

SCRUTINY COMMITTEE

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Thursday, 14th April, 2016 at 5.30 p.m.

Membership

Cllrs, Davison, D. Dixon, Fletcher, Howe, Scanlon, David Snowdon, Dianne Snowdon, and N. Wright

Co-opted Members - Ms A. Blakey, Ms R. Elliott, Ms. H. Harper and Mr S. Williamson

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No items

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No items

E. WAUGH,
Head of Law and Governance,
Civic Centre,
SUNDERLAND.

6th April, 2016.

Item 2

**At a meeting of the SCRUTINY COMMITTEE held in the CIVIC CENTRE
SUNDERLAND on THURSDAY, 10th MARCH, 2016 at 5.30 p.m.**

Present:-

Councillor N. Wright in the Chair

Councillors Davison, D. Dixon, Fletcher, David Snowdon and Dianne Snowdon.

Also in attendance:-

Mr Nigel Cummings, Scrutiny Officer, Sunderland City Council

Ms Ann Dingwall, Strategic Commissioning Manager, Sunderland City Council

Ms Anne Fairhurst, Safeguarding and Social Care Governance Officer, Sunderland City Council

Mr Philip Foster, Chief Operating Officer, Sunderland Care and Support Ltd

Ms Jane Hibberd, Head of Strategy and Policy for People and Neighbourhoods, Sunderland City Council

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

Mr David Noon, Principal Governance Services Officer, Sunderland City Council

Ms Julie Smith, Associate Policy Lead for Community Safety

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Howe and Scanlan and also on behalf of Mrs Blakey.

Minutes of the last Meeting of the Committee held on 11th February, 2016

1. RESOLVED that the minutes of the last ordinary meeting of the Scrutiny Committee held on 11th February, 2016 (copy circulated) be confirmed and signed as a correct record

Declarations of Interest (including Whipping Declarations)

Councillor Fletcher declared an interest in item 5 (Sunderland Care and Support Ltd – Update) as a Council appointed member of Sunderland Care and Support Ltd and left the Committee room during the consideration of the item taking no part in any discussion or decision thereon.

Change in the order of Business

The Chairman advised that she would be taking item 5 on the agenda (The Prevent Duty) at this juncture to allow Ms Hibberd to leave the meeting immediately thereafter.

The Prevent Duty

The Head of Strategy and Policy for People and Neighbourhoods submitted a report (copy circulated) to provide Scrutiny Committee Members with an understanding of the new prevent duty, current progress to ensure compliance with the duty and the proposed next steps.

(For copy report – see original minutes).

Jane Hibberd, Head of Strategy and Policy for People and Neighbourhoods presented the report and together with Julie Smith, Associate Policy Lead for Community Safety addressed questions and comments from members.

In response to an enquiry from Councillor Davison as to whether the operation of the Prevent Coordination Group in schools would amount to the monitoring or education of children, Ms Hibberd advised that the role of the Coordination Group was to assess Sunderland's citywide compliance with the duty based on the findings of each partner's self-assessment. The Prevent duty rested with the governing body of each school who would need to assess their own compliance with the duty. Ms Smith added that education for children in respect of issues covered by Prevent were included in the Personal, Social, Health and Economic Education (PSHE) aspect of the national curriculum.

In response to an enquiry from Councillor Dixon, Ms Hibberd advised that although only 30 schools had taken up the offer, training had been offered to all schools in the City. There were however other training tools and resources available together with various external consultants prepared to provide training. Ms Smith added that the Home Office were just about to launch a catalogue of accredited training providers. With regard to the education of children Councillor Fletcher suggested that it could be included as part of the successful Safety Works programme undertaken by the Tyne and Wear Fire and Rescue Service.

Both Councillor Dixon and the Chairman urged caution with regard to the level of objectivity gained from any self-assessment process as by their nature they could reflect a high degree of subjectivity. Ms Hibberd advised that the former Chief Executive had been keen that a proportionate approach was taken based on the level of risk. Organisations were being asked to demonstrate a level of assurance based on a common template which it was hoped all would complete. Ms Smith advised that she would be more than happy to show members how the Council's self-assessment template operated. She added that the Prevent Duty operated in the pre criminal space within which the Council wanted to safeguard people.

With regard to paragraph 6 of the report and the next steps, Councillor Dianne Snowdon referred to the placing of the e learning on the elected members section of the Council's website and advised Ms Hibberd that not all members were able to access training this way.

In response to an enquiry from the Chairman as to how the public could raise concerns, Ms Hibberd advised that the Council had not engaged with the public directly in respect of the Prevent duty. There had been discussion at a local level as to whether there should be a communications campaign however it had been rejected on the basis that it may unduly put fear into the community and that if such a campaign was to be instigated, it should be done at a national level. Ms Smith added that the public as always should use the 101 number if they had any concerns. If

concerns were raised via the Customer Services Network the staff there were all trained to deal with such issues.

There being no further questions the Chairman thanked Ms Hibberd and Ms Smith for their attendance and their enlightening and comprehensive report.

2. RESOLVED that the report be received and noted and that a further update report on the Prevent Duty be submitted in 6 months time.

Sunderland Care and Support Ltd – Update

The Chief Operating Officer submitted a report (copy circulated) to provide feedback to members of the Committee on the progress made by Sunderland Care and Support Ltd.

(For copy report – see original minutes).

Mr Phillip Foster presented the report drawing members' attention to the following key aspects:-

- i) The background to the establishment of the Company
- ii) the aims of the company and the services provided
- iii) its main achievements since December 2013
- iv) the governance arrangements underpinning the operation of the company
- v) the future direction of the Company and the principal risks to be faced

Councillor Davison referred to the redesigning of the workforce. She asked that if the Company were employing new staff while at the same time as making some redundant, wouldn't it be better to redeploy. Mr Foster replied that the company was required to make savings. 236 staff had expressed an interest in leaving through the severance scheme. Staff leaving on higher grades would be replaced by new employees on lower grades therefore maintaining service levels at a lower cost. Although the new grades would be lower than those of the staff who were leaving they were still significantly higher than those available in the independent sector. In response to a further question from Councillor Davison, Mr Foster advised that new employees would enrol on the Government Pension Scheme rather than the Local Government Pension Scheme.

Councillor Dixon thanked Mr Foster for his open and honest report. He stated that Mr Foster was following a tried and tested model when it came to cost reductions but stated that the long serving, higher graded staff reached those positions for a reason. He asked whether there was a danger of a loss of skills and experience. Mr Foster replied that there was always the potential to lose that type of organisational memory however it was a risk he was trying to balance. The new employees would be mixed in teams with more experienced staff. Often people who had experienced long careers became tired, jaded and to a certain extent institutionalised, whereas new people often brought with them a breath of fresh air. There was no doubt that the potential loss of experience was a worry however it was the right thing to do in order to protect front line services and he believed that there would be no loss in service standards.

The Chairman asked Mr Foster whether he was able to say that there would be no compulsory redundancies? Mr Foster replied that he was not in a position to give such a guarantee however it was something he was trying really hard to avoid. Meetings were being undertaken with the unions on a weekly basis and had been very positive. The Company needed to lose 250 employees and to date had received 236 interested in seeking severance.

In response to an enquiry from the Chairman as to the qualifications and skills of the new staff, Mr Foster replied that there would be no zero hours contracts. When the Company looked to employ someone they looked for the right attributes ('recruit for attributes, train for skills'). The Company would ideally look to employ people who had previously worked for other care providers, nevertheless all would spend their first two weeks full time in the class room. They would then receive six months induction training on the job to achieve their care certificate. Further training would be provided on the job as required.

In response to an enquiry from the Chairman, Mr Foster advised that reducing sickness levels to the new target of 6 days from the current average of 13 days would be challenging. The service currently spent £1m covering sickness absence. It would need to be a partnership approach between the Company and its staff. Positive encouragement included the issue of vouchers to people who quit smoking and the promotion of fitness through walking clubs etc. The Company had adopted the Council's Absence Management Policy and whilst ultimately disciplinary action could be taken if required, it had to be remembered that the policy was there to support people who were genuinely ill.

Councillor David Snowdon and the Chairman welcomed the news that the Company in conjunction with the Carers Centre was to establish two Customer and Carer Boards to monitor service delivery in the short breaks and day services. The Boards would become operational in April 2016 and their membership would not be fixed.

Councillor David Snowdon referred to the fact that the Company was 98% Council funded and asked if there were plans for additional income generation. Mr Foster advised that opportunities were being explored via Vanguard, Grace House and South Tyneside Care at Home. The Company was also working closely with South Tyneside Council on establishing a combined service.

The Chairman referred back to the staff members seeking severance and asked how this was to be funded. Mr Foster confirmed that it would be funded via the Council's severance scheme. He added that he had tried to present the report in a positive light however the Company in common with the Council was continuing to operate in a difficult and financially challenging environment.

The Chairman stated that the Committee appreciated the position that Mr Foster was in and thanked him for his report and his honesty. Mr Foster replied that the future remained challenging. He stated that he was due back before the Committee in October to present his annual report however he would be happy to return sooner if required. The Chairman having thanked Mr Foster for his attendance it was:-
3. RESOLVED that the report be received and noted and that Mr Foster be invited back in October 2016 to present his annual report.

Adults Commissioning Update – Quality Issues and the Provider Markets

The Head of Integrated Commissioning submitted a report which:-

- i) provided the Committee with information relating to the work undertaken by the Council's Commissioning Team and partners with regards to working with and developing a diverse market for care and support for the people in Sunderland.
- ii) Provided an insight into some of the current and on-going issues the market presented to Commissioners and some of the mechanisms implemented to try and resolve any concerns identified.
- iii) Details of the implementation of the new Quality Improvement Framework for Providers

(For copy report – see original minutes).

Graham King, Head of Integrated Commissioning presented the report together with Ms Ann Dingwall, Strategic Commissioning Manager and Ms Anne Fairhurst, Safeguarding and Social Care Governance Officer.

Councillor Fletcher referred to the recently awarded contract in respect of the Care and Support at Home and asked for details of the new providers. Mr King advised that he would email the details round to Committee members. In response to a further enquiry from Councillor Fletcher, Mr King explained the reasoning behind the planned closure of the 'time to think beds'. This amounted to concerns that their original purpose was not being served and instead they were being used as a hospital discharge vehicle. Councillor Fletcher thanked Mr King for his answer and confirmed that she was happy with the decision as the pilot project was not working.

In response to enquiries from Councillor Dianne Snowdon, the Committee was informed that all Providers would be monitored by the new Quality Improvement Framework tool. There were currently no capacity issues but the position would be monitored and reassessed as required. Ms Fairhurst was currently the only member of staff who monitored on a full time basis. The reference in paragraph 5.2.1 to the 10 extra care schemes in the city did not include the new facility to open in Washington North.

With regard to an enquiry from the Chair regarding at what stage concerns about a provider would be escalated to the Care Quality Commission (CQC), Mr King advised that this would occur when 'enough was enough' ie when despite all previous interventions and assistance there was no hope of improvement. In such cases the Council would work on a planned closure of the home moving residents in a planned way in full consultation with families and carers.

In response to enquiries from Councillor David Snowdon regarding the notice of inspections and a definition of 'risk based', Ms Fairhurst stated that in respect of Extra Care, inspections would be undertaken with 48 hours notice. In the case of others services these could be unannounced. The level of risk was assessed by reference to the issues log and regular meetings with colleagues especially within the Safeguarding Team.

In response to an enquiry from Councillor Davison regarding the impact of the Living Wage on the recruitment and retention of staff, Mr King advised that it would have an

impact for the lower graded staff but not on the nursing staff. There was currently a healthy agency market but Providers struggled to recruit staff on a permanent basis.

Councillor Dixon stated that the new assessment tool made perfect sense, providing a level of consistency and driving improvements via the use of shared data. He asked if the system would be ready to go live for April 2016 and this was confirmed.

The Chairman thanked Mr King, Ms Fairhurst and Ms Dingwall for their comprehensive report and commended them for the effort that had gone into the development of the framework given the severe financial constraints.

4. RESOLVED that :-

- i) the report be received and noted and that the next steps proposed for the implementation of the Quality Improvement Framework be endorsed
- ii) a further update report on the matter be submitted in due course.

Review of Scrutiny Arrangements – Scrutiny Procedure Rules

The Head of Law and Governance and the Head of Scrutiny and Area Arrangements submitted a joint report (copy circulated) on proposals to change the Scrutiny Procedure Rules to maintain their alignment to the revised Scrutiny arrangements approved by Council on 27 January 2016 and to make related changes to the Constitution.

(For copy report – see original minutes)

Consideration was given to the report and the Chairman moved the following proposed amendments:-

- (i) Consideration be given to paragraph 17c of the procedure rules so that all references to ‘the Committee’ would be amended to read ‘the Scrutiny Coordinating Committee’
- (ii) Consideration be given to amendments to paragraph 17 (j) of the procedure rules to ensure that decisions on issues of urgency must be made in agreement with the Chairman of the Scrutiny Coordinating Committee. The paragraph would therefore be amended to read:-

‘The call-in procedure set out above shall not apply where the decision being taken by the executive is urgent. A decision will be urgent if any delay likely to be caused by the call in process would seriously prejudice the Council’s or the public’s interests. The record of the decision, and notice by which it is made public, shall state whether in the opinion of the decision making person or body, the decision is an urgent one, and therefore not subject to call-in. The Chairman of the relevant Scrutiny Committee, in agreement with the Chairman of the Scrutiny Coordinating Committee, must agree both that the decision proposed is reasonable in all the circumstances and to it being treated as a matter of urgency. In the absence of the relevant chair (or Scrutiny Coordinating Committee chair), the vice-chair’s consent shall be required. In the absence of both, the head of paid service or his/her nominee’s consent shall be required.’

Accordingly it was:-

5. RESOLVED that it be recommended to Council that subject to i) and ii) above, the Head of Law and Governance, in consultation with the Leader, be authorised to amend the Constitution to reflect the amended Rules, the consequential amendments to the Articles and to make such other minor or consequential amendments as are appropriate to the Constitution to ensure consistency with the revised Rules and the revised Scrutiny arrangements.

Westminster Briefing: The Future of Health and Wellbeing Boards

The Head of Scrutiny and Area Arrangements submitted a report (copy circulated) which provided members with an overview of the recent Westminster Briefing on the future of health and wellbeing boards attended by the Chair and Lead Member for Health, Housing and Adult Services on Tuesday 23 February 2016.

(For copy report – see original minutes)

The Chairman advised that the briefing had brought home the dangers of working in silos and having moved that a report on the working of Sunderland's Health and Wellbeing Board be submitted to a future meeting of the Committee and that an invitation be extended to the Chairman of the Board to attend the meeting, it was :-

6. RESOLVED accordingly.

Notice of Key Decisions

The Head of Scrutiny and Area Arrangements 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 23rd February 2016.

(For copy report – see original minutes).

The Chairman asked that Members having any issues to raise or requiring further detail on any of the items included in the notice, contact Nigel Cummings, Scrutiny Officer, for initial assistance.

7. RESOLVED that the Notice of Key Decisions be received and noted.

Annual Work Programme 2015/16

The Head of Scrutiny and Area Arrangement submitted a report (copy circulated) attaching for Members' information, the work programme for the Committee's work being undertaken during the 2015/16 council year.

(For copy report – see original minutes).

Nigel Cummings, Scrutiny Officer presented the report and with regard to the Committee's budget for 2015/16 advised that current expenditure amounted to £6,932 leaving a balance of £8,068

At this juncture the Chairman advised members of an addition to the work programme to allow for an extraordinary meeting of the Committee. Its purpose was to provide further information to Members from both Sunderland and South Tyneside scrutiny functions on City Hospitals Sunderland NHS Foundation Trust and South Tyneside NHS Foundation Trust's proposed implementation of a health alliance to reconfigure services across South of Tyne. Members would be notified of the time and date of the meeting in due course.

8. RESOLVED that the information contained in the work programme and the calling of the extraordinary meeting be received and noted.

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

(Signed) N. WRIGHT,
Chairman.

SUNDERLAND APMS PROCUREMENT

REPORT OF CHIEF OFFICER SUNDERLAND CCG

1. Purpose

The purpose of this report is to update the committee on NHS Sunderland Clinical Commissioning Group's (SCCG) decision to re-procure three Alternative Provider for Medical Services contracts in Sunderland which were due to terminate in the contract year 2015/16.

2. Background

2.1 The majority of primary medical service contracts held by GP practices in England and Wales are open-ended. There are however some newer contracts that are time-limited.

2.2 Encompass Healthcare, Pennywell Medical Centre and Barmston Medical are GP practices which deliver essential, additional and enhanced services to a registered list of 13,541 patients (as at 01 July 2015) under individual Alternative Provider for Medical Services (APMS) contracts. After a number of contract extensions the practice contracts were due to terminate on 31st March 2016. The Encompass Practice was provided by Dr Liston and the 2 other practices were provided by Intrahealth Ltd.

2.3 In line with NHS England policy entitled, '*Managing the end of time-limited contracts for primary medical services*', a service review was carried out for the three individual APMS practices. A continued need for services was identified.

2.4 A report was presented to the Primary Care Commissioning Committee of SCCG on 16 July 2015 to consider the options to secure continuity of primary medical services for patients of the three practices. The Committee decided to re-procure **one** APMS contract with three sites.

3. Procuring one APMS contract with three sites

3.1 The CCG proposed to commission a **single** APMS contract for the 13,541 patients currently registered, as well as new patients, to be provided from the following sites:

- Galleries Health Centre, Washington Town Centre
- Barmston Medical Centre, Westerhope Road, Barmston
- Pennywell Medical Centre, Pennywell Shopping Parade, Pennywell

3.2 The benefits of this procurement model include:

- registered patients would be able to attend any of the sites for services, increasing choice of access; whilst **each site** would retain GP clinics each day Monday to Friday

- sustaining service provision through economies of scale - staff would be able to work across three sites;
- reducing variation in quality of care through one provider delivering primary medical services across 3 sites;
- increasing the opportunity for potential providers to attract staff and deploy a wider skill mix, which is relevant with current recruitment difficulties in Sunderland in the current and medium term;
- the size of contract (registered list size of 13,541) may make it more attractive to bidders to tender;
- supports national strategy of larger practices to ensure sustainability. There has been a national move to an equal funding rate per patient for all GP Practices irrespective of contract type over the next few years. (Currently these 3 practice contracts attract a much higher rate per patient than in all other practices in Sunderland.)

3.3 The plan was that the new contract would start 01 October 2016, enabling time for engagement with patients and stakeholders, the tender exercise and then 6 months for mobilization of a new contract. Both providers had agreed to extend their current contracts by 6 months from April – September 2016 to enable this process to happen.

4. Engagement

4.1 The CCG was of the view that the proposal to re-procure the APMS contracts did not constitute a significant variation of NHS services as GP services will continue to be delivered in the three sites: The Galleries, Westerhope Road and Pennywell Shopping Precinct. However, in the spirit of section 242 and 244 of the NHS Act 2006 (as included in the Health and Social Care Act 2012), the SCCG wanted to engage with the affected patient population and stakeholders about the procurement.

4.2 During September and October 2015, the SCCG carried out a communications and listening exercise with patients and stakeholders. We used a range of methods to capture views and experiences as well as suggestions, questions, comments and concerns.

4.3 We wrote to patients registered with Encompass Healthcare, Pennywell Medical Centre and Barmston Medical practices to give them information and answer any questions, to reassure them that commissioned services would continue to be provided and noted we would take account of any feedback in the procurement process. All registered patients received a letter explaining the procurement process together with a patient information sheet, survey and invitation to attend drop-in sessions and /or comment on line or in writing. Briefings were also made to a range of stakeholders and information sessions held for Councillors from Washington and the West localities as well as information to the Scrutiny Committee.

4.4 Following the engagement the CCG wrote formally to patients to let them know all the questions asked and comments made, along with answers to any

questions raised. The outcomes of the engagement were also shared with the Primary Care Commissioning Committee (the decision making body).

