

HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

**Meeting to be held on Tuesday, 7th January, 2025 at 5.30pm in
Committee Room 1, at City Hall, Plater Way, Sunderland, SR1 3AA**

Membership

Cllrs Ayre, Dagg, Donkin, Feeley, Heron, Hunter, McDonough, Miller (Vice-Chairman), D.E. Snowdon, Tobin, Usher (Chairman) and Walton

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

20 December, 2024

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in Committee Room 1 of the CITY HALL, SUNDERLAND on TUESDAY, 26 NOVEMBER, 2024 at 5:30pm.

Present:-

Councillor Usher in the Chair

Councillors Ayre, Dagg, Donkin, Feeley, Hunter, F. Miller, D.E. Snowdon, Tobin and Walton

Also in attendance:-

Nigel Cummings – Scrutiny Officer, Sunderland City Council

Anna Gillingham – Engagement Coordinator, Healthwatch

Julie Parker-Walton – Public Health Consultant, Sunderland City Council

Joanne Stewart - Principal Democratic Services Officer, Sunderland City Council

Gerry Taylor – Executive Director of Health, Housing and Communities, Sunderland City Council

Scott Watson – Director of Place (Sunderland), North East and North Cumbria Integrated Care Board

Suzanne Watson – Head of Primary Care, North East and North Cumbria Integrated Care Board

Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Heron and McDonough

Minutes of the last meeting of the Committee held on 22 October, 2024

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 22 October, 2024 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

Councillor F. Miller made an open declaration as an Age UK Wellbeing Coordinator.

Councillors Feeley and D.E. Snowdon made open declarations as trustees on the board of Washington MIND, although it was not directly referred to in reports.

Improving Access to General Practice

The North East and North Cumbria Integrated Care Board (NENC ICB) submitted a report (copy circulated) which detailed the work that had been undertaken within the ICB primary care team to improve access to general practice in Sunderland.

(for copy report – see original minutes)

Suzanne Watson, Head of Primary Care, NENC ICB, took Members through the report advising that the General Practice Improvement Programme (GPIP) offered support to practices and PCN's over two years to change and improve how they work. The programme was in a number of phases and focussed on five key priority areas.

The Committee were given updates on each of the key access initiatives which had been undertaken as part of the improvement works and also provided Members with data from a general access viewpoint on appointments, through the general practice patient survey and that from the NHS friends and family test.

The Chairman thanked Officers for their report and invited questions and comments from the Committee.

Councillor Feeley referred to the face to face discussion around the support level framework (SLF) that had been offered to the practices in Sunderland and asked how they had been invited and if reasons had been given by those practices which had declined and was advised that they had been invited through a range of methods; such as emails and phone calls and that this had been undertaken multiple times, not just the once. Some practices felt that they were being put under further scrutiny and had a defensive approach to being involved and therefore the level of trust needed to continue to be improved on so that they would want to get involved.

In response to a question from Councillor Ayre regarding the Pharmacy First service and the extra workload and pressures associated with it, Ms. Watson advised that she did not have the data available, but it was something she could look into further. Mr. Watson advised that they knew it was successful in terms of take up, with a lot of patients electing to go to their pharmacy for certain conditions, but it was something that needed to be monitored consistently.

Councillor Donkin referred to the graph on page 13 and asked how many callers had hung up and was advised that they did not have that data but it was something they were looking to get in the future. They agreed that it was a key piece of information which would be extremely useful but commented that it would be difficult to know precisely as practices worked in different ways for their appointment making.

In addition, Mr. Watson also advised Members that they had invested in a cloud based telephony system a few years ago so that no callers got cut off and this had improved the rate, with less patients hanging up, as it continually kept them aware of where they were in the queue. When asked who the provider was by the Chairman, Mr. Watson advised he could provide this information as he did not have it to hand.

In a follow up question, Cllr Donkin asked how many of the 130,000 bookings were made online or through a telephone call, Mr. Watson advised that he would need to

look into that further but clarified that the 130,000 were over the month of September and not made in one day.

Councillor Miller also referred to the Pharmacy First Service and told of examples where patients had used the service but ultimately ended up needing a same day GP appointment. She had been informed of a practice not having a paediatric GP available at the time a patient needed to be seen and having been referred to accident and emergency. Mr. Watson commented that if he could be provided with more information outside of the meeting he could look into the issue as all practices should have provision to treat all patients.

Councillor Tobin asked how GP's were helping to support elderly people in the city who may not feel comfortable with the online systems and was informed that no practice should be forcing patients to use the online booking systems alone and there should always be multiple options for those who can't access the digital options. Ms. Watson commented that she was aware some practices would sit with a patient and show them how to access online services if the patient wanted to know, but no practice should be demanding patients only use that route.

In reply to a question from Councillor Tobin regarding support for public facing staff, such as receptionists offering a triage role, Ms. Watson advised that there was training and support provided for staff but it had become a more difficult job and staff turnover could be quite high in those positions. She commented that it was an area they needed to continue to look at in depth in terms of what extra support was offered. Mr. Watson commented that it was clear from the CQC inspections that there was a direct correlation between poor performing practices and high staff turnover, low staff morale, etc. The high performing practices tend to have a solid management structure and low staff turnover and it was imperative to have local measures in place so that staff felt supported, which then fed on to a better patient experience.

