

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

**Meeting to be held on Tuesday, 27th February, 2024 at 5.30pm in
Committee Room 1, at City Hall, Plater Way, Sunderland, SR1 3AA**

Membership

Cllrs Bond, Burnicle, Graham-King, Haque, Heron, Hunter, Jones (Vice-Chairman), Speding, Usher (Chairman), Walton and M. Walker

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

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E. WAUGH,
Assistant Director of Law and Governance,
City Hall,
SUNDERLAND.

19 February, 2024

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in Committee Room 1 of the CITY HALL, SUNDERLAND on TUESDAY, 30 JANUARY, 2024 at 5:30pm.

Present:-

Councillor Usher in the Chair

Councillors Bond, Burnicle, Graham-King, Haque, Heron, Jones, Speding, M. Walker and Walton

Also in attendance:-

Nigel Cummings – Scrutiny Officer, Sunderland City Council
Andrea Hetherington - Director of Corporate Affairs and Legal, South Tyneside and Sunderland NHS Foundation Trust
Sarah Norman – Senior Public Health Practitioner, Sunderland City Council
Julie Parker-Walton – Public Health Consultant, Sunderland City Council
Joanne Stewart – Principal Democratic Services Officer, Sunderland City Council
Gerry Taylor – Executive Director Health, Housing and Communities, Sunderland City Council

Apologies for Absence

Apologies for absence were given on behalf of Councillor Hunter.

Minutes of the last meeting of the Committee held on 16 January, 2024

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 16 January, 2023 (copy circulated) be confirmed and signed as a correct record, subject to the removal of Gerry Taylor from the attendance as her apologies had been submitted.

Declarations of Interest (including Whipping Declarations)

Councillor Jones made an open declaration as an employee of the North East & North Cumbria Integrated Care Board (NECIC).

Update on the Sunderland Alcohol Strategy ‘Calling Time: It’s Time to Rethink Drink’ and Supporting Action Plan

The Executive Director Health, Housing and Communities submitted a report (copy circulated) which provided the Committee with an update on the Sunderland Alcohol Strategy and supporting action plan.

(for copy report – see original minutes)

Sarah Norman, Senior Public Health Practitioner took Members through the report advising that the strategy had been officially launched in July, 2023, setting out seven key priorities which had formed the basis of the partnership action plan.

The Committee were advised of the three objectives of the strategy; prevention and early intervention, providing specialist interventions to promote a quality treatment and recovery system, and protecting children, young people and families from alcoholic related harm. The Sunderland Drug and Alcohol Harm Reduction Group led the development of the action plan, which had then been agreed by the partnership, which comprised of key stakeholders and was chaired by the Chairman of the Sunderland Health and Wellbeing Board and Cabinet Member for Healthy City.

The Chairman thanked Ms. Norman for their informative report and invited questions and comments from the Committee.

In response to a query from Councillor Speding regarding the Balance programme, Ms. Norman advised that they worked with Balance and that they had been involved in the strategy implementation groups and featured in the action plan. In terms of the latest campaign from Balance, the Team had uplifted it and had quite a lot of local coverage of the campaign; they also contributed to the programme as a Council along with seven other local authorities.

In a follow-up comment from Councillor Speding regarding the seven causes of cancer campaign which seemed a more independent to Public Health, Ms. Taylor advised that they worked very closely with Balance and agreed the content of each years' programme of work to ensure that it aligned with our priorities and provided them with feedback. They also received quarterly monitoring forms where they were given the opportunity to provide feedback on other campaigns.

Councillor Speding also referred to the Joint Strategic Needs Assessment (JSNA), commenting that it was due to be signed off later that month, and asked if the Committee would have sight of it, particularly in relation to the actions around alcohol. Ms. Taylor advised that they were preparing a summary of the JSNA on an annual basis. The JSNA remained a live document as new data was released and they ensured that the strategy remained in line with their findings. They also had individual chapters which could pick up detail of specific areas, either population groups or health risks or issues that they looked at as part of the JSNA process.

Councillor Walton asked for some background information on the Balance programme and was advised that it had been around for a number of years, working across seven local authorities and along with promoting campaigns, undertook lobbying government around issues such as minimum unit price and a national alcohol strategy, whilst also having an important role in bringing partners together across the local authorities to discuss areas such as licensing and regulatory services.

Councillor Bond referred to the social changes post CoVid and how residents were now drinking at home, rather than going to public houses, and asked if the strategy had changed to try and tackle those problems.

Ms. Norman advised that they had gathered a lot of information post CoVid and the strategy had been developed last year, therefore they had been able to incorporate a section around the impact CoVid had. The action plan would be a live, fluid document, which over 70 members of the group fed into, and it would capture any emerging trends, allowing partners to be able to react to them. Ms. Parker-Walton explained that they also worked closely with regulatory services and had initiatives around responsible retailing and the environment around alcohol advertising policies and marketing.

Councillor Bond commented that he had not noticed any change in the emphasis of the public health message to outline drinking at home as a problem and Ms. Parker-Walton advised it was an issue she could look into further and feedback to Balance, although a lot of the campaigns in general were around not drinking too much alcohol, rather than focussing on where residents were drinking.

Councillor Haque raised the issue of cheap alcohol and asked what they were doing to reduce the amount on sale and was informed that the team worked very closely with the licensing team; so for instance, they received a copy of every licensing application that was submitted, as well as mediating with retailers and looked for model conditions which could be included such as the strength of alcohol being sold or the sale of single cans and bottles to deter the availability of cheap alcohol. They also continued to be involved in the work of minimum unit pricing and lobbying government.

Councillor Burnicle commented on the number of non-alcoholic alternatives available on the market and commented that at times it was more of a habit for people to have a drink at home on an evening and asked what, if anything, was done to promote 0% alternatives now. Ms. Taylor commented that there was a lack of evidence so far to base any decision on. There had been a government consultation recently on lower and non-alcohol beverages which they had responded to, but added that there were a number of issues in relation to them, such as how they were advertised and promoted, and what impact they had; did they reduce the amount of alcohol consumed or did it encourage drinking.

Ms. Parker-Walton went on to advise that it was not an area they would promote currently but that it was an area that needed more thought and more evidence before making any further decisions on their promotion.

The Chairman asked what happened to retailers who were found guilty of selling counterfeit goods and what was being done to discourage them? Ms. Norman advised that they worked quite closely with licensing and trading standards and it would be trading standards, along with the police, who would approach retailers in these instances as they had further powers to test alcohol being sold but they did support them and held regular meetings to understand where it may be happening and the implications it could have.

In response to a further query from the Chairman regarding street pastors, Ms. Norman advised that they were a recognised voluntary organisation that predominately helped within the nighttime economy providing people with bottles of water, flip flops or to contact family members if they needed collecting from the city centre after a night out.

The Chairman referred to areas in his ward where young people congregated to drink alcohol and Ms. Norman advised that through the Substance Misuse Treatment and Recovery Grant they had funded an additional outreach post so when intelligence was received they could then target those areas. Officers advised Members to share any similar intelligence with them and they could look to target areas around the city.

Councillor Walton asked if they worked in partnership with the Youth Offending Service or Probation and he was advised that they were part of the Drug and Alcohol Harm Reduction Group so they were involved and consulted with.

Councillor Jones referred to one of the actions under objective 2 – exploration of regional opportunities for inpatient detox beds and asked how many beds were commissioned for planned detox's? Ms. Norman advised that she would get the figures circulated to Members but informed the Committee that regionally, Sunderland always used their provision effectively and never had an underspend. She also advised it was on a case-by-case basis and that the budget could vary on need.

There being no further questions, the Chairman thanked Ms. Norman and colleagues for their report and attendance, and it was:-

2. RESOLVED that the report and the progress that was being made to the Sunderland Alcohol Strategy be received and noted and the supporting action plan be endorsed.

Changes to Health Scrutiny Arrangements

The Scrutiny and Members' Support Coordinator submitted a report (copy circulated) which provided an overview of changes that were being made to health scrutiny in England through legislation and guidance issued by the Department for Health and Social Care on 9 January, 2024.

(for copy report – see original minutes)

Nigel Cummings, Scrutiny Coordinator, took Members through the report which set out the changes that were being made to health scrutiny and explained what this would mean in reality for the Committee. He also advised that the powers and duties for health scrutiny and the existing arrangements in their broader sense would continue.

Mr. Cummings referred to FAQ's guidance which had been produced by the Centre for Governance and Public Scrutiny and informed Members he would circulate the link to this for their information.

The Chairman thanked Mr. Cummings for his report and invited questions and comments from the Committee.

Members discussed what the changes would mean to the Scrutiny Committee in real terms, especially in relation to being in a joint NHS trust with South Tyneside, and

were informed that if a reconfiguration of services would only effect one or the other local authority area then that local authority would be the statutory consultee health scrutiny committee. Should the issue be across both authorities then they would have the opportunity to form a joint scrutiny committee, similar to that during the path to excellence, which would then become the statutory consultee.

There being no further questions, the Chairman thanked Mr. Cummings for his report, and it was:-

3. RESOLVED that the information within the report be received and noted.

Work Programme 2023/24

The Scrutiny, Members and Mayoral Support Coordinator submitted a report (copy circulated) which briefed members on the development of the Committee's work programme for the municipal year 2023/24 and appended a copy of the programme for Members' consideration.

(for copy report – see original minutes)

Mr Nigel Cummings, Scrutiny Officer presented the report and briefed the Committee on the current position regarding those items already scheduled on the work programme and those waiting to be programmed in on a suitable date.

Mr. Cummings advised that

4. RESOLVED that the report be received and noted.

There being no further items of business, the Chairman closed the meeting having thanked members and officers for their attendance and contributions.

(Signed) J. USHER,
Chairman.

**SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST – CQC
ACTION PLAN**

**REPORT OF THE DEPUTY DIRECTOR OF NURSING SOUTH TYNESIDE AND
SUNDERLAND NHS FOUNDATION TRUST**

1. PURPOSE OF THE REPORT

- 1.1 To provide the Health and Wellbeing Scrutiny Committee with a further update on the Foundation Trust's action plan following inspection by the Care Quality Commission.

2. BACKGROUND

- 2.1 Following inspection in June and August by the Care Quality Commission South Tyneside and Sunderland NHS Foundation Trust was given an overall rating of 'Requires Improvement' from the previous rating of 'Good'.
- 2.2 A presentation was provided at a recent Health and Wellbeing Scrutiny Committee meeting covering key points from the Foundation Trust's action plan including must and should do actions, progress to date; and how do we get back to 'Good'.
- 2.3 The Health and Wellbeing Scrutiny Committee requested further information from the Foundation Trust on its action plan to ensure that action are progressing to address the improvements highlighted in the CQC inspection report.

3. CURRENT POSITION

- 3.1 A detailed action plan with progress against actions is attached at **appendix one** of this report and covers in detail the Foundation Trust's action plan.
- 3.2 Representation from the South Tyneside and Sunderland NHS Foundation Trust will be in attendance at the meeting to provide the update on the action plan and answer any questions that Members of the Committee may have.

4. RECOMMENDATION

- 4.1 The Health and Wellbeing Scrutiny Committee are asked to note and comment on the information provided.

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SUNDERLAND HEALTH AND WELLBEING SCRUTINY COMMITTEE

FEBRUARY 2024

STSFT CARE QUALITY COMMISSION (CQC) ACTION PLAN UPDATE

Introduction

The CQC identified 46 actions on their final report in February 2023, following inspections in June and August 2022. The current status and progress of the Trust's CQC Action Plan is as follows:

Core Service	Completed	Open
Maternity	10	1
Medicine	16	5
Trust wide	11	3
Total	37	9

The Trust is aiming to have completed all remaining open actions by 31 March 2024, with no further extensions beyond this date. Details of each action is available at Appendix 1. Actions which have been agreed for closure by the Executive Lead and awaiting final sign off by the Patient Safety and Quality Committee are annotated with an *.

The Trust continue to engage with the CQC relationship team on a regular basis, whereby they are assured with the progress being made and the timely responses made regarding any enquiries or concerns.

Closure of some actions are supported by external review evidence, such as Audit-One reports on Safeguarding (rated as substantial assurance) and Incident Management (rated good).

In maternity, additional assessments such as the Ockenden Assurance Visit conducted by the Local Maternity and Neonatal System (LMNS), in October 2023, provide strengthened evidence of the improvements made over the last year. Furthermore, the national Clinical Negligence Scheme for Trusts (CNST) requires compliance with ten safety actions to demonstrate robust systems in place to support safety of women and babies. Trusts that can demonstrate they have achieved all of the ten safety actions will receive an element of their contribution relating to the CNST maternity incentive fund. The recently published national Maternity Patient Survey (9 February 2024) provides further confirmation of sustained improvement within STSFT maternity services.

The Trust successfully recruited to two substantive positions to support actions around learning disabilities and mental capacity. The appointment of a Mental Capacity Act (MCA) Lead and Learning Disabilities Team Manager have accelerated improvements in safeguarding and MCA mandatory training, clinical record systems and Deprivation of Liberty Safeguarding (DoLS) monitoring and oversight.

A Dementia Care Bundle has been introduced, with a new electronic submission for the 'This is Me' document, which informs personalised care plans for patients with dementia.

Future developments

The Trust's CQC Assurance Programme is being refreshed to emulate the CQC's new Single Assessment Framework. As part of this, an evidence schedule will be co-produced with the CQC to facilitate their data intelligence assessments. An evidence repository is being developed to manage this data flow and supports audit processes. Audit-One are currently conducting an independent audit of the CQC assurance programme, with the report due this quarter.

Recommendations

Members are asked to note the progress to date.

Melanie Johnson

Director of Nursing Midwifery and Allied Health Professionals

Appendix 1

Core service (CQC)	CQC statement	Action ID	Action	Status	Update
Maternity	The trust must ensure risk assessments including clinical service risk assessments are up to date, thoroughly assessed and documented and benchmarked against national statutory and best practice guidance. The trust must ensure records of risk assessments are effectively maintained. (Reg 17)	MAT10	Changes to ways of working or environments which affect patient care should have a completed risk assessment in place, approved by the directorate's quality and safety meeting. Records of the risk assessments must be maintained, including on the risk register system.	Complete	Risk assessment for interim second theatre approved. Second theatre has been used 3 times with no incidents. Agreed closure but should incidents occur, further risk assessment to be undertaken. Risk assessment to be carried out for the newly refurbished theatres.
Maternity	The trust must implement an effective system to assess, monitor, and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service (Reg 17)	MAT11	Review the clinical governance arrangements to ensure quality and safety is assessed and monitored to drive improvements. This should as a minimum include the review of incidents, complaints and audit to inform improvements required and identify risk.	Complete	Quality and safety structure agreed with the national maternity support team has been implemented.
Maternity	The trust must implement an effective system to identify and report incidents including the severity of harm. The system must ensure incidents are appropriately reported to internal and external systems within appropriate timescales. The system must ensure incidents are effectively reviewed, lessons and actions are identified and shared with staff. (Reg 17)	MAT4	1) Expedite the progress of the maternity incidents which require review, prioritising those which are graded as moderate and above harm.	Complete	All older incidents closed. Closure agreed. New maternity and neonatal oversight meeting held weekly. MDT review incidents and agree level of harm for CIRG approval. Monthly updates to the Board of Directors showing compliance.

Appendix 1

Core service (CQC)	CQC statement	Action ID	Action	Status	Update
Maternity	The trust must ensure audit information is up to date, accurate and properly analysed, areas for improvement are identified and action is taken to make improvements to the quality and safety of care (Reg 17)	MAT8	Ensure the audit forward plan is comprehensive and robust which includes but not limited to CTG fresh eyes, records audit, WHO checklist. The plan should be reviewed regularly, identifying areas of improvement.	Complete	Audit plan in place, agreed with the National Maternity Improvement Advisor
Maternity	The trust must ensure effective risk and governance systems are implemented that supports safe, quality care. (Reg 17)	MAT9	Develop clear terms of reference for the quality and safety structure, demonstrating a clear process of how ward to board assurances are gained about the quality and safety of services.	Complete	Quality and safety structure agreed with the national maternity support team has been implemented.
Medicine	The trust must ensure staff understand and work within the requirements of the Mental Capacity Act 2005 whenever they work with people who may lack the mental capacity to make specific decisions. (Reg 13)	MED3 & MED 13	1) MCA/LSP Lead post agreed and advertised - MH qualification included in job description. 2) Package agreed by mandatory training panel for immediate implementation. All clinical staff to complete within 6 months of going live then completed annually.	Complete	MCA and DoLs Lead in post. Training compliance high and internal audit showed 'substantial' assurance. MCA 1 = 94.44% and L2 = 84.53%.
Medicine	The trust must ensure staff appropriately record mental capacity assessments and decisions made in service user's best interests. (Reg 13)	MED4 & MED14	1) Mandate the question in Meditech (the Trust's electronic patient record) in relation to patients not having capacity to consent to admission and subsequent mandatory MCA completion. 2) Focussed engagement with core consultants to improve	Complete	1) Meditech documentation changed to add mandatory question in relation to person having capacity to consent to admission. 2) Engagement with Consultants completed. 3) Comms sent Trust wide re: changes.

Appendix 1

Core service (CQC)	CQC statement	Action ID	Action	Status	Update
			recording of MCA and Best Interests decisions within Meditech.		
Medicine	The trust must ensure service user records are audited appropriately to evidence ongoing compliance with the requirements of the Mental Capacity Act 2005 and to identify missed opportunities to safeguard service users. (Reg 13)	MED6 & MED16	1) Development of a Launchpad report to identify patients per ward whereby the mandatory question of has capacity to consent to admission equals 'No' and also has DoLS. 2) Conduct regular audits of those whereby 'No response' and ensure DoLS in place, reporting compliance to CGSG and necessary actions. 3) Audit plan extended to review those records whereby 'Yes' has been response to ensure correct clinical decision made, will be monthly for 3 months then quarterly once Meditech documentation is live.	Complete	1) Complete - Launchpad report on MCA/DoLS implemented. 2) Audits ongoing, with escalation where required. 3) Audit plan extended.
Trust wide	The trust must ensure directors have an appropriate disclosure and barring service check and ensure this is repeated where required or the risks of not repeating checks are considered and assessed. (Reg 5)	TW10	Ensure all Directors, including Non-Executive Directors, have had a DBS completed annually.	Complete	All Directors, including Non-Executive Directors, have had a DBS completed in the last year and will have their DBS status checked annually along with all other checks currently undertaken on an annual basis.
Trust wide	The trust must maintain effective records to evidence adherence to the fit and proper persons	TW12	Remind staff managing the element of the recruitment process of the need to ensure all	Complete	Completed at time of inspection.