- 4.5 The main issues raised by Encompass patients were the inclusion of telephone triage/consultations in the new contract and not losing the quality of service. For Barmston and Pennywell patients, waiting times and continuity of care through the use of locums were issues. Patients were also seeking assurance on the procurement process and ensuring quality and continuity of care from the new provider and that finance would not take precedence over quality in the decision to award to a provider.
- 4.6 In mitigation of these issues, the committee agreed the recommendation to ensure telephone triage/consultation is included in the contract. Also quality accounts for 95% of the evaluation criteria and all providers will receive the same amount of money irrespective of their bids as it is a set fee per patient. Giving security to the new provider via the procurement process and length of contract was intended to address the continuity of care/waiting issues.
- 4.8 The rationale for the single contract was previously debated by the Committee, when the advantages and disadvantages were considered for all procurement models. None of the comments made added any new considerations that had not been part of the original debate. The Committee therefore agreed to continue to progress the procurement as per the original timeframe.

5. Timescale

5.1 Table 1 shows the original planned key milestones and timescales

Milestone	Description	Date
Listening and engagement	Inform and capture views of directly affected patients and stakeholders	October 2015
Advert	Market being informed through publication of tender advert	November 2015
Contract award	Official sign off of contract to successful bidder	March 2016
Mobilisation	Mobilising the contract following award	April 2016 – September 2016
Service start	Service in place	01 October 2016

5.2 However, shortly after the engagement exercise concluded, we became aware that the current providers had not signed the contract variation to extend the contracts by 6 months and wanted to meet the CCG to discuss options. Meetings were held with both providers, and whilst the CCG was willing to listen and consider their concerns, the focus was on the need to have services in place between April and September 2016 for patients. Providers' views would be captured as part of the formal procurement process, ensuring a fair process for any potential provider. The Primary Care Committee were of the view therefore that the tender exercise needed to continue, therefore an emergency procurement had to be put in place for 6 months.

- 5.3 Expressions of interest were sought from the local GP Federations and the current providers in the first instance to provide services across all 3 practices with the current full budget, enabling all the current employed staff to transfer to the emergency provider. Two expressions of interest were received, one from the GP Alliance and the other from Intrahealth Ltd. Whilst both providers were deemed able to provide the service, the emergency contract was provided to Intrahealth Ltd in early January 2016 as it was felt they would be better able to mobilise the service in the limited time available, with less risk/destabilisation to patients and staff, as they were the current provider of 2 of the 3 practices. So in reality the only change would be to the provider of the Encompass practice in the 6 month emergency period and all patients would continue to be able to access GP practices in the three areas affected.
- 5.4 The patients of the Encompass practice were informed of the temporary change of provider to take effect from 1.4.16 until the 30.9.16. The letter (attached) noted patients did not need to do anything but they could contact Health Watch if they had any issues. As of 24.3.16 approximately 30 patients contacted Health Watch and 5 patients contacted the CCG. The majority of patients wanted reassurance that their practice was continuing and the services were not changing and this reassurance was provided.
- 5.5 Mobilisation meetings have been taking place with Intrahealth Ltd since the emergency contract was awarded to ensure they were ready to take on the Encompass service from 1.4.16. Further work is planned to take place with their engagement officer to follow up the communication process with patients as they take on the contract.

6. Outcome of Tender Process

- 6.1 In relation to the original tender for the one contract, this was advertised from 4.1.16 to avoid the Christmas holidays with a closing date of 12.2.16. One bid was received which was out with the tender value and therefore could not be assessed. This presented an opportunity for the CCG to review the procurement strategy and members of the Committee met to review informal and later formal feedback from those providers that had expressed an interest in tendering.
- 6.2 As a result a couple of key changes were made to the procurement strategy that should make it much more attractive to the market:
- To extend the contract from 5 years to 9 yrs. with the option for a further 2 years (11 yrs. in total) – this had been the original CCG preference but there had been issues with NHS England processes for supporting this length of contract
 - To clarify the expectations around the timing of GP clinics on each site, as this had led to some provider confusion. The clarification should lead to much greater ability for Providers to provide GPs within the cost envelope. Clinics to be available on each site mainly between 8am - 6.30 Monday to Friday.

- To extend the transitional funding support from 2 years to 5 years in line with timeframes for transitional support for national funding changes for other GP practices (those with contracts held in perpetuity). This was now possible as the longer term contract had been secured.

6.3 As the CCG had agreed an original timeframe that enabled a long mobilization period of 6 months, this meant that a revised tender process could be progressed within the same time frame and without needing a further extension, and still enabling a 3-4 month mobilization period for any new provider. The revised tender notice was issued 10.3.16, and the closing date is 13.4.16 with a contract award to be made from 7.6.16.

7. Recommendations

7.1 The Scrutiny Committee is asked to note the update on the SCCG decision to re-procure three Alternative Provider for Medical Services contracts in Sunderland.

Glossary of Terms

CCG – Clinical Commissioning Group

APMS – Alternative Provider Medical Services (APMS)

Contact Officers

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17 March 2016

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Dear Patient

Encompass Health Care, The Galleries Health Centre, Washington, NE38 7NQ

We are writing to you as you are a registered patient with Encompass Health Care to update you on important information in relation to your practice.

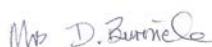
All GP practices in England and Wales hold a contract to deliver health care to local patients in the community. The current contract for your practice is due to end on 31 March 2016 and NHS Sunderland Clinical Commissioning Group has taken steps to ensure you have continued primary medical care. We were unable to secure an extension to the contract with your current provider and have therefore put in place a temporary contract with IntraHealth Limited to deliver services from the current Encompass Galleries site from 01 April 2016 to 30 September 2016. We are working with the temporary and the current provider to ensure as smooth a transition as possible.

In the meantime we are continuing with a procurement process to secure a long term provider from 1 October 2016 and we will be in a position to update you on this by early July 2016.

You will not need to take any action as you will continue to be registered at the practice.

Healthwatch Sunderland is the statutory independent consumer champion for users of health and social care services. It listens to, advises and speaks up on behalf of consumers. If you have any concerns or would like to discuss anything in respect of this process with Healthwatch, please call 0191 5147145 or access the Healthwatch website <http://www.healthwatchesunderland.com>.

Yours sincerely



Debbie Burnicle
Deputy Chief Officer
Sunderland Clinical Commissioning Group

SCRUTINY COMMITTEE

14 APRIL 2016

SCRUTINY POLICY REVIEWS 2015/16

REPORT OF THE HEAD OF SCRUTINY AND AREA ARRANGEMENTS

1. PURPOSE OF THE REPORT

- 1.1 To provide the Scrutiny Committee with the draft recommendations of the scrutiny policy reviews undertaken by the Lead Scrutiny Members and the shadow scrutiny committees.

2. BACKGROUND

- 2.1 The scrutiny commissioning model is in its fourth and final year. As part of these arrangements the Scrutiny Committee commissioned the Lead Scrutiny Members along with their respective scrutiny panels to undertake up to two policy reviews during 2015/16, the topics having been brought forward from discussions at the Annual Scrutiny Debate in May 2015. Following the review of scrutiny, and as part of the transition arrangements, the scrutiny panels were subsumed into the shadow scrutiny committees and the policy reviews were concluded in the various shadow scrutiny committees.
- 2.3 Detailed evidence gathering for the policy review has taken place since June 2015, with the shadow scrutiny committee's agreeing the content, conclusions and recommendations of the final reports at meetings in March and April 2016. The final reports are attached (**Appendix A-D**) and the recommendations from each review are as below:

Report	Shadow Committee	Policy Review Topic
A	Health and Wellbeing	Moving On: the transition from child to adult care services
B	Health and Wellbeing	Review of core sexual health services in Sunderland
C	Economic Prosperity	Approach to environmental enforcement
D	Economic Prosperity	The use of customer feedback

3. POLICY REVIEWS 2015/16 – PROPOSED RECOMMENDATIONS

Shadow Health and Wellbeing Scrutiny Committee

- 3.1 The recommendations of the ***Moving on: the transition from child to adult care services*** Policy Review 2015/16 are:-
- (a) That the development and implementation of any transition protocol enhances information sharing across services and organisations to improve transition planning and further promotes a seamless transition process;

- (b) That during the transition process greater opportunities are provided, where appropriate, to allow for GP involvement in health transition planning, as well as ensuring that young people in transition have a named GP;
- (c) That the local authority promotes and supports a dialogue between employers, local businesses and the specialist academies within Sunderland to further enhance the potential for work placement opportunities;
- (d) That the appropriate scrutiny committee receives regular updates from the leaving care service to develop a greater understanding and involvement in the transition process and arrangements of young people leaving the local authority's care.

3.2 The recommendations of the **Review of core sexual health services in Sunderland** Policy Review 2015/16 are:-

- (a) That Commissioners should consider earnestly the co-location of the GUM and CASH services by the current provider of the service and the possibility that co-location of the services should feature in any future plans to re-commission the service;
- (b) That service providers look to more widely publicise the GUM and CASH services including details of the services available and where, when and how they can be accessed;
- (c) Consideration be given to developing and disseminating information about the sexual health needs of older adults and services available from GUM, CASH and the Live Life Well Service.
- (d) Service Providers and key stakeholders should work together to break down the stigma attached to attending services, such as GUM and CASH;
- (e) Work to target new students in Fresher's week should be undertaken by the CASH and GUM and the Live Life Well Services.

Shadow Economic Prosperity Scrutiny Committee

3.3 The recommendations of the ***Approach to environmental enforcement*** Policy Review 2015/16 are:-

- (a) That the Council undertake a review of its existing environmental enforcement policy for streetscene and that this review involve full consultation with members and other interested parties;
- (b) That the Council should seek to focus its resources on areas of greatest impact with regard to environmental enforcement action;
- (c) That where such action is taken every effort be made to publicise it in the local media to ensure that residents are aware importance attached to a clean and well maintained local environment;

- (d) That the Council continues to monitor new developments and pilots in relation to litter enforcement and dog fouling;
- (e) That the Council looks to establish a procedure in relation to the approach taken to illegally tethered horses;
- (f) That the Council work with other local authorities in the region and other agencies such as Police, RSPCA and Gentoo in order to make the most of available resources.

3.4 The recommendations of the ***Use of customer feedback*** Policy Review 2015/16 are:-

- (a) That the Council continues to look at measures to improve current systems to ensure that the outcome of feedback and complaints are recorded and that any intelligence is used to improve services;
- (b) That the Council continues to work to realise the benefits of new technology in order to respond to the changing patterns of customer demand and behaviour;
- (c) That the Council continues to examine ways of encouraging users to go on line and engage in digital technology while maintaining a variety of access channels to prevent digital exclusion;
- (d) That Customer Services Network and the Complaints Team continue to work closely in order to share information and feedback being generated;
- (e) The Council consider ways of further sharing the learning from complaints across the Council.

4. RECOMMENDATION

4.1 It is recommended that the Scrutiny Committee considers and endorses the scrutiny policy reviews presented at **Appendix A-D**, and submits:

- (a) 4 Policy Review Reports to Cabinet at its meeting in June 2016; and
- (b) the remaining 4 Policy Review Reports to Cabinet at its meeting in July 2016.

5. BACKGROUND PAPERS

- Scrutiny Committee Agenda and reports: 25 June 2015

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**Shadow Health and Wellbeing Scrutiny Committee
Policy Review 2015 – 2016**

Moving On: the transition from child to adult care services

Draft Report

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1 Foreword

"Becoming an adult means leaving the world of your parents and starting to make your way toward the future that you will share with your peers."

Alison Gopnik

Growing up and moving from being a child to an adult is never an easy thing, but it is something everyone must face. For the vast majority of young people they make this transition with the support and guidance of parents, who help them along the path to adulthood and the wider world outside of the family environment. However for young people with more complex health and social care needs, this time of transition can be especially stressful.

It is just as important that young people with long-term conditions, mental health problems or those leaving the care system have the same ability to make that step into adulthood. The transition arrangement is the process that supports this move from a children's orientated care system into the very different adult health services. The committee decided to look at this transition process and how it supports young people, parents and families through this difficult phase of life.

Through the Committee's investigations Members received evidence from a wide range of people and organisations relating to the transition process. It is apparent from these discussions that there is a lot of excellent work being conducted to ensure that the transition process is not only person-centred but also as seamless as possible. The introduction in late 2014 of Education and Health Care Plans are a clear driver in supporting a young person's development and aspirations as well as bringing together providers from education and health service spheres.

Finally the Shadow Health and Wellbeing Scrutiny Committee would like to thank the officers, individuals and partner organisations who provided their time so willingly to help the panel gather the evidence for this review, this contribution and cooperation is, as always, greatly appreciated.



Cllr Jill Fletcher
Shadow Health and Wellbeing Scrutiny Committee
March 2016

2 Introduction

- 2.1 The Scrutiny Debate provided the usual variety of scrutiny topics for potential review during the coming year. The Health, Housing and Adult Services Scrutiny Panel, commissioned by the Scrutiny Committee, agreed to undertake a spotlight review around the issue of transition from child to adult care services.

3 Aim of the Review

- 3.1 To understand the transition process from child to adult care services and how to promote and develop sustainable and seamless transitions to adulthood.

4 Terms of Reference

- 4.1 The title of the review was agreed as 'Moving on: the transition from child to adult care services' and its terms of reference were agreed as:
- (a) To define and understand the transition arrangements that exist from child to adult care services;
 - (b) To ensure that transitional awareness, understanding and expectations are developed, managed and in place from an appropriate early stage;
 - (c) To understand the differences that exist between child and adult services and what this means in terms of transition;
 - (d) To consider how a seamless transition into adulthood can be developed, sustained and promoted.

5 Membership of the Shadow Committee

- 5.1 The membership of the Shadow Health and Wellbeing Scrutiny Committee during the Municipal Year is outlined below:

Cllrs Jill Fletcher (Scrutiny Lead Member for Health, Housing and Adult Services), George Howe (Lead Member for Public Health, Wellness and Culture), Rebecca Atkinson, Richard Bell, Rosalind Copeland, John Cummings, Michael Dixon, Alan Emerson, Louise Farthing, Juliana Heron, Julia Jackson, Shirley Leadbitter, Barbara McClennan, Paul Middleton, Dorothy Trueman, Doris Turner and Geoff Walker.

6 Methods of Investigation

- 6.1 The approach to this work included a range of research methods namely:
- (a) Desktop Research;
 - (b) Use of secondary research e.g. surveys, questionnaires;
 - (c) Evidence presented by key stakeholders;
 - (d) Evidence from members of the public at meetings or focus groups; and,
 - (e) Site Visits.

6.2 Throughout the course of the review process the panel gathered evidence from a number of key witnesses including:

- (a) Martin Birch (Interim Head of Looked After Children)
- (b) Lynden Langman (Service Manager)
- (c) Ben Rosamond (Person Centred Planning Development Officer)
- (d) Paul James
- (e) Peter Nicol (Team Leader – Connexions)
- (f) Annette Parr (Lead Support and Intervention Officer)
- (g) Denise Geary (Health Transition Nurse)
- (h) Nigel Harrett (Deputy Principal – Sunderland College)
- (i) Rachel Wiles (Student Services Manager – Sunderland College)
- (j) Lennie Sahota (Head of Service Adult Social Care)
- (k) Melanie Carson (Headteacher – Portland Academy)
- (l) Steve Murphy (Deputy Headteacher – Portland Academy)
- (m) Martin Hope (Portland Academy)

6.3 All statements in this report are made based on information received from more than one source, unless it is clarified in the text that it is an individual view. Opinions held by a small number of people may or may not be representative of others' views but are worthy of consideration nevertheless.

DRAFT

7 Findings of the Review

Findings relate to the main themes raised during the panel's investigations and evidence gathering.

7.1 Transition: Facts and Figures

What do we mean by transition?

7.1.1 Transition is defined as the process or a period of changing from one state or condition to another. The Department for Health's 2006 publication 'Transition: getting it right for young people' defines transition as '*a purposeful, planned process that addresses the medical, psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and medical conditions as they move from child-centred to adult-orientated health care systems*'.¹ Transition is a period of increased risk where young people move from their 'safe' environments of paediatric teams coordinating health service requirements to an adult environment where consultation with several different health teams and adult social care services is not uncommon.

7.1.2 The journey from adolescence into adulthood is particularly challenging for all young people from biological, social and psychological perspectives. For those young people with any form of disability, long-term conditions or significant mental health problems, this is made even more difficult. As they move between different health care services, they will find significant differences in the expectations, style and culture of these services, at the same time as their own care needs will be changing.

7.1.3 Young people who have a lot of contact with agencies, services or support, it can prove very difficult to navigate that move between children's and adults' service provision. When young people leave one service and enter into another, they may be faced with a swathe of new assessment criteria. Assessed needs may be met in alternative ways, and they may receive a different level or type of support to what they have been used to. Young people, their parents, carers and families have reported that this can be a very difficult and daunting experience.

National Context

7.1.4 In England, there are more than 40,000 children and young people under 18 who are living with a life-threatening illness or life-limiting condition. There are also 55,000 young adults (aged 18-40) living with a life-threatening illness or life-limiting condition. In terms of life-limiting or life threatening conditions there are more than 300 differing conditions including cystic fibrosis, muscular dystrophy, severe cerebral palsy and certain types of cancer.²

7.1.5 The Children and Young People's Health Outcomes Forum published proposals in July 2012 on how to improve health-related care for children and young people. This included findings in relation to transition stating that poor transition can lead to poor health outcomes for both physical and mental health and at its worst could lead to a dropout from medical care altogether. The result from this was a commitment, from a number of organisations, to work on improving the experience and outcomes of transition to adult services for children and young people.

¹ From the pond into the sea: Children's transition to adult health services. Care Quality Commission. July 2014

² From the pond into the sea: Children's transition to adult health services. Care Quality Commission. July 2014

7.1.6 The National Institute for Health and Care Excellence (NICE) is currently developing guidance on transition. NHS England is developing a service specification for transition for specialised services. There are imminent changes as a result of both the Children and Families Act 2014 and the Care Act 2014. These include specific provisions designed to support more effective transitions to adult services for young people with special educational needs or disability, in health and social care respectively.

7.1.7 The Children and Families Act 2014 ensures that children, young people and their families must be involved in discussions and decisions about their individual support and local provision. The Act also replaces the current system of Statements and Learning Difficulty Assessments with 0-25 Education, Health and Care Plans (EHC), which reflect the child or young person's aspirations for the future, as well as their current needs. Within this young people have the right to request an (education) personal budget as part of the EHC planning process.

7.1.8 The Care Act 2014 also places a duty of care on local authorities to carry out a transition assessment for a young person or carer, in order to help them plan, if they are likely to have needs once they (or the child they care for) turn 18. There are 3 groups of people, under the Act, who have a right to a transition assessment:

- Young people, under 18, with care and support needs who are approaching transition to adulthood;
- Young carers, under 18, who are themselves preparing for adulthood;
- Adult carers of a young person who is preparing for adulthood.

Local Context

7.1.9 The Panel noted that between 2009-2015 the council operated a Futures Team, located within the then Health, Housing and Adult Services Directorate, which focused on individuals going through the transition process; it was essentially a team of Person Centred Planning facilitators who provided intense support to young people and their families between the ages of 14 - 25. The Futures Team worked in partnership with a range of agencies that included Children's and Adults Care Management and Assessment, SEN Team, Connexions, schools, colleges, Young Peoples Learning Agency, Job Centre Plus, Job Linkage, Remploy, Community & Cultural Services, Housing, health organisations and service provider organisations.

7.1.10 Members were also informed that recent restructures had meant that the service was no longer sustainable and there was the development of the new Lifespan Service; a single service for disabled children and young people aged 0-25, at which point young adults who require on-going support would be supported by the appropriate adult's team. A period of uncertainty currently exists as a result of the recent Ofsted inspection and the focus on children's safeguarding measures.