In a follow up question, Councillor Tobin asked if they felt that best practice was shared, and was advised that part of the work around primary care networks was having a buddy system and sharing experiences and best practice in cases of extremes so they did work quite closely together within their networks.

The Chairman referred to the low take up of the GPIP and the SLF and asked if there was an issue with cost and was informed that it was funded for practices and that once a couple of practices were involved and positive news started to spread they hoped to get more involvement. There was also an issue where they may feel they did not have the time to get involved as their resources were already under pressure.

In response to a query from Councillor Dagg regarding the time from booking date to appointment graph, Ms. Watson advised that 'do not arrive' (DNA) patients were not included.

Councillor Dagg asked what could be provided to ensure that patients did turn up for their appointments and Ms. Watson advised that they had found if the practice sent a link for patients to book their own times it reduced the number of DNA's but it was a difficult issue to solve and they continued to look at ways to reduce those rates. Mr. Watson advised that the DNA rate was reducing and practices were using text

message reminders, advising how patients could cancel if they no longer needed the appointment, and practices were much more on the front foot now and using their own social media channels to share figures.

Councillor Ayre referred to the local practice nurse scheme and asked if they were registered and was advised that they were; and an advanced nurse practitioner was a registered nurse with the ability to prescribe

In response to a query from Councillor Walton regarding the new medical school, Ms. Watson confirmed that they were working alongside the University of Sunderland as to how they could make more improvements and make it more likely that graduates wanted to stay and work in the area. Mr. Watson informed Members that one of the primary care networks had a good working relationship with the medical school and had agreed to take in some of the trainees and help accommodate them within local practices.

Councillor Hunter commented on newly trained GP's and keeping them in the area and asked if they had come across any risk of them moving away due to there being no practice able to employ them and was advised that up until very recently, recruiting GP's had been an issue. At this moment in time, there were now more GP's than jobs, but hopefully that would resolve as under the new Government there were changes intended to change how GP's were employed, which should see them being able to retain even more.

There being no further questions, the Chairman thanked Officers for their report, and it was:-

2. RESOLVED that the information within the report be received and the progress to date on the different access initiatives be noted.

Sunderland Women's Health Hub

The Director of Delivery for South Tyneside and Sunderland, North East and North Cumbria Integrated Care Board (NENC ICB) submitted a report (copy circulated) which provided an update to the Committee on the progress and future of the Women's Health Hub pilot in Sunderland.

(for copy report – see original minutes)

Suzanne Watson, Head of Primary Care (South Tyneside and Sunderland), took Members through the report which set out the background and context of the Women's Health Hubs and advised of the local context and the services that were currently being offered by the hub in the city.

Members were informed that as part of the pilot there was an ongoing patient and public involvement plan which covered many aspects and Newcastle University had been commissioned to undertake a robust evaluation.

The Chairman commented on the service not knowing the future of their funding and costs and asked how they communicated in poorer areas of the city that the services were available to them? The Committee were informed that they had met with

Councillor A. Smith who had given them some ideas as to how they could further get in touch with groups in some of those areas and look at other ways of working with them, such as taking a nurse out to groups that were already meeting and providing advice.

Councillor Ayre asked if, as part of the overall work programme, there was any provision to involve males, such as the fathers of the teenage pregnancy or perpetrators of domestic abuse or any other male influence that could help their work? Ms. Watson commented it was a useful point which she could take back and feed those comments into the service.

In response to comments from Councillor Walton regarding barriers for some women accessing services due to their circumstances, Ms. Watson commented that they were hoping to build this into the insights of the evaluation, to then go out to focus groups and understand personal reasons as to why some patients would not look to access services and confirmed that the groups were not made up solely of service users, there was a broad range.

Councillor Miller referred to paragraph 3.1 of the report and the menopause, and commented on the fact that a lot of GP's did not have the knowledge to deal with the issue and asked what plans there were going forward. Members were informed that there weren't many GP's specifically trained in the menopause and patients were getting different levels of support. Ms. Watson advised that there was a training programme and the hub would bring people in for specific training who could then return to their practice, helping to share that skill set across the city.

In relation to comments from Councillor Tobin regarding any reasons behind the increase in terminations, Ms. Watson advised that it was not information they collected from patients but it was an area that could be built into the focus group, if people were willing to share their experience. Councillor Tobin had asked if it was down to lack of contraception or if there were other issues and Ms. Watson commented that it was an area they could look to investigate further and understand the reasons behind the data.

There being no further questions or comments, it:-

3. RESOLVED that the information within the report and the progress to date on the Women's Health Hub pilot and health needs assessment be noted.

Update on Drug and Alcohol Services in Sunderland

The Executive Director of Health, Housing and Communities submitted a report (copy circulated), which provided the Committee with an update on the supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) and current drug and alcohol services in Sunderland.

(for copy report – see original minutes)

Julie Parker-Walton, Public Health Lead, took Members through the report advising of the summary findings from the Sunderland Drug and Alcohol Health Needs Assessment and the current service provision, Wear Recovery. Members were

advised that services were based around three recovery hubs located in the City Centre, Washington and Coalfields and was open to all residents, or people in the process of moving to Sunderland, or those registered with a Sunderland GP.

