

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the Mayor's Parlour of the CITY HALL, SUNDERLAND on WEDNESDAY, 5th JANUARY, 2022 at 5:30pm.

Present:-

Councillor N. MacKnight in the Chair

Councillors Burnicle, Haswell, Heron, Leadbitter, McDonough, Potts and Speding

Also in attendance:-

Dr. Carol Aitken – General Practitioner, GP Alliance

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

Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council

Mr Stephen Dixon – Group Engineer, Traffic Projects Team, Sunderland City Council

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

Mr. Matthew Jackson – Principal Governance Services Officer, Sunderland City Council

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 Heron, McClennan, Potts and M. Walker

Minutes of the last meeting of the Committee held on 1st December, 2021

Councillor Burnicle referred to page five of the minutes and advised that his name had been incorrectly spelled on this page; he asked that this be amended.

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 1st December, 2021 (copy circulated) be confirmed and signed as a correct record, subject to the above amendment.

Declarations of Interest (including Whipping Declarations)

Item 4 – Integrated Care System: Approach to Place Based Partnership Arrangements

Councillor MacKnight made an open declaration that he would be an employee of the ICS from September.

Item 5 – 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.

Integrated Care System: Approach to Place Based Partnership Arrangements

The Executive Director of Public Health and Integrated Commissioning and Chief Officer/Chief Finance Officer, Sunderland Clinical Commissioning Group (CCG) submitted a report (copy circulated) which sought the views of the Committee on a report which was submitted to the 11th January 2022 Cabinet meeting and which also sought Members views on the proposed approach to partnership arrangements to integrate Health and Care in Sunderland in readiness for the establishment of the Integrated Care System (ICS) as a statutory body from 1st April 2022.

(for copy report – see original minutes)

Ms Gerry Taylor and Mr David Chandler presented the report and advised that the original target date of 1st April 2022 for the establishment of the ICS had now been delayed to 1st July 2022. As part of the new arrangements the CCG would be replaced by a new commissioning body; the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP). Sunderland would be part of the North East and North Cumbria Integrated Care System (NENC ICS) which was a regional partnership of 13 local authorities, 8 CCGs, 12 NHS Foundation Trusts and wider partners. The ICP would be responsible for the long term strategy while the ICB would focus on the delivery plans; the board would have 25 members and would be a mixed representation. Local services such as primary care would be localised while specialised acute commissioning would be centralised.

Councillor McDonough stated that looking at the proposed model it looked as though there would be a reduction in scrutiny which was a major concern. He also queried whether there would be any cost savings or efficiencies from the proposals. Mr Chandler advised that scrutiny would not change; there would still be the Health and Wellbeing Board and the local scrutiny arrangements would remain. The Health and Wellbeing Board would encourage collaboration and would feed into the ICP. Ms Taylor added that the arrangements had been designed to ensure that the Health and Wellbeing Board would have influence. With regard to efficiencies Mr Chandler advised that the majority of staff would be transferred from the CCG to the ICS; it was not intended that there would be efficiency savings as a result of the new arrangements; should there be any savings made then these would be reinvested into front line services.

Councillor Speding stated that he thought that the Health and Wellbeing Board was a statutory board and that the proposals appeared to be unclear on its role in terms of its statutory responsibility. Ms Taylor advised that the statutory responsibilities remained the same; it was expected that the board would have an oversight role as part of the refreshed health and wellbeing strategy.

Councillor Speding then expressed concerns that the influence of the Health and Wellbeing Board would be diluted and stated that it was his understanding that public

health had been planned to be localised more. Ms Taylor advised that the Board provided leadership for public health; it would identify issues for public health and allow these to be encapsulated in the strategy. As part of the Healthy City Plan there needed to be work done around health inequalities. Mr Chandler advised that there would be an increase in local authority voice as part of the proposals. In the past there had been the Integration Board which had looked at delegated local issues and there would be a similar set up now with local issues being localised.

Councillor Speding then stated that the Board needed to discuss future plans; he did not see this happening as part of these proposals. Ms Taylor advised that this was part of the discussions around the Health and Wellbeing Board and the delivery boards.

Councillor Haswell asked whether there was a guarantee that the devolution of power would happen as had been discussed. He asked for assurances that residents would not be forced to travel to Newcastle for treatment. Mr Chandler advised that the primary and community care budgets would be delegated into local areas; if this did not happen then it would be going against the guidance behind the proposals. The majority of services would remain localised however there would be consolidation of some specialist services.