7.2 The Transition Process and Education and Health Care Plans

7.2.1 Transition planning with young people should begin at age 14 and upwards and should include issues around employment, independent living, community inclusion and Health. Members acknowledged that the Transition process can be extremely complex including multiple agencies' input, as well as that of the individual and their family or carers. Members also recognised that there was an expectation that the family would be able to understand all of the options available and the processes involved. The amount and variety of information can at times be

confusing. The further introduction of personalised budgets was another area where families were expected to fully understand the procedures involved.

- 7.2.2 From September 2014 Education, Health and Care (EHC) plans started to replace Statements of Special Educational Needs and Learning Difficulty Assessments. Members were informed that EHC plans would focus on what a child or young person wants to achieve and what support would be needed to do this. Currently, across the city, there are approximately 1,200 children and young people with a statement of educational need who would transfer to an EHC Plan over the next 2 years.
- 7.2.3 Members were informed that EHC plans can begin anytime between 0-25 with preparation for transition starting at Year 9 (14 years old). This usually takes place in the school setting with the young person, family and key agencies including health and social care meeting and discussing the key aspects of the EHC plan. Importantly this review process helps to ascertain what a young person wants and how that can be enabled. This view was emphasised by the Person Centred Planning Development Officer as it was crucial to understand what was important to each individual young person going through the transition process. It was also noted that each EHC plan was reviewed at a minimum of 12 months to ensure that the plan was still current and that nothing had changed.
- 7.2.4 The guiding principles of EHC Plans were that children, young people and their parents/carers were at the heart of the process through person centred and key working approaches used flexibly. Plans were also a streamlined approach, which avoided repetition and invested time in joint agreement, as well as a focus on the key outcomes for children and young people. The EHC Plans also built on the processes currently being used to support and plan with children, young people and their families, adapting and aligning those that were working well with the EHC Planning process and developing new processes where required.
- 7.2.5 Members clearly understood that person centered practices were at the heart of the reforms and that young people and their families had far greater choice and control which allowed for the raising of individual aspirations and a greater focus on outcomes. Although Members also acknowledged that parents were not always aware of the resources and services available to them post-transition and that EHC plans helped to explore the detail around aspiration and level of need.
- 7.2.6 Sunderland also provides a Local Offer, a statutory requirement in the Children and Families Act 2014 Section 3 for local authorities to have one accessible place for information about services and opportunities available to children and young people with SEND aged 0-25. This Local Offer must also include information about the EHCP process and importantly about how to challenge decisions arising from the transition process. The local offer is really important part of the transition process and clearly defines what universal, targeted and specialist services and opportunities are available to children and young people. The local offer plays a very important role in prevention and ensuring that a graduated approach to supporting all young people is taken and meeting their needs appropriately.
- 7.2.7 In a visit to Portland Academy it was reported that the EHC plans were now into a second year of operation and that as a school they were more comfortable with them. The academy further explained that EHC plans were designed to bring together a number of agencies to discuss each individual child's needs and

outcomes. However it was reported that agencies did not always attend meetings, and it was very important to ensure the effectiveness of EHC plans that key agencies were in attendance. It was also reported that the level of work required to develop the EHC plans was resource intensive and Portland Academy has had to develop the capacity to deal with the review meetings and associated work.

- 7.2.8 A multi-agency Transition Management Group also meets monthly to identify young people moving through transition. All young people who are in receipt of a service from Children's Disability services are discussed in terms of their needs and which Adults team is best placed to support that young person and their family as they make the transition to adulthood. The group also receives referrals for those young people who are not in receipt of a service from the Children's team. The Connexions service, Leaving Care Team and Transition Nurses provide referrals where appropriate. Sunderland City Council representatives attend as many annual education reviews as possible that take place at the specialist schools in the City to provide information about the support on offer from Adult Social Care, the reviews are also an opportunity to identify young people who may require Social Care support post-18.
- 7.2.9 EHC plans were acknowledged as an improvement from the previous statement process as a promising way of supporting disabled young people preparing for adulthood. In terms of monitoring and reviewing transitions, it was reported to Members, that existing processes were being integrated with a new system and approach and the real challenge now was to ensure that this provided a smooth and transparent way to proceed in the future.

7.3 Adult Services

- 7.3.1 As already outlined young people with complex needs will have been receiving services from children's services for a number of years through schools and other mechanisms. However as they move into adulthood young people will make the transition to adults' services where there are very different statutory responsibilities. The transition can be complicated by the fact that many young people with multiple needs receive services from a number of different sources, including children's health, social care and criminal justice services, and can be identified as 'children' or 'adults' at different times.
- 7.3.2 The division of children's and adult's services has seen challenges in overcoming boundaries and both cultural and organisational differences between services. Local authorities still need to understand the services that people will need over their lifetime. This view was supported by Sir Ian Kennedy in 2010 as an issue of concern in the NHS³. Members were informed during evidence gathering that the communication between adult and paediatric services still remained an issue and that greater collaboration or integrated working could aid transition. Throughout the evidence gathering Members acknowledged the very clear difference that existed between children's and adult care services. Children's services were identified as being more inclusive, supportive and flexible while in adults' services there was an expectation of greater independence from patients, with professionals having larger caseloads and limited time for patients.

³ Local Government Association 2015

'Our transitions social worker made frequent contact and visited our son at home and at school, making a good relationship with him and his family. We felt very supported. Also their work integrated health and social services seamlessly'.⁴

A research example of the transition experience.

7.3.3 The Local Government Association in its paper on Transitions highlights the Revolving Doors agency, which works predominantly with people with multiple problems, and has identified seven good practice principles in working with young people in transition, following research with young people themselves. They are based on the following:

- quality of relationships with staff who can give stability, guidance and act as role models;
- continuity of care, for example by providing personal advisers for care leavers and care coordinators and transition plans for young people with mental health and drug problems;
- personalised support – ensuring that the principles of personalisation in adult social care operate during the transition period;
- meeting basic needs – including education, housing and life skills;
- information, misinformation and challenging stigma – particularly for young people with mental health problems and learning and physical disabilities moving into post-school education and employment;
- getting involved – engaging young people in transition in the design, planning and delivery of services;
- aiming higher – supporting young people in developing ambitious, achievable aspirations and self-esteem and not giving up on them.

7.3.4 The NICE guideline on transition from children's to adults' services for young people using health or social care services found evidence that adults' services do play a crucial role in sustaining the effects of transition-focused initiatives provided in children's services. However there was limited evidence about how, specifically, adults' services should be working to support effective transition for young people, with some evidence indicating that the adults' services role needed to be active in advance of the transfer.

7.3.5 Consultant physician, Peter Winocour, East and North Hertfordshire NHS Trust referred to local audits which illustrated that at the time of and after transfer to adults' services was a major pressure point. He further stated that young adult care required the same level of commitment from adults' services (and the same resources) as those made available to transition services. Although there was significant variation in how joint services operate, the major challenge is in the care of those aged >19 at the time of transfer. All adults' services should have at least 1 lead consultant and designated specialist nurse to support transition and ensure continuity in a young adults' service after transfer⁵.

7.3.6 Members were pleased to note that in Sunderland Transition Nurses offered health needs assessments and support to young people with a learning disability and complex healthcare needs to make the transition from child to adult acute health

⁴ Models of Multi-agency Services for Transition to Adult Services for Disabled Young People and Those with Complex Health Needs: Impact and costs. Social Policy Research Unit, University of York 2010

⁵ National Institute for Health and Care Excellence: Transition from children's to adults' services for young people using health or social care services. February 2016.

services. It provides a key role in liaising with other health professionals and agencies to ensure that the healthcare received by young people throughout the transition process is coordinated and uninterrupted. Health Transition Nurses will usually attend from the beginning of the review process, to assess the young person and following assessment nurses will decide how they can help the young person and their families/carers through completion of a Health Action Plan, if the young person wants one, and where if appropriate the development of a Health Transition Plan as part of their broader Education Health and Care plan.

- 7.3.7 Transition Nurses worked collaboratively with a range of health professionals and other agencies in order to co-ordinate person centred healthcare as young people move from one service to another. This can include schools, children's services, adult services, Connexions and City Hospitals Sunderland. Members in discussion with health transition nurses noted that they attended meetings of the Transitions Management Group where the majority of young people were discussed. It was highlighted to Members that many parents were unaware of many of the services available to them and the transition nurses can help to signpost parents and young people. There was a clear message to members that the earlier work can begin with young people then the stronger the relationship becomes, and in bridging the gap of on-going health needs the transition nurses looked to ensure that there was a seamless transition.
- 7.3.8 The Transition Nurses also reported that young people and parents often struggled with respite care post-18 and that there was often a break before receiving any adult respite care, with this provision allocated on an assessment of need basis. Members were also informed that young people and parents struggled with payments and the use of personalised budgets and direct payments. The Transition Nurses also reported that they had undertaken a lot of interaction with schools and social workers to promote and raise awareness of their role and the service they provided in terms of transition.
- 7.3.9 General Practitioners are also a key factor within the transition process and interaction with the family doctor can ensure early identification and signposting to key services required during and post-transition. Parents of young people who are still receiving children's care services often do not see the need to visit their GP. Research from the CQC⁶ identifies visits to GP surgeries as often difficult due to access, environment, waiting times and stress. Parents saw it as easier to go straight to A&E where they could access more familiar paediatric services. Therefore many GPs are not involved in the transition arrangements for young people according to the CQC. The other issue in relation to this is following transition GPs suddenly are the initial point of contact for highly complex health needs with little previous knowledge of the person.

7.4 The Role of Education in Transition

- 7.4.1 Within schools, planning the transition to adulthood for all young people is part of the general school activity. Additional planning for SEN young people should be set within this wider context. Any young person may leave full time education at the age of 16⁷, continue in their school if it offers post-16 provision (i.e. school sixth form), seek a placement at a mainstream college or in the case of SEND young

⁶ From the pond into the sea: children's transition to adult health services. Care Quality Commission. June 2014

⁷ Though under Raising the Participation Age (RPA) they must remain in either education or training until they are 18.

people seek a placement at an Independent Specialist Provider (ISP). The EHC plan and key support workers would be fundamental to helping identify appropriate placements for the young person.

- 7.4.2 It was identified that the majority of students with SEN leaving school at 16 continued to access provision at either their school sixth form or at Sunderland College. This was certainly evident at the visit to Portland Academy where young people were very well supported up to 19 years old, in the vast majority of cases. It was also highlighted that further education and sixth form colleges had a statutory responsibility to meet the needs of young people with SEN and to secure the special educational provision a learner needs and to make reasonable adjustments to prevent them being placed at a substantial disadvantage.
- 7.4.3 In discussions Members understood that work was on-going to map out the processes between children's services, adult services, Connexions, social care and SEN services to ensure effective working and transition from child to adult care services. This has included reviewing current transition protocols and ensuring that both schools and parents/carers are fully aware of the transition process and most importantly that the young person is involved in the decision making along with their parents/carers.
- 7.4.4 As previously mentioned EHC plans can begin anytime between 0-25 with preparation for transition starting at Year 9 (14 years old). This planning usually takes place in the school setting with the young person, family and key agencies including health and social care meeting and discussing the key aspects of the EHC plan. Importantly this review process helps to ascertain what a young person wants and how that can be enabled.
- 7.4.5 Students and parents will often visit a number of potential facilities across the North East and look to make the best choice for their post-19 lives. However the ultimate decision remains with the resource panel, which will make a decision taking account of all the available evidence. This can of course create some anxiety for young people and their families, particularly if those facilities are at the higher end of the cost spectrum. At times when there is disagreement of certain aspects of the plan there can be processes of negotiation and in rare cases mediation and ultimately a tribunal if aspects of the plan cannot be resolved. Although Members acknowledged that this was a rare occurrence.
- 7.4.6 In discussions with Portland Academy it was worth reporting that parents with the time, knowledge and/or resources had a much greater chance of success in securing their preferred placement over those parents who do not. Being a parent of a young person with SEND involves many challenges and the support provided by specialist schools such as Portland and Barbara Priestman Academies can be invaluable. It was noted that young people at Portland Academy were very well supported in health, social care and education and were supported through the transition process from children's to adult services. The Academy would coordinate the transition plan and identify the support required to meet their adult needs including education, social care, financial support, equipment and health requirements. However outside of this supported educational environment things can be very different and the move to adulthood can emphasise this change in support arrangements. This may be a contributing factor to parental preference for specialist colleges for further education and training.

'My son is now 19 and his clubs are now saying they have to drop him. Where do we go from here? Everything is a hardship, no-one seems to know what is going on or who is doing what and parents of special needs children do not need the added stress, the only way we can get things done is by causing a stink and being forceful. When we try to contact our social workers they are always 'out on business' or doing course and rarely do they bother phoning back'.⁸

A research example of a transition experience.

7.4.7 Specialist education and training provision is clearly designed around students with specific needs and can boast impressive facilities whereas mainstream colleges, by their very nature, are designed with mainstream students in mind. Although some mainstream colleges will have facilities designed specifically for students with SEND. It is interesting that at Sunderland College out of a cohort of 11,000 students aged 16-18 there were 165 students with an EHC plan, 580 students with a declared support need and 41 looked after children. In having students with SEND working alongside those in mainstream provision it can help to create an inclusive environment for the benefit of everyone, and not just those with SEND. Keeping children with SEND of all ages learning alongside other students within a mainstream setting can aid transition into adult and independent life where people live, work and interact together.

7.4.8 In discussing the 19-25 provision with Portland Academy, Members were informed that the school had set up a project with Sunderland College called 'Select Sunderland', providing further education on the Portland Academy site. It was reported that there had been some difficulties with the partnership particularly around the ability to forward plan in terms of intake number. Currently the further education unit had 19 pupils within it.

7.5 Transition in Other Groups: Looked After Children

7.5.1 Under the Children Act 1989, a child is legally defined as 'looked after' by a local authority if he or she:

- is provided with accommodation for a continuous period for more than 24 hours
- is subject to a care order; or
- is subject to a placement order .

7.5.2 A looked after child ceases to be looked after when he or she turns 18 years old. On reaching their 18th birthday, the status of the child changes from being looked after to being a young adult eligible for help and assistance from the local authority. Such help and assistance is usually provided in accordance with the various aftercare provisions of the Children Act. There are a wide range of policies and guidance related to looked after children and young people. Of key note is The Children and Families Act 2014 which introduces reforms to improve the life chances of looked after children and young people. This is through giving children in care the option to stay with foster families until 21 and introduced a single education, health and care plan for children with special education needs and disabilities up to the age of 25.

⁸ Models of Multi-agency Services for Transition to Adult Services for Disabled Young People and Those with Complex Health Needs: Impact and costs. Social Policy Research Unit, University of York 2010

7.5.3 There were 69,540 looked after children at 31 March 2015, an increase of 1% compared to 31 March 2014 and an increase of 7% compared to 31 March 2010. The numbers have increased steadily over the past 6 years.

	2010	2011	2012	2013	2014	2015
England	64,470	65,500	67,070	68,060	68,840	69,540
North East	3,650	3,830	4,110	4,220	4,250	4,290
Darlington	145	185	205	210	190	200
Durham	510	535	655	630	605	620
Gateshead	300	365	385	390	360	340
Hartlepool	165	165	175	185	205	165
Middlesbrough	320	330	355	360	355	360
Newcastle Upon Tyne	525	530	550	550	555	505
North Tyneside	275	280	295	295	305	305
Northumberland	285	265	280	315	325	370
Redcar and Cleveland	155	150	170	175	175	185
South Tyneside	295	320	315	320	310	300
Stockton-On-Tees	285	290	335	360	380	375
Sunderland	390	410	385	435	490	570

Figure 1: Children looked after at 31 March 2015 – By Local Authority
Department for Education

7.5.4 Moving to independent living and starting the journey into adulthood are landmark steps for most young people. Young people who have been looked after are more disadvantaged and face more difficulties than their peers in achieving independence. They become independent at a younger age and have to cope with major changes in their lives in a much shorter time and with less support than their peers. Physical and mental health problems can increase after they leave care. Outcomes can be more serious and enduring for some looked-after young people who have very damaging pre-care experiences or multiple placements, or who leave care early.

7.5.5 Access to accommodation and employment opportunities are crucial for the successful transition into adulthood of young people leaving care. As well as good mental health, in particular, which was strongly associated with employment. Also without adequate support many young care leavers can feel marginalised within the wider community and still experience the stigma of having been in care. Without an adequate knowledge of their rights and entitlements they are ill-equipped to cope with their move into the outside world.

7.5.6 In the current economic climate it is essential that agencies are mindful of the additional pressures that young people leaving care are likely to experience. Agencies will need to sustain support to reduce the impact of these extra pressures, which are likely to be felt by many young people leaving care for some time to come.

7.5.7 In terms of transition the leaving care service operates through a service level agreement with adult social care services, this process was currently being developed and enhanced. It was noted that planning for transition into adult

services would commence with looked after children at 14 years of age. It was also reported that the leaving care cohort ranged from those leaving residential care at 18, up to 21 in foster care and to a maximum of 25 if in full time education.

- 7.5.8 The Head of Looked After Children reported that a number of policies had been developed to support young care leavers in their transition to independence including a financial policy to ensure appropriate funding for young people and also an increased accommodation option across the city. Members were informed that suitable accommodation options ranged from supportive lodgings, staying put or semi-independent facilities. The Council currently had 2 semi-independent facilities at Chester Road and Burlington Close in Hendon, which offered 6 and 5 bedroomed self-contained flats with staff on site 24/7 to offer guidance, support and security. The Council also commissions accommodation from a number of providers including Forever Care and YMCA. MB reported that the commissioning service did work extremely hard to find suitable accommodation for the leaving care service.
- 7.5.9 Members enquired how many young people leaving care 'dropped off the radar' and the head of looked After Children reported that up to 18 years old each young person had a designated social worker and post-18 they would have a leaving care Personal Advisor. The duty to remain in contact with these young people was with the leaving care Personal Advisors to ensure accommodation is suitable, that the young person is accessing employment, education or training opportunities and generally adjusting to independent living.
- 7.5.10 In discussions with Sunderland College it was noted that previous transition arrangements for looked after children had not been effective. However, since August 2015, there have been positive steps to address this with Sunderland College entering into a partnership agreement with Sunderland Council which has seen strengthened links and regular communication between the college and the virtual school, social workers and post-16 coordinator.

8 Conclusions

The Committee made the following overall conclusions:-

- 8.1 All children need to prepare for adult life; and some will face more challenges than others. Children with complex physical health needs will not only have to face the general rigours of moving into adulthood but will also need to overcome the additional challenges of moving from child to adult service provision. This will impact all involved with their development and there will be a lot to learn and understand about what adult life will mean for them.
- 8.2 The key philosophy in relation to transition is around ensuring that young people are empowered to make the most of their future by putting their needs and ambitions at the very heart of the transition process. There is also an underlying principal of social inclusion, integration and supporting young people's independence. The basic aims identified throughout this review, in relation to transition, were:
- (a) to ensure that young people do not fall through the gap between children's and adult services;
 - (b) enable planning of future service need by the early identification of young people;

- (c) to ensure a smooth and seamless transfer from children's to adult services, and,
- (d) to ensure a managed process that is fair and transparent.