Appendix 1

Core service (CQC)	CQC statement	Action ID	Action	Status	Update
	Regulations for directors. (Reg 5)		references all on file in line with Trust policy.		
Trust wide	The trust must implement an effective system to ensure the assessment, prevention and management of infection prevention and control in the physical environment, this is recorded, monitored, and audited with actions taken to improve compliance. (Reg 17)	TW14	The IPC team to continue to undertake quarterly IPC environmental audits, escalating poor compliance where appropriate.	Complete	Quarterly environmental audits continue as business as usual. Themes reported in the IPC Group highlight report to Patient Safety and Governance Committee
Trust wide	The trust must ensure risk assessments including clinical service risk assessments are up to date, thoroughly assessed and documented and benchmarked against national statutory and best practice guidance. The trust must ensure records of risk assessments are effectively maintained. (Reg 17)	TW2	Amend the Trust's Options Appraisal template to include formal risk assessment appendices.	Complete	Completed. The Trust's Business Case Template, Cost Improvement Programme and Workforce Changes templates include options appraisal and risks assessments.
Trust wide	The trust must implement an effective system to learn from deaths which ensures deaths are appropriately and consistently screened, further review is undertaken where required and lessons learnt are effectively identified and shared with teams. (Reg 17)	TW8	<ol style="list-style-type: none"> 1) Commission an independent review of Mortality Governance by NHSE/I 2) Conduct biannual peer reviews at Mortality Review Panel 3) Discuss with NHS Digital regarding Trust SHMI statistics and methodology 4) A framework for directorate/speciality mortality meeting to be circulated and 	Complete	<ol style="list-style-type: none"> 1) The exercise was deemed robust and reassuring by the external members of the group. 2) Complete: Introduced in May 2022. 3) Complete - St Benedict's hospice data will not be included in future SHMI releases. 4) Complete: Addendum added in October 2022 to policy 5) Complete

Appendix 1

Core service (CQC)	CQC statement	Action ID	Action	Status	Update
			implemented, adding as addendum to Trust Mortality Review and Learning from Deaths Policy 5) Introduce standard agenda item at MRG to summarise mortality meetings from directorates 6) Once embedded, develop a quarterly bulletin and circulate in the Trust 7) Develop a reporting process to feedback proportion of stage 1 mortality reviews completed each month		6) Bulletin published 7) A new mortality review performance dashboard has been developed which demonstrates compliance with reviews.
Maternity	The trust must ensure staff complete the WHO safety checklist when required, and ensure this is recorded, monitored, and audited with actions taken to improve compliance. (Reg 12)	MAT2	Compliance monitoring of WHO safer surgery checklist to continue to be monitored via Maternity and Neonatal Quality and Safety Report, however clear action plan to be developed and monitored to improve compliance to 100% in each element.	Complete*	Performance as below: 100% in all elements July - September. In October 1 case not completed for sign out or session, reducing compliance to 99%. Medical Director agreed closure of action and monitor through Maternity/Neonatal Quality & Safety Report.
Maternity	The trust must implement an effective system to ensure service users in established labour receive one to one care in line with best practice. (Reg 17)	MAT5	1) Compliance monitoring of 1:1 care in labour to continue to be monitored via Maternity and Neonatal Quality and Safety Report, however clear action plan to be developed and monitored to improve compliance to 100%. 2) Birth to midwife ratio to be	Complete*	Maternity and Neonatal Safety Champions agreed closure, continue to monitor in QR and through CNST. Consistently 1:1 is now provided to over 90% of women. Midwife vacancy is less than five posts.

Appendix 1

Core service (CQC)	CQC statement	Action ID	Action	Status	Update
			monitored in Maternity and Neonatal Quality Safety Report, escalating where this falls below the target.		
Medicine	The trust must implement an effective system to assess, monitor, and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service (Reg 17)	MED10 & MED19	Review the clinical governance arrangements to ensure quality and safety is assessed and monitored to drive improvements. This should as a minimum include the review of incidents, complaints and audit to inform improvements required and identify risk.	Complete*	PSIRF launch and review of Clinical Governance. Close action, to be picked up as part of these work streams. Audits of CG meetings concluded.
Medicine	The trust must ensure staff undertake and appropriately record intentional rounding of all service users and ensure this is recorded, monitored, and audited with actions taken to improve compliance. (Reg 12)	MED2 & MED 12	Implement weekly programme of audit to review recording of intentional rounding, reporting results and necessary actions.	Complete*	Standard operating procedure implemented. Improvements to Meditech made, rolled out in ST and SRH medical and surgical wards January 2024.
Medicine	The trust should ensure patients living dementia have personalised plans of care which consider their individual needs and preferences.	MED20 & MED 21	Introduce the 'This is Me' documents to inform personalised care plans for patients with dementia.	Complete*	Dementia care bundle agreed, with communications sent by the Nurse Consultant. New electronic submission for This is Me introduced July 2023, plus V6 system.
Medicine	The trust must ensure staff undertake assessments for patients who have a learning disability, where care needs are assessed and planned to meet their individual needs. (Reg 17)	MED7 & MED 17	Review the use of the electronic flagging system to identify patients who have a learning disability, through robust assessment and documentation.	Complete*	Meditech documentation changed to ensure that advice and guidance is easily accessible to the whole MDT.

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Core service (CQC)	CQC statement	Action ID	Action	Status	Update
Trust wide	The trust must implement an effective system to assess, monitor, and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service in line (Reg 17)	TW1	1) Implement the new Sepsis Guidance based on the 'Surviving Sepsis Campaign 2021' 2) Develop an improvement plan 3) Amend data collection in line with new guidance and introduce clinical validation of the data	Complete*	1) Completed 2) Completed - Sepsis Improvement Plan in place. Sepsis performance is good. Patient Safety and Quality Committee agreed to move as business as usual, continuing to report via the Quality report. 3) Completed
Trust wide	The trust must implement an effective system to identify and report incidents including the severity of harm. The system must ensure incidents are appropriately reported to internal and external systems within appropriate timescales. The system must ensure incidents are effectively reviewed, lessons and actions are identified and shared with staff. (Reg 17)	TW11	Review the AuditOne internal audit into incident management report (when published) and complete identified recommendations	Complete*	Director of Nursing agreed closure. PSIRF launched November 2023 which is changing the incident management process/culture. Audit-One report = 'Good' assurance, with all actions completed.
Trust wide	The trust must ensure any patient presenting and assessed by staff as having a learning disability regardless of whether this is identified on GP systems have their individual needs assessed and reviewed by specialist learning disability staff. (Reg 17)	TW5	Following appropriate assessment and identification of patients with potential learning disabilities, staff to flag this in Meditech for the specialist LD team to review and provide support to meet their needs.	Complete*	Flagging for patients with a learning disability has been reviewed and improved in Meditech, with robust assessment.
Trust wide	The trust must implement an effective system to identify,	TW7	1) Amend the incident reporting system to capture incidents of	Complete*	1) Datix (the Trust's incident reporting system) has been

Appendix 1

Core service (CQC)	CQC statement	Action ID	Action	Status	Update
	report and learn from incidents involving the use of restrictive interventions including restraint and rapid tranquilisation. (Reg 17)		restraint (of all types) and rapid tranquilisation 2) Monitor the reporting of such incidents in the mental health steering group		amended accordingly 2) incidents captured and monitored via incident quarterly report and Violence and Aggression Group to identify further improvement and learning.
Maternity	The trust must ensure staff undertake cardiotocographies (CTGs) and ensure this is recorded, assessed, monitored and escalated as appropriate with fresh eyes assessments. (Reg 12)	MAT1	1) Inclusion of CTG audits on the directorate's audit programme for a regular cycle of audit 2) Conduct a re-audit with specific timescales for completion where compliance falls below standards 3) Review the compliance of CTG training by staff group, continuing to report this in the maternity quality and safety report. Escalating where this falls below target	Complete*	1) Completed: CTG audit in the audit plan. This is audited as part of SBL. 2) Weekly audit continues as is reported monthly in Quality report. 3) ongoing CTG compliance training is continuing to be consistently above 90%
Maternity	The trust must implement systems to ensure that midwifery staff are suitably qualified, skilled and competent to care for and meet the needs of patients within all areas of the maternity services, including in the community. (Reg 12)	MAT6	1) Validate the accuracy of ESR to ensure mandatory training and appraisals are captured correctly. 2) Identify those staff overdue as a priority and arrange these to be completed. 3) Diarise those appraisals due to expire in the next three months to ensure these are completed within timescale	Complete*	Appraisal rates are above 85%. Mandatory training is above 85% for all staff groups. Close action, continue to monitor through Quality Report.
Trust wide	The trust must ensure all staff have an appropriate disclosure and barring service check and	TW9	Trust policies to be updated to reflect periodic checks (three yearly) for all staff. Due to the	Complete*	The Trust implemented a new policy for rechecking with the disclosure and barring service

Appendix 1

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	ensure this is repeated where required or the risks of not repeating checks are considered and assessed. (Reg 19)		volume this, it will be implemented over a two year period.		every three years. However there is no legal requirement to mandate the frequency of checks. No concerns have been flagged through this process. Agreed at Executive Committee that the cost outweighs the risk and to cease three yearly checks. All new appointments and promotions continue to be subject to re-checks.
Maternity	The trust must ensure medicines are stored appropriately, and records of medication including controlled drugs, are maintained appropriately. (Reg 12)	MAT3	Conduct regular audit on the storage and record keeping for medication, including controlled drugs	Complete*	Improvements made, however further monitoring continuing as business as usual.
Medicine	The trust must ensure staff appropriately monitor, assess, and escalate when service users' physical health deteriorates in line with best practice, this should be monitored and audited with actions taken to improve compliance. (Reg 12)	MED1 & MED 11	Conduct weekly NEWS escalation audits across all wards, developing action plans with ward manager and matron where compliance is poor.	Complete*	Formal e-mails sent by the Medical Director and Deterioration Recognition and Resuscitation Group (DRRG) Chair to Clinical Directors, Clinical Governance Leads and Clinicians outlining responsibilities around the use of NEWS. Executive Committee and Patient Safety and Quality Committee to receive further

Appendix 1

Core service (CQC)	CQC statement	Action ID	Action	Status	Update
					update on performance in March 24. Performance as at 31 January = Accuracy 100%, Monitoring plan in place = 99.99%, Timeliness =73.76% and escalation = 99.6%.
Trust wide	The trust must implement an effective system to ensure that medical, nursing and midwifery staff have the skills, knowledge, and experience to care for and meet the needs of service users within their service area. Training must include but is not limited to cardiocograph (CTG) interpretation, multidisciplinary skills and drills training including infant abduction, the needs of service users presenting with mental health needs and learning disability and the use of restraint. (Reg 17)	TW3	1) Review the training provided to Trust staff in relation to mental health, learning disability and the use of restraint. This will be in conjunction with CNTW or other specialist provider. 2) Request CNTW to audit those patients presenting with mental health needs have an appropriate risk assessment and management plan.	Complete*	1) LD and Autism diamond mandatory training compliance as of 05/01/2024 = 96.53% for Level 1 and 96.30% for Level 2. The mental health team have delivered bespoke and formal training to staff. 2) There are quarterly reports from CNTW regarding assessment and patients detained on mental health acts at STSFT to support ongoing learning and improvement.
Medicine	The trust must implement an effective system to ensure patients receive timely medicines reconciliation. (Reg 12)	MED8	Implement a focussed quality improvement project to improve medicines reconciliation across the trust.	In Progress	Chief Pharmacist is developing an improvement plan to be reviewed at Executive Committee and Patient Safety & Quality Committee in March 24.
Trust wide	The trust must ensure staff undertake assessments for	TW4	1) Review the use of the electronic flagging system to identify patients	In Progress	LD Team Manager recruited and in post.

