

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

**Meeting to be held in the Civic Centre (Committee Room No. 1) on
Wednesday 28th November, 2018 at 5.30 pm**

Membership

Cllrs Beck, Cunningham, Davison, D. Dixon, Elliott, Fletcher, Heron, Johnston, Leadbitter, N. MacKnight, McClennan and O'Brien.

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

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

19th November, 2018

Item 2

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 31st OCTOBER, 2018 at 5.30 p.m.

Present:-

Councillor D. Dixon in the Chair

Councillors Beck, Cunningham, Davison, Fletcher, Heron, Johnston, Leadbitter, N. MacKnight, McClennan and O'Brien

Also in attendance:-

Ms Deborah Cornell – Head of Corporate Affairs, Sunderland CCG
Mr Nigel Cummings – Scrutiny Officer, Sunderland City Council
Ms Helen Fox - Senior Communications & Engagement Manager, Sunderland CCG
Ms Andrea Hetherington – Acting Director of Corporate Affairs, South Tyneside NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust
Dr Tracey Lucas – GP Executive for Urgent and Ambulatory Care, Sunderland CCG
Ms Natalie McClary - Sunderland AEC Programme Lead, Sunderland CCG
Mr David Noon – Principal Governance Services Officer, Sunderland City Council
Mr Andy Wright - Director, ASV Research

The Chairman opened the meeting and introductions were made.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillor Elliott.

Minutes of the last meeting of the Committee

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 3rd October, 2018 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

i) Item 4 - Making Urgent Care Work Better In Sunderland – Consultation

Councillors Cunningham, Fletcher, Heron, Johnston and O'Brien made open declarations having voted in favour of a notice of motion considered by Council at its meeting held on 20th June 2018, which opposed 'the intention of Sunderland CCG to downgrade the Urgent Care Services at Houghton-Le-Spring, Bunnyhill and Washington to extended hours GP provision only.'

Making Urgent Care Work Better In Sunderland – Consultation Analysis

Dr Tracey Lucas, GP Executive for Urgent and Ambulatory Care, Sunderland CCG presented a report (copy circulated) which introduced a presentation from Mr Andy Wright, Director, ASV Research providing a detailed overview of the feedback from Sunderland CCG's consultation around Urgent Care which was launched on Wednesday 9 May and ended on 2 September 2018. In summary a total of 2,219 people or organisations participated during the consultation period as patients, members of the public, elected officials, officials of public bodies, trade unions, political parties, and campaigning bodies. The responses provided to the CCG were then independently analysed by ASV Research.

(For copy report and presentation – see original minutes)

Mr Wright took the Committee through a comprehensive presentation which provided a detailed overview and analysis of the findings from the consultation, including:-

- the background and context to the review
- the proposals for urgent care
- the locations for the Sunderland Extended Access Service (SEAS)
- the opening hours for urgent care services
- the Decision making criteria
- the written, verbal, and other submissions
- the summary of outcomes.

The Chairman thanked Mr Wright for his presentation and invited questions and comments from Members. Councillor McClennan referred to the mention of the street survey of Sunderland residents and the assertion that this was the only statistically reliable response in the consultation. She asked if this meant that by inference the other methods could not be relied on. Mr Wright replied that it did not. It merely reflected the vagaries of small population sampling. Sunderland had a population of 289,000 and therefore a minimum sample of 400 would be required. It meant that if ASV could have carried out a census of the whole of Sunderland it was confident that that the responses of the street survey would be the same to plus or minus 5%.

Councillor Heron expressed concern that the consultation had not been extensive enough in the Coalfields area of the city and that many people were unaware that it was happening. Dr Lucas contended that additional events had been held, (including a travel and transport event in the Coalfields), advertisements had been broadcast on Sun FM, a four page spread had been published in the Sunderland Echo and events were held in supermarkets such as ASDA. The consultation had aimed to represent best practice with staff attempting to be as proactive as possible.

Councillor MacKnight stated that he had no problem with the statistical analysis and the welcome that people had given to the extended GP service however when you talked to people and explained that the extended GP service already existed, then their perception of the consultation changed somewhat. Councillor MacKnight added that when the review was viewed from this perspective it began to feel more like an exercise in demand management.

Dr Lucas replied that the CCG had made it clear that the extended GP service would not be a walk in service. It would be an expansion of the service that currently existed. It was recognised that there was still work to do to ensure the service was open to all. The CCG had been honest in stating that it did not have a bottomless pot of money and demand was outstripping supply. It also had a number of nationally mandated programmes that were non-negotiable such as the provision of an urgent care centre and an extended hours service. Councillor MacKnight added that he was not unsympathetic regarding the position the CCG found itself in.

The Chair stated that the analysis report highlighted the consultation process itself and identified 'a common observation that the options themselves and the consultation document were unclear, requiring a clarification addendum.' He asked if this was something the CCG would consider when coming to its decision. Doctor Lucas replied that this was exactly why the consultation period had been extended and there was a delay in publishing the findings. Additionally, the CCG needed time to assess the impact of the introduction of the new 111 service. The analysis of the 111 service was undertaken in house by the CCG allowing it to be fleet footed in responding to the findings from the data which was being extracted daily in respect of patterns of capacity and demand.

Councillor Davison expressed concern regarding the street surveys which she believed could be swayed if the interviewees had been led. She also stated that the journey times quoted in the travel and transport plan were unrealistic. In particular she singled out the assumption that the urgent care centre could be reached by public transport in 20 minutes from anywhere within the city. She advised that she had taken a direct bus from Redhill and the journey had taken 45 minutes. She also asked how the petitions received would be addressed.

Mr Wright advised that ASV Research was a member of the Market Research Society and its interviewers were well trained and 'knew their patch'. The supervisor also undertook random back checking with interviewees to make sure they had not been led by the survey staff. With regard to the late submission of the petitions, Dr Lucas confirmed that they would be considered under the CCG's petitions scheme and that this would be reflected in the final version of the consultation report.

The Chair stated that obviously there were concerns in the Coalfield and Washington areas around the location of the urgent care centre at Pallion and while its location made practical sense in terms of its proximity to the hospital, it did disadvantage certain localities. He added that the Committee would expect that this strength of feeling was given serious consideration by the CCG over the coming months in exploring options to mitigate the concerns. Dr Lucas replied that the short answer was yes it would be. The CCG's Board had met the previous evening regarding urgent care and in particular the travel and transport plan.

The Chair asked that the CCG continued to keep the Committee updated in respect of the investigation into options to mitigate the concerns raised by the public in the Coalfield and Washington areas.

Councillor Johnston referred to the survey of clinicians which stated that 37% of the 67 respondents felt that the proposals met needs and asked if therefore 63% felt it did not meet need. Dr Lucas advised that she could provide a full breakdown as that latter figure would also include 'don't knows' and 'would rather not says'. Councillor

Johnston asked whether any of the 67 respondents were directly employed by the CCG. Dr Lucas replied that she believed the answer was no, however she would check to make sure. The CCG operated a clear conflict of interest policy in line with national guidelines.

Councillor Johnston also queried the statement in the presentation that 53% of the street survey respondents felt that the proposal met needs. In reality only 40.9% felt it fully met needs with 12.1% feeling it only slightly met needs. Mr Wright replied that this was an industry standard way of presenting the figures however it would be possible to include the full breakdowns in the final report.

Councillor Johnston questioned whether the period of time during which responses could be made to the draft feedback report (15th to 28th October) was adequate. He also asked to receive a report on how residents in the Coalfield area were to be supported if the decision was ultimately made to site the urgent care centre in Pallion.

Councillor Cunningham endorsed the comments made by Councillor Johnston and the Chair regarding the concerns of Coalfield residents. He stated that it was an issue that was worrying residents and emotions were running high. In addition Councillor Cunningham referred to the concerns highlighted in paragraphs 6.2.2 to 6.5 of the report and stated that he wished to see solutions developed to address them.

In response to an enquiry from Councillor Fletcher, Mr Wright advised that the focus groups were comprised of a maximum of 8 invited members of the public and reflected the demographics of the area. Ms Fox advised that the make-up of the area focus were detailed on page 105 of the agenda papers as follows:-

Washington: people of working age (18-67) with families;
Coalfields: older people (55+);
Sunderland East: younger people (18-54);
Sunderland West: people of working age (18-67) without families; and
Sunderland North: a general sample (18+).

The Chairman asked what would happen now with the consultation and what would be the next steps.

Dr Lucas advised that there would be no point in undertaking the consultation if it was not to be given careful consideration. The CCG Board had met the previous evening to discuss how it would be taken forward giving regard to the principles of the Hurdle criteria. There was a need to establish a means of scoring any options devised. There was a raft of data to consider along with the guiding principles, financial information, equality assessments and a workforce strategy. The final decision was due to be taken by the CCG Board on 29th January, 2018 and the meeting would be live streamed.

By way of a closing statement, the Chairman on behalf of the Health and Wellbeing Scrutiny Committee thanked the representatives of the CCG and Mr Wright for their time and cooperation. He advised that the Committee would look to prepare a formal response outlining its thoughts and issues for consideration by the CCG when finalising the proposals for urgent care in Sunderland.

There being no further questions or comments, it was:-

2. RESOLVED that the report and presentation be received and noted

Annual Work Programme 2018/19

The Head of Member Support and Community Partnerships submitted a report (copy circulated) attaching for Members' information, the current work programme for the Committee's work to be undertaken during the 2018-19 Council year.

(For copy report – see original minutes).

Councillor Davison asked that a presentation on the issue of infant mortality was submitted to a future meeting of the Committee or perhaps at a joint meeting with members of the Children, Education and Skills Scrutiny Committee.

3. RESOLVED that the current work programme for the Committee's work to be undertaken during the 2018-19 Council year be noted and endorsed and that emerging issues be incorporated into the plan as they arose throughout the year.

Notice of Key Decisions

The Head of Member Support and Community 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 23rd October, 2018 (copy tabled).

(For copy report – see original minutes).

Mr Nigel Cummings, Scrutiny Officer advised that a previous issue of the notice had been appended to the agenda papers in error however the correct Notice of Key Decisions for the 28 day period from 23rd October, 2018 had been emailed to Members prior to the meeting and a hard copy circulated round the table for member's consideration.

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

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

(Signed) D. DIXON,
Chairman.

