

## HEALTH & WELL-BEING REVIEW COMMITTEE

### AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1)  
on Wednesday, 6<sup>th</sup> December, 2006 at 5.30 p.m.

#### ITEM

1. **Apologies for Absence**
2. **Minutes of the last Meeting of the Committee held on 8<sup>th</sup> November, 2006** (copy herewith). 1
3. **Declarations of Interest (including Whipping Declarations)**
4. **2005/06 Policy Review : Employment & Adults with a Physical Disability** 6  
  
Report of the Director of Development and Regeneration (copy herewith).
5. **Substantial Developments and Variations in NHS Services** 8  
  
Joint report of the Sunderland Teaching Primary Care Trust, Chief Executives of City Hospitals, North East Ambulance Service and Northumberland, Tyne and Wear NHS Trusts (copy herewith).
6. **Springwell Pharmacy** -  
  
Report of the Divisional Director of Estates, City Hospitals (copy to follow).

This information can be made available on request in other languages. If you require this, please telephone 0191 553 7994

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|-----|--|----|
| 7.  | <b>Consultation – Branch Surgery Closure, Springwell Health Centre</b>   | 11 |
|     | Report of the Tyne and Wear Contractors Services Agency (copy herewith).   |    |
| 8.  | <b>Consultation – Branch Surgery Closure, Easington Lane</b>   | 15 |
|     | Report of the Acting Director of Primary Care and Clinical Governance County Durham Primary Care Trust. (copy herewith). |    |
| 9.  | <b>Audit Summary Report : Better Scrutiny</b>  | 18 |
|     | Report of the City Solicitor (copy herewith).  |    |
|     | <b><u>Information Report</u></b>   |    |
| 10. | <b>Reference from Cabinet – CSCI Annual Review of Performance for Adult Services 2006/07</b>                             | 23 |
|     | Report of the Acting Director of Adult Services (copy herewith).   |    |

R.C. RAYNER,  
City Solicitor.

Civic Centre,  
SUNDERLAND.

28<sup>th</sup> November, 2006

**At a meeting of the HEALTH AND WELL-BEING REVIEW COMMITTEE held in the CIVIC CENTRE on WEDNESDAY, 8<sup>TH</sup> NOVEMBER, 2006 at 5.30 p.m.**

**Present:-**

Councillor R. Bainbridge in the Chair

Councillors Blyth, J. Heron, Leadbitter, Paul Maddison, M. Smith, W. Stephenson, S. Watson, A. Wilson and N. Wright.

**Welcome and Introduction**

The Chairman welcomed everyone to the meeting and invited all those present to introduce themselves.

**Apologies for Absence**

Apologies for absence were submitted to the meeting on behalf of Councillors Dixon and Richardson.

**Minutes of the Last Meeting of the Committee held on 11<sup>th</sup> October, 2006**

In relation to page 1 of the minutes Ms. Jane Hedley, Legal Advisor informed the Committee that a report on the Easington Lane Branch Surgery closure was likely to be tabled at the December meeting.

With regard to Councillor Wright's query on Performance Reporting and Adult Education, the Committee were advised that this had been answered in the recently dispatched Members' Bulletin.

Regarding page 3 of the minutes and Councillor Wilson's query on timescales for care tasks, Mr. Graham King, Adult Services advised that activities were allocated in 30 minute slots and the duration was dependent on an individual's care plan. Therefore people with the same required task might have a different time allowance. Mr King also advised the Committee that the Council's resubmitted bid for extra care funding had been unsuccessful.

Referring to page 5 of the minutes, Ms. Hedley advised that dates for the Bunny Hill visit were being canvassed with the Centre for early December. A memo would be circulated to Members shortly.

Councillor Richardson had attended the North East Ambulance Service event and had provided feedback in the Members Bulletin.

1. RESOLVED that the minutes of the last meeting held on 11<sup>th</sup> October, 2006 be confirmed and signed as a correct record.

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

Item 4 - The Development of Primary Care Centres in Sunderland

Councillor Blyth declared a personal interest as his daughter was involved in establishing radiography departments in the new Centres.

Councillor M. Smith declared a personal interest in the report as a family member was employed by the Sunderland Teaching Primary Care Trust (TPCT).

Councillor Watson declared a personal interest in the report as a family member was on the Board of the TPCT.

Item 6 - Reference from Cabinet : Comprehensive Performance Assessment – Value for Money Self Assessment

Councillor M. Smith declared a personal interest in the report as a family member was employed by the TPCT.

Councillor Watson declared a personal interest in the report as a family member was on the Board of the TPCT.

### **The Development of Primary Care Centres in Sunderland**

The Chief Executive of Sunderland Teaching Primary Care Trust submitted a report (copy circulated) to appraise the Committee of progress made to date in the development of Primary Care Centres in Sunderland and in particular the third Primary Care Centre (PCC) at Washington.

(For copy report – see original minutes).

The Chairman invited Mr. David Hall (TPCT) to give his presentation.

Mr. Hall addressed the Committee.

Mr. Hall gave a detailed update on the Outline Business Case (OBC) for the new PCC in Washington which had been considered and approved by the TPCT Board at its meeting on 27<sup>th</sup> September, 2006.

In July 2006 new guidance was published describing how the Government would realise its vision for the future of increasing the proportion of healthcare provided

locally in the community. £750 million capital would be made available over the next five years (£150 million per annum) for the development of community hospitals and services.

The funding model proposed supported the development of a stand alone PCC next to the leisure centre on Council land at the Galleries. The TPCT was working with its local partners in exploring options for the fourth Centre, including consideration of submitting a bid for capital investment from the Community Hospitals Programme.

Several Members of the Committee highlighted the difficulty that many people living in the Hetton and Houghton area would have in accessing the services provided at the PCC in Washington, due to the lack of public transport services available.

Councillor Heron stated that the Coalfields area had the lowest numbers of car ownership in Sunderland. People living in the Hetton and Houghton area had existing difficulty in getting to hospital appointments in Sunderland due to the limited public transport services, this would prove equally true of a facility in Washington.

Mr. Hall advised that the TPCT had undertaken a travel audit in the catchment area, and this had not revealed a lack of private car ownership in the Coalfields.

In response to a comment from Councillor Wright regarding transport issues, Mr. Hall recognised that it was important to keep any changes in public transport links in mind. He advised that people with mobility problems could book patient transport vehicles, although it was acknowledged that as this system was appointment based it would not be suitable for 'walk in' patients.

Councillor Stephenson commented that public transportation within the Washington area itself was very poor, outlying villages in Washington often required the use of two buses to reach the Galleries.

2. RESOLVED that the Committee support proposals set out in the Outline Business Case for Washington Primary Care Centre, note the ongoing work for the fourth PCC and the commitment of the TPCT to keep Members informed of delivery.

### **Corporate Wellness Pilot**

The Director of Community and Cultural Services, the Director of Development and Regeneration and the Deputy Chief Executive submitted a joint report (copy circulated) to highlight positive outcomes from the recent Corporate Wellness Pilot, including lessons learned for developing Wellness and occupational health for employees both within the City Council and for businesses Citywide.

(For copy report – see original minutes).

Dave Rippon, Employee Development Manager, Corporate Services and Hilary Phillips, Support Services Manager, Development and Regeneration addressed the Committee. The presentation highlighted the details of the Wellness pilot that focused on determining what interventions worked to increase physical activity and

awareness of health for an individual and their family. Thirty volunteers were involved from the Development and Regeneration Directorate.

Members commended the initiative and were pleased to see the positive impact the pilot had made on employees' health and well-being.

Members were advised that as part of the pending visit to the Bunny Hill Centre, Councillor participation in the Wellness scheme would be pursued.

3. RESOLVED that the report be received and noted.

### **Reference from Cabinet – Comprehensive Performance Assessment – Value for Money Self Assessment**

The City Treasurer and the City Solicitor submitted a joint report (copy circulated) to provide the Committee with an opportunity to comment on how the Council was seeking to provide value for money for local citizens.

(For copy report – see original minutes).

Alan Catherall, Finance Manager and Graham King presented the report and highlighted relevant areas relating to the Health and Well-Being Review Committee.

Councillor Stephenson requested that a more concise document be produced that is specific to the Committee and which reflects spend versus value for money. Mr King advised that a sibling document to the Cabinet report showing data averages had been produced by Adult Services and he agreed to circulate it for Members information.

Councillor N. Wright commented that Learning Disabilities expenditure for adults was in the lower quartile and asked if financial plans were needed to increase spending. Mr. Graham King, Head of Performance and Development, Adult Services, advised that the Directorate was in the process of setting its budgets and accordingly would need to reflect this growing area within the limits of the resources available.

Councillor Leadbitter queried whether, in view of an increasingly ageing population, there would be a reflection of this in financial plans of the future. Value for Money was achieved by more sharing of facilities and costs. Mr. King informed the Committee that it was the intention of the Council to help people live in their own homes rather than residential care and give quality practical support to help them remain independent thereby reducing the need for more expensive care services. There may however, be short term 'bridging' injections of money.

4. RESOLVED that the report be received and noted that a synopsis be prepared for Cabinet by the Policy and Co-ordination Review Committee.

## **Day Opportunities – Improving Outcomes for Vulnerable Adults**

The Acting Director of Adult Services submitted a report (copy circulated) for information from 8<sup>th</sup> November, 2006 Cabinet.

(For copy report – see original minutes).

Councillor Wright sought clarification as to whether it was acceptable to ask questions on a report for information. The Chairman responded that any item tabled on the agenda was open to discussion.