Appendix 1

Core service (CQC)	CQC statement	Action ID	Action	Status	Update
	patients who have a learning disability, care needs are assessed and planned to meet their individual needs. (Reg 17)		who have a learning disability so as to allow a through robust assessment and documentation 2) Develop and implement a LD strategy to support workforce, pathways, education, communication and governance		1) Flagging system improved in Meditech. 2) LD Annual Plan developed and in draft, awaiting sign off in March 2024.
Maternity	The trust must implement an effective system to ensure the assessment, prevention and management of infection prevention and control in the physical environment, this is recorded, monitored, and audited with actions taken to improve compliance. (Reg 17)	MAT7	The IPC team undertake quarterly environmental audits. There will be a fortnightly environmental audit done by IPC in the deliver suite till end of November and then monthly until the end of March 2024.	In Progress	Delivery suite and theatres show continued high compliance with environmental standards. Escalation and action plans in place as business as usual if compliance dips.
Medicine	The trust must ensure that persons employed receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform and be enabled where appropriate to obtain further qualifications appropriate to the work they perform. (Reg 18)	MED 9 and MED 18	Ensure mandatory training and appraisal compliance is above trust target.	In Progress	As of 31 December show medicine directorates above 85% with exception of Rehabilitation and Elderly Medicine = 84.52% and Cardiothoracic = 84.35%. Action plan in place to continue and sustain rates. Compliance at 31 December showed mandatory training was all above 85% target for medicine.
Medicine	The trust must ensure staff appropriately monitor, assess, and escalate when service	MED 5 & MED 15	1) Review the risk assessment to include on Meditech. 2) Review the SLA with CNTW to	In Progress	1) Completed

Appendix 1

Core service (CQC)	CQC statement	Action ID	Action	Status	Update
	users' mental health deteriorates. (Reg 12)		strengthen support and education to STSFT staff.		2) Medical Director presenting an update to Executive Committee and Patient Safety & Quality Committee in March 24.
Trust wide	The trust must ensure risks in services are appropriately recorded, assessed, escalated to the trust's board where required, and regularly reviewed. (Reg 17)	TW13	1) Implement escalation process of those risks overdue to Divisional Directors 2) Table the BAF to be reviewed by the Board of Directors on a quarterly basis. 3) Revise the Trust's Risk Management Strategy and Policy, making coherent links with the Board Assurance Framework	In Progress	1) Completed – SOPs developed. 2) Completed – BAF review changed to quarterly. 3) Trust Risk Maturity Assessment is in progress to underpin a new risk framework. Completion date March 2024.
Trust wide	The trust must ensure there is effective oversight of the quality and safety of care provided to patients with mental health needs. (Reg 17)	TW6	1) Development of a Mental Health Strategy 2) Development of Launchpad reports to monitor key measures in relation to quality for these patients	In Progress	The draft Mental Health Plan was considered by PSQ Committee and Executive Committee in November 2023. Update report due at Executive Committee and PSQ Committee in March 24. Improved data collection in Datix to identify whether a patient has LD, Autism or MH. Supports broader triangulation of themes and learning.

REPORT OF THE EXECUTIVE DIRECTOR OF HEALTH, HOUSING AND COMMUNITIES**PHARMACEUTICAL NEEDS ASSESSMENT (PNA) UPDATE AND REVIEW****1. PURPOSE OF THE REPORT**

- 1.1. To present the findings of the Executive Director of Health, Housing and Communities (HHC) and Pharmaceutical Needs Assessment (PNA) Steering Group in relation to Community Pharmacy provision, following the closure of three pharmacies and the reductions in opening hours of 100 hours pharmacies in Sunderland, in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023, which add to and amend the 2013 Regulations.
- 1.2. To assure the Health and Wellbeing Scrutiny Committee (HWBSC) that the Executive Director of HHC, supported by the PNA Steering Group, has considered the potential implications of the closures and reduction in hours of pharmacies in Sunderland. Both are satisfied that these closures do not leave a significant gap in pharmaceutical services in Sunderland and therefore a supplementary statement to the PNA is not required.
- 1.3. To update the HWSC on the implications of recent pharmacy closures on the status of the current Pharmaceutical Needs Assessment (PNA), and subsequent recommendations following a recent PNA update at the Health and Wellbeing Board (HWB) in December 2023.

2. SUMMARY

- 2.1 A reduction in pharmacy access (both geographically and in-relation to opening hours) may impact on the ability of Sunderland-based pharmacies to deliver on the ambitions of the 'Recovering Access to Primary Care Delivery Plan', and wider elements of the place-plan, fairly and equitably.
- 2.2 Following the closure of three pharmacies, and a reduction in opening hours of '100-hour pharmacies' across Sunderland, the Executive Director of Health, Housing and Communities for Sunderland City Council, supported by the PNA Steering Group, assessed the potential impact on Sunderland residents, in order to make a recommendation to the HWB on whether a supplementary statement to the PNA was required. Following this assessment, a recommendation was made to the HWB that a supplementary statement was not required.

2.3 The Executive Director of Health, Housing and Communities, with support from the PNA Steering Group has provided assurance to the HWB that delegated responsibilities in relation to the PNA will continue to be met in the absence of a supplementary statement.

3. INTRODUCTION

3.1 Following the closure of three pharmacies, and a reduction in opening hours of '100-hour pharmacies' across Sunderland, the Executive Director of Health, Housing and Communities for Sunderland City Council, supported by the PNA Steering Group, assessed the potential impact on Sunderland residents in order to make a recommendation to the HWB as to whether a supplementary statement to the PNA was required.

3.2 Following this assessment, a recommendation was made to the HWB that a supplementary statement was not required, however changes to the availability and accessibility of pharmacies across Sunderland prompted wider discussion on the role of the Place Committee in influencing pharmacy-based commissioning, with specific consideration of the role of pharmacy in recovering access to primary care, as well as wider ambitions within the Sunderland Place Plan.

3.3 This report describes the current Community Pharmacy provision across Sunderland following the closure of the following three pharmacies:

a) Lloyds Pharmacy Ltd, Inside Sainsbury's, Silksworth Lane, Silksworth, Sunderland SR3 1PD on 13th June 2023;

b) Lloyds Pharmacy Ltd, Inside Sainsbury's, Wessington Way, Sunderland SR5 3JG on 28th July 2023; and

c) Boots UK Ltd, 2-3 Park Lane, Sunderland SR1 3NX on 11th November 2023.

3.4 The potential implications of these pharmacy closures have been considered and are set out in this report.

3.5 Additionally, the impact of changes to the provision of 100-hour pharmacies which now have the option to reduce their hours down to 72 hours, in accordance with changes to the NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023, has been considered and is set out in this report.

4. BACKGROUND

4.1 Section 128A of the National Health Service Act 2006 (NHS Act 2006) requires each HWB to assess the need for pharmaceutical services in its area and to publish a statement of its assessment. Termed a 'pharmaceutical needs assessment', the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013, as amended (the 2013 regulations) set out the minimum information that must be contained within a pharmaceutical needs assessment and outline the process that must be followed in its development.

4.2 The PNA for Sunderland (July 2022 to July 2025) was agreed by the Health and

- Wellbeing Board in July 2022, with a recommendation for the Executive Director of Health, Housing and Communities to continually review the relevance of the PNA in describing pharmaceutical needs across Sunderland for the lifetime of the PNA document. This includes a recommendation to issue a supplementary statement where pharmacy needs significantly change ahead of the next PNA refresh schedule.
- 4.3 A link to the published PNA for Sunderland is available at: [Pharmaceutical Needs Assessment - Sunderland City Council](#), along with a list of all pharmacies in Sunderland (last updated 3rd October 2023).
- 4.4 The PNA Steering Group was reconvened to support the Executive Director of HHC to fulfil the delegated PNA responsibilities referred to above. The Steering Group has been established to:
- a) Oversee and drive the formal process required for the development of a PNA for Sunderland;
 - b) Ensure that the published PNA complies with all the requirements set out under the Regulations;
 - c) Promote integration of the PNA with other strategies and plans including the Joint Strategic Needs Assessment, the Healthy City Plan, the ICBs' Commissioning Strategy plans and other relevant strategies; and
 - d) Ensure the appropriate maintenance of the PNA, following publication, as required by the Regulations.
- 4.5 The PNA Steering Group comprises of representation from the Council (Public Health), the Local Pharmaceutical Committee, Sunderland Healthwatch, ICB (Medicines Optimisation / Primary Care), Community Pharmacy and Primary Care Support England (PCSE). The Steering Group is chaired by a Public Health Consultant.
- 4.6 The Executive Director and PNA Steering Group are satisfied that the closures do not leave a significant gap in pharmaceutical services in Sunderland. This is due to the remaining pharmacies located within a 1 mile/1.6 km radius of the closed pharmacies that offer equivalent services. There continues to be adequate out of hours access across Sunderland.
- 4.7 Within the 2022 PNA statement it was identified that: 'There is currently adequate provision of NHS pharmaceutical services across Sunderland. There is no access to community pharmacy services within the Coalfields locality during most of the extended GP hours on weekday evenings and generally on Sundays and weekday evenings. Though these wider opening hours are not classified as part of essential services, their availability in the locality could improve access and choice for the local population. This does not highlight a specific need for additional community pharmacies in the Coalfields locality, though access issues should be better understood to establish whether any further action is required.'
- 4.8 Following the publication of the PNA, Sunderland has seen changes to the provision of 100-hour pharmacies, which now have the option to reduce their hours down to 72 hours, in accordance with changes to the NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023.