Item 4

SUNDERLAND CCG IMPROVEMENT AND ASSESSMENT FRAMEWORK

REPORT OF SUNDERLAND CLINICAL COMMISSIONING GROUP

1. PURPOSE OF THE REPORT

- 1.1 To provide the Committee with performance information for Sunderland CCG, including national comparisons and indicators of a regional and national interest.

2. BACKGROUND

- 2.1 The CCG Improvement and Assessment Framework (IAF) became effective from 1st April 2016, replacing the existing 2015/16 CCG Assurance Framework.
- 2.2 The new CCG IAF has four domains as follows:
- Better Health
 - Better Care
 - Sustainability
 - Leadership
- 2.3 Performance is rated against each standard/indicator in the domains, ratings in the six clinical priority areas. Currently Sunderland CCG is rated as Outstanding.

3. CURRENT POSITION

- 3.1 The attached presentation provides an overview of the performance of Sunderland CCG against the Improvement and Assessment Framework and includes:
- CCG Improvement and Assessment Framework (IAF)
 - National comparison
 - Indicators of national and regional interest

4 RECOMMENDATION

- 4.1 The Scrutiny Committee is recommended to consider and comment on the information provided in the presentation.

Contact Officer: Deb Cornell - Head of Corporate Affairs
Sunderland Clinical Commissioning Group

NHS Sunderland CCG

CCG Improvement and Assessment Framework Update

28th November 2018



Better health for Sunderland

Agenda

- CCG Improvement and Assessment Framework (IAF)
- National comparison
- Indicators of national and regional interest
 - Based on national and regional priorities and expectations of regulators
- Questions



Background to CCG Assurance

- The CCG Improvement and Assessment Framework (IAF) became effective from 1st April 2016, replacing the existing 2015/16 CCG Assurance Framework
- The CCG IAF mirrors the Five Year Forward View aims:
 - Better health for their local populations
 - Better care for patients
 - Better value for the tax payer
 - (and adds a focus on leadership)
- The new CCG IAF has four domains, including the triple aim from the Five Year Forward View and STPs:
 - Better Health
 - Better Care
 - Sustainability
 - Leadership
- Annual refreshes with changes to indicators based on national policy changes



Background to CCG Assurance

- No in-year overall or domain ratings: overall rating at year end
- Overall Ofsted style ratings at the end of each year
 - Outstanding
 - Good
 - Requires improvement
 - Inadequate
- Overall rating derived from:
 - Performance against each standard/indicator in the domains, ratings in the six clinical priority areas and regional team view
 - Results of 60+ CCG IAF indicators published quarterly on MyNHS: www.nhs.uk/mynhs
- 2016/17 and 2017/18 Sunderland CCG rated as **Outstanding**, one of only a few regionally and nationally



Framework

Risk assessment against the new improvement and assessment framework



National comparison

- Better health (9 indicators)
 - Best quartile in England for 2 indicators
 - Quality of life for carers
 - Personal health budgets
 - Bottom quartile in England for 3 indicators
 - Childhood obesity
 - Emergency admissions for ambulatory care sensitive conditions
 - Appropriate prescribing for antibiotics
- Sustainability (2 indicators)
 - In year financial performance and use of the NHS e-Referrals Service (previously choose and book). Both rated good.
- Leadership (6 indicators)
 - Comparable national performance for all indicators and fully compliant for probity and corporate governance and quality of CCG leadership



National comparison

- Better care (34 indicators)
 - Best quartile in England for 11 indicators
 - Cancer treatment and patient experience
 - Mental health out of area placements and early intervention psychosis (EIP)
 - Delayed transfers of care
 - Neonatal mortality and still births
 - Referral to treatment (RTT)
 - Continuing healthcare assessments carried out in an acute setting
 - Bottom quartile in England for 10 indicators
 - Cancer diagnosis at early stage and one year survival from cancer
 - Smoking at time of delivery and choice in maternity
 - Dementia health checks carried out in general practice
 - End of life care (emergency admissions in last 3 months of life)
 - Primary care workforce
- Remaining indicators comparable to England



Indicators of national and regional interest

- Accident and emergency (A&E) four hour wait
 - Definition
 - National standard **95%** of patients to be seen, treated and discharged from A&E (and other urgent care facilities within **four** hours)
 - Sunderland system performance better than national performance but one of the lowest in the region (regional performance historically better in the North East)
 - Current pressures
 - Volume of minor illness patients self presenting into Sunderland Royal Hospital (SRH) and increased ambulance arrivals into SRH
 - Hospital use of other dispositions and streaming e.g. extended access
 - Recovery/action plan
 - Significant transformation plan across the system including primary care streaming from ED, development of an Urgent Treatment Centre (UTC – national must do), extended access and delivery of actions from the Emergency Care Improvement Programme (ECIP)
 - New Integrated Urgent Care service (111)



Indicators of national and regional interest

- Volume of patients on a waiting list
 - Definition
 - National expectation that waiting lists and waiting times do not increase in 2018/19 set out in the national planning guidance
 - Current pressures
 - Increased demand into a number of key pressure areas such as orthopaedics, rheumatology and dermatology
 - Lack of capacity and consultant availability to increase activity
 - Recovery/action plan
 - Implementation of a single point of access for musculoskeletal (MSK) GP referrals to reduce unnecessary secondary care activity
 - Dermatology transformation programme implementing new pathways and enhancing the community service in Sunderland
 - Additional discussions with CHS NHSFT around actions that can be taken to increase activity to reduce the number of patients on a waiting list



Indicators of national and regional interest

- Ambulance Response Times

- Definition

- Four categories of response ranging from life threatening to less urgent calls
 - North East Ambulance Service (NEAS) a good performer overall nationally BUT at a local level, significant variation in performance with Sunderland one of the lowest in the region

- Current pressures

- Volume of 999 calls in the Sunderland patch increasing
 - Ambulance handover delays at SRH which impacts on vehicles responding to incidents

- Recovery/action plan

- New Integrated Urgent Care service (111) which is also provided by NEAS
 - Urgent care transformation programme with key actions around ambulance handover
 - NEAS transformation plan with increased funding for crews and vehicles



Summary

- Sunderland CCG rated as outstanding for the last two years performing well in a number of key areas
 - Elective access, mental health, cancer, personalisation and choice, continuing healthcare, sustainability and leadership
- Work still to be done in key areas such as childhood obesity, diabetes management and smoking at time of delivery linked to wider determinants of health; and
- Reduction in the use of the hospital sector particularly the urgent care system
- Key transformation programmes in place to **improve outcomes** for patients and **deliver** national standards such as urgent care, pathway development, engagement with general practice, providers and other stakeholders.



Item 5

HEALTH AND WELLBEING SCRUTINY COMMITTEE

28 NOVEMBER 2018

SUNDERLAND SAFEGUARDING ADULTS BOARD ANNUAL REPORT

REPORT OF SUNDERLAND SAFEGUARDING ADULTS BOARD

1. Purpose of the Report

- 1.1. It is a Care Act requirement for the Independent Chair of the Safeguarding Adults Board to give an annual account of the work of the Board.
- 1.2. The annual report, attached for members' information, highlights the current work of Sunderland Safeguarding Adults Board (SSAB) during the year 2017-18.

2. Background

- 2.1. The workings of the Board and its current sub-committees, and importantly what they have achieved, are shown within the body of the report and also the links the Board has with other strategic partnerships within the City.
- 2.2. The work of SSAB focuses on three key areas:
 - Challenge
 - Influence
 - Assurance.
- 2.3 The report highlights significant progress against its key focus areas, and provides detail of the future direction of travel for the Board with regard to continuing to develop the Quality Assurance and Performance Framework, reviewing the governance arrangements and structure of the Board, and continuing to engage with partners.

3. Recommendation

- 3.1 The Scrutiny Committee is asked to note and comment on the content of the Safeguarding Adults Board Annual Report.



**SUNDERLAND
SAFEGUARDING
ADULTS BOARD**

Annual Report

www.sunderlandsab.org.uk

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Foreword



I am honoured to have taken on the role as Independent Chair of the Sunderland Safeguarding Adults Board (SSAB) in May 2018. I was therefore not Chair during the period covered by this annual report; SSAB was admirably chaired by Colin Morris through until his untimely death in January 2018. Colin made a massive contribution to the people of Sunderland – he led the board with passion, sensitivity and humour, and is greatly missed by colleagues and friends.

I have been immediately impressed by the strength of the partnership working across the agencies working in Sunderland, their willingness to collaborate around their arrangements for keeping people safe, and their openness to challenge and debate. Services are strong, despite the ravages of austerity, and the commitment to working collaboratively is very evident.

Working together is always important. Keeping vulnerable people safe requires creative working across traditional boundaries, encouraging staff and community members to think out of their normal lines, sharing information and ideas willingly. It is even more important in times of austerity, when all agencies are having to cut back on what they can afford, and we all have to try to conjure up new and better ways of delivering services with less money. Partners in Sunderland demonstrate that openness, and understand the importance of encouraging the wider community to become ever more effective in supporting people who are at risk, to reduce the need for people to have to rely upon statutory services.

We are streamlining the way in which the Board operates, to seek to get the most out of the contributions of senior partners from all agencies. The main Board meets twice a year, with input from very senior leaders from across the city, and the Partnership Group now meets quarterly. We are looking to strengthen our relationships with the Local Safeguarding Children Board (LSCB), which I also chair. We are also looking to work more collaboratively with colleagues in neighbouring authorities, to seek to align some of our working practices.

In the coming year we are likely to see more activity in some of the newer areas of safeguarding for adults. The Partnership's work to tackle Modern Day Slavery is having an effect. As partners settle into the new duties arising from the Homelessness Reduction Act I expect the board will become more engaged with the issues of homelessness within Sunderland.

Some providers of residential and domiciliary care within Sunderland have faced financial pressures during the last year, and the pressures are unlikely to ease in the coming year. We have robust processes for monitoring the quality of local services, and providing challenge and support when necessary – this role is likely to become ever more important.

The board is in good shape, and ambitious for the future. Much of this can be attributed to the major contributions of partner agencies who chair subgroups, lead on the programmes of work, and ensure that most people in Sunderland remain safe. In particular, though, our thanks are due to Amy Paulsen and Pamela Weightman, Strategic Safeguarding Team, for ensuring that the Board's ambitions are translated into concrete outcomes.