Councillor Wright queried whether assessments for adult care would continue to be carried out by social workers. Mr. King advised that the provision of social care services would always require a trained and skilled workforce and there were no plans to outsource fieldworkers. Assessments were not carried out for a particular service, an individual was assessed for a particular need.

In response to a query from Councillor Wright regarding the number of people using direct payments, Mr. King advised that there were over 500 service users with varying packages of care. Sunderland does have a significant uptake of direct payments compared to the national average and Mr. King agreed to ascertain what proportion of people were users of direct payments in the City.

Councillor Wright asked what level of services would be provided at the proposed new build Disability Day Care Centre at Nookside. Ms. Debbie Burnicle, Sunderland TPCT confirmed that intensive support would be provided at the Centre for people with more complex needs. Mr. Graham King agreed to find out about the proposed layout and whether it would comprise of one single unit.

5. RESOLVED that the report be received and noted.

At this juncture, Jane Hedley, Legal Advisor notified Members of a seminar due to take place on Thursday, 30<sup>th</sup> November regarding the recent public consultation on the Public Health Information and Intelligence Strategy, Informing Healthier Choices – Better Informed, Better Health.

6. RESOLVED that Councillor W. Stephenson attend the seminar.

The Chairman thanked everyone for their attendance and closed the meeting.

(Signed) R. BAINBRIDGE,  
Chairman.

HEALTH & WELL-BEING REVIEW COMMITTEE

6<sup>TH</sup> DECEMBER, 2006

2005/06 POLICY DEVELOPMENT REVIEW - 'EMPLOYMENT & ADULTS WITH A PHYSICAL DISABILITY' - PROGRESS REPORT

LINK TO WORK PROGRAMME: POLICY DEVELOPMENT & REVIEW

Report of the Director of Development & Regeneration

1. Purpose

- 1.1 To discuss with Michael Nicol, Employment & Training Manager, progress in delivering the Committee's recommendations following the 2005/06 review of employment & adults with a physical disability. This is the first progress report.

2. Background

- 2.1 At its meeting on 7<sup>th</sup> June, 2006 Cabinet approved all five recommendations made by the Committee following its detailed study into:

- What is done and what more could be done to help physically disabled people **into work** ?
- What is done and what more could be done to help physically disabled people **stay in work** and ensure they get the support needed including rehabilitation for the short-term disabled ?
- Can anything be done to reform the **gateway into benefit** to make work a more realistic option ?

- 2.2 Recommendations related to:

- **Marketing:** Every avenue should be explored to market effectively help available to adults with a physical disability. This might include City workplace and employer Ambassadors, a single City telephone advice line and use of case studies/individual stories
- **Continuity:** Organisations should look to work together in as effective a way as possible to ensure each client has a single worker. Confidence levels of clients are often extremely low and require intensive one-to-one discussion to achieve an effective outcome – including in the time immediately after securing employment
- **Commissioning/Partnership:** Statutory organisations should look to use their collective resources to fund economic participation. This includes suitable long-term funding for voluntary organisations working around employment and adults with a physical disability
- **Rehabilitation Services:** Further work should be undertaken to assess how community rehabilitation might be secured/engaged based on the present gap for business and local people
- **Stigma:** The Council and other partners should seek to use their influence to address stigma associated with employment and adults with a physical disability

- 2.3 Appreciating the fast moving agenda in social care and changes to support people on Incapacity Benefit (eg *Pathways to Work*), the Committee suggested progress would best be led by the Economic Prosperity thematic partnership within the Sunderland Partnership.

### **3. Key Headlines and moving forward**

- 3.1 The Committee's review proved timely in helping capture key headlines for improving the employment chances of adults with a physical disability - particularly welcome was direct feedback from local people at the Community Scrutiny Event.
- 3.2 As mentioned in evidence to the Committee, the Council was also involved in leading a pilot over the same period focussing on establishing 'what works' from the practical examples of help, support and assistance available in the City. This report reflects on that pilot too in providing an update.

### **4. Recommendation**

- 4.1 It is recommended that the Committee notes and comments on the first progress report following its review into employment and adults with a physical disability.

#### **Background Papers**

'Community Mental Health: Access & Choice for Working Age Adults', -  
Policy Development Final Report (June, 2006)

P Barrett,  
Director of Development & Regeneration

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HEALTH & WELL-BEING REVIEW COMMITTEE

6<sup>TH</sup> DECEMBER, 2006

SUBSTANTIAL DEVELOPMENTS AND VARIATIONS IN NHS SERVICES –  
MID YEAR UPDATE

LINK TO WORK PROGRAMME: CONSULTATION

Joint report of the Chief Executives of the Sunderland Teaching Primary Care Trust, City Hospitals Foundation Trust, Northumberland, Tyne & Wear Trust, North East Ambulance Services

1. Purpose

- 1.1 To consider an updated list of possible 'substantial developments' and 'substantial variations' identified by local NHS services (Appendix A - **to follow**).

2. Substantial Developments & Variation in Service

- 2.1 The NHS has a duty to consult local overview and scrutiny committees (OSCs) on issues of 'substantial development' and 'substantial variation' in service. No definition of 'substantial' was however provided by Department of Health Regulations or subsequent Guidance. The City Council, working with colleagues across the former Northumberland Tyne and Wear Strategic Health Authority (SHA), has therefore agreed the following definition:

*'The primary focus for identifying whether a change should be considered as substantial is the impact upon patients, carers and the public who use or have the potential to use a service. It is envisaged that an informal discussion about a potential substantial variation or development will precede any submission to the Review Committee.'*

- **Changes in accessibility of service:** - any proposal which involves the change of patient or diagnostic facilities for one or more specialty from the same location (other than to any part of same operational site)
- **Impact of proposal on the wider community and other services:** - including economic impact, transport, regeneration (eg: where re-provision of a hospital could involve a new road or substantial house building, the Review Committee would need to consider how to consider these aspects)
- **Patients affected:** - changes may affect the whole population (such as changes to A&E), or a small group (patients accessing a specialised service). If changes affect a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example renal services)
- **Methods of service delivery:** - altering the way a service is delivered may be a substantial change, for example moving a particular service into community settings rather than being entirely hospital based
- **Issues to be considered as controversial to local people:** - (eg where historically services have been provided in a particular way or at a particular location)

- **Changes in governance:** - which affect NHS bodies' relationships with the public or the Review Committee
- The requirement to consult will not apply if an NHS Trust genuinely believes a decision must be taken immediately because of risk to safety/welfare of patients/ staff (e.g. ward closure due to contagious infection). The Trust will, however, notify the OSC immediately of any decision taken and the reasons why there was no consultation. As good practice the Trust will also say how patients and carers have been kept informed and what alternative arrangements have been made.'

2.2 With a new boundary for the SHA, the passage of time and experience of Trusts and OSCs involved, the definitions - along with the scope for a North East protocol - is being examined. Further information will be provided in due course.

### 3. Considering Substantial Developments & Variations in Service

3.1 When looking at an item, the Review Committee will focus on:

- Whether there has been adequate consultation by the NHS Trust; and/or
- The merits of the Proposal

3.2 Regional scrutiny is also possible and is covered by a protocol included in the Council's Scrutiny Handbook.

3.3 Trusts will provide written clarification on any of the initiatives outlined within 10 working days.

3.4 In looking at Appendix A, the Committee is asked to advise how it wishes to consider proposals being highlighted. Members may:

1. Note the proposals outlined and make no further investigations
2. Request written up-dates to the committee for information
3. Refer the issue:
  - a. To the relevant Patient and Public Forum with the views of the Social Review Committee
  - b. For consideration as part of another item of business already on the committee's Work Programme
  - c. For regional overview and scrutiny
4. Request written updates to enable comments to be made at a later date (with reference to the timetable outlined)
5. Determine that close scrutiny should be undertaken. If this is to take place a report will be brought to the following meeting of the committee with possible Terms of Reference and details of the scrutiny for Member agreement. The review will then be undertaken within the resources of the Review Committee and may consider the views of patients and carers, expert witnesses and assess arrangements elsewhere

3.5 In thinking of its response the Committee is asked to consider the impact of any work on the whole work programme.

#### **4. Recommendation**

4.1 That the Committee considers what approach it wishes to take in relation to substantial developments and variations in service identified by local NHS Trusts.

#### **5. Background Papers**

Health and Social Care Act 2001, Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002

Scrutiny Handbook

K Straughair  
Chief Executive

K Bremner  
Chief Executive

A Hall  
Chief Executive

S Featherstone  
Chief Executive

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**maureen.dale@suntpct.nhs.uk**

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
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**Substantial Development & Variation in Service (Sunderland Definition)  
Report to Health and Well Being Review Committee – December 2006**

Eg TPCT 1	<i>Initiative: Broad Outline thinking back to definition of 'substantial'</i>	<i>Lead Trust and Contact Name</i>	<i>Set out sufficient detail the impact on patients, carers and the public who use or have the potential to use a service</i>	<i>Set out reason for change. Possibly to reflect national guidance, clinical excellence model</i>	<i>Timetable including likely report date to Trust &amp; start date for revised arrangements. 'Window' in which SS&amp;HRC can be expected to comment'</i>	<i>For the Trust to set out work undertaken to advise patients, carers, users of proposals. This may also include clinical support/other related issues, MARGs, etc</i>	<i>Dates when initiative has been presented for discussion to SS&amp;HRC</i>	<i>Provided at this meeting</i>
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**— Key to Abbreviations**

TPCT	Sunderland Teaching Primary Care Trust
NT&W	Northumberland Tyne and Wear NHS Trust
CHS	City Hospitals Sunderland NHS Foundation Trust
PEC	Professional Executive Committee
SHA	Northumberland, Tyne and Wear Strategic Health Authority
NEAS	North East Ambulance Service NHS Trust
SSD	Sunderland Social Services Department
NSF	National Service Framework
MARG	Modernisation and Reform Group
NORSCORE	Northern Specialised Commissioning Core Team

