

HEALTH AND WELLBEING SCRUTINY COMMITTEE AGENDA

Meeting to be held on Tuesday, 26th March, 2024 at 5.30pm in Committee Room 1, at City Hall, Plater Way, Sunderland, SR1 3AA

Membership

Cllrs Bond, Burnicle, Graham-King, Haque, Heron, Hunter, Jones (Vice-Chairman), Speding, Usher (Chairman), Walton and M. Walker

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

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	No Items	

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

18 March, 2024

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in Committee Room 1 of the CITY HALL, SUNDERLAND on TUESDAY, 27 FEBRUARY, 2024 at 5:30pm.

Present:-

Councillor Usher in the Chair

Councillors Bond, Haque, Hunter, Jones, Speding, and Walton.

Also in attendance:-

Nigel Cummings - Scrutiny Officer, Sunderland City Council

Andrea Hetherington - Director of Corporate Affairs and Legal, South Tyneside and Sunderland NHS Foundation Trust

Melanie Johnson, Director of Nursing Midwifery and Allied Health Professionals South Tyneside and Sunderland NHS Foundation Trust,

David Noon – Principal Democratic Services Officer, Sunderland City Council

Boika Rechel - Public Health Consultant, Sunderland City Council

Karen Sheard – Deputy Director of Nursing, South Tyneside and Sunderland NHS Foundation Trust

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

Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Graham-King, Heron, and M. Walker.

Minutes of the last meeting of the Committee held on 30 January, 2024

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 30 January, 2024 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

Item 4 – South Tyneside and Sunderland NHS Foundation Trust, CQC Action Plan.

Councillor Jones made an open declaration as an employee of the North East & North Cumbria Integrated Care Board (NECIC) and in her role as a commissioner of services identified in the report.

Change in Order of Business

The Chair advised that he would be taking item 5 on the agenda (Pharmaceutical Needs Assessment (PNA) Update and Review) at this juncture to allow the presenting Officer to leave thereafter.

Pharmaceutical Needs Assessment (PNA) Update and Review

The Executive Director of Health, Housing and Communities submitted a report (copy circulated) which:-

- i) Presented the findings of the Executive Director of Health, Housing and Communities (HHC) and Pharmaceutical Needs Assessment (PNA) Steering Group in relation to Community Pharmacy provision, following the closure of three pharmacies and the reductions in opening hours of 100 hours pharmacies in Sunderland, in accordance with the NHS (Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2023, which added to and amended the 2013 Regulations.
- ii) Assured the Committee that the Executive Director of HHC, supported by the PNA Steering Group, had considered the potential implications of the closures and reduction in hours of pharmacies in Sunderland. Both were satisfied that the closures did not leave a significant gap in pharmaceutical services in Sunderland and therefore a supplementary statement to the PNA was not required.
- iii) Updated the Committee on the implications of recent pharmacy closures on the status of the current Pharmaceutical Needs Assessment (PNA), and subsequent recommendations following a recent PNA update at the Health and Wellbeing Board (HWB) in December 2023.

(for copy report – see original minutes)

Boika Rechel took Members through the report and addressed questions and comments thereon.

Councillor Hunter referred to paragraph 3.3 of the report regarding the closure of the three pharmacies, and advised Ms Rechel that she was also aware of 2 additional closures during the last 12 months (Boots attached to the Springwell Health Centre and Lloyds at the Forge in Pallion). In response, and also in relation to a further enquiry from Councillor Haque, Ms Rechel advised that those closures probably postdated the most recent reporting period. The pharmacies were private business and would make business decisions on opening hours etc based on issues such as demand. It was true to say that business hours in relation to the pharmacies in the Barnes Ward had reduced significantly. One aspect picked up via Healthwatch was that the communications from pharmacies to customers in relation to any changes were generally poor. Gerry Taylor added that the Council had no control over the business decisions of the pharmacies. The pharmaceutical needs assessment was an ongoing process. If significant changes were occurring, she would, as the Council's Executive Director of Health, Housing and Communities, supported by the PNA Steering Group, assess the potential impact on Sunderland residents and make a recommendation to the Health and Wellbeing Board.

In response to an enquiry from Councillor Walton, Ms Rechel advised that Healthwatch had confirmed that no significant concerns had been raised from residents in respect of the changes.

Councillors Bond and Speding referred to paragraph 4.7 and expressed concern that there was no access to community pharmacy services within the Coalfield during most of the extended GP hours on weekday evenings, and generally on Sunday and weekday evenings. Councillor Bond questioned what happened if people required urgent access to antibiotics during these periods. Councillor Speding stated that prior to this, the Coalfields had always enjoyed access to an out of hours services and believed that this Committee should have the ability to scrutinise the decisions of the Health and Wellbeing Board in this regard.

In response, the Committee was advised of the mitigating measures available in the Coalfield area as detailed in paragraphs 5.5 to 5.9 of the report. In addition, details of the nearest 24/7 pharmacy could be obtained by calling the 111 Service.

The Chairman referred to the statement in paragraph 5.2 of the report that Sunderland continued to have 4 former 100-hour pharmacies, all of which had reduced their hours, and were now delivering between 72 and 88 hours a week. He asked if this could be taken as an indication that there may have been an over provision? Ms Rechel replied that this was possible given that pharmacies operated in a self-regulating market.

There being no further questions, the Chairman thanked Ms Rechel for her report, and it was:-

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

South Tyneside and Sunderland NHS Foundation Trust – CQC Action Plan

The Deputy Director of Nursing, South Tyneside and Sunderland NHS Foundation Trust, submitted a report (copy circulated) which provided the Committee with a further update on the Foundation Trust's action plan following inspection by the Care Quality Commission.

(for copy report – see original minutes)

Melanie Johnson took Members through the report advising that the CQC identified 46 actions for the Trust in its final report in February 2023, following inspections undertaken in June and August 2022 which had resulted in the Trust receiving an overall rating of 'Requires Improvement' from the previous rating of 'Good'. As a result, the Trust developed an Action Plan which included must and should do actions to enable it to return to a position where it could re-establish its previous rating as 'Good'.

The Trust had taken a cautious approach in aiming to have completed all the outstanding actions by 31 March 2024, with no further extensions beyond this date. Ms Johnson stated that it was expected that all actions would be completed by this date. The report was fully set out and she would be happy to answer any questions the Committee may have.

The Chairman thanked Ms. Johnson and Ms Sheard for their report and invited questions and comments from the Committee.

In response to an enquiry from Councillor Walton, Ms Johnson advised that one to one maternity and neonatal care was extremely important. While the trust would continue to strive to reach 100% compliance, it was seen as acceptable that one to one care was now provided to over 90% of women. Compliancy would be dependent on staffing. There were currently only 4 vacant midwifery posts while this time last year that figure had been 20 posts.

In response to a further question from Councillor Walton regarding what 4 vacancies look like as a percentage of the workforce, Ms Johnson advised that she would need to provide the exact figure following the meeting however it was a case of 4 vacancies in an establishment of approximately 150 midwives.

In response to an enquiry from Councillor Bond regarding whether the Care Quality Commission were planning to inspect any other aspects of the Trust's work, Ms Johnson advised that if they were she would be unaware as inspections by the CQC were unannounced. The Trust continued to have bi-monthly feedback meetings with the CQC who advised that they had no cause for concern. In response to a supplementary question from Councillor Bond, Ms Johnson confirmed that the CQC would definitely undertake an inspection if 'alarm bells were ringing' for them. The CQC retained the absolute right to inspect all Trusts or any of their particular departments.

Councillor Speding welcomed the report and the comprehensive implementation of the action plan. He noted however that the action that 'the trust must implement an effective system to ensure patients receive timely medicines reconciliation' was still in progress. Ms Johnson confirmed that at the time of writing the report, progress wasn't strong enough in terms of that aspect of the Action Plan.

The Chairman also welcomed the report together with the progress made and asked if the information was shared with the Trust's staff members. Ms Johnson confirmed that it was.

Councillor Jones referred to the Mental Health Strategy and asked who had it been developed for? Ms Johnson replied that it had been developed in response to the CQC's recommendation that 'the trust must ensure there is effective oversight of the quality and safety of care provided to patients with mental health needs.' The focus of its development had been the patients in the Trust's care, but it also needed to be both patient and staffing facing. As part of its development the Trust had been working with patients' groups in this regard.

In response to a supplementary question from Councillor Jones, Ms Johnson advised that the post of Learning Disabilities Team Manager was a recently established role, funded by the Trust, following recommendations arising from the Inspection. The Trust already had two Learning Disability Nurses on the establishment and the Team Manager post had been created to support the nurses in carrying out their role. It was an area of work that the Trust wanted to expand.

Councillor Jones stated she was mindful of the announce from the NHS Chief Executive of the rollout of 'Martha's Rule' in hospitals across England from April,

enabling patients and families to seek an urgent review if their condition deteriorated. The 'patient safety initiative' was set to be initially rolled out to at least 100 NHS sites and she asked Ms Jones if the Trust was likely to apply to be one of the sites? Ms Johnson replied that while the letter from the NHS Chief Executive had only just arrived, it was likely that the Trust would apply as it already operated a similar scheme called 'Call for Concern.'