- 4.9 The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, state a 3-month notice period for a 40-hour pharmacy closure is normally given to NHS England.
- 4.10 In June 2023, the Council was informed by NHS England that two pharmacies were closing in Sunderland over the summer and one in November.
- 4.11 The Executive Director of HHC, supported by the PNA Steering Group has made a judgement as to whether any of these closures could leave 'a significant gap' in pharmaceutical services.
- 4.12 The two key issues that the Executive Director of HHC and PNA Steering Group have considered are:
- how patients can continue to receive pharmaceutical services in the area (particularly out of hours); and
 - whether the local pharmacy network can accommodate the potential increase in workload.
- 4.13 The PNA Steering Group has identified no risk to patients' ability to continue receiving pharmaceutical services in each area and conclude that an adequate out of hours provision remains following these closures.
- 4.14 The PNA Steering Group has confirmed that surrounding pharmacies are happy to accommodate the potential increase in workload without disruption to services.
- 4.15 There are existing arrangements in place across the system for out of hours and emergency supply.
- 4.16 It is not deemed that any of these closures leave 'a significant gap in pharmaceutical services', and therefore a supplementary statement to the PNA 2022-25 is not required.

5. SUMMARY OF CURRENT COMMUNITY PHARMACY PROVISION IN SUNDERLAND

- 5.1 Since the Sunderland PNA was published in July 2022, Sunderland has seen changes to the provision of 100-hour pharmacies. This was due to a regulatory change that took effect in May 2023 which gave pharmacies the option to reduce their hours down to 72 hours, in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023.
- 5.2 Sunderland continues to have 4 former 100-hour pharmacies, all of which have reduced their hours, now delivering between 72 and 88 hours a week.
- 5.3 There have been three pharmacy closures since the PNA was published. In relation to these changes, the PNA Steering Group has concluded that:
- i. Patients can continue to receive equivalent pharmaceutical services within the area (1 mile radius);

- ii. Patients continue to have adequate out of hours provision; and
 - iii. The local pharmacy network can accommodate the potential increase in workload without disruption to services.
- 5.4 Sunderland Healthwatch is part of the PNA Steering Group to represent the voice of patients. Healthwatch has identified that there was little feedback raised about the closure of the three pharmacies. However, what was received was focused on the communication of closures to patients as opposed to concerns around access.
- 5.5 To better understand if there are any Community Pharmacy access issues within the Coalfields area the PNA Steering Group has looked at the current provision and assessed this against expressed need since the PNA was published.
- 5.6 Houghton Medical Group offers an extended access provision within the Coalfields area, opening weekdays until 20.00, Saturday 09.00-17.00 and Sunday 10.00–15.00.
- 5.7 Coalfields has not had any pharmacy closures, with eleven 40-hour pharmacies remaining within the area. Pharmaceutical services are available across Coalfields between 08.00-18.30 Monday to Friday (08.00-19.30 on Wednesdays) and 08.30–12.30 on Saturdays. There is no provision on Sundays.
- 5.8 In addition to the community pharmaceutical services provided in Sunderland, there are also several community pharmacies within County Durham that could be more accessible for some residents who live in the Coalfields area. These include weekend provision, however, weekday evening access remains limited.
- 5.9 Both Healthwatch and General Practices within the Coalfields area have received no patient concerns around access to pharmaceutical services specifically within the area.
- 5.10 Healthwatch and General Practices will continue to work with the PNA Steering Group to ensure that patient feedback is highlighted in all changes to pharmaceutical services within Sunderland. The LPC and Healthwatch closely assess the potential impacts on vulnerable groups and patient groups that could experience access issues.
- 5.11 The PNA Steering Group has considered the current community pharmacy provision across Sunderland and concluded that there is no significant gap in pharmaceutical services. There continues to be adequate out of hours access across Sunderland. The Coalfields area continues to have adequate access. The PNA Steering Group will continue to work with Healthwatch and General Practices to review the impact on patients of any changes to pharmaceutical services across the city.

6. CONTRIBUTION TO DELIVERING THE HEALTHY CITY PLAN

- 6.1 The clinical governance responsibilities of the PNA Steering Group will continue to support the improvement of health as set out in the Healthy City Plan by ensuring an adequate provision of Pharmaceutical services is available to residents of Sunderland.
- 6.2 The closure of the three pharmacies has not had an implication on delivery of the Healthy City Plan. Pharmaceutical provision is available across the city and will continue to support the improvement of health across Sunderland.

7. ROLE OF PHARMACY IN SUPPORTING THE RECOVERING ACCESS TO PRIMARY CARE DELIVERY PLAN AND WIDER ELEMENTS OF THE SUNDERLAND PLACE PLAN

7.1 A paper on the PNA was considered by Sunderland Place Committee at their meeting on 13th December 2023 as relevant to the role of the Place Committee in relation to community pharmacy provision. Recovering access to primary care is a key objective within the Sunderland Place Plan (Priority One: Supporting primary and community care integration). This includes local delivery of key elements of the national [delivery plan for recovering access to primary care](#). Within this plan, pharmacies are identified as playing a key part of primary care recovery, with a specific role in relation to:

- Empowering patients through expansion and investment of community pharmacy services, including provision of oral contraceptives and blood pressure services.
- The launch of ‘Pharmacy First’, and associated access to prescription-only medicines for seven common conditions (i.e. sinusitis, sore throat, earache, infected insect bites, impetigo, shingles, uncomplicated urinary tract infections in women).

7.2 Improved access to pharmacy-based support is anticipated to contribute to the redirection of over 15% of GP-bound patients through improved care navigation over the next 2-years. £645 million has been pledged nationally to support this, subject to further consultation.

7.3 These new provisions will add to the existing combination of enhanced, advanced and locally commissioned pharmacy services that are available to Community Pharmacy in addition to essential pharmacy services. A summary of enhanced, advanced and locally commissioned services have been outlined below, with details on where commissioning and/or coordination of these functions currently sits within the ICS.

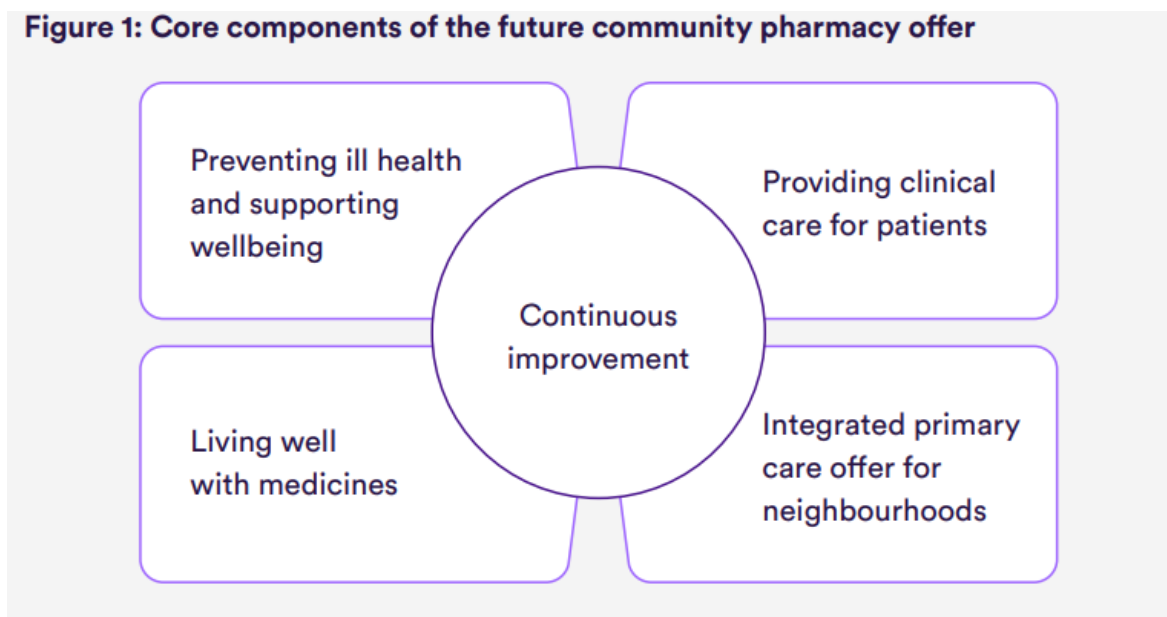
Type of service	Available services	Commissioner/Coordinator
Advanced	<ul style="list-style-type: none"> • Appliance use review (AUR) • Community pharmacist consultation service (CPCS) • Flu vaccination service • Hep C testing • Hypertension case finding service • COVID LFD service 	<ul style="list-style-type: none"> • NENC Primary Care Transformation Directorate/ Medical Directorate (subject to restructure)

	<ul style="list-style-type: none"> • New medicines service (NMS) • Pharmacy contraception service • Smoking cessation (NHS Trust referral/maternity) • Stoma appliance customization (SAC) 	
National Enhanced Services	<ul style="list-style-type: none"> • COVID-19 vaccination 	<ul style="list-style-type: none"> • System Vaccine Operations Centre (SVOC)
Locally commissioned (via Public Health)	<ul style="list-style-type: none"> • Smoking cessation (Public Health) • STI testing (Public Health) • C-card (Public Health) • Emergency hormonal contraception (Public Health) • Supervised Consumption (Public Health) • Needle Exchange (Public Health) • Community Pharmacy Leadership for Plus Programme (Public Health) 	<ul style="list-style-type: none"> • NENC Transformation Directorate/Medical Directorate (subject to restructure) • Local Authority Public Health Teams (needle exchange and supervised consumption commissioned via Wear Recovery service)

7.4 Whilst a significant element of community pharmacy commissioning is overseen on a NENC-wide footprint, there are elements of localized commissioning and influence (e.g. via HWB’s statutory PNA responsibilities) that may be better supported through Place Committee oversight. This would ensure community pharmacy transformation has an equitable impact across the local population and maximizes opportunities for integration with wider place-based transformation.