Members were provided with information on the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) and what that funding had been used for in Sunderland and what benefits it had brought. The Committee were informed that the funding ran until 2024/25 and were given the implications and risks to the wider system if there was to be a reduction in the funding going forward.

The Chairman thanked the Officer for their in-depth report and sought comments and questions from the Committee.

Councillor Miller asked if it would be an option to link up with the Beacon of Light and the Men's wellbeing groups and clubs that were held there as a way to start conversations around social drinking and habits? Ms. Parker-Walton advised that they did work with SAFC but she would check to ensure that they were also working with the groups that met in the Beacon. She also advised that they worked with an ex-Sunderland football player who came to recovery events to share his experience and offer support to those men who attended.

Councillor Tobin asked if there were hidden issues, in terms of women and alcohol and drugs abuse, and if it was felt that this could be something that was being missed in the city or if this was another area to add, should the work be extended? Ms. Parker-Walton commented that it could be an issue, especially around alcohol abuse, as sometimes people did not realise that they had a problem. Through the grant they had been able to have co-located posts which could reach into communities, carrying out poverty proofing work in areas of the city that may have high levels of alcohol abuse and they continued to try to reach more areas. The Aspire service was a different way of engaging with residents, and providing a different message to residents and they would continue to try and reach as much of the city as possible.

Councillor Feeley referred to a further Sunderland football player who had been quite open and honest recently about his own struggles with addiction and wondered if this seen an increase in referrals. He also commented on the huge problem of a drinking culture with football games and that this was an area that needed working on.

Councillor Feeley also referred to paragraph 5.5 of the report and working with Northumbria Police and asked if this had created any challenges due to changing members of staff, etc and Ms. Parker-Walton commented that it could be a problem but the Inspector for the City Centre had been a constant figure for quite some time, which had helped work with organisations stay consistent.

Councillor Snowdon commented on the changing drinking habits, nationally, of young people between the ages of 19-25 reducing their level of alcohol consumption and commented that it would be interesting to see how the city sat in relation. Ms. Taylor commented that the health related behaviours survey had shown that there had been a reduction in alcohol use of younger people of secondary school age.

Councillor Walton referred to residential treatment and what the options would be when facing financial pressures in the future and Ms. Parker-Walton advised that

they had aligned £600,000 this year to residential rehabilitation; costing on average £3,000 per week, per patient, but some people needed this provision and moving forward it would be a demand on the budget should the funding grant not continue.

When asked if there was the opportunity to explore regional working together for provision, Ms. Parker-Walton explained that they had explored a North East Residential Rehab Unit but because of the short term funding it was a risk for providers but this was an option that Directors could continue to visit. Ms. Taylor advised that should the grant cease or reduce then they had already started a piece of work to discuss what the offer would look like, prioritising services.

Councillor Donkin referred to a free coffee bike that was going around the city and asked for further information and was advised that this was not something run by Public Health but could be a recovery connection, offering an outreach service, but she could look to find out further detail.

In response to a comment from Councillor Dagg regarding the use of alcohol diaries, as some people did not always realise how much they drank, Ms. Parker-Walton advised that when they ran their communications they worked to make people more aware of the consequences of drink and what a unit of alcohol was. The diary was an online tool where people could put information in themselves and aligns with the AUDIT-C tool, which could then provide advice and interventions in relation to their recorded level of alcohol consumption.

The Chairman referred to the Women's Health Hubs and asked if this service would be available and was informed they were open to attending wherever there was a need to promote their services, and as it was an outreach service they may have already visited.

When asked what was in place for gambling addictions, Ms. Parker-Walton suggested that it may be beneficial to bring a further report to a future meeting of the Committee as there was an NHS Service around gambling with NECA providing services in Sunderland.

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

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

Work Programme 2024/25

The Scrutiny, Members and Mayoral Support Coordinator submitted a report (copy circulated) which briefed members on the development of the Committee's work programme for the municipal year 2024/25 and appended a copy of the programme for Members' consideration.

(for copy report – see original minutes)

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

5. RESOLVED that the report be received and noted.

Notice of Key Decisions

The Scrutiny, Members and Mayoral Support Coordinator submitted a report (copy circulated) which provided Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28-day period from the 13 November 2024.

(for copy report – see original minutes)

The Committee was advised that if Members had any issues to raise or required further detail on any of the items included in the notice, (that were within the purview of the Committee), they should contact Mr Cummings, Scrutiny Officer for initial assistance.

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

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

(Signed) J. USHER,
Chairman.

**IMPLEMENTATION OF THE NATIONAL HEALTH SERVICE (NHS) NATIONAL
STANDARDS FOR HEALTHCARE FOOD AND DRINK**

**REPORT OF THE CHIEF EXECUTIVE – SOUTH TYNESIDE AND SUNDERLAND
NHS FOUNDATION TRUST**

1. PURPOSE OF THE REPORT

- 1.1 To provide the Health and Wellbeing Scrutiny Committee with an overview of the implementation of nutrition and hydration standards within the Foundation Trust.

2. BACKGROUND

- 2.1 In November 2022 the NHS England published NHS National standards for healthcare food and drink. The standards describe the methods by which organisations must ensure high quality food is a priority for patients, staff and visitors and enable a robust monitoring and improvement plan measured against these standards.
- 2.2 There are eight fundamental standards that all NHS organisations are required to meet and these are outlined in the attached report from the Foundation Trust.

