

OVERVIEW AND SCRUTINY UPDATE

Report of the Head of Scrutiny and Area Arrangements

1.0 Purpose of Report

- 1.1 This report presents the final Health Protocol for consideration and endorsement, and informs the Board of the Council's key scrutiny activities for the Municipal Year 2013/14

2.0 Health Protocol

- 2.1 In 2012/13 the Council's Public Health, Wellness and Culture Scrutiny Panel undertook a review which looked at the role of the local authority in health issues. A resulting recommendation from the review identified the need for a health protocol to encourage joint working and information sharing between key partners in the new health landscape. The Scrutiny Committee commissioned this piece of work to be undertaken by Public Health, Wellness and Culture Scrutiny Panel.
- 2.2 In the latter part of the 2012/13 Municipal Year, the Scrutiny Panel worked in consultation with the Health and Wellbeing Board; NHS England, Healthwatch Sunderland and the Clinical Commissioning Group, to develop a protocol which provides a framework for joint working and information sharing between partners in the first year of operation. All of the proposed signatories have now provided comments on the draft Protocol and are supportive of its content.
- 2.3 The final draft of the Protocol (**Annex 1**) was endorsed by the Scrutiny Committee at its meeting of 11 July 2013.
- 2.4 The next stage will be the implementation of the protocol. Partners are asked to formally sign up to the Protocol and utilise it as a tool to aid discussion about joint working and sharing information in practice.
- 2.5 The protocol is a working document and can be amended at any time by agreement between partners. The protocol will be reviewed and evaluated by the Council's scrutiny function six months from the date of implementation, using a developed checklist for determining progress, contained within the Protocol.

3.0 Annual Scrutiny Work Programme 2013/14

- 3.1 A key component of the Health Protocol is to actively share information, where it is felt to be of relevance to the key functions and activities of

partners. To that end, this section of the report details the Scrutiny Committee's Annual Work Programme of policy reviews.

- 3.2 On 13 June 2013 the Council's Scrutiny Committee considered those policy review topics brought forward from its Annual Scrutiny Debate, held on Thursday 23 May at the Quayside Exchange, and commissioned a number of reviews (detailed in **Annex 2**) to each Scrutiny Lead Member and supporting Scrutiny Panel.
- 3.3 The topics of several of the scrutiny reviews being embarked upon, directly and indirectly relate to health issues. There is therefore a benefit in the Board commenting upon, and being aware of the progress and outcomes of scrutiny policy reviews.

4.0 Recommendations

- 4.1 The Board is requested to:-
- i. To endorse the Health Protocol and receive a future evaluation of implementation; and
 - ii. To consider the Annual Work Programme of the Council's Scrutiny Committee providing comments where relevant and agree to receive a future report detailing the outcome of the reviews.



Sunderland Clinical Commissioning Group



A protocol for working together between:

- **Sunderland Overview and Scrutiny**
- **Sunderland Health & Wellbeing Board**
- **Sunderland Healthwatch**
- **Sunderland Clinical Commissioning Group**
- **NHS England**

Contents

Joint Statement

Introduction

Principles

Ways of Working

Information Sharing

Engaging with users

Implementation and Review

Key to abbreviations

Appendix 1 – Role and Functions

Appendix 2 – Significant Development & Substantial Variation in Services

Appendix 3 – Tool for checking progress

Joint Statement

This protocol has been developed by the above parties in recognition of the importance placed on working together effectively, recognising that there are shared and mutual benefits of doing so, and in recognition of the legal duties and responsibilities placed on organisations in relation to:

- Meeting local needs
- Improving the health and well-being of the local population
- Being representative of the views of the local population
- Providing value of money
- Being accountable to service users

Set within the context of a common and significant set of challenges, we can only achieve our aims by working together.

We will seek to create a sense of common purpose and alignment between all those working across the health and social care system. We will seek to support a shared system of innovation and joint planning, underpinned by a commitment to commissioning focused around the needs of patients, users of care services and communities.

Collaboration must go beyond the words written in this document: it will be embedded into the way we work.