Sir Paul Ennals

Independent Chair, Sunderland SAB

SSAB Working Arrangements

Sunderland Safeguarding Adults Board (SSAB) Role and Function

Sunderland Safeguarding Adults Board (SSAB) brings together partner organisations in Sunderland to safeguard and promote the welfare of adults at risk of abuse and neglect, and is responsible for ensuring the effectiveness of what partner agencies do. SSAB has representation from a number of partner organisations across the City, which includes:

- Sunderland City Council
- Sunderland Clinical Commissioning Group
- Northumbria Police
- Healthwatch Sunderland

Chairing Arrangements



In 2010 Colin Morris was appointed as Independent Chair of what was Sunderland Safeguarding Adults Partnership, and which evolved into what is now Sunderland Safeguarding Adults Board. With a background in social care and experience of working across a range of public services over the duration of his career Colin was an advocate for partnership working and the protection of children and vulnerable adults. He undertook his role as Independent Chair with commitment and integrity, motivating and leading partners toward the shared vision of protecting the most vulnerable in the City.

Colin sadly passed away in January 2018, his legacy continues in the work of SSAB and he will be remembered for his dedication and passion for changing the outcomes for vulnerable people, his amiable character and his sense of humour.

Sir Paul Ennals CBE was appointed as Independent Chair of SSAB in May 2018.

The Care Act

The Care Act Guidance highlights six key principles that underpin all adult safeguarding work and should be used to inform professional practice and assist safeguarding adults boards to improve their local arrangements:

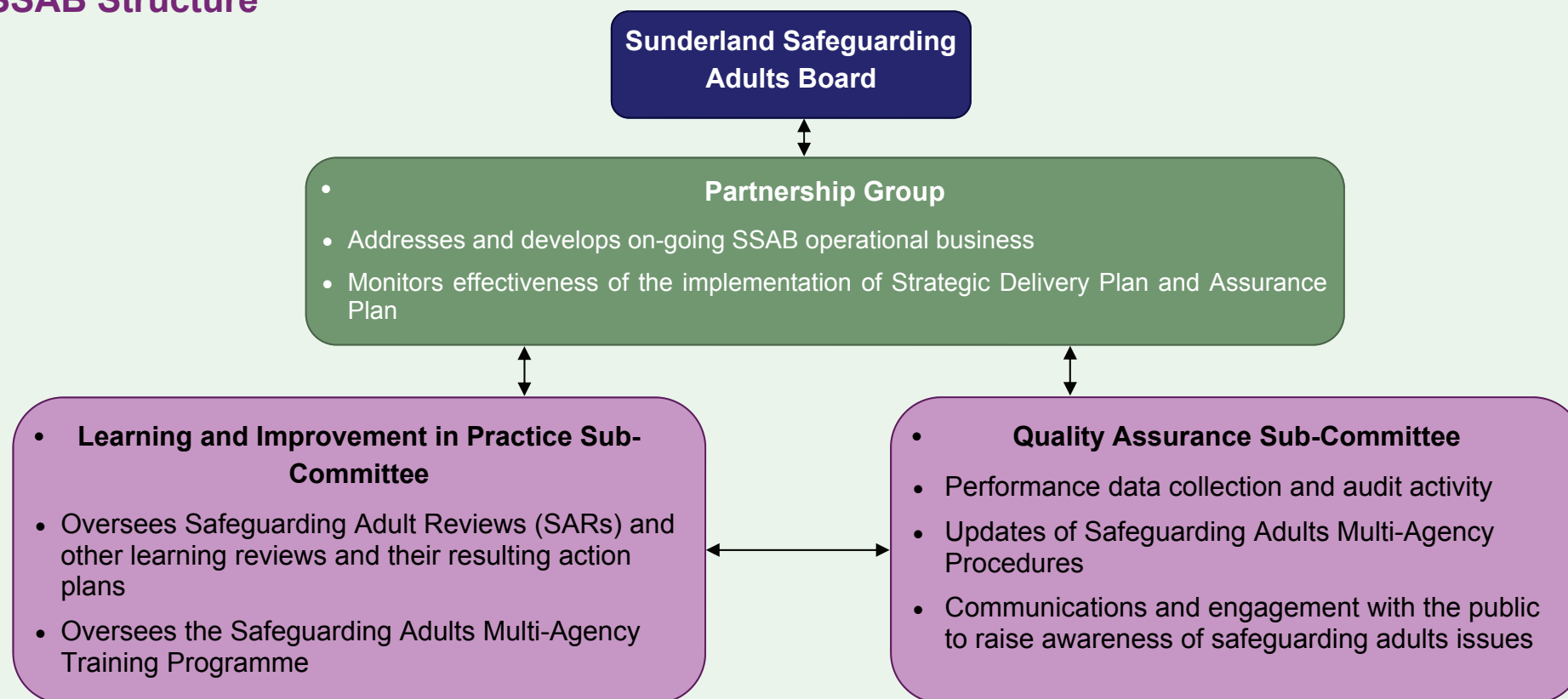
- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent
- **Prevention** - It is better to take action before harm occurs
- **Proportionality** - The least intrusive response appropriate to the risk presented
- **Protection** - Support and representation for those in greatest need
- **Partnership** - Local solutions through services working with their communities
- **Accountability** - Accountability and transparency in delivering safeguarding

Relationship with Key Partners

SSAB works closely with other statutory partnerships in Sunderland, including:

- [Sunderland Health and Wellbeing Board \(HWBB\)](#) - The HWBB is responsible for producing both the [Joint Strategic Needs Assessment \(JSNA\)](#) and HWBB Strategy. A 'Framework of Co-operation' is in place between SSAB, HWBB and Sunderland Safeguarding Children Board, setting out the role and remit of each Board and their interrelationship with each other
- [Safer Sunderland Partnership \(SSP\)](#) - SSP and SSAB work in collaboration on cross-cutting themes, including domestic abuse, violence against women and girls, sexual exploitation. Migration/asylum and modern day slavery. SSAB receives updates regarding Domestic Homicide Review activity
- [Sunderland Safeguarding Children Board \(SSCB\)](#) - SSAB and SSCB have worked jointly on a range of common work streams and also hold, or contribute towards, learning events highlighting both safeguarding adults and safeguarding children's issues

SSAB Structure



Strategic Delivery Plan 2017 - 2020

SSAB's [Strategic Delivery Plan 2017 - 2020](#) was implemented in April 2017, and details the actions SSAB will take forward over three years to ensure its statutory responsibilities are met in accordance with the Care Act (2014) and embedded in practice across the partnership/ The Plan is underpinned by the SSAB Multi-Agency Agreement and Memorandum of Understanding, which describes the Board's remit and governance arrangements.

The Plan details three key focus areas:

- Challenge
- Influence
- Assurance

These key focus areas are underpinned by the [six key principles](#) of safeguarding and are progressed by the work programmes of the Partnership Group and Sub-Committees through the statutory actions laid out in the Care Act and local actions identified and agreed by SSAB.

SSAB Vision for Safeguarding Adults in Sunderland

In order to improve the effectiveness of SSAB in accordance with its statutory responsibilities, the Board has the following vision:

People in Sunderland are able to live safely, free from neglect and abuse

The SSAB's Vision for Safeguarding Adults in Sunderland can only be delivered effectively through the support and engagement of a wide range of partner agencies and organisations across the city.

The SSAB Vision and Strategic Delivery Plan actions have been actively progressed throughout 2017-18 by the committed local partnership working between the range of organisations that comprise the membership of the SSAB, Partnership Group and Sub-Committees, continuing to work together with common objectives and commitments.

Focus areas where SSAB is making a difference to improve safeguarding of adults in Sunderland:



Strategic Delivery Plan Key Focus Areas:

Local Actions

Challenge

- Highlight and promote principles of [Making Safeguarding Personal \(MSP\)](#)
- Engagement of individuals and carers in the safeguarding process needs to be strengthened
- Develop a proposal for the greater involvement of [Healthwatch](#)

Progress/Achievements

- Partners requested to include MSP information as part of the performance data they feed into the SSAB
- Safeguarding Adults Team has reviewed the safeguarding process to enable the engagement of individuals and carers in the safeguarding process to be strengthened
- Healthwatch part of development of a Service User Survey and will carry out the survey on behalf of SSAB in 2018

Influence

- Further work needed on communications, particularly around prevention
- Review of training programme
- Strengthen strategic focus of SSAB
- Support the Joint Strategic Needs Assessment in relation to its safeguarding vulnerable adults elements
- Highlight and promote principles of Making Safeguarding Personal (MSP)

- Safeguarding adults awareness-raising messages part of the Communications & Engagement activity plan for 2017-18
- Training programme reviewed and new trainer appointed for 2018
- SSAB membership is now at Chief Executive/Chief Officer level
- Safeguarding adults information is fed into needs assessment and wider policy and strategic planning work
- MSP key resources shared with partners and principles of MSP promoted

Assurance

- Review of audit programme and need analysis
- Develop an assurance and performance framework
- Take a whole system approach to the collection of safeguarding adults performance and activity data
- Regularly review membership of SSAB, Partnership Group and Sub Committees
- Regular promotion and review of Sunderland Safeguarding Adults Model to address any arising application and interpretation issues and make any necessary improvements
- Review of services for homeless people

- Audit programme refreshed and themed audits identified
- Assurance and performance framework developed
- Partners' activity included in performance data, additional key data included as required
- Membership reviewed annually
- Safeguarding Adults Model regularly reviewed operationally, to address any issues and make any necessary improvements
- Review of services for homeless people as part of further development of the local approach to homelessness in line with [Homelessness Reduction Act 2018](#)

The Work of SSAB and its Sub-Committees

Impact

Sunderland Safeguarding Adults Board

- Continued representation at most senior level, maintaining accountability and ownership across partnership

- Monitored progress of sub-committees' work programmes
- Key safeguarding adults messages and issues taken account of

Partnership Group

- Held two planned meetings
- Embedded revised membership model for SSAB

- Arrangements in place to progress strategic and operational priorities
- Statutory requirements met

- Robust assessment of effectiveness of the safeguarding systems
- Continue to oversee SSAB Strategic Delivery Plan 2017- 2020 priorities

- Supported, championed and/or coordinated work on a range of key areas:
 - ◊ Development of self-neglect guidance
 - ◊ Further development of SSAB Assurance Plan
 - ◊ Developed initial stages of an adults 'MASH' (Multi-Agency Safeguarding Hub) with Northumbria Police and other key partners
 - ◊ Supporting further development of local approach to homelessness
 - ◊ Further embedding making safeguarding personal themes to all workstreams