There being no further questions, the Chairman thanked Ms. Johnson and colleagues for their report and attendance, and it was:-

3. RESOLVED that the report and the progress being made on the Foundation Trust's action plan following inspection by the Care Quality Commission be received and noted.

Water Quality in Sunderland

The Executive Director of Health, Housing and Communities submitted a report (copy circulated) which following the recently published report by the UK Health Security Agency into the outbreak of gastro-intestinal illness in participants at the World Triathlon Event, provided the Committee with an overview of water management in the UK, including legislation governing water quality, the organisations involved and where responsibilities lay.

(for copy report – see original minutes)

Nigel Cummings presented the report advising that its submission resulted from Councillor Bond's request to the Committee in the aftermath of the publication of the UK Health Security Agency report on the World Triathlon event held in Sunderland during summer 2023.

In summary, Mr Cummings advised that water quality and the management of waterways was extremely important and involved a raft of legislation and a number of regulatory bodies with specific roles in this. Importantly the Environment Agency were responsible for monitoring the quality of bathing water around the English coastline, including both Seaburn and Roker beaches.

The Council's primary role was around coastal protection and managing the risk of coastal change on its stretch of the coastline through inspection and maintenance. The outbreak of Norovirus at the World Triathlon Event had been attributed to the swim element of the event however swimming in open water was recognised as having risks attached to it. Even with testing this only provided a snapshot of a moment in time and with tidal movements could quickly change. Also, adverse weather conditions could impact on this.

The UKHSA report provided some recommendations including prompt notification of any participant illness, the importance of a coordinated media response, the risks of open water swimming should be made aware to all participants including guidance to minimise the risks, reminders around hand hygiene and not participating if suffering from a GI illness.

The Chairman thanked Mr Cummings for presenting the report and invited questions and comments from the Committee.

Councillor Bond commented that while the report referred specifically to the Triathlon, it should be noted that 3 days prior to the event, testing on Roker Beach showed that E.coli was 7 times the minimum level to get into the second lowest category and that Enterococcus was 'on the button'. Paragraph 2.1 of the report basically confirmed that competitors fell ill because they were swimming in the sea.

With regard to paragraph 3.3 and the reference to E.coli and Enterococci being significant indicators of sewage, Councillor Bond stated that this was confirmed on the Defra website and there were numerous papers over the years that confirmed the presence of Norovirus within sewage. Given that Norovirus was present in 95% of sewage samples, if you are testing for E.coli and Enterococci you are in effect also testing for Norovirus.

With regard to paragraph 3.4, Councillor Bond advised that Professor Ford of Leeds University, an international specialist on the effect of effluent on the marine environment, had contended that the samples taken on Roker Beach on the 27th July 2023 had not been tested within the 24 hour period. As a result, the samples would have degraded and therefore the levels recorded for 27th July would not be accurate and in fact would likely have been much higher.

Councillor Bond stated that he found it difficult to understand paragraph 4.2. It made no reference to the testing undertaken on the 27th July. It was also unclear who had advised that bathing on the 11th September was not to be advised. He strongly suspected that it was Northumbria Water because the testing data on the last page of the report showed there was no testing undertaken on that date and presumably Northumbrian Water knew that they were discharging raw sewage at that time and had informed the Environment Agency accordingly. He also questioned whether given the high levels of E.coli and Enterococci in the tests taken on the 27th July, Northumbrian Water had also discharged sewage on this date and failed to inform the Environment Agency.

With regard to paragraphs 4.4 and 4.5, it was clear that triathletes had contracted Norovirus by swimming in the sea. The UK Health Security Agency reported that 50% of competitors "knew" that they had swallowed sea water at the event. Councillor Bond contended that it was more than likely that almost all competitors would have done so whilst swimming the 800metre course, therefore making recommendations regarding hand to mouth hygiene measures superfluous.

In conclusion Councillor Bond contended that the sole point of paragraph 4.7 was to claim that the Council had no responsibility regarding the undertaking of water quality testing. He believed that given the long-standing concerns regarding water quality, the Council should commission an independent survey of the whole system. He also expressed concern that the report failed to address the results of the testing undertaken on the 27th July and the case of two members of the rowing club who contracted E.coli through ingesting river water at South Hylton. If, as reported, there had been no discharge from the septic tank at South Hylton, then this would lead you to believe that it had come from the sewage works at Washington. Whilst the report was fine in as far as it went, Councillor Bond stated that it left him with more questions than answers.

Gerry Taylor replied that Councillor Bond made a valid point in that the report set out an overview of water management in the UK, the organisations involved and where responsibilities lay. It was intended as an introductory piece. It was for the Committee to decide now if they wanted further information or to speak to representatives of the organisations involved including Northumbrian Water or the Environment Agency.

Councillor Speding suggested that the Committee should form a working group to which these representatives were invited so that Members could ask questions and get answers in respect of the concerns over water quality which were long standing. The events around the Triathlon had only served to bring to issue to wider public attention.

Discussion ensued and it was acknowledged that the Council had no powers in the matter and could only invite the representatives of other agencies to attend in the hope that they would engage. Council Bond reiterated his belief that if the responsible bodies were not prepared to engage and provide answers, then the Council had its own responsibility to commission experts to undertake an independent survey of the whole system of water quality management. The Council had a duty of care to its residents and at the very least needed to understand the extent of the problem.

The Committee agreed to establish a working group to consider the issues raised, which given the time constraints around the impending local government elections was unlikely to be operational before the first meeting of the new municipal year. It was agreed however that in the meantime, approaches be made to the responsible bodies to assess the extent to which they would be willing to engage, with a view to them attending an initial meeting with the Committee prior to the new municipal year.

4. RESOLVED that the information within the report be received and noted and that a Working Group be established to further consider the issue of Water Quality in Sunderland

Work Programme 2023/24

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 2023/24 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.

Councillor Walton asked if any date had been set for the next meeting of the Integrated Care Working Group? Mr. Cummings advised that he was due to meet with representatives from the ICB the following day with a view to progressing the matter.

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 14th of February 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.

HEALTH & WELLBEING SCRUTINY COMMITTEE

26 MARCH 2024

NORTH EAST AMBULANCE SERVICE - PERFORMANCE UPDATE 2024

REPORT OF THE DEPUTY CHIEF EXECUTIVE AND ASSISTANT DIRECTOR OF COMMUNICATIONS & ENGAGEMENT – NORTH EAST AMBULANCE SERVICE

1. PURPOSE OF THE REPORT

1.1 The presentation attached, for Members' information, provides an overview of activity and performance for the North East Ambulance Service.

2. BACKGROUND

- 2.1 The North East Ambulance Service presentation covers a wide range of issues including:
 - Demand and Performance;
 - Response Times Performance;
 - Hospital Performance;
 - Trust Capacity.
- 2.2 The Chief Operating Officer and the Assistant Director of Communications and Engagement will be in attendance to provide the update and answer any questions from Members.

3. RECOMMENDATION

3.1 That the Health and Wellbeing Scrutiny Committee notes and comments on the content of the presentation and performance information provided.