Signed on behalf of

Signed on behalf of

Signed on behalf of

Signed on behalf of

Introduction

All signatories to this protocol have clear and distinct roles. This protocol outlines the responsibilities and duties of each and provides a framework for all signatories to work together with the aim of reducing unnecessary administrative burdens and duplication.

It provides an overarching framework for joint working, and particularly, an information sharing agreement between partners in the first year of operation. This will be essential to assure effective, rapid and timely exchange of information between each partner and supports the other information sharing protocols which are in place in Sunderland between partner agencies.

This protocol does not override the statutory duties and powers of any organisation and is not enforceable in law.

Principles

The signatories are committed to putting people first and, in ensuring that services meet the needs of the people using the services, we will:

- Be committed to ensuring the quality of services provided
- Have open and transparent dealings with each other
- Work in partnership to improve services
- Use resources effectively and efficiently
- Ensure individual activities are complementary and reduce duplication

All parties to this protocol acknowledge the principle of putting patients, service users, carers and local people at the centre of everything we do through embedding public engagement activity at all levels and that this is reflected in decision-making processes.

Ways of Working

Between HWBB and CCGs

HWBBs have a strategic influence over commissioning decisions across health, public health and social care. CCGs must demonstrate they have taken on board the

priorities of the JHWP Strategy in the delivery of commissioning decisions. The HWBB will agree a forward plan which will determine which commissioning decisions need to come to HWBB at the appropriate stage in the commissioning process,

Between decision makers (HWBB/CCGs) and Scrutiny

Scrutiny is responsible for ensuring that decisions relating to the planning and delivery of health care are accountable to residents. This includes the statutory responsibility on health bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service. Decision takers will ensure that scrutiny is informed of and able to effectively scrutinise key decisions of the HWBB, CCGs and NHS England.

Scrutiny also engages actively with service users and HWBB may wish to refer issues to health scrutiny in order for those issues to be fully investigated, and to provide recommendations for improvement. Many scrutiny reviews have identified recommendations aimed at reducing health inequalities and it has been demonstrated that NHS commissioners have been able to use the evidence that has been gathered when designing services to provide an extra level of assurance as to the quality of their services. There would be a mutual benefit in the HWBB considering recommendations from scrutiny policy reviews.

Relationship between NHS England, HWBB/CCG and Healthwatch

Healthwatch is responsible for ensuring that the citizens have a voice in the planning, commissioning and delivery of health and social care services. Healthwatch has a scrutiny and challenge function in relation to local commissioners and providers and will provide a level of accountability in the decision-making process through membership of the HWBB.

Relationship between Healthwatch and Health Scrutiny

Health Scrutiny and Healthwatch serve complementary roles in ensuring that health and social care is accountable to, and meets the needs of, local residents. Both Scrutiny and Healthwatch have a responsibility to monitor the quality and performance of service provision. Local Healthwatch will be able to alert Healthwatch England to

concerns about specific care providers. CQC and NHS England will work with local scrutiny to hold providers to account. Healthwatch may refer social care matters to scrutiny when deemed appropriate.

Information Sharing Arrangement

Principles of information sharing:

- Information will be communicated in a timely way ensuring adherence to good practice and agreements or constitutional or legislative timescales on consultation.
- Information will be communicated in plain language, in an appropriate format and exclude the use of jargon, acronyms, concepts, or anything that is not generally understood by partners and/or our local population.

All parties to this protocol will seek to communicate information with each other in a way that enables each organisation to carry out its functions effectively. Partners to this protocol will reserve the right to define what constitutes relevant information in the context of forward and strategic planning within their own organisation however the basis of this protocol is a presumption that information is to be shared.

In particular parties to this protocol will endeavour to share:

- a) Information relating to circumstances where changes to services are to be made. This may be within the definitions of substantial variations of service (see Appendix 2).
- b) Proposals for plans, policies and strategies (this may be in the context of shared annual work programmes)
- c) Information on progress against improvements and the quality of services provided
- d) Development of commissioning intentions
- e) Information of proposed public or user/carer engagement and consultation plans (in accordance with requirements of the Duty to Involve) and, where

appropriate, significant health, well-being and social care issues arising from engagement activity.

- f) Draft reports where appropriate in order to ensure accuracy.

