

## **HEALTH AND WELLBEING SCRUTINY COMMITTEE**

### **AGENDA**

**Meeting to be held on Wednesday, 9<sup>th</sup> March, 2022 at 5.30pm in the Council Chamber, City Hall, Plater Way, Sunderland, SR1 3AA**

#### **Membership**

Cllrs Burnicle, Butler (Vice-Chairman), Essl, Haswell, Heron, Leadbitter, N. MacKnight (Chairman), McClennan, McDonough, Potts, Speding and M. Walker

ITEM		PAGE
1.	<b>Apologies for Absence</b>	-
2.	<b>Minutes of the meeting of the Committee held on 2<sup>nd</sup> February, 2022 (copy attached)</b>	1
3.	<b>Declarations of Interest (including Whipping Declarations)</b>	-
<b>Part A – Cabinet Referrals and Responses</b>		
No Items		
<b>Part B – Scrutiny Business</b>		
4.	<b>Covid-19 in Sunderland - Update</b>	13
	Report of Executive Director of Public Health and Integrated Commissioning, Sunderland Clinical Commissioning Group and South Tyneside and Sunderland NHS Foundation Trust (copy attached)	

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

5.	<b>Monument Surgeries – Pennywell Branch CCG Update</b>	15
	Report of Sunderland Clinical Commissioning Group (copy attached)	
6.	<b>Sexual Health Provision in Sunderland</b>	28
	Report of Executive Director of Public Health and Integrated Commissioning and the Divisional Director – Family Care, South Tyneside and Sunderland NHS Foundation Trust (copy attached)	
7.	<b>Annual Report 2021/2022</b>	38
	Report of the Scrutiny, Mayoral and Members’ Support Coordinator (copy attached)	
8.	<b>Work Programme 2021/2022</b>	43
	Report of the Scrutiny, Mayoral and Members’ Support Coordinator (copy attached)	
9.	<b>Notice of Key Decisions</b>	49
	Report of the Scrutiny, Mayoral and Members’ Support Coordinator (copy attached).	
	<b>Part C – Health Substantial Variations to Service</b>	-
	No Items	
	<b>Part D – CCFA/Members Items/Petitions</b>	-
	No Items	

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

1<sup>st</sup> March, 2022

**At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the Council Chamber of the CTY HALL, SUNDERLAND on WEDNESDAY, 2<sup>nd</sup> FEBRUARY, 2022 at 5:30pm.**

**Present:-**

Councillor J. Heron in the Chair

Councillors Burnicle, Haswell, Leadbitter, McClennan, McDonough and Speding

**Also in attendance:-**

Dr. Carol Aitken – General Practitioner, Sunderland GP Alliance  
Ms. Emma Anderson – Head of Therapies, Sunderland City Council  
Mr. Chris Breed – Assistive Technology Development Manager, Sunderland City Council  
Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council  
Ms. Liz Davies – Director of Communications, South Tyneside and Sunderland NHS Foundation Trust  
Mr. Philip Foster – Managing Director, All Together Better Alliance  
Dr. Jacqui Gillespie – Millfield Medical Centre  
Dr. Emily Hadaway – Head of GP Clinical Services, Sunderland GP Alliance  
Ms. Andrea Hetherington – Director of Corporate Affairs and Legal, South Tyneside and Sunderland NHS Foundation Trust  
Mr. Graham King – Assistant Director Adult Services / Chief Operating Officer Sunderland Care and Support  
Ms. Victoria Muller – Operations Manager, Sunderland GP Alliance  
Ms. Joanne Stewart – Principal Governance Services Officer, Sunderland City Council  
Ms. Gerry Taylor – Executive Director of Public Health and Integrated Commissioning, Sunderland City Council  
Ms. Tracey Teasdale – Head of Federated Clinical Services, Sunderland GP Alliance

**Appointment of Chairman**

Having been nominated by Councillor Speding and duly seconded by Councillor Haswell, it was:-

1. RESOLVED that Councillor Heron be appointed Chairman.

**Apologies for Absence**

Apologies for absence were given on behalf of Councillors Butler, N. MacKnight, Potts and M. Walker and from Mr. David Chandler, CCG

## **Minutes of the last meeting of the Committee held on 5<sup>th</sup> January, 2022**

Councillor Haswell referred to his comments on page five of the minutes and asked for it to be noted that they were made in relation to comments Councillor McClennan had raised at a previous priority setting meeting of the Committee and not through any private conversation they had, and it was:-

2. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 5<sup>th</sup> January, 2022 (copy circulated) be confirmed and signed as a correct record.

## **Declarations of Interest (including Whipping Declarations)**

### **Item 5 – Monument Surgeries Update**

Councillor McClennan made an open declaration in the above item as a registered patient at the South Hylton Practice which was referred to within the report.

## **CoVid-19 in Sunderland – Update**

The Executive Director of Public Health and Integrated Commissioning and Sunderland Clinical Commissioning Group (SCCG) submitted a joint report which provided the Health and Wellbeing Scrutiny Committee with an update on the Covid-19 situation, including recovery, in Sunderland.

(for copy report – see original minutes)

The Committee were provided with a comprehensive update and taken through a presentation by Ms. Gerry Taylor, Director of Public Health and Integrated Commissioning, which set out the latest public health developments in relation to CoVid-19 across the city, including details on:-

- Key facts and figures in relation to the current situation and Sunderland's experience of the pandemic;
- The vaccine programme and equity;
- Non-Pharmaceutical Interventions; and
- Public Health advice and key points.

Mr. Philip Foster, Managing Director, All Together Better Alliance and Dr. Carol Aitken, General Practitioner, GP Alliance, provided the Committee with joint presentations which gave updates in relation to performance standards; the All Together Better Alliance winter schemes and surge updates; and the latest position of the CoVid-19 Vaccination Programme.

(for copy presentations – see original minutes)

Councillor Heron thanked everyone for their presentations and asked if the public should remain cautious given that the restrictions were now being significantly

eased; and also asked what messages needed to be reinforced within the community? Ms. Taylor explained that as reflected in her presentation they were working on plans as to how live safely with CoVid and what would need to be done but in order to achieve this the precautions that society had become used to needed to be continued. Vaccinations and encouraging residents to take up the offer was the most important message to be shared whilst also encouraging residents to continue to take precautions around wearing face coverings on public transport and in crowded places; and meeting with others outdoors or in well ventilated spaces to help reduce the spread of the infection.

In response to a further question from Councillor Heron as to whether it was likely that there would be further variations of the virus in the future and if local authorities would continue to have discretionary powers in the event of any spikes in infection numbers, Ms. Taylor advised that they would expect to see further variants and they did not know what they would be or how they would affect people. Ms. Taylor informed the Committee that presently they still had some Public Health powers as local authorities; but following the review of the current CoVid regulations in March 2022 they would be advised which would remain.

Councillor Heron asked if the city were experiencing any anti-vaxxer demonstrations as had been seen in other parts of the country and was informed that there had been a couple of incidents at the Nightingale Centre which had been organised and targeted but services had been prepared for these and had dealt with them accordingly. There had been no incidents recorded in Sunderland and they had links with Northumbria Police who could advise if they were made aware of any in the future.

In response to a query around there being any further booster doses for the public, Dr. Aitken advised that as yet, they had not heard about future boosters; but it had been suggested that vulnerable groups may receive a booster twice a year moving forward. This was open to suggestion and they were hoping to have more of an idea within the next month or so.

Councillor Heron asked how long the drive to get people vaccinated would continue and if there would be a cut off point or would residents be able to continue to book an appointment with their GP to receive it? Dr. Gillespie advised that the current plan ran until the end of March, 2022 but that there would be an 'evergreen' offer so the opportunity to receive the vaccination would always be there. She did not know how that would look and where people could go for their vaccination but the offer would be available.

Councillor McDonough referred to previous comments that funding was not the issue but that capacity was and asked if this was still the case and also asked for an update in relation to staff absences due to shielding, etc. Mr. Foster advised that funding had been made available this year and they were trying to use a range of different services and providers rather than just relying on the same provider but this would always be impacted upon by them having the staff available to deliver what was asked of them. He explained that from March 2022 the picture may be different but at the current time there was no issue with funding and it was more around staff capacity.

In terms of the number of staff absences, Ms. Davies advised that from a Trust perspective they had started to see staff isolation figures improve in the last few days, which had now fallen below 300 members of staff. This was still a huge amount of staff to be absent from the workforce but it was encouraging that they were starting to see those figures improve.

Ms. Teasdale advised that there was no mechanism to capture all staff absences across GP practices in Sunderland but the OPAL reporting mechanism showed that a few weeks ago there had been a significant number of practices reporting struggles in relation to staff and that this had now dropped back to zero or one on a daily basis. At a peak it had been around 20% staff absences but now it was back down to single figure absences which was a vast improvement.

Councillor McDonough asked if Officers could expand a little more on the extra resources that were being fed into GP services and if any effect was being seen further up the line, by reducing accident and emergency attendances for example, and was informed by Mr. Foster that a whole range of initiatives had been put in place which contribute to taking the pressure off and freeing up GP's. The important role that primary care had played in the rollout of the vaccination programme whilst still continuing to provide their services had to also be recognised.

Mr. Foster also commented that he felt that it would be making a difference 'upstream' but the high level of demand was still continuing to be present at A&E departments. He added that he didn't think the initiatives were resulting in major pressures reducing at A&E but this was due to the level of pent up demand at this time; the initiatives were giving additional capacity to see patients and allowing GP's to be able to see the most complex of patients through a range of health and social care practitioners to meet their needs.

The Chairman thanked all attendees for their presentations and information provided, and on behalf of the Committee gave thanks to all staff involved, and it was:-

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

### **Future of Monument Surgeries in Pennywell - Update**

The Sunderland GP Alliance submitted a report which provided an update to the Committee on the future of the Monument Surgery provision in Pennywell.

(for copy report – see original minutes)

Ms. Teasdale, Head of Federated Clinical Services, Sunderland GP Alliance, took Members through the presentation which provided them information on the following:-

- Reminder of challenges and rationale for change;
- Reminder of communications and engagement strategy;
- A summary of consultation responses;
- Patient flow analysis ; and
- Summary and next steps

(for copy presentation – see original minutes)

Councillor Heron thanked Ms. Teasdale for her presentation and invited questions and comments from the Committee.

Councillor McDonough referred to the survey and was surprised to see that there was not a question asking if the person supported the closure of the practice or not; and would like to understand why this was not included as the comments received were almost universally against the closure. He also referred to the high patient usage at the practice, with 75% of them having used the surgery within the last six months which was of concern to him. The number of patients who walked to the surgery was also of concern as it was a major issue that would need addressing for those who may be in ill health or may have mobility issues. In closing, he referred to the 91% of patients who would not stay registered with Monument Surgeries and the worry that there would be those who would not have access to a GP until they needed that service; which could then become an issue.