3. CURRENT POSITION

- 3.1 The attached report provides a summary of the Trust's current status against the national standards for healthcare food and drink utilising a Red Amber Green (RAG) rating system.
- 3.2 Representatives from South Tyneside and Sunderland NHS Foundation Trust will be in attendance at the meeting to provide the update as well as to answer any questions that Members of the Committee may have.

4 RECOMMENDATION

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

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

SUNDERLAND CITY COUNCIL HEALTH AND WELLBEING SCRUTINY COMMITTEE

JANUARY 2025

Implementation of the National Health Service (NHS) National standards for healthcare food and drink

1.0 Introduction

In November 2022 the NHS England published NHS National standards for healthcare food and drink. The standards describe the methods by which organisations must ensure high quality food is a priority for patients, staff and visitors and enable a robust monitoring and improvement plan measured against these standards. It is important that healthcare organisations view food as medicine and that high quality food is integral to our quality priorities. These standards form part of the legally binding standards within the NHS contract as well as being underpinned by the NHS Long Term Plan.

There are eight fundamental standards that all NHS organisations are required to meet: -

1. Organisations must have a designated Board Director responsible for food (nutrition and safety) and report on compliance with the healthcare food and drink standards at board level as a standing agenda item.
2. Organisations must have a food and drink strategy.
3. Organisations must consider the level of input from a named food service dietician to ensure choices are appropriate.
4. Organisations must nominate a food safety specialist.
5. Organisations must invest in a high calibre workforce, improved staffing and recognise the complex knowledge and skills required by chefs and food service teams in the provision of safe food and drink services.
6. Organisations must be able to demonstrate that they have an established training matrix and a learning and development programme for all staff involved in healthcare food and drink services.
7. Organisations must monitor, manage and actively reduce their food waste from production waste, plate waste and unserved meals.
8. NHS organisations must be able to demonstrate that they have suitable 24/7 food service provision, which is appropriate for their demographic.

The purpose of this paper is to provide a summary of the Trust's current status (Figure 1) against the national standards for healthcare food and drink utilising a Red Amber Green (RAG) rating system.

Improvement actions are being overseen by the Trust Nutrition and Hydration Steering Forum (N&HSF).

RAG Rating Legend

Behind	Work is significantly behind schedule and no progress has been made, and/or Progress has been made but the timescale has not been achieved.
Progress	Progress is being made, progress is good, and the action is likely to be achieved within timescale. Or the action has been completed but evidence is required to demonstrate achievement.
Completed	The action has been completed and there is a record of evidence to support its completion.

2.0 Recommendations

Sunderland City Council Health and Wellbeing Scrutiny Committee is invited to note the progress of South Tyneside and Sunderland NHS Foundation Trust with the implementation of the NHS National standards for healthcare food and drink.

Diane Palmer
Deputy Director of Nursing

Figure 1. National standards for healthcare food and drink; gap analysis

Standard	Summary	What this means in practice	Current Position	Gap in service	Action to bridge gap
1.	Organisations must have a designated board director responsible for food (nutrition safety) and report on compliance with the Healthcare Food and Drink standards at board level as a standing agenda item.	Board-level reporting provides each trust with the assurance that its organisation is complying or working towards complying with these food and drink standards, highlighting associated risks and actions. This establishes engagement, knowledge and safety.	The Executive Director of Nursing, Midwifery and Allied Healthcare Professionals is the Director lead and provides board level reporting via the Patient Safety and Quality Committee articulating current position and an improvement plan.	N/A	N/A
2.	Organisations must have a food and drink strategy.	Each trust must develop its own 'live' strategy for improving nutrition and hydration for patients, staff and visitors.	STSFT current food and drink strategy expires 2024/25. Food and drink improvement plan to be consulted upon and launched in April 2025.	N/A	Consult and develop a new 2025-2030 food and drink improvement plan.
3.	Organisations must ensure they have access to appropriate catering dietetic advice and support.	Each trust must assess how many posts, or what proportion of time spent on food and beverage services, are appropriate in its hospital. These posts should be responsible for overseeing patient, staff and visitor food and drink.	The Trust currently provides dietetic support and advice to the catering service. The Trust has considered the requirement for a 'named food services dietitian' and identified that the current provision should be enhanced, therefore a business case is being developed to increase the		Business case in development.

Standard	Summary	What this means in practice	Current Position	Gap in service	Action to bridge gap
			dietetic team and support to the catering service.		
4.	Organisations must have a nominated food safety specialist.	Trusts must recognise their legal obligations as food business operators and ensure effective compliance with robust food safety procedures at all levels. Trusts are responsible for assuring themselves that their supply chain is safe. Trusts should have a named responsible person.	The Trust is supported by dedicated food safety technicians who report to the Head of Catering. The Head of Catering is a member of the N&HSF and is the named responsible food safety specialist.	N/A	N/A
5.	Organisations must invest in a high calibre workforce and improved staffing and recognise the complex knowledge and skills required by chefs and food service teams in the provision of safe food and drink services.	Trusts must recognise the complexity of delivering healthcare food and drink services and ensure correct levels of staff (back of house, front of house, housekeeping and support staff) as well as remunerating staff accordingly. This standard supports food safety, nutritional safety and overall patient safety, as well as a better working environment contributing to staff wellbeing, morale, and retention.	There are well established development programmes for all catering roles and staff. The Head of Catering also supports the role of food safety specialist. Training is provided to all catering staff including sessions on; International Dysphagia Diet Standardisation Initiative (IDDSI), Food Hygiene and Allergens. All catering staff are involved in Quality Control meetings. There is a robust recruitment and retention plan in line with the NHS long term workforce plan.	N/A	N/A

