

## **HEALTH AND WELLBEING SCRUTINY COMMITTEE**

### **AGENDA**

**Meeting to be held on Wednesday, 8<sup>th</sup> September, 2021 at 5.30 pm in the Council Chamber, Sunderland Civic Centre, Burdon Road.**

#### **Membership**

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

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#### **Part B – Scrutiny Business**

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Report of the Sunderland Safeguarding Adults Board  
(copy attached)

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

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

31<sup>st</sup> August, 2021

**At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the Council Chamber of the CIVIC CENTRE, SUNDERLAND on WEDNESDAY, 7<sup>th</sup> JULY, 2021 at 5.30p.m.**

**Present:-**

Councillor N. MacKnight in the Chair

Councillors Burnicle, Butler, Haswell, Heron, McClennan, McDonough, Speding and Walker

**Also in attendance:-**

Ms. Kath Bailey, Public Health Specialist, Sunderland City Council

Mr. David Chandler – Chief Operating Officer and CFO, Sunderland Clinical Commissioning Group

Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council

Mr. Philip Foster – Managing Director, All Together Better Alliance

Ms. Andrea Hetherington – Director of Corporate Affairs and Legal, South Tyneside and Sunderland NHS Trust

Dr. Fadi Khalil – Executive GP, Sunderland Clinical Commission Group

Mr. Graham King – Assistant Director Adult Services / Chief Operating Officer Sunderland Care and Support, Sunderland City Council

Ms. Joanne Stewart – Principal Governance Services Officer, Sunderland City Council

Ms. Hazel Taylor – Clinical Director, Washington PCN

**Apologies for Absence**

Apologies for absence were given on behalf of Councillors Leadbitter and Potts.

**Minutes of the last meeting of the Committee held on 14<sup>th</sup> April, 2021**

Councillor Haswell referred to page five, paragraph six, of the minutes and asked that it be included that Mr. Sutton had also advised, as part of his response to questioning, that at it's peak ten of the twenty two beds available at the current Royal Eye Infirmary site had been in use at any one time.

There was also an omission that Mr. Sutton had advised he would return to future meetings of the Committee with updates on the development in due course.

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 14<sup>th</sup> April, 2021 (copy circulated) be confirmed and signed as a correct record, subject to the amendments as identified above.

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

### **Item 4 – CoVid19 in Sunderland – Update**

Councillor MacKnight made an open declaration in the above item as he had a professional interest in the report from the Executive Director of Public Health.

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

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

(for copy report – see original minutes)

The Committee were provided with a comprehensive update and taken through the presentation circulated from Ms. Kate Bailey, Public Health Specialist, which set out the latest public health developments in relation to CoVid-19 across the city, including details on:-

- Key facts and figures in relation to the current situation and Sunderland's experience of the pandemic;
- The roadmap out of lockdown;
- The vaccination programme;
- Information about variants and how we responds to them;
- The Local Outbreak Management Plan;
- Locally enhanced contract tracing; and
- The hosting of safe events.

Mr. David Chandler, Chief Operating Officer and CFO, Sunderland CCG, Mr. Philip Foster, Managing Director, All Together Better Alliance and Dr. Fadi Khalil, Executive GP, Sunderland CCG, provided the Committee with a presentation which gave updates in relation to performance standards, the All Together Better Alliance engagement and priorities and the latest position of the CoVid-19 Primary Care Vaccine Programme.

Mr. Graham King, Assistant Director of Adult Services / Chief Operating Officer of Sunderland Care and Support, provided information to the Committee on the current position in relation to adult social care across the city and the impact on services as a result of the pandemic.

(for copy presentations – see original minutes)

Councillor MacKnight thanked Officers for their presentations and invited questions and comments from the Committee.

Councillor McDonough asked if there were any particular areas of the city where there were rises in cases that needed more focus in pushing the vaccine and Ms. Bailey advised that Officers kept an eye on the data at quite a granular level and that they did record the top five wards and these findings were showing that they tended to be some of the more deprived areas of the city. She advised that they targetted areas with the lowest uptake of the vaccine, which at present were Millfield, Hendon, Washington North, Barnes and St. Peter's but explained that although they were recorded as the lowest in the city the uptake was still pretty good. Should the pattern change then they would re-evaluate and look to target those areas.