Ms. Davies advised that they had worked with an independent provider to guide them in terms of the survey content and what questions should be included and they did not want to just offer a vote in relation to the closure of the practice as they were not at that stage when it was circulated. They wanted to glean from patients in Pennywell how it may potentially impact them and the feedback received, including those around the travel implications could then be fed back to the CCG to give them a complete picture. Dr. Hadaway also commented that they would prefer not to be in this position but she knew that the patients were not getting a quality service and this was down to not being able to get the continuity of staff and the care levels in that practice.

Ms. Teasdale referred to the high number of patients who walked to the surgery, and asked again that they work together with the local authority and partners in the room on transport solutions, adding that support may be needed in respect of lobbying transport providers where there were gaps in provision. She advised that analysis had been undertaken on the three preferred surgeries that people had highlighted in their survey responses and they were within 20-30 minute accessibility, using public transport from the patient's home postcode.

In relation to the 91% of patients who would not stay registered, Ms. Teasdale advised that they would remain registered with Monument Surgeries and not be removed. They could ring the same phone number they had used and get through to a receptionist to make an appointment should they wish to so nobody would be missed. It would not be ideal as the practice they may need to visit would be further away but should they not register with an alternative practice they would not be removed from Monument Surgeries.

Dr. Hadaway also advised that part of the draft mobilisation plan was to be proactive and contact all patients so that they did not find themselves in this position and were encouraged to register with an alternative practice if the other practices in Monument Surgeries were not suitable for them.

Councillor McDonough commented that he would like to support them in approaching the transport company's but the closure was due within the next three

or four month's and if nothing was provided by then there was the worry that patients would be stranded. Additionally, there were a lot of homes being built in the area and would there be an issue in the future, for example in five to ten years time, where there was not enough GP provision in the area. Ms. Teasdale advised that it was a difficult question to answer as there was a national workforce issue within general practice and the population was continuing to expand. The Government were committed to increasing the numbers of GP's and as a city they extensively worked with education providers in the North East to train students and try and attract them to stay and thrive in Sunderland to reduce the risks of there being a GP crisis in ten years time.

Dr. Hadaway also added that by closing Pennywell practice they were not losing any GP's as that was the problem; they had no permanent GP's or staff working in Pennywell as they could only get locum's. The question was more if there was enough primary care space to accommodate the patients and if needed, to increase the provision should a further GP or nurse be needed in those alternative practices. South Hylton practice had a lot of space that was not being utilised and all of the neighbouring practices that were consulted did not raise concerns around registering new patients.

Councillor McClennan raised her concerns of the impact on the South Hylton practice of increased patients, as the resource available in relation to GP's at the practice had already been reduced for current registered patients. Since CoVid, it had been very difficult to get appointments at the surgery and it had caused a great deal of distress and anger in the village; which was before any additional patients were registered. She asked why the provision had been reduced and asked if the surgery had the same issues as Pennywell with attracting GP's and was informed by Dr. Hadaway that a full time GP would be classed as one who offered nine sessions; at South Hylton practice they had two GP's; one offering nine sessions and the other offering eight sessions. The practice also had an advanced clinical paramedic who had been appointed since December 2021 and they would also have one day provision of a pharmacist, one day of a mental health practitioner and one day of a social worker, to help to support a diverse range of patients within the community.

They hoped and envisaged that should more patients register at South Hylton practice and they were looking to recruit to further posts within the surgery the offer of fitting in to a supportive and stable team would be easier to sell as a package to prospective GP's. Unfortunately, at Pennywell practice the GP would be working on their own, in isolation, and the post had not been able to attract anyone to it.

Councillor McClennan did not know how they would alleviate the concerns of the community as they were unable to see a doctor presently and further patients would only make the situation more difficult. She also referred to the fact that as a patient herself she had not been made aware of the increased expertise that were now based in the practice but commented that this may be down to the fact that she had been unable to see a GP who would probably be the one to refer her to those alternative practitioners in the surgery. She strongly suggested that the capacity issue at the surgery and the discontent that existed currently was addressed so that it did not spread to new patients.

Councillor McClennan advised that the car parking at the South Hylton site was very limited, it was located next to both a primary school and a pharmacy, and explained



that there was total parking congestion in the area now so it was going to be even more of a significant issue if more patients were registered who would need to travel there by car. If patients were being asked to walk to the South Hylton surgery from Pennywell it would be a large physical barrier for patients, due to the bank that they would need to traverse.

If any money was being saved on the closure of the Pennywell site, Councillor McClennan stated that it should be used on the commissioning of Compass charity transport, who could offer a service from the top of South Hylton bank to the GP practice and back for the first six months while the lobbying, etc. went on at local authority level.

Dr. Hadaway commented that demand on GP services was really high across the city at the moment and they were not able to meet all of the demand in the system but there were multiple reasons for that, including the winter and CoVid. In relation to telephone appointments versus face to face appointments, she advised that they were seeing patients face to face where it was necessary but they did not want waiting rooms full of elderly patients potentially sitting alongside asymptomatic CoVid patients as this was not a sensible decision to make at the moment.

With regards to parking, Dr. Hadaway advised that a Parking Eye system had been installed last week at the car park at South Hylton practice to stop those that are not using the surgery accessing the car park. In relation to organising a bus service she felt that this may be something that the CCG would look to commission rather than the GP practice. Ms. Teasdale commented that the suggestion may be a result of the joint work to be undertaken with partners around creating tangible transport solutions and she would be happy to take that forward with those who were best placed to form a solution.

Councillor Burnicle referred to the alternative practices being able to take additional patients at ease but in an earlier presentation the Committee had been advised that GP's were seeing a 6% increase in patient visits across the city, equivalent to an extra 260 appointments a day, which gave the impression that this was creating a strain on resource and was giving out confusing messages. Ms. Teasdale explained that the eight practices who had been asked about taking extra patients had all confirmed that they could do so but she appreciated that demand at the current time was high with it being winter and the effects of the CoVid pandemic. They had seen a 6% increase which was unprecedented in the city as demand would generally be higher during the winter but even out over the summer months.

Councillor Burnicle also asked if Monument Surgeries were keeping 91% of the patients from the Pennywell practice and therefore 91% of the funding but closing the site were they saving money or not; and was informed by Ms. Teasdale that it was actually 91% of patients who had advised that they would not stay registered with Monument Surgeries and therefore that funding would be lost. Some patients had already registered elsewhere as a result of the consultation process but this would be the more proactive patients and it was too early to predict the level of patients that they would actually retain.

Councillor Haswell advised that a lot of the residents in his area had raised a number of issues that had been discussed at the meeting tonight, especially around the transport concerns whether it be the walk, even from the hospital site which was a

constant gradient, how the older patients may manage, taxis costs which would be significant and the lack of public transport; and pressed that the impact on some of the more vulnerable people's lives in the area had to be understood and to ensure that alternative options were in place for them.

Councillor Haswell asked if, with agreement, the Scrutiny Committee could look to set up a task and finish group to look into the matter further, or write to Nexus to express Members' concerns or even write to the Cabinet and ask if there was funding available within Council budgets.

Councillor Haswell also commented that the engagement had been good, with all local Councillors having been invited from Pallion and St. Anne's wards and that the information that had been provided had been thorough but he did have a criticism regarding referring patients to other GP practices. For example, at Pallion Family Practice if you were to ring there were no appointments available, you called on the day for a same day appointment and there were no future date appointments available. There was a concern that alternative practices did not have the actual capacity to support extra patients. Getting appointments had been an issue prior to CoVid and he felt that the concerns of residents had to be communicated.

Ms. Teasdale thanked the Member for his comments and offered a slight correction in that they would not refer patients to another practice, they merely provided them with the information of the alternative practices in the area that they had indicated they would wish to register with.

With regards to a question from Councillor Haswell in relation to having site of the finalised mobilisation plan before it was put in place, Ms. Davies advised it would be something that they would have to agree with the CCG and look to submit to the next meeting of the Committee. Councillor Haswell asked if this could also be communicated to the ward members of Pallion and St. Anne's wards.

Councillor Heron referred to the issue raised in letter three around changing to Springwell Health Centre and asked if this had been looked into and resolved and was advised by Ms. Teasdale that every practice in Sunderland had a boundary of varying size and that she knew Springwell was incredibly small; so if the patient lived outside of that boundary they may refuse them.

In response to a question from Councillor Leadbitter as to whether the South Hylton practice provided GP home visits to patients, Dr. Hadaway advised that all practices would offer home visits based on clinical need if they could not physically attend a practice.

In closing, Councillor Heron asked if the Committee could be advised as to what they could do to help with the transition of patients, if the decision to close the Pennywell practice was taken. She advised that in all her years of being involved with the Health and Wellbeing Scrutiny Committee transport was always one of the main areas of concern for patients; especially when changes in services were being proposed.

The Chairman thanked attendees for their report and presentation and the information provided, it was:-

#### 4. RESOLVED that:-

- a report be submitted to the next meeting of the Committee from the CCG setting out the decision and the mobilisation plan;
- that the issue of transport be looked into further, working with transport providers, Council officers, the CCG and other partners as deemed necessary; and
- the information within the report and presentation on the robust patient consultation and the outlined next steps be received and noted.

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

The Deputy Chief Operating Officer and Assistive Technology Development Manager of Sunderland Care and Support submitted a report which advised of the presentation that would be given to the Committee on developments in assistive technology.

(for copy report – see original minutes)

Ms. Emma Anderson, Deputy Chief Operating Officer and Mr. Chris Breed, Assistive Technology Development Manager, took the Committee through the presentation which covered a wide range of issues, including:-

- the history in respect of how the initiative has been developed;
- some customer stories and feedback;
- some of the key current projects in progress;
- the expectation of the partnership now being created between SCAS, SCC and BAI as part of the wider Smart Cities initiative; and
- future plans for developing in 2022;

and shared some examples of how the technology was being used by customers to enable them to live more independently.

(for copy presentation - see original minutes)

The Chairman thanked the Officers for their informative presentation and invited questions from the Committee.

Councillor Burnicle raised concerns about the reliability on having a Wi-Fi connection and asked what would happen if there was a 'drop-out' and would people be notified as it could be problematic. Mr. Breed advised that he recognised this could be an issue and explained that a number of the devices were not emergency solutions and more so products that would monitor day to day activity. Therefore, if they did lose connection for a short amount of time it should not matter but the team would be alerted so that they could react.

There were other solutions where they were looking at more traditional telecare, such as the emergency pendant, which may use the customer's internet connection but also have a backup sim card. He explained that they were accredited by the TSA, so every solution they installed had to have been accredited and audited and have a backup.

In response to a question from Councillor McClennan regarding BAI, Ms. Anderson advised that they were the Council's communications partner that they had established a twenty partnership with which spans a number of areas but technology enabled care was one of them and they were looking to develop the Lorowan network as set out in the presentation.

