabinet	Y	During the period from 15 September to 30 November 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200813/496	Approval to consult upon the revised Riverside Draft Supplementary Planning Document.	Cabinet	Y	During the period from 15 September to 30 November 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
200813/497	Approval to consult upon the draft Homes in Multiple Occupation Supplementary Planning Document.	Cabinet	Y	During the period from 15 September to 30 November 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
181024/312	To receive an update report on the Regional Adoption Agency proposals and to agree the next steps	Cabinet	Y	During the period from 13 October to 31 December 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Note; Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure.

Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below.

Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team PO Box 100, Civic Centre, Sunderland, or by email to committees@sunderland.gov.uk

***Other documents relevant to the matter may be submitted to the decision maker and requests for details of these documents should be submitted to Governance Services at the address given above.**

Who will decide;

Councillor Graeme Miller – Leader; Councillor Michael Mordey – Deputy Leader; Councillor Paul Stewart – Cabinet Secretary; Councillor Louise Farthing – Children, Learning and Skills; Councillor Geoffrey Walker – Healthy City; Councillor John Kelly – Vibrant City; Councillor Rebecca Atkinson – Dynamic City.

This is the membership of Cabinet as at the date of this notice. Any changes will be specified on a supplementary notice.

Elaine Waugh,
Assistant Director of Law and Governance

17 August 2020