In response to a question from Councillor McDonough regarding the relocation of the testing site to North Hylton, Ms. Bailey advised that this was not due to any spike in infection cases in that area but just that there had been no physical testing site in the north of the city and now the opportunity to identify a site had arisen.

Councillor McDonough asked how, or if, the NHS were continuing to work with the private sector to supplement services and get treatments to patients quicker as had been undertaken earlier in the pandemic. Mr. Chandler advised that the NHS were presently not utilising the private hospitals to treat patients as they had earlier in the pandemic; but advised that the NHS commissioners were continuing to use them to carry out more elective work. They had been brought online to help with capacity and they were expecting to see lot more patients use them as part of the overall response.

With regards to GP's seeing more patients, Councillor McDonough asked if these were physical or virtual appointments; as virtual appointment were quicker and more efficient but some people had not felt that they were as effective as being seen in person. Dr. Khalil advised that 52% of appointments were face to face, with 48% being undertaken by remote access, however they knew that these did not fit all patients and GP surgeries were currently working to revert back to a balance between the two options, whilst taking into account other issues such as waiting room capacity, etc.

In response to a further query from Councillor McDonough, Mr. King advised that care home staff were tested three times a week, with one PCR test and two lateral flow tests per week and residents were being tested four weekly. He advised that if there was to be an outbreak in a care home this would obviously result in more testing during that time.

Councillor McDonough asked if another spike in infections in the winter, which could potentially be during the flu season, was foreseen and if it was to happen what preparations the NHS were putting in place to tackle that. Mr. Chandler advised that they had response groups who actively monitored the situation day by day, week by

week and should it be felt that there was a need to respond to rises in infections then there were plans and procedures to put into place, for example they knew how to quickly extend capacity in the intensive care unit if it was required. He assured the Committee that services were prepared and business continuity plans were ready to put into place if needed.

The Committee were also advised that they had prepared a 'lessons learned from the last year' which was being fed into a new plan for the winter and while CoVid patients were reducing, they were now seeing demand rise from other pressures so they were constantly evaluating and coordinating to be prepared for the winter, although the demand on services had not reduced during the summer months.

Councillor Speding commented that he was pleased to see the adoption of the Greek alphabet to identify variants, rather than locations, to stop any stigma being attached to future variants, as there had been some rise in hate crimes towards some ethnic groups which was felt may be as a result of the naming of variants. Ms. Bailey agreed wholeheartedly with the comments but only wished that the WHO had made the decision a lot sooner.

Councillor Speding referred to the vaccination rates, and the flu vaccination that was available currently, and asked if the CoVid vaccination would continue to be administered to address any further variants in a similar way. Dr. Khalil advised that the simple answer was that they did not yet know what would happen in the future with vaccines. They were currently modelling all of the various scenarios and they had commitment from all of the GP practice's and the PCN's, etc. that they would provide the CoVid vaccine for phase three but the particulars had not yet been agreed upon.

He also referred to the NHS app and the Track and Trace system and the fact that he had been required to sign in at the Civic Centre but there had been no QR code to capture. He commented that he felt that this should be something that was adopted. He understood from his own experiences that the younger residents of the city were on board with using the system and commented that QR codes should be offered in Council buildings. Ms. Bailey advised that the legal requirement was to collect the data but how it was gathered was variable although using the app alongside paper-based systems allowed for more inclusion.

Councillor Speding referred to the percentage of face to face appointments with GP's and was encouraged by the fact that 52% were currently face to face as he had been concerned that patients with long term illness may be placed at the end of a queue for telephone consultations and that there may be some reluctance from those patients to use alternatives to traditional in person appointments.

In response to comments from Councillor Speding regarding the use of private sector facilities, Mr. Chandler advised that the use of private hospitals to carry out elective surgeries was a long standing arrangement they had with the NHS and the

additional capacity was invaluable and helped with peaks and troughs in demand. They were hopeful it would help reduce waiting lists faster than if only using NHS facilities and resources.