Councillor McClennan also asked how the installations would be paid for and was informed that they had considered assistive technology to be in the same framework as community equipment, so at the moment it was free of charge but there were other options they were looking into as to how they could support customers to use their personal health or personal budgets. Generally, it would be very rare that a solution would cost more than £100; which could be for a number of devices that would come together to create a single package which would provide a number of solutions for that person.

Councillor McDonough commented that he had seen first hand the technology in use and it was fantastic and asked how closely they worked with the providers of the original technology, for example Amazon for Alexa's, etc. Mr. Breed advised that it was really difficult to work with the larger providers such as Amazon or Google but they did have partners who worked alongside them so they did have contacts. The main companies they worked with designed the peripheral's who would work with the larger providers so they had inroads with them through that route.

Councillor Haswell advised he had attended a presentation at a resident's association where a lot of residents were impressed with how the technology could support them in their older years, even though they recognised they may not be able to use it themselves. Several questions were raised at the event and one of them had been around connectivity and the Officer in attendance had advised that in the future they would be reliant on the 5G technology that was being rolled out across the city. The residents were sceptical as they already knew they had connectivity issues and asked what was the backup to the backup?

Mr. Breed advised that the sim cards being used were called 'roaming sims', which meant that they would seek out a strong network from any network provider and did not rely on a contract with an individual provider, such as Vodafone, etc. It may not alleviate all of the blackspots in the city but the chances of losing connectivity would be around the same as losing a normal phoneline, which was relatively small. Ms. Anderson advised that they recognised the challenges around connectivity and they aimed for equity for all citizens in the city, regardless of where they were, and that was part of the challenge being put to BAI to work with them on.

Councillor Haswell also referred to comments made by the Officer at the resident's meeting that there may be an external revenue stream for the Council, as there were already external partners interested in the SHEILA app and some of the technology being developed in Sunderland and asked what interest had been shown to date and if there were any arrangements already in place? Ms. Anderson informed the Committee that there had been some interest from other organisations and authorities who wanted to have discussions around using the product but at this point they were not at that level of negotiation and were just scanning interest.

Mr. King advised that as they had helped develop the app they had a commercial arrangement with the provider that if they sold it to another local authority Sunderland would get a modest return but so far it had not been sold on as it was still in a developmental stage.

A further question from Councillor Haswell was around data security and who was holding the data, who was the data controller and what security was in place to protect it. Mr. Breed advised that they had initially identified some issues with data, and who would control it and set up accounts, and it was decided that ultimately the customer would be responsible for their own data. They would be gathering some metrics but it would not be identifiable to an individual, so if it was to be intercepted they would not be able to identify the person. He also explained that it would not be transmitting any medical data and that it would be more telemetric data around the customer moving around the property or activity monitoring. Ms. Anderson also advised that there was an ongoing group that looked at the data security and as the product develops they would constantly review the security of the data and what it looked like.

Councillor Haswell raised concerns over the security of the data and it being the responsibility of the customer or family and Mr. King advised that within the Council there was a Technical Advisory Group (TAG) that looked at issues around data flows, data security, etc. and the products that had been discussed had been through that group who had provided oversight on the level of security, carrying out penetration testing on the products. If Members required further detail for more assurance he could look to submit a report to a further Committee.

Councillor Haswell referred to the use of the 'Uber model' and asked if this was a turn of phrase in terms of the flexibility and sought assurances that good contracts would still be offered to employees. Members were advised that this was very much the case and it was only in reference to the flexibility.

In response to how much the Council were paying BAI and what they were contributing, Officers advised that they did not have the specifics of the contract; they only knew what they asked of them. Mr. King advised he could organise some communications for the Members on the BAI initiative with the Council and the twenty year partnership they had entered into with the aim to make Sunderland one of the most connected city's in the world. When asked if the information could be brought back to the Committee, Mr. King advised he could look into that.

Councillor Heron asked if the pandemic had driven an increase in the use of assistive technologies and was advised that they had definitely seen an accelerated acceptance by people of technology due to the circumstances that they had found themselves in. It had also given Officers the opportunity to look at how technology would be used and if it would isolate customers; but they had actually found that it had connected people who were not able to leave their homes and they had now been able to support them to become more connected than they had been before.

In closing, Councillor Heron asked if families would be trained in the technology to help support the user and Ms. Anderson advised that often it would be younger family members who would help in training the family but they did offer and deliver training in whichever format made more sense to them and they would not leave them until they were comfortable in using the products.

Councillor Heron thanked Officers for their very informative presentation, and it was:-

5. RESOLVED that the information set out within the report and presentation be received and noted.

### **Work Programme 2021/2022**

The Scrutiny and Members' Support Coordinator submitted a report (copy circulated) which attached the current work programme for the year and also provided an update on a number of potential topics, as raised by Members, for the Committee's consideration.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, presented the report and provided an update on the current position on work programme items in relation to Pharmaceutical Needs Assessment and an Update on Dental Services.

Members were informed that the North East Ambulance Service Update would now be submitted to the meeting of the Committee in April rather than March due to the pressures they were currently under.

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

6. RESOLVED that the work programme be received and noted.

### **Notice of Key Decisions**

The Strategic Director of People, Communications and Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from 10<sup>th</sup> January, 2022.

(for copy report – see original minutes)

Mr Cummings, Scrutiny Officer, having advised that if any further Members wished to receive further information on any of the items contained in the notice they should contact him directly, it was:-

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

The Chairman then closed the meeting having thanked everyone for their participation.

(Signed) J. HERON,  
Chairman.

**COVID-19 IN SUNDERLAND - UPDATE**

**REPORT OF EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND INTEGRATED  
COMMISSIONING, SUNDERLAND CLINICAL COMMISSIONING GROUP AND  
SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST**

**1. PURPOSE OF THE REPORT**

- 1.1 To provide the Health and Wellbeing Scrutiny Committee with an ongoing update on the Covid-19 pandemic in Sunderland.

**2. BACKGROUND**

- 2.1 A number of key health partners and officers have throughout 2020 - 2022 provided the committee with the latest information and position related to the risks and recovery from the Covid-19 pandemic in Sunderland.
- 2.2 This has been a major focus for the Health and Wellbeing Scrutiny Committee and remains a key feature of the committee's work programme as Sunderland, and the United Kingdom as a whole, looks at the removal of the last remaining restrictions.

**3. CURRENT POSITION**

- 3.1 As the last remaining Covid-19 legal restrictions are removed in England, including the requirement to self-isolate the latest update provides Members with up-to-date information on infection rates, learning to live with Covid plans, the vaccination and booster programmes, hospital numbers and the roadmap to recovery.

- 3.2 The update is extremely comprehensive and will be provided as follows:

Public Health (Executive Director of Public Health & Integrated Commissioning) – an update on the latest public health developments, the move away from restrictions and learning to live with Covid in Sunderland.

Sunderland CCG Update – the latest information from the Clinical Commissioning Group in relation to the vaccine programme, booster jabs and other current Covid-19 related activities and measures for recovery.

City Hospitals Sunderland – South Tyneside and Sunderland NHS Foundation Trust will provide the latest position in terms of covid admissions, waiting lists and service updates.

- 3.3 Due to the ongoing nature of the Covid-19 situation Members should be aware that a number of the updates will be verbal with presentations forwarded to

Members nearer to the time of the meeting to ensure the information provided reflects the most up-to-date position.

#### **4. RECOMMENDATION**

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

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**HEALTH AND WELLBEING SCRUTINY COMMITTEE**

**9 MARCH 2022**

**MONUMENT SURGERIES – PENNYWELL BRANCH CCG UPDATE**

**REPORT OF SUNDERLAND CLINICAL COMMISSIONING GROUP**

**1. INTRODUCTION**

- 1.1 Monument Surgeries is a GP Practice run by Sunderland GP Alliance (SGPA) providing GP services to 12,545 patients. The Practice and its branch sites are in Washington (Galleries - main site and Barmston – branch site), and Pennywell (branch site).
- 1.2 In June 2021, NHS Sunderland Commissioning Group (CCG) were made aware of concerns from SGPA regarding the ability to deliver services from Pennywell, citing that they had been unable to find a substantive or a locum GP to work at the Pennywell site, despite implementing different strategies to increase the workforce at the site.
- 1.3 In July 2021 the CCG's Primary Care Commissioning Committee (PCCC) were asked to consider a temporary closure of the Pennywell site and for patients who required an appointment to be seen at South Hylton Surgery. The Committee did not approve a temporary closure as there had been no opportunity to engage with patients, but instead the Committee did approve the ability for patients to be seen temporarily at South Hylton Surgery to ensure they had access to primary medical care. This was a short-term arrangement only (until 5<sup>th</sup> September) to support the practice over the summer holiday period when it is usually more difficult to get locums. It was also agreed at the Committee that the practice could commence formal engagement with patients and stakeholders about the future of the service.
- 1.4 On 04 October 2021, SGPA commenced a period of engagement with patients and stakeholders (previously brought to H&W Scrutiny Committee) and this engagement period concluded on 26 November 2022. The branch surgery at the commencement of engagement served approximately 2,700 patients.
- 1.5 In December 2021, SGPA submitted an application to the CCG to close the Pennywell branch surgery at the end of March 2022.
- 1.6 The reasons for the application were cited as:
  - Difficulties recruiting and retaining permanent doctors willing to work at the Pennywell branch site in isolation from other staff.
  - Pennywell branch site has been staffed mainly by locums, of which there is a high turnover. This is not good for patients in terms of continuity of care.
  - The cost to run the service has been high due to the use of locums. This was becoming unsustainable for SGPA.

- Nursing time currently covers the other sites, resulting in inadequate and fragmented services at the Pennywell branch surgery and infrequent nurse availability.

## **2. PRIMARY CARE COMMISSIONING COMMITTEE (PCCC)**

- 2.1 In line with our delegated functions, any decision regarding the contracting and commissioning of primary medical care services is taken at the PCCC, which is a statutory committee of the CCG.
- 2.2 The PCCC received a report outlining the options available regarding the application at an extraordinary committee meeting held on 27 January 2022. The report included a copy of the outcome of engagement with patients and stakeholders. The report also included a formal commissioning assessment of the current practice (including access, performance, finance, premises and staffing information) and information about local transport and housing growth and an assessment of capacity within local GP services.
- 2.3 The Committee discussed the impact of the options presented on patients, the SGPA and other local practices and concluded that the only viable option for the practice was to close the Pennywell branch site. The Committee debated the issues that the SGPA had faced getting clinicians to work at the practice and that this is a historical issue which has not improved. The Committee did however agree that the closure would not be able to take place at the end of March as requested, as patients would need time to consider registration options, and local practices would need time to ensure a smooth transition of care for patients. The approved date of closure was therefore agreed to be 31 May 2022.