Councillor Haswell then queried what the benefits to service users would be and what the challenges would be. Mr Chandler advised that the challenge was the size of the ICB; there was a need to ensure that all voices were heard. The benefits would be that there would be a reduction in the 'postcode lottery' when accessing services and there would be an ability to target deprived areas with extra resources to try and assist with addressing health inequalities. It would take time for the ICB to bed in. Ms Taylor added that there was a need to ensure that the partnerships and engagement were correct to ensure that Sunderland's voice was heard and to ensure that the needs of communities were identified. The proposals would see service providers working more closely together and there would be an increase in primary intervention to address issues before people needed medical care. Mr Chandler then added that the CCGs were GP led and this had led to successes and reform of services. There had been a lot of work done by the CCG in the past to attract new GPs to Sunderland and this had improved the GP services in the city.

Councillor McDonough then queried the composition of the ICB; no information on who would be sat on the board had been provided and he queried whether there would be opposition representation on the board. Mr Chandler advised that there would be 4 seats for local authority representatives and that these would not be for a specific council; the allocation of places had not yet been finalised however it was anticipated that the representation would be officers rather than Councillors.

2. RESOLVED that consideration and comments be given on the report of the Executive Director of Public Health and Integrated Commissioning and the Executive Director of Corporate Services which would be submitted to Cabinet on 11th January 2022.

Sunderland Care and Support – Development in Assistive Technology and Technology Enabled Care in the Delivery of Social Care to Children and Adults

The report of the Deputy Chief Operating Officer and Assistive Technology Development Manager, Sunderland Care and Support, was withdrawn from the agenda and would be brought to a future meeting of the Committee.

Accessibility in the City

The Assistant Director of Infrastructure, Planning and Transportation submitted a report (copy circulated) which provided Members with an overview of the work that was ongoing across the city in terms of making the city more accessible to residents and visitors with a range of mobility issues.

(For copy report – see original minutes)

Mr Stephen Dixon, Group Engineer, presented the report and advised that this report had been brought to the Committee as a result of the discussions which had taken place at the Scrutiny Workshop on 22nd June 2021 where it had been agreed to look at accessibility as part of the work programme for 2021/22. The inclusive design aims were to provide good access for disabled people as well as people travelling with small children, travelling with luggage or heavy shopping, people with temporary mobility problems and older people. All new projects would fully consider accessibility needs. The Access for All programme had been set up to target wider areas giving local residents better access to the facilities in their local area; which included the installation of multiple dropped kerbs or footway extensions. There was also work being done with Nexus and bus operators to improve access to public transport. Road safety schemes such as 20mph zones could improve accessibility as people were more likely to walk if they felt safe while walking. The 2022/23 works programme was being finalised; this programme was developed from requests from Members, residents etc and any previously agreed programmes.

Councillor Heron commented that there was increasing use of mobility scooters and that users could find it difficult to find dropped kerbs and also that there could be issues at bus stops for people to get off the kerb to the bus; especially when buses could not get close to the kerb. Mr Dixon stated that it could be difficult to find the right balance when putting in bus stop clearways due to the loss of parking caused by the clearways; driver behaviour was an issue.

Councillor Leadbitter stated that there was an issue with parking in St Peters Ward with residents complaining about parking in residential streets by visitors to the sea front which had been caused by the introduction of parking charges on the sea front; residents had asked for a residents parking permit scheme to be looked at. Mr Dixon stated that tickets could be issued if vehicles were parking in such a manner as to cause an obstruction such as parking across dropped kerbs. Parking permit schemes took time to implement and there were a number of schemes in development; the new programme for schemes from 2024 onwards was being developed. There was an awareness of there being issues around the sea front however it was vital to ensure that any investigation was undertaken at the right time as currently the covid restrictions were having an impact with there being increased visitor numbers at the sea front.

Councillor Haswell raised some issues which Councillor McClennan had spoken to him about. New developments did not always link into the highways infrastructure works; there was a need to ensure that crossings were installed in the right place to ensure that people could access them. Concerns had been raised that the crossings on St Mary's Boulevard were in the wrong locations for people to easily use them. There had been instances of dropped kerbs in new housing estates needing to be paid for out of community chest funding when developers should have provided the dropped kerbs. It was queried whether there were any funds available to undertake a proactive approach to dropped kerbs. Mr Dixon advised that there had been a lot of changes in the teams which dealt with Section 106 agreements and there was now more consultation with the traffic projects team to identify costs for any required works. There was not enough funding available to do all of the works that were wanted although it was important to consider that there would never be enough funding to do everything. The crossing on St Mary's Boulevard had been in the right place when it was installed however since then there had been further development in the area.