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
04/02	Primary Care Centre (PCC) development	TPCT	Centres providing urgent care, planned care and diagnostic services in localities around the City	Provision of care within the community Linked with developments in Urgent care team and 24/7 team	<u>Grindon Lane</u> in operation since Nov 05 <u>Bunny Hill</u> <u>Washington</u> strategic outline case approved by Board May 06	<u>Washington</u> wide public consultation including Coalfield;	Spring 04; July 04; Sept 04; Oct 04; June 06; Nov 06	<u>Grindon Lane</u> Fully operational <u>Bunny Hill</u> Fully operational from June 2006 <u>Washington</u> outline business case approved Sept 06; awaiting DH decision re potential funding. Subject to planning permission to begin on site Spring 07 and open Spring 08. <u>4<sup>th</sup> site</u> TPCT exploring procurement model, options for location, required services, etc. Timescale to be agreed
04/03	Provision of Out to Hours service	TPCT	TPCT take over provision from October 2004	Part of changes to General Medical Services contract	October 2004		July 04; Sept 04; Nov 04; Nov 05	Change of provision as planned; monitoring ongoing; no further change since June 06
04/04	Suicide prevention strategy	Mental Health MARG	Target high risk groups and promoting mental health within the population	Sunderland suicide rates are higher than regional and national average; national target to reduce annual deaths from suicide by 20% by 2010	5 year strategy 2005 - 2010		July 04; Sept 04; Nov 04	12 Points to a Safer Service actions to reduce number of suicides by people in contact ore recent contact with mental health services being implemented; 56 schools are addressing emotions and feeling within the curriculum, providing a pastoral care support system and implementing a confidentiality policy as

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
3								<p>part of the Healthy Schools Programme award (target by Dec 06 was 55 – all schools by March 2009);</p> <p>currently recruiting 4 Community Development Workers to work with BME population on improving mental health and increasing access to services for the BME communities;</p> <p>single action plan being developed via the LSP to provide / enhance services for people with severe mental health problems to avoid social exclusion – will be discussed at Dec 06 LSP Board;</p> <p>Taking a Stand Campaign (TASC) has developed a speakers bureau to train and support service users to provide media comment on MH problems and discrimination;</p> <p>Launch of DVD at end Nov 06 produced by young people working with the Samaritans re suicide;</p> <p>Audit of progress on the strategy targets underway</p>

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
04/11	Child and Adolescent Mental Health Service (CAMHS)	TPCT, NT&W, SSD, LA	More accessible CAMHS; Improved support for colleagues	Children National Service Framework; Every Child Matters	Multi disciplinary staff appointed; Taking referrals from Jan/Feb 05	Team will consult from Dec 04 to develop plans and protocols	July 04; Sept 04	Providing direct support through 1:1 work with families with children and indirect support via telephone consultation service and support through training of professionals working with young people and children; development of the service has led to earlier identification and greater access for children and young people with MH needs and the facilitation of multi-agency intervention.
04/12	Minor injuries / minor illness	TPCT	Provision of non emergency service in convenient locations for patients	Part of shift of services to community settings	Development minor injuries centre Pallion October 04; facilities to be included in Primary Care Centres according to plans	Commenced July 03; further focus groups Sept 04; ongoing review	July 04; Sept 04	<u>Grindon Lane</u> Now 24/7 for Minor Injuries; 10,000 patient episodes p. m. <u>Bunny Hill</u> Now providing minor injuries service 24/7; incorporates Pallion Health Centre MI service
04/13 inc 04/14 and 04/15	Development of local intensive Support Service for people with learning disabilities who are currently residing both in and out of the City	SSD	People with significant challenging behaviour are residing out of the City or blocking beds in local treatment wards. The impact will be to prevent inappropriate admissions, support people to live locally in suitable accommodation with individual tailored support	Currently no specialist provision locally and is a key objective within 'Valuing People' White Paper	<ul style="list-style-type: none"> <li>Secure funding April 05</li> <li>Operational 2007</li> </ul>	<ul style="list-style-type: none"> <li>LD Partnership Boards (MaRG)</li> <li>LA Cabinet</li> <li>PCT / PEC</li> <li>NTW Board</li> </ul>	July 04; Sept 04	Other sites being considered as well as site previously identified. Research into needs of known population and 'future proofing' now underway. Clinical Project Coordinator appointed and project managing the process.

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
			to enable them to move on as appropriate.					
04/16	Access to needle exchange services for drug users	TPCT	To improve access by providing more access points and / or more suitable opening times	Currently access is only via Community Addiction Team and pharmacists	October 2004  Tender currently out to advert	Via the Drugs Action Team structure which includes providers, commissioners, service users and carers	July 04; Sept 04	A new service has been commissioned to provide, co-ordinate and expand harm reduction and needle exchange provision. The service became operational in April 2005. Contract to provide Harm Reduction services awarded to LifeLine. Part of LifeLine project plan was to secure independent city central premises from which to develop outreach services for needle exchange. Issues continue with finding suitable city centre premises with planning permission to provide health services. The planning department are involved as are land and properties.
04/17	To enable stable drug users to access their own GP for maintenance prescribing	TPCT	This will enable more drug users to be seen by the Specialist Drug Service (CAT) and more quickly as stable patients will move to their own GPs	National target for PCT to provide GP shared care	Sept 04	Via the Drugs Action Team structure which includes providers, commissioners, service users and carers	July 04; Sept 04	CAT will continue to identify patients that can be transferred and the TPCT will continue to engage GPs. However, the current priority is getting more problematic. Drug users in treatment services rather than

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
								shared care and engaging GPs to provide session for any problem drug user. More capacity in prescribing now created and no one waiting. Attention now moving to attracting GPs to take their own stable patients back from CAT / Wearside Prescribing Service.
04/18	Development of integrated continence service	TPCT	Services across primary, acute and specialist care will be integrated, improving access and service delivery for the service user	In line with national guidance		MARG Older People	July 04; Sept 04	The contract for incontinence products (home delivery) has been extended till July 2007. Pursuing alternative options around contracting and funding due to changes with DH policy and local trust reconfigurations. TPCT and CHS participated in the first Healthcare Commission sponsored National Audit of Continence Care (2005) and the repeat audit in 2006 which suggests that infrastructure is in place to deliver improved continence services, but too much emphasis on containment rather than cure. Work ongoing in both trusts to redress some of these issues and

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
								address recommendations.
04/19	Development of Intermediate Care Services in people's own homes	Intermediate Care development Project MARGs SSD	Support, re-enablement and therapeutic intervention will be delivered in people's own homes as well as via Farmborough Court	In line with national guidance		MARG Older people and Intermediate Care Operational Group	July 04; Sept 04	Model of an Independent Living Team is being developed to work with <ul style="list-style-type: none"> <li>Stroke</li> <li>Heart failure</li> <li>COPD</li> <li>Orthopaedics</li> <li>Acquired brain injury</li> <li>Older People's Mental Health</li> </ul> <p>To optimise independence within the home; reduce readmissions; provide much needed rehabilitative intervention within the community. Scoping funding opportunities</p>
04/20	Development of Community Mental Health Teams	MARG OP SSD NT&W	Establishment of two multi disciplinary Community Mental Health Teams to meet the needs of older people with mental health problems	The development of such teams is linked to national guidance as stated in the NSF for Older People and Everybody's Business and the need to review the local reliance placed on the use of hospital based care	April 2007	Consultation undertaken with all key stakeholders including carers and users. Further consultation to take place during the development process	July 04; Sept 04	Local Delivery Plan monies secured. Service Model developed via a Project group and agreed with TPCT who manage LDP monies. Action plan being implemented and all new posts should be in place before April 07

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
04/21	Neuro Rehab service improvements	Northgate and Prudhoe NHS Trust	Replace Hunters Moor services with new build at Walkergate; Sunderland 5-10% usage of whole service	Hunters Moor out of date; Opportunity to remodel services across patch	Tenders considered – under discussion Operational during 2007 – 08 The Neurosciences review will not now take place until July 2006.	Consultation with residents carers to date	July 04; Sept 04	Building on the Walkergate Centre will be complete around the end of January 07 with services moving in during February / March; Review group (inc service user) established following review in July to consider existing provision and plan for the future. Commissioning Strategy will be produced to cover the next 5 years; work so far will be presented to the Northern Specialised Commissioning Group
04/22	Burn Care	NORSC ORE	National standards of care developed and assessment of current providers to organise into networks of Centres, Units and Facilities Likely configuration of Newcastle as Centre for adult care, Manchester as Centre for children	National Burn Care Group implementing recommendations of National Review of Burn Care, reported in March 2001.	Finalising recommendations late Feb 2005; Implementation 2006/2007	Patients part of teams visiting current providers; Stakeholder workshop took place on 16 <sup>th</sup> May	Sept 04	Independent assessment of main centres at Liverpool, Manchester, Wakefield and Newcastle concluded overall quality of service provision was good but could be improved further. Two workshops held in Nov to establish network which will address national burns standards and implementation issues and ensure that any changes will be locally driven. This proposal will be considered by the National Burn Care Group for approval.