Contact Officers: Mark Cotton

Assistant Director of Communications & Engagement

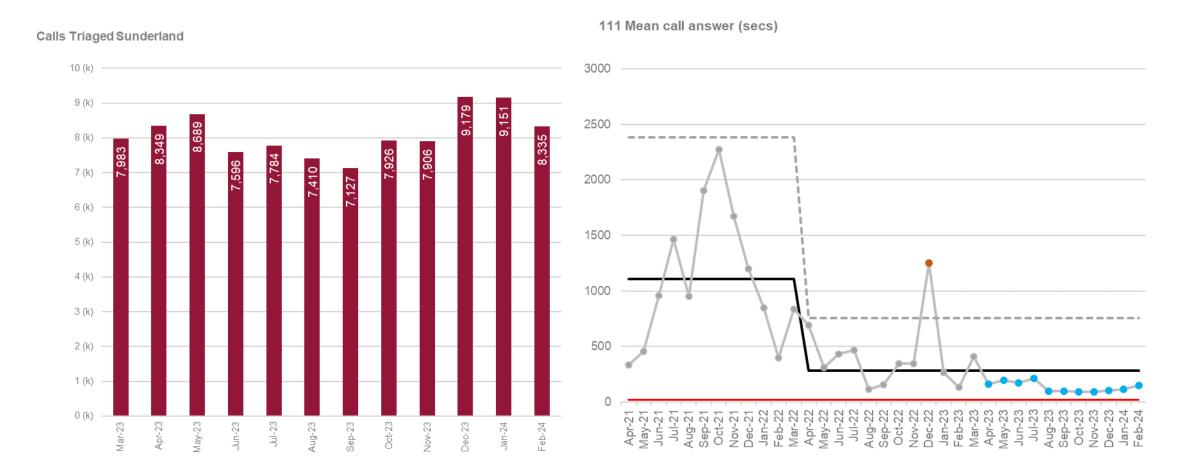




Mission: Safageffootive, responsive care for all

Vision: Unmatched quality of care

111 Call Performance



111 Call Outcomes

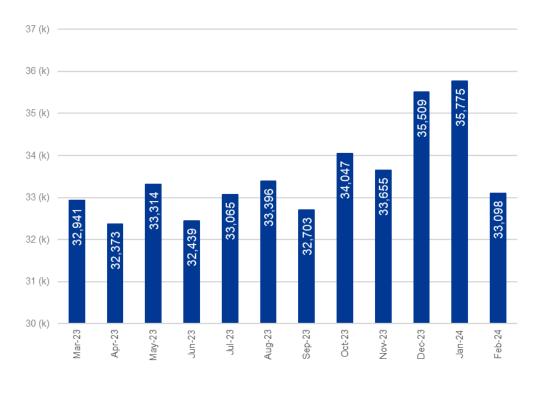
Attend ETC Oct-23

Contact Primary Care

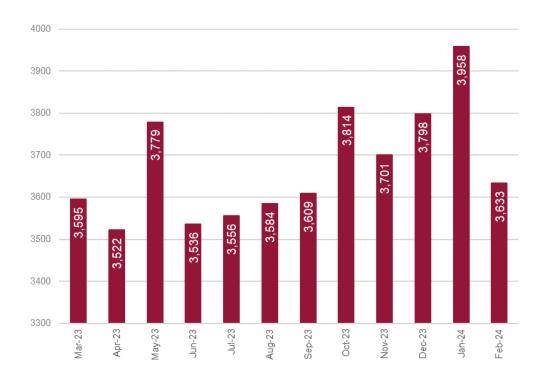


999 Incident Volumes

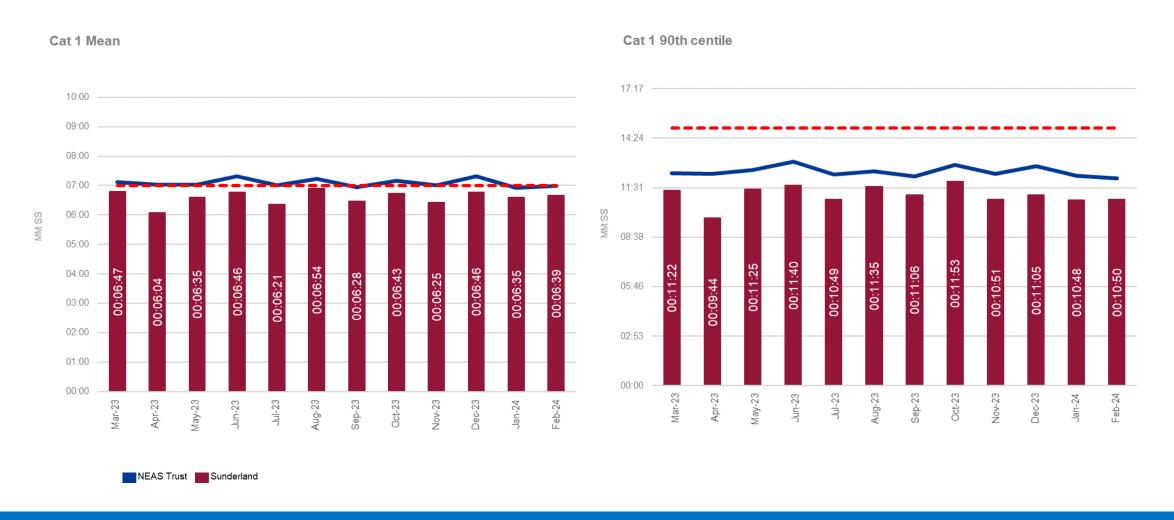
Incident volumes Trustwide



Incident volumes Sunderland

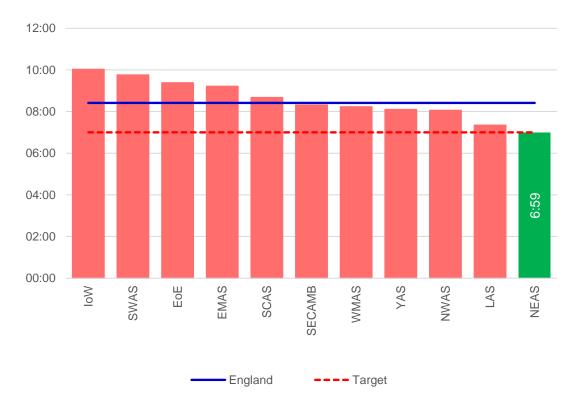


Category 1 Response Performance



NEAS Benchmark Performance – C1

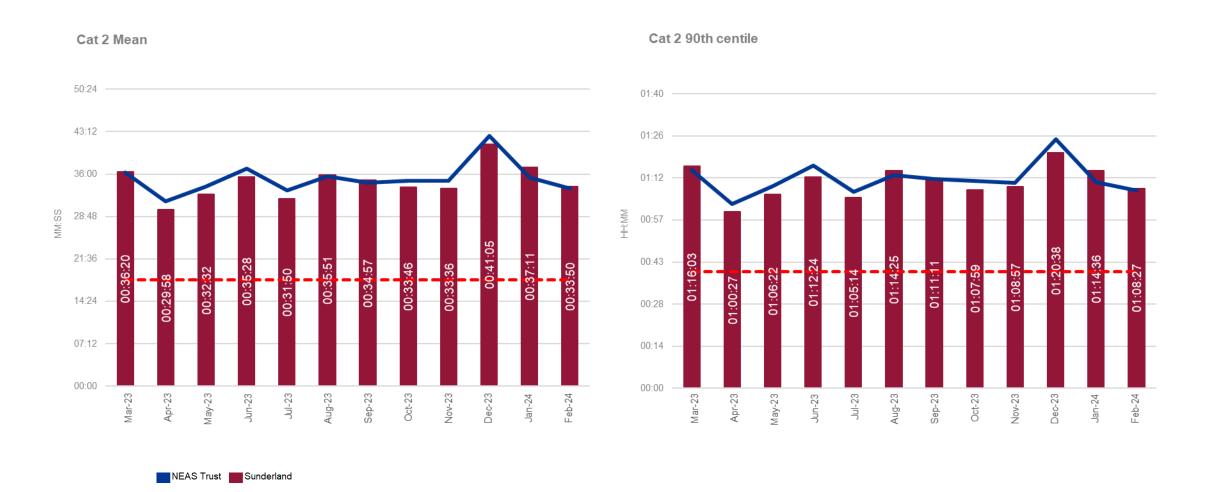
Category 1 Response Times - Mean response (min:sec) - (MTD) February 2023-24



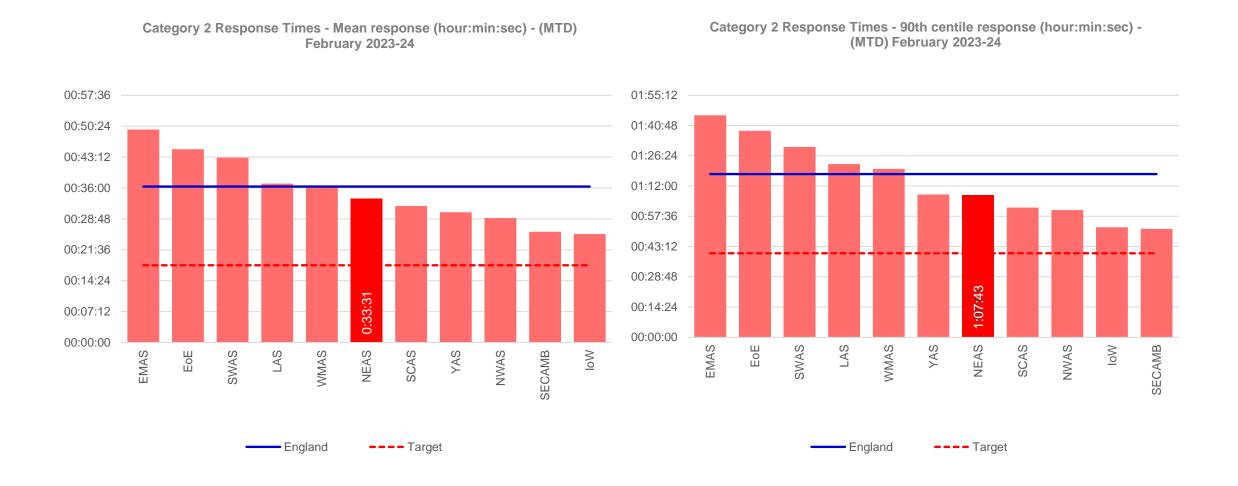
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February 2023-24