- Held six planned meetings
- Group membership continues to represent a wide range of partners

Learning and Improvement in Practice (LIIP)

- Learning from Safeguarding Adult Reviews (SAR) shared across partnership to promote and embed good practice
- Developed practitioner workshop on self-neglect, to increase knowledge and understanding

- Three SAR scoping meetings held:
 - ◊ One resulted in initiation of 'Eva' SAR
 - ◊ Two did not meet criteria to undertake a SAR



Quality Assurance (QA)

- Undertook themed audits from agreed audit schedule
- SSAB has robust multi-agency audit arrangements in place to evaluate effectiveness of practice



Communication & Engagement

- Raised awareness of Making Safeguarding Personal (MSP) principles to frontline workers, and sharing regionally-developed MSP resources with partners
- Contributed to planning of safeguarding-focussed 'Think Family' conference

Governance



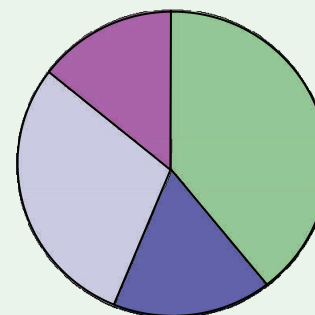
- Terms of Reference refreshed for QA and LIIP sub-committees
- Communication and Engagement Strategy and activity programme developed
- Development of service-user survey
- Quality Assurance Framework and 3 year plan developed
- SSAB multi-agency safeguarding adults procedures reviewed and updated
- Annual review of LIIP Framework undertaken
- [SAR Protocol](#) reviewed and refreshed
- Modern Day Slavery and [Female Genital Mutilation](#) guidance developed and added to [multi-agency procedures](#)
- Embedding of revised [Safeguarding Adult Concern \(SAC\) form](#) and revised [Threshold Guidance](#), incorporating making safeguarding personal principles

Training

7 Additional specific sessions on self-neglect commissioned following SAR recommendations and feedback from practitioners

57 Training sessions delivered 2017—2018, covering safeguarding adults, Mental Capacity Act and Deprivation of Liberty Safeguards topics

- Annual review of SSAB multi-agency training conducted, ensuring continued emphasis on key messages
- Training needs analysis completed
- [SSAB multi-agency training programme](#) re-commissioned early 2018



- 467 workers attended 'Alerter' training
- 202 workers attended 'Multi-Agency Roles' Training
- 393 workers attended Mental Capacity Act & Deprivation of Liberty Safeguards training
- 173 workers attended Self Neglect & Hoarding training

Statutory Partners' Contributions to Safeguarding

Key Achievements

South Tyneside & Sunderland Healthcare Group

- Rigorous programme of Safeguarding Adult audits to monitor safeguarding practice
- Strengthening of safeguarding arrangements with the expansion of the Safeguarding Team, including specialist safeguarding adult roles and a Mental Capacity (MCA) and Deprivation of Liberty Safeguards (DoLS) advisor, to provide advice, support and supervision
- Establishment of MCA/DoLS Champions Network
- Implementation of the Safeguarding Team attending ward huddles and team meetings to offer safeguarding advice and support

North East Ambulance Service NHS Foundation Trust (NEAS)

- Recruitment of Lead Professional for Safeguarding Adults and a Safeguarding Advisor to support the team and organisation in fulfilling its statutory responsibilities relating to: quality assurance, safeguarding training, and the Mental Capacity Act (MCA)
- Provision of additional MCA training for Clinical Care Managers to ensure crews involved in complex cases can access appropriate advice in relation to MCA

Northumbria Police

- All calls to police are subject to a full risk assessment and early identification of vulnerability of the caller and their circumstances. This is a deliberately broad definition and wider than adult safeguarding thresholds. This assists in the grading of the call and the process identified if there is a need for an Adult Concern Notification (ACN) to be recorded and shared if appropriate. This could include calls for services around anti-social behaviour, hate crime, fraud, etc. This risk assessment assists in the early identification of adults at risk of abuse and neglect for example, and includes those vulnerable people who may not meet the relevant safeguarding threshold or need Adult Services
- Officers attending incidents are encouraged to respectfully and professionally challenge situations (Think Family) and ensure the referrals include the right information. There is on-going development for the police in terms of the referrals made to partners, including encouraging more detail and improved awareness of making safeguarding personal

Sunderland Clinical Commissioning Group (CCG)

- Shared learning from safeguarding reviews in a range of arenas; both multi-agency and single agency, with a forum to discuss lessons learned and review the health response to local action plans
- Developed a CCG Modern Slavery Statement and ensured providers' compliance with this requirement
- Further development of combined performance dashboard reporting arrangements for health providers, monitored by an assurance group
- Ensured effective health engagement/contribution to all statutory safeguarding partnerships; offering a peer support network for Designated and 'Named' Professionals
- Identified areas of assurance and risk to be highlighted to Provider Executive Leads, NHS England and statutory multi-agency partnerships
- Managed compliance for core requirements, such as NHS England 85% training compliance for Prevent
- Delivered a range of training to 860 staff across primary and secondary care

Northumberland Tyne and Wear NHS Foundation Trust (NTW)

- Delivered a Domestic Abuse & Coercive Control workshop at the Trust's Nursing Conference
- Trust Board development sessions covering: Adolescent to Parent Violence, Domestic Homicide Reviews, Domestic Abuse and Coercive Control
- Development of 7 minute briefings to cascade learning from reviews Trustwide

Good Practice

City Hospitals Sunderland and South Tyneside Foundation

Trusts planned and delivered an adults and children focussed 'Think Family' safeguarding conference on 16th March 2018, with support from Sunderland and South Tyneside Children and Adults Boards, both CCGs and the Safer Sunderland Partnership Board. The day evaluated very positively from the 345 attendees and will be repeated in 2019.

North East Ambulance Service have started development work with Local Authorities around the quality of safeguarding referrals and referral route mapping.

Northumberland Tyne & Wear NHS Foundation Trust

implemented a new Safeguarding triage "front door" which has resulted in a significant increase in reported safeguarding and public protection concerns over 17/18. This had been anticipated following a review of the previous triage system which indicated that calls into the Safeguarding Adults and Public Protection Team were not reflected in reported activity.

Northumbria Police has had significant involvement in the early intervention process in Sunderland with a police staff contribution to the team to provide early help and diversion for the cases which do not meet the statutory thresholds. This includes for safeguarding adults as well as children in the Think Family context.

Case Example - Sunderland City Council

A has a learning disability and lived in the community with her family, receiving home care support from services commissioned by the Council. One of the carers observed a family member physically abusing A, and also noticed A had several serious skin injuries that appeared non-accidental. A concern was raised with the Safeguarding Adults Team, and an urgent action plan put in place, resulting in the obtaining of a court order to immediately remove A from the care of their family, with the support of the Police.

Family members denied any abuse or neglect but subsequent legal proceedings proved, with the use of independent expert medical evidence, that the injuries sustained by A were non-accidental and had been purposely inflicted by the family member with the knowledge of another family member, who failed to protect A. Criminal proceedings were brought against the perpetrator of the abuse and the Court of Protection authorised the permanent removal of A from the family. A is now happy and safe living in supported housing commissioned and funded by the Council. This example demonstrates local implementation of some of the key Making Safeguarding Personal principles including prevention, protection and accountability.

During 2017 the **Sunderland Clinical Commissioning Group** Safeguarding Team working with the Local Authority and Police and Crime Commissioner (PCC) have joint funded a Domestic Abuse Advocate (IDVA) in a Primary Care Pilot which commenced in October 2017 working across 10 GP Practices.

The overall aims of the pilot are to introduce routine enquiry for all unaccompanied females aged 16 and over; increase identification of domestic violence and abuse in primary care settings and onward referral to specialist domestic abuse services and provide training and support to GPs & primary care staff.

The pilot has achieved the following:

- Expressions of interest issued to all GP practices and 10 Practices recruited
- The scope of routine enquiry defined
- A performance scorecard developed and agreed with the PCC
- Reporting/recording systems developed including templates for clinical records
- Training Programme developed for the GP practices, which included a routine enquiry training film plus a routine enquiry hand-out
- Survey questionnaire developed and issued to staff at participating GP practices to establish baseline on skills, knowledge and confidence
- DA health advocate network established to share good practice and learning

Working with Partners

City Hospitals Sunderland and South Tyneside Foundation Trusts' Safeguarding Team have worked alongside the Hospital Independent Domestic Violence Advisors (IDVAs) to target ward and Emergency Department (ED) in supporting staff to recognise Domestic Abuse. The Trust has worked with the CCG, Local Authority and Wearside Women in Need (WWIN) to implement the Hospital IDVA pilot. The Hospital IDVA provides cover in the Emergency Department and is also available to support other wards and departments. The IDVA also provides training to staff in relation to domestic abuse awareness and the MARAC (Multi-Agency Risk Assessment Conference) referral process.

North East Ambulance Service has worked closely with the Regional Prevent Coordinator to ensure compliance with PREVENT training targets. NEAS exceeded the 85% target for Level three training to frontline staff, achieving 92%.

Northumberland Tyne & Wear NHS Foundation Trust have developed a mental health referral pathway into the Trust for Channel Panels in response to NHS Guidance to Mental Health services in exercising duties to safeguard people from the risk of radicalisation in November 2017.

The **Sunderland Clinical Commissioning Group** Designated Nurse Safeguarding Adults, as Chair of the SSAB LIIP, led a multi-agency task and finish group which developed and delivered a themed review of Self Neglect involving 29 multi-agency front line practitioners who attended a facilitated workshop session on 25th January 2018. The Workshop considered:

- Issues from front line practice including staff experience dealing with self neglect;
- Learning (themes and trends) from both local and national SARs which featured self neglect;
- Actions and recommendations for the SSAB to identify steps that could be taken to improve the way we work with and manage issues of self neglect.

A summary report from the review was shared with SSAB in April 2018. SSAB accepted the report and agreed to implement its recommendations.

Northumbria Police works on an ongoing basis with partners to develop and strengthen existing arrangements and partnerships, in particular adult social care, to understand how Multi-Agency Safeguarding Hub (MASH) style arrangements may be introduced either separate or co-located with Together for Children and partners in the Children's MASH, which is the ICRT (Integrated Contact & Referral Team) MASH (where already Adult Social Care are involved).