## **3. MOBILISATION OF DECISION**

- 3.1 The Committee agreed that staff at the practice and patients should be informed of the decision directly prior to the decision being made public. The CCG therefore wrote to patients on 3<sup>rd</sup> February informing them of the final decision and the next steps to be taken. Stakeholders were also informed of the decision.
- 3.2 A mobilisation group has been set up which meets weekly, and a mobilisation plan has been agreed and is shown in Appendix 1. This is a standard plan that has been used for branch closures throughout the region and follows NHS England and NHS Improvement policy on branch closures. The plan is

assessed at each meeting to ensure all actions are undertaken in line with the plan.

- 3.3 A key component of the plan is the assessment and support for those who are identified as clinically vulnerable. Those identified are being given support to register with an alternative practice to ensure continuity of care. If, by the end of May, those identified individuals have not yet registered with an alternative practice, the CCG will take steps to allocate their care to a local practice, unless they expressly state that they do not wish to be allocated. In those circumstances their care will remain with SGPA and they would need to attend the Galleries or Barmston sites for their care.
- 3.4 As at 28 February 2022, the practice list is now 2170 showing that patients are starting to re-register elsewhere. Re-registrations are being closely monitored so that support can be provided where required. Further letters will be sent to patients over the coming weeks to remind them to register elsewhere. SGPA are holding weekly sessions with patients to support them to complete registration documents. SGPA are also supporting individuals where there are language barriers or who may need support to understand the content of letters.

**Report author: Wendy Thompson, Head of Primary Care**

**Report sponsor: Clare Nesbit, Director of People and Primary Care**

**28 February 2022**

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts
	Decision to terminate		CCG		
1.1 Communication	Develop patient letters x 4	01/02/22 15/03/22 12/04/22 03/05/22	NHS England Sign off by CCG	Letter 1 – informing practice will be closing Letter 2 – reminder to re-register before closure Letter 3 – further reminder including allocation statement Letter 4 - informing practice now closed NOTE Vulnerable patients who have not re-registered are allocated and sent a specific letter by date of closure to inform they will be allocated within 1 week of practice closure. All remaining patients will be allocated within one month post-closure UNLESS they inform they want to remain with Monument Surgeries	Mailing House
	Develop stakeholder letters x 2	01/02/22 28/04/22	NHS England Sign off by CCG	Letter 1 – informing practice will be closing Letter 2 – informing practice now closed	Mailing House
	Hold meeting with local practices	04/02/22	CCG	To inform of decision (embargoed information) and to inform of process of dispersal and extraordinary policy	
	Distribute letter 1 to patients Distribute letter 2 to patients Distribute letter 3 to patients Distribute letter 4 post closure	03/02/22 17/03/22 14/04/22 05/05/22	NHS England		Mailing House
	Distribute letter 1 to stakeholders Distribute letter 2 to stakeholders	03/02/22 02/05/22	NHS England/ CCG	CCG to send to local stakeholders	
	Message to be put onto practice telephone.	14/02/22	Practice	Wording to include: <ul style="list-style-type: none"> <li>Indicate surgery closing / when closed</li> <li>Inform patient to re-register – contact given for PCSE</li> </ul>	PCSE

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts
				<ul style="list-style-type: none"> <li>Inform of support available from the practice to re-register elsewhere</li> <li>Out of Hours number to remain available</li> <li>Healthwatch number</li> </ul>	Healthwatch
	Notice on practice & local pharmacy doors	14/02/22	Practice	Wording to include: <ul style="list-style-type: none"> <li>Indicate surgery closing / when closed</li> <li>Urge patients to re-register before closing date / not to wait until unwell</li> <li>Provide NHS Choices website details for "Services Near You"</li> </ul>	
	Update provider / practice website contents / links	14/02/22	Practice		
	Practice to inform landlord	14/02/22	Practice		
	Update NHS Choices	June 2022	Practice	Once practice is closed	
	Print out summary records from computer record for those registering elsewhere  <b>PATIENT SAFETY ISSUE:</b> summary records MUST be printed before practice closes if not GP2GP transfer	Ongoing	Practice	Practice to print summary records and include within medical records before delivery to PCSE. GP2GP transfer should negate need for paper copy, however E-mis records limited to 5MB or 99 attachments Mop up exercise to print shorter summaries	
1.2 Records	Transfer medical records to PCSE	If applicable	Practice	File and box alphabetically; must be inclusive of summary record Send by regular courier; may need to arrange ad hoc / additional courier runs	
	Patient deductions from clinical system ongoing	If applicable	Practice/PCSE		
	Post termination: Transfer of summaries quickly to practices	If applicable	PCSE	Courier collection to be arranged	

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts
	<ul style="list-style-type: none"> <li>NB Assumes new provider / patient records transferred already.</li> </ul>				
	PCSE to add end date to the Exeter system and maintain the pool of list (branch and main sites) for an agreed period (usually 3 months) until patients registered elsewhere	31/05/22	PCSE	Where patients not yet registered, summaries held by SGPA until allocation is complete unless they do not wish to remain registered – in this case PCSE will hold records	
1.3 Prescriptions	Practice to ensure patients collect pre-ordered prescriptions	31/05/22	Practice		
	Identify patients on repeat medications, when due and frequency of issue – prescriptions to be issued with consideration given to type of meds and period for prescribing	28/02/22	Practice	Practice to advise patients on repeat prescriptions that no further repeats will be issued and that patient needs to re-register with another GP practice. "Review complete" patients provided with extra prescriptions.	
	Process requests for urgent medication	31/05/22	Practice		
	Identify patients on NOMADS	28/02/22	Practice		
1.4 Lab links	Review pathology and x-ray results – regular reviews until contract closedown	Ongoing	Practice	Practice to provide assessments to PCSE for secure storage	
	Establish process for dealing with tests requiring urgent treatment / further investigation	Ongoing	Practice	Patients requiring routine tests will be requested to register with another practice. Urgent tests to be undertaken where deemed clinically necessary.	
1.5 Patient Referrals	Ensure all referral letters have been typed and sent to relative departments	Ongoing	Practice		
	Check all 2 week referrals have been processed	Ongoing	Practice		

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts
	Process all outstanding Choose and Book referrals	Ongoing	Practice	Patients to be advised to re-register with another GP and notify Hospital.	
1.6 Continuity of care for at risk patients/ Immediately necessary care.	<p>Identify “at risk” patients and facilitate registration with alternative GP in advance of close down, and ensure any at risk / vulnerable patients are allocated to a new GP (i.e. if practice closes before patients able to be transferred to new GP)</p> <ul style="list-style-type: none"> <li>Practice to be in regular contact with relevant organisations incl: MacMillan nurses, midwives, MH Trust, Social Teams etc</li> <li>AT to receive daily reports of current patient numbers and vulnerable patients.</li> <li>At risk patients identified on right and prioritised as Priority 1, 2, or 3:</li> </ul>	28/02/22	Practice		
				Priority 1: Patients on QOF registers – Cancer/CHD/CKD stage 3 / Mental Health / COPD – moderate and very severe / Dementia	
				Priority 1: Patients admitted to hospital frequently. (CHD, Diabetes, CKD, HF, Stroke, Asthma)	
				Priority 3: Patients due screening (ie smears/catch up programmes etc)	
				Priority 1: Patients with identified disability including blind and partially sighted.	
				Priority 1: Patients with carer responsibilities	
				Priority 2: Patients on four or more repeat medications.	
				Priority 1: Terminally ill/palliative care patients	
				Priority 1: Housebound patients	
				Priority 2: Pregnant women	
				Elderly 75+ Priority 1 – 85y+ Priority 2 – 80y – 84y Priority 3 – 75y – 79y	
				Priority 1: Patients in nursing homes	
				Priority 2: New-born babies - List of 6 week baby checks and vac and immunisations to be forwarded to child health to contact and advise patients to register immediately	
				Priority 2: Patients Discharged from Hospital	
				Priority 1: Child Protection and domestic abuse	
				Priority 1: Patients with learning difficulties.	
				Priority 1: Patients on Nomads	

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts
	Hold weekly meetings to review patient registrations and contact key contacts to establish progress.	01/02/22	Practice and NHS England	Priority 1 patients will be checked on a weekly basis and contacted if not registered. Priority 2 patients to be checked every 2 weeks and priority 3 patients to be checked every 3 weeks.	
2.1 Staff Comms	Inform staff of current situation and options.	07/02/22	Practice		
3.1 Inventory of all equipment	Establish any NHS England /CCG assets <ul style="list-style-type: none"> <li>• Stock take of drugs</li> <li>• Appliances</li> <li>• Stationery</li> <li>• office equipment</li> <li>• photocopier</li> </ul>	31/03/22	Practice		
	Establish any practice assets <ul style="list-style-type: none"> <li>• Drugs</li> <li>• Appliances</li> <li>• Stationery</li> <li>• office equipment</li> <li>• photocopier</li> <li>• IT</li> </ul>	31/03/22	Practice	Practice to ensure there is no data held on hard drives for any equipment being removed.	
3.2 Removal of drugs / prescription pads /	Inventory and destruction of drugs. Liaise with medicines optimisation.	31/05/22	Practice	Emergency drugs only retained. Practice will retain drugs within date.	
	Prescriptions to be returned to NHSE; must record on site serial numbers of Px pads, witnessed by practice staff. Px pads to then be securely destroyed.	01/06/22	Practice	Practice to retain 1 pad for contingency until day of closure.	



Area	Action Required	Due Date	Who	Comments/issues	Key Contacts
	All fit notes/controlled documents returned to NHS England.	01/06/22	Practice	To go by courier.	
	All dressings etc to be removed / destroyed	01/06/22	Practice		
	Identify any Oxygen cylinder in surgery / liaise with supplier to give notice for return.	28/02/22	Practice	Return post closure	
3.3. Security	Establish who holds keys and arrange return to NHS Property Services Ltd on day of closure	28/02/22	Practice / NHS PS		
3.4 Removal of other administrative forms etc.	Removal of death certificate books.	01/06/22	NHS England	Unused / partially used death certificate books to be returned to Registrars' office.	
	Removal of unused cremation forms			Registrars' office also	
	Hospital referral forms/blood forms			All other docs to be securely destroyed by the practice	
4. IT	<ul style="list-style-type: none"> <li>Establish process for accessing IT system, including clinical system</li> <li>Set up data sharing agreement and contract with local practice</li> <li>Securing IT equipment</li> <li>Switch off lab links</li> <li>Investigate implications for choose and book?</li> <li>Need to identify data controller</li> <li>Caldicott Guardian = MD</li> </ul>	28/02/22	NHS England and Practice and NECS	Contact NECS regarding IT systems and request quote.	
5.1 The	CV to be issued to remove branch surgery from contract	28/02/22	NHS England		