Engaging with service users

All parties to this protocol recognise that they have both joint and separate approaches to engaging with service users and members of the public. Wherever possible all parties will ensure that such health, well-being and social care engagement activity is jointly planned and co-ordinated within the partnership and individual frameworks of the parties, to ensure maximum coverage and capacity, to avoid duplication and 'consultation fatigue' and to ensure appropriate quality and outcomes.

Implementation and Review

The protocol may be amended at any time by agreement between partners. The protocol will be reviewed and evaluated, and where appropriate, the protocol will be updated to take account of any changes to legal responsibilities.

Reviews will be undertaken by the scrutiny function and a tool for checking progress is attached as Appendix 3.

The first review of the Protocol will take place in six months.

Key to Abbreviations

JHWBS – Joint Health & Well-Being Strategy

JSNA – Joint Strategic Needs Assessment

HWBB – Health & Wellbeing Board

HW - Healthwatch

OSC – Overview and Scrutiny

Role and Function of Individual Bodies

Overview and Scrutiny

Overview and Scrutiny has the powers to:

- Hold decision makers to account
- Challenge and improve performance
- Support the achievement of value for money
- Influence decision makers with evidence based recommendations
- Bring in the views and evidence of stakeholders, users and citizens

Councillors on scrutiny committees have a unique democratic mandate to act across the whole health economy. Scrutiny has a clear role at every stage of the commissioning cycle, from needs assessment through commissioning to service delivery and evaluation of health outcomes. Scrutiny members are responsible for holding decision makers, i.e. HWBB, Commissioners i.e. CCGs Council's, NHS England and providers, to account ensuring that:

- the planning and delivery of healthcare reflects the views and aspirations of local communities (by scrutiny of JSNA, JHWB Strategy, Commissioning Plans & Delivery strategies)
- all sections of a local community have equal access to health services; (by scrutiny of organisations, service delivery, performance against outcomes)
- all sections of a local community have an equal chance of a successful outcome from health services (by bringing together views across the system, examining priorities and funding decisions across an area to help tackle inequalities and identify opportunities for integrating services)
- proposals for substantial service change are in the best interests of local people (NHS bodies have a statutory responsibility to consult health scrutiny on proposals for substantial developments or variations to the local health service).

The Sunderland Scrutiny Committee is governed by terms of reference set out in Sunderland City Council's Constitution – Part 2, Article 6.

Health & Wellbeing Board

The Health and Social Care Act 2012 required local authorities to set up health and wellbeing boards as committees of the council by April 2013. They are therefore to be treated as if they were committees appointed by the council under section 102 of the Local Government Act 1972.

The intention, however, is that HWBB will be different from the normal council committee as they are meant to be forums for collaborative local leadership. Health and wellbeing boards have strategic influence over commissioning decisions across health, public health and social care.

Health and wellbeing boards are forums where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Health and wellbeing boards are made up of clinical commissioning groups, local authorities, representation from the area team of NHS England, patient representatives, public health, local Healthwatch and children's and adult social care leaders to shape local health and care services, decide how they will be commissioned and support joined-up working across health and care services.

The HWBB will develop a shared understanding of the health and wellbeing needs of the community through the Joint Strategic Needs Assessment (JSNA) and develop a joint health strategy for how these needs can be best addressed. This will include recommendations for joint commissioning and integrating services across health and care.

Through undertaking the JSNA, the HWBB will drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.

HWBBs strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside

commissioners across health and social care. HWBB's will also provide a forum for challenge, discussion, and the involvement of local people.

The Sunderland Health and Wellbeing Board is governed by terms of reference and rules of procedure set out in Sunderland City Council's Constitution – Article 12

Sunderland Healthwatch

The Government's intention for people who use health and social care services is "no decision about me, without me".

Local Healthwatch organisations will provide an authoritative, coordinated local consumer voice to help both commissioners and providers of services to develop high quality responsive services. They will also provide a valuable source of information about services to local people and make sure those who need help to access information in order to make appropriate choices are supported to do so. They will be the place to go for people who need help to make a complaint about NHS treatment and care

Local Healthwatch will continue the functions previously provided by Local Involvement Networks (LINKs), which cease to exist when Local Healthwatch comes into being. Healthwatch will be the independent consumer champion for the public i.e. service users, citizens, carers and patients, to promote better outcomes in health for all and in social care for adults.