- 8.3 Education Health Care Plans have replaced Statements of Special Educational Needs and rather than purely addressing their educational needs also take account of the broader health and social care needs of a young person. EHC Plans involve a wide range of professionals collaborating with young people and their families to ensure that the transition process is seamless and the support, needs and aspirations of individuals are met. The importance of bringing together a number of agencies and professionals to discuss an individual's support needs is crucial to any successful transition. While the EHC Plans and associated meetings encourage collaboration there are still barriers that can exist to transition including the variety of information sharing protocols that professionals and organisations adhere to. Information sharing protocols were identified as a clear barrier in Member discussions with professionals and therefore children's and adult care services need, in ensuring a smooth and seamless transition, that their work for young people is integrated and complimentary. It is also good to acknowledge that a transition protocol is currently in development for use across the health and social care arena.
- 8.4 Local GPs have an important role to play in transition and can often be overlooked by young people, parents and care services alike. The advantages of having GPs involved in transition meetings helps to create better understandings of the young person's health requirements as they move into adult care services. However it is not merely as simple as providing an invite to GPs, as depending on meeting times they may clash with their other work commitments. Clearly there is value to be had from a long-term relationship with GPs who are familiar to families and/or young people, as well as ensuring that young people have a named GP.
- 8.5 The City is well served in terms of specialist education provision through Portland and Barbara Priestman Academies, who both look to maximise the potential of their students both academically and socially. Transition planning in these schools is well co-ordinated and EHC plans are well developed to ensure that young people leaving are moving into further education or employment. There is general agreement that some student's needs cannot be met locally, so there will always be some requirement for Independent Specialist Provision. There is also agreement that many students with some degree of SEND fare well in mainstream settings with an appropriate support package in place, and Sunderland College certainly provides this provision in Sunderland.
- 8.6 It is often parental expectations that proved most difficult to manage in terms of post-school care packages which would typically cover approximately 3 days of the traditional 5 days experienced while in school. Although in discussions with Portland Academy it was seen that having good relationship with parents can help to, not only allow parents to express their anxieties and worries, but also for the academy to explain many of the options available through the transition process. Clearly parents are not always aware of the resources and services available to them post-transition and EHC plans can assist in exploring the detail around aspiration and level of need.
- 8.7 While the majority of students will move into further education it was highlighted that Portland Academy had seen success in gaining employment for students with in the

restaurant sector, City hospitals and Gentoo. The Academy worked very closely with local businesses to explore the possibilities of work placements although clearly the ultimate success of placements and potential employment centred on the desire and ability of employers. There is potential for the local authority to help facilitate further dialogue between local businesses and the specialist academies within the City, to further enhance the opportunities available.

8.8 While transition arrangements and EHC plans are predominantly centred on those young people with special educational needs and disabilities there are other groups of young people who face challenges in making the transition from a supported childhood into adulthood. Perhaps the most obvious are those young people in local authority care, who even if they have had a stable placement or social worker during their time in children's services, transition is a period when their social care support is likely to change. Certainly following criticism of the Leaving Care Service during the recent Ofsted inspection has resulted in the appointment of an Interim Head of Looked after Children and the development of a number of policies and procedures, including working with care leavers, suitable accommodation, financial management to ensure appropriate funding for young people pathway planning and completion. It is important that that the approaches taken do contribute to a planned transition for looked after young people. There is potential for the scrutiny function and members, as corporate parents, to develop a greater understanding of the process around young people leaving care.

8.9 Change is never easy and the particular change that every child experiences in becoming an adult, and being recognised as such, is perhaps one of the hardest of all. This is even more of a challenge for those young people who have a special educational need or disability or who are within the looked after system. It is important that these young people, just like every other young person, can make that transition to adulthood and have a similar opportunity to realise their aspirations, just like any other child.

9. Draft Recommendations

9.1 The Shadow Health and Wellbeing Scrutiny Committee has taken evidence from a variety of sources to assist in the formulation of a balanced range of recommendations. The Committee's key recommendations to the Cabinet are as outlined below:-

- (a) That the development and implementation of any transition protocol enhances information sharing across services and organisations to improve transition planning and further promotes a seamless transition process;
- (b) That during the transition process greater opportunities are provided, where appropriate, to allow for GP involvement in health transition planning, as well as ensuring that young people in transition have a named GP;
- (c) That the local authority promotes and supports a dialogue between employers, local businesses and the specialist academies within Sunderland to further enhance the potential for work placement opportunities;
- (d) That the appropriate scrutiny committee receives regular updates from the leaving care service to develop a greater understanding and involvement in the

transition process and arrangements of young people leaving the local authority's care.

10. Acknowledgements

10.1 The Committee is grateful to all those who have presented evidence during the course of our review. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named individuals and organisations:-

- (a) Martin Birch (Interim Head of Looked After Children)
- (b) Lynden Langman (Service Manager)
- (c) Ben Rosamond (Person Centred Planning Development Officer)
- (d) Paul James
- (e) Peter Nicol (Team Leader – Connexions)
- (f) Annette Parr (Lead Support and Intervention Officer)
- (g) Denise Geary (Health Transition Nurse)
- (h) Nigel Harrett (Deputy Principal – Sunderland College)
- (i) Rachel Wiles (Student Services Manager – Sunderland College)
- (j) Lennie Sahota (Head of Service Adult Social Care)
- (k) Staff and Students of Portland Academy

11. Background Papers

11.1 The following background papers were consulted or referred to in the preparation of this report:

Care Quality Commission (July 2014) From the pond into the sea: Children's transition to adult health services;

Social Policy Research Unit, University of York (2010); Models of Multi-agency Services for Transition to Adult Services for Disabled Young People and Those with Complex Health Needs: Impact and costs;

National Institute for Health and Care Excellence (February 2016): Transition from children's to adults' services for young people using health or social care services;

Local Government Association. (November 2015): Transitions: must know on adult social care;

Kelly, B. (2013) 'Don't Box Me In': Disability, Identity and Transitions to Young Adult Life. Belfast: Queen's University Belfast in partnership with Barnardo's NI;

Social Care Institute For Excellence (September 2014) Care Act 2014: transition from children's to adults' services – key resources.

Shadow Health and Wellbeing Scrutiny Committee Policy Review 2015 – 2016

Review of ‘Core Sexual Health Services in Sunderland’

Draft Report

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1. Foreword

The Public Health Wellness and Culture Scrutiny Panel undertook a secondary review into sexual health, with a focus on sexually transmitted infections and services, particularly the Genito-Urinary Medicine (GUM) service. The need for increased awareness about Sexual Health Services was identified and the Panel requested that the perceived stigma of attending the service linked to its present location and premises should be investigated. Risks associated with the impact of this were considered alongside evidence of the quality and outcomes of the service.

It is recognised that young people and younger adults are more likely to be more sexually active, and therefore make up a higher percentage of service users of this particular service. Sexual health may also be a subject that some older people find embarrassing and uncomfortable to discuss. If embarrassment or discomfort prevent people from utilising the services, then this poses risks to the health of the population as anyone who is sexually active – whatever their age – may be at risk from sexually transmitted infections. It is therefore important to recognise how services could be promoted and improved and to ensure take up and participation by all representations and age groups.

The Panel found that a lot of positive work was being undertaken by the Genito-Urinary Medicine (GUM) and Contraceptive and Sexual Health Services (CASH), but believe that there is room to improve further. The Panel has made recommendations in this review to address this.

The Panel hopes that this review and its findings will make a useful contribution to the improvement of Sexual Health Services for the residents of Sunderland.



Councillor George Howe
Lead Scrutiny Member, Public Health Wellness and Culture

2. Introduction

- 2.1 This review was commissioned as it was identified by the Scrutiny Committee that Sexual Health Services and Sexually Transmitted Infections were an issue affecting local ward residents of the City of Sunderland. The Panel requested that the perceived stigma of attending GUM services, due to their current premises and location would need to be investigated, alongside a consideration of the quality and outcomes of the service.

3. Aim of Review

- 3.1 The aim of the review was to look at the issue of Sexual Health and Sexually Transmitted Infections across the City, the provision of core sexual health services – in particular the Genito-Urinary Medicine (GUM) clinic – to meet the needs of the local population, and the impact this has on the residents of Sunderland.

4. Terms of Reference

- 4.1 The review set out to:

- Gather information from commissioners and providers of core sexual health services (GUM and CASH) and from patient feedback mechanisms
- Consider the information gathered in relation to the scope of the review
- Look at the services provided, including through a visit to the GUM service
- Consider how the services meet the needs of local people
- Review the impact that the services and provision available has on the Sexual Health of local residents

5. Membership of the Shadow Committee

- 5.1 The membership of the Shadow Health and Wellbeing Scrutiny Committee during the Municipal Year is outlined below:

Cllrs Jill Fletcher (Scrutiny Lead Member for Health, Housing and Adult Services), George Howe (Lead Member for Public Health, Wellness and Culture), Rebecca Atkinson, Richard Bell, Rosalind Copeland, John Cummings, Michael Dixon, Alan Emerson, Louise Farthing, Juliana Heron, Julia Jackson, Shirley Leadbitter, Barbara McClennan, Paul Middleton, Dorothy Trueman, Doris Turner and Geoff Walker.

6. Method of Investigation

- 6.1 The Scrutiny Panel received a presentation from City Hospitals NHS Foundation Trust (the provider), undertook a visit to and tour of the GUM Clinic at Sunderland Royal Hospital in October 2015, and sought information on service user feedback from external partners such as the Live Life Well service and considered information from a range of sources and reports.

- 6.2 The Panel had support from the Council's public health team, who together with the Integrated Commissioning Team, are responsible for commissioning open access sexual health services.
- 6.3 This review considered information from a range of data sources, which are listed in section 11 of this report. A selection of public information sources about sexual health and sexual health services can be found in the Appendix to this report.

7. Findings of the Review

Findings relate to the main themes raised during the panel's investigations and evidence gathering.

7.1 Sexual Health facts and figures for Sunderland

7.1.1 Sexually transmitted infections can affect anyone, but are more common in people aged under 25 years. They can have long lasting effects on health, including cervical cancer, pelvic inflammatory disease and infertility. In Sunderland, the rate of diagnosis for most common sexually transmitted infections is below or similar to the England average. Exceptions are gonorrhoea with a diagnosis rate of 88.0 per 100,000 (compared to 63.3 per 100,000 for England) in 2014 and genital warts with a diagnosis rate of 163.0 per 100,000 (compared to 128.4 per 100,000 for England) in 2014.

7.1.2 Sunderland has a significantly lower diagnosed prevalence of HIV than the England average 0.72 per 1,000 persons aged 15-59 compared to 2.14 per 1,000 persons aged 15-59 in 2013; though a higher proportion of Sunderland cases (50%) receive a late diagnosis than the England average (45%).

7.1.3 Reducing the burden of poor sexual health requires sustained approaches to support early detection, successful treatment and partner notification in conjunction with access to a full range of contraception choices alongside safe sex health promotion and the promotion of safer sexual behaviour.

7.1.4 Information provided directly to the Panel from the GUM clinic staff included:

- There were 24,342 attendances at the GUM clinic in 2014
- The predominant age group seen in the GUM clinic is 16-24 year olds
- Over the last 10 years, there has been a 99% increase in the number of first attenders aged 45+ years attending the GUM clinic
- Rapid access to appointments has improved with 96% of patients seen within 48 hours of contacting the service in 2014 (compared to 69% in 2012)
- Published data shows that in 2014/15, across the North East of England, around 12% of women who accessed contraceptive services were using an intra-uterine device (IUD) or intra-uterine system (IUS) as their main method of contraception.
- The number of people that have been fitted with IUD in the last two years was 644 in 2013/14 and 748 in 2014/15

7.2 What Sexual Health Services are available?

7.2.1 Core sexual health services within Sunderland are currently provided by City Hospitals Sunderland. This includes Genito-Urinary Medicine (GUM) and Contraceptive and Sexual Health (CASH) services. Both services have their core bases at the main City Hospitals site, but also provide some services on an outreach basis, though satellite clinics across the City. The main hospital site provides a full range of services including more complex

testing and treatment (level 3 services) whilst satellites provide basic testing and treatment (level 1 and 2 services only).

7.2.2 Services provided by the GUM clinic include:

- Screening and treatment of all sexually transmitted infections
- HIV, Hepatitis B and C testing
- Management of HIV patients
- Management of genital dermatological conditions and genital pain
- Management of non-sexually acquired genital infections
- Emergency contraception, contraceptive advice and signposting
- Health promotion and advice to patients
- Education and support of primary care and other health care providers, both voluntary and NHS
- Hepatitis B vaccination to those at risk
- Medical screening for patients referred with psychosexual problems
- Opportunistic cervical screening
- Non forensic management of sexual assault
- Assessment of genital symptoms post gender reassignment surgery
- Condom provision and the C-card scheme

7.2.3 The current service provision, although described as an “integrated sexual health service”, is for separate GUM and CASH services operating from different premises on the Sunderland Royal Hospital site. The GUM service operates from a “tired looking building” located at one side of a car park away from the main hospital building. The CASH service operates from new accommodation in Chester Lodge. All staff are dual trained in both GUM and contraceptive services, though many staff have a clearly expressed preference for one or the other. Both services use the same integrated IT system with careful confidentiality controls; electronic records can be accessed at both sites. However, some patients do require cross referral between GUM and CASH.

7.2.4 Commissioners have a clear preference for a fully integrated sexual health service and have previously had discussions with City Hospitals Sunderland about the need for co-location to improve patient experience, though this has not been achieved. Staff within the GUM services have streamlined their care processes and believe that the current building “works well for them”.

7.2.5 Within this review, there have been mixed reports about the desirability or otherwise of fully integrated services such as those provided at the [New Croft Centre](#) in Newcastle.

7.2.6 Additional sexual health services are provided within primary care (e.g., long acting reversible contraceptive methods) pharmacy (e.g., emergency hormonal contraception) and through the Chlamydia screening programme and C-Card service.

7.3 **Service activity and capacity**

7.3.1 In its Annual Report for 2014, City Hospitals Sunderland NHS Foundation Trust has stated that workloads within the sexual health service have increased, even though total numbers of cases have not risen.

7.3.2 This was ascribed to changes in the number of cases of some particular conditions, specifically gonorrhoea, and the HIV cohort, and referrals from other healthcare settings. Due to their participation in the regional sexual health network, the Trust is aware that other similar services within the region have seen significantly higher numbers of attendances than was historically the case. Plans to introduce an “express service” in Sunderland to allow for anticipated higher demand are being developed.

7.3.3 During 2014, the GUM service supported the CASH service to offer routine HIV and Syphilis testing in addition to chlamydia and gonorrhoea screening; this initiative will be reviewed during 2015. Cost-saving initiatives were a priority for the GUM service in 2014.

7.4 **Prevention and outreach activity**

7.4.1 Panel members were particularly interested in what work was being done with schools in relation to sex and relationships education. Sunderland City Council’s Risk and Resilience Team has developed a package of sex and relationships education for primary schools, but its adoption and use is not compulsory. Sunderland’s [“Your Health”](#) website includes information and advice for young people and also a speakeasy resource for parents. There is an increasing demand for this.

7.4.2 The Sunderland Live Life Well service is commissioned by the Council’s public health and integrated commissioning teams and provided by County Durham and Darlington NHS Foundation Trust in collaboration with NECA (North East Council on addictions). It provides some direct delivery of health improvement activity and supports other organisations through training and signposting. In relation to sexual health, the service aims to improve sexual health and access to services by:

- Providing information and advice, including supporting campaigns
- Signposting to services
- Free, confidential motivational support for lifestyle changes
- Outreach approaches to groups at higher risk
- Supply of free test kits for Chlamydia and gonorrhoea
- Provision of condoms to C-card and other condom distribution schemes across the City
- Supporting access to training for health professionals and Health Champions

7.4.3 The Live Life Well service outreach activity included “door knock” sessions for students during Fresher’s week at the University of Sunderland. For 2015/16 Fresher’s week, over a three week period, only 1 out of 300 students in the halls of residence knew where the Sunderland Genito-Urinary Medicine (GUM) clinic was located. This highlighted the need for greater marketing and publicity for the service.

- 7.4.4 NECA holds the contract for the provision of a Chlamydia Screening Office for Sunderland and provides postal testing kits for dual Chlamydia and gonorrhoea testing. Outreach activity to the University of Sunderland involves working closely with the university's pastoral care services. Over the last three years this has resulted in 776 persons aged 15-24 years undertaking a sexual health screening and 30 persons aged 15-24 receiving a positive test result (a positivity rate of 3.86%).
- 7.4.5 Sexual health outreach activities provided by the Live Life Well service are well used. Uptake rates are highest in Sunderland East and lowest in Coalfields and Washington.
- 7.4.6 It was reported that a healthcare assistant from the Genito-Urinary Medicine (GUM) service is currently undertaking outreach work with sex workers in the City.

7.5 **Service User engagement and feedback**

- 7.5.1 The Panel considered information from service user feedback from a range of sources including the findings from the 2013 Review of Sexual Health Services, feedback reported to City Hospitals by their service users and engagement activity undertaken by the Live Life Well service.
- 7.5.2 The 2013 Review of Sexual Health Services included engagement work with persons aged over 16 using surveys, focus groups, interviews and workshops and engagement with young people using focus groups and questionnaires. The summary of themes and findings from this work was as follows:

Awareness

- There is a need for information about services (what, where, when, how)
- There is a need for better marketing and promotion of the service
- Confidentiality is an issue for all services users, but is particularly important for under 16s and bisexuals
- Anonymity is extremely important and people may not want to access services close to where they live

Access

- Professionals and organisations thought access was generally good
- People felt that some services were too centralised (the hub and spoke model has now taken level 2 services into the five areas of Sunderland)
- There is a need to offer services at different locations and at different times
- People like a mixture of appointments and drop-in provision

Accessibility and Equality

- Services were viewed as being “for young people” and more work is needed to raise awareness amongst older people (access by people aged 45+ has risen and continues to rise)
- Services need to do more to better meet the needs of particular groups e.g. physical and learning disabilities, youth offenders
- Attitudes of staff can be a barrier
- Information available is not for people with learning disabilities

Stigma and Embarrassment

- Stigma and embarrassment can be a powerful barrier to accessing services
- This view was highlighted by both the public and professionals
- Attitudes of some staff are a barrier as they may have become desensitised to the issue of stigma
- Privacy is really important to people, for example in reception areas when booking in for services

7.5.3 Service user feedback reported by City Hospitals Sunderland from their direct patient feedback was as follows:

- The Patient Satisfaction Survey 2013 showed that 67% patients thought clinic was easy to find and 98% commented that the surroundings were appealing/very appealing
- Sexual health service responses to the Friends and Family Test have never fallen below 92% and majority of responses are 100% positive
- Service user feedback showed that the clinics were non-judgemental and discreet and that patients felt at ease.

7.5.4 Service user feedback about the GUM service collected via the Live Life Well service and NECA was as follows:

- The skills and competence of the staff in both the GUM service and the CASH service are excellent, and feedback about the staff is usually positive
- Despite the separate GUM and CASH services and the need for some cross referral between them, there is little feedback from service users about this
- Service users report feeling self-conscious as it is apparent ‘why’ they are attending the GUM service building and co-location of the two services would help to address this
- The service needs to be better promoted and awareness raising is particularly important given the presence of an asymptomatic strain of antibiotic resistant syphilis, and the increase in asymptomatic gonorrhoea
- There is a need for improvement in the accommodation/environment of the clinic

7.6 Commissioning arrangements

7.6.1 Sexual health is one of a small number of legally mandated public health services. Each local authority must provide or make arrangements for the provision of open access sexual health services.

7.6.2 Different commissioners in the system are responsible for different aspects of sexual health (see table below):

Local Authority	CCG	NHS England
Contraception (but excluding through GPs)	Abortion services	Contraception (through GPs)
STI testing (including HIV)	Sterilisation	HIV treatment and care
STI treatment (excluding HIV)	Vasectomy	Promotion of opportunistic testing and treatment for STIs
Sexual health aspects of psychosocial counselling	Non-sexual health aspects of psychosocial counselling	Patient requested testing by GPs
Any sexual health specialist services	Gynaecology (including use of contraceptive devices for non-contraceptive purposes)	Sexual health elements of prison health services
		Sexual Assault Referral Centres
		Cervical screening

7.6.3 As patients are entitled to access any sexual health service anywhere, arrangements are in place for cross charging between local authorities so that each authority pays for the activity for its residents.

7.6.4 Data from GUMCAD for 2014 shows that there were 6,083 patient attendances at the Sunderland service, as follows:

- 4918 (81%) were resident in Sunderland
- 716 (12%) were resident in County Durham
- 170 (3%) were resident in South Tyneside
- 104 (2%) were resident outside the UK
- 47 (1%) were resident in Gateshead

7.6.5 Data from GUMCAD for 2014 also shows that there were 5,905 patient attendances at sexual health services by Sunderland residents, as follows:

- 4918 (83%) City Hospitals Sunderland
- 333 (6%) Newcastle upon Tyne Hospitals

- 207 (4%) Gateshead Health
- South Tyneside 173 (3%)
- County Durham 132 (2%)
- No other GUM clinic was attended by more than 1% of all the people resident in Sunderland

7.6.6 Commissioned services conform to evidence based guidance from [NICE](#) and from the [British Association for Sexual Health and HIV](#) (BASHH).