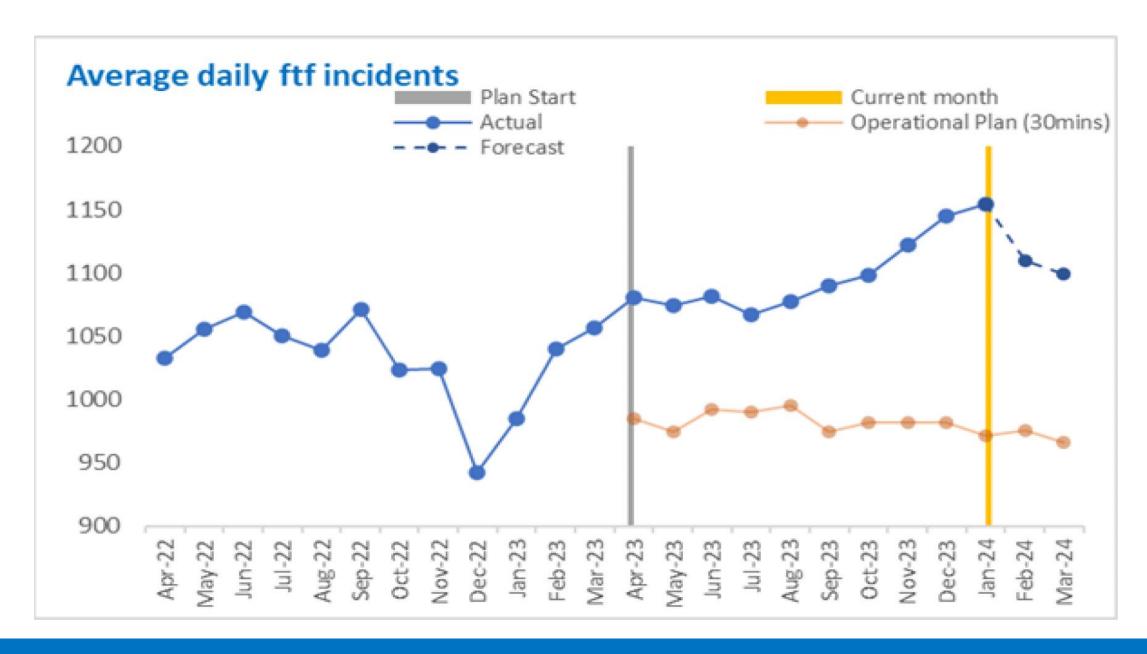


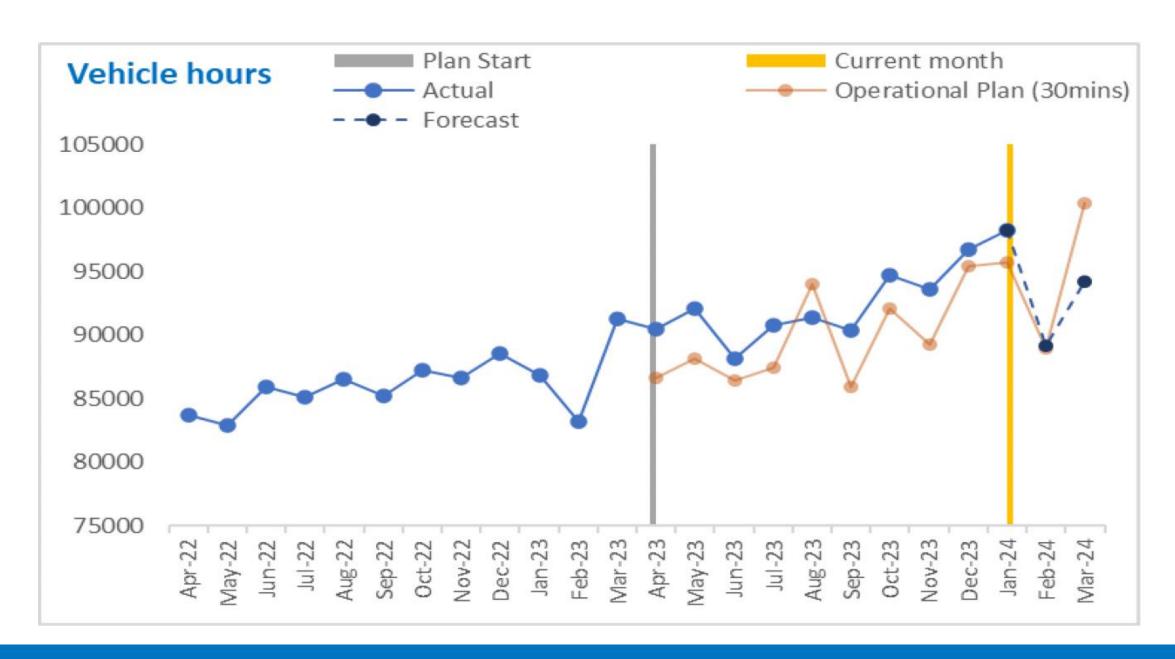
Category 2 Response Performance



NEAS Benchmark Performance – C2

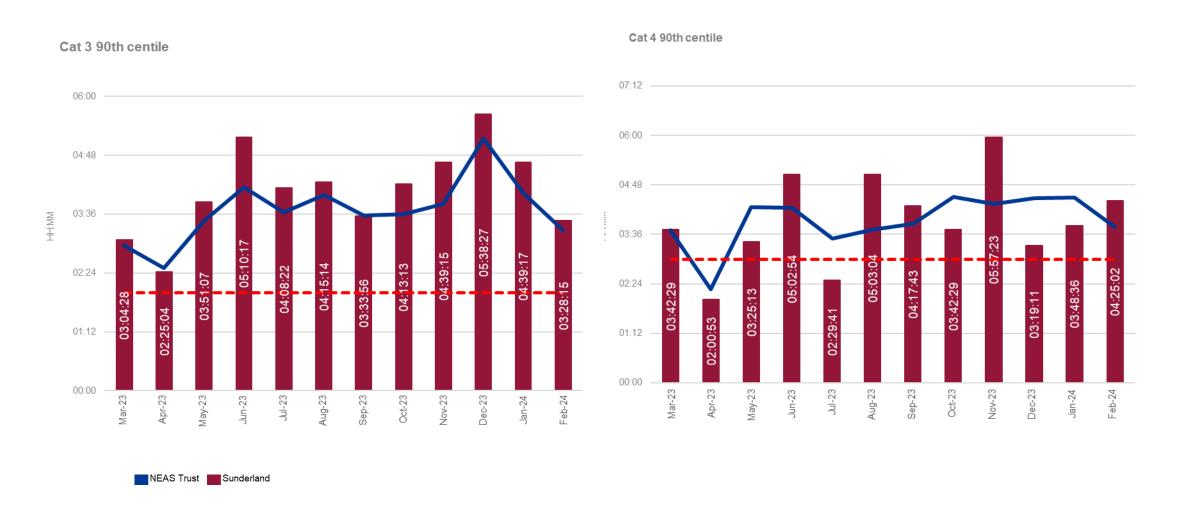




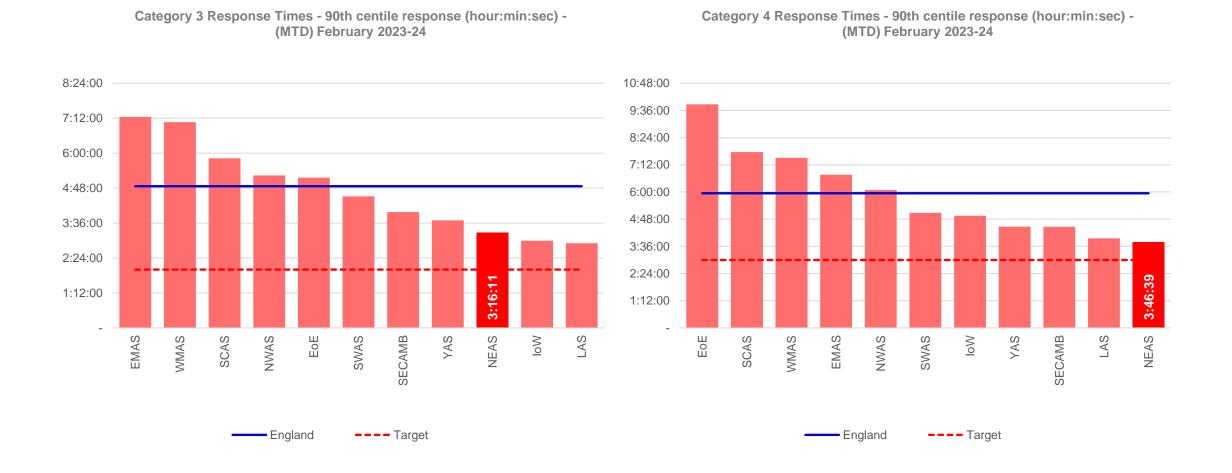




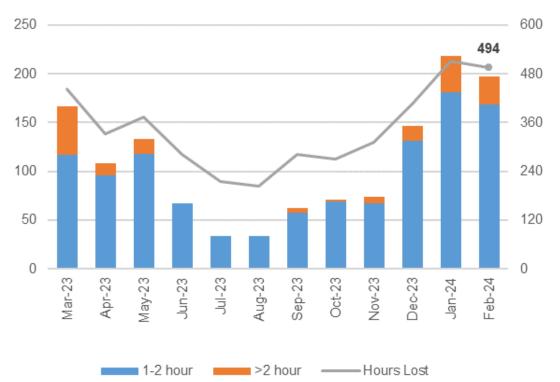
Category 3 & 4 Response Performance



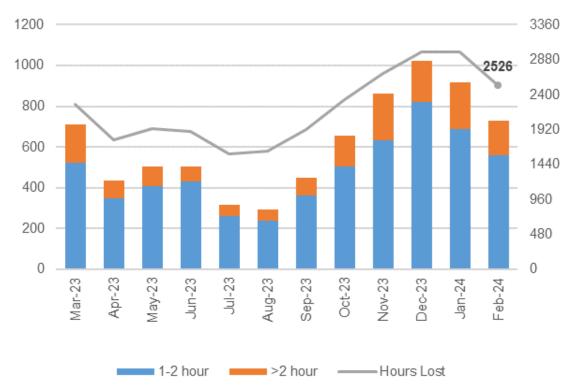
NEAS Benchmark Performance – C3 & C4



Handover Delays - Sunderland Royal



Handover Delays - Trustwide



Hospital Handover Performance



Questions



North East Ambulance Service

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NORTH EAST & NORTH CUMBRIA (NENC) INTEGRATED CARE BOARD (ICB) SUNDERLAND REPORT - IMPROVING ACCESS TO GENERAL PRACTICE