Standard	Summary	What this means in practice	Current Position	Gap in service	Action to bridge gap
6.	Organisations must be able to show they have an established training matrix and a learning and development programme for all staff involved in healthcare food and drink services.	This standard gives assurance that all staff are practising safely and trained appropriately for their role. This includes 'non-catering' staff who handle food, such as nurses or porters, who require food safety training as well as everyone requiring a level of nutrition training.	Ad-hoc training sessions are delivered to non-catering staff. Basic patient food service training is provided as part of Nurse Preceptorship and the Health Care assistant development programme.	The training plan for the delivery of food safety education to non-catering staff requires updating.	Recommendations to be presented to the Mandatory Training Panel. 31 st December 2024.
7.	Organisations must monitor food waste, manage any waste produced and take action to reduce the food waste produced in their plate waste, production waste and unserved food.	Trusts must recognise that reduction in food waste will support funding for better food services for patients, staff and visitors. They should ensure they understand where and why food waste is produced in their organisation to take steps to significantly reduce this. Organisations will be required to report figures centrally for each type of food waste, and these will be published.	There are established processes for measuring food waste at all sites. Food Waste volumes are reported annually via the National NHS ERIC returns. Arrangements are also in place to ensure any food waste is disposed of through a sustainable process facility.	N/A	N/A
8.	Organisations must have suitable food and drink solutions for all staff over a 24/7 service period.	NHS organisations must be able to show they have suitable 24/7 service provision appropriate for their demographic. This may include, but not limited to, the following options: <ul style="list-style-type: none"> • Retail solution • Auto cafés • Staff break areas 	Currently there is provision on all sites.	N/A	N/A

Standard	Summary	What this means in practice	Current Position	Gap in service	Action to bridge gap
		<ul style="list-style-type: none"> • Hydration stations • Delivery solution • Smart fridges. 			

UPDATE ON LOCAL APPROACH TO REDUCING GAMBLING HARMS IN SUNDERLAND

Report of Executive Director of Health, Housing and Communities

1. Purpose of the report

- 1.1 To provide an update on gambling related harm and the associated work to support the reduction of harm in Sunderland.

2. Background

- 2.1 A public health approach to gambling harms recognises that gambling harms go beyond individuals who gamble and can affect their families, communities and society as a whole. Gambling harms impacts social and health inequalities; with potential to affect anyone but with greater harm where there is increasing vulnerability in terms of mental health, income deprivation, age, gender, race, and ethnicity. Anyone may be vulnerable to gambling harms at some point in their lives.
- 2.2 In 2021, Public Health England (now known as Office of Health Improvement and Disparities (OHID)) carried out a national review of gambling-related harms and found that key harms relate to mental health, finances, relationships, reduced performance at work and, in some cases, criminal behaviour. There is also an association with suicidal ideation and around 5% of suicides in this country are thought to be linked to gambling – that is over 400 people per year.
- 2.3 Online gambling presents a difficult challenge for local policymakers; councils' statutory role in gambling licensing applies to physical premises only. Data from the Gambling Commission suggests levels of online gambling participation for adults was 27% in the most recent quarterly survey (December 2022). However, they reported that in-person gambling had seen a significant increase in that same time period compared with the previous year (28% compared to 25%). Therefore, action relating to physical premises and non-remote gambling is still pertinent.
- 2.4 In recent years there have been growing calls by the public health community, people with lived experience and parliamentarians that a population-level approach is needed to tackle this public health issue. In 2023, the Annual Public Health Report focused on commercial determinants of health – commercial activities that can influence our health both positively and negatively.
- 2.5 There are a number of common tactics used by unhealthy commodity industries globally to ensure that their products remain profitable. These tactics are used to delay and undermine evidence and Public Health policy and are known as the 'Industry Playbook'. It includes lobbying, creating doubt about the science

and undermining of evidence, reframing discussion to a narrow focus on individual choice, undermining critics, marketing aggressively and fostering a positive image through corporate social responsibility. The Great Britain gambling industry was worth £12.7 billion in 2020/21, with 2,442 operators in the market. A report in 2018 estimated that the industry spends approximately £1.5 billion per year on marketing, with 80 percent of this being online.

2.6 Taking action to mitigate some of these industry tactics will help to rebalance their impact. Our priority in public health is to create environments that are health promoting rather than health harming, and to tackle health inequalities.

3. Health Needs Assessment (HNA)¹

3.1 In order to gain the clearest picture of health needs and potential harm amongst residents in Sunderland, Sunderland City Council’s public health team completed a HNA in June 2023. The findings of this HNA in Sunderland were similar to the national evidence, highlighting specific gambling-related harms.