8. Conclusion

The Panel has made the following conclusions from this review:

1. There is a need to tackle and reduce stigma in relation to the use of sexual health services
2. Co-location of the CASH and GUM services is desirable
3. Older adults are under-represented within the population making use of services and work should be done to raise awareness of the sexual health needs for this group and the services provided (e.g., erectile dysfunction, problems arising from menopause)
4. The panel consider the uptake from a broader range of service users to be paramount

9. Draft Recommendations

9.1 The Shadow Health and Wellbeing Scrutiny Committee has taken evidence from a variety of sources to assist in the formulation of a balanced range of recommendations. The Committee's key recommendations to the Cabinet are as outlined below:-

- (a) That Commissioners should consider earnestly the co-location of the GUM and CASH services by the current provider of the service and the possibility that co-location of the services should feature in any future plans to re-commission the service;
- (b) That service providers look to more widely publicise the GUM and CASH services including details of the services available and where, when and how they can be accessed;
- (c) Consideration be given to developing and disseminating information about the sexual health needs of older adults and services available from GUM, CASH and the Live Life Well Service;
- (d) Service Providers and key stakeholders should work together to break down the stigma attached to attending services, such as GUM and CASH;
- (e) Work to target new students in Fresher's week should be undertaken by the CASH and GUM and the Live Life Well Services.

10. Acknowledgements

10.1 The panel is grateful to all of those who have presented evidence and information during the course of this review. We would like to place on record our appreciation to the below named people:

- Joanna Clark, City Hospitals Sunderland
- Andrea Cairns, City Hospitals Sunderland
- Carol Harries, City Hospitals Sunderland
- Allison Dye, City Hospitals Sunderland
- David Messenger NECA (North East Council on Addictions)
- Lorraine Hughes, Sunderland City Council
- Kathryn Bailey, Sunderland City Council

11. Background papers/ references used

- 1 GUM and CASH Service, Sunderland City Hospital
- 2 City Hospitals Sunderland NHS Foundation Trust Annual Report 2014
- 3 The Sunderland Joint Strategic Needs Assessment
- 4 The Sexual Health Review undertaken in 2013/14
- 5 Sunderland Sexual and Reproductive Health Profile, Public Health England, July 2015.
- 6 British Association for Sexual Health and HIV (BASHH) Service standards and guidance
- 7 Feedback from Health Champions
- 8 <http://www.chlamydia-screening.nhs.uk/ys/screen.html>

Appendix: Public information resources for sexual health

Further information is available for Sunderland residents from a range of sources as follows:

- www.brook.org.uk
- www.nhs.uk/Livewell/Sexualhealthtopics/
- www.nhs.uk/worhtalkingabout/
- www.parentlineplus.org.uk
- www.bpas.org
- www.chlamydia-screening.nhs.uk
- www.checkyourbits.org
- www.nhs.uk/worhtalkingabout
- www.mesmacnortheast.com
- <http://www.hivpreventionengland.org.uk/Resources>
- <http://www.yourhealthsunderland.com/information-for-parents/relationships-sexual-health/speakeasy/>

**Shadow Economic Prosperity Scrutiny Committee
Policy Review 2015 – 2016**

Approach to Environmental Enforcement - Draft Report

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1 Foreword

In setting its work programme at the beginning of the year, members agreed to conduct a short review into the issue of environmental enforcement. This reflected the high priority attached by our residents to maintaining a clean and attractive environment and the important role it can play in promoting the economic health of the city.

Our report has highlighted the importance attached by residents to the quality of the local environment and also the difficulties we face in maintaining the quality of service that our residents expect at a time of unprecedented reductions in local government funding. We consider it important for the Council to focus and prioritise the use of available resources while at the same time being willing to take robust and well publicised enforcement action against the most serious and persistent offenders.

Maintaining a clean and tidy environment will always be a balance between education and persuasion and the use of more robust enforcement measures such as fixed penalty notices. Clearly education and persuasion has a vital role to play in helping to secure a clean and attractive environment. However, we feel that it is equally important to recognise that we must be willing to adopt more robust enforcement measures when required; providing an effective and visible level of enforcement to discourage the growth of irresponsible attitudes to litter.

With this in mind, we feel that the time is right for a review of the Council's Enforcement Strategy in order to clarify our approach to environmental enforcement moving into the future. We feel that the Council should also look at the approaches being taken by other local authorities and assess their applicability to the situation in Sunderland.

With regard to the issue of illegally tethered horses, members again heard that there is a growing problem but one which was difficult to tackle given the ever increasing financial constraints within which the Council operates.

We would however suggest that mechanisms are put in place to gain a clearer understanding of the scale of the problem and any trends that may be emerging. We would also suggest that the Council develops a procedure in respect of the treatment of illegally tethered horses in order to bring consistency of approach and continue to develop working relationships with partners such as the Police and other local authorities in order to make the most of available resources.

In conclusion, we would like to thank our colleagues on the Committee and all of the officers and staff involved for their hard work during the course of the review.

2 Introduction

- 2.1 In July 2015 the Scrutiny Committee agreed that the City Services Scrutiny Panel undertake a short review into the approach being taken by the Council to the issue of environmental enforcement. This issue was highlighted as a policy review topic by members of the Panel during the Council's Annual Scrutiny Debate held in June 2015.
- 2.2 In choosing to look at the issue of environmental enforcement, the Panel recognised that this theme covered a wide range of services provided by the Council which were of a high priority for the residents of the city. Members agreed to begin the review by focusing on environmental issues relating to streetscene. Members then went on to look at the issue of illegally tethered horses and the approach being taken to tackle this problem in the city.

3 Aim of the Review

- 3.1 To consider the approach being taken by the Council to the issue of environmental enforcement.

4 Terms of Reference

- 4.1 Members agreed the following terms of reference for the review:-
- (a) examine the legislative framework within which the Council's environmental enforcement system operates;
 - (b) consider the environmental enforcement powers possessed by the Council;
 - (c) assess how far these powers are currently being used;
 - (d) consider the relative balance given to persuasion, education and enforcement.

5 Membership of the Panel

- 5.1 The membership of the Economic Prosperity Scrutiny Committee is outlined below:

Councillors Beck, Blackburn, Curran, Davison, M Dixon, Elliot, English, Essl, Forbes, Foster, G Galbraith, I Galbraith, E Gibson, Lauchlan, Kay, Marshall, Porthouse, Price, Scanlan, Scaplehorn, D Snowdon, Taylor, B Turton, M Turton, Wood

6 Methods of Investigation

- 6.1 The approach to this work included a range of research methods namely:
- (a) Desktop Research;
 - (b) Use of secondary research e.g. surveys, questionnaires;
 - (c) Evidence presented by key stakeholders;

6.2 Throughout the course of the review process, evidence was gathered from a number of key witnesses including:

- (a) Mark Speed (Head of Place Management)
- (b) Ian Richardson (Assistant Head of Streetscene)
- (c) Nicky Rowland (East Area Response)
- (d) David Gustard (Senior Surveyor)

7 Findings of the Review

Findings relate to the main themes raised during the panel's investigations and evidence gathering.

7.1 Approach to Streetscene

7.1.1 As part of the review, Mark Speed (Head of Place Management), Ian Richardson (Assistant Head of Streetscene) and Nicky Rowland (East Area Response Manager) discussed with members the background to environmental enforcement across the streetscene service. This included the range of environmental crimes enforced by the Council, the legislation under which they are enforced, the approach being taken as part of the Council's Enforcement Policy and the challenges faced looking into the future.

7.1.2 At the outset, members stressed the high priority attached by local residents to the maintenance of a clean and attractive environment. This had been demonstrated in numerous resident satisfaction surveys and from the feedback received by members from local residents. The incidence of litter, rubbish and dog fouling are frequently cited as being a major contributor to quality of life. Furthermore, the condition of the local environment can also play an important role in promoting the economic health of the city by attracting greater footfall and investment.

7.1.3 However, the maintenance of a clean and tidy environment comes at a cost. Figures from Keep Britain tidy estimates that more than 30 million tonnes of litter is dropped and that nationally local authorities spend in the region of £1 billion picking it up.

7.1.4 Sunderland City Council prioritises a wide range of environmental crimes and has adopted various legislative powers to enforce against non-compliance. The main priorities include:-

- | | |
|----------------------------|------------------------------|
| Littering | Domestic Waste Fly tipping |
| Dog Fouling | Commercial Waste Flytipping |
| Dog Prohibited Zones | Vehicles on sale on highways |
| Illegal Deposits of Waste | Waste and litter on land |
| Illegal Transfer of Waste | Commercial Litter |
| Illegal Transport of Waste | Fly posting |
| Graffiti | |

7.1.5 Powers to enforce include:-

Refuse Disposal (Amenity) Act 1978 - which sets out how waste is managed and disposed of and creates an offence of waste abandonment.

Environmental Protection Act 1990 – a broad piece of legislation relating to a range of environmental crimes ranging from noise pollution to nature conservation. Significantly the Act provides powers relating to the storage, disposal of waste, duty of care, fly tipping, littering, transporting of waste. The Act was also notable for introducing Fixed Penalty Notices for a number of offences.

Dogs (Fouling of Land) Act 1996 – which made it an offence to fail to clear away dog waste.

Clean Neighbourhood and Environment Act 2005 – an update on the Environmental Protection Act 1990 for many offences and provided broader use of Fixed Penalty Notices. This Act also repealed the Dog (Fouling of Land) Act 1996 relating specifically to dog fouling, by introducing Dog Control Orders. In particular, it provided local authorities with increased powers to prosecute flytipping, dog fouling, litter and graffiti and issue fixed penalty notices.

Anti-Social Behaviour Crime and Policing Act 2014 – the Act aimed to once again rationalise previous legislation. It also introduced a number of new powers that have the potential to tackle issues of littering and dog fouling.

7.1.6 The Council's own approach to environmental enforcement is set out in its Enforcement Policy. Members heard that the key thread to the policy was to "ensure that enforcement decisions are consistent, balanced, fair, transparent and proportionate".

7.1.7 The approach taken in the Council's Enforcement Policy is based upon the good practice set out in the Government's Enforcement Concordat which sets out what people can expect from enforcement officers and the range of approaches and actions that can be used. The main principles include clear and generally understood standards, openness, helpfulness, proportionality and consistency.

7.1.8 A key theme of the Council's overall approach to environmental enforcement has been to, as far as possible, promote a voluntary adherence to standards; seeking firstly to educate, persuade, advise and assist people rather than taking an overtly authoritarian and heavy handed approach. However, the policy recognises that in certain cases more robust enforcement action will be required for more serious cases and for those people who deliberately and persistently flout the law.

7.1.9 Therefore the Council policy includes provision for a wide range of both formal and informal actions following an inspection or investigation with an emphasis on prevention. These actions include:-

Take no action – where compliance has been achieved or there is insufficient evidence to proceed

Take Informal Action – includes offering advice, issuing warnings and requests for action. Such informal action is taken where the act is not considered serious enough to warrant formal action or informal action is considered enough to achieve compliance.

Issue a Statutory Notice – the serving of a notice to require offenders to cease a contravention

Issue a Fixed Penalty Notice – payment of a fine. Where not paid legal proceedings will be implemented

Use a Formal Caution – to deal quickly and simply with less serious offenders

Prosecute – where the law has been flagrantly and/or frequently disregarded, meeting basic legal standards has been refused and the public has been put at risk

Carry out works in default – where work is carried out by the authority and cost recovered. Where immediate action is required and the work is unlikely to be done unless it is done by default

Seek an Injunction – used where there is a serious imminent risk to public health or the environment and immediate action is considered necessary

7.1.10 The policy stresses the importance of coordinating enforcement activity with relevant partners such as the Police in order to make the best use of available resources. The policy also sets out the high standards of behaviour expected of the Council's Environmental Enforcement Officers and the procedure for handling complaints and appeals.

7.1.11 As mentioned earlier, a key driver of the Council's approach to environment policy has been to work to promote respect and support among our residents for the maintenance of a clean and well maintained environment and thereby secure a long term and sustainable solution to problems of litter, flytipping and dog fouling.

7.1.12 Educational campaigns and promotions have therefore been an important feature of the Council's approach designed to win over the active support of local residents, businesses and schools.

7.1.13 Education programmes for young people have been of particular importance in trying to influence the long term attitudes and behaviour of people of school age and make them aware of the impact of litter on the local environment. The Council has sought to work with schools to encourage the teaching of environmental awareness and anti-litter campaigns and ensure that such messages are incorporated into the curriculum of local schools. In recent

campaigns in Diamond Hall Infant school and St Pauls Junior School in Ryhope, pupils were taught the values of caring for the local environment and the impact that individuals can have if a caring approach is not adopted. St Paul's pupils all designed anti-littering and anti-dog fouling posters which were displayed in local shops, libraries and public building to promote environmental responsibility.

7.1.14 As a Committee, we would highlight the important role of schools in ensuring that our young people are taught an awareness of their role in contributing to the maintenance of a clean and tidy environment. Unless young people are taught at a very young age about the importance of maintaining a clean and healthy environment, it is unlikely that sustainable long term progress can be made.

7.1.15 However, the promotion of a clean local environment is not just an issue or responsibility for young people but concerns all sections of the community. For this reason, it is important that publicity and promotional work is directed at all age groups ensuring that everyone is aware of the important role they have in maintaining a clean and tidy environment.

7.1.16 Over the years, the Council has undertaken a great deal of work to help galvanise community participation perhaps best exemplified more recently by the Love Your City community clean up campaigns which have seen a number of community and voluntary groups across each Ward come together to complete community clean ups and promote environmental awareness under the Keep Britain Tidy campaign 'Love Where You Live'.

7.1.17 As members, we feel that it is important that such community activity continues to take place at a local level, though we are fully aware that the intense financial constraints will make this increasingly difficult.

7.1.18 While the Council's Enforcement Strategy emphasises the importance of education and persuasion as a means of maintaining a clean and tidy environment, it also recognises that a more robust form of enforcement action is required for people who deliberately and persistently flout the law. This reflects the role that effective and visible enforcement can have in discouraging irresponsible attitudes to litter and dog fouling and in providing a deterrent to environmental crime.

7.1.19 As previously mentioned, a major tool for environmental enforcement is the use of Fixed Penalty Notices (FPN's) which can be issued for a range of environmental offences including graffiti, littering, dog control. The Council uses a range of fixed penalty notices for litter and dog fouling. Fines range from £75 for litter and dog fouling to £300 for waste management or transfer offences.

7.1.20 Where a fixed penalty notice is not paid or the infringement is severe the Council will look to prosecute. However, prosecution can be a costly approach and with little prospect of recovering the full cost of the prosecution. The Council also uses injunctions in the case of prolific offenders.

7.1.21 During our review, Members were presented with figures for recorded enforcement action undertaken by the RLS Customer Relationship Officers, as reported formally to Defra between April 2015 and the end of October 2015. These included:-

- Investigation of 1110 reports of fly-tipping; ('Fly-tipping' includes waste left in rear lanes, unlawful deposits on public and private land, and unauthorised commercial waste disposal);
- 5 locations were cleared and charged for;
- 40 Statutory Notices have been served relating to the correct disposal of refuse;
- 16 formal written warnings were issued regarding a 'Duty of Care' in respect of commercial waste management, all followed up and resolved;
- 1477 formal written warnings were sent out for littering, refuse disposal or rear lane waste deposits;
- 1 Fixed Penalty Notice has been issued for littering;
- 1 Fixed Penalty Notice has been issued for dog fouling;
- 1 Fixed Penalty Notice has been issued for advertising cars for sale on the highway;
- 2 prosecution cases for fly-tipping offences have been prepared and are currently with legal services pending a court date.

(NB One prosecution case for a littering offence has been prepared and is currently with legal services pending a court date).

7.1.22 Members heard that this level of formal enforcement action is replicated among most other local authorities in the UK. Indeed one third of Council's did not issue a single fixed penalty notice for dog fouling in 2014/15 despite a large number of complaints. However some authorities have taken more robust action such as Barnsley MBC who issued 187 FPN's for dog fouling in that period.

7.1.23 The Council currently has four Customer Relations Officers performing enforcement duties across the city; down from the previous six of 2 years ago. The duties of these officers cover a wide range of environmental offences including litter, dog fouling, dog control, illegal deposits of waste, waste on land, fly-tipping, trade waste contracts, vehicles for sale on highways, waste abandonment, household waste disposal and illegal waste carriers.

- 7.1.24 During our discussion around the Council's approach to environmental enforcement, a number of issues have emerged, including the proper balance that should exist between education and persuasion as against more robust forms of enforcement action such as the issuing of Fixed Penalty Notices.
- 7.1.25 Clearly this is a somewhat contentious area with a range of arguments supporting either approach. Overall, we would support the principle that the key to securing and maintaining long term improvements in environmental standards is through encouraging the voluntary support of the people of Sunderland.
- 7.1.26 However, the Committee would also contend that education and persuasion on its own is not always enough and that we need to back this up with robust enforcement where necessary. We feel that such an approach together with greater press coverage of enforcement action taken by the Council would go some way to allay the perception among some residents that the Council does not do enough to enforce environmental issues.
- 7.1.27 The Committee would therefore suggest that the Council look to undertake a review its Enforcement Strategy and that such a review include full consultation with Council members, partners and take into account the views of the public.
- 7.1.28 A further issue raised during our discussions was the capacity of the Council to undertake environmental enforcement as we move into a period of even greater financial constraints.
- 7.1.29 During the review we heard that the cost of staffing and implementing enforcement was not realistically recoverable from the revenue generated from fines. The level of fines that the Council is able to apply remains relatively low and is often difficult and expensive to collect. This is compounded by the cost associated with the investigative process which tends to be resource intensive. There are also the difficulties associated with having sufficient resources to identify offenders due to the difficulty of having an enforcement officer at the right place at the right time.
- 7.1.30 It is therefore important to strike a balance between enforcement action and the resources available and to be realistic over what can be achieved. For this reason it is likely that the Council would need to increasingly prioritise its enforcement action to areas of greatest impact while also looking at new and more innovative ways of identifying offenders. With Council funding so severely constrained we would suggest attempting to focus available resources on areas of greatest impact such as a high profile crackdown on a specific areas of the city.
- 7.1.31 The Council also needs to promote the efforts being made to keep our streets clean and seek to maximise the use of publicity to send out a message to offenders and the general public that persistent flouting of rules on litter and dog fouling will not be tolerated.

7.1.32 Members discussed how far a more robust approach to enforcement could be accompanied by adverse publicity for the Council. It was felt that such bad publicity needed to be weighed against the positive response it could receive from many residents. Use publicity well and we can get across the message that the Council will use robust enforcement action when it is necessary and in the interest of the public.

7.1.33 However, there is clearly considerable potential for robust enforcement to generate negative publicity around the perceived use of draconian measures. The Committee heard of instances where robust enforcement had resulted in adverse local publicity centring on the claim that the local authority was using Fixed Penalty Notices as a means of generating income and that people are being unfairly targeted.

7.1.34 We would also suggest that the Council monitor the approaches being taken among other local authorities to determine the effectiveness of enforcement action and applicability to need of Sunderland.

7.2 Approach to Illegally Tethered Horses

7.2.1 As part of the review, Members also looked at the approach being taken by the Council to the issue of illegally tethered horses. To this end, Members met with David Gustard (Senior Surveyor) in order to consider the background to this issue, the scale of the problem in Sunderland and the approach currently adopted.

7.2.2 We heard that like many other local authorities, Sunderland Council has a history of problems involving with the tethering of horses on open land in the city. These horses are subject to numerous complaints from residents to the Council and police.