Councillor Haswell referred to the Pfizer vaccine being that of choice for under 40 year olds, but commented that he had been offered the Moderna vaccine and asked if there was reasoning behind that. Ms. Bailey advised that PCN sites had access to the Pfizer vaccine but that the mass vaccination centres had some stocks of the Moderna vaccine and would use that as an alternative also, and that this could vary day to day dependant on vaccine supplies.

In response to a query from Councillor Haswell regarding the wards in the city with low uptake of the vaccine, and Millfield and Hendon being 10-15% behind the next lowest wards, and if there was any reason other than deprivation that was affecting those two wards, Ms. Bailey advised that Officers had been trying to unpick data and understand what was driving those particular patterns but it was complex and could be multiple causes. It was partly around the demographics of those areas, residents being younger, a predominance of some ethnic groups in those communities and the deprivation profiles as well. She commented that there was an element of the cohort six, those clinically at risk, that they knew from the flu vaccination programme could be more of a challenge to get them to come for their vaccines so there could also be complacency in those groups of residents. All of those factors together drove the patterns that were being seen and they were working to address the different tactics to try and improve the uptake of vaccinations for those communities.

With regards to the relocating of the testing facility to North Sunderland, Councillor Haswell asked if demand had dropped to warrant the current site being closed or if there should be two sites running. Ms. Bailey informed Members that the way in which residents were accessing testing had changed significantly as they had moved through the pandemic. As more alternatives offers were being rolled out they had seen less demand through the physical sites and they no longer required as many so they took the opportunity to relocate the site in an area of the city that did not previously have one.

Councillor Haswell asked if the Committee could continue to receive more information on the five wards ranked with the lowest uptake of the vaccination in the city and Ms. Bailey advised they would ensure the Committee were updated accordingly in future reports.

Councillor Haswell referred to the report from the CCG in relation to the fifty-two and eighteen week referral for treatment and commented that in this report Mr. Chandler had referred to being online with the national trajectory, however in previous updates it had been presented as comparable with other NHS trusts in the region. He asked if there had been a deterioration in the performance with other NHS trusts whilst still being inline with the targets. Also, he referred to the demand on accident and emergency (A&E) services being at a ten-year high and asked what was being done

to divert residents to alternative provision such as walk in services and out of hours GP's.

Mr. Chandler advised that the referral to treatment (RTT) data was presented in a different way but Sunderland were still performing the best in the North East region. He informed Members that this may change going forward with the rollout of the Elective Recovery Fund (ERF) as other areas may have better access to funding but he assured Members that compared to both regional and national targets Sunderland continued to perform strongly in relation to RTT. He explained that the challenge was to take advantage of the ERF opportunity and bring the waiting lists down as fast as they possible could and they were putting more support in for those patients who were waiting for treatment.

In relation to A&E demand, Mr. Chandler explained that they had a lot of extra capacity in the system other than just the emergency department, such as urgent care facilities, and they were currently seeing a 50/50 split across the two services. GP surgeries continued to be extremely busy but were not turning patients away and they were looking to bring the extended access service back up to full speed as soon as possible so that those additional offers were in place. He informed the Committee that they were still seeing a lot of patients presenting to A&E that maybe did not need to and who could have received treatment and advice through their pharmacy or the 111 telephone service. He explained that this was a cultural issue and it make take some time to change.

Councillor Haswell referred to the All Together Better presentation and supporting hospital discharge and asked how often there had been an escalation to bronze or silver during the last three to six months and was informed by Mr. Foster that during the winter the bronze and silver meetings had be in operation weekly. Since March they had started to step some of that command control structure down and during the last month they had only had to call an emergency bronze meeting once following the Bank Holiday when patients had needed some support in discharging from hospital.

In response to a further question from Councillor Haswell regarding the spike in demand for the therapy teams and whether there was a backlog, Mr. King advised that there was a backlog around the waiting time for assessments which was usually within a couple of days but was now more closer to a couple of weeks. He explained that they were employing a number of agency staff to help in bringing that waiting time down within the next month or so.