Report of NENC ICB – Director of Delivery for South Tyneside and Sunderland

1.0 Purpose of the report

- 1.1 In March 2023, NENC ICB presented a report to the Health and Wellbeing Scrutiny Committee detailing the work that had been undertaken within the ICB primary care team to improve access to general practice in Sunderland.
- 1.2 The purpose of this report is to provide an update to the Committee on the initiatives undertaken to support improved access and specifically how the Primary Care Access Recovery Plan (PCARP) is being implemented within Sunderland.

2.0 Primary Care Access Recovery Plan

- 2.1 On 9th May 2023 NHSE published the 'Delivery Plan for Recovering Access to Primary Care¹' also known as the Primary Care Access Recovery Plan or PCARP. It recognises the change in landscape following the pandemic in which the increase in practice capacity needs to keep pace with growing demand.
- 2.2 The plan sits alongside the delivery plans for recovery of both elective and urgent and emergency care services and supports the Fuller stock take. It has two overall key ambitions:
 - 1. To tackle the 8am rush and reduce the number of people struggling to contact their practice.
 - 2. For patients to know on the day they contact their practice how their request will be managed.

To support these ambitions the plan is divided into four key delivery areas depicted below:

Empowering Patients

- Improving Information and NHS App functionality
- Increasing selfdirected care
- Expanding Community pharmacy services

Modern General Practice Access

- Better digital telephony
- Simpler online requests
- Faster navigation, assessment and response

Building Capacity

- Larger multidisciplinary teams
- More new doctors
- Retention and return of experienced GPs
- Higher priority for primary care in housing developments

Cutting Bureaucracy

- Improving the primarysecondary care interface
- Building on the Bureaucracy Busting Concordat

¹ https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/

- 2.3 Introduced within the plan are a number of initiatives including the General Practice Improvement Programme (GPIP), Modern General Practice Access Model (MGPA) and Support Level Framework (SLF), as well as other access initiatives such as PCN Capacity and Access Improvement Plans, and Pharmacy First. PCARP is also a key objective within the Sunderland Place Thematic Plan and therefore section 3 of this report explains progress against the plan within Sunderland.
- 2.4 It is important to note that the delivery areas and associated actions within the plan are not the sole responsibility of general practice or PCNs. Within the ICB, a systematic and coordinated approach is being taken whereby a regional Primary Care Access Recovery Plan System Oversight Group has been implemented which includes the medical directorate, pharmacy colleagues and enabler colleagues within digital, workforce, estate and finance teams.

3.0 Update on Access Initiatives

3.1 General Practice Improvement Programme

The General Practice Improvement Programme (GPIP) offers support to practices and PCNs over two years to change and improve how they work. The programme is in a number of phases and focuses on five key priority areas:

- Understanding and managing demand and capacity.
- Enhancing care navigation and triage processes.
- Improving the experience for patients of telephoning their practice ('the telephony journey').
- Improving the experience for patients of contacting their practice and managing their care online (focusing on practice websites, online consultation tools, messaging systems and appointment booking tools).
- Management of non-patient-facing practice workload.

The Programme offers three levels of support; universal, intermediate and intensive and practices can come forward within any phase of the programme.

Within Sunderland we have 3 practices undertaking intensive support and 3 practices receiving intermediate support. Early feedback from the practices taking part is that this is a programme that affords them time to look at their internal systems and make changes to support their operational delivery overall.

3.2 Modern General Practice Access Model

All practices who implement a project to transfer to a Modern General Practice Access Model over the next two years will receive funding support. The components of the model are:

- Better digital telephony.
- Simpler online requests.
- Faster navigation, assessment and response.

Within Sunderland all practices have cloud-based telephony already but not every practice uses its full functionality. Our digital team are working with practices to understand what further support is needed to implement full telephony functionality.

We have also undertaken care navigation within every practice and are supporting additional training which is being delivered to every member of the practice reception team who require it over the coming months.

3.3 The Support Level Framework (SLF)

The Support Level Framework (SLF) is a tool intended to support practices in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve those ends. It includes six domains of:

- Supporting access.
- Quality and safety.
- Leadership and culture.
- Stakeholder engagement.
- Workforce
- Indicative data.

Completion of the SLF is designed to be coordinated by the ICB and delivered through a facilitated conversation with members of the practice team. The aim is to agree priorities for improvement and develop an action plan through which to address these areas over the forthcoming year. Co-ownership of the action plan with the ICB enables practices to access the appropriate support required to progress in these areas. Any gaps in provision of support can be identified for future commissioning plans.

Within Sunderland we have had SLF meetings with 18 of our 38 practice and a further 9 meeting are booked. The remaining practices will have those meetings in early 2024/25.

3.4 PCN Capacity and Access Improvement Plans

PCNs are able to access additional funding through the achievement of national indicators as part of an Investment and Impact Fund (IIF). The PCN Directed Enhanced Service (DES) for 23/24 set out a key requirement of the IIF as being associated with a capacity and access payment which requires PCNs to develop and deliver a Capacity and Access Improvement Plan (CAIP).

The CAIP is expected to focus on three key areas of improvement:

- Patient experience of contact.
- Ease of access and demand management.
- Accuracy of recording in appointment books.

PCNs were required to submit their plans and have them agreed by the ICB by 31 July 2023. PCNs, supported by the ICB, are expected to monitor their improvement against their current position with a final assessment of their submitted CAIP at the end of March 2024, which should demonstrate and evidence improvements in access for patients.

Within Sunderland our PCN plans focus on the further development of triage models, improving use of the Friends and Family Test, promotion of the NHS App and other digital tools, improving and reviewing appointment booking systems, improving care navigation within practices and working with Healthwatch to receive patient feedback.

A full assessment of delivery against the plan is to be undertaken in 2024/25.

3.5 Pharmacy First

Pharmacy First launched on 31 January 2024 and involves pharmacists, who sign up to the scheme, being able to provide NHS-funded treatment, where clinically appropriate, for seven common conditions without the need for the patient to see a GP, be referred or have a prescription from the GP. The seven common conditions are:

- Sinusitis.
- Sore throat.
- Acute Otitis Media (ear infection).
- Infected insect bite.
- Impetigo (skin infection).
- Shingles.
- Uncomplicated Urinary Tract Infection.

Patients can self-present to pharmacies who have signed up to the scheme. Within Sunderland all 59 community pharmacies have signed up to deliver the programme and a national and regional campaign has begun regarding the service. We are awaiting figures from the regional team as to how well the programme is being utilised.

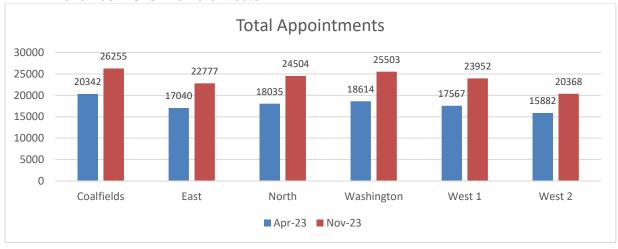
3.6 Workforce

From a workforce perspective, we have been working closely with our PCNs to maximise funding available for additional roles and we currently have 154 full-time additional employees within our PCNs. We have a local GP retention programme that supports practices to become training practices (of which we have 21 training practices) and individual GPs to become Level 1, 2 or 3 GP trainers (of which we have 25 trainers). We have a local GP Career Start scheme with 14 GPs currently on the scheme, and a local practice nurse scheme, with 18 nurses on the scheme. These schemes form part of a larger general practice Workforce Plan within Sunderland and work is ongoing to support administration and clerical roles within practices.

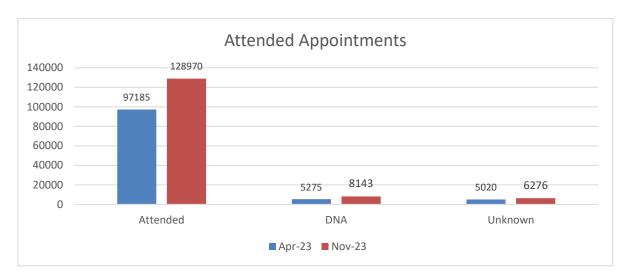
4.0 Access Data

From a general access viewpoint, the total number of appointments delivered by general practice in November 2023 (latest validated data) was 143,359. This is a significant increase on data reported in April 2023 which was 107,480.