7.5 Community Pharmacy England recently commissioned The Nuffield Trust and The King’s Fund, to develop a [‘vision for community pharmacy’](#) which made reference to the contribution of community pharmacy to local health and care systems, with specific reference to four key components of health and wellbeing support as outlined in fig 1.1 below.

Figure 1: Core components of the future community pharmacy offer



7.6 The report cited further work carried out by National Voices¹, in which four core areas of enhanced provision were identified as being advantageously supported by community pharmacy, this included:

- Offer of diagnostic and monitoring services for people with long-term conditions.
- Continuity of care for both long-term conditions and people who need episode care over the life course.
- Holistic care rooted in the needs of communities as well as individual patients.
- A 'no wrong door' approach to health information.

7.7 The Sunderland Place Committee at their meeting on the 13th December 2023:

- Acknowledged the Health and Wellbeing Board recommendation to not produce a supplementary statement of the PNA following the recent changes outlined in the paper.
- Considered how the Place Committee may evolve to better incorporate the role of community pharmacy in supporting key Place Plan priorities and objectives, alongside supporting wider opportunity to influence system-level commissioning of community pharmacy provision.

8. PHARMACEUTICAL NEEDS ASSESSMENT 2025

8.1 A new full PNA will be undertaken in 2024 to be published by July 2025.

9. RECOMMENDATIONS

9.1 That the Health and Wellbeing Scrutiny Committee note and comment on the information in the report.

¹ National voices is an umbrella organisation for charities in the health and care sector

WATER QUALITY IN SUNDERLAND

REPORT OF THE EXECUTIVE DIRECTOR OF HEALTH, HOUSING AND COMMUNITIES

1. Purpose of the Report

- 1.1 Following on from the recently published report by the UK Health Security Agency (UKHSA) into the outbreak of gastro-intestinal illness in participants at the World Triathlon Event held at Sunderland, the report provides an overview of water quality, including legislation governing water quality and to which organisations responsibilities lie.

2. Background

- 2.1 The UKSHA recently published its report into the outbreak of gastro-intestinal illness in participants at the World Triathlon Event held in Sunderland in July 2023. The conclusions from the UKSHA were that this was an outbreak of gastro-intestinal (GI) infection, mainly caused by norovirus, affecting participants in a large triathlon event, with over 1,200 people taking part over a two-day period. The outbreak control team concluding that the common exposure of all cases having swum in the sea was the most likely source of infection¹.
- 2.2 Cllr Bond, Member of the Health and Wellbeing Scrutiny Committee, requested that this issue be scheduled as part of the Committee's work programme, as an item related to public health, to look at water quality, the associated legislation and responsible authorities.

3. Water Quality

- 3.1 With a coastline of around 30,000 kilometres, and several rivers and lakes running through its land, the United Kingdom has a vast amount of water resources at its disposal. Generally, water quality issues are looked after by the Environment Agency. This national environmental regulator is responsible for controlling discharges to rivers, lakes, coastal waters and other water courses.
- 3.2 Certain coastal waters used for bathing and recreation are designated under the Bathing Waters Directive. A classification system for bathing waters was introduced in 2015, with councils required to provide information on the more stringent standards during the bathing season, which runs from 15 May to 30 September each year. Each bathing water beach is given one of the following annual classifications:
- Excellent - the highest, cleanest class
 - Good - generally good water quality

¹ Outbreak report Outbreak of gastro-intestinal illness in participants at the World Triathlon Event held at Sunderland, July 2023. Published by North East Health Protection Team on behalf of the Outbreak Control Team December 2023. UKSHA

- Sufficient - the water meets minimum standards
 - Poor - the water has not met the minimum standards. Work is planned to improve bathing waters not yet reaching Sufficient.
- 3.3 All designated bathing waters across the UK are tested for bacteria that are a risk to our health. E.coli and intestinal enterococci are significant indicators of the presence of sewage in waterways. Water quality is tested throughout the bathing season, which runs from 15th May – 30th September in England and Wales, and 1st June – 15th September in Scotland and Northern Ireland.
- 3.4 Samples are taken once a week by the environmental regulator, which for England is the Environment Agency (EA). Samples are tested within 24 hours in a specialist lab. The results of these tests are what are used to classify bathing waters as detailed previously. Polluters and governments have a legal obligation to improve water quality at all bathing waters. If a bathing water is classified as ‘poor’ for five years in a row, it is de-designated.

4. Water Quality – Sunderland Beaches

- 4.1 In Sunderland, there are two designated bathing waters located at Roker Beach and Seaburn Beach respectively. Roker Beach is a gently sloping sandy resort beach approximately 1.5 kilometres in length which lies immediately north of the pier at the mouth of the River Wear. The beach has a road access ramp to the northern end and is backed by a promenade for the southern half. While Seaburn Beach is a gently sloping sandy resort beach measuring approximately 1.5 kilometres in length to the north of Sunderland. The beach is backed by a promenade for most of its length².
- 4.2 The Environment Agency, who are responsible for monitoring bathing water quality, have monitored both Roker and Seaburn Beaches for a number of years and the data for 2020-2023 is attached at Appendix 1 of this report. Both beaches have been classified as ‘Excellent’ throughout the prescribed monitoring periods, with one exception on 11 September 2023 when bathing was not advised, due to pollution from abnormal rainfall. Although it is acknowledged that this does not include testing for norovirus. Further information can be found at the Environment Agency website ([Bathing waters data - sample history](#)). Both beaches also currently have Blue Flag status.
- 4.3 Further to this the Environment Agency also note that there are no active pollution risk forecasts made at either bathing water site. However, any bathing water has the potential to be affected by a pollution incident and if this occurs a pollution risk warning with associated advice against bathing will be issued on this website³.
- 4.4 The UKSHA report into the outbreak of gastro-intestinal infection (GI) at the World Triathlon event concluded that this was mainly caused by norovirus. The outbreak control team (OCT) also concluded that the common exposure of all cases was having swum in the sea and that this was the most likely source of infection.
- 4.5 The report also highlighted the potential risk of GI illness associated with open water swimming, with outbreaks reported in many countries involving a range of

² Department for Environment, Food and Rural Affairs

³ 2023 Bathing Water Profile for Roker and Seaburn Sunderland – Environment Agency

pathogens. Reducing the risk of illness is well-publicised but the report acknowledges that this can be a challenge in events of this nature, particularly where the swimming element is the initial part of the event. Athletes are unlikely to be able to take the time to undertake the general hygiene measures to reduce these risks and will also have hand-to-mouth contact during the remainder of the race.

- 4.6 The OCT recommended in its conclusions that this information should be shared and highlighted with any participants in future events by the event organisers.
- 4.7 It is also worth highlighting that Sunderland City Council's role is primarily defined as a Coast Protection Authority under the Coast Protection Act 1949 (CPA) and has a coastal erosion risk management function under the Flood and Water Management Act 2010. The CPA is administered by DEFRA and is broadly intended to allow Coast Protection Authorities to carry out capital works. The Environment Agency remains the primary sea defence authority for England, while Coast Protection Authorities have two functions; regulating the protection works of others (such as landowners), and promoting their own schemes part-funded by grants from the EA.

5. Legislation

- 5.1 The water and sewerage sectors in England and Wales have to comply with several different Acts of Parliament and European Directives. The legislation covers the following broad areas:
- economic regulation of the sector
 - water supply
 - sewerage services
 - drinking water quality
 - environmental standards
 - customer service
 - flood and drought protection and adaptation.
- 5.2 The Water Act 1989 provided for the privatisation of the former water authorities. Water related legislation (including the Water Act 1989) was subsequently consolidated into new Acts of Parliament. This included the Water Industry Act 1991, which set out the main powers and duties of the water and sewerage companies, thus replacing those set out in the Water Act 1989 and defined the powers of the Water Services Regulation Authority (Ofwat). Also, the Water Resources Act 1991, established the functions of the National Rivers Authority (now the Environment Agency) and introduced water quality classifications and objectives for the first time.
- 5.3 Subsequent acts have continued to modify legislation. The Environment Act 1995 led to restructuring of environmental regulation and placed a duty on the companies to promote the efficient use of water by customers. It created a new body, the Environment Agency. The Flood and Water Management Act 2010 encouraged the use of sustainable urban drainage systems (SUDs) and amended the Water Industry Act to modernise the list of activities that can be restricted by water companies in a drought.