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
04/23	Dental Contract Framework	TPCT		National initiative		<p><u>Dental OOH</u> review to be completed in Summer 06</p> <p><u>Community Dental Service</u> changes will be implemented by Oct 06</p>	<p>Sept 04; Mar 05; Oct 05; Mar 06</p>	<p><u>Dental OOH</u> Delivered at Grindon Lane since Nov 05; annual review completed; well used; reviewing workforce requirements</p> <p><u>Community Dental Service</u> TPCT endorsed transfer of service to PCT Dental Service established with specification and Service Level Agreement as internal provider with at arms length; patient charges collected from Oct 06; monitoring activity Progressing plans to provide improved facilities, e.g. using Grindon Lane fully during the day and tapering services at Silksworth. Facilities at MWM HC to be upgraded during 2007/08</p> <p><u>Main General Dental Services</u> Contracts running for 6 months; reviews indicate that practices are providing services to standard; report to TOCT Board end of year. New computer systems rolled out (including Community Dental</p>

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
								Service) to record clinical and business info; can produce reports to monitor contracts, connect to NHS Networks; digital X-ray being explored; commits practices to 5 years NHS work; first place in country to achieve this. <u>Oral Health Needs Analysis</u> underway Sunderland has bid against £100m DH fund to fund improvements in dentistry across South of Tyne
04/24	Pharmacy Contract Framework	TPCT	Community pharmacists will work under new contractual framework to provide essential services. There is an opportunity to provide advanced services depending on their skills. The TPCT will commission enhanced services based on health needs. (Similar process to recent GP contract revision)	National Directive	April 2005	Awaiting national guidance on implementation.	Sept 04	First round of monitoring visits undertaken by 30 <sup>th</sup> September 2006, discussions ongoing regarding 07-08 monitoring requirements
04/25	Choose and Book	TPCT CHS	The process of referring will continue to change during 2006. In addition to patients being provided a choice of 4 providers from June 06 patients will	Update	Timescale by December 06	Programme for stakeholder involvement across health community under	Sept 04; Sept 05	Sunderland Health community progressing well with Choose and Book, consistently performing well within SHA. 49 GP practices out

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
			now be provided with an opportunity to choice of appointment dates and times for general surgery initially with all other specialities to follow.			development  City-wide programme management in place		of 54 now utilising Choose and Book.
04/26	National Programme for Information Technology (NPfIT) being delivered by Connecting for Health	TPCT	Development of national modern, integrated IT infrastructure and systems for the NHS	National initiative Supports NHS Care Records Service; Choose and Book; Electronic Transmission of Prescriptions; Picture Archiving and Communications Systems; Quality Management and Analysis Systems	Complete by 2010	Stakeholder involvement according to individual project plans	Sept 04	Local developments according to national progress
05/02	Expansion of intermediate care drug treatment services in the community for non criminal justice clients	TPCT	Better access for patients	To provide more comprehensive treatment services as per National guidelines	2005/06	Via the strategic vision for a modern adult drug treatment service for drug users in Sunderland; Drugs Action Team structure which includes commissioners, providers, service users and carers; workshops for stakeholders; PEC		Five GPs providing prescribing sessions from Nov 05. Two agencies who provide support workers have agreed to enter a partnership arrangement with the TPCT until the longer term arrangements are sorted.  Model of care agreed and will now incorporate alcohol as well as drugs. Service will be tendered during 06/07.  Further work taking place with NTW to ensure

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
								complex patients are with CAT and less complex with the Intermediate Service and resources will follow any transfer of clients. The mood is being reviewed in light of NTW changes. Aim to tender 2007.
05/04	Accessibility Planning – Local Transport Plans	LA Nexus	Equitable access to services and reduce health inequalities	Second round of Local Transport Plans must incorporate an accessibility strategy developed with key partners	Local Transport Plan submitted by Local Transport Authority by July 05	SHA wide workshop of key partners 130505 Local consultation will be developed by planning group		Results of baseline accessibility audit used to inform health developments in the City; variety of transport methods reviewed for health benefits as well as ease of access; Accessibility Planning Group not yet in place – current issues dealt with at Tackling Social Exclusion through Transport group.
05/05	Mental Health Service Review conducted across SHA	North of Tyne Consortium	Review adult Mental Health services across the SHA to form a shared strategic vision and outline future models of service	Part of SHA review process		Consultation carried out across SHA closing 12 <sup>th</sup> Sept 2005; local consultation on publication of SHA report		Following the closure of the discussion period, North of Tyne Commissioning Consortium held sounding board with NIMHE and the resulting report has been circulated to PCT Mental Health leads for development.
05/06	Orthodontic Provision	CHS	To work jointly with PCT colleagues to look at the	Currently operating a single handed	2005/06	CHS; TPCT; PEC; Children's		Report of patch wide review of orthodontics

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
			future viability of Orthodontic services.	consultant service which because of sickness has seen a temporary suspension of all new referrals into the Orthodontic service.		Partnership Board		taken to Boards of Acute and Primary Care Trusts over the Summer. General recommendations and way forward agreed in principle. Detailed work needed around implementation of proposed future new ways of working.
06/01	Practice based commissioning	TPCT	GPs will receive indicative budgets. Option to work within cluster group arrangements ie like minded practices working together arranged by the GPs themselves. Future impact on service redesign.	National directive	Universal coverage by end Dec 06 with clear transparent governance arrangements agreed between TPCT and all GPs	Open event for GPs and practice managers; local visits to cluster groups; Steering Group being developed with GP representation from each cluster group		Submission of 5 practice cluster plans received, these will be assessed and agreed by TPCT by end Sept 2006. Two outstanding plans expected by end of October 2006. Still on target for universal coverage Dec
06/02	Review of branch surgeries	TPCT	To meet national guidance on minimum standards for branch surgeries	National guidance	No national target	Specific to each practice	Mar 06	Ongoing
06/03	Optometry	TPCT	Review of General Optometric Services	National directive	Awaiting timetable from DH	Review of provision of optometric services, including local input from optometrists, due to report end 2006		Review ongoing; Health Act has clarified legal status; awaiting DH directives re PCT responsibilities and timescales
06/04	ME / CFS service development	CHS / TPCT	Development of new local service for patients with	Funding secured from national bid by South of		Stakeholder event for		South of Tyne CFS/ME service has been

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
			ME / CFS; team formed from existing clinicians and newly recruited clinical staff.	Tyne consortium.		professionals and patients / carers June 06; Steering group has service user representation		operational since Nov 2005; team consists of Physio – 5 sessions; OT – 5 sessions; Physician time – 1 sess; Psychol – 4 sessions Recruitment underway for specialist nurse, admin support and replacement psychologist for above. Runs MDT assessment clinic at MWM Hosp weekly; self-management treatment programme runs weekly; developing training materials for GPs and primary care staff.
06/05	Our Health Our Care Our Say	TPCT / LA	<ul style="list-style-type: none"> <li>- change the way these services are provided in communities and make them as flexible as possible</li> <li>- provide a more personal service that is tailored to the specific health or social care needs of individuals</li> <li>- give patients and service users more control over the treatment they receive</li> <li>- work with health and social care professionals and services to get the most appropriate treatment or care for their needs.</li> </ul>	National directive		Govt conducted national listening exercise before writing OHOCOS; Partnership working with all stakeholders explicit throughout	Feb 06	Adult service report going to November Cabinet. Also see 04/02 re developments

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
06/06	Access to Drug/ Alcohol services via the creation of an Initial Assessment Team	TPCT	To improve access and ensure clients are assessed, signposted and treated by the most appropriate service, including brief interventions immediately following assessment.	Some services have received inappropriate referrals which have led to client waits, when brief intervention/ signposting at an earlier stage way have been sufficient.	2006	<ul style="list-style-type: none"> <li>Multi Agency Chief Officer Group</li> <li>Joint Commissioning Management Group (Drugs) – includes user/ carer representation</li> <li>User groups</li> <li>Alcohol Action Group</li> </ul>		Service is functioning well and pilot extended until Approved Preferred provider scheme put in place.
06/07	Tendering of PCT a PCT managed practice (Encompass)	TPCT	To secure primary care services with an independent contractor  Proposed change of provider	<ul style="list-style-type: none"> <li>DH policy</li> <li>PCT issues re role of commissioner and provider of the service being one and the same</li> <li>Current GP's request to become independent</li> </ul>	April 2007	<ul style="list-style-type: none"> <li>PPF</li> <li>Practice patient forum</li> <li>LMC</li> <li>OSC</li> </ul>		Delayed process due to advice following the outcome of the judicial review of NE Derbyshire; consultation underway to complete 050107; scheduled for Jan 07 TPCT Board meeting
06/08	Providers of Prescribing services for problematic substance users may change as a result of a tender process for prescribing services	TPCT	To provide a more seamless journey for the user in relation to substitute prescribing	Current services provided by separate organisations which increases the potential or transferring client between services and the risk of dropping out and clients accessing inappropriate levels of support. Also increases cost by replicating structure	Late 2007	Joint Commissioning Management Group (Drugs) – includes user / carer representation		Current arrangements are described in 04/17 and 05/02

Ref No.	Possible Change	Lead	Impact	Reason for Change	Timescale for Change	Consultation	Previous HWBRC agenda	Update
06/09	Answers Health Information Service from general population service to a Young People's Centre	TPCT	Improved access of general population to health information through the development of a network with outlets across the City; development of a Young People's Centre providing information, sexual health services and smoking cessation service	NSF for Children; Youth Matters; Answers currently used by young people for information and sexual health services; Previously access to health information by adults from outside the City Centre has been poor.	2007	User involvement to inform change, including Council's Call Centre; future plans include PPIF, public who currently access Answers and other Health Development Unit activities		

**SPRINGWELL COMMUNITY PHARMACY**

**LINK TO WORK PROGRAMME: CONSULTATION**

**Report of the Divisional Director of Estates & Facilities,  
City Hospitals Sunderland**

**1. Purpose**

- 1.1 To seek comments, as the local health OSC, on proposals for Springwell Community Pharmacy.