Case Example - Sunderland City Council

B is a female who had been the subject of extreme domestic violence and financial abuse over many years from her husband. She had been reluctant to progress referrals or participate in the Safeguarding process for fear of reprisals from him. The Safeguarding Adult Team facilitated multi-agency Safeguarding Enquiry (Care Act Section 42) meetings over many months and undertook substantial and tireless work with partner agencies (including health organisations, Police, women's domestic abuse services and housing).

Covert "safe" meeting environments were established for the victim in her GP practice and at routine hospital appointments; supplemented by police surveillance of the perpetrator and disruption activities. The result was no further safeguarding concerns raised about B, and partner agencies maintain a discreet covert relationship with the victim to monitor her health and well-being should she wish to seek further assistance. The case demonstrates how highly complex serious cases can be managed, where the need to listen to the victim's preferences and Making Safeguarding Personal is key to achieving the best outcomes possible for the Adult at Risk.

Making Safeguarding Personal (MSP): Including Service Users

Empowerment

The Adult Safeguarding Team within the Council endeavour to obtain consent from individuals, their families and/or carers in relation to any concerns submitted. The individual's specific safeguarding requirements are noted as well as their desired decision they would like to see take place. An advocacy approach is taken throughout the safeguarding adult's process, and quality of life and dignity is maintained for the individual.

Safeguarding training delivered to staff by the CCG over 2017-18 has incorporated MSP and emphasised the need to involve patients and service users in safeguarding; ascertaining their wishes and expectations and empowering them to make decisions about safeguarding. Public and Patient Engagement is a key component of their work as commissioners.

NEAS has adapted its safeguarding training to improve the quality of initial referrals for welfare concerns. A key focus has been on gaining consent from adults for welfare referrals and on exploring outcomes to help staff gain an understanding of what happens to the referrals they make. This ensures the autonomy of the patient is respected and that the response to concerns raised by our staff are proportionate to the risks identified.

Prevention

A range of measures are taken by the Council, such as:

- Using up-to-date intelligence to identify what services are available in Sunderland, tailored to the individual's needs
- Proactive work to ensure measures put in place sustain the protection of any individual that comes through the safeguarding adults process
- Continuing to use the Care Act 2014 responsibilities and working with all partner agencies throughout the City

As a result, the frequency of safeguarding referrals for known vulnerable individuals have been reduced or eradicated.

Proportionality

the most proportionate and least intrusive response is made, which is appropriate to the level of risk. Partner agencies are also supported by the Local Authority to use the least restrictive option and to comply with the Human Rights Act, the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS).

Protection

Safeguarding Adults staff within the Council work swiftly and competently with individuals who have a variety of needs, providing support and representation for those in greatest need of protection from abuse and neglect.

The South Tyneside & Sunderland Health Care Group's Safeguarding Adults Team has met with the Health Focus Group to obtain their view of accessing health services and whether they would feel confident to make a disclosure if they were experiencing abuse or neglect. The group described how they could make a disclosure to staff however there may be other vulnerable patients who may not feel confident to disclose. The group agreed to work with the Team and the Hospital Liaison nurse to design a prompt sheet for staff to utilise when asking "do you feel safe?". The Health Focus Group consists of service users and patients with a Learning Disability who access South Tyneside & Sunderland Health Care Group services.

Partnership

in addition to Making Safeguarding Personal principles, partnership working is at the heart of the Safeguarding Adults model in Sunderland, and partner agencies work together to safeguarding adults at risk of abuse and neglect.

The CHS and STFT Safeguarding Team actively engage in "Safetember" which is an annual event. This included the safeguarding team attending x 5 safeguarding awareness stands across both STFT and CHS in order to engage with the wider community. There was direct public engagement at all events.

Accountability

the individual's specific safeguarding needs are looked at within the safeguarding adults process, as well as current services/measures in place for the individual, and what else may need to be in place for them, and their carer(s) if applicable.

Within the Council, a monthly 'case file tracking' quality assurance process, which involves checking the quality of the work undertaken and key performance indicators in relation to safeguarding adults, is undertaken. In addition, staff participate in specific safeguarding training, practitioners are supported and equipped by managers to deal with safeguarding adults cases and line managers give professional, skilled supervision.

Northumbria Police continues to submit a large number of referrals (Adult Concern Notifications - ACNs) that do not meet Care Act criteria of an Adult at Risk. A wider piece of work is ongoing in order to understand the categories and reasons behind the ACNs. Informed consent is not sought before an ACN is submitted by the attending officer; this needs to be revisited under the Care Act principles. However, informed consent is considered in the ICRT.

Feedback From Advocates (Total Voice Sunderland)

"We greatly appreciate the opportunity to call the safeguarding team to discuss a case prior to determining whether it is appropriate for safeguarding, when it is complex or unclear. We have always found the team to be very helpful in respect of this."

"Safeguarding Care Act advocacy and safeguarding IMCA (Independent Mental Capacity Advocate) referrals are frequently seen within our service, and our experience in these cases this year has been productive and generally without concern. We feel we have learnt a lot from working into these cases attending meetings, and court etc and feel valued as an important part of the safeguarding process."

"The mandatory training we received this year for 'Raising a Safeguarding Concern' was extremely useful and up to date, and well delivered."

"It would be preferable if, when a concern is raised, an acknowledgement (by phone or email) is provided by the Safeguarding Adults Team to the referring agency in every case, as this doesn't happen every time."

"The online form is clear and seems to work well."

Performance

Overview

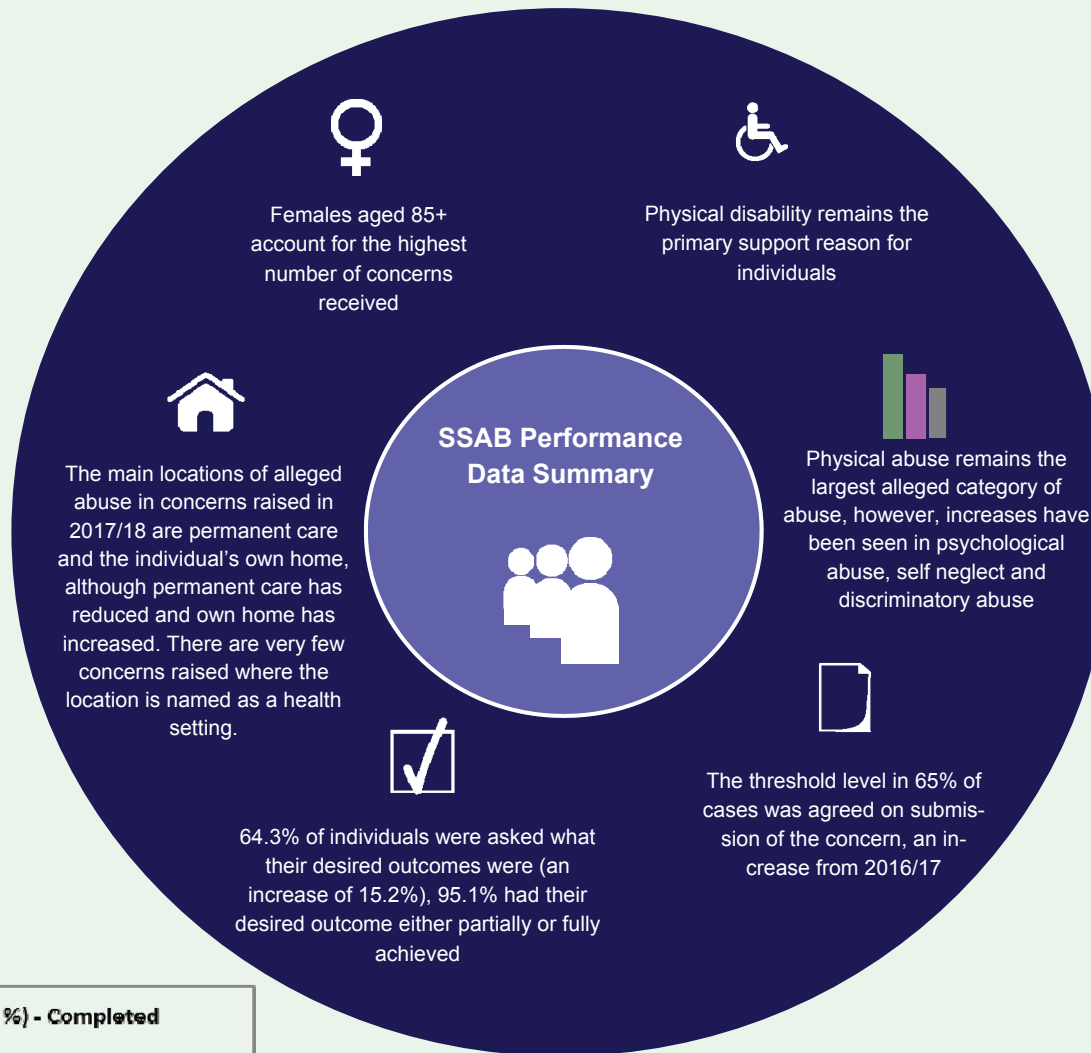
Sunderland is a large city in the North-East of England with a population of 278,500 (mid-2017 population estimate). Adults aged 18+ accounted for 224,700. Sunderland has 19.5% neighbourhoods in the most deprived 10 per cent of neighbourhoods nationally on the Index of Multiple Deprivation 2015. This ranks Sunderland as the 34th local authority with the highest proportion of LSOAs (lower layer super output areas—areas of a city which are smaller than wards) in the most deprived 10% nationally (with 1st being the local authority district with the largest proportion of highly deprived neighbourhoods in England).

SSAB Performance Measures 2017 - 2018

Measure	1 April 2016 - 31 March 2017	1 April 2017 - 31 March 2018
Number of safeguarding concerns per 1,000 18+ population	9.38	11.26
Number of safeguarding concerns leading to a Section 42 Enquiry per 1,000 population	8.02	3.06*
* Numbers of safeguarding concerns have reduced due to a change in the business process in 2017		

The Safeguarding Adults statistical return for 2017 - 2018 was completed within the required timescales.

The return, along with local performance data provided on a quarterly basis, has been the foundation for the continued development of the local work programme for quality assurance activity, which has identified priority areas for consideration and audit themes, the findings of which the Board will consider to inform the Strategic Delivery Plan and operational arrangements within the partnership.