Figure 1: Most common gambling related harms experienced by people in Sunderland

Health harms	Employment and educational harms
Financial harms	Criminal harms
Relationship harms	Inequalities

3.2 In the North East, it is estimated that 4.9% of the population (aged 16+) are at-risk from gambling (experiencing some level of negative consequences due to their gambling); this is the highest regional prevalence of people at-risk from gambling in England. Sunderland-level data is not available for gambling prevalence. However, data provided nationally can be used to calculate estimates.

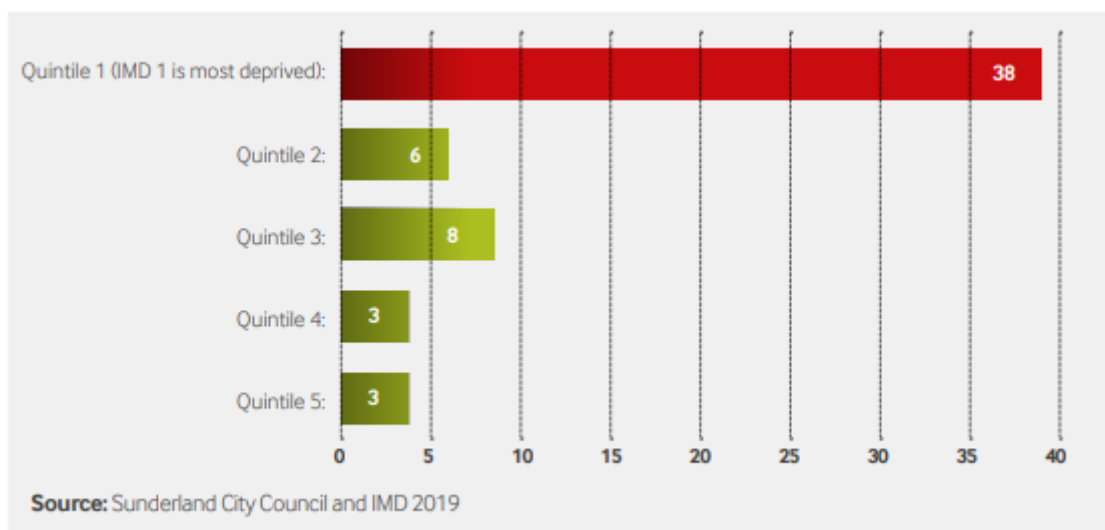
Figure 2: Estimated prevalence of gambling-related harms in Sunderland

Type	Estimated number of individuals – Sunderland
Those experiencing gambling harm ¹	1,130 (aged 16+)
At-risk from gambling	11,083 (aged 16+)
Affected others	19,194 (all ages)

3.3 In Sunderland there is a higher concentration of gambling premises in more deprived areas which can be seen when viewed graphically; 66% of all gambling premises in Sunderland are in the most deprived quintile. This follows a national trend of gambling premises being clustered in areas where people can least afford to gamble. As detailed above, risk from gambling is more prevalent in areas of greater deprivation, representing an inequality.

¹ [Final gambling_HNA_May_2023.pdf](#)

Figure 3: Number of gambling sites in each quintile of deprivation in Sunderland



3.4 Over the past 2 years, the Council has completed a health needs assessment, and local insights work to give a greater understanding of gambling.

3.5 From the HNA, some key recommendations were made split into 3 categories:

Primary (preventing disease or injury before it ever occurs)

- Take action to reframe the discussion around gambling, moving away from discussion of ‘problem gamblers’ and individualisation, to a focus on the industry and its harmful products.
- Take a whole-Council approach to gambling-related harms.
- Establish whether any youth education programmes focused on gambling are currently being delivered in Sunderland, identifying any industry conflicts of interest. Where any such programmes are identified, open discussions with partners regarding how this need could be met through alternative channels.
- Take action to de-normalise gambling in society and change the current culture to prevent further gambling related harm.
- Continue to build relationships with local authorities regionally and nationally to learn from and share good practice in this area.

Secondary (reducing the impact of a disease or injury that has already occurred)

- Support regional work to develop and pilot a screening tool.
- Consider inclusion of gambling-focused questions in local surveys, such as the residents survey and the health-related behaviour survey to improve understanding of local prevalence.
- Ensure gambling is included in health needs assessments focused on other public health topics, particularly where there is an identified link such as alcohol.
- Commission research to develop understanding of stigma and ways of reducing this in local community.

Tertiary (reducing the impact of an ongoing illness or injury that has lasting effects)

- Work with NHS Northern Gambling Service and North East Council on Addictions (NECA) to promote the services, particularly in primary care and other services which may see people who are vulnerable to gambling-related harms.
- Ensure promotion of services includes a focus on the support available for affected others.
- Raise awareness of gambling-related harms and treatment pathways within primary care by providing content for online Clinical Index and training for social prescribing link workers
- Develop and implement referral pathways between NHS Northern Gambling Service and substance misuse services.
- Given the links to suicide and suicidal ideation, ensure pathways are in place between local mental health services and the NHS Northern Gambling Service / NECA.
- Ensure gambling is factored into the local suicide prevention plan

3.6 These actions have formed the basis of a plan to address the harm being caused by gambling at a local level, in Sunderland.

4. Insights Report²

4.1 One of the recommendations from the HNA was to conduct further research to gain more insight into gambling related harm, with a particular focus on stigma and affected others. With this in mind, Sunderland City Council commissioned Urban Foresight to conduct in-depth research into gambling-related harms and associated stigma. Urban Foresight did a combination of desk research, focus groups, interviews, and surveys.