**2. Background**

- 2.1 Springwell Community Pharmacy is an anomaly in the NHS. In the early 1950's, the new Welfare State built health centres incorporating dispensaries. These transferred from Councils to the NHS in 1974. At the time, Springwell was one of about 15 nationally.
- 2.2 Over the years, improving public health, pharmacy provision elsewhere, difficulties in retaining staff - who can earn more elsewhere - and a focussing on 'core NHS business', means only two Community Pharmacies remain in England. One is in Gloucester, the other is at Springwell. Additionally, in 1993, NHS Trusts were prohibited from applying for Dispensing Contracts. This has had a significant impact on profitability. An Order from the then Secretary of State, allowed the continued operation of Springwell but not for income generation.
- 2.3 With these issues in mind a review was carried out in 1997. This looked at: selling-off the pharmacy, doing nothing or upgrading premises. The review concluded action was necessary and refocusing activity to provide a state-of-the art primary care research site, potentially in partnership with the University of Sunderland, was supported. However due to other competing requirements, only facilities were updated. Pressures remained, however, and in recent years the numbers of pharmacists has been reduced to 1.2 wte in line with commercial pharmacies to improve profitability.

**3. Competitive Environment**

- 3.1 The trading account for the pharmacy has shown a continued deficit - due in part to competition from elsewhere. Other environmental factors have also added to pressure, including.
- VAT - The Trust is in dispute with HM Customs and Excise because, as an NHS organisation, it is not able to claim back VAT on input costs
  - Maintaining staffing. *Agenda for Change* has impacted on the wage bill. Market forces also means that salaries for this type of Pharmacist are high

- A GP practice has closed their satellite surgery leading to a reduction in the numbers of available prescriptions (Alderman Jack Cohen - discussed at 15<sup>th</sup> March, 2006 meeting of the Committee). See also agenda item 7. to this agenda
- New Chemist contractors are potentially competing for the same business. To maintain income significant time, management attention and resources needs to be diverted to Springwell that isn't budgeted for and would need to be taken from other funded priorities

#### **4. 2006 Proposals**

- 4.1 The three basic options outlined in 1997 still exist, but in view of added environmental factors, it is now considered that the Trust should seek a buyer for Springwell. There is no intention to stop services, but simply to pass on provision to a private contractor who can grow the business without some of the limitations imposed on City Hospitals. This option also has the advantage of providing a one-off capital receipt.
- 4.2 The Trust fully appreciates the dedication and skill of staff working at Springwell. With this in mind, staff will be amalgamated into core CHS pharmacy activity. This also has the potential of making for a more profitable sale given that a new operator will not be asked to become involved in TUPE or other staffing issues.

#### **5. Recommendation**

- 5.1 The Committee is asked to comment on the proposed sale of Springwell Pharmacy.

#### **Background Papers**

Agenda & Minutes, 15<sup>th</sup> March, 2006

G Hood  
Divisional Director of Estates & Facilities

# HEALTH & WELL-BEING REVIEW COMMITTEE

6<sup>TH</sup> DECEMBER, 2006

## BRANCH SURGERY CLOSURE - SPRINGWELL HEALTH CENTRE

### LINK TO WORK PROGRAMME: CONSULTATION

#### Report of the Acting General Manager of Tyne & Wear Contractor Services Agency

#### 1. Purpose of Report

- 1.1. To consider, as the Council's health OSC, whether the Committee wishes to comment on an application to the Tyne & Wear Contractor Services Agency (TWCSA) to close a branch surgery at Springwell Medical Centre.

#### 2. Process

- 2.1 Drs Bhate and El-Shankery currently operate from two premises shown below. The Practice has made an application to the TWSCA to close the branch surgery at Springwell Medical Centre. This is as a variation of its contract with Sunderland Teaching Primary Care Trust:

Main Surgery Premises	Branch Surgery Premises
Hendon Health Centre Meaburn Terrace Hendon Sunderland SR1 2LR	Springwell Medical Centre Springwell Road Sunderland SR3 4HG
Distance between two sites: 3.5 miles	

- 2.2 Opening times at both surgeries are as follows:

Hendon - Main surgery hours		Springwell- Branch surgery hours	
Day	Times	Day	Times
Monday	8:00 - 18:00	Monday	15:00 - 17:30
Tuesday	8:00 - 18:00	Tuesday	Closed
Wednesday	8:00 - 18:00	Wednesday	12:00 - 13:00
Thursday	8:00 - 13:00	Thursday	Closed
Friday	8:00 - 18:00	Friday	15:00 - 17:30
Saturday	Closed	Saturday	Closed
Sunday	Closed	Sunday	Closed

- 2.3 The TWCSA was established in April 1997 and is part of the National Health Service. Its role in the process is to undertake a local consultation and to collate views received. These will be forwarded to Sunderland TPCT who are responsible for considering the request for closure. The TWCSA covers patients and contractors within Gateshead, Newcastle upon Tyne, North Tyneside, South Tyneside and Sunderland; serving a population of 1.3 million people, over 1,700 practitioners and contractors providing primary care.

### **3. Application**

- 3.1 The TWCSA are advised that the Practice's application is based around the fact that access and service levels do not meet the minimum criteria set out in the guidance issued by the Department of Health in relation to operating a branch surgery. The TWCSA are advised that the Practice do have the resources to increase access and service provision to meet the minimum criteria, but it is their intention to apply to the TPCT to close the Branch Surgery and consolidate access and services at the main site.

### **4. Patient list information and branch surgery attendance indicators**

- 4.1 A patient distribution map to illustrates dispersal of the Practice population is shown at Appendix A.
- 4.2 The following factors may also be of interest in Member considerations:
- The Practice's list size is 3,550 of which:
    - 2,910 are aged under 65 years of age
    - 346 are aged between 65-74 years of age
    - 294 are aged over 75 years of age
  - During the quarter ended September 2006, a total of 67 new patients joined the Practice and a total of 60 patients left the Practice
  - There are currently 2 whole time equivalent GPs
  - On an average week, there are 426 booked appointments with Doctors and Nurses at the main surgery at Hendon
  - On an average week, there are approximately 30 booked appointments at the Springwell branch surgery
  - The average list size per GP in Sunderland is 1,777 (as at 1<sup>st</sup> October 2006), so the Practice presently has about an average list
  - No staff will loose their jobs and no financial savings are being sought as staff transfer to the main site
- 4.3 Of a Practice list of 3,550, c1,000 patients regularly attend the branch surgery at Springwell Road to see a GP or obtain prescriptions.
- 4.4 The following information has not been supplied by the Practice that has been provided in previous applications considered by the Committee:
- The date the branch surgery opened
  - Supporting information about public transport links to the main surgery - although access is a key issue the TPCT will need to consider in determining the application

### **5. Proposed patient arrangements**

- 5.1 The Practice has no plans to remove any patients from its list and all patients will be asked to continue to attend the main surgery if they wish.
- 5.2 For those patients who may not wish to attend the main surgery premises the TPCT has asked the TWCSA to consult with other local Practices to establish whether they would be willing to accept patients as a result of this change. It is also worth noting that there are three other Practices based at Springwell

Health Centre and these are also being asked their views about the proposed changes. The TPCT will take the views of other Practices into account when it makes its determination on the application.

- 5.3 It is also worth noting there are three other Practices based at Springwell Health Centre and these are also being asked their views about the proposed changes. The TPCT will take the views of other Practices into account when it makes its determination on the application. As at 21<sup>st</sup> November 2006, Dr Weaver & Partners, Durham Road, Sunderland have confirmed they would be willing to accept patients as a result of this change. Responses from the other practices are awaited.

## **6 Consultation**

- 6.1 The Practice is in the process of commencing its consultation process, the outcome of which will be taken into account by the TPCT when it makes its determination on the proposal.

- 6.2 TWCSA has commenced consultation with:

- The Local Medical Committee
- The Local Pharmaceutical Committee
- The Patient & Public Involvement Forum

Any comments received from these organisations will be taken into account by the TPCT in considering the Practice's application.

## **7. Timeframe**

- 7.1 Comments are requested by the TWCSA by 14<sup>th</sup> December 2006 and all feedback will be provided to the TPCT to support its decision.