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts
	Establish alternative means to contact Practice	28/02/22	NHS England		
5.2 Neighbouring Practices	Review of PCSE data to confirm which local practices are registering dispersed patients	Ongoing	NHS England/C CG		
5.3 H&W Scrutiny	Liaise with Health and Wellbeing Scrutiny Committee	March 2022	CCG		
5.4 LMC	Ensure LMC informed of decision	07/02/22	NHS England/C CG/		
5.5 Comms team	Media release re closure	03/02/22	Comms Team, CCG	Reactive statement to be written in preparation	
	Proactive press release	03/02/22	Comms Team, CCG	To be released 09 February 2022	
5.6 FT/ s Provider arm/	District Nurses/Health Visitors to be notified to liaise with patients on caseload.	31/03/22	Practice	Included as part of stakeholder notification. Practice to liaise with midwifery team regarding the re-registering of patients.	
	Palliative care manager to be informed to liaise with nurses.	31/03/22	Practice		

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts
	Common Mental Illness – all mental health workers to be notified and liaise with patients.	31/03/22	Practice	MH workers and local MH Trust to be notified by the practice	
	Severe and Enduring Mental Health	31/03/22	Practice	As below advise for practice cohort.	
	Mental Health Trust	31/03/22	Practice	Practice to liaise with the local MH Trust MH Trust to be included in stakeholder notifications	
	Midwifery	31/03/22	Practice	Practice to liaise with the midwifery team regarding proactive re-registering of patients.	
	Business Managers at FTs to be informed - as part of stakeholder notification inc. community services director.	31/03/22	Practice		
5.7 Health watch	Inform Healthwatch of issue as part of stakeholder consultation, and to expect large numbers of phone calls	03/02/22	CCG		
5.8 PCSE	Update patient lists / practice information	31/05/22	PCSE		
5.9 Notify other agencies	Need to notify OOH re practice closure	07/02/22	CCG and NHS England		
	Local Pharmacies				
	PCN CDs				
	PCSE				
	Relevant departments in NHS England, Public Health England				
	Local Hospitals				
	Business Services Authority (BSA)				
	Home Oxygen				

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts
6.1 Invoices /Bills	Ensure all outstanding invoices / bills are paid to date. (Equipment / drugs, stationery, telephone)	01/06/22	NHS England Finance		
6.2 Rent / Rates / Service Charge	Stop charges for rent/rates	01/06/22	NHS England Finance		
7.1 Telephone system	Establish when will phones be switched off (3 months from close date recommended)	If applicable	Practice		
7.2 Post & clinical correspondence	Establish arrangements for receiving and handling received hospital letters etc:	28/02/22	Practice	Patients will remain with Monument Surgeries until allocation is complete so SGPA will manage all correspondence	
	Establish process for future hospital letters / post	28/02/22	Practice	Correspondence to go to new practice once patient re-registered. If patient fails to re-register, correspondence will remain with SGPA.	

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts
7.3 Courier	Inform courier services via PCSE	28/02/22	NHS England		
7.4 Medical Reports	Ensure that all reports for CMO are identified, completed and processed where possible.	31/05/22	Practice		
	Ensure all other private insurance reports, i.e. passports, holiday cancellations, solicitors reports are identified and processed.	31/05/22	Practice		
7.5 Other Data	Remove all other confidential data and files, electronic and hard copy, in line with practice's Information Governance protocols	31/05/22	Practice		

**SEXUAL HEALTH PROVISION IN SUNDERLAND****REPORT of the EXECUTIVE DIRECTOR OF PUBLIC HEALTH AND INTEGRATED COMMISSIONING and THE DIVISIONAL DIRECTOR – FAMILY CARE SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST****1. Purpose of the Report**

- 1.1 The purpose of the report is to provide an update on the whole systems approach to sexual health in Sunderland. The term 'sexual health services' refers to all services which are either commissioned or support in partnership the whole system approach to sexual health.

**2. Context**

- 2.1 Local Authorities are mandated to commission comprehensive open access sexual health services for everyone **present in their area**, covering:

- preventing the spread of sexually transmitted infections (STIs)
- free STI testing and treatment (excluding treatment for HIV<sup>1</sup>)
- notification of sexual partners of infected persons
- advice on, and reasonable access to, a broad range of contraception
- advice on preventing unintended pregnancy.

- 2.2 The mandated responsibilities do not cover the entirety of sexual health care which local authorities have responsibility for. To improve outcomes and the health of the local population it is also important to improve the knowledge and skills of the population and the wider workforce and ensure prevention focused interventions are in place. This would include:

- sexual health promotion and HIV prevention work
- condom distribution schemes
- outreach provision
- specialist offers for young people (who are disproportionately affected by STI's and unplanned pregnancy).

- 2.3 Local authorities are also responsible for provision of the sexual health aspects of psychosexual counselling (Clinical Commissioning Groups (CCG) are responsible for commissioning the psychological elements of this provision).

- 2.4 Provision of specialist integrated sexual health services in Sunderland is provided by South Tyneside and Sunderland NHS Foundation Trust and includes the:

- provision of contraception services
- provision of screening and treatment for STIs
- sexual health advice, information and promotion.

- 2.5 Additional sexual health services are commissioned from the public health grant through pharmacies, GP practices and other partners to enhance access to Emergency Hormonal Contraception (EHC), Long Acting Reversible Contraception (LARC) as well as in support of sexual health prevention and promotion.

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<sup>1</sup> HIV treatment is commissioned by NHS England

- 2.6 NHS England and CCGs also have responsibility for commissioning different elements of sexual health services (Appendix One). This illustrates the complexity of the sexual health commissioning landscape, which has many interdependencies. It is imperative that commissioners work together collaboratively to ensure a seamless patient journey and support optimum sexual health outcomes.

### 3. Background

- 3.1 Sexual health is an important area of public health. Most of the adult population of England are sexually active and access to high quality sexual health services improves the health and wellbeing of both individuals and populations.
- 3.2 Whilst the Government set out its ambitions for improving sexual health in its 2013 publication A Framework for Sexual Health Improvement in England<sup>2</sup>, the framework continues to be the relevant today. The framework provides the information, evidence base and support tools to enable those involved in sexual health improvement to work together effectively and improve sexual health outcomes.
- 3.3 In response to the Coronavirus Disease 2019 (COVID-19) pandemic, the UK Government implemented strict non-pharmaceutical interventions (NPIs) in the form of national and regional lockdowns, as well as social and physical distancing measures including an emphasis on staying at home.
- 3.4 Sexual health services (SHS) in England had substantially reduced capacity in the first year of the COVID-19 pandemic in response to national directive to reduce face-to-face consultations, supported by the rapid reconfiguration to increase access to STI testing via telephone or internet consultations<sup>3</sup>.
- 3.5 Public Health England surveillance data are consistent, indicating an overall decrease in sexual health consultations, testing, and diagnoses between March and May 2020, with a subsequent increase in diagnoses in June, 2020, when restrictions eased, although the number remained considerably lower than 2019 levels. The rapid shift to remote clinical consultations, testing, and management seems to have facilitated service access and aimed to prioritise in-person access for individuals and conditions most in need<sup>4</sup>.
- 3.6 The summary profile of local authority sexual health (SPLASH) published in January 2022 showed an increasing trend in diagnoses of chlamydia, gonorrhoea and syphilis in England from 2010 until 2019, while diagnoses of genital warts have decreased since 2013 due to the protective effect of HPV vaccination.
- 3.7 Figures published in September 2021 by Public Health England<sup>5</sup> show there were 317,901 sexually transmitted infections (STIs) reported in England in 2020. This represents a 32% drop from 2019.
- 3.8 These are the first figures to show the impact of COVID-19 rules on rates of STIs, including its impact on sexual health services. We can see drops in diagnoses of new

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<sup>2</sup> Department of Health (2013). A Framework for Sexual Health Improvement in England. (<http://www.dh.gov.uk/health/2013/03/sexhealth-framework/>)

<sup>3</sup> [SPLASH Sunderland 2022-01-27 \(phe.org.uk\)](#)

<sup>4</sup> The impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England. Public Health England, 2020

<sup>5</sup> [Sexually transmitted infections and screening for chlamydia in England, 2020 \(publishing.service.gov.uk\)](#)

infections, as well as in number of consultations and screenings – but an increase in online consultations.

3.9 The key statistics are:

- 317,901 diagnoses of STIs in England in 2020 – a 32% overall drop from 2019.
- 20% decrease in gonorrhoea compared to 2019 with 57,084 diagnoses.
- 14% decrease in syphilis compared to 2019 with 6,926 diagnoses.
- 10% decrease in consultations at sexual health services compared to 2019, but number of online consultations doubled to 1,062,157.
- 25% decrease in sexual health screens in sexual health services compared to 2019.
- 30% decrease in chlamydia tests carried out among young people (15 to 24 year olds) compared to 2019.

3.10 Despite the overall decrease in STI diagnoses, STIs continued to disproportionately impact young people aged 15 to 24 years, people of Black Caribbean ethnicity, and MSM.

## 4. Sexual Health Outcomes in Sunderland

4.1 The latest available sexual and reproductive health data for Sunderland covers data from 2020 and as such will reflect the pandemic and imposed restricted access to sexual health services, especially when comparing with data from pre-pandemic years.

4.2 Key outcomes for sexual health in Sunderland<sup>6</sup> are:

- Overall, the number of new sexually transmitted infections (STIs) diagnosed among residents of Sunderland in 2020 was 1,501. The rate was 540 per 100,000 residents, **similar** to the rate of 562 per 100,000 in England.
- Sunderland ranked 56th highest out of 149 upper tier local authorities (UTLAs) and unitary authorities (UAs) for new STI diagnoses excluding chlamydia among young people aged 15 to 24 years in 2020, with a rate of 529 per 100,000 residents aged 15 to 64, **better** than the rate of 619 per 100,000 for England.
- The chlamydia detection rate per 100,000 young people aged 15 to 24 years in Sunderland was 1,812 in 2020, **better** than the rate of 1,408 for England.
- The rank for gonorrhoea diagnoses (a marker of high levels of risky sexual activity) in Sunderland was 80th highest (out of 149 UTLAs/UAs) in 2020. The rate per 100,000 was 64.1, **better** than the rate of 101 in England.
- Among specialist sexual health service (SHS) patients from Sunderland who were eligible to be tested for HIV, the percentage tested in 2020 was 48.8%, **better** than the 46.0% in England.
- The prevalence of diagnosed HIV per 1,000 people aged 15 to 59 years in 2020 was 1.0, **better** than the rate of 2.3 in England.
- In Sunderland, in the three year period between 2018 - 20, the percentage of HIV diagnoses made at a late stage of infection was 56.5%, **worse** to 42.4% in England.
- The total rate of long acting reversible contraception (LARC) (excluding injections) prescribed in primary care, specialist and non-specialist SHS per 1,000 women aged 15 to 44 years living in Sunderland was 38.2 in 2020, **higher** than the rate of 34.6 per 1,000 women in England. The rate prescribed in primary care was 11.5 in

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<sup>6</sup> [SPLASH Sunderland 2022-01-27 \(phe.org.uk\)](https://phe.org.uk)



Sunderland, **lower** than the rate of 21.1 in England. The rate prescribed in the other settings was 26.8 in Sunderland, higher than the rate of 13.4 in England.