At the local authority level, Local Healthwatch will have a seat on local health and wellbeing boards to influence commissioning decisions by representing the views of local stakeholders. Local Healthwatch will contribute authoritative, evidence-based feedback as part of the commissioning and decision-making for local health and social care services.

As a corporate body, Local Healthwatch will be able to employ its own staff, as well as continue the LINK legacy of recruiting volunteers. Building on the LINKs' functions

to involve and engage, to enter and view premises providing care to service users the following list describes the additional functions for local Healthwatch.

- Influencing
- Signposting
- NHS Complaints Advocacy
- The local HealthWatch 'Offer' to Health and Wellbeing Boards, to the Social Care Reform Programme and to the Public Health Reform Programme

Local Healthwatch can help and support Clinical Commissioning Groups and NHS England to make sure that services really are designed to meet citizens' needs. Involvement in developing the JSNA and the JHWS provides an extensive on-going opportunity for community engagement through local Healthwatch and the community and voluntary sector. Both Scrutiny and Healthwatch have a responsibility to monitor the quality and performance of service provision. Local Healthwatch can alert Healthwatch England to concerns about specific care providers. CQC and NHS England will work with local scrutiny to hold providers to account.

Healthwatch England

The Health and Social Care Act 2012 Act provides for the establishment of Healthwatch England as a statutory committee of the Care Quality Commission. Healthwatch England will be a new national body representing the views of users of health and social care services, other members of the public and Local Healthwatch organisations.

Sunderland Clinical Commissioning Group

The Health and Social Care Act 2012 Act makes CCGs directly responsible for commissioning services they consider appropriate to meet local needs. This includes the majority of local hospital and community services. NHS England will directly commission some services including specialised services and primary care services.

CCGs and the NHS England are subject to a number of duties which put patient interests at the heart of everything they do. These include specific duties in relation to

promoting the NHS Constitution; securing continuous improvements in the quality of services commissioned; reducing inequalities; enabling choice and promoting patient involvement; securing integration; and promoting innovation and research. CCGs will have to work with local partners to be effective. Both CCGs and the NHS England will be required to obtain advice from people with a broad range of professional expertise.

The 2012 Act contains a number of duties, aimed at aligning CCG commissioning plans with the Joint Health and Wellbeing Strategy: CCGs must involve the health and wellbeing board when preparing their commissioning plan or making revisions to their commissioning plans that they consider significant. In particular, they must give the HWBB a draft of the plan and consult as to whether it considers the draft plan has taken proper account of the local JHWS.

In its annual report, the CCG has a statutory obligation to review the extent of its contribution to the delivery of any local JHWS to which it was required to have regard – in preparing this review the CCG must consult the relevant health and wellbeing board.

Success of a CCG will rely considerably on the support of the constituent local practices, as well as the trust of patients and the public. Patients need to feel confident that commissioning decisions are based on sound clinical evidence and are free from vested interest. The practices represented by the CCG will need to satisfy themselves that they are content with the process followed and decisions taken by their CCG on their behalf. Local accountability is therefore essential.

NHS England (formerly known as the NHS Commissioning Board).

NHS England will be responsible for ensuring comprehensive and effective commissioning of services by CCGs.

NHS England will support CCGs by providing guidance and tools to enable them to commission effectively. As outlined above it will also commission those services it would not be possible or appropriate for CCGs to commission – such as primary care services, although CCGs will play a key role in driving up the quality of primary

medical care locally. It is expected that NHS England will support and commission local primary care services which reflect the context of the JHWS and which are developed in consultation with the HWBB.

In undertaking its annual performance assessment of a CCG, NHS England must include an assessment of how well the CCG has met the duty to have regard to the relevant JSNA and JHWS. In conducting the performance assessment, NHS England must consult the health and wellbeing board as to its views on the CCGs contribution to the delivery of any JHWS to which it was required to have regard.