7.2.3 The illegal tethering of horses presents many problems for the Council, including:

- Neglect of horses by owners (lack of food/water/shelter/care/medical attention);
- The danger of loose horses straying in public places and on to roads;
- Unlawful grazing on public or private land;
- The potential of horse related personal injuries (bites/kicks/charges);
- Damage to fields allotments and public and private property

7.2.4 These problems may arise individually but often they are in combination and most often require a multi-agency approach to deal with them.

7.2.5 During our discussions we heard that there are a number of legislative powers available to deal with horse related problems – some in the capacity of an enforcing authority and others as a landowner.

Animals Act 1971

7.2.6 This Act allows the owner or occupier of land to detain horses which stray onto their land and to claim expenses for damage done by the livestock to the land and the costs of keeping the livestock until such time as the horses are restored to the owner or sold. The land occupier becomes responsible for the reasonable care of the horses while being detained.

Highways Act 1980

7.2.7 This Act makes it an offence for horses to stray or lay near the side of a highway. The Police have powers to remove horses straying on the highway and either return them to the owner or to remove them to a pound. A person found guilty of an offence can be liable for paying the expenses incurred in removing and pounding the horses. This is the principle tool for removing horses straying on the highway.

Animal Welfare Act 2006

7.2.8 This Act creates an offence if a person with responsibility for an animal causes it suffering or fails to ensure its welfare. Allowing a horse to stray and potentially suffer harm is likely to be an offence under the Act.

Environmental Protection Act 1990

7.2.9 The provisions of this Act provide powers to a local authority to investigate and deal with statutory nuisance. The powers are primarily used by environmental health practitioners and allow the service of a legal notice.

Horse Passport Regulations 2009

7.2.10 These regulations require horses to have an identification document (passport) and micro-chip which are issued by and registered with an authorised Passport Issuing Organisation.

Control of Horses Act 2015

7.2.11 This piece of legislation aims to deter people from illegally grazing or abandoning horses on public and private land by allowing horse owners to be dealt with more quickly and effectively. Whereas under the Animals Act 1971 an abandoned horse could only be disposed of after 14 days, the new Act means that fly grazing horses have to be reported to the Police within 24 hours and the owners have four days to claim the animals. Under the Act, local authorities now have the power to detain horses. The law gives private landowners the same powers as local authorities to take quick action to remove tethered horses and fly grazing.

7.2.12 During our discussion it was stressed that the Council does not have a statutory responsibility for either animal welfare or the danger posed to the community by animals. Such matters remain the responsibility of the RSPCA and the Police respectively. Essentially, the Council's duty was that of a

landowner and involved managing any trespass on its land and issuing notices to inform owners that their animal should be removed.

- 7.2.13 Where the animal is not removed then further action could be taken though, in practice, this process is complicated and expensive. This involves procuring a suitable contractor who can, initially try and identify the owner through scanning for a microchip, then impound and hold the animal and ultimately re-home or dispose if it is not claimed in a defined period (subject to recovery of costs etc.).
- 7.2.14 We heard that there are a very limited number of bona fide contractors who provide such a service and therefore the costs are high (in excess of £5,000 per animal depending on the individual circumstances).
- 7.2.15 In practice the Council therefore adopts a risk based approach to when the enforcement powers should be used, and this is only likely to be in circumstances where the animal poses an immediate nuisance to the public or where the trespass is repeated.
- 7.2.16 Members recognised that the issues of illegally tethered horses was a difficult area particularly given the very tight financial constraints under which the Council operates.
- 7.2.17 During our discussions members noted that there was a perception that the issue of illegally tethered horses was a growing problem and that it was therefore important to ensure that data is collected in order to provide a fuller picture of the problem and any emerging trends.
- 7.2.18 It was also noted that the Council did not have a formal procedure for dealing with the problem of illegally tethered horses and that issues were therefore being dealt with on an ad hoc basis. It was also suggested that the value of introducing such a procedure should be investigated in order to clarify and bring consistency to the Council's approach.
- 7.2.19 Reference was made to improving the procurement process with contractors in order that action could be taken more quickly and flexibly. The option of identifying specific grazing areas within the city was recognised as being costly; however it was felt that there was scope for developing relationships with other local authorities such as Durham who have better infrastructure for grazing.

8 Conclusion

- 8.1 Our report has highlighted the importance attached by residents to the quality of the local environment and the problems associated with litter, dog fouling and fly-tipping. It has also highlighted the increasing difficulties we face in maintaining the quality of service that our residents expect at a time of unprecedented reductions in local government funding.
- 8.2 We consider it important for the Council to focus and prioritise the use of available resources while at the same time being willing to take robust and well publicised enforcement action against the most serious and persistent offenders.
- 8.3 Maintaining a clean and tidy environment will always be a balance between education and persuasion and the use of more robust enforcement measures such as fixed penalty notices.
- 8.4 Clearly education and persuasion has an important role to play in helping to shape our environment. Education plays a major role in changing people's attitudes and increasing respect for the local environment. We have heard about the education work being carried out in schools and local communities. We have also heard that severely strained resources means that it will be hard to maintain this kind of work into the future.
- 8.5 However, it is important to recognise that education and persuasion itself is sometimes not enough and that we must be willing to adopt more robust enforcement measures when required; providing an effective and visible level of enforcement to discourage the growth of irresponsible attitudes to litter.
- 8.6 With this in mind, we feel that the time is right for a review of the Council's Enforcement Strategy in order to clarify our approach to environmental enforcement moving into the future.
- 8.7 We feel that the Council should also look at the approaches being taken by other local authorities and assess their applicability to the situation in Sunderland.
- 8.8 With regard to the issue of illegally tethered horses, members again heard that there is a growing problem but one which was difficult to tackle given the ever increasing financial constraints within which the Council operates.
- 8.9 We would however suggest that mechanisms are put in place to gain a clearer understanding of the scale of the problem and any trends that may be emerging. We would also suggest that the Council develops a procedure in respect of the treatment of illegally tethered horses in order to bring consistency of approach and that the Council should develop working relationships with partners such as the Police and other local authorities in order to make the most of available resources.

9 Recommendations

9.1 The Panel's recommendations are as outlined below:-

- a. That the Council undertake a review of its existing environmental enforcement policy for streetscene and that this review involve full consultation with members and other interested parties;
- b. That the Council should seek to focus its resources on areas of greatest impact with regard to environmental enforcement action;
- c. That where such action is taken every effort be made to publicise it in the local media to ensure that residents are aware importance attached to a clean and well maintained local environment;
- d. That the Council continues to monitor new developments and pilots in relation to litter enforcement and dog fouling;
- e. That the Council looks to establish a procedure in relation to the approach taken to illegally tethered horses;
- f. That the Council work with other local authorities in the region and other agencies such as Police, RSPCA and Gentoo in order to make the most of available resources.

**Shadow Economic Prosperity Scrutiny Committee
Policy Review 2015 – 2016**

The Use of Customer Feedback - Draft Report

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1 Foreword

In setting its work programme at the beginning of the year, members agreed to conduct a short review into the way in which the Council makes use of the feedback and data it receives from the public; focusing particularly on the work of the Customer Services Network and the Corporate Complaints Team.

Both the Customer Service Network and Complaints Service represent a vast source of information about Council services. Coupled with satisfaction surveys they can help to build an accurate picture of how well services are being delivered and be used as a driver of service improvement.

Our review has shown the importance of gathering and using such information so we can learn from customer feedback and also look for any longer term trends or patterns affecting service delivery. But collecting and analysing information about complaints is only valuable if it leads to action being taken. We must make sure that complaints/feedback is not merely a bureaucratic process but is in fact focused on learning and improvement. To do this we must make sure that a structure is in place to that provides timely responses to our customers and helps the Council to learn from feedback. This should involve regular liaison and dialogue with service providers to ensure that information and messages are cascaded throughout the organisation. However, more important than structure is the culture of an organisation. As an organisation we should view the information generated through feedback as an opportunity to improve rather than an indication of failure.

Clearly, information and data can play major role in identifying any problems at an early stage. However, given the severe financial constraints under which the Council operates there is a danger of building up demand for services that cannot be met. It is important that expectations are realistic and can be met within available resources and that we use the tools available to help focus resources to the areas of greatest need and allows us to monitor any emerging problems.

In conclusion, we would like to thank our colleagues on the Committee and all of the officers and staff involved for their hard work during the course of the review.

2 Introduction

- 2.1 In July 2015 the Scrutiny Committee agreed that the Responsive Services and Customer Care Scrutiny Panel undertake a short review into the work of the Customer Service Network and the use made of information and feedback gathered by the Council. This issue was highlighted as a policy review topic by members of the Panel during the Council's Annual Scrutiny Debate held in June 2015.
- 2.2 In choosing to look at the issue of customer feedback, the Panel highlighted the importance of such information as a source of improvement in the delivery of Council services. From the outset it was agreed to focus on the information and data generated by the Council's Customer Services Network and also the Council's formal complaints process.

3 Aim of the Review

- 3.1 To consider the work of the Customer Services Network and the use made of customer insight including satisfaction data and feedback in order to improve service delivery, focusing particularly on the work of both the Customer Services Network and the Council's Complaints Team.

4 Terms of Reference

- 4.1 Members agreed the following terms of reference for the review:-
- (a) To consider the operation of the Customer Services Network and the Council's Complaints Team;
 - (b) to consider the mechanism by which customer information and feedback is currently recorded;
 - (c) to examine the use made of customer insight and feedback to improve service delivery;
 - (d) to consider ways in which feedback and learning can be better circulated and cascaded within the organisation.

5 Membership of the Panel

- 5.1 The membership of the Economic Prosperity Scrutiny Committee is outlined below:

Councillors Beck, Blackburn, Curran, Davison, M Dixon, Elliot, English, Essl, Forbes, Foster, G Galbraith, I Galbraith, E Gibson, Lauchlan, Kay, Marshall, Porthouse, Price, Scanlan, Scaplehorn, D Snowdon, Taylor, B Turton, M Turton, Wood

6 Methods of Investigation

- 6.1 The approach to this work included a range of research methods namely:

- (a) Desktop Research;
- (b) Use of secondary research e.g. surveys, questionnaires;
- (c) Evidence presented by key stakeholders;
- (d) Visit to Customer Services Centre

6.2 Throughout the course of the review process, evidence was gathered from a number of key witnesses including:

- (a) Liz St Louis (Head of Customer Service and Development)
- (b) Helen Johnston (Customer Service Delivery Manager)
- (c) James Dickinson from Palanitr
- (d) Margaret Douglas (Complaints and Feedback Team Manager)
- (e) Marie Johnston (Complaints Manger Adult Services)

7 Findings of the Review

7.1 Customer Services Network

7.1.1 The Panel began its review by speaking to Liz St Louis (Head of Customer Service and Development) and Helen Johnston (Customer Service Delivery Manager) about the use made of information and feedback generated by the Customer Services Network during their contact with the public and other service users.

7.1.2 The Panel heard that the Council's Customer Service Network is designed to provide an accessible, responsive, high quality and cost effective customer services function. The key objectives of the service focus on:-

- Helping people quickly, courteously and professionally
- Getting it right first time
- Providing people with what they need
- Being inclusive and providing choice

7.1.3 It was noted that the term "customers" represented a broad cross section including residents, service users, businesses, visitors, partner organisations, elected members and other Council employees. Customers are therefore seen as being anyone who requires assistance in accessing or receiving services.

7.1.4 In order to promote accessibility, the service is delivered through a variety of channels, including:-

- in person
- by telephone
- via electronic channels

7.1.5 The Network currently consists of 10 Customer Service Centres located across the city providing face-to-face services for customers. There are Customer Service Centres in each area of the city providing a full enquiry response service (based at Fawcett Street, Southwick, Houghton, Highfield and Washington) and a further five Libraries that provide a basic enquiry service and free telephone and PC access. A contact centre is based at the Civic Centre and is open Monday to Friday 8am-6.30pm. However urgent calls route to a 24/7 service for issues such as emergency repair services/ road accidents and a 24/7 telecare alarm service. The Council's web-site also provides a wide range of information and advice and the ability for customer to make payments and request a whole range of services 24/7.

7.1.6 Key principles adopted in respect of contact at Customer Services Centres includes:-

- The availability of both drop in and appointment based services;

- Maintenance of confidentiality for customers with private interview rooms available;
- Telephones are available for customers to speak face to face to specialists within services where such assistance is required;
- Computing facilities are available to allow customers to access services via the Council website

In terms of the contact centre, customers can speak directly with Customer Service Advocates or use the automated payments line or automated switchboard facility.

7.1.7 The service closely monitors figures for customer demand. The service currently handles in excess of 1,200,000 contacts per year. There are approximately 170,000 visits to the Council's website every month. Most of these involve looking for information. Only around 8,000 contacts lead to a direct service request. There are approximately 85,000 telephone calls per month and around 12,000 face to face contacts.

7.1.8 There are 118 members of staff in the Customer Service Network. Extensive training is provided for staff to help them maintain a professional customer service. The service also runs an apprenticeship scheme.

7.1.9 Staff are organised into thematic groups, with the amount of training dependant on the nature of the service. Some services tend to be more complex and require greater training than others – for example those relating to Home and Money. The thematic groups include:-

- City and Neighbourhood
- Home and Money
- Health and Well Being
- Life Family and Learning
- Business Services

The General Enquiries number; 520 5555 remains for people wishing to speak with a named contact or for callers who are unsure who to speak to.

7.1.10 Specialist staff such as Social Workers and Planning Officers are on hand to answer more detailed or complex queries or are quickly contactable. The Service also tries to "join up" service delivery to ensure that other issues are dealt with or captured i.e. someone requesting a Blue Car Badge may also require an Assisted Wheeled Bin Collection.

7.1.11 With virtually all customer contact now coming through the Network, the service's focus has changed to resolving issues and making decisions as early as possible; thereby providing a better service at a reduced cost. This has seen an increased focus on customer satisfaction. Customer contacts are reviewed and there is continual liaison with service areas and service delivery teams. An important element of this is the recording, tracking and monitoring of all complaints and compliments.

- 7.1.12 In terms of waiting times, it was noted that 80% of calls are answered within 60 seconds. Some periods of the year do tend to be busier than others (e.g. when Council Tax bills are delivered). Every effort is made to focus resources at these times and where there is a delay every effort is made to keep customers informed.
- 7.1.13 Any corporate complaints (and compliments) are recorded and tracked. Work is on-going to reduce the number of avoidable contacts by for example, clarifying and simplifying letters and correspondence sent to customers.
- 7.1.14 The service is also used to pass messages on to the public which can be very useful in highlighting an emergency or forthcoming changes to the delivery of services.
- 7.1.15 Members received an update on the information provided by the Customer Satisfaction Surveys. Overall these were felt to be good. While there were variances these principally lay within the Home and Money categories which often deal with more complex and contentious issues or require more processing time (e.g. housing benefit).
- 7.1.16 Details were provided on the latest customer feedback figures across a range of factors including figures relating to complaints – and customer compliments:-

Complaints

- City and Neighbourhood had the highest number of complaints; 348 of the 416 complaints related to refuse collection.
- CSN had 5 complaints relating to wait times
- Health and Wellbeing had 37; 32 of these regarded social care contact
- Home and Money had 20; 11 for Benefits and 7 for Council Tax
- Leisure Centres; 2
- Life and Family had 20; 19 for Registrars
- Other complaints totalled 12

Compliments

- 13 for City and Neighbourhood
- 1 for CSN
- 1 for Health and Wellbeing
- 1 for Home and Money
- 1 for Life and Family
- 2 Other

- 3.1.17 A priority for the service has been to promote and develop the use of Information Technology. This has involved increasing the number of services available on line including the reporting of graffiti, the collection of bulky waste and applications for blue badges. This process has included the ability of customers to track services and receive updates. However while the service is

attempting to put as many services as possible online they are still providing customers with other options for contact such as by phone or face to face.

- 3.1.18 The Schools Admissions process was seen as an example of an on line service that has been subject to a high take up by the public. Previously this had been a resource intensive mainly, paper-based application process. In October 2014 a new web service was introduced whereby customers can log-on, make their application, save it, return to it and submit once satisfied. The data is automatically transferred into the schools system. The introduction was accompanied by a communications campaign. It was felt that this had led to a much improved customer service, significant reductions in printing, distribution and data input. The pattern of demand demonstrates the convenience offered by the system with 44% of customers submitting their applications outside of traditional office hours and 291 or 7% of customers submitting their applications between the hours of 22.00 and 06.00.
- 3.1.19 The Panel met with James Dickinson from Palanitr, the Council's intelligence partner who demonstrated the use and manipulation of data held by the Council's Intelligence Service and the way in which this could potentially improve decision making and resource allocation. It was important that information was captured from the different parts of the Council in order to build up a picture of local trends and demands. It was noted that Members queries and issues were also logged and processed when reported via the Customer Service Network. New dashboards are being developed which show customer contact per ward, by type and include information concerning timelines and contact channels. The dashboards are available via I-Pads and are currently being tested by the Member Reference Group before being rolled out to all Elected Members.
- 7.1.20 The Panel heard that the Customer Services Network has a proactive approach to collecting information about the views of customers through customer contract, community engagement, customer surveys and customer satisfaction and complaints. The information gathered is fed into service delivery improvements through regular meetings with those delivering services. These are held on a regular basis and action taken is monitored to assess the effect.
- 7.1.21 Central to this improvement process is structure and liaison to ensure that information is cascaded throughout the organisation. Senior management in particular has an important role in the process of information sharing and ensuring that learning is cascaded throughout the organisation. Monthly Customer Insight reports are presented to and considered by the Executive Management Team and regular briefings are provided to the Portfolio Holder for Responsive Services and Customer Care.
- 7.1.22 Recent examples of feedback leading to improvements in service delivery includes:-

- improvement to the wording and content of letters (eg Housing Benefit notification letters) to simplify and reduce confusion and therefore need for follow up action)
- further information being provided by the Customer Service Network at the first point of contact (eg in relation to Social Care provision to allow customers to make better informed choices)
- information being electronically scanned at the Customer Service Centres to avoid loss of documentation and speed up processing times.

7.1.23 During our discussions it was noted that the direct experiences of elected members in their day to day work with the public means that they hold important knowledge about customer views that could help to improve Council services.

7.1.24 We need to be sure that we are capturing issues raised by Members and that this is being feed into service improvement. We also need to ensure that we gather and analyse the most frequently occurring complaints received by elected members from their constituents as these may collectively identify service failure.

7.1.25 There are presently a number of channels for members to direct feedback, issues or complaints. It was important that systems were in place to ensure that issues raised by members were recorded and monitored and that members were aware of who best to contact within the Council. It was also important that the information from these queries is not lost as can provide useful intelligence on issues facing the city and future priorities for the Council. The new dashboards also allow for the reporting of issues directly to the Customer Service Network.

7.1.26 Members welcomed the existence of a system for recording where staff has been complimented on the service provided. It was felt important that staff should be made aware of the positive feedback that is received and that their contribution was being recognised.

7.1.27 There was also reference to the importance of ensuring the service is used to promote messages that the Council wishes to pass on to the public.

7.2 Complaints Process

7.2.1 The Panel then went on to look at the work of the Complaints Team and the way in the information generated is used to inform improvements in service delivery. As part of this process, the Panel met with Margaret Douglas (Complaints and Feedback Team Manager) and Marie Johnston (Complaints Manger Adult Services) to discuss the work of the Complaints Team and, in particular, the way in which feedback from complaints can be used by the Council to improve service delivery.

7.2.2 The Complaints function for the Council is provided by a single team based within the Council's Development Directorate. The procedure adopted is made up of 3 separate sections covering:-

- Adult Health and Social Care
- Children's statutory procedure
- Corporate Process

7.2.3 The team maintains a log and records all statutory investigations. This allows it to monitor the quality and speed of performance in responding to complaints and makes sure that any lessons learnt from feedback are systematically captured, analysed and responded to.

7.2.4 The information generated from complaints was considered vital in providing feedback on the services we commission, influencing services and helping to shape how they are formed in the future. The information and data can also help the Council to identify any themes or trends that may require remedial action.