20% ↑
Increase in safeguarding concerns, lower than regional comparators

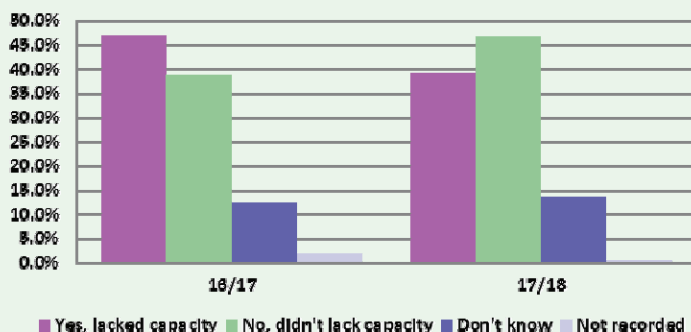
28% of concerns progressed to a S.42 (Care Act) enquiry

62.7% of concerns resulted in no further action

7% already had an enquiry in progress

During 2016/17 83% of concerns progressed to an enquiry (74% to a S.42 enquiry and 9% to an 'other' enquiry). Due to changes in the business process on 1st April 2017 and again on 1st November 2017 this has made comparison difficult between the figures for 2016/17 and 2017/18.

Mental Capacity - 16/17 to 17/18 (by %) - Completed Enquiries



Learning Lessons

Safeguarding Adult Review in Respect of 'Eva'

In 2017 the Learning and Improvement in Practice sub-committee undertook a scoping exercise regarding information known to partner organisations in relation to 'Eva'. Whilst the exercise concluded that the specific causes of Eva's death did not indicate a strict statutory requirement to undertake a Safeguarding Adult Review (SAR), the recommendation was that a SAR should still be undertaken due to the significant learning that could be gained from the case and due to the similarities to a SAR previously published by SSAB in October 2015.

The Review involved a number of partner agencies who operate in Sunderland. A workshop involving front-line staff who had worked with Eva was held, and provided valuable insight and supported the SAR process in identifying learning and key recommendations.

Key Learning

- Adult Concern Notifications in respect of neglect/self-neglect must be followed up with a view to social work intervention. Decisions for 'no further action' should be recorded with the reason why
- Hospital discharge planning should always consider whether the current care package needs to be modified on discharge
- Mental Capacity Act assessments should always record the aspect of decision making being assessed, the assessments outcome and the evidence base
- Non-compliance with medication can be an important indicator of self-neglect and should be recorded clearly
- Concerns for neglect/self-neglect where it places an individual at risk of serious harm should always lead to a safeguarding concern referral
- All staff, regardless of grade, organisation or level of involvement, have a responsibility to raise a safeguarding concern
- Informal carers should be offered a Carer's Assessment, professional curiosity should be applied to understand family dynamics and capacity to provide care
- Possible animal neglect should be recognised as an indicator of risk to vulnerable adults and children in the household
- Home care workers should have increased access to training opportunities
- Agencies have a responsibility to staff health and wellbeing when working in unhygienic conditions
- The engagement of deep cleaning services is complex and often the responsibility of the tenant/client - guidance for frontline staff should be produced

The [Executive Summary](#) of the Review and an accompanying [7 Minute Briefing](#) were published in May 2018.

Conclusion

April 2017-March 2018 has been another busy year for the SSAB and its partner agencies.

2018-2019 will see the Board continue to champion the principles of the Safeguarding section of the Care Act, including Making Safeguarding Personal, and also to embed good practice in Safeguarding Adults in Sunderland. This includes:

- Continued development of the robust Quality Assurance and Performance Framework to expand the multi-agency safeguarding adults data which is collated and presented to SSAB, to enable greater assurance for SSAB that all possible measures are being taken by partner agencies to safeguard adults at risk of abuse and neglect in Sunderland
- Further usage of the comprehensive Learning and Improvement in Practice Framework. In particular, to use a range of methods such as 7-minute briefings and workshops to disseminate the key learning from Safeguarding Adult Reviews, other reviews and case examples, to enable professionals to gain knowledge from 'real life' cases that they can apply to their daily work and practice, with the aim of improving responses to cases where safeguarding issues have arisen.
- With the appointment of a new SSAB Independent Chair from 1st May 2018, it is timely to review all of the governance arrangements and structure of the SSAB and its sub-committees. This will include a review of membership, meetings frequency, and the governance documents that form the basis of the SSAB's foundations
- Continue to engage in discussions with Northumbria Police to progress the development of local 'MASH' (Multi-Agency Safeguarding Hub) arrangements for safeguarding adults
- To consider the learning from the [Joint Serious Case Review](#) (Sexual Exploitation) report commissioned by Newcastle Safeguarding Adults Board and Newcastle Safeguarding Children Board, and any implications for sexual exploitation cases that may arise in Sunderland
- Continue to work with other North East Local Authority areas (via the Regional Safeguarding Adults Leads Network) on common topics identified for development, or of particular concern, where a regional approach would be of benefit
- Further support the implementation of the local approach to homelessness, which has allowed homeless people and people with complex housing needs to be better safeguarded and to receive access to appropriate housing plus other support services (e.g. substance misuse or mental health services) to facilitate and support them to remain in the housing provision

Item 6

HEALTH AND WELLBEING SCRUTINY COMMITTEE

28 NOVEMBER 2018

FORMAL RESPONSE TO MAKING URGENT CARE WORK BETTER IN SUNDERLAND

REPORT OF THE HEAD OF MEMBERS SUPPORT & COMMUNITY PARTNERSHIPS

1. PURPOSE OF THE REPORT

- 1.1 This report provides the final formal response of the Health and Wellbeing Scrutiny Committee to Sunderland Clinical Commissioning Group's Making Urgent Care Work Better in Sunderland consultation.

2. BACKGROUND

- 2.1 Sunderland Clinical Commissioning Group must follow national guidance as prescribed by NHS England, and they have stated that urgent and emergency care must be reviewed. This is to meet national requirements around an urgent treatment centre, an improved NHS 111 service and GP appointments on evenings and weekends.
- 2.2 The proposals were put to public consultation on Wednesday 9 May 2018 with a closing date of Sunday 2 September 2018.
- 2.3 The formal response of the Health and Wellbeing Scrutiny Committee includes, in full, the views of the committee, with the specific reasons for those views.

3. THE FORMAL RESPONSE

- 3.1 The response provides the Committee's comments on a wide range of issues related to the urgent care consultation including capacity, extended access service and the location of the urgent treatment centre. The full response is attached at **appendix 1** of this report.
- 3.2 One of the key issues throughout the consultation was around transport and travel and the concerns related to additional travelling as a result of the consultation proposals. The Health and Wellbeing Scrutiny Committee have outlined a number of issues relating to transport and travel within their formal response as a result of this.
- 3.5 The response, once agreed by this Committee, will be submitted to Sunderland CCG. The final decision on the options for urgent care will be made at a meeting of Sunderland CCG's governing body, held in public, in January 2019.

4. RECOMMENDATION

4.1 That the Health and Wellbeing Scrutiny Committee:

- (a) comments on the content of the formal response; and
- (b) agrees this as the formal response of the Health and Wellbeing Scrutiny Committee, subject to any additional amendments, to the Making Urgent Care Work Better in Sunderland consultation.

Contact Officer: Nigel Cummings 561 1006
Nigel.cummings@sunderland.gov.uk

Health and Wellbeing Scrutiny Committee – Response to the Urgent Care Consultation and Proposals

1. Introduction

- 1.1 The Health and Wellbeing Scrutiny Committee, in providing a final response to the Urgent Care Consultation and Proposals would like to raise a number of points in this statement. It should be noted that the Committee has already submitted an interim response to the consultation raising a number of issues. The Committee would ask that Sunderland CCG Governing Body, in making its final decision, takes into account both the interim response and this final statement of the Health and Wellbeing Scrutiny Committee.

2. Context

- 2.1 Sunderland Clinical Commissioning Group must follow national guidance as prescribed by NHS England, and they have stated that urgent and emergency care must be reviewed. This is to meet national requirements around an urgent treatment centre, an improved NHS 111 service and GP appointments on evenings and weekends.
- 2.2 The proposals were put to public consultation starting on Wednesday 9 May 2018 with a closing date of Sunday 2 September 2018.
- 2.3 The Health and Wellbeing Scrutiny Committee comprises 12 members from Sunderland City Council.
- 2.4 This formal response of the Health and Wellbeing Scrutiny Committee includes, in full, the views of the committee, with the specific reasons for those views.

3. The Consultation

- 3.1 The Health and Wellbeing Scrutiny Committee are assured from the independent analysis undertaken that the consultation is broadly representative at a local authority level of the city's population, if not of actual service users. Sunderland CCG and North East Commissioning Support Unit have clearly undertaken an extensive consultation process in order to gather opinions from a wide cross-section of the public, patients, interested groups and stakeholders.
- 3.2 However the Committee does have reservations on the actual questions posed to respondents relating to the Extended Access Service. It is important to note that the consultation does state that the Extended Access Service is

currently available; although the Committee does feel that the consultation gives the general impression to respondents that the Extended Access Service will be a new provision for the people of Sunderland. This effectively offers something that residents presently have, with a reduction in the provision of minor injuries treatment in the outlying localities of Houghton, Bunny Hill and Washington. Members are concerned that this could be construed as leading the survey participants into believing that this is an improvement in the service offer by Sunderland CCG, when in reality this may not be the case.

- 3.3 The Health and Wellbeing Scrutiny Committee would also draw the CCG's attention to concerns raised by the public, in the consultation feedback report, that the consultation document was unclear. There were also concerns of the actual consultation events with feedback on limited time and over-running presentations. The Committee acknowledges that a clarification addendum was issued by Sunderland CCG in relation to the consultation document, but would like reassurances that these issues have not affected the consultation process.
- 3.4 Members were also acutely aware of the use of digital platforms i.e. social media, Sunderland CCG website and e-bulletins in advertising events and relaying information relating to the urgent care consultation and associated activities. The Committee agrees it is very important to ensure information reaches as wide an audience as possible and provides a relatively cost effective way for advertising events and providing up-to-date information. However Members also expressed their reservations on the potential over-reliance on digital media channels, and would argue that not every area in Sunderland is digitally inclusive with many residents still relying on more traditional methods to access consultation events e.g. posters in public places (including local GP practices), local media etc.
- 3.5 A number of these issues were also expressed by members of the public as highlighted in the consultation analysis report. This includes lack of awareness of events, timing of events and information required in local GP practices. The Committee would recommend that this is taken into serious consideration for any future consultation events.
- 3.6 Once again the registration process for consultation events is raised as an issue by the Committee. While Members understand the need for a registration process, the Committee would recommend that the procedures employed for registration are revisited to ensure they allow the widest audience possible to attend, including those members of the public without access to digital channels.