Figure 4: A summary of the findings from insight report looking into gambling related harm and associated stigma

² [Gambling-related harms in Sunderland](#)

- 62** Participants took part in the research, including:
- people with lived experience of gambling
 - people close to them (affected others)
 - gambling support providers
 - gambling operators; and
 - wider support services, such as housing, finance and mental health.



SUNDERLAND
While gambling is popular across the UK, the North East of England has the highest percentage of overall participation in gambling.

The main findings of the report are

-  Gambling risk factors in Sunderland centre around specific settings and behaviours, including access to money and using gambling as a coping mechanism.
-  There are three main gambling-related harms experienced across the city – financial, mental health impacts and effects on relationships.
-  Those participating in gambling experience significant internal stigma.
-  Gambling support services are well-regarded in Sunderland, and there are many committed local organisations.
-  There is low awareness of these support services among their potential users and health and social care professionals.

Based on the research, 12 recommendations were developed across three themes.

Figure 5: 12 recommendations from insight report categorised by theme and priority

No.	Recommendation	Theme	Priority
01/	Signpost available support	Raise awareness	MUST DO
02/	Expand networks	Improve support	MUST DO
03/	Put gambling on the agenda	Raise awareness	MUST DO
04/	Create a local public health campaign	Raise awareness	SHOULD DO
05/	Promote training for NHS staff	Improve support	SHOULD DO
06/	Support and promote education initiatives	Raise awareness	SHOULD DO
07/	Influence national discussions	Improve policy approach	SHOULD DO
08/	Encourage SAFC to support safeguarding initiative	Raise awareness	SHOULD DO
09/	Embed screening questions into local services	Improve support	SHOULD DO
10/	Develop pathways for support and raise awareness among health and social care professionals	Improve support	SHOULD DO
11/	Incorporate learnings into Statement of Principles	Improve policy approach	SHOULD DO
12/	Enforce infringements	Improve policy approach	COULD DO

4.2 These actions have been integrated into the Sunderland Gambling Prevention Network action plan in alongside those from the HNA.

5. Sunderland Gambling Prevention Network

5.1 Recommendations from the HNA and insight report, both suggested the need to strengthen partnerships and create a network of professionals to support the reduction of gambling related harm. In June 2024, the Sunderland Gambling Prevention Network was formed, and the first official meeting took place on the 1st October.

Key partners of the network include:

- Sunderland City Council
- North East Council on Addictions (NECA)
- Office for Health Improvement and Disparities (OHID)
- Department for Work and Pensions (DWP)
- Sunderland University
- Together for Children
- Gentoo
- The Foundation of Light

5.2 The intention is to continue to increase membership to the group from organisations who are well placed to add value. The local action plan will also be managed and reviewed in partnership with this network.

Since its formation, the Sunderland Gambling Prevention Network has:

- Presented public health's approach to gambling related harm across multiple forums.
- Contributed to the review of Sunderland's local gambling Statement of Principles
- Responded to a consultation on the structure, distribution, and governance of the statutory levy on gambling operators.
- Raised awareness of treatment pathways and support services through the GP clinical index and Sunderland City Council's new Social Prescribing platform, Links for Life.
- Introduced gambling specific screening questions into a number of local services.
- Expanded partnerships and contributed to work regionally through the ADPH NE Gambling Network.
- Contributed towards a new Making Every Contact Count (MECC) training module.
- Supported the formation and delivery of a Lived Experience Forum.
- Included Gambling related actions within the Suicide Prevention Action Group (SPAG) action plan.

6. Service Provision

6.1 Some of the main findings from the insight report highlighted that gambling support services are well-regarded in Sunderland but there is a low awareness of these services among potential users and health and social care professionals.

6.2 Services for residents of Sunderland who are experiencing gambling related harm include:

- North East Council on Addictions (NECA) - Provision of support for individuals impacted by gambling-related harms and substance misuse, including affected others.
- NHS Northern Gambling Clinic - Specialised support and therapy for those with more complex needs and experiencing the most severe gambling harm.
- Gamblers Anonymous - Group support following a 12-step programme.

7. Recommendations/Next Steps

7.1 The Health & Wellbeing Scrutiny Committee are recommended to:

- Note the content of this report and endorse the recommendations/ actions from the HNA and Insights report to reduce gambling related harm in Sunderland.

WORK PROGRAMME 2024/25

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

1. Purpose of the Report

- 1.1 The report attaches, for Members' information, the current work programme for the Committee's work during the 2024-25 Council year.
- 1.2 The report also provides an update on a number of potential topics as raised by Members, for the Committee's consideration.

2. Background

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

3. Work Programme Update

- 3.1 The Health and Wellbeing Scrutiny Committee work programme has been developed following consultation with Members, Officers and key stakeholders, and a number of these issues have now been programmed into the Committee's work programme for 2024/25.