7.2.5 Reference was made to the Centre for Public Scrutiny publication "Aiming for the Best". It was noted that one of the key messages of the document was the importance of the corporate culture of an organisation and its willingness to learn from experience and improve. The document stresses how complaints were frequently a valuable useful tool for helping to understand the overall health of an organisation and the challenges it faces. In particular the report highlights a number of factors that can help to either enable or represent a barrier to improvement.

Enablers:-

Create a culture of learning and improvement
Provide people with lots of ways to give feedback
Provide leadership in sharing lessons across the organisation

Barriers:-

Being defensive about complaints
Adopting a silo approach and not sharing the lessons across an organisation
Little connection between feedback and strategic planning

7.2.6 It was recognised that for many complaints there would be no specific learning derived from the incident. However, in areas such as social care there were often a number of potential recommendations for improvement. The findings of external review and ombudsman recommendations were also a vital source of learning for the organisation.

7.2.7 As well as being receptive to learning and improvement, it was also important that the leadership of the Council ensured that systems and communications were in place to ensure that the lessons learnt from formal complaints were cascaded throughout the organisation.

- 7.2.8 It was noted that since the Customer Services Network had begun logging feedback there had been a big increase in the number of complaints. This increase could be explained in part by the effectiveness of training and the new systems in place to record and log the feedback and comments of users. However, it also perhaps highlighted the need to better manage expectation at a time of spending cuts. It was important that the Council effectively communicates with its residents to make them more aware of the implications of reduced resources on the services provided.
- 7.2.9 Members referred to the importance of education and enforcement in reducing the demand for services in areas such as litter collection and grass cutting. However, it was recognised that this would be a difficult message to communicate and that it will take time to have an effect.
- 7.2.10 With regard to the complaints process for social care and adult services, these were dealt with at service manager level and the recommendations received a formal response. The action required from recommendations varied from the straightforward to complex. For more complex action, it often took longer to respond. However, actions were logged and progress monitored.
- 7.2.11 It was important that actions were addressed as quickly as possible in order to prevent their seriousness escalating. A lot of work was going on to deliver the recommendations for improvement, with extensive work with staff on areas such as recording of information. While progress was being made there was a feeling that even more rapid progress was necessary.
- 7.2.12 As an organisation, it was felt that lessons were learnt but that this could sometimes be in a piecemeal manner. It was important that the Council ensured that the recommendations resulted in long term change and improvement. Overall it was felt that the Council was perhaps not as good as it could be in sharing and learning from complaints across the Council.
- 7.2.13 With regard to the monitoring of complaints for services commissioned externally by the Council, it was important for the Council to work closely with providers to ensure that it was fully aware of any issues. Regular contract monitoring meetings were held which should highlight any problems. It was recognised that this relationship would be increasingly important as more services were commissioned externally.

8 Conclusions

- 8.1 This review has looked at the way in which the Council makes use of the feedback and data it receives from the public, focusing particularly on the work of the Customer Services Network and the Corporate Complaints Team.
- 8.2 The Council has a strong customer focus. Central to this is the gathering of feedback and intelligence from people who are contacting the Council. Such information can help the Council to maintain a strong customer focus and promote services that meet resident expectations.
- 8.3 As part of this, the Council should be committed to:-
- Taking customer views into account when improving services
 - Using customer feedback to inform business planning
 - Continually reviewing the way in which we deal with customer feedback including complaints, comments and compliments
 - Letting customers know when their feedback has been used to shape service provision
- 8.4 The Customer Service Network and Complaints Service represents a vast source of information about Council services. Coupled with satisfaction surveys they can help to build an accurate picture of how well services are being delivered and be used as a driver of service improvement.
- 8.5 It is important that we gather information so we can measure opportunities for learning and improvement and look for lessons learnt from individual complaints and also for any longer term trends or patterns affecting service delivery. Customer feedback and complaints are a vital source of information about Council services and can help to identify reoccurring or underlying problems and potential improvements.
- 8.6 But collecting and analysing information about complaints is only valuable if it leads to action being taken. We must make sure that complaints/feedback is not merely a bureaucratic process but is focused on learning and improvement. To do this we must make sure that a structure is in place to that provides timely responses to customer and help the Council to learn from feedback. This should involve regular liaison and dialogue with service providers to ensure that information and messages are cascaded throughout the organisation.
- 8.7 However, more important than structure is the culture of an organisation. As an organisation we should view the information generated through feedback as an opportunity to improve rather than an indication of failure. As an organisation we should be actively seeking and appreciating customer feedback.
- 8.8 The Panel would highlight the way that customer service and the feedback we receive can be enhanced by the use of new technology – it can make it easier to track and monitor caseloads and responses. It also provides the

opportunity to use new techniques such as the new dashboards. Mapping complaints can identify hotspot areas which may need to be addressed.

- 8.9 Clearly, information and data can play major role in identifying any problems at an early stage. However, given the severe financial constraints under which the Council operates there is a danger of building up demand for services that cannot be met.
- 8.10 It is important that expectations are realistic and can be met within available resources and that we use the tools available to help focus resources to the areas of greatest need and allows us to monitor any emerging problems.
- 8.11 Looking into the future complaints over commissioned services are likely to become a bigger issue moving into the future. We need to ensure that we have close liaison and that there are regular meetings so we can detect any emerging problems at an early stage.

9 Recommendations

9.1 The Committee's recommendations are as outlined below:-

- (a) That the Council continues to look at measures to improve current systems to ensure that the outcome of feedback and complaints are recorded and that any intelligence is used to improve services;
- (b) that the Council continues to work to realise the benefits of new technology in order to respond to the changing patterns of customer demand and behaviour;
- (c) That the Council continues to examine ways of encouraging users to go on line and engage in digital technology while maintaining a variety of access channels to prevent digital exclusion;
- (d) that Customer Services Network and the Complaints Team continue to work closely in order to share information and feedback being generated;
- (e) the Council consider ways of further sharing the learning from complaints across the Council.

SCRUTINY COMMITTEE

14 April 2016

ANNUAL REPORT 2015/16

REPORT OF THE HEAD OF SCRUTINY AND AREA ARRANGEMENTS

1. Purpose of Report

- 1.1 To provide the Scrutiny Committee with the opportunity to consider the draft Scrutiny Annual Report for the municipal year 2015/16.

2. Background

- 2.1 As outlined in the Council's Constitution, it is required of the Scrutiny Function to produce an Annual Report detailing the work of the Scrutiny Committee and supporting Panels during the preceding year. The report also contains proposed developments and improvements for the forthcoming year.

3. Draft Report

- 3.1 The draft report is attached as **Appendix 1** for consultation and endorsement by the Scrutiny Committee. Members should note this is a 'draft' version and there is still the opportunity for Members to discuss and make amendments to the draft prior to the final version which will be presented to full council.
- 3.2 Each Lead Scrutiny Member has contributed a short summary of their work over the year, including highlights from former panel and subsequent shadow committee meetings, as well as the outcomes of major pieces of work commissioned by the Scrutiny Committee.
- 3.3 The Annual Report does reference the review and development of the scrutiny function which took place during the year and resulted in transition arrangements being implemented during the municipal year. Therefore the annual report has been devised with sections related to the shadow scrutiny committees and the work of the former panels has been incorporated into the relevant sections.
- 3.4 Following the endorsement of the report by members of the Scrutiny Committee at the meeting, the Annual Report will be presented to the first meeting of Council in the new Municipal Year and thereafter will be included on the Scrutiny web pages and circulated to key stakeholders for information.

4. Conclusion & Recommendations

- 4.1 It is recommended that the Scrutiny Committee:-
 - (a) Considers the content of the draft Annual Report for 2015/16, and
 - (b) Endorses the report for submission to the first meeting of Council in the Municipal Year 2016/17 and for subsequent circulation to key stakeholders.

5. Background Papers

5.1 No background papers were used in the preparation of this report.

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Scrutiny Annual Report 2015-16

All together, **working**, **playing**, **learning**,
growing, **laughing**, **innovating**, **caring**,
sharing, **living**...
Sunderland!

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Foreword



Once again it gives me great pleasure to be able to introduce the Scrutiny Annual Report. The Annual Report provides an account of the work of scrutiny throughout 2015/16 and helps to illustrate the purpose and importance of scrutiny in the Sunderland.

In my role as the Chair of the Scrutiny Committee it has been, yet another, extremely busy and challenging year. This, at least in part, can be contributed to the commissioning of an independent review of scrutiny which was conducted by the Executive Director of the Centre for Public Scrutiny and engaged with all members and key stakeholders.

Also prior to and following the recent Ofsted inspection of Children's Services the Scrutiny Committee established a regular dialogue with Children's Services to monitor the progress on improvement and demonstrate scrutiny's accountability role. It is important that the Council has and maintains a scrutiny function which is current, fit for purpose and contributes to the delivery of City priorities.

Transition arrangements have been in place since early January 2016, with the new scrutiny model being fully implemented following the Annual Council meeting in May 2016. These are challenging times for local government and I feel sure that the new formal scrutiny arrangements are best placed to serve the Council, its communities and local people in providing clear, focused and outcome-driven scrutiny.

The Lead Scrutiny Members have again been very active and have continued, with the help of the former scrutiny panels and subsequent shadow committees, to complete a number of reviews and investigations. It is also reassuring to know that Elected Members have been very supportive of the changes made to the scrutiny model and that Members and Officers are looking forward to moving forward in Scrutiny.

I have also continued as Chair of the North East Combined Authority (NECA) Scrutiny Committee through 2015/16. With NECA and devolution continuing to develop and gather pace an effective scrutiny function remains an essential aspect not least to ensure that local councillors, on behalf of their communities, are able to scrutinise and challenge matters within the remit of the Combined Authority.

As part of this work the NECA Scrutiny Committee is undertaking a review to further understand the impact of transport in the combined authority area and, in particular, any problems people face preventing them from getting into employment, travelling to work, school or college.

I hope you find the Annual Report not only useful as a record of the work of scrutiny over the past year but also as an introduction to a new and exciting chapter in the development of scrutiny in Sunderland.

A handwritten signature in blue ink that reads "Norma Wright". The signature is cursive and fluid.

Councillor Norma Wright
Chair of the Scrutiny Committee

Scrutiny Arrangements in Sunderland

The democratic governance arrangements in Sunderland consists of the Leader of the Council, Deputy Leader, Cabinet Secretary, five portfolio holders and five project lead members. The decisions of the Cabinet are held to account by the Scrutiny Committee supported formerly by six Scrutiny Panels and latterly by three shadow scrutiny committees. In addition there are five local Area Committees and Place and People Boards in each area.

What is Scrutiny?

Scrutiny aims to ensure that public services and policies best meet the needs of the residents of the city. It does this through:

- Policy review and development;
- Holding the Council's Executive and its partners to account;
- Investigating issues of local concern; and
- Working with partners to improve services to the local area.

The Scrutiny Model

The Scrutiny Committee acts as the overarching Committee with responsibility for all matters in relation to the improvement, delivery and performance of public services. It considers all matters which impact on the economic, social and environmental well-being of those who live, work and visit the city and is the designated scrutiny committee for statutory purposes for health, flooding (when relevant) and crime and disorder scrutiny.

If the Scrutiny Committee requires more in-depth investigation of particular issues it will commission work to the six Scrutiny Panels chaired by a Lead Scrutiny Member. The Panels will contribute to and inform the scrutiny process significantly through focused policy review work and one-off policy reviews.

A Scrutiny Panel is a small group of councillors who carry out specific, time-limited work. Panels are informal and are commissioned by the Scrutiny Committee to investigate specific service areas and make suggestions on how they can be improved. This allows Panel members to gain a wider understanding of the issue and arrive at informed findings and recommendations.

Review of Scrutiny Arrangements

During 2015/16 the Chair of Scrutiny commissioned an independent review of the scrutiny function in Sunderland, which was subsequently, conducted by the Centre for Public Scrutiny with the full cooperation of elected members and key stakeholders. The outcome of this review has resulted in a comprehensive remodelling of the scrutiny structure and the formation of one formal, overarching co-ordinating committee and three themed scrutiny committees.

In January 2016 transitional arrangements were implemented with the themed committees operating in shadow format, as part

of a phased approach, with full implementation of the model taking place in May 2016.

How does scrutiny make a difference?

On a regular basis the Scrutiny Function will add value by investigative questioning of witnesses on the issues within the council's policy framework. The impact of the work of scrutiny will also be evidenced over time by the implementation of its recommendations.

The monitoring of delivery of scrutiny's recommendations over a period time builds up a portfolio of evidence of scrutiny's role in service improvement.

The Scrutiny Committee



**Chair: Councillor
Norma Wright**
**Vice-Chair: Councillor
Dianne Snowden**

Committee Members,

Councillors: Ronny Davison,
Darryl Dixon, Jill Fletcher,
George Howe, Lynda Scanlan and
David Snowden

The Scrutiny Committee has been active throughout 2015-16 delivering not only on a robust work programme, but also commissioning a review of scrutiny and implementing its recommendations.

This year the Scrutiny Committee has responded to a number of issues that have been very much in the public eye, including the Sunderland Breast Care Service which was temporarily suspended by City Hospitals. In re-commissioning this service City Hospitals and the Clinical Commissioning Group have actively engaged with the Scrutiny Committee on the development of a new breast care service in Sunderland. The Committee recognised the importance of having a balanced dialogue and therefore we also involved local interest group, Save Our Service, in

these discussions and have visited the intended site for the Breast Care Service.

The Scrutiny Committee also looked at the Housing & Care21 Extra Care Schemes and in particular the recent Care Quality Commission report into Dovecote Meadows, as well as Beckwith Mews, Bramble Hollow and Woodridge Gardens where residents had raised a number of concerns. The Locality Manager for Housing and Care21 attended the Scrutiny Committee to discuss some of these concerns and explain how they were being addressed. As scrutiny members we also asked that further updates were brought back to the committee to ensure that progress was being made.

The Scrutiny Committee has also responded to issues around Care Quality Commission inspections of GP Practices, the Clinical Commissioning Groups procurement of alternative provider medical services, the alcohol and substance misuse service and school performance. Extraordinary meetings of the Scrutiny Committee were also convened to consider the Care Quality Commission's inspection of Sunderland Royal Hospital and urology services in Sunderland respectively.

All the above examples illustrate just how proactive scrutiny has been in issues that are important to residents of the city, and how scrutiny can act to voice and champion the concerns of local people.

The Scrutiny Committee has continued to engage with senior Cabinet members as part of the Council's budget consultation

process for 2016/17. This is one of the fundamental roles of the Scrutiny Committee and it is, perhaps, even more important in light of the continued reductions in public spending, ensuring that remaining council resources are utilised to the maximum.

In my role as Chair of the Scrutiny Committee I have also, during this year, commissioned an independent review of the Scrutiny Function in Sunderland. This was conducted by the Centre for Public Scrutiny and engaged with all political parties, key officers and partner organisations and ultimately led to a series of recommendations which will strengthen governance arrangements in relation to overview and scrutiny.

Sunderland City Council is in a very similar position to many local authorities across England and continues to assess the impact of reducing financial resources on service provision and the need to look differently at how, as a public sector organisation, we deliver services over the coming years. This only goes to underline the importance of a strong scrutiny function to carry on championing the concerns of local people, being that critical friend and delivering focused outcome-driven work programmes.

As always to finish my summary I would like to thank all Members, officers, partners and external organisations who have contributed to the work of scrutiny, it is with this level of commitment that we can continue to move forward and ensure that scrutiny remains both effective and robust.

Shadow Children, Education & Skills Scrutiny Committee



Lead Scrutiny Member: Councillor Darryl Dixon

Shadow Committee Members

Councillors: Debra Waller, Anthony Farr, Bob Francis, Karen Waters, Victoria O'Neil, Doris MacKnight, Jacqui Gallagher, Philip Tye

The Shadow Scrutiny Committee has been established as part of a review of scrutiny and following an Ofsted inspection of Sunderland's services for children in need of help and protection, children looked-after and care leavers carried out between 11 May and 4 June 2015.

The Scrutiny Committee will aim to demonstrate its impact on improving outcomes for children and young people through a focused work programme aligned to the Learning and Improvement Plan developed in response to the Ofsted inspection report.

This will include relevant training and development on safeguarding and corporate parenting for Elected Members as well as implementation of clear forward plan for scrutiny.

The Ofsted report requires the local authority to respond to a number of areas of improvement and these will also be reviewed as part of our scrutiny activity. The improvement plan is being overseen by an Improvement Board chaired by the Commissioner for Children's Services appointed by the Department for Education and the Committee will work with the interim team to support the future welfare of children in care.

In addition to this improvement work, the Shadow Committee inherited a detailed investigation of children's mental health services and we will conclude with a set of focused recommendations for this service.

Children are our future and it is vital that we care for all their needs. This includes providing the necessary support to them to help them deal with the complexities of mental health. We must do more to ensure that our children are encouraged to speak openly about the difficulties they are facing. Timely intervention is crucial for these children, and its absence will mean some of them will struggle far into their adult lives when they need not do so. Greater emphasis needs to be placed on addressing the stigma attached to those people who suffer with mental health issues.

We must not lose sight of the fact that the whole family can be affected by a child's behavioural and mental health problems. We have a duty to help these families and to provide timely and appropriate support to assist them through these potentially difficult times.

Our review has helped us to appreciate the difficulties faced by individuals suffering with mental health issues and those closest to them. We are pleased to note that services are more and more being tailored to meet the need of individual families.

The Shadow Committee has been set up in a short space of time and I would like to acknowledge the support of the officers in Children's Services, working with us to put this in place.

I would like to thank the members of the previous Panel and the new Shadow Committee for their contributions and also to thank all of the witnesses who gave up their time to attend and provide interesting insights into the services they provide and the challenges they face.

Shadow Health and Wellbeing Scrutiny Committee



Lead Scrutiny Members Councillors: Jill Fletcher and Cllr George Howe

Shadow Committee Members Councillors: Rebecca Atkinson, Richard Bell, Rosalind Copeland, John Cummings, Michael Dixon, Alan Emerson, Louise Farthing, Juliana Heron, Julia Jackson, Shirley Leadbitter, Barbara McClennan, Paul Middleton, Fiona Miller, Dorothy Trueman, Doris Turner and Geoff Walker

The Shadow Health and Wellbeing Scrutiny Committee brings together the former Health, Housing and Adult Services and the Public Health, Wellness and Culture Scrutiny Panels, as part of the transitional arrangements following the review of scrutiny. Both panels have worked extremely well during the year and have looked at a number of issues relating to their remits.



The Health, Housing and Adult Services Scrutiny Panel have concentrated primarily on looking at the transition arrangements from child to adult care services. The Panel recognised that the transitional process from a child to an adult and beyond is a crucial period in anyone's life; this can be an exciting time, but, it can also prove to be potentially daunting and stressful.

The Panel took evidence from a wide range of people and organisations including schools, colleges, health practitioners, council officers and also from people who had experienced the transition process for themselves. The review provides an overview of the transition process and some of the difficulties faced by young people, parents, carers and professionals in ensuring the correct support from childhood into adulthood.

As well as looking at transition arrangements the Health, Housing and Adult Services Scrutiny Panel also looked at Houses of Multiple Occupation (HMO's) within the city visiting a variety of accommodation types including the Norfolk Hotel; a 44 bedroom hostel in the city, Dundas Street; student accommodation and Roker Avenue; self-contained flats. The panel was looking at the proliferation of HMO's across the city and, as well as the visits, also considered issues around mandatory licensing, penalties, the Sunderland HMO inspection regime and the planning regulations relating to HMO's.

The former Public Health, Wellness and Culture Scrutiny Panel have been busy too, with a review of sexual health services in Sunderland. The review looked at the issue of sexual health and sexually transmitted infections across the City, the provision of core sexual health services, and the impact this has on the residents of Sunderland. Members, as part of the review, visited the Genito Urinary Medicine (GUM) Clinic and the Contraceptive and Sexual Health (CASH) Services in Sunderland, as well as considering evidence from the North East Council on Addictions.