CCGs will be held to account for their decisions by NHS England against a Commissioning Outcomes Framework, which will ensure transparency and accountability for achieving quality and value for money.

Substantial variation, consultation and Overview and Scrutiny Committees

NHS bodies are required to make arrangements to involve and consult patients in planning services, developing and considering proposals. In addition, NHS bodies are required to consult the relevant Overview and Scrutiny Committee (OSC) on any proposals for substantial variations or developments of health services. Where OSCs consider proposals to be substantial variation a 'formal consultation' will take place (12 weeks). There is no standard definition of "substantial", however the key feature relates to whether there is a major change to the patient experience of services. NHS organisations are encouraged to discuss proposals with OSCs at an early stage and establish whether a proposal is considered a substantial variation. Joint Overview and Scrutiny Committees (JOSCs) are established where proposals affect more than one OSC.

The Secretary of State has outlined four tests for service change in the Operating Framework 2010-11. All proposals for reconfiguration of services must demonstrate:

- support from GP commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

All schemes need to meet these four criteria with the application of a "test of reasonableness".

- Reconfiguration should only happen on the basis of need and a sound clinical case for change
- The quality and safety of patient care should be central to any proposed change
- All proposals must clearly demonstrate how they contribute to the QIPP challenge for the NHS
- Service changes should be in line with the strategic service framework
- Commissioners should normally lead the preparation and consultation on service change proposals
- A senior clinical lead should be identified at the outset, and should have support to help them ensure that clinicians are involved in the development of proposals for change
- Boards are accountable for the formulation and delivery of proposals. They should actively champion proposals at every phase; development, consultation and delivery
- The lead organisation, usually the CCG, has overall accountability and responsibility for the service change and should take its own advice on legal matters relating to the specific service change scheme

Before embarking on the process, it is important to have a clear evidence-based communications and stakeholder engagement strategy (including with staff), which is managed and effectively delivered including putting the results of a consultation into the public domain following its conclusion. There must be effective communication processes in place to respond to and, where necessary correct, any misleading information which enters the public domain, to promote an effective understanding of the proposals for change

Early discussion with Overview and Scrutiny Committees regarding service change is recommended. The local authority retains the power of referral to the Secretary of State to ensure the effective provision of comprehensive health services.

A tool for checking progress

Understanding of roles and responsibilities influences good working relationships and performance	
Indicators – working well	Indicators – not working well
A clear understanding of roles, powers and responsibilities	Lack of distinction of roles and poor understanding of where boundaries lie
Governance documents are easy to understand and are reviewed regularly	Governance documents are out of date and do not support good understanding of roles and responsibilities
An atmosphere of trust, commitment, and open challenge has been developed.	Lack of understanding, engagement, or preparedness has created barriers
Partnership decisions are open to effective scrutiny	Underdeveloped arrangements for scrutiny of partnerships decisions
Shared responsibility and the principal of 'equality round the table'	Lack of respect for each others roles
Common goals to deliver outcomes	Focus diverted away from achieving outcomes
Behaviour and conduct influence good working relationships and performance	
Indicators – working well	Indicators – not working well
Culture of trust and respect	Mistrust and lack of respect
Commitment to agreed priorities	Relationships too close and decisions made without proper challenge or debate
Prepared to listen to reservations and seek to resolve them	Failure to review and revise ways of working based on sticking points.
Acting consistently within agreed strategic direction	No clear definition of what success will look like and outcomes to be delivered
Partners have the capacity to be fully engaged	Failure to use all skills, knowledge, access to resources of partner groups
Recognition of the value each group brings (through referral, consultation, debate)	Lack of understanding and respect for other partners' points of view, cultures and structures.
Honesty between all partners, based on sharing, rather than withholding information	