5.4 The majority of the UK's recent environmental legislation regarding water originates in the European Union (EU). Some of the most important directives for the water and sewerage sectors are as follows:

- The **Water Framework Directive** sets objectives and deadlines for improving water quality. It looks overall at both the ecology of the water and its chemical characteristics.
- The **Urban Wastewater Treatment Directive** aims to protect the water environment from being damaged by urban waste water and certain industrial discharges.
- The **Drinking Water Directive** sets quality standards for drinking water and requires drinking water quality to be monitored and reported.
- The **Bathing Water Directive** aims to protect public health and the environment by keeping coastal and inland bathing waters free from pollution.
- The **Sewage Sludge Directive** aims to encourage the use of sewage sludge in agriculture and to regulate its use in such a way as to prevent harmful effects on soil, vegetation, animals and man.

6. Water Regulatory Bodies and Framework

6.1 Since the water and sewerage industry was privatised in 1989 a regulatory framework has been in place to ensure that consumers receive high standards of service at a fair price. The **Department of Environment, Food and Rural Affairs** (DEFRA) sets the overall water and sewerage policy framework in England. This includes standard setting, drafting of legislation and creating special permits (e.g. drought orders) when required.

6.2 **Ofwat** are the economic regulator of the water and sewerage sectors. Ofwat's primary responsibilities are to protect the interests of consumers, wherever appropriate by promoting competition, making sure that the water companies properly carry out their functions and ensure that the water companies can finance their functions.

6.3 The **Environment Agency** are the environmental regulator of the water and sewerage sector in England. They are the principal adviser to the government on the environment, and the leading public body protecting and improving the environment of England. They also oversee coastal management in the UK, and work in partnership with a range of other organisations to reduce flood risk, promote sustainable development and secure environmental and social benefits.

6.4 The **Drinking Water Inspectorate** are the regulator responsible for the quality of drinking water in England and Wales. They check that the water companies in England and Wales supply water that is safe to drink and meets the standards set in the Water Quality Regulations.

6.5 The **Consumer Council for Water** represent consumers within the water and sewerage sectors. They also investigate consumer complaints that have not been satisfactorily resolved by the water companies.

6.6 **Natural England** are the government's advisor on the natural environment. They provide practical advice, grounded in science, on how best to safeguard England's natural wealth for the benefit of everyone. Their purpose is to protect and improve

England's natural environment and encourage people to enjoy and get involved in their surroundings.

6.7 **Northumbrian Water** are the water and sewerage service provider for approximately to 2.7 million people in the north east of England.

7. In Summary

7.1 Water quality and the management of the various water systems in the UK are extremely important, from water we drink to sewage treatment and the management and protection of inland and coastal waterways. There is also a raft of legislation and directives which provide the legal framework to the operation, management, and protection of water in England.

7.2 As well as legislation there are a number of regulatory bodies which oversee, regulate and monitor the management of water in England, this includes coastal waters, rivers, streams, drinking water and sewerage. Importantly the Environment Agency are responsible for monitoring the quality of bathing water around the English coastline, including both Seaburn and Roker beaches in Sunderland.

7.3 A number of regulatory bodies have responsibility for water management while the Local Authority, as the Coast Protection Authority, manages the risk of coastal change on their section of the coast through inspection and maintenance of coastal protection structures in its ownership. These inspections aim to prevent erosion and damage, in the interests of public safety. The legislation does not make it a statutory requirement to defend the coast.

7.4 The incident of an outbreak of norovirus at the World Triathlon event has been attributed to the swim element of the event by the UKSHA. Swimming in open water does have its risks, and despite event water quality testing, the water in the harbour area is large and changes rapidly due to the tide. Also prior to the event there was heavy rainfall and adverse weather in the area which as UKSHA reports can have an impact on water quality and has previously been reported as a factor in other outbreaks associated with open swimming.

7.5 The UKSHA report does identify some lessons and recommendations that should be followed up by the appropriate bodies including the Environment Agency and British Triathlon when considering future events.

8. Recommendations

8.1 That the Health and Wellbeing Scrutiny Committee note and comment on the report.

9. Background Papers

Outbreak report Outbreak of gastro-intestinal illness in participants at the World Triathlon Event held at Sunderland, July 2023. Published by North East Health Protection Team on behalf of the Outbreak Control Team December 2023. UKSHA: [2023 World Triathlon Championship Series Sunderland – UKSHA investigation completed – British Triathlon](#)

Water Act 1989: [Water Act 1989 \(legislation.gov.uk\)](#)

Water industry Act 1991: [Water Industry Act 1991 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1991/43)

Water Resources Act 1991: [Water Resources Act 1991 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1991/42)

Flood and Water Management Act 2010: [Flood and Water Management Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2010/27)

Ofwat Website: [Home - Ofwat](https://www.ofwat.gov.uk/)

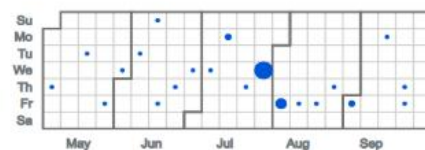
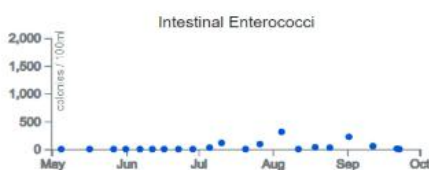
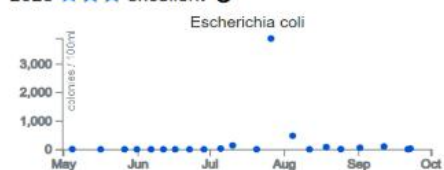
DEFRA Website: [Department for Environment, Food & Rural Affairs - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/organisations/department-for-environment-food-and-rural-affairs)

Environment Agency Website: [Environment Agency - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/organisations/environment-agency)

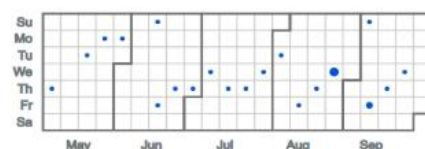
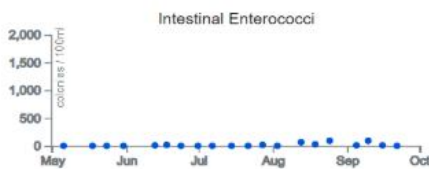
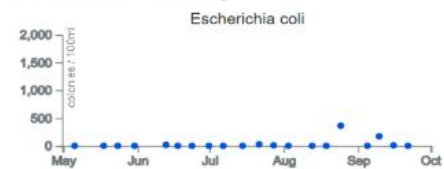
Northumbrian Water Website: [Northumbrian Water | Supplying Water and Sewerage Services in the North East of England \(nwl.co.uk\)](https://www.nwl.co.uk/)

Roker - Sunderland

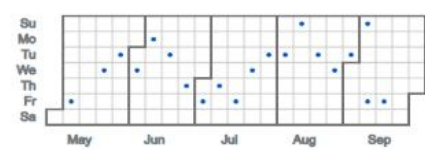
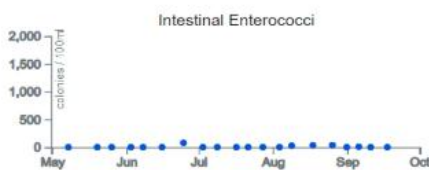
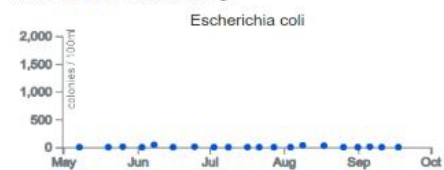
2023 ★★★★★ excellent ⓘ



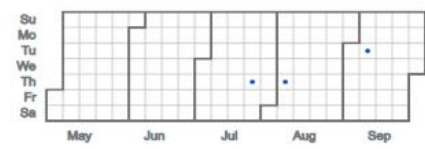
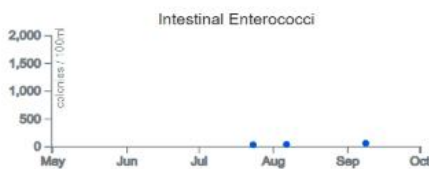
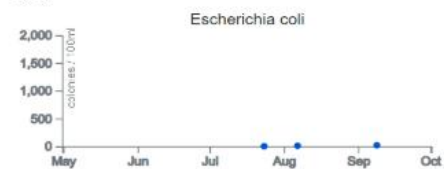
2022 ★★★★★ excellent ⓘ



2021 ★★★★★ excellent ⓘ

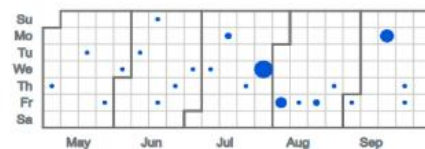
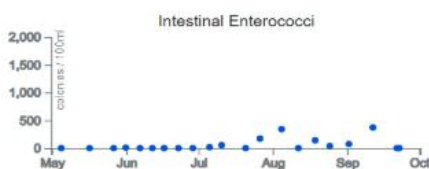
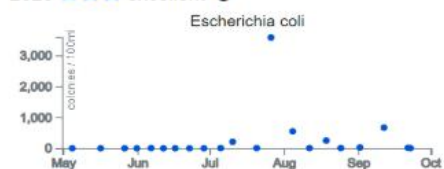


2020

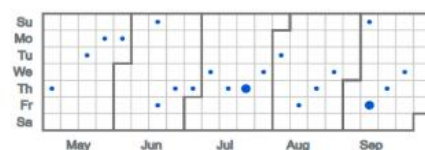
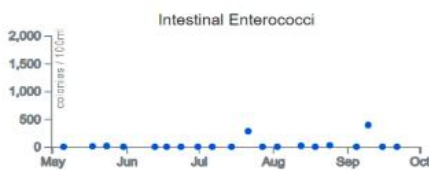
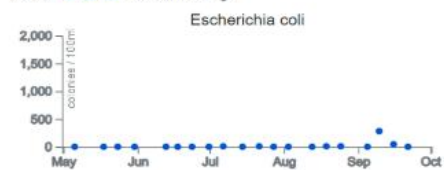