## **8. Recommendation**

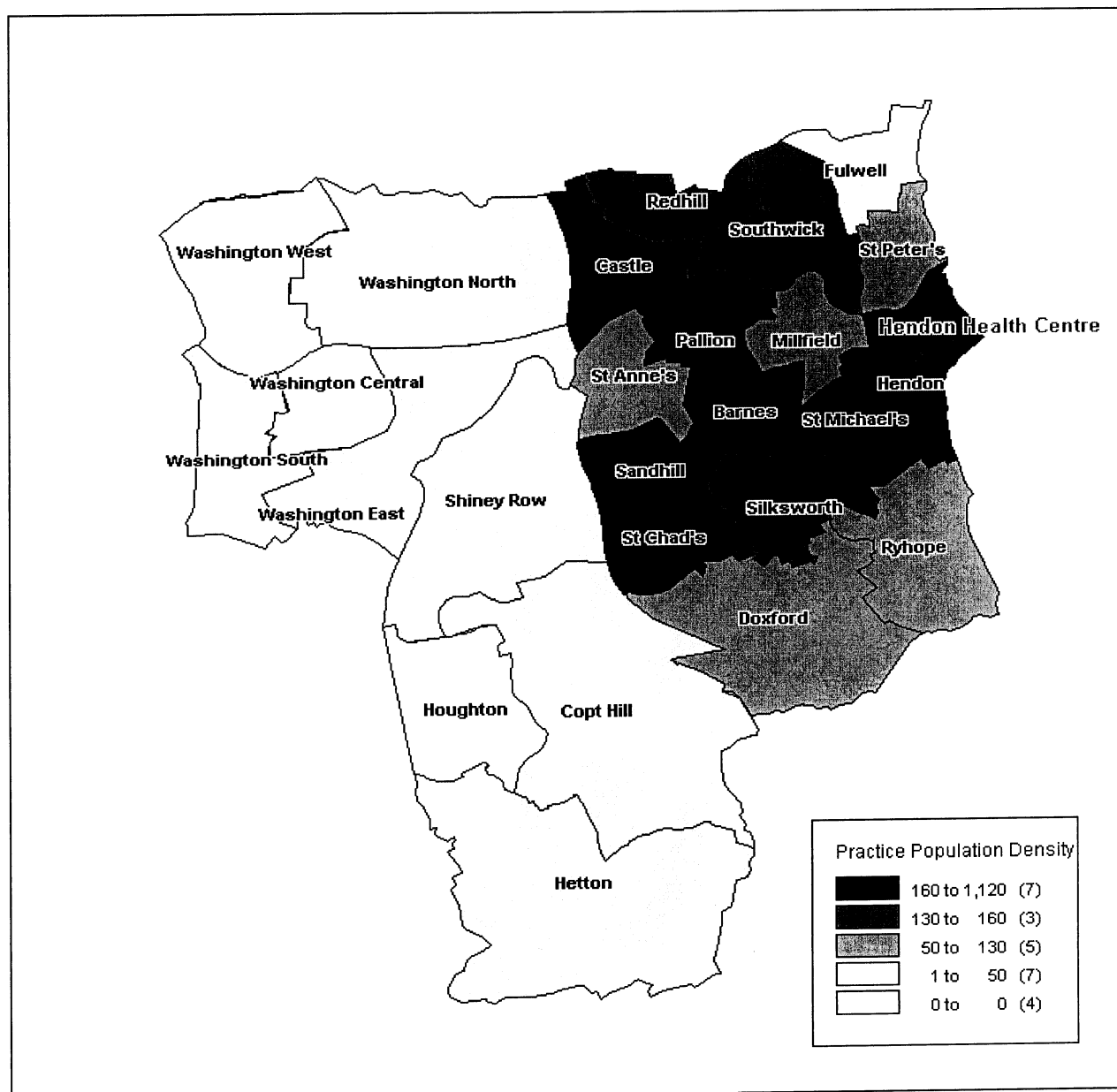
- 8.1 The Review Committee is asked if it wishes to make any comment to Sunderland TPCT on proposals to vary a contract that would see the closure of a branch surgery at Springwell Health Centre.

### **Background Papers**

None

C Briggs,  
Acting General Manager

# Dr's Bhate and El-Shakankery Patient Distribution Map



**HEALTH & WELL-BEING REVIEW COMMITTEE**

**6<sup>TH</sup> DECEMBER, 2006**

**BRANCH SURGERY CLOSURE - HIGH STREET, EASINGTON LANE**

**LINK TO WORK PROGRAMME: CONSULTATION**

**Report of the Acting Director of Primary Care & Clinical Governance**

**1. Purpose**

- 1.1 To consider further information requested by Members on an application to close a branch surgery at Easington Lane.

**2. Background**

- 2.1 At its meeting on 13<sup>th</sup> September, 2006 the Committee was asked if it wished to comment on an application to close a branch surgery at 14b High Street, Easington Lane. The application had been made to the then Easington Primary Care Trust given the Practice's main surgery was located at South Hetton, County Durham. Easington PCT is now part of County Durham PCT.

**3. Application for Closure**

- 3.1 The principal reason for closure put forward by the Practice was that the branch was housed in leased accommodation that had been put up for sale by the landlord. The Practice did not wish to buy the property as it was too small to accommodate the full range of expected services and to meet modern practice standards. By the time of the proposed closure, patients remaining on the panel would also have access to significantly improved facilities at the main site in South Hetton. There were also issues of continuous care at the branch surgery from which District and other Nurses, midwives, pharmacy advisers and other professionals allied to medicine did not operate. In essence if the branch closed, the Practice would be able to make better use of both its clinical & administrative resources to consolidate and improve patient care at the main site - and indeed - to manage its patient list more effectively than was at present possible.
- 3.2 The Easington area had already been identified as an under-doctored area and the Trust was pursuing recruitment initiatives to redress the general shortfall - thereby ensuring maximum possible access into primary care. The branch surgery had proved to be a deterrent to attracting GPs who expected to be working from modern premises and up to date facilities.
- 3.3 Since the September report, the Practice has been served with a notice to quit.

**4. September Committee Feedback**

- 4.1 The Committee understood the reasons for an application from the Practice, but requested further information on two areas - transport & consultation. These have been pursued by the PCT and feedback is given below.

## 4.2 a) Transport:

- 4.2.1 It is recognised that some patients would now likely have to travel to the main surgery - or alternative GPs that were available. This might be difficult without access to a private car. Travel to South Hetton would also mean a journey outside Tyne & Wear and the Committee enquired in September if *U-Call* (now *Link-Up*) could operate on this route. Patients had already raised concerns regarding transport links and the PCT has examined with Nexus the possibility of extending the availability of local demand-responsive transport. It is recognised there are particular issues for older people in this change and those with a disability - particularly if living alone.
- 4.2.2 Nexus has been contacted both by Officers of the City Council and the PCT. Nexus appears to be open to extending Link-Up services, but additional funding would have to be found for which there is no identified budget within the PCT. An evening service operated cross-boundary supported by Durham County Council, but this is likely to be of very limited use (if any) to patients accessing the main surgery.

## 4.3 b) Consultation:

- 4.3.1 The Committee also enquired (given its statutory overview of patient and carer consultation), what feedback there had been from patients. Two major concerns had been highlighted - primarily people felt they were losing a service and secondly there were concerns about transport. In the light of opportunities for fuller consultation, the Trust has sent another letter to all patients informing them of the application and inviting them to discuss the issue. Earlier opportunities to comment/meet staff had not been as well received as had been hoped and the Trust was keen - like Members - to understand what local opinion had to say given it would need to make a decision on possible closure based on as fuller picture as possible.
- 4.3.2 As a result of the Committee's request, a letter was sent - written in a more informal style - providing a dedicated contact officer. In total, thirty four patients responded. All were concerned about the poor transport links and the cost of travelling cross-border into County Durham. Some respondents were concerned and upset about the loss of a valuable service and all expressed a wish to remain with their present GP. This remains possible if the patient visits the main surgery.
- 4.3.3 In response to comments made, the Trust has sent details of the local Social Car Scheme to all respondents. The scheme is available to all patients registered with a GP in Easington provided they meet the registration criteria. The scheme costs 50p per mile making the return journey from Easington Lane to South Hetton c£2 - easily compatible with a bus fare.
- 4.3.4 In addition, the Trust corresponded with the Councillor for South Hetton and with the local MP - who had been in consultation with residents of South Hetton regarding bus services.

## **5. Conclusions**

- 5.1 The PCT has undertaken the additional activity requested by the Committee. Given the information presented and issues set out in the earlier report, Members are asked if they wish to make any comment on a proposal to close a branch surgery at Easington Lane with effect from 31<sup>st</sup> December, 2006.
- 5.2 The Committee's comments will be considered along with a range of other views received including from the Local Medical Committee, Patient & Public Involvement Forum and Local Pharmaceutical Committee.

## **6. Recommendation**

- 6.1 The Review Committee is asked if it wishes to make any comment to County Durham PCT on a proposal to close the GP branch surgery at 14b High Street, Easington Lane, Sunderland with effect from 31<sup>st</sup> December, 2006.

### **Background Papers**

Agenda & Minutes, Health & Well-Being Review Committee 13<sup>th</sup> September, 2006

S Grogan,  
Acting Director of Primary Care & Clinical Governance

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**Contact Officer:** Liz Allan (0191 587 4800)  
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HEALTH & WELL-BEING REVIEW COMMITTEE

6<sup>TH</sup> DECEMBER 2006

AUDIT SUMMARY REPORT: BETTER SCRUTINY

LINK TO WORK PROGRAMME: MONITORING & EVALUATION

Report of the City Solicitor

**1. Purpose of Report**

- 1.1 To provide the Committee with a report following a workshop facilitated by the Audit Commission for Members involved in Review Committees. The report includes an action plan to take forward the issues arising from the workshop.

**2. Background**

- 2.1 In 2004 Audit Commission carried a review of the Council's scrutiny function. On 10<sup>th</sup> November 2006, this was followed up with a one-day workshop to which all Council members were invited.
- 2.2 The objectives of the workshop were to critically examine the scrutiny function and to promote a better understanding of the scrutiny role in terms of its contribution to both service improvement and performance management.

**3. Approach to the Workshop**

- 3.1 The content of the workshop was based on:
- How the Review Committees currently function
  - Key documents, especially the Council's Overview and Scrutiny Handbook and minutes/agendas
  - Best practice observed elsewhere
- 3.2 The workshop was structured around four interactive exercises:
- Expectations of scrutiny - relative roles of officers and members, and desirable behaviours at scrutiny meetings
  - Purpose of scrutiny - content and management of agendas
  - Constructive challenge through scrutiny
  - Identifying actions that will lead to building on what has already been achieved and providing better scrutiny meetings

**4. Main Outcomes**

**4.1 Expectations of scrutiny**

Expectations of officers attending Review Committees. Participants identified the need for:

- Clear, unambiguous reports - written and verbal, in plain English and jargon free. Oral reports should be made on the assumption

that the report has been read and therefore there is no need to repeat it

- A culture of openness - reports should include all key information relevant to ensure good understanding and not just present a partial picture
- Availability of the appropriate person - those attending should be sufficiently senior but able to answer detailed questions
- The importance of not patronising members

Expectations of members at Review Committee. Participants identified the need for:

- Constructive challenge on reports
- Respect and politeness to be shown to presenters
- The ability to voice public concerns; and
- Reports to have been read before meetings

Following a self-assessment exercise, participants generally felt they were being challenging and adding value through their Review Committee work, but that there was scope to improve the clarity of officer reports and quality of questioning.