The provision of guidance, information and support influences good working relationships and performance	
Indicators – working well	Indicators – not working well
Recognition of the benefit of developing knowledge and skills and individuals feel well supported by training and guidance	Poor briefing material, information to support decision taking and accountability
Consistent, clear communication, consciously avoiding language which may be specific to individual professions or organisations	Use of organisational and professional jargon
Seeking out examples of good practice, and sharing research.	Insular approach with poor networking
Partners are happy about the accuracy, regularity and timeliness of the information	Weak alignment between partnership and corporate plans, targets and delivery
Expertise is used to collect the views of service users actively, systematically, and imaginatively	Lack of robust user engagement and poor use of service user feedback
information about the way service users and carers feel is collected through everyday service delivery and reported back automatically	limited opportunities or willingness to challenge the performance of partners or give feedback on performance
Arrangements are in place for communications between meetings	Lack of monitoring or evaluation of the effectiveness and impact of partnership
Partnership is supported by an agreed work programme and / or action plan showing who will do what, by when	Poor performance management and lack of ways of dealing with non-performance
Activities effectively support delivery of the desired outcomes	limited use of impact or outcome measures, progress monitoring and reporting tends to focus on input and activity targets rather than outcomes;

SCRUTINY LEAD MEMBER AND PANEL	POLICY REVIEW
CHILDREN'S SERVICES	
<p>Scrutiny Lead Member: Cllr Debra Waller</p> <p>Scrutiny Officer: Nigel Cummings</p> <p>EMT Lead: Neil Revely / Sarah Reed</p> <p>Service Lead: Lorraine Hughes</p> <p>Policy Link: NA</p>	<p>1. Child Obesity</p> <p>To consider national guidance and review local strategies and implementation, make recommendations regarding the role of the council in tackling childhood obesity, and identify key priorities for Sunderland. The review will be a major piece of work that will look at a number of strands based on national and local guidance and will look to gather evidence from a wide range of stakeholders including schools, governing bodies, health practitioners, CCG, parents and young people.</p> <p><i>The Panel has also been asked to consider undertaking a short review into child sexual exploitation. Members will consider this at their next meeting (which is still to be arranged).</i></p>
CITY SERVICES	
<p>Scrutiny Lead Member: Cllr Stephen Bonallie</p> <p>Scrutiny Officer: Jim Diamond</p> <p>EMT Lead: Janet Johnson</p> <p>(1) Service Lead: Les Clark</p> <p>(1) Policy Link: Stuart Douglass</p> <p>(2) Service Lead: Les Clark</p> <p>(2) Policy Link: Neil Cole</p>	<p>1. Alcohol and Licensing Control</p> <p>The review would examine the Council's approach to alcohol and licensing control in the city. This would involve looking at the impact of the Licensing Act 2003 on licensing in Sunderland, the range of powers available to the local authority and how far they should be used to meet the particular needs of the city. The review will involve discussions with the Police and representatives from the licensing trade on the range of approaches that can be taken and the powers that are available.</p> <p>2. Flood Risk Management</p> <p>The Panel would examine the incidents of impact of flooding in the city, the action being taken to alleviate the problem and the implications for Flood Risk Management. This will involve the Panel being consulted with on the development of a new Flood Risk Strategy for the city. The Panel would also consider the new role and powers of the Flood Risk Authority, the respective roles and powers of the agencies involved and will input into the development of the forthcoming Flood Risk Strategy.</p>
HEALTH, HOUSING AND ADULT SERVICES	
<p>Scrutiny Lead Member: Cllr Christine Shattock</p> <p>Scrutiny Officer: Nigel Cummings</p> <p>EMT Lead: Neil Revely</p> <p>Service Lead: Graham King</p> <p>Policy Link: Karen Graham</p>	<p>1. Supporting Carers in the City</p> <p>With approximately 1 in 8 adults in the UK (around 6 million people) acting as carers and saving the economy an estimated £119 billion per year it is clear to see how important a resource they are to any area. However there are many factors and pressure that impact upon carers and these come from many directions including recent changes to the welfare reform, support for young carers and the importance of developing community resources. The Carers Strategy for the City has also recently been refreshed and the review will look at how this meets the needs of carers in the city. The review will gather evidence from a wide range</p>