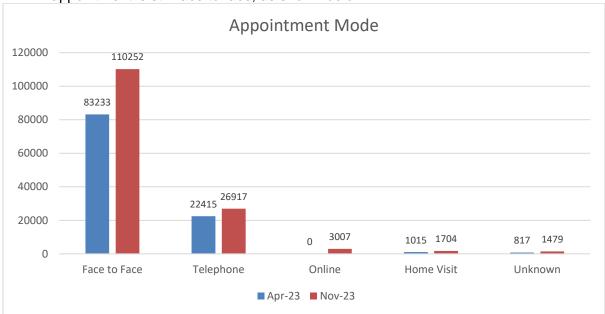
This has been broken down at PCN level in the chart below which shows that the increase is across all PCN areas. It is difficult to attribute the increase to any specific initiative but the following graphs show the difference between data in April 2023 and November 2023 in different cuts.



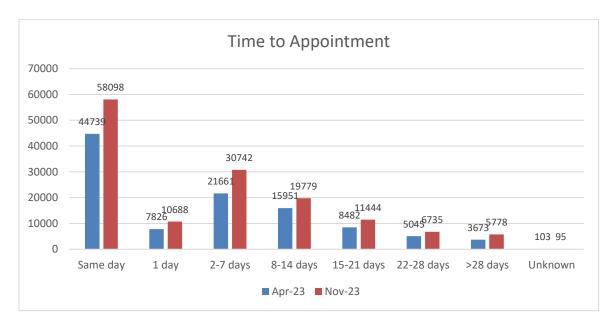
In terms of appointments attended and 'Did Not Attend' figures, these are broken down in the chart below:



On assessing appointment mode, it can be seen that the most common form of appointment is still face to face, as shown below:



Regarding time from booking to receiving appointment, the figures below show that same day appointments continue to be the highest volume of appointments provided followed by those within 2-7 days. Its important to note that some patients choose to be seen later or their appointment may be a follow-up appointment that is booked in advance.



These figures will continue to be monitored on a monthly basis within the ICB.

5.0 Recommendations

The Committee is recommended to:

- Receive this report.
- Note the progress to date on different access initiatives.

Report Author:

Wendy Thompson, Associate Director, NENC ICB

ORAL HEALTH PROMOTION UPDATE

Report of the Director of Health, Housing & Communities

1. Purpose of the Report

1.1. To provide the Health and Wellbeing Scrutiny Committee with an update on the oral health promotion work following the publication of the Oral Health Strategy.

2. Background

- 2.1. Local authorities are statutorily required to provide or commission oral health promotion programmes to improve the health of the local population. They are also required to provide or commission oral health surveys to facilitate assessment and monitoring of oral health needs and the planning and evaluation of oral health promotion programmes and dental surveys.
- 2.2. Sunderland's Oral Health Needs Assessment (OHNA) OHNA Sunderland Sep23.pdf was completed last year. The OHNA examined the status of oral health and identified effective interventions which informed Sunderland's Oral Health Strategy oce23043 An Oral Health Promotion Strategy A4.pdf (sunderland.gov.uk).
- 2.3. Some of the key challenges the health needs assessment highlighted include issues in relation to accessing a dentist; evidence-based prevention schemes such as the Supervised Toothbrushing Programme which were halted during the lockdowns as schools were closed, and a growing divide in relation to poor oral health amongst those living in more deprived areas compared to those living in more affluent parts of the city.

3. Current Position

3.1. The strategy which aims to improve oral health of all people living in Sunderland describes the proven relationship between oral and general health. It places emphasis on working with our communities and partners to improve oral health through our oral health promotion programmes targeting vulnerable key groups that will help to address health inequalities.

- 3.2. These groups include young children, children in cared for accommodation, people with diabetes, people who smoke, consume high quantities of alcohol or use drugs, people with a learning disability, older people and migrant/asylum seeker population.
- 3.3. A presentation attached to this report gives a brief overview of the national and local context around oral health and outlines the five strategic priorities including the objectives to support this work.
- 3.4. The presentation highlights the recommendations in the strategy and provides an update in response to these key areas.

4. Recommendation

4.1. The Scrutiny Committee is asked to note and comment on the oral health promotion update.

Sunderland City Council

Oral Health Promotion Update

Samantha Start – Public Health Lead

Responsibility for Oral Health Promotion

The statutory dental public health responsibilities of local authorities include the following:

- Securing the provision of oral health improvement programmes to improve the health of the local population
- Securing the provision of oral health surveys to facilitate the assessment and monitoring of oral health needs
- The planning and evaluation of oral health promotion programmes
- The planning and evaluation of the arrangements for provision of dental services as part of the health service
- Water fluoridation programmes affecting the authority's area, the monitoring and reporting of the effect of water fluoridation programmes
- Participation in any oral health survey conducted or commissioned by the secretary of state
- Supporting the Department of Health and Social Care in any future consultations on water fluoridation schemes



Key Challenges



Access to dentists remain a significant national challenge which has progressively got worse since the pandemic



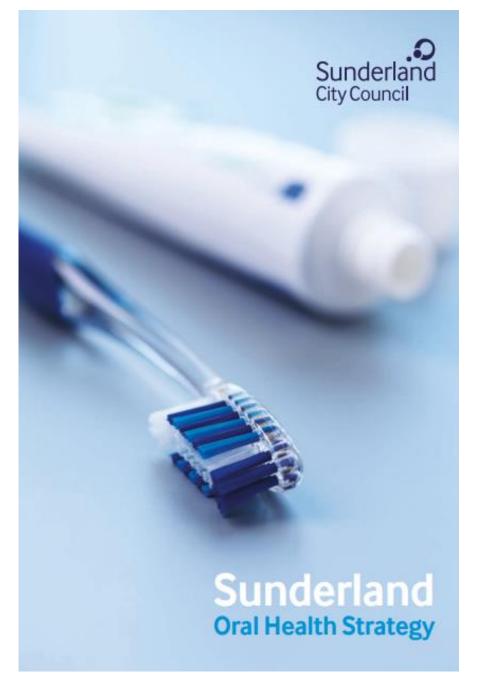
Many prevention schemes such as the Supervised Toothbrushing Programme were halted during the lockdowns due to schools and early years settings closing.



As the size of the older population increases in Sunderland so does the need for oral health provision amongst the elderly population residing in care homes.

National and Local Context

- During 2020/21 and 2022/23, Sunderland compared well to the North East, with a rate of 108.3 per 100,000 hospital admissions for dental caries in those aged 0-5 years, and has the lowest rate of admissions within the North East. The Sunderland rate is significantly lower than both the North East (389.2) and England (178.8) averages.
- 83.6% of adults in Sunderland received access to NHS dental services compared 80.1% in the North East and 77% for England.
- During 2017-19 Sunderland's mortality rate from oral cancer, all ages, is 8.2 per 100,000 compared to the North East's rate of 6.0 and England at 4.7.
- In the 2023 Oral Health Survey of 5-year-old Children conducted by the National Dental Epidemiology Programme (NDEP) during the 2021-2022 school year shows the national prevalence of children with enamel or dentinal decay being 23.7%.compared to 25.6 % in Sunderland and 22.2% for the North East.
- During 2017-19 Sunderland had a rate of 20.7 per 100,000 oral cancer registrations compared to the North East (18.2) and England (15.4) averages.



The vision of this oral health strategy is to improve the oral health of all people living in Sunderland. It aspires to promote the best available oral health across the life course, reduce oral health inequalities and lay solid foundations for good oral health throughout life.

The strategy was formed following an oral health needs assessment which describes the services currently commissioned to meet those needs.

There is a proven relationship between oral and general health.

Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable.

Our oral health promotion programmes focus on supporting our most vulnerable communities who tend to experience poorer oral health.

Our aim	How we can achieve our objectives
Promote oral health through	Support good oral health by encouraging and enabling healthier food and drink options which reduce sugar in-take
healthy food and drink	2 Commission interventions that encourage and support breastfeeding and healthy complementary feeding (weaning)
Promote oral	3 Promote healthy food and drink that are lower in sugar in settings that the local authority delivers or commissions e.g. leisure, education, social and residential care and local food outlets
health by	4 Increase the take up of supervised tooth brushing programmes for pre-school and primary school children at high risk of poor oral health
improving levels of oral hygiene	5 Train front line staff to provide demonstrations on how to clean teeth among those at high risk of poor oral health
	6 Commission programmes that provide free toothbrushes and toothpaste to all pre- school and primary school children, prioritising targeted interventions for those at high risk of poor oral health
Improve population	7 Support the Department of Health and Social Care in any future consultation on fluoridation of water
exposure to fluoride	8 Increase the availability of free toothbrushes and toothpaste to pre-school and primary school children, prioritising targeted interventions such as fluoride toothpaste for those at high risk of poor oral health
	9 Commission targeted/universal fluoride varnishing programmes for young children in areas with high rates of tooth decay

Our aim	How we can achieve our objectives							
Improve early detection, and	10 Maximise all opportunities for signposting to local NHS dental services							
treatment, of oral diseases	11 Promote the benefits of visiting a dentist throughout the life course							
	12 Raise awareness of eligibility for free check-ups, prioritising those at high risk of poor oral health							
Reduce inequalities in oral health	13 Look for opportunities to embed oral health promotion within all health and wellbeing policies, strategies and commissioning							
	14 Promote targeted oral health promotion activities and interventions among vulnerable groups; young children, children in cared for accommodation, people with diabetes, people who smoke, consume high quantities of alcohol or use drugs, people with a learning disability, older people and migrant/asylum seeker population.							
	15 Equip the wider health and social care workforce with the knowledge and skills to recognise the link with neglect and complex social circumstances and ensure provision of care for those at high risk of poor oral health.							