4. Recommendations

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

5. Background Papers

- 5.1 Scrutiny Agendas and Minutes

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HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2024-25

REASON FOR INCLUSION		2 JULY 24 D/L:21 JUNE 24	3 SEPTEMBER 24 D/L:23 AUGUST 24	1 OCTOBER 24 D/L: 20 SEPT 24	22 OCTOBER 24 D/L: 11 OCT 23	26 NOVEMBER 24 D/L: 15 NOV 24	7 JANUARY 25 D/L: 20 DEC 24	4 FEBRUARY 25 D/L: 24 JAN 25	4 MARCH 25 D/L: 21 FEB 25	8 APRIL 25 D/L: 28 MAR 25
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business		Challenges of Adult Social Care in Sunderland – Progress Report (A Dingwall) Setting the Work Programme (Nigel Cummings)	NHS Dental Update (Sunderland ICB) Lung Health Check (NHS FT)	NHS Foundation Trust – General Update (NHS FT) ICB Performance Update (Sunderland ICB)	SSAB Annual Report (Graham King) Suicide Prevention Update (Public Health)	Drug and Alcohol Services (Public Health & NHS FT) Women's Health (Public Health and Sunderland ICB) Primary Care Access Update (Sunderland ICB)	Nutrition and Hydration in Hospital (NHS FT) Local Approach to Reducing Gambling Harms – Update (Public Health)	Dementia Friendly City (Graham King) Migrant Health (Sunderland ICB)	Pharmaceutical Needs Assessment (Public Health) Healthy City Plan Refresh (Public Health) Public Health Annual Report (Gerry Taylor)	Diabetes in Children (Sunderland ICB) Annual Report (N Cummings)
Performance / Service Improvement										
Consultation/ Information & Awareness Raising		Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25 Joint OSC Update	Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25	Notice of Key Decisions Work Programme 24-25

Items to be scheduled

Men's Mental Health

NOTICE OF KEY DECISIONS

REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT COORDINATOR

1. PURPOSE OF THE REPORT

- 1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28-day period from 18 December 2024.

2. BACKGROUND INFORMATION

- 2.1 Holding the Executive to account is one of the main functions of Scrutiny. One of the ways that this can be achieved is by considering the forthcoming decisions of the Executive (as outlined in the Notice of Key Decisions) and deciding whether Scrutiny can add value in advance of the decision being made. This does not negate Non-Executive Members ability to call-in a decision after it has been made.
- 2.2 To this end, the most recent version of the Executive's Notice of Key Decisions is included on the agenda of this Committee. The Notice of Key Decisions for the 28-day period from 18 December 2024 is attached marked **Appendix 1**.

3. CURRENT POSITION

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

4. RECOMMENDATION

- 4.1 To consider the Executive's Notice of Key Decisions for the 28-day period from 18 December 2024 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

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

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

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

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
230428/799	To seek approval for Housing Strategy for Sunderland 2023 - 2030	Cabinet	Y	16 January 2025	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240425/896	To seek approval of the Draft Biodiversity Supplementary Planning Document (SPD) for public consultation	Cabinet	Yes	In the period 1 January to 31 March 2025	N	Not applicable	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240724/916	To seek approval for the grant of a new lease of the Empire Theatre	Cabinet	Yes	6 February 2025	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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
240909/928	To approve the collaborative direct award with South Tyneside Council of a services contract and an inter-authority agreement/partnership agreement relating to the delivery of the South Tyneside and Sunderland system urgent and emergency transformation programme.	Cabinet	Yes	16 January 2025	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
240927/935	To review and approve publication of the city's Domestic Abuse and Violence Against Women and Girls Strategy 2024-2034	Cabinet	Y	16 January 2025	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
241018/941	To consider the surrender of lease and grant of a new lease at Bunnyhill Centre, Sunderland and the sale of Connexions, Washington via a long lease	Cabinet	Y	16 January 2025	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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
241122/944	To seek approval to grant new leases of space at Culture House	Cabinet	Y	16 January 2025	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
241124/945	Capital Programme Third Review 2024/2025 (including Treasury Management)	Cabinet	Y	16 January 2025	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
241124/946	Revenue Budget Third Review 2024/2025	Cabinet	Y	16 January 2025	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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241124/947	Council Tax Base 2025/2026	Cabinet	Y	16 January 2025	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
241124/948	Local Council Tax Support Scheme	Cabinet	Y	16 January 2025	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
241124/949	Revenue Budget 2025/2026 Update and Provisional Local Government Finance Settlement	Cabinet	Y	16 January 2025	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
241127/950	Newcastle International Airport – Governance Arrangements and Related Matters	Cabinet	Y	In the period 3 to 28 February 2025	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
241128/951	Playing Pitch Community Asset Transfer Policy	Cabinet	Y	16 January 2025	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
241205/952	To recommend to Council that the proposed changes to polling districts and polling places are agreed	Cabinet	Y	16 January 2025	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
241206/953	To consider Council Housing Rent 2025/2026	Cabinet	Y	6 February 2025	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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

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

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

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

Who will decide;

Councillor Michael Mordey – Leader; Councillor Kelly Chequer – Deputy Leader & Health, Wellbeing and Safer Communities; Councillor Michael Butler – Children’s Services, Child Poverty and Skills; Councillor Beth Jones – Communities, Culture and Tourism; Councillor Alison Smith – Corporate Services and Equalities; Councillor Lindsey Leonard – Environment, Transport and Net Zero, Councillor Kevin Johnston – Housing, Regeneration and Business.

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

Elaine Waugh,
Assistant Director of Law and Governance

18 December 2024