	<p>of stakeholders across the city, look at existing research and evidence and also investigate good practice operating in other areas of the county.</p> <p>2. Palliative Care in Sunderland</p> <p>Palliative care aims to improve the quality of life by increasing comfort, promoting dignity and providing a support system to the person who is ill and those close to them. The CCG has invested heavily into palliative care including a brand new hospice and many of themes related to palliative care emerge in the issue of supporting carers including developing community resources, support for carers and ageing well. The HHAS Panel has considered undertaking a very short piece of work around this by looking at the new hospice facility and speaking with clinicians around the palliative pathway in Sunderland.</p> <p><i>The Panel has envisaged that its main body of work will centre around the Supporting Carers review and that the work around palliative care will be undertaken in one or two meetings only, and could feed into the work around carers as there are many causal links.</i></p>
PUBLIC HEALTH, WELLNESS AND CULTURE	
<p>Scrutiny Lead Member: Cllr George Howe</p> <p>Scrutiny Officer: Karen Brown</p> <p>EMT Lead: Sarah Reed</p> <p>Service Lead: Nonnie Crawford</p> <p>Policy Link: Karen Graham</p>	<p>1. Public Engagement</p> <p>Involving patients and carers in decisions about their care and treatment is an integral part of providing patient-centred care. The review will look at adopting a strategic process to ensure that commissioning is person-centred.</p> <p>This would support coordination and raise the profile of services. It would provide a framework to encompass all routes for engagement and help ensure that public engagement is coordinated.</p> <p><i>This would be the major project for the Panel during the year ahead.</i></p> <p>2. Suicide Preventative Services / Self-harm in Adolescents</p> <p>A review of strategies and interventions to support children, young people and their families in relation to self-harming behaviour – a problem in Sunderland that is above the national average.</p> <p><i>The Panel will seek to take a progress report at one meeting in the autumn on the implementation of the national strategy 'Preventing Suicide in England' published in 2012.</i></p>
RESPONSIVE SERVICES AND CUSTOMER CARE	
<p>Scrutiny Lead Member: Cllr Iain Kay</p> <p>Scrutiny Officer: Karen Brown</p> <p>EMT Lead: Janet Johnson</p> <p>(1) Service Lead:</p>	<p>1. Volunteering: Increasing Community Capacity</p> <p>To review and identify what the council can do to unlock the capacity within communities including where we are now, what approaches could be taken and what challenges are faced. This is seen as a highly topical and relevant review which will contribute to identifying community needs and how they can be met at an earlier stage within the community. This would reduce demand on statutory and local services and also build community resilience.</p>

<p>Charlotte Burnham</p> <p>(1) Policy Link: Jane Hibberd</p> <p>(2) Service Lead: Vince Taylor</p> <p>(2) Policy Link: Stuart Douglass</p>	<p>All areas:</p> <p>2. Reporting Mechanisms: Hate Crime</p> <p>To review the processes which identify how hate incidents are dealt with in the city. Proposed policy review topics to be presented to the Scrutiny Committee.</p> <p><i>The Panel will spend most of its time on the volunteering review and will receive progress reports on new developments around reporting mechanisms for hate crime as they develop, which will possibly require only one or two meetings.</i></p>
<p>SKILLS, ECONOMY AND REGENERATION</p>	
<p>Scrutiny Lead Member: Cllr Thomas Martin</p> <p>Scrutiny Officer: Jim Diamond</p> <p>EMT Lead: Janet Johnson</p> <p>(1) Service Lead: Ian Williams</p> <p>(1) Policy Link: Vince Taylor / Andrew Perkins</p> <p>(2) Service Lead: Ian Williams</p> <p>(2) Policy Link: Lee Cranston</p>	<p>1. The Growth of and Diversification of the Local Economy.</p> <p>The review would examine the challenges facing both existing and newly emerging industries in the city and the factors potentially constraining growth in the automotive and newly emerging industries such as IT and renewables, as well as the potential to overcome these obstacles and contribute to the diversification of the local economy.</p> <p>The review would consider these issues across main sectors of the local economy and provide an opportunity to some of the key players.</p> <p>2. City Centre Redevelopment</p> <p>This topic would consider the implications for the city in the event of a successful vote for the establishment of a Business Improvement District in Sunderland. It could also consider the potential impact of the BID and how would it contribute to the other measures and schemes taking place to regenerate the city.</p> <p><i>The Panel would spend most of its time on the first topic and would receive a progress report on the BID in the latter part of the municipal year. This should only require only one meeting.</i></p>