Update on the Key Recommendations in the Strategy

- Establish a local oral health improvement and advisory group to promote oral health messages to the general population
- Increase the number of children and young people who have access to targeted toothbrushing
- Establish the oral health requirements of vulnerable groups within the city, including new arrivals from areas where access to dentistry has been significantly limited
- Establish the commissioning arrangements and activity data for the Community Dental Service
- Ensure that opportunities to promote measures to improve oral health are maximised in local programmes of work
- Establish a supervised toothbrushing programme in special education needs schools
- Establish a targeted offer for children in special education needs schools to have access to the targeted fluoride varnishing programme
- Prepare to support the Department of Health and Social Care when it comes to any future consultation on fluoridation of water in Sunderland

Sunderland City Council

Thank you!

26 MARCH 2024

HEALTH & WELLBEING SCRUTINY COMMITTEE

ANNUAL REPORT 2023/24

REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT COORDINATOR

1. Purpose of the Report

1.1 To approve the Health and Wellbeing Scrutiny Committee report as part of the overall scrutiny annual report 2023/24 that is to be presented to Council.

2. Background

2.1 As in the previous 2022/23 municipal year the annual report will be a single combined report of all seven scrutiny committees. The annual report will outline the development in the scrutiny function and provide snapshots of the outcomes achieved during the last 12 months.

3. Current position

- 3.1 The proposed Health and Wellbeing Scrutiny Committee report is attached at **appendix 1** for member's consideration. The report provides a very brief snapshot of some of the main work undertaken by the committee during 2023/24. It should be noted that the report is written from the perspective of the Chair of the Committee reflecting over the year.
- 3.2 Some of the main themes covered in the annual report revolve around the following issues:
 - Suicide Prevention;
 - Winter Planning:
 - Annual Report of the Director of Public Health;
 - NHS Dentistry;
 - CQC Inspection of Foundation Trust;
 - Changes to Health Scrutiny Regulations.

4. Conclusion

4.1 The Health and Wellbeing Scrutiny Committee has once again developed and carried out an extensive work programme. The Committee has continued to work well with Council Directorates, stakeholders and partner organisations to deliver on this work programme. There are a number of issues that will carry over into the

next municipal year and the Committee will hold work programming development sessions with a number of key stakeholders for 2024/25.

5 Recommendation

5.1 That Members approve the Health and Wellbeing Scrutiny Committee report for inclusion in the Scrutiny Annual Report 2023/24.

6. Glossary

n/a

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HEALTH AND WELLBEING SCRUTINY COMMITTEE

Chair: Cllr John Usher Vice-Chair: Cllr Beth Jones

Committee Members: Councillors Malcolm Bond, Chris Burnicle, Adele Graham-King, Ehthesham Haque, Juliana Heron, Catherine Hunter, Mel Speding, Peter Walton and Michael Walker.

As Chair of the Health and Wellbeing Scrutiny Committee I am delighted to be able to share with you the work the committee has undertaken during the year. People's health and wellbeing are extremely important as are the services that provide support and guidance and assist us all when we are unwell. With global events continuing to impact on everyday life and rising costs for fuel, utilities and food, pressures remain on health and social care services across the city. The annual report provides a summary of some of the issues looked at by the committee through its wide and varied work programme.

The Committee once again received the Annual Report of the Director of Public Health for 2022/23. The report explores the concept of the commercial determinants of health, its impact on health outcomes, and recommendations to address them. The report focuses on the main unhealthy commodity industries which impact on health, including food and drink, tobacco, alcohol, gambling, working conditions and benefits. The report provides several recommendations for a local public health approach and the committee will be interested to monitor progress in several areas detailed within the report. To this end the Committee received an update on the recently developed alcohol strategy looking at progress against key objectives.

The Sunderland Alcohol Strategy had been launched in July 2023 and sets out three objectives around strategy, prevention and early intervention and from that seven key priorities which have formed the basis of the partnership action plan. The Committee acknowledged that the action plan was a living document which would allow adjustment for emerging trends and allow partners to continually develop the action plan. On this Members queried the social changes post-covid and the rise in drinking at home, rather than in the more traditional public house setting, and if the strategy would be able to capture this, it was something our public health professionals would look to follow up on.

With access to NHS dentists services in the news over the last year, the Committee continues to monitor the NHS dentistry situation in Sunderland with the Dental Commissioning Lead in attendance at our meeting in July 2023. A wide range of issues were covered including NHS commissioned capacity, pressures and challenges, the NHS dental contract and local actions. Members raised concerns around access to NHS dentists in Sunderland and raised important issues around ensuring that quality information was provided to residents when practices ceased NHS provision. The Committee also requested that dental practices be asked to update the NHS website to ensure the information was up-to-date and accurate.

Suicide prevention is an extremely important issue, and the committee received an update on the whole systems approach to prevention in Sunderland. The development of a local Suicide Prevention Action Plan is recommended by government and the responsibility for such a plan and strategy lies with the local authority, through Sunderland's Health and Wellbeing Board. Members discussed a number of issues relating to suicide prevention including the suicide prevention partnership, learning from suicide attempts data, raising the profile of suicide prevention in the city and ensuring that new public building projects involved discussions around suicide prevention at the planning stages. Members of the Committee also had the opportunity to undertake suicide prevention training conducted by

Sunderland MIND as part of the further action on this issue, and this offer remains open to all Members.

From 31 January 2024 health scrutiny committees will no longer be able to formally refer matters to the Secretary of State for Health that relate to reconfigurations of local health services, as this power is removed. The Committee were briefed on the broader powers for the Secretary of State to intervene in local service reconfigurations and the process that replaces the former arrangements. Despite this change other aspects of health scrutiny remain unchanged, and Members were informed that the Committee's status as a statutory consultee on substantial variations still exists. Health and care providers will also still be required to engage with scrutiny committees as they currently do. It will be important that we continue to work both collaboratively and proactively with our health colleagues to observe the principles of best practice set out by the Department of Health and Social Care to ensure that the benefits of scrutiny continue to be realised.

With Clinical Commissioning Groups (CCG) now abolished and replaced with Integrated Care Partnerships, the Committee is keen to continue to foster the positive working relationships and dialogue with the local Integrated Care Board (ICB). The Committee, therefore, continues to receive performance updates from the ICB covering a range of issues including indicators relating to the key areas of Urgent Care; Planned Care; Cancer; and Mental Health. Members highlighted a number of issues around expansion of the Mental Health Support Team, performance against national indicators, waiting times and the proposed developments in urgent care. The Committee continues to acknowledge the fundamental role that Sunderland ICB has in the delivery of health services across the area and will continue to monitor and challenge, where appropriate, around performance.

The winter period remains a challenge for all facets of the health service and the Committee continues to take a critical interest in the winter resilience plans for the city. Members welcomed the establishment of 'Transfer of Care Hub' which looked to enable the quick discharge of patients from hospital to home or a community setting. Members also acknowledged the Covid and Flu vaccination programmes including cohort eligibility and campaign timings, as well as the interdependencies of the winter plan with other service developments. Winter planning will continue to feature on the Committee's work programme as an important issue to provide assurances that plans remain robust and fit for purpose.

Following inspection in June and August 2022 by the Care Quality Commission (CQC), South Tyneside and Sunderland NHS Foundation Trust (STSFT) was given an overall rating of 'Requires Improvement' from the previous rating of 'Good'. The Health and Wellbeing Scrutiny Committee were interested in seeking assurances from STFT that steps had been taken to address the actions highlighted in the CQC inspection report. Members received an initial presentation which provided information around the Trust's action plan and progress to date but Members felt that this did not provide the assurances required and requested more detailed information be submitted to the committee.

It is important that members, and the committee as a whole, are satisfied with the information provided and sometimes follow-up actions are required to fully scrutinise the issue under consideration. STFT submitted a more detailed action plan to the committee, and members were pleased to recognise the progress that had been made. STFT had made significant progress with only nine outstanding actions from 46 identifiable actions from the CQC, and the expectation was that these actions would be completed by 31 March 2024.

Finally, I would like to take this opportunity, on behalf of myself and the committee, to thank Members, officers, partners and stakeholders who have continued to contribute and work with the Health and Wellbeing Scrutiny Committee. The City Plan and the Director of Public Health's Annual Report highlight the importance of health and the challenges that we face as

a city in addressing those fundamental health issues. The Health and Wellbeing Scrutiny Committee will continue in its role to act as a critical friend to monitor and challenge service providers in the delivery of health provision across Sunderland.