Members also identified the potential to promote more vigorously the role and impact of scrutiny work, e.g. through Council media releases.

#### 4.2 Purpose of scrutiny

Participants considered the purpose of scrutiny as set down in the Council's Handbook and Audit Commission Corporate Assessment Key Lines of Enquiry. They were invited to review recent committee agendas and assess how well they were meeting these requirements.

Members identified a number of positive examples of scrutiny exercises, in particular the review of the Port Regeneration Initiative, which they thought had provided an early opportunity for public consultation, going beyond the statutory requirements, demonstrated Members' commitment to addressing public concerns and contributed to improved value for money. Where Review Committees had undertaken more detailed reviews, they thought that these had worked well and that committees should undertake more of this type of activity.

Cabinet member attendance was welcomed but Members thought that if there were a large number of referrals from Cabinet at meetings this could impact on the time available to carry out their own detailed work.

Members also identified that sometimes the list of agenda items was too long and it wasn't always clear why some items were there. Facilitators expressed the view that most scrutiny meetings worked better with short agendas, when the purpose of each agenda item was clearly defined, and when similar types of item were grouped together.

Members were invited to reconsider the role of briefings in scrutiny agendas and it was noted that some recent briefings e.g. on 2012 Olympics was of general interest and could usefully have been separated from the main business of the scrutiny committee, and publicised to a wider audience in terms of members, Council staff and the public. A discussion took place as to the potential for:

- More proactive advertising of 'general interest' briefings to be held outside the Committee process
- Use of different meeting times and venues, including community-based venues, as an alternative to meeting in the Civic Centre

#### 4.3 Challenge through scrutiny

A role play exercise was undertaken based on the facilitators' observation drawn from a range of local authorities. This gave Members the opportunity to identify poor practice to avoid, which indicated that they had a good understanding of how to undertake effective challenge. It was stressed that:

- Challenge needed to be based on accurate performance and financial information, for example the extent to which the Council was meeting targets. Externally set expectations needed to be clear and public concerns and perceptions needed to be addressed without overemphasising anecdotal experiences and individual cases.
- Questions should lead to action points with processes in place to ensure that these are followed up at future meetings.

### 5. **Next Steps**

- 5.1 Participants were asked to reflect and to identify key areas for improvement both within their control and where they would need additional support to effect change.
- 5.2 The areas identified for development are set out in the Action Plan at Appendix A.

### 6. **Recommendation**

- 6.1 Members are recommended to consider the Action Plan and adopt this, subject to any amendments agreed at this meeting.

### **Background Papers**

Audit Summary : Better Scrutiny Meetings

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## Action Plan for Better Scrutiny Meetings

<b>Action 1.</b>	To seek more public involvement and awareness of the work of the Review Committees:
	<ul style="list-style-type: none"> <li>• All Review Committee to explore occasional meeting venues outside of the Civic Centre.</li> <li>• Explore links between themes on agenda and associated venues e.g. meet in library when considering library service targets.</li> <li>• Further enhancement of website to publicise meetings.</li> </ul>
<b>Action 2.</b>	To adopt more use of media releases to publicise the work of the Review Committees:
	<ul style="list-style-type: none"> <li>• Anticipate possible media interest at each monthly coordination meeting.</li> <li>• Consider possible topics for media release after each Review Committee meeting.</li> </ul>
<b>Action 3.</b>	To limit the number of items for detailed scrutiny taken to each Review Committee meeting and have more clarity why each item is on the agenda:
	<p>Chairman to work with support officers prior to the meeting to:</p> <ul style="list-style-type: none"> <li>• Focus on delivery of the annual work programme</li> <li>• Defer work programme items only when essential and clear reasons to be reported through the Policy &amp; Coordination Review Committee.</li> <li>• When taking new items of business, balance the need for new and emerging issues with existing items of business</li> <li>• Categorise items on the agenda i.e. information/briefing items to be separated on the agenda from scrutiny items.</li> </ul>
<b>Action 4.</b>	To ensure agenda items intended as information briefings on current issues are considered in the appropriate context:
	<ul style="list-style-type: none"> <li>• Communications team to consider improved information briefings to members to reduce the need for briefings through review committees.</li> <li>• Chairman to be consulted on briefing items to ensure the best method for disseminating information.</li> <li>• If appropriate, consideration be given to provide briefings to a wider audience e.g. other members, staff and the general public to aid a more cross-cutting approach.</li> </ul>

<b>Action 5.</b>	To ensure reports to Review Committees are written in a style which is clear, concise, and jargon free:
	<ul style="list-style-type: none"> <li>• Template for Review Committee reports to be re-worked to include a checklist of key issues to be included in the reports and to specify format/content/length.</li> <li>• Exception reporting to be used</li> <li>• Contextual reporting e.g. benchmarking with other authorities, historical performance.</li> </ul>
<b>Action 6.</b>	To develop a set of common expectations that will contribute to improving scrutiny:
	<ul style="list-style-type: none"> <li>• Review Members to meet with senior officers to discuss and agree a set of common expectations.</li> </ul>
<b>Action 7.</b>	To aid development of confidence and skills in questioning and challenge:
	<ul style="list-style-type: none"> <li>• Ongoing training and support to Members in developing questioning skills in addition to that already provided as part of induction.</li> </ul>
<b>Action 8.</b>	To carry out more detailed reviews in key service areas:
	<ul style="list-style-type: none"> <li>• Develop and build on the strong foundation already established in the area of detailed policy reviews.</li> <li>• Explore the possibility of providing scrutiny support in terms of research activity.</li> </ul>
<b>Action 9.</b>	To achieve consistency, clarity and better documentation around decisions and action arising at Review Committee meetings:
	<ul style="list-style-type: none"> <li>• To ensure that what is agreed is done and reported back, the actions list already in use for post-committee agreement with the Chairman be further developed and implemented.</li> </ul>

**HEALTH & WELL-BEING REVIEW COMMITTEE**

**6<sup>TH</sup> DECEMBER, 2006**

**COMMISSION FOR SOCIAL CARE INSPECTION -  
ANNUAL PERFORMANCE ASSESSMENT OF PERFORMANCE**

**LINK TO WORK PROGRAMME: INFORMATION/AWARENESS RAISING**

**Report of the Director of Social Services**

**1. Purpose**

- 1.1 To receive, for information, a copy of a report to 6<sup>th</sup> December, 2006 Cabinet.

**2. Background**

- 2.1 Attached, as Appendix A, is a copy of a report to 6<sup>th</sup> December, 2006 Cabinet setting out the 2005/06 Annual Performance Assessment of Adult Social Services by the Commission for Social Care Inspection.
- 2.2 Members will, no doubt, be pleased to note that Adult Services has retained its three star status.
- 2.3 The report gives a picture of strengths within the Directorate and areas for service development. These are, no doubt, issues that Members will wish to discuss with the Directorate and to reflect on in terms of their own work programme.

**3. Recommendation**

- 3.1 It is recommended that the Committee welcomes the pleasing outcomes reported by the Commission for Social Care Inspection.

**Background Papers**

Agenda & Minutes, Cabinet 6<sup>th</sup> December, 2006

D Smith,  
Acting Director

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**graham.king@sunderland.gov.uk**

## CABINET MEETING – 6 DECEMBER 2006

### EXECUTIVE SUMMARY SHEET

**Title of Report:**

Commission for Social Care Inspection –  
Annual Performance Assessment of Performance of Adult Services

**Author(s):**

Deputy Chief Executive

**Purpose of Report:**

A requirement of the Commission for Social Care Inspection's judgement process is that CSCI's Assessment of Performance must be presented to Cabinet. The Adult Social Care judgement contributes to the Comprehensive Performance Assessment for all local government services. A Council cannot be rated as 'excellent' (as Sunderland is), unless the Social Care judgement is (top-)rated as three-star.

Sunderland Adult Services maintained its three-star status for 2006/07, a rating it has maintained since the star rating system began several years ago. In terms of social care, the Council is rated as "serving most adults well" and with "excellent prospects for improvement", although the finalised Record of Performance Assessment will only be available in early December.

**Description of Decision:**

For Members to note CSCI's judgement about our rating for December 2006 and their comments about our areas of strength and for improvement.

**Is the decision consistent with the Budget/Policy Framework?** **Yes**

**If not, Council approval is required to change the Budget/Policy Framework**

**Suggested reason(s) for Decision:**

It is a requirement of the National Performance Assessment Framework for Social Services that a full copy of the Annual Position Statement must be presented to Cabinet after its contents have been agreed with CSCI.

**Alternative options to be considered and recommended to be rejected:**

There are no alternative options, as Social Services are required to present a summary of the CSCI evaluation to Cabinet.

**Is this a "Key Decision" as defined in the Constitution?** **No**

**Is it included in the Forward Plan?** **No**

**Relevant Review Committee:**

Health and Wellbeing

REPORT OF THE DEPUTY CHIEF EXECUTIVE

COMMISSION FOR SOCIAL CARE INSPECTION –  
ANNUAL PERFORMANCE ASSESSMENT OF PERFORMANCE OF ADULT  
SERVICES

**1. PURPOSE OF REPORT**

- 1.1 To provide members with a summary of the Commission for Social Care Inspection's (CSCI's) Assessment of Performance of Sunderland Adult Services.