- The total abortion rate per 1,000 women aged 15 to 44 years in 2020 was 18.0 in Sunderland, **similar** to the England rate of 18.9 per 1,000. Of those women under 25 years who had an abortion in 2020, the proportion who had had a previous abortion was 28.3%, **similar** to 29.2% in England.
- In 2019, the conception rate for under-18s in Sunderland was 24.3 per 1,000 girls aged 15 to 17 years, **worse** than the rate of 15.7 in England. However, the latest rolling quarterly rate of u18 conception (September 2020) is 18.8 per 1,000 (15 to 17 years). Between 1998 and 2019 Sunderland saw a 61% reduction in the U18 conception rate, **closing the gap with England**.

## 5. Whole System Sexual Health in Sunderland

- 5.1 Sexual health, reproductive health and HIV services make an important contribution to the health of the individuals and communities they serve. Their success depends on the whole system - commissioners, providers and wider stakeholders - working together to make these services as responsive, relevant and as easy to use as possible and ultimately to improve the public's health<sup>7</sup>.
- 5.2 The following update builds on the report presented to the Health and Wellbeing Scrutiny in 2018, sharing the progress made against the proposed recommendations. The update will also share information on subsequent investment and ways of working in support of the whole systems approach to sexual health.

### Sexual Health Prevention

- 5.3 A range of services are available to support an improvement in sexual health outcomes for young people in Sunderland. These services include:
- a. Relationships and Sex Education (RSE)<sup>8</sup>**  
Public Health commission a dedicated post within Together for Children to co-ordinate school activity in support of meeting the requirements of the RSE and RSHE statutory guidance and supporting the quality assurance of delivery
  - b. Together for Children, Relationship, Sex and Health Education (RSHE)<sup>9</sup>**  
Together for Children's RSHE service works with young people aged 8 to 18 (based on level of need) and can be offered to young people with special educational needs and disabilities up to the age of 25, to help children and young people to develop the vital skills to make informed decisions about their sexual health, wellbeing, self-esteem and relationships.
  - c. RSHE Charter Mark<sup>10</sup>**  
An offer to schools to sign up to and develop an evidence based portfolio of activity within school against a range of national standards. This is part of the Healthy Schools Programme and is currently available at Bronze Level. Four of our schools have currently achieved Bronze Level.
  - d. Outreach Services – Brook<sup>11</sup>**  
Outreach and educational services across Sunderland for young people aged 11-18. These services promote healthy relationships and an understanding of acceptable behaviours and attitudes in relation to relationships and sexual health, alongside pregnancy choices.

<sup>7</sup> [Making it work Main guide revised March 2015.pdf \(publishing.service.gov.uk\)](#)

<sup>8</sup> [Relationships and sex education \(RSE\) and health education - GOV.UK \(www.gov.uk\)](#)

<sup>9</sup> <https://www.togetherforchildren.org.uk/professionals/relationship-health-sex-education-rshe>

<sup>10</sup> [RSHE Charter Mark | Together for Children](#)

<sup>11</sup> [Outreach and educational services for Sunderland – Brook](#)

e. **Mobile Prevention Bus**

Wear Here 4 You provides information, advice and support for children, young people and families in Sunderland. The service is delivered in partnership with organisations from across the City. Outreach sexual health services forms part of this offer.

f. **School drop ins**

Growing Healthy Sunderland along with partners offer a school based drop in, this supports young people with advice and support on a range of issues including access to condoms, pregnancy testing and general sexual health support. School Nurses have also recently been trained in the delivery of emergency contraception. It is hoped they will soon have their competencies signed off and can provide another opportunity for support.

- 5.4 Sexual Health awareness campaigns are supported by partners locally, most recently HIV testing week (February 7<sup>th</sup>) saw the promotion of testing opportunities as well as prevention messages shared jointly with partners.

### **Primary Care and Community Pharmacy Services**

- 5.5 Public Health Contracts include provision for LARC in primary care and Emergency Contraception in Pharmacy.
- 5.6 There are opportunities to improve access to sexual health services in primary care. Building on the NHS long term plan and one of its objectives to appoint a Tackling Health Inequalities lead for each of the Primary Care Networks.
- 5.7 Emergency contraception and condom card schemes are delivered through participating Pharmacies in Sunderland. Recent analysis of emergency contraception data shows a high repeat use of the service which would indicate lack of awareness or access to contraception, including LARC.
- 5.8 An equity audit is currently underway to understand the broad picture in relation to emergency contraception provided across Sunderland.
- 5.9 The Statutory Pharmacy Needs Assessment is also planned and will include access to sexual health services.

### **Integrated Sexual Health Services**

- 5.10 The Sunderland Integrated Sexual Health Service became operational from the 1st October 2019 and is based at a dedicated hub at Chester Lodge, Sunderland Royal Hospital. This has ensured the co-location of the STI and contraceptive provisions of the Service, which was a recommendation from previous service reviews. The Integrated service provides advice, support, screening and treatment all in one place as well as outreach clinics and appointments being available at various locations in the City, including dedicated clinics for under 25s<sup>12</sup>.
- 5.11 The overall service provides confidential advice and treatment as well as a range of services including (but not exhaustive) and (please also note not all of the elements are commissioned by The Council, some are commissioned by NHSE and or CCG):
- STI screening and testing
  - Contraception (including coil and implant fitting and removal)
  - Emergency contraception

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<sup>12</sup> [Home :: Sexual Health :: South Tyneside and Sunderland NHS Foundation Trust \(sunderlandsexualhealth.nhs.uk\)](https://www.sunderlandsexualhealth.nhs.uk)

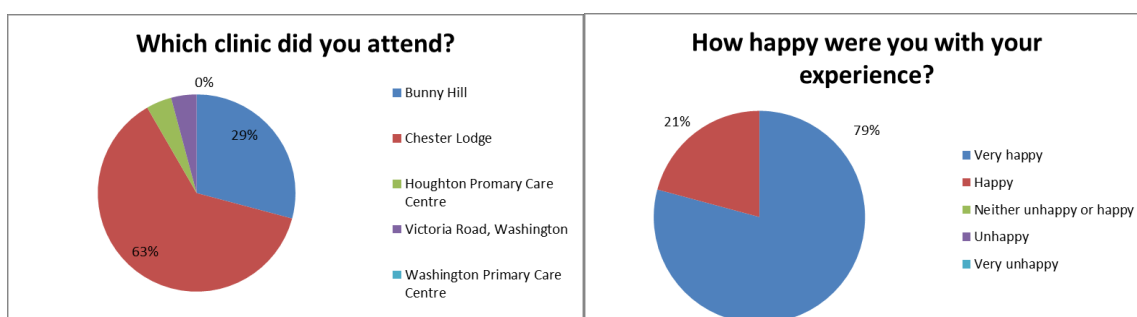
- Sterilisation consultation
- Pregnancy advice and options (including referral to the termination service commissioned by the CCG)
- Advice on safer sex, sexual risk taking, infections, sexuality and gender issues
- Support for those who have been sexually assaulted (NHSE)
- Treatment and support for people living with HIV
- Treatment for those at risk after HIV risk exposure
- Access to Psychosexual counselling
- Cervical Screening
- Provide clinical leadership, training and education to a range of professionals to increase knowledge and skills on sexual health as well as building capacity across the system.

5.12 Additionally, the service has an enhanced offer for young people which includes direct access to:

- Young Person's Contraception Nurse (includes outreach provision)
- Outreach services including condom card scheme, access to contraception, screening. The outreach element was additional resource to strengthen the outreach and sexual health promotion and prevention offer.
- Pregnancy options advice

5.13 The Sexual Health Service contract was varied March 2021 to accommodate developments around HIV prevention (PrEP) in line with NICE Guidance<sup>13</sup>

5.14 A monthly service user satisfaction survey is carried out by the service, a snapshot from January 2022 is below:

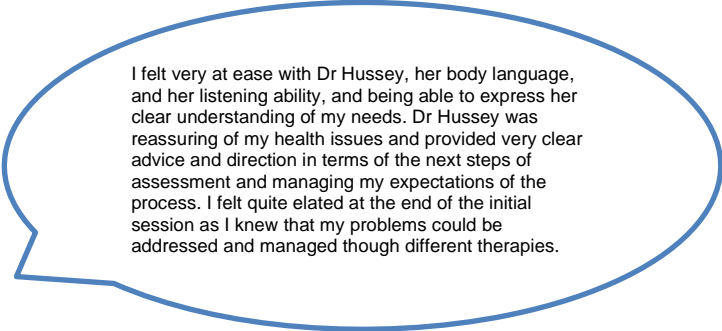


Please give us your overall impression of the service	No. of Responses	Percentage
Very satisfied	20	83.33%
Satisfied	4	16.67%
Neither satisfied or unsatisfied	0	0.00%
Not satisfied	0	0.00%
Very dissatisfied	0	0.00%
<b>TOTAL</b>	<b>24</b>	

Carly was extremely friendly, making the experience quick and easy, and was brilliant at helping calm my nerves! I could not have asked for a nicer nurse!

Quick and easy and a lot of information

<sup>13</sup> <https://www.nice.org.uk/news/article/nice-recommends-offering-prep-to-people-at-high-risk-of-hiv-for-first-time>



I felt very at ease with Dr Hussey, her body language, and her listening ability, and being able to express her clear understanding of my needs. Dr Hussey was reassuring of my health issues and provided very clear advice and direction in terms of the next steps of assessment and managing my expectations of the process. I felt quite elated at the end of the initial session as I knew that my problems could be addressed and managed through different therapies.

## 6. Good Practice Examples

### The Pause Project:

- 6.1 Pause work with women who have experienced or are at risk of repeated pregnancies that result in children needing to be removed from their care. Pause aims to break this cycle and give women the opportunity to pause and take control of their lives. A vital part of this programme is effective long acting reversible contraception (LARC). The women in this programme often have chaotic lifestyles and contraception needs to be easily accessible and a flexible approach needs to be adopted. Sunderland Sexual Health Service works collaboratively with the Pause Project to provide women with effective contraception and sexual health education to support them taking control of their situation.
- 6.2 The following feedback was provided to the Strategic Commissioning Manager for Together for Children/NHS Sunderland CCG :
- Sunderland's pathway for supporting Pause women to access sexual health services was cited as a model of best practice; Pause practitioners reported serious challenges in facilitating access to Sexual Health Services in other LAs (sadly in one case resulting in an unwanted pregnancy) so well done to those colleagues for supporting the Sunderland women so effectively.*

### During Covid

- 6.3 The Young Persons Contraception Nurse (YPCN) has continued to operate throughout Covid and is starting to see an increase in referrals from a range of partners including school both direct and from the outreach element of the service, Bumps2Babies as well as self referrals.
- Themes of the referrals
  - Access to LARC
  - Advice and information
  - Pregnancy testing
  - Oral contraception
- 6.4 The YPCN works very closely with the Family Nurse Partnership and at the recent FNP Board, received valuable feedback about the work she does and how it has contributed to the reduction in second pregnancies within the FNP service. This feedback was relayed back to the YPCN and her Manager.
- 6.5 The impact of Covid has accelerated the scope of local online testing beyond the parameters of the original tender and has seen an increase in access to online testing in line with what has been seen across the rest of England.
- 6.6 However as the majority of patients requesting online testing are symptomatic they do still require a face-to-face service for testing, so online services do not always reduce the amount of people accessing the service. However, some people only use the online service.