Seaburn - Sunderland

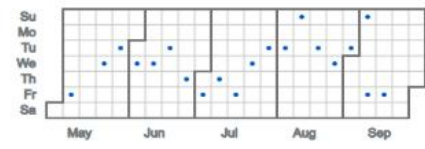
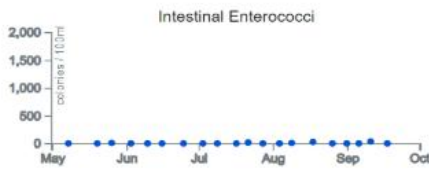
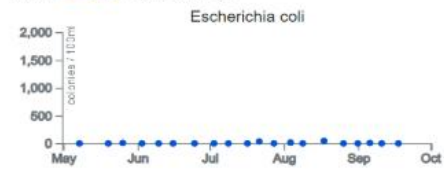
2023 ★★★★★ excellent ⓘ



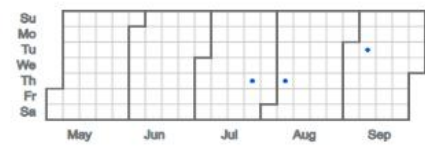
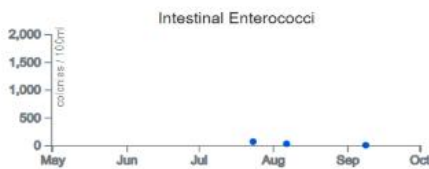
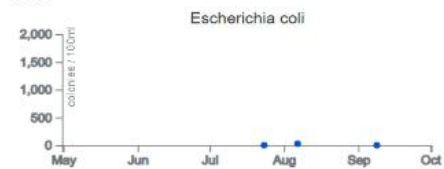
2022 ★★★★★ excellent ⓘ



2021 ★★★★★ excellent ⓘ



2020



WORK PROGRAMME 2023/24

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

1. Purpose of the Report

- 1.1 The report attaches, for Members' information, the current work programme for the Committee's work during the 2023-24 Council year.
- 1.2 The report also provides an update on a number of potential topics as raised by Members, for the Committee's consideration.

2. Background

- 2.1 The work programme is a living document which Committee can develop throughout the year. As a living document the work programme allows Members and Officers to maintain an overview of work planned and undertaken during the Council year.
- 2.2 In order to ensure that the Committee is able to undertake all of its business and respond to emerging issues, there will be scope for additional meetings or visits not detailed in the work programme.
- 2.3 The work programme should reflect the remit of the Committee and the need to balance its responsibility for undertaking scrutiny, performance management and policy review (where necessary).

3. Work Programme Update

- 3.1 The Health and Wellbeing Scrutiny Committee raised a number of issues at its work programme development session and a number of these issues have now been programmed into the Committee's work programme for 2023/24.

4. Recommendations

- 4.1 That the Health and Wellbeing Scrutiny Committee notes and comments on the work programme of the committee, including any amendments.

5. Background Papers

- 5.1 Scrutiny Agendas and Minutes

Contact Officer: Nigel Cummings
Tel: 07554 414 878
Nigel.cummings@sunderland.gov.uk

HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2023-24

REASON FOR INCLUSION		4 JULY 23 D/L:23 JUNE 23	5 SEPTEMBER 23 D/L:25 AUGUST 23	3 OCTOBER 23 D/L: 22 SEPT 23	31 OCTOBER 23 D/L: 20 OCT 23	28 NOVEMBER 23 D/L: 17 NOV 23	16 JANUARY 24 D/L: 5 JAN 24	30 JANUARY 24 D/L: 19 JAN 24	27 FEBRUARY 24 D/L: 16 FEB 24	26 MARCH 24 D/L: 15 MAR 24
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business		Dental Services Update (NHS Improvement) Task and Finish Working Group Report (N Cummings) Determining the Scrutiny Work Programme (N Cummings)	Elective and Diagnostic Backlog (NHS FT)	SSAB Annual Report (Sunderland Safeguarding Adults Board) Public Health – Annual Report (Gerry Taylor) Task and Finish Scoping Report (N Cummings)	ICB Sunderland Update (Scott Watson) Winter Planning (ATB/ICB)	South Tyneside & Sunderland NHS FT CQC Inspection Action Plan (NHS FT) Sunderland NHS FT work with college on recruitment in NHS (NHS FT)	MH Strategy Update incl. Community MH in the City (Sunderland ICB, Public Health) Suicide Prevention Update (Gerry Taylor)	Alcohol Strategy – Update also include Alcohol Care Team (Gerry Taylor, NHS FT) Changes to Health Scrutiny Arrangements (Nigel Cummings)	Pharmaceutical Needs Assessment Update (Gerry Taylor) South Tyneside & Sunderland NHS FT Action Plan Update (NHS FT) Water Quality (Public Health)	GP Access Update incl. pilot schemes (Sunderland ICB) North East Ambulance Service Update (Mark Cotton) Oral Health Improvements – New Strategy (Gerry Taylor) Annual Report (Nigel Cummings)
Performance / Service Improvement										
Consultation/ Information & Awareness Raising		Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23

NOTICE OF KEY DECISIONS

REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT COORDINATOR

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28-day period from 14 FebJanuary 2024.

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 14 February 2024 is attached marked **Appendix 1**.

3. CURRENT POSITION

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

4. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions for the 28-day period from 14 February 2024 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
07554 414 878
Nigel.cummings@sunderland.gov.uk

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
221006/744	To seek agreement to enter into the Northumbria Road Safety Initiative Partnership and Collaboration Agreement.	Cabinet	Y	14 March 2024	N	Not applicable.	Cabinet report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220207/690	To approve the sale of the former Alex Smiles site and to undertake required remedial works.	Cabinet	Y	14 March 2024	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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220524/714	To agree to the grant of an option to sell property at Richmond Street, Sheepfolds, Sunderland.	Cabinet	Y	14 March 2024	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
221110/753	To seek approval for the Disposal of an Industrial Property in Washington.	Cabinet	Y	14 March 2024	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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230428/799	To seek approval for Housing Strategy for Sunderland 2023 - 2030	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
230818/831	To update Cabinet on the Masterplan proposals for High Street West, Sunderland and to seek approval to appoint a Multi-disciplinary Design Team to progress the feasibility, design and planning work to develop the Project.	Cabinet	Yes	14 March 2024	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
230927/840	To Seek Cabinet Approval for the Siglion Business Plan	Cabinet	Y	14 March 2024	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the	Cabinet Report	Democratic Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

						public interest in disclosing the information.		
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231116/856	To consider Housing Investment and Delivery Plan Housing Disposals	Cabinet	Y	14 March 2024	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
231120/857	To approve works to address storm damage to pier	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
231211/863	To provide an update on the former Civic Centre site	Cabinet	Y	During the period 31 January to 31 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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240108/867	To approve the Community Asset Transfer Policy	Cabinet	N	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240115/868	To seek approval to the partnership with Salvation Army in the creation of a Homeless Hub	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240116/869	To consider the review of Public Spaces Protection Orders	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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240118/870	To procure a developer for the Sheepfolds Neighbourhood of Riverside Sunderland	Cabinet	Y	14 March 2024	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240119/871	To seek approval to enter into a new operating agreement with Sunderland BID Ltd for the period 1 April 2024 to 31 March 2029	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240119/872	To seek acknowledgement of the Homes England Compliance Report	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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240122/873	To receive an update on Sunnyside Regeneration Activity and to approve the Sunnyside Place Strategy	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240122/874	To procure consultants to deliver the Sunnyside Place Strategy	Cabinet	Y	14 March 2024	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240122/875	To provide an update on the delivery proposals for Riverside Park Sunderland and seek authority to proceed with procurement and construction of the first phases of work	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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240126/876	To consider the updated Local Welfare Provision Policy and Discretionary Housing Payment Policy	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240201/877	To seek approval to procure works and award contracts for construction of a new school building for Thorney Close Primary School	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240201/878	To seek approval for the proposed maintained school admission arrangements for the academic year September 2025-2026	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240202/879	To approve Council Tax Premiums and Discounts	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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240205/880	To approve the Highways Maintenance (including Bridges) and Integrated Transport Capital Programme 2024-2025	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240205/881	To seek approval to procure training providers to deliver the devolved Adult Education Budget – academic year 2024/2025	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240205/882	To seek approval to receive external funding to develop new sport and physical activity 'playZones' across the city.	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240206/883	To seek approval to award funding to Third Sector organisations providing social care related services	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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240208/884	To seek Cabinet approval for the letting of buildings at Hillthorn Business Park and Washington Road	Cabinet	Y	14 March 2024	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240208/885	To seek approval to transfer external grant funding to SLM to support additional revenue and capital costs incurred at the Hetton Community Pool and Wellness Centre	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA 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
240208/886	To approve a delivery model for the provision of Biodiversity Net Gain ("BNG") including the use of Council owned land and the passporting of monies secured from third parties for the delivery of BNG.	Cabinet	Y	14 March 2024	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240209/887	To seek approval to procure and appoint an Electric Vehicle Charge-point Operator to deliver Residential Community Charging Hubs	Cabinet	Y	During the period 14 March to 30 June 2024	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA 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 Democratic 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 Democratic Services team City Hall, Plater Way, Sunderland, or by email to committees@sunderland.gov.uk

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

Who will decide;

Councillor Graeme Miller – Leader; Councillor Claire Rowntree – Deputy Leader & Clean Green City; Councillor Paul Stewart - Cabinet Secretary; Councillor Kelly Chequer – Healthy City; Councillor Kevin Johnston – Dynamic City; Councillor John Price – Vibrant City; Councillor Linda Williams – Children, Education and Skills.

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

Elaine Waugh,
Assistant Director of Law and Governance

14 February 2024