**2. DESCRIPTION OF DECISION**

- 2.1 For Members to note CSCI's judgement about our rating for December 2006 and their comments about our areas of strength and for improvement.

**3. BACKGROUND**

- 3.1 The White Paper *Modernising Social Services* set out arrangements to assess the performance of each Council with Adult Services responsibilities within the wider Best Value regime. The Performance Assessment Framework (PAF) pulls together information from three main sources, which together are intended to provide a comprehensive overview of the performance of each Council through:

- Data returns against national performance indicators
- Evaluation from CSCI Inspections and Audit Commission reports
- Monitoring through CSCI Delivery & Improvement Statements (DIS).

- 3.2 A requirement of the judgement process is that CSCI's Assessment of Performance must be presented to Cabinet. The Adult Social Care judgement contributes to the Comprehensive Performance Assessment for all local government services, along with the children's services rating undertaken jointly by CSCI and Ofsted. A Council cannot be rated as 'excellent' (as Sunderland is), unless the Social Care judgement is rated as three-star (see below).

- 3.3 The DIS contains a considerable amount of information reflecting the national objectives for Adult Services. Previously, the inspection process and the DIS itself covered both Adult and Children's Social Services. However, from Spring 2005, the latter element has been removed and is amalgamated into the Annual Performance Assessment of Council's Response to Children's Services. Adults Social Services continues to be monitored via the self-assessment Adults DIS process by CSCI for Spring 2006 and this is the focus of this report.

- 3.4 The DIS focuses on plans and priorities for 2006-07 and emphasises the need for close partnership working within both the Council, within its vision of putting customers at the centre of service delivery, and other significant partners (especially Health and the Community/Voluntary Sector). It also includes section

on issues such as leadership and making the best use of resources. Members will recall receiving an update regarding the main issues in our submission of the Spring DIS.

3.5 Services for the following groups are included in the DIS:

- Older People
- People with mental health problems
- People with learning disabilities
- People with physical disabilities or sensory impairment
- People with HIV/AIDS
- People with drug/alcohol problems
- Engagement with and services for carers

3.6 An analysis of Management and Resources is also included in the DIS and contains the following issues:

- Finance issues for 2005/06 and budgets for 2006/07 and impact on the improvement agenda, including grant monitoring and income collection
- Social care commissioning arrangements
- Efficiency, including Gershon efficiency
- Working in Partnership, particularly with the NHS within Health Act Flexibilities
- Arrangements for Performance Management & Quality Assurance, including Safeguarding Vulnerable individuals

3.7 The contents of the Spring DIS, together with the results from our national performance indicators, form the basis of CSCI's discussions within us at our Annual Review of Performance Meeting. This discussion is intended to reflect the CSCI's interpretation of local progress against national objectives in Adult Services. As a result of this analysis, CSCI provide an overall judgement of our current performance, our prospects for improvement and areas of strength and for improvement. This letter must be presented to Members as a statutory requirement.

3.8 The detailed evaluation undertaken by CSCI captures areas of strength and for improvement for Adult Services within a Record of Performance Assessment (ROPA). The evaluation therefore measures how well the Council is meeting the social care needs of the community against the following criteria:

- National Priorities and Strategic Objectives for Adult Health/Social Care;
- Cost & Efficiency to achieve the Council's duty of Best Value;
- Effectiveness of Service Delivery & Outcomes for Vulnerable People, including working effectively with health and other partners on the joint agenda;
- Quality of Services for Users & Carers;
- Fair & Equitable Access to Care;
- Capacity for Improvement.

#### **4. CURRENT POSITION**

- 4.1 The finalised Record of Performance Assessment will not be available until the end of November, although its draft contents was discussed at the ARMS meeting in August. However, CSCI have confirmed their rating for Sunderland's performance (attached).
- 4.2 The star ratings range from zero to three stars. The categories for 'Serving People Well?' are No, Some, Most and Yes. The categories for 'Capacity for Improvement?' are Poor, Uncertain, Promising and Excellent.
- 4.3 The judgements and rating for adult social care in Sunderland for December 2006 is as follows:  
**Serving People Well: Most**  
**Capacity for Improvement: Excellent**
- 4.4 Overall, Sunderland Social Services performance rating continued to be rated as three stars, as it has been since the inception of the star rating system several years ago.

#### **5. REASON FOR THE DECISION**

- 5.1 It is a requirement of the National Performance Assessment Framework for Social Services that a summary of the Autumn Position Statement must be presented to Cabinet after its contents have been agreed with the CSCI.

#### **6. ALTERNATIVE OPTIONS**

- 6.1 There are no alternative options, as Social Services is required to present a summary of the CSCI evaluation to Cabinet.

#### **7. RELEVANT CONSULTATIONS**

- 7.1 In agreeing the contents of the Delivery & Improvement Statement, consultation took place with key external partners in Health and internally with Children's Services and other relevant Directorates in the Council.

#### **8. APPENDIX**

- 8.1 Performance Ratings for Adult Social Services: 30 November 2006 – Commission for Social Care Inspection (November 2006) – Copy to follow

## **9. BACKGROUND PAPERS**

9.1 Details of background papers used in the preparation of this Report are as follows:-

Report to Executive Management Team, Commission For Social Care Inspection  
– Adults Spring Delivery And Improvement Statement (July 2006)

Summary of Performance within Performance Assessment Framework Indicators  
– Health & Social Care Scrutiny Review Committee (July 2006)

Commission for Social Care Inspection: Spring & Autumn Delivery &  
Improvement Statement 2006 – Sunderland City Council (2006)

Department of Health: Social Services Performance in 2004/2005. The Personal  
Social Services Performance Assessment Framework (December 2005)

Department of Health: Modernising Social Services – White Paper (October  
1999)

**CONFIDENTIAL: EMBARGOED UNTIL 30 NOVEMBER 2006**

Mr Dave Smith  
Deputy Chief Executive  
City of Sunderland  
50 Fawcett Street  
SUNDERLAND  
SR1 1RF

22 October 2006

Dear Mr Smith

**Performance Ratings for Adult Social Services: 30 November 2006**

I am writing to inform you of the 2006 performance star ratings and judgements for your council's adult social services. The performance (star) rating will contribute the 'adults' judgement to the council's overall CPA rating to be announced by the Audit Commission in February 2007.

**a) Judgements and Rating**

The judgements and rating for your council are as follows:

**b) Social Care Services for adults**

Serving people well?	Most
Capacity for improvement?	Excellent

**c) Adult Social Care Star Rating**

Your social services performance rating is 3 stars.

The Record of Performance Assessment provides the basis of our judgements about your council's performance and trajectory for improvement. The level of in-year monitoring by CSCI is proportionate to performance. Councils with low star ratings or councils deemed to be coasting can expect a higher level of monitoring.

We welcome your feedback to help us improve our service.  
Please feel free to contact the Customer Service Unit on 0845 015 0120

## **d) Further Changes to Star Ratings**

Current CSCI policy on star ratings is that they will be published each year, and for the most part will not be changed during the year. For councils with a zero star rating, a higher rating may be awarded later if robust and substantial evidence of performance improvement becomes available. Conversely, if serious concerns about performance arise during the year, a council's rating may be adjusted to zero stars, and special monitoring arrangements put in place.

## **e) Representations**

The letter issued to councils by the Chief Inspector on 16 July 2006 explained the representations procedure for our adult judgements. This indicated that you would have the opportunity at this stage to make a formal representation.

Councils should ensure their representation is clearly headed according to the judgement in question, be no more than 2,500 words maximum and ensure it can be linked to the published standards and criteria.

All notifications of intent to make representation, and actual written representations should be sent to CSCI for the attention of Louise Guss, Representations Officer, via her PA Annett Hegna using one of the following methods:

Email: [annett.hegna@csci.gsi.gov.uk](mailto:annett.hegna@csci.gsi.gov.uk)

Fax: 01484 770 421

You can also contact the Representations Office via telephone number: 0191 233 3501

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Council intention to make written Representations by	4.00pm on 25 Oct
Council confirmed written Representations received by	10.30am on 30 Oct

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## **f) Further Information and Publication**

The new performance ratings and underlying judgements will be published on 30 November. The record of performance assessment for your council and a copy of this letter will also be available on our

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website at  
[www.csci.org.uk/council\\_star\\_ratings/councils\\_star\\_rating/default.h](http://www.csci.org.uk/council_star_ratings/councils_star_rating/default.htm)  
[tm](http://www.csci.org.uk/council_star_ratings/councils_star_rating/default.htm) on 30 November 2006.

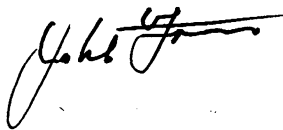
We will send you an e-mail containing the embargoed star ratings for all councils on 29 November. Both this letter and the e-mail setting out the star ratings for all councils are sent to give you time to prepare local briefings - for example, to handle press enquiries. If you need help or advice on dealing with the media the CSCI press team, Sharon Ward, Michelle Doyle, Andy Keast-Marriott and Ray Veasey are available to assist. Their contact numbers are:

0207 979 2089/2090/2093/2094.

Any questions about your star rating that are not answered by the guidance, or by the contents of this letter should be addressed in the first instance to your Business Relationship Manager.

Access to the Performance Indicators website which is password protected will be issued to you at midnight on 27 November with instructions.

Yours sincerely



JOHN FRASER  
Regional Director  
North East Region

Copies: Mr Ged Fitzgerald, Chief Executive, City of Sunderland