- 6.7 The service has reported around a 47% - 50% return rate of tests ordered, similar to other areas across the Country<sup>14</sup>.
- 6.8 The HIV element involves collecting blood, but the test is difficult to perform and that may be impacting on the return rate. Another factor may be due to patients being asked to do a 3-month review test when the service recommends a 6-month review test.

## **7. Ongoing Challenges**

### **HIV late diagnosis**

- 7.1 Sunderland has the one of the highest late diagnosis rates in the country.
- 1 in 1000 in Sunderland have HIV infection
  - 61% in Sunderland diagnosed Late (43% England/north east average)
- 7.2 Sunderland Sexual Health service offers HIV testing to all patients and as previously stated in this report the uptake is better than the national rate. However to improve this late diagnosis rate HIV testing needs to be undertaken in other healthcare/non healthcare settings other than sexual health services.
- 7.3 To facilitate this Sunderland Sexual Health Service delivers education and training to both primary and secondary care in relation to HIV testing, who to test and when to test. The Sexual Health service will support the testing service when a result is positive and encourage referral into sexual health.

### **Changes to chlamydia screening programme**

- 7.4 The National Chlamydia Screening Programme (NCSP) is changing to focus on reducing reproductive harm of untreated infection in young women.
- 7.5 Opportunistic screening (that is the proactive offer of a chlamydia test to young people without symptoms) should focus on women combined with:
- reducing time to test results and treatment
  - strengthening partner notification
  - re-testing after treatment
- 7.6 This means that chlamydia screening in community settings, such as GPs and pharmacies, will only be proactively offered to young women. Services provided by sexual health services remain unchanged.
- 7.7 Everyone can still get tested if they need, but men will not be proactively offered a test unless an indication has been identified, such as being a partner of someone with chlamydia or having symptoms.
- 7.8 This could potentially increase the footfall through sexual health services and increase online testing requests.

## **8. Recommendations**

- 8.1 Members of the Health and Wellbeing Scrutiny Committee are asked to:

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<sup>14</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4733221/>

- Note the commissioning responsibilities of the Council for sexual health services, some of which are mandated
- Note the burden of sexual health on the population of Sunderland.

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**Contact Officers:**

Gerry Taylor  
**Executive Director of Public  
Health and Integrated  
Commissioning**

Lorraine Hughes  
**Public Health Consultant**

**SEXUAL HEALTH COMMISSIONING RESPONSIBILITIES SINCE 2013**

Local Authorities	Clinical Commissioning Groups*	NHS England
<p>Contraception, including LARC and associated prescribing costs though excluding contraception provided as an additional service under the GP contract.</p> <p>STI testing and treatment, chlamydia testing as part of the National Chlamydia Screening Programme and HIV testing.</p> <p>Sexual health aspects of psychosexual counselling.</p> <p>Any sexual health specialist services, including young people's sexual health and teenage pregnancy services, outreach, HIV prevention and sexual health promotion work, services in schools, colleges and pharmacies.</p>	<p>Termination of pregnancy services (including contraception and STI testing as an episode of care).</p> <p>Sterilisation vasectomy.</p> <p>Non-sexual health elements of psychosexual health services.</p> <p>Gynaecology, including any use of contraception for non-contraceptive purposes.</p>	<p>Contraception provided as an additional service under the GP contract.</p> <p>HIV treatment and care, including post-exposure prophylaxis and post-exposure prophylaxis after sexual exposure.</p> <p>Promotion of opportunistic testing and treatment for STIs, and patient requested testing by GPs.</p> <p>Sexual health elements of prison health services.</p> <p>Sexual Assault Referral Centres.</p> <p>Cervical screening.</p> <p>Specialist fetal medicine.</p> <p>Pre-Exposure Prophylaxis for HIV Impact Trial.</p> <p>HPV Vaccination</p>

\*In Sunderland the CCG co-commissions the sexual health services provided under the GP contract on behalf of NHS England.

**ANNUAL REPORT 2021/22**

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

**1. Purpose of the Report**

- 1.1 To approve the Health and Wellbeing Scrutiny Committee report as part of the overall scrutiny annual report 2021/22 that is to be presented to Council.

**2. Background**

- 2.1 As in the previous 2020/21 municipal year the annual report will be a single combined report of all seven scrutiny committees. The annual report will outline the development in the scrutiny function and provide snapshots of the outcomes achieved during the last 12 months.

**3. Current position**

- 3.1 The proposed Health and Wellbeing Scrutiny Committee report is attached at **appendix 1** for member's consideration. The report provides a very brief snapshot of some of the main work undertaken by the committee during 2021/22. It should be noted that the report is written from the perspective of the Chair of the Committee reflecting over the year.
- 3.2 Some of the main themes covered in the annual report revolve around the following issues:
- Covid-19 Pandemic
  - Winter and Hospital Pressures
  - Integrated Care Systems
  - Sunderland Eye Infirmary
  - Monument Surgery Pennywell
  - Sunderland Domestic Abuse Safe Accommodation and Support Services Strategy.

**4. Conclusion**

- 4.1 The Committee has continued to operate in difficult circumstances to deliver on a work programme that has had the Covid-19 pandemic as a central theme throughout 2021/22. The Health and Wellbeing Scrutiny Committee has approached its work programme adapting to the challenges that the pandemic has presented. The Committee has



continued to work well with Council Directorates, stakeholders and partner organisations to deliver the work programme. The impacts and recovery from the Covid-19 pandemic on the city will form a key part of the Committee's work programme in the next municipal year.

## **5 Recommendation**

- 5.1 That Members approve the Health and Wellbeing Scrutiny Committee report for inclusion in the Scrutiny Annual Report 2021/22.

## **6. Glossary**

n/a

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## APPENDIX 1: ANNUAL REPORT

**Chair: Cllr Neil MacKnight**

**Vice-Chair: Cllr Michael Butler**

**Committee Members: Councillors Chris Burnicle, Michael Essl, Martin Haswell, Juliana Heron, Shirley Leadbitter, Barbara McClennan, Dominic McDonough, Julia Potts, Mel Speding and Michael Walker.**

I am pleased to present this year's annual report for the Health and Wellbeing Scrutiny Committee as we continue to operate against a backdrop of the ongoing Covid-19 pandemic and the herculean efforts of health and voluntary sector organisations, as well as the local authority, in dealing with it. The committee has continued to monitor this situation very closely throughout the year as well as looking at several other important health-related issues.

The Covid-19 pandemic has once again dominated the committee's work programme. The Director of Public Health has continued to keep Members updated on Sunderland's handling of the pandemic in terms of our position, changes to legislation, social restrictions and covid variants, as well as the key public health advice and messages. Sunderland Clinical Commissioning Group (CCG) has also provided regular updates on performance, winter pressures and the vaccine programme for the city. These updates have provided valuable information to the committee and afforded opportunities for Members and Officers to share knowledge, highlight concerns and provide assurances to the public over vaccine rollouts, initiatives employed to drive up vaccination rates and create a shared understanding on the evidence related to vaccination.

The committee has also continued to monitor the winter planning measures and protocols. The All Together Better Alliance has continued to support the out of hospital care and promote partnership working across health and social care services particularly during these times of significant pressures on all aspects of service delivery.

The pandemic has also had a major impact on the routine running of hospitals across the country and to the services they provide. As a committee we were interested to understand what pressures had been put on services and how backlogs were to be addressed. The committee received a report from the Divisional Director of Surgery for South Tyneside and Sunderland NHS Foundation Trust on the hospital situation and were informed that, at the height of the pandemic, elective care had been suspended with key staff transferred to critical care. Members were also informed of the work being done to address a number of issues resulting from the impacts of the pandemic and the significant effort that had been made in collaboration with partners to reduce the waiting times for patients. As the Trust has started to resume its normal services Members continue, through CCG and Trust updates, to monitor the performance and pressures on such areas as referrals to treatment, diagnostic testing, and cancer services.

The Sunderland Safeguarding Adults Board annual report is a regular item received by the committee. Members were pleased to welcome the independent chair of the board to the committee who discussed a number of the strategic priorities that underpinned the Board's local actions to safeguard adults in Sunderland. Members made a number of observations around the report, seeking assurances and further information around issues including incidents of abuse, vaccinations in care homes and safeguarding training.

The health landscape is also set to change significantly later this year when we see the abolition of Clinical Commissioning Groups (CCG) to be replaced by Integrated Care Boards who will be directly accountable for NHS spending and performance, subject to changes in legislation. Sunderland will be part of the North East and North Cumbria Integrated Care System (ICS). Members provided comments back to Cabinet on the proposals and highlighted a number of points. These included the importance of clear and defined roles and responsibilities between the Integrated Care Partnership (ICP), Integrated Care Board and Health and Wellbeing Boards to avoid becoming another layer of bureaucracy within the health system.

The committee also raised the importance of ensuring that local overview and scrutiny committees still had the same cooperation and contribution from the ICS and ICP that currently exists with CCG's so there remains that important accountability and transparency in decision making at the local level.

Members were also concerned that with the North East and North Cumbria ICS being the biggest in the country there was the potential for the consolidation of treatment services and looked for reassurances that services currently provided in Sunderland would not be moved further away, disadvantaging Sunderland residents. This highlighted the importance of establishing place-based arrangements to identify and address the needs of Sunderland's communities. Finally, Members were also interested in the make-up of the Integrated Care Board and what considerations would be given to local representations in terms of elected members.

As a committee we have also continued to receive updates on the development of a new eye hospital for Sunderland. The Sunderland Eye Infirmary is a renowned centre for excellence in ophthalmics and eye surgery both regionally and nationally, with the current facility being built during the Second World War and before the creation of the NHS. Representatives from the NHS Trust provided Members with a detailed breakdown of the engagement work that had been undertaken including public engagement events (including an additional event requested by the committee), targeted focus groups, online surveys and widespread media activity to encourage involvement.

Members were pleased to note the in-depth engagement that had taken place and more importantly that comments from service users and groups, including the Royal National Institute of Blind People (RNIB), had been considered and included in the new development proposals. Members also sought further assurances over the reduction in overnight beds in the new development and the NHS Foundation Trust provided further data to support the move as well as providing assurances that treatments would not be cancelled in the new hospital due to a lack of bed space. The committee looks forward to further updates and discussions on the development of the new eye hospital that will provide a modern patient friendly facility.