Through this review Members have highlighted the importance of sexual health services, and as well as recognising the excellent work carried out, have put forward a



number of recommendations that hopefully can help to improve these services in the City.

The Panel also looked the role of the city's employers in promoting a culture of wellness through supporting: physical activity; healthy eating; emotional and mental wellbeing and personal resilience; preventive healthcare. Through this work Members were satisfied to see that a number of activities were being used by employers across the city to promote a culture of wellness within their organisations. This included the Better Health at Work Award; the Sunderland Workplace Health Alliance and Workplace Health Charter; and Sunderland City Council's Employee Wellness programme.

Following the scrutiny review the Shadow Health and Wellbeing Scrutiny Committee has carried on the work of the panels and has already been actively engaged in a number of issues. A dedicated health scrutiny committee will enable us to look at key health issues in greater detail, as well as developing our expertise in health related matters. Already we have looked to develop our relationships with key organisations including Sunderland Clinical Commissioning Group, City Hospitals and Healthwatch.

We have also, at this early stage, looked at issues relating to school nursing services and suicide and self-harm in Sunderland.

On behalf of the Shadow Health and Wellbeing Scrutiny Committee it only remains for us to thank all the members, officers and partners who have contributed to our work over the year. It is with this cooperation and commitment that we are able to achieve as much as we do, and we feel sure that under the new arrangements this will continue to be the case.

Shadow Economic Prosperity Scrutiny Committee



Lead Scrutiny Members
Councillors: Ronny Davison, Lynda Scanlan and David Snowdon

Shadow Committee Members

Councillors: Margaret Beck, James Blackburn, Barry Curran, Michael Dixon, Miles Elliot, Colin English, Michael Essl, Margaret Forbes, Steve Foster, Gillian Galbraith, Ian Galbraith, Betty Gibson, Iain Kay, Len Lauchlan, Christine Marshall, Stuart Porthouse, Bob Price, Bernie Scaplehorn, Tony Taylor, Billy Turton, Mary Turton and Peter Wood

The Prosperity Scrutiny Committee was established in January 2016, bringing together the membership of the Skills Economy and Regeneration Scrutiny Panel, the Responsive Services and Customer Care Scrutiny Panel and the City Services Scrutiny Panel.



Since its inception, the Committee has taken on the broad and varied remits of the three Panels and followed through their work programmes to completion. This has included a number of important pieces of work.

For example, during the year members have conducted a review into the approach being taken by the Council to the issue of environmental enforcement and the extent to which enforcement powers are being used.

Our report has highlighted the importance attached by residents to the quality of the local environment and the problems associated with litter, dog fouling and fly-tipping. It has also highlighted the increasing difficulties we face in maintaining the quality of service that our residents expect at a time of unprecedented reductions in available resources. Maintaining a clean and tidy environment will always be a balance between

education and persuasion and the use of more robust enforcement measures such as fixed penalty notices. We consider it important for the Council to focus and prioritise the use of available resources while at the same time being willing to take robust and well publicised enforcement action against the most serious and persistent offenders.

During the year, members have also examined the progress being made by the Council's customer services network, how the council makes use of customer satisfaction data and the way this information is used to improve services. We also heard about the way in which feedback from the Council's formal complaints procedure can be used to improve service delivery and highlight at an early stage any problems or emerging issues.

The report highlighted the important role of members in providing vital information and



intelligence regarding the delivery of services and any emerging trends at a local level.

Members of the Committee have also undertaken a comprehensive review into the work of the Key Cities Group of local authorities and how Sunderland can best utilise its involvement for the benefit of Sunderland residents, businesses and future economic growth. As part of this process, Members looked at the experiences of a number of the local authorities making up the group, culminating in a joint discussion with representatives from Coventry City Council. The review has highlighted the value of the Group for promoting the interest of mid-sized cities such as Sunderland and providing a forum for learning

among local authorities at different stages of the regeneration process.

As part of its work programme, the Committee has also addressed a number of other issues during the year, including the progress being made in implementing the new powers available contained within the Anti-Social Behaviour Crime and Policing Act 2014 and the current position with regard to the work of the Sunderland Business Improvement District.

Members have also been consulted on the contents of the draft Sunderland Local Flood Risk Management Strategy which provides an assessment of flood risk in the city, the objectives for managing flood risk and the measures proposed to address

these objectives. This provided members with the opportunity to contribute to the emerging strategy based on their unique local knowledge of the city.

All in all, it has therefore been very busy and productive year for the Committee and one that should help provide the foundations for the development of scrutiny in the years ahead.

The year ahead

The Annual Report is one way in which the scrutiny function can reflect on the previous year as well as providing a snapshot of the work and achievements of scrutiny. The collective work of Members, officers and partner agencies is a key principle of effective scrutiny and this report demonstrates how this continues to work in Sunderland.

Another aim of the Annual Report is to look ahead and focus on some of the key challenges that face scrutiny and the Council. Challenge is an often used word and in looking ahead we again face considerable challenges including further spending reductions which will have a major impact on the operation of the

Council. The Council continues to look at how to use resources to best effect, ensuring that frontline services are still delivered to the highest standard for the people of Sunderland.

Scrutiny will continue to play an important role in helping the council to achieve this goal. However, with ever reducing resources there is always the need to look at how, as a function, we can operate more effectively and more efficiently while still ensuring that it is rigorous enough to hold the executive and partners to account, monitor performance and contribute to a strengthening of service delivery. With this in mind the Chair of Scrutiny commissioned

an independent review of scrutiny, which has seen a structural change to the way in which scrutiny operates.

During the year ahead we will look to build on the foundations of this new Scrutiny model ensuring that scrutiny strengthens its role, develops key relationships and continues to add value to the work being undertaken. Scrutiny members and officers working together will always ensure that the function provided is fit for purpose and provides the City Council and partner organisations with a robust scrutiny arrangement that as well as providing value continues to be valued.

The annual scrutiny debate has over the years been an extremely useful vehicle for developing the work programme and issues for scrutiny to investigate. However, in light of the changes that are taking place to the scrutiny model now is also an opportune time to revamp the annual debate. It will be crucial that the annual debate best serves the new model and ensures that scrutiny is able to focus its resource into the right issues for 2016/17.

In looking ahead scrutiny will be different in 2016, with a new operating model, but what will remain the same is Scrutiny Members continuing to build on the effective working relationships that have been developed over the years with cabinet colleagues, partner organisations and council officers to ensure that the new model works well, provides an effective challenge and ultimately results in contributing to the improvement of service delivery for the residents of Sunderland.



Scrutiny on a page

The Scrutiny Committee, the former supporting panels and the shadow committees tackle a large range of issues over a municipal year. In order to fully appreciate the variety and breadth of the subjects covered, below is an extensive summary of the work of scrutiny in Sunderland.

- Youth Justice Plan 2015/16
- Revenue Budget Reviews
- Capital Programme Reviews
- Extra Care Housing
- Corporate Parenting Annual Report
- CCG Operational Plan 2015/16
- Safeguarding
- CQC GP Practice Visits
- CYP Community Services
- Sunderland APMS Procurement
- Care and Support Annual Update
- Budget Consultation 2015/16
- Budget Planning Framework 2016/17
- Gambling Act 2005
- Licensing Act 2003
- Review of Scrutiny
- Safer Sunderland Partnership Annual Review
- Monitoring of Scrutiny Recommendations
- Annual Audit Letter
- Revenue Budget Proposals 2016/17
- SSGA Draft Supporting Planning Document and Delivery Plan
- Annual Complaints Report
- School Performance
- Sunderland Breast Care Services
- NECA Proposed Devolution Agreement
- Elected Regional Mayor
- The Prevent Duty
- Care Home Quality Improvement Framework
- Care Home Market Update
- Scrutiny Policy Reviews
- Alcohol and Substance Misuse Service
- School Nursing
- Suicide and Self-Harm
- Business Improvement District
- Key Cities
- SEND Implementation
- Child Poverty
- Urology Services in Sunderland
- CQC Inspection of Sunderland Royal Hospital



All together, **working, playing, learning,**
growing, laughing, innovating, caring,
sharing, living...
Sunderland!

NOTICE OF KEY DECISIONS

REPORT OF THE HEAD OF SCRUTINY AND AREA ARRANGEMENTS

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 22 March 2016.

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 22 March 2016 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 or relevant Scrutiny Panel 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 22 March 2016.

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
160302/61	Extension of existing garden waste treatment contract for up to 6 months pending the procurement exercise for a replacement contract	Executive Director of Commercial Development, in consultation with City Services Portfolio Holder	Y	During the period 30 March to 7 April 2016. This entry was also on the notice issued 2 March 2016.	N	Not Applicable	Record of Delegated Decision	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
160215/51	To seek approval to review school places for pupils with autism.	Cabinet	Y	20 April 2016	N	Not Applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
160317/67	Proposals to establish a company to deliver children's services on behalf of the City Council	Cabinet	Y	20 April 2016	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
160317/68	To consider the consultation outcome on the proposals to review post 16 home to school transport for pupils with SEND.	Cabinet	Y	20 April 2016	N	Not Applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
160307/63	To consider the transfer of capital funds in relation to the Hetton Downs Area Renewal Scheme.	Cabinet	Y	20 April 2016	N	Not Applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
160310/64	To approve the Sunderland Local Plan: Local Development Scheme (LDS)	Cabinet	Y	20 April 2016	N	Not Applicable	Cabinet Report and Local Development Scheme (LDS)	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
160302/62	To approve:- a)2016-17 Highway Maintenance(Including Bridges) Programme. b) 2016-17 Integrated Transport Capital Programme. c) Amendments to 2015-2016 Programme	Executive Director of Commercial Development, in consultation with City Services Portfolio Holder	Y	During the period 20 April to 30 April 2016	N	Not Applicable	Record of Delegated Decision and 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
160321/69	To consider the devolution proposals for the North East Combined Authority (NECA) and the establishment of the NECA as a Mayoral Combined Authority.	Cabinet	Y	Between the period 20 April 2016 to 31 May 2016	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
160310/65	To consider the acquisition of approximately 3.65 hectares of land at Deptford, Sunderland	Cabinet	Y	20 April 2016	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 Paragraph 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

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
160104/48	To consider the freehold acquisition of two properties to provide children's services accommodation.	Cabinet	Y	Between 20 April 2016 to 30 June 2016	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 Paragraph 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

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
160316/66	To consider the acquisition of former offices at Farrington, Sunderland.	Cabinet	Y	Between 20 April 2016 to 30 June 2016	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 Paragraph 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

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

Who will decide;

Cabinet; Councillor Paul Watson - Leader; Councillor Henry Trueman – Deputy Leader; Councillor Mel Speding – Cabinet Secretary; Councillor Pat Smith – Children’s Services; Councillor Graeme Miller – Health, Housing and Adult Services; Councillor John Kelly – Public Health, Wellness and Culture; Councillor Michael Mordey – City Services; Councillor Cecilia Gofton – Responsive Services and Customer Care

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

Elaine Waugh
Head of Law and Governance

22 March 2016

Item 8

SCRUTINY COMMITTEE

14 APRIL 2016

SCRUTINY COMMITTEES WORK PROGRAMMES FOR 2015-16

REPORT OF THE HEAD OF SCRUTINY AND AREA ARRANGEMENTS

1. PURPOSE OF THE REPORT

- 1.1 The report attaches, for Members' information, the variations to the shadow Scrutiny Committee work programmes for 2015/16 and provides an opportunity to review the Committee's own work programme for 2015/16.
- 1.2 In delivering its work programme, the Scrutiny Committee will support the council in achieving its Corporate Outcomes.

2. BACKGROUND

- 2.1 The role of the Scrutiny Committee is two-fold, firstly it has a role in co-ordinating efficient business across the shadow Scrutiny Committees and manage the overall Scrutiny Work Programme and secondly to consider the Council's corporate policies, performance and financial issues.
- 2.2 The aim of its co-ordinating role is to avoid duplication, make best use of resources and to provide a corporate overview of the scrutiny function. As such the remainder of this report outlines the current work programmes of the shadow Scrutiny Committees.

3. SHADOW SCRUTINY COMMITTEE WORK PROGRAMMES

- 3.1 **Appendix 1** sets out the shadow Scrutiny Committee work programmes. Each shadow Scrutiny Committee now receives its own work programme in full each month in order to review progress.
- 3.2 It should be noted that the Children, Education and Skills Scrutiny Committee has agreed to hold a further session in relation to its review of child and adolescent mental health services (CAMHS). The Committee will invite commissioners to meet with them to provide evidence on how the CAMHS service will be transformed (as one of the CCG's key priority areas for 2016/17) and will subsequently discuss whether alternative models for delivery of the service should be explored.

4. SCRUTINY COMMITTEE'S WORK PROGRAMME

- 4.1 **Appendix 2** outlines this Committee's full work programme for the year, updated to reflect new additions and amendments requested by Committee as the year has progressed.

5. RECOMMENDATION

- 5.1 That the Committee notes the variations to the shadow Scrutiny Committee Work Programmes for 2015-16 and to its own work programme.
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REASON FOR INCLUSION	21 ST JANUARY ¹	25 TH FEBRUARY	17 TH MARCH	28 TH APRIL	RECESS	JUNE	JULY	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Policy Review & Development			Children & Young People's Mental Health (KB)	Children & Young People's Mental Health (CCG)		Child Poverty (KB)					
Sunderland Safeguarding	Improvement & Learning Plan Monitoring Progress (SW)	Improvement & Learning Plan Monitoring Progress (AG)	Improvement & Learning Plan Monitoring Progress (AG)	Improvement & Learning Plan Monitoring Progress (AG)							
Performance / Service Improvement			SenD Implementation (AP) YOS (SC)	School Place Planning (BS)		Children's Services Complaints (MD)	Corporate Parenting Annual Report (MB)	Children's Services Complaints (MD)			
Schools' Performance		Schools Final Results (BS)									
Policy Framework						Youth Justice Plan (AC)	Children & Young People's Partnership Plan (PS)	Education & Skills Strategy			
Consultation											
Information / Awareness Raising	Remit of Committee (KB) Councillors role in children's scrutiny (SW)										
Members' items											
Call in											

¹ Membership for informal meetings Cllrs Darryl Dixon (Chair), Debra Waller, Anthony Farr, Bob Francis, Karen Waters, Victoria O'Neil, Doris MacKnight, Jacqui Gallagher, Philip Tye

REASON FOR INCLUSION	20 JANUARY DL 11 JAN	25 FEBRUARY DL 16 FEB	24 MARCH DL 15 MAR	25 APRIL DL 14 APR	RECESS	JUNE	JULY	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Cabinet Referrals and Responses											
Scrutiny Business	Progress on Review Breast Services Update (CCG) Notice of Key Decisions	Final Evidence Gathering Notice of Key Decisions	School Nursing Suicide/Self-harm Healthwatch Draft Final Report Notice of Key Decisions	CQC GP Inspection Visits (CCG) Notice of Key Decisions		Extra Care Housing – Update Notice of Key Decisions	CCG Operational Plan 16/17 Notice of Key Decisions	Notice of Key Decisions	Care and Support Annual Update Notice of Key Decisions	School Nursing Update Notice of Key Decisions	Safer Sunderland Partnership Annual Report Notice of Key Decisions
Performance / Service Improvement											
Policy Framework											
Consultation											
Information / Awareness Raising	Remit of the Health and Wellbeing Scrutiny Committee		Conference Feedback								
Members' items	Work Programme 15-16	Work Programme 15-16	Work Programme 15-16	Work Programme 15-16		Work Programme 15-16	Work Programme 15-16	Work Programme 15-16	Work Programme 15-16	Work Programme 15-16	Work Programme 15-16
Call in											

REASON FOR INCLUSION	21 JAN	29 MARCH	21 APRIL	27 APRIL	RECESS	JUNE	JULY	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Policy Review & Development	Key Cities (JD/Andrew Perkin)	Policy Reviews (Jim Diamond)	Key Cities Workshop (Andrew Perkin/Jim Diamond)								
Performance / Service Improvement		Business Improvement District (Ken Dunbar)		New Wear Bridge – Progress Report (Alison Fellows/David Adby) Tall Ships Race 2018 – Preparations (Ian Flannery)							
Policy Framework											
Consultation	Local Flood Risk Management Strategy Paul Armin)										
Information / Awareness Raising	Background and Remit of New Committee (JD) Work Programme	Forward Plan Work Programme		Forward Plan Work Programme							
Members' items											
Call in											

REASON FOR INCLUSION	25 JUNE D/L 16.06.15	16 JULY D/L 07.07.15	10 SEPTEMBER D/L 01.09.15	8 OCTOBER D/L 29.09.15	5 NOVEMBER D/L 27.10.15	3 DECEMBER D/L 24.11.15	14 JANUARY D/L 05.01.16	11 FEBRUARY D/L 02.02.16	10 MARCH D/L 02.03.16	14 APRIL D/L 05.04.16
Cabinet Referrals and Responses	Youth Justice Plan 2015/16 Revenue Budget Outturn for 2014/2015 and First Revenue Review 2015/2016 Capital Programme Outturn 2014/2015 and First Capital Review 2015/2016 including Treasury Management	Portfolio Holder Response to Policy Reviews 2014/15	Portfolio Holder Response to Policy Reviews 2014/15		Proposal for Budget Consultation 2016/17 Budget Planning Framework 2016/2017 and Medium Term Financial Strategy 2016/2017 – 2018/2019 Capital Programme Second Review 2015/16 Revenue Budget Second Review 2015/2016 Gambling Act 2005 Licensing Act 2003		Annual Audit Letter Revenue Budget 2016/17 Proposals Revenue Budget Third Review 2015/16 Capital Programme - Third Capital Review 2015/2016, Provisional Resources 2016/2017 And Treasury Management Review 2015/2016 SSGA Draft Supplementary Planning Doc & SSGA Delivery Plan	Collection Fund 2015/16 Capital Programme 2016/2017 and Treasury Management Policy and Strategy 2016/2017 Revenue Budget and Proposed Council Tax for 2016/2017 and Medium Term Financial Strategy 2016/2017 to 2018/2019		
Scrutiny Business	Extra Care Housing Membership of Scrutiny Panels Commissioning the Annual Scrutiny Work Programme 2015/16 CIPS Annual Conference Feedback Notice of Key Decisions	Corporate Parenting Annual Report CCG Operational Plan 15/16 Commissioning the Scrutiny Panels 2015/16 Notice of Key Decisions Scrutiny Work Programme 2015/16	Sunderland Safeguarding Update CQC GP Practice Visits (CCG) CYP Community Services – Update (CCG) Notice of Key Decisions Scrutiny Work Programme 2015/16	Sunderland APMS Procurement (CCG) Care and Support - Annual Update Extra Care Housing Notice of Key Decisions Scrutiny Work Programme 2015/16	Notice of Key Decisions Scrutiny Work Programme 2015/16	Review of Scrutiny Safer Sunderland Partnership Annual Report CQC GP Practice Visits (CCG) Monitoring the Delivery of Scrutiny Recommendations Notice of Key Decisions Scrutiny Work Programme 2015/16 Scrutiny Member Development	Council Annual Complaints Report School Performance (Provisional Results) Breast Services Update (CCG) Notice of Key Decisions Scrutiny Work Programme 2015/16	NECA – Proposed Devolution Agreement & Elected Regional Mayor Notice of Key Decisions Scrutiny Work Programmes 2015/16	The Prevent Duty Quality Improvement Framework & Care Home Market Update Sunderland Care and Support - Update Constitutional Changes - Scrutiny Notice of Key Decisions Scrutiny Work Programmes 2015/16	APMS Procurement (CCG) Draft Final Policy Review Reports Scrutiny Annual Report Notice of Key Decisions Scrutiny Work Programmes 2015/16
Lead Scrutiny Member Update		Lead Scrutiny Member Update	Lead Scrutiny Member Update	Lead Scrutiny Member Update	Lead Scrutiny Member Update	Lead Scrutiny Member Update	Lead Scrutiny Member Update			
Substantial Variations to Service - Health										

CCFA/Members items/Petitions										
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