Councillor John Usher Chair of the Health and Wellbeing Scrutiny Committee



HEALTH AND WELLBEING SCRUTINY COMMITTEE

WORK PROGRAMME 2023/24

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 2023-24 Council year.
- 1.2 The report also provides an update on a number of potential topics as raised by Members, for the Committee's consideration.

2. Background

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

3. Work Programme Update

3.1 The Health and Wellbeing Scrutiny Committee raised a number of issues at its work programme development session and a number of these issues have now been programmed into the Committee's work programme for 2023/24.

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 2023-24

REASON FOR	4 JULY 23	5 SEPTEMBER 23	3 OCTOBER 23	31 OCTOBER 23	28 NOVEMBER 23	16 JANUARY 24	30 JANUARY 24	27 FEBRUARY 24	26 MARCH 24
INCLUSION	D/L:23 JUNE 23	D/L:25 AUGUST 23	D/L: 22 SEPT 23	D/L: 20 OCT 23	D/L: 17 NOV 23	D/L: 5 JAN 24	D/L: 19 JAN 24	D/L: 16 FEB 24	D/L: 15 MAR 24
Policy Framework / Cabinet Referrals and Responses									
Scrutiny Business	Dental Services Update (NHS Improvement) Task and Finish Working Group Report (N Cummings) Determining the Scrutiny Work Programme (N Cummings)	Elective and Diagnostic Backlog (NHS FT)	SSAB Annual Report (Sunderland Safeguarding Adults Board) Public Health – Annual Report (Gerry Taylor) Task and Finish Scoping Report (N Cummings)	ICB Sunderland Update (Scott Watson) Winter Planning (ATB/ICB)	South Tyneside & Sunderland NHS FT CQC Inspection Action Plan (NHS FT) Sunderland NHS FT work with college on recruitment in NHS (NHS FT)	MH Strategy Update incl. Community MH in the City (Sunderland ICB, Public Health) Suicide Prevention Update (Gerry Taylor)	Alcohol Strategy – Update also include Alcohol Care Team (Gerry Taylor, NHS FT) Changes to Health Scrutiny Arrangements (Nigel Cummings)	Pharmaceutical Needs Assessment Update (Gerry Taylor) South Tyneside & Sunderland NHS FT Action Plan Update (NHS FT) Water Quality (Public Health)	GP Access Update incl. pilot schemes (Sunderland ICB) North East Ambulance Service Update (Mark Cotton) Oral Health Improvements – New Strategy (Gerry Taylor) Annual Report (Nigel Cummings)
Performance / Service Improvement									
Consultation/ Information & Awareness Raising	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23	Notice of Key Decisions Work Programme 22-23

HEALTH AND WELLBEING SCRUTINY 26 MARCH 2024 COMMITTEE

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 14 February 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 14 February 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 14 February 2024 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

Cabinet Agenda

Contact Officer: Nigel Cummings, Scrutiny Officer

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28 day notice Notice issued 14 February 2024

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
221006/744	To seek agreement to enter into the Northumbria Road Safety Initiative Partnership and Collaboration Agreement.	Cabinet	Y	14 March 2024	N	Not applicable.	Cabinet report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk
220207/690	To approve the sale of the former Alex Smiles site and to undertake required remedial works.	Cabinet	Y	14 March 2024	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

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220524/714	To agree to the grant of an option to sell property at Richmond Street, Sheepfolds, Sunderland.	Cabinet	Y	14 March 2024	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
221110/753	To seek approval for the Disposal of an Industrial Property in Washington.	Cabinet	Y	14 March 2024	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
230428/799	To seek approval for Housing Strategy for Sunderland 2023 - 2030	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland .gov.uk
230818/831	To update Cabinet on the Masterplan proposals for High Street West, Sunderland and to seek approval to appoint a Multi-disciplinary Design Team to progress the feasibility, design and planning work to develop the Project.	Cabinet	Yes	14 March 2024	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
230927/840	To Seek Cabinet Approval for the Siglion Business Plan	Cabinet	Y	14 March 2024	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	Cabinet Report	Democratic Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland .gov.uk

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Investment and Delivery Plan Housing Disposals Investment Act 1972, as amended, as the report will contain information. SR1 3AA committees agov.uk Investment and Delivery Plan Housing Disposals Investment Act 1972, as amended, as the report will contain information. The public interest in maintaining this exemption outweighs the public interest in disclosing the information. In public interest in disclosing the public interest in disclosing the information. In public interest in disclosing the public interest in disclosing the information. In public interest in disclosing the information. In public interest in disclosing the information. In public interest in disclosing the public interest in maintaining this exemption outweighs the public interest in maintaining this exemption o		public interest in disclosing the information. Reasons for the meeting to be held in private	Private meeting Y/N	Anticipated date of decision/ period in which the decision is to be taken	Key Decision Y/N	Decision- maker (if individual, name and title, if body, its name and see below for list of members)	Matter in respect of which a decision is to be made	Item no.
address storm damage to pier 2024 Report City Hall Plater Way Sunderland SR1 3AA Committeesgov.uk 231211/863 To provide an update on the former Civic Centre site To provide an update on the former Civic Centre site Cabinet Y During the period 31 January to 31 March 2024 N N/A Cabinet Report City Hall Plater Way Sunderland SR1 3AA City Hall Plater Way Sunderland SR1 3AA Committees	cition report City Hall Plater Way Sunderland SR1 3AA STAN Committees@sunderland .gov.uk cition). ining e	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	Y		Y	Cabinet	Investment and Delivery	231116/856
the former Civic Centre site period 31 January to 31 March 2024 Report City Hall Plater Way Sunderland SR1 3AA committees	Report City Hall Plater Way Sunderland SR1 3AA committees@sunderland	N/A	N		Y	Cabinet	address storm damage	231120/857
<u>Indiana di Augustiana di Augu</u>	Report City Hall Plater Way Sunderland	N/A	N	period 31 January to 31 March	Y	Cabinet	the former Civic Centre	231211/863

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240108/867	To approve the Community Asset Transfer Policy	Cabinet	Z	14 March 2024	Z	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk
240115/868	To seek approval to the partnership with Salvation Army in the creation of a Homeless Hub	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk
240116/869	To consider the review of Public Spaces Protection Orders	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk

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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
240118/870	To procure a developer for the Sheepfolds Neighbourhood of Riverside Sunderland	Cabinet	Y	14 March 2024	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
240119/871	To seek approval to enter into a new operating agreement with Sunderland BID Ltd for the period 1 April 2024 to 31 March 2029	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk
240119/872	To seek acknowledgement of the Homes England Compliance Report	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk

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240122/873	To receive an update on Sunniside Regeneration Activity and to approve the Sunniside Place Strategy	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk
240122/874	To procure consultants to deliver the Sunniside Place Strategy	Cabinet	Y	14 March 2024	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
240122/875	To provide an update on the delivery proposals for Riverside Park Sunderland and seek authority to proceed with procurement and construction of the first phases of work	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk

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240126/876	To consider the updated Local Welfare Provision Policy and Discretionary Housing Payment Policy	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk
240201/877	To seek approval to procure works and award contracts for construction of a new school building for Thorney Close Primary School	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk
240201/878	To seek approval for the proposed maintained school admission arrangements for the academic year September 2025-2026	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk
240202/879	To approve Council Tax Premiums and Discounts	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk

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240205/880	To approve the Highways Maintenance (including Bridges) and Integrated Transport Capital Programme 2024-2025	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk
240205/881	To seek approval to procure training providers to deliver the devolved Adult Education Budget – academic year 2024/2025	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Democratic Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk
240205/882	To seek approval to receive external funding to develop new sport and physical activity 'playZones' across the city.	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk
240206/883	To seek approval to award funding to Third Sector organisations providing social care related services	Cabinet	Y	14 March 2024	N D of 63	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk

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240208/884	To seek Cabinet approval for the letting of buildings at Hillthorn Business Park and Washington Road	Cabinet	Y	14 March 2024	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
240208/885	To seek approval to transfer external grant funding to SLM to support additional revenue and capital costs incurred at the Hetton Community Pool and Wellness Centre	Cabinet	Y	14 March 2024	N	N/A	Cabinet Report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland .gov.uk

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240208/886	To approve a delivery model for the provision of Biodiversity Net Gain ("BNG") including the use of Council owned land and the passporting of monies secured from third parties for the delivery of BNG.	Cabinet	Y	14 March 2024	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
240209/887	To seek approval to procure and appoint an Electric Vehicle Charge-point Operator to deliver Residential Community Charging Hubs	Cabinet	Y	During the period 14 March to 30 June 2024	N	N/A	Cabinet Report	Governance 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 abouge 62 of 63

Who will decide;

Councillor Graeme Miller – Leader; Councillor Claire Rowntree – Deputy Leader & Clean Green City; Councillor Paul Stewart - Cabinet Secretary; Councillor Kelly Chequer – Healthy City; Councillor Kevin Johnston – Dynamic City; Councillor John Price – Vibrant City; Councillor Linda Williams – Children, Education and Skills.

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

14 February 2024