The Health and Wellbeing Scrutiny Committee were also provided with information relating to the future of Monument Surgeries in Pennywell and the concerns about its ongoing viability. A public consultation took place from October 2021 through November 2021 to gather the views of patients on a number of issues and options including closure. A decision to close the practice was taken by Sunderland CCG in February 2022. Members raised their concerns over transport and travel issues for patients who would need to travel further to access GP services following the closure of Monument Surgery in Pennywell and would look to work with the CCG and GP Alliance to lobby transport groups. Members of the committee also wanted to see the mobilisation plans, following the decision to close the practice, and provide input as well as offering support in ensuring that all patients move to another practice and that no one was left behind.

Members also received the draft Sunderland Domestic Abuse Safe Accommodation and Support Services Strategy for comment. Members provided some useful comments including around ensuring there was an engagement strategy with LGBTQ+ organisations and also how engagement with BAME groups would be undertaken to provide an inclusive and approachable service. The Committee highlighted the importance that as a Council there was a clear public health message to continue addressing the issues through a joined up working approach and that this strategy supported this approach.

The importance of a healthy workplace and the promotion of the health and wellbeing of staff has never been more important as we continue to deal with the effects of the Covid-19 pandemic. As a result, the Committee were pleased to receive a report on the work of the Sunderland Workplace Health Alliance and Members recognised the value of the initiatives that had been undertaken.

Looking back over the year provides an opportunity to not only reflect on the work of the committee but also on the sheer breadth of activity that is taking place across Sunderland to improve and develop services. Members have also received information and reports on accessibility across the city, proposed improvements to Monkwearmouth Hospital, North East Ambulance Service performance, the rise in the use of assistive technology and sexual health provision in Sunderland. The Committee continues to witness the innovation of health services and the dedication of health providers across the area. We do not always agree with the decisions that are taken, but we do value the importance of understanding the rationale behind those decisions and seeking assurances for the people in our communities.

Finally, I would like, on behalf of the committee, to thank everyone who has contributed to the work of the Health and Wellbeing Scrutiny Committee over another very challenging year. The committee is committed to supporting, wherever possible, the work of health and social care providers as we look forward to further improvement and innovation across Sunderland's Healthy City landscape.

**Councillor Neil MacKnight**  
**Chair of the Health and Wellbeing Scrutiny Committee**

**WORK PROGRAMME 2021/22****REPORT OF THE SCRUTINY, MAYORAL 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 2021-22 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 2021/22.

**4. Recommendations**

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

**5. Background Papers**

- 5.1 Scrutiny Agendas and Minutes

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# HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2021-22

REASON FOR INCLUSION	9 JUNE 21 D/L: 28 MAY 21	7 JULY 21 D/L:25 JUNE 21	8 SEPTEMBER 21 D/L:27 AUGUST 21	6 OCTOBER 21 D/L: 24 SEPT 21	3 NOVEMBER 21 D/L: 22 OCT 21	1 DECEMBER 21 D/L: 19 NOV 21	5 JANUARY 22 D/L: 21 DEC 21	2 FEBRUARY 22 D/L: 21 JAN 22	9 MARCH 22 D/L: 25 FEB 22	6 APRIL 22 D/L: 25 MAR 22
<b>Policy Framework / Cabinet Referrals and Responses</b>										
<b>Scrutiny Business</b>	<p>Covid-19 – Update (Gerry Taylor, CCG, Graham King)</p> <p>Path to Excellence Phase 2 Update (Nigel Cummings)</p> <p>Work Programme Overview (Nigel Cummings)</p>	<p>Covid-19 Update (Gerry Taylor, CCG, Graham King)</p> <p>Sunderland Eye Infirmary – update</p> <p>NHS Dentists Sunderland (NHS Improvement)</p> <p>Path to Excellence Phase II Update (Nigel Cummings)</p>	<p>Covid-19 Recovery Update (Gerry Taylor, CCG, NHS FT)</p> <p>Diagnostic Centre (NHS FT)</p> <p>SSAB Annual Report (Sunderland Safeguarding Adults Board)</p>	<p>Covid-19 Recovery Update</p> <p>Winter Planning (Sunderland CCG)</p> <p>Urgent Care Update (Sunderland CCG)</p> <p>Future of Monument Practice (Sunderland GP Alliance)</p>	<p>Covid-19 Recovery Update</p> <p>Monkwearmouth Hospital (NTW)</p> <p>Waiting Lists, times and access – Recovery from the Pandemic (NHS FT)</p>	<p>Covid-19 Recovery Update</p> <p>Better Health at Work (Public Health)</p>	<p>Covid-19 Recovery Update</p> <p>ICS-CCG Transition (Sunderland CCG)</p> <p>Accessibility across the City (Stephen Dixon)</p>	<p>Covid-19 Update</p> <p>Future of Monument Surgeries – Update (Sunderland GP Alliance)</p> <p>Assistive Technology (G King)</p>	<p>Covid-19 Recovery Update</p> <p>Monument Surgeries – Mobilisation Update (Sunderland GP Alliance)</p> <p>Sexual Health Provision (Public Health/NHS FT)</p> <p>Annual Report (Nigel Cummings)</p>	<p>Inequalities – Impact of the Pandemic (Public Health)</p> <p>Health Protection Arrangements (Public Health)</p> <p>Pharmaceutical Needs Assessment (Gerry Taylor)</p> <p>North East Ambulance Service Update (Mark Cotton)</p>
<b>Performance / Service Improvement</b>										
<b>Consultation/ Information &amp; Awareness Raising</b>	<p>Notice of Key Decisions</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>

## To Be Scheduled

Adult MH Provision (Sunderland CCG)  
Patient Engagement (Sunderland CCG)

## **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 21 February 2022.

#### **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 21 February 2022 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 21 February 2022 at the Scrutiny Committee meeting.

#### **5. BACKGROUND PAPERS**

- Cabinet Agenda

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The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012

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

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
210510/588	To approve the receipt of external funding for the public sector decarbonisation scheme and green homes grant local programme and the procurement of the necessary contractors to deliver the schemes.	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
211005/641	To agree the proposed development strategy for Northern Spire Park and the recommended next steps	Cabinet	Y	22 March 2022	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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210709/612	To authorise the Executive Director of City Development to deliver the Washington F-Pit Museum Heritage Visitor Centre and Albany Park Improvement project, including the procurement of consultants and contractors.	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210728/613	To seek approval for strategic land acquisitions in Sunnyside, Sunderland.	Cabinet	Y	22 March 2022	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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210920/640	To approve land and property acquisitions within the Riverside Sunderland area.	Cabinet	Y	22 March 2022	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
211105/656	Subject to the outcome of the Warm Homes Fund application, to authorise the Council to enter into Funding and Partnership Agreements for the Social Housing Decarbonisation Fund and to authorise entering into associated funding and delivery arrangements in relation to the proposed decarbonisation programme.	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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211110/657	To seek approval to the lettings of the ground floor commercial units at Keel Square.	Cabinet	Y	22 March 2022	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
211215/670	To agree to the terms of lettings at Hillthorn Farm.	Cabinet	Y	22 March 2022	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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211215/671	Following the report taken to September 2021 Cabinet, to authorise the making of a Compulsory Purchase Order over land at Washington Road, Sunderland, and to authorise the necessary land acquisitions by private treaty.	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
211215/672	To seek approval for the sale of Penshaw House, Penshaw.	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220106/681	To approve a proposed variation to the Vaux Housing Development Funding Agreement with Siglion Developments.	Cabinet	Y	22 March 2022	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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170927/212	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force Area.	Cabinet	Y	22 March 2022.	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
211203/668	Subject to the outcome of the Link Together Heritage Fund application, to authorise entering into associated funding and partnership agreements in relation to the proposed green infrastructure improvements within the Coalfield area.	Cabinet	Y	22 March 2022.	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
211217/673	To seek approval to widen the scope of the Housing Delivery and Investment Plan to enable Private Property acquisitions	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220111/683	To seek approval for the development of the Waste Management arrangements and associated Policies as they are developed and including the Bin Replacement Policy.	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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220126/684	To grant an Option Agreement over land at Newcastle Road, Sunderland.	Cabinet	Y	22 March 2022	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220127/685	To seek Cabinet approval for the Letting of Unit 6, International Drive, IAMP, Washington, SR5 3HX.	Cabinet	Y	22 March 2022	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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220127/686	To consider the Transforming Cities Fund (TCF) Holmeside Bus Rationalisation (Highway Improvement Scheme).	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220128/689	To authorise the Executive Director of City Development to deliver the Levelling Up Fund Project for 177 High Street West, 1-2 Villiers Street and 15-16 Nile Street and enter into a funding agreements with third parties for the delivery of the relevant works.	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220207/690	To approve the sale of the former Alex Smiles site and to undertake required remedial works.	Cabinet	Y	22 March 2022	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>



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220210/693	To provide an annual update on the Council's Housing Service, review successes and regulatory and compliance requirements.	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220210/694	To seek approval to procure and award a contract for a provider for Refuse Bins and Waste Containers.	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220210/696	To consider a proposal to publish Notice of Statutory Proposals to increase the capacity of and establish satellite sites and a resourced provision for the City's Pupil Referral Unit and to procure and award contracts for Capital Works to support the proposals.	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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220210/697	To seek approval for the proposed maintained school admission arrangements for the academic year September 2023-2024 and to describe proposed amendments to published admission numbers (PANs) for the academic year 2022-2023, where it is necessary to provide additional places.	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220214/698	To seek approval to award funding to Third Sector organisations providing social care related services.	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220214/699	To seek approval to the planned Highway Maintenance (including Bridges) and Integrated Transport Programme for 2022-2023 and approve amendments (additions/deferrals) to the 2021-2022 Programme.	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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220128/687	To agree the proposed implementation and funding arrangements in relation to the North East Screen Industries Partnership and associated regional Memorandum of Understanding with the BBC.	Cabinet	Y	22 March 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220218/700	To provide an update on New Wear Footbridge, including an officer delegation to place advance orders of materials where appropriate	Cabinet	Y	22 March 2022	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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220207/692	To approve the budget for fit out costs for the Beam and to authorise the procurement of the works.	Cabinet	Y	22 March 2022	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220106/682	To give consideration to the Draft Bus Enhancement Partnership Plan and Scheme	Cabinet	Y	During the period 22 March to 30 June 2022	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
220207/691	To approve the acquisition of strategic sites in the Commercial Road Area.	Cabinet	Y	During the period 1 May to 30 June 2022	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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

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

Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team City Hall, Plater Way, Sunderland, or by email to [committees@sunderland.gov.uk](mailto:committees@sunderland.gov.uk)

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

**Who will decide;**

Councillor Graeme Miller – Leader; Councillor Claire Rowntree – Deputy Leader; Councillor Paul Stewart - Cabinet Secretary; Councillor Louise Farthing – Children, Learning and Skills; Councillor Kelly Chequer – Healthy City; Councillor Linda Williams – Vibrant City; Councillor Kevin Johnston – Dynamic City.

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

Elaine Waugh,  
Assistant Director of Law and Governance

21 February 2022