In response to the Chair Mr Dixon advised that there were reviews undertaken of all schemes; it was important to note that budgets had not risen but the costs of works had increased.

Councillor Haswell commented that the work done was excellent and there had been huge benefits; he felt that there needed to be a policy around collaboration and asked how the Committee could influence this and whether a report would be taken to Cabinet. Mr Cummings advised that a request could be made to Cabinet and that the recommendations of the Task and Finish group could be referred to Cabinet.

Councillor Speding stated that Scrutiny needed to seek areas where there were policy deficiencies; Members did not have any say on how Section 106 funds were spent; he referred to a Section 106 agreement in Penshaw which had required funding for secondary schools, when there were no secondary schools in Penshaw, and to improve a roundabout which was 2 miles away from the development. He also stated that there were four primary schools in his ward but only Shiney Row Primary School did not have a 20mph zone around the school. He also queried how Councillors could get pedestrian crossings installed in their wards. Mr Dixon advised that this was one of the last schools that needed to have a 20mph zone implemented; there were criteria to follow for the implementation of traffic calming schemes and he would look into them for this school. Traffic surveys had been stopped during covid due to the changes in driver behaviour, behaviour was now returning to normal. He was aware that the Area Committees had funded some highways projects and suggested that the Development Control service may need to look into the process for Section 106 agreements.

Councillor Heron commented that there had been a successful Section 106 scheme in her Ward where Councillors had been involved from early in the process; it was frustrating when Members were not consulted on the schemes. The Chair added that Councillors knew their local areas and knew where works would be most needed so it should be the norm that Members are consulted.

Councillor Potts then referred to the provision of disabled parking at the new City Hall and asked whether there were plans for any new disabled parking. Mr Dixon advised that this question would be better asked of Ms Julie Tunstall within the

Parking Services section. The Chair asked that Ms Tunstall be invited to a future meeting of the Committee and agreed that there was a need for more consultation with Members which he would discuss with the appropriate Officers.

3. RESOLVED that the update and information within the report be noted and the comments made be noted.

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;
- Testing strategy and contact tracing; and
- The emergence of the Omnicrom variant

Mr. David Chandler, Chief Officer and Chief Finance Officer, Sunderland CCG, Mr. Philip Foster, Managing Director, All Together Better Alliance and Dr. Carol Aitken, General Practitioner, GP 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)

Dr Aitken advised that since the production of the presentation there had been updated figures made available relating to the vaccination programme. There was new guidance available in respect of the booster vaccination programme for over 18s and 12-15 year olds were now being offered their second dose. On 12th December there had been an announcement that there would be efforts to offer all boosters by the end of December and there had been an additional 42,000 boosters given.

The Nightingale Vaccination Centre had provided a position update stating that they had been able to give 5,000 vaccinations per week rather than the target of 2,500. The closure of the site had been due to the lease on the site expiring and there was

work being done to find a new location for the centre; a further update would be provided in due course.

From 1st April all healthcare staff would need to be fully vaccinated and work was being done to offer boosters to healthy 16 and 17 year olds and at risk 12 to 15 year olds.

Councillor Haswell queried whether there were issues with contacting people using the local track and trace service; he had heard that call handlers were telling people that they were the first person that they had spoken to that day. Ms Taylor advised that the local team were having high rates of contact; the rates were higher than the national rate. It was a problem that due to the number of cases it was not possible to contact everyone and the people who had not gone through the digital route were often more difficult to contact. There was the added value that people who were contacted could be linked into other services.

Councillor Haswell then stated that there was confusion about how long people needed to wait after a Covid diagnosis before they were able to have a vaccine; there needed to be clearer communications as people did not know whether they needed to wait for 28 days or 3 months. Dr Aitken advised that normally people were attending early rather than waiting longer than needed; it was 28 days for everyone other than under 18s who were required to wait for 3 months.

The Chair queried how many people in hospital with Covid were unvaccinated and Ms Taylor advised that this information was not available.

The Chair then asked how much confidence there was in there being sufficient resilience within the health system. Mr Foster advised that staffing levels were the main issue; when there were large numbers of staff lost then this had an impact; there were plans to move staff around to cover any gaps in service. Everything possible was being done to be as resilient as possible and plans were reviewed on a daily basis.

The Chair thanked everyone involved for all of their hard work, and it was:-

4. RESOLVED that the updates provided within the report and presentations be received and noted.

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 the report on Assistive Technology which had been withdrawn from this agenda and would now be brought

to the February meeting and the North East Ambulance Service Update which would now be brought to the March meeting rather than the February meeting.

Members having considered the report and update, it was:-

5. 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 13th December, 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:-

6. 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.