4. Extended Access Service v Current Provision

- 4.1 Members of the Committee would also like a clear indication of what the Extended Access Service will provide and how this will differ from the current walk-in centre provision. The consultation feedback report does have a number of comments both for and against the current walk-in centre provision, but Members do recognise that these centres are an existing resource in local areas and their future is certainly of interest to residents and patients.
- 4.2 The consultation feedback report does provide a number of considerations, - provided by a variety of stakeholders, in relation to the walk-in centre provision. The Committee would hope that these issues are considered closely in relation to the future of the walk-in centres and as part of the whole urgent care solution.
- 4.3 The Committee would also recommend that the final proposals clearly identify the services that will be provided at the Extended Access Service locations and the Urgent Treatment Centre, including a clear message that creates clarity of the treatment pathways for patients, minimising redirection and confusion. It would also be reassuring to local residents and patients to have an understanding of the future use of the walk-in centre buildings as these are a beneficial and convenient resource, already located and established in communities.

5. Capacity of GPs

- 5.1 The consultation states that the proposals will see an additional 42,000 GP appointments per year. The Health and Wellbeing Scrutiny Committee would reiterate the current difficulties faced by the NHS locally and nationally in relation to the recruitment and retention of GP's and the extensive pressures facing local practices. This is an issue that has been debated on a number of occasions by the scrutiny committee and raises a number of issues for decision makers.
- 5.2 The Health and Wellbeing Scrutiny Committee recognises, within the consultation, that there are concerns around the ability of GP practices to support the proposals as they struggle to meet current demand and face staffing shortages. The consultation feedback highlights that patients still need to be convinced that they will be able to get an appointment more easily. With this in mind the committee would welcome assurances from Sunderland CCG around the levels of clinical resource (GP or nurse practitioner) and the number of bookable appointments that will be available at each Extended Access site during opening hours of any preferred option.
- 5.3 Members of the Committee are also interested to understand if all the Extended Access sites will be open simultaneously or will centres be closed at certain times if there is a perceived lack of capacity or demand locally? The

Committee would recommend that any decision taken provides a clear understanding and guarantee of the operation of the Extended Access Service throughout the area.

6. Urgent Treatment Centre – Pallion

- 6.1 One of the key aspects of the proposals for urgent care is the creation of an Urgent Treatment Centre. The Health and Wellbeing Scrutiny Committee acknowledges that this is prescribed national guidance set by NHS England, which requires that each area have an Urgent Treatment Centre.
- 6.2 Members of the Committee are more concerned around the suitability of Pallion Health Centre to be the Urgent Treatment Centre as outlined in the consultation proposals. Members understand that its proximity to Sunderland Royal Hospital is an obvious benefit and supports national guidance on the ideal location being alongside the emergency department for more effective joint working. However there are a number of concerns which Members have raised and many of these are also prevalent throughout the consultation feedback report.
- 6.3 There is a concern of how Pallion Health Centre will be able to cater for the potential rise in patient numbers as a result of the proposals. Consultation feedback also raises these concerns around Pallion Health Centre's physical capacity to deal with the potential increase in patient numbers. The Committee would certainly like to see a number of these concerns addressed in any final proposals with assurances from modelling of patient flows to support any decisions made.
- 6.4 Linked to increased capacity is the issue of car parking at the Pallion Health Centre site. Patient feedback highlights a significant concern around car parking at Pallion Health Centre, comprising limited parking (including disabled parking) and no on-street parking in the surrounding area, which may disadvantage those patients with disabilities, severe illnesses or carers of vulnerable patients. Members of the committee would like to see some acknowledgement of this issue in decisions made by Sunderland CCG including potential remedies to patient concerns e.g. patient parking schemes, subsidised parking and priority parking for those most in need.
- 6.5 The location of Pallion Health Centre as the proposed Urgent Treatment Centre has perhaps elicited the most comments and discussion throughout the consultation period. While this location clearly supports NHS England guidelines it does create a disparity in access to minor injury services for those patients living furthest from the City Centre. Those living in the Coalfields and Washington areas appear to be far more disadvantaged through the proposed location for the Urgent Treatment Centre and the consultation feedback reinforces this strongly. There are also clearly issues related to travel and transport and these are detailed in a separate section.

- 6.6 This also does not support the most important principle to patients, as highlighted by the consultation feedback report, in ensuring appropriate access to treatment as close to home as possible. The committee would like the CCG to give careful consideration to the location of the Urgent Treatment Centre, taking into account all the concerns raised by local people throughout the consultation process. Members would recommend that the CCG should also explore other suitable locations that would reduce the physical distances to travel for some people. The Committee would welcome serious consideration for an additional minor injuries resource closer to those disadvantaged by these proposals, which could reduce the burden of travel while supporting the key principle of treatment as close to home as possible.

7. Travel and Transport

- 7.1 One of the primary concerns highlighted by both the Health and Wellbeing Scrutiny Committee and local people is the issue of travel and transport. The Health and Wellbeing Scrutiny Committee is acutely aware that Sunderland features areas of high deprivation, low incomes and lone parent families which results in 35.1%¹ of Sunderland households not owning a car or van.
- 7.2 The current proposals will result in greater travel times and distances for residents and patients located in areas such as Washington and the Coalfields in accessing minor injury services. This has the potential to create greater logistical and financial burdens on those patients and families. In fact Sunderland CCG's own transport analysis indicates that the proposals will result in 54% of people from 'no car' households being able to reach minor injury services within 30 minutes by public transport, compared to around 73% currently.
- 7.3 This is further supported through the consultation feedback where respondents ranked access to treatment as close to home as possible as the most important decision making criteria. The Committee has also stated previously its concerns on an over-reliance on desktop analysis in relation to travel and transport, and would advocate a balanced mix of desktop analysis and field testing. This would be of particular importance in those areas where travel times and distances look to increase significantly, in fact the independent transport and travel analysis also recommends further work to monitor patients' ability to access services. The Health and Wellbeing Scrutiny Committee would also request that this work is undertaken prior to any decisions being taken by Sunderland CCG Governing Body.

¹ ONS – 2011 Census

8. Enhanced NHS 111 Service

- 8.1 A key component to the success of the urgent care proposals will be the enhanced NHS 111 service, this will aim to provide greater health advice getting patients to the right service and reducing the need to travel. The Health and Wellbeing Scrutiny Committee recognised some positive comments around the introduction of an enhanced NHS 111 service with promotion of self-care acknowledged as a good idea.
- 8.2 However there were also a number of concerns around the previous negative experiences from the 111 service which may be a barrier to increased or improved usage. Members would expect the CCG to be confident with the triage system used by the NHS 111 service and that capacity can meet the demand as it increases or spikes due to specific or unforeseen pressures. Therefore Members of the Committee would recommend that the NHS 111 service is robustly monitored to ensure it is performing as expected. The Committee would also suggest that information relating to the early performance of the enhanced NHS 111 service is referenced in the final decision to provide some assurances for potential users.

9. Petition – Keep Our NHS Public (KONP) Sunderland and District Branch

- 9.1 The Committee would also like to recognise and acknowledge the strength of feeling from the public to the urgent care proposals. This is clearly evident from the petition presented at a full council meeting of Sunderland City Council on 19th September 2018 by Keep Our NHS Public Sunderland and District Branch (KONP). KONP collected 6,453 signatures from local people opposed to the CCG proposals and the removal of the urgent care services at Bunnyhill, Houghton and Washington (A full description of the petition wording is attached at **Appendix 1** of this report). It should also be acknowledged that a further 7,542 signatures were also collected via the Change.Org petition website, making a total of 13,995 signatures.
- 9.2 The petition was received by Sunderland City Council and forwarded on to the Health and Wellbeing Scrutiny Committee for their attention and was subsequently submitted to Sunderland CCG for their consideration. The Health and Wellbeing Scrutiny Committee would ask that this petition is given serious consideration by Sunderland CCG and that this strength of feeling is clearly recognised and accounted for in any final decision made.

10. Conclusion

- 10.1 Making Urgent Care Work Better in Sunderland has presented options that will have an impact on minor illness and minor injury services in Sunderland. The Health and Wellbeing Scrutiny Committee has considered

the process and implications of the proposals set out within the consultation documentation. It should be noted at this point that the Committee does recognise and acknowledge the cooperation and commitment of key staff from Sunderland CCG and the NHS who have provided the Committee with the information and evidence required throughout this process.

- 10.2 However there do remain some concerns and uncertainties that arise from the consultation and the feedback analysis report. Clearly NHS policy and guidance has dictated that emergency and urgent care is reviewed providing certain requirements for any proposals to fulfil. However it is important that people within Sunderland are able to access both minor illness and injury services as close to home as possible, which is one of the key principles for the proposals. The CCG must be mindful that the final decision taken does not greatly disadvantage any group in Sunderland and in particular those living on the periphery of the City.
- 10.3 However urgent care is shaped in the future one of the key issues will be how these changes are communicated to patients and residents across Sunderland. It is important that one complicated system is not replaced with another system where people do not know where to go or are re-directed to another service. Clear, consistent and concise messages around any changes will help transition and ensure that any proposed changes are implemented in a measured way.
- 10.4 The Health and Wellbeing Scrutiny Committee would greatly appreciate their comments and recommendations being considered in detail by the CCG and its governing body. The Committee also hopes that many of the comments made by local residents provide some valuable insight for decision makers about what is important to patients when accessing urgent care services. The Committee would also request the CCG to consider strongly the strength of feeling that has been exhibited at events, through petitions and from this committee to help ensure that the decisions taken for urgent care provide an improved and safe service for all the people of Sunderland.
- 10.5 It should be noted that the Health and Wellbeing Scrutiny Committee retains the right to refer the decision to the Secretary of State for Health.

Health and Wellbeing Scrutiny Committee
Sunderland City Council

Consultation on Sunderland Urgent Care Services

Presentation of Petition to Sunderland Council 19th September 2018

Keep Our NHS Public (KONP) Sunderland and District rejects the Sunderland Clinical Commissioning Group's proposals to close the urgent care services at Houghton-Le-Spring, Bunnyhill and Washington replacing them with an Urgent Treatment Centre located at Pallion Health Centre together with some additional appointments in the existing 40 GP practices and the Sunderland Extended Access Service (SEAS).

Over the last 12 weeks, we have been petitioning residents in Sunderland, Houghton, Hetton, Shiney Row and Washington advising them of the proposals and have collected **6,453** signatures from people who oppose the cuts in services. By contrast, the CCG has, according to its own website, only managed to engage with 2,507 people or 1.1% of the population.

We have talked to hundreds of local people who believe that services should be local and they should not have to travel great distances to access them which can disadvantage the most vulnerable and poorest in our communities. They do not accept the CCG claims that they will be able to increase GP appointments sufficiently to provide more access closer to home for residents in Bunnyhill, Houghton and Washington.

The Council at its meeting of 20th June 2018 passed a motion with support from all sides of the Chamber, opposing the intentions of Sunderland CCG to downgrade the Urgent Care Services at Houghton-Le-Spring, Bunnyhill and Washington.

It resolved to inform the CCG of its intentions to:

- Engage constructively with them in relation to their consultation with residents regarding local Urgent Care services.
- Mandate group leaders and officers to liaise and make every effort to establish a consensus to best represent residents affected by the consultation.
- Identify and give immediate and urgent consideration to any necessary actions, including consideration of judicial review, relating to the Urgent Care Services review.
- Involve stakeholders so as to secure the best possible overall Urgent Care outcomes for residents.

We now wish to present our petition to the Council as evidence of the strength of feeling amongst local people against the CCG proposals and the removal of the urgent care services at Bunnyhill, Houghton and Washington.

We would urge the Council to support us in this opposition and to refer the petition to the Health and Wellbeing Committee for consideration and inclusion in its submission to the CCG.

We would also urge the Council to join with KONP Sunderland & District in presenting the petition to the CCG and publicising the local opposition to their proposals

Laura Murrell, Secretary, KONP Sunderland & District

konpsdsec@btinternet.com

Item 7

HEALTH & WELLBEING SCRUTINY COMMITTEE

28 NOVEMBER 2018

ANNUAL WORK PROGRAMME 2018-19

REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY PARTNERSHIPS

1. PURPOSE OF THE REPORT

- 1.1 The report attaches, for Members' information, the current work programme for the Committee's work during the 2018-19 Council year.
- 1.2 In delivering its work programme the committee will support the council in achieving its Corporate Outcomes.

2. Background

- 2.1 The work programme is a working 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.

3. Current position

- 3.1 The current work programme is attached as an appendix to this report.

4. Conclusion

- 4.1 The work programme developed from the meeting will form a flexible mechanism for managing the work of the Committee in 2018-19.

5 Recommendation

- 5.1 That Members note the information contained in the work programme.

6. Glossary

n/a

Contact Officer: Nigel Cummings, Scrutiny Officer
nigel.cummings@sunderland.gov.uk

HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2018-19

REASON FOR INCLUSION	6 JUNE 18 D/L:25 May 18	4 JULY 18 D/L:22 June 18	5 SEPTEMBER 18 D/L:24 August 18	3 OCTOBER 18 D/L:21 Sept 18	31 OCTOBER 18 D/L:19 Oct 18	28 NOVEMBER 18 D/L:16 Nov 18	9 JANUARY 19 D/L:21 Dec 18	6 FEBRUARY 19 D/L:25 Jan 19	13 MARCH 19 D/L:1 March 19	10 APRIL 19 D/L:29 March 19
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business	Urgent Care Consultation (Sunderland CCG – Helen Fox)	Westmount Dental Surgery CCG Operational Plan 18/19 (Sunderland CCG) CQC GP Inspection Annual Report (Sunderland CCG) Outpatients Clinics – Monkwearmouth Hospital (Carol Harries – City Hospitals)	Integrated Wellness (Gillian Gibson) Briefing on potential merger of Sunderland and South Tyneside Trusts (City Hospitals) Reconfiguration of Vascular Services (NHS England)	All Together Better Alliance Update (Sunderland CCG) Managing the Market (G King) Sexual Health Services (G Gibson)	Urgent Care Consultation Update (Sunderland CCG)	NHS Performance (Sunderland CCG) Adult Safeguarding Board Annual Report (G King) HWB Scrutiny Committee Response to Urgent Care Consultation and Proposals (N Cummings)	Housing and Care 21 Schemes – update (G King) Managing the Market (G King) 0-19 Service (L Hughes) Public Health Strategy (G Gibson)	Breast Service Update (Sunderland CCG) Care and Support Annual Report (P Foster) Oral Health in Sunderland (K Bailey) Community Beds (Sunderland CCG)	Annual Report (N Cummings) Healthwatch Annual Report 17/18 (Margaret Curtis – Healthwatch) North East Ambulance Service (M Cotton)	Managing the Market (G King)
Performance / Service Improvement										
Consultation/ Information & Awareness Raising	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19	Notice of Key Decisions Work Programme 18-19

Items to be scheduled

Renal Ambulance Service (Jan/Feb)
Local Health Joint Working (Jan/Feb)
Speech and Language Therapy
Dementia Friendly City

Item 8

HEALTH AND WELLBEING SCRUTINY 28 NOVEMBER 2018 COMMITTEE

NOTICE OF KEY DECISIONS

REPORT OF THE HEAD OF MEMBER SUPPORT AND COMMUNITY PARTNERSHIPS

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 13 November 2018.

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 13 November 2018 is attached marked **Appendix 1**.

3. CURRENT POSITION

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

4. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions for the 28 day period from 13 November 2018 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
0191 561 1006
Nigel.cummings@sunderland.gov.uk

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

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

N.B. Please refer to the Notice issued on 23 October 2018 for details of those key decisions to be taken at its meeting on 21 November 2018 which can also be viewed at:-

<http://www.sunderland.gov.uk/committees/cm5/Meetings/tabid/73/ctl/ViewMeetingPublic/mid/410/Meeting/9836/Committee/1976/Default.aspx>

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
180418/252	To consider and approve corporate proposals in respect of Siglion LLP.	Cabinet	Y	During the period 12 December 2018 to 31 January 2019.	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
180308/245	To seek approval for the sale of land at former Southwick School.	Cabinet	Y	During the period 21 November to 31 December 2018.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180725/275	To: <ul style="list-style-type: none"> note the update on the Arts Council's funded National Portfolio Organisation (NPO) delivered through Sunderland Culture; note the arrangements to strengthen heritage delivery across the City; note the interim arrangements for operational management of museum and arts functions; agree to receive a further report on the longer term arrangements for operational management of cultural venues across the city.	Cabinet	N	During the period 16 January to 31 March 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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181019/308	To recommend to Council that approval be given to the making of revised Library Byelaws under section 19 of the Public Libraries and Museums Act 1964	Cabinet	Y	Between 12 December 2018 and 31 January 2019	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
181004/304	To approve the South Sunderland Growth Area Infrastructure Delivery (Housing Infrastructure Fund (HIF) Funding agreement, procurement works and land acquisition).	Cabinet	Y	12 December 2018.	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
181102/313	To seek Cabinet approval for the Council and Sunderland Care and Support to participate in the All Together Better Alliance.	Cabinet	Y	12 December 2018	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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180918/300	Sunderland Strategic Transport Corridor Phase 3 – Approval to accept tender for the main works contractor	Cabinet	Y	12 December 2018	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180905/297	To agree to adopt a revised policy that sets out how the Council disposes of its land and property assets.	Cabinet	Y	12 December 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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181019/309	To authorise the sale of land at Hillthorn Farm, Washington and to delegate authority to the Executive Director of Economy and Place in consultation with the Leader and Cabinet Secretary to grant consent to the assignment of the sale contract to the purchaser's preferred developer if required by the purchaser.	Cabinet	Y	12 December 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
181109/314	Amendment to Commissioning Intentions for Public Health Services – 2019 Cabinet is requested to approve the amendment to the Commissioning Intentions for Public Health Services to recommend that the Integrated Wellness Hub is brought in-house and provided by the Council.	Cabinet	Y	12 December 2018	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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181019/310	To approve a scheme for structural maintenance of the A182 Chartershaugh Bridge.	Cabinet	Y	16 January 2019	N	Not applicable	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
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	During the period 16 January to 31 March 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180830/289	To approve the Council Tax Base 2019-2020.	Cabinet	Y	16 January 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180830/290	To approve the Revenue Budget Third Review 2018-2019.	Cabinet	Y	16 January 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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180830/291	To approve the Capital Programme – Third Capital Review 2018-2019, Provisional Resources 2019-2020 and Treasury Management Review 2018-2019.	Cabinet	Y	16 January 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180830/292	To approve the Revenue Budget 2018-2019 – Update and Provisional Revenue Settlement.	Cabinet	Y	16 January 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
181016/307	To seek Cabinet approval for the draft Homelessness Strategy, and subsequently approve a six week public consultation.	Cabinet	Y	16 January 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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181024/311	To approve the Outline Business Case in relation to the development of a Regional Adoption Agency.	Cabinet	Y	16 January 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
181112/315	To approve the disposal of land at Seaburn to be used as suitable alternative natural greenspace (SANG).	Cabinet	Y	16 January 2019	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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180830/293	To approve the Capital Programme 2019-2020 and Treasury Management Policy and Strategy 2019-2020 including Prudential Indicators for 2019-2020.	Cabinet	Y	13 February 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180830/294	To approve the Revenue Budget and Proposed Council Tax for 2019-2020 and MTFS 2019-2020 to 2021-2022.	Cabinet	Y	13 February 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
180830/295	To approve the Collection Fund 2018-2019.	Cabinet	Y	13 February 2019.	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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181024/312	To approve the Final Business Case in relation to the development of a Regional Adoption Agency and agree next steps leading up to the establishment of the Regional Adoption Agency	Cabinet	Y	27 March 2018	N	Not applicable	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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

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

Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team PO Box 100, Civic Centre, Sunderland, or by email to committees@sunderland.gov.uk

Who will decide;

Cabinet; Councillor Graeme Miller – Leader; Councillor Michael Mordey – Deputy Leader; Councillor Paul Stewart – Cabinet Secretary; Councillor Louise Farthing – Children, Learning and Skills; Councillor Geoffrey Walker – Health and Social Care; Councillor John Kelly – Communities and Culture; Councillor Amy Wilson – Environment and Transport; Councillor Stuart Porthouse – Housing and Regeneration

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

Elaine Waugh,
Head of Law and Governance

13 November 2018