Councillor Haswell asked if Officers had a recovery plan that identified when they should return to the normal rates of waiting times and also asked what assurances there were that the agency staff being used provided the quality of provision that was the same as that from long term members of staff. Mr. King advised that they tend to use the same agency workers and that they had contracts in place with agencies that they were comfortable with. The service also looked to provide a contract for



agency staff for a reasonable amount of time rather than just one or two weeks which would usually attract more reasonable members of staff.

In relation to current activity levels for the Therapy Team, Mr. King did not envisage that it would ever return to where it had been previously as pre-CoVid they had started to see demand on the service increasing. There was a recovery plan in place for adult social care which he was happy to go through in more detail at one of the future meetings when he provided his quarterly update report.

In a follow up question, Councillor Haswell asked if the budget was available for the agency staff or if it would be more affordable to be looking at recruiting additional staff within the organisation to avoid paying premium agency rates. Mr. King agreed that agency staff did cost more but explained that grants had been made available for social care that could be drawn down to support this and other additional costs in the current circumstances.

Councillor Butler referred to mental health of residents and the potential for safe events to be run and asked if it was thought that parkrun's could resume soon. Ms. Bailey explained that this was very much a 'live' issue and a request had been made to restart them in Sunderland. She had sight of the CoVid framework which she had a couple of issues with in relation to the delivery model, such as everyone starting at the same time, etc. and those specific concerns had been fed back to parkrun. She also added that as a region all authorities should either agree or disagree to restart them as there would be an issue with residents travelling between authority areas if only some areas agreed to restart.

Councillor Butler commented that infection rates outdoors was minimal but wondered what the unintended consequences of not allowing them to go ahead were, as there was the social and mental aspect of exercise as well as the physical. Personally, he felt that parkrun's should be allowed to restart and he understood that the CEO had shared a list of those authorities that had agreed to it, and that it was subject to the agreement of local authorities and landowners. He understood that they were due to recommence on 26<sup>th</sup> June but that the decision would be taken on 11<sup>th</sup> June and asked what all Members could do to encourage the reopening of them with the caveats in place required to keep them safe.

Ms. Bailey commented that the social and mental health benefits, as well as the physical benefits, were really important and they would all like to see a return to activities such as these if the circumstances and measures were right. It was recognised that being outside was much safer than attending inside venues and she felt that they would get to an agreement about restarting parkrun's but it would depend on infection rates. She advised that there were other runs arranged within the city and if they were to go well it would build confidence generally around running more similar, safe events. She understood that parkrun would just like a yes or no answer across the board but the organisers had to appreciate that what may be the

situation in Sunderland would not be the same as other parts of the country and therefore it had to be context specific.

As a follow up question, Councillor Butler commented that the Sunderland 10K and Half Marathon events were going ahead with more participants than would ever be at a parkrun and asked what was the difference? Ms. Bailey advised that it was the control at the beginning and the end of those races but there was still the chance that should infection rates escalate they may also not go ahead. The same degree of scrutiny and responsibility was applied to all events to make decisions as fair as possible. They had been in discussions with the event organisers from the beginning and protocols were in place to ensure that the hands, face, space message was continued to be promoted for the event; this planning ensured the events could be undertaken as safely as possible.

Councillor Butler referred to the overwhelming of the A&E department and commented that from personal experience it didn't seem as though everyone was giving out the same information as a relative of his had been advised to go to A&E when they could not get a GP appointment for over three weeks. Dr. Khalil commented that this should not be the advice that was given, and he would be happy to take more details outside of the meeting so he could look into the matter further.

Councillor McClennan referred to the five areas of deprivation within the city which had now been identified, and had not been available at earlier meetings, she asked if there were any real statistics or research available on which aspect(s) of deprivation were causing the issue, for example in the Hendon ward there were three very distinct communities, the transient community; living in closed together terraces, the BME community and the East End residents; who had intergenerational lives, on top of which there were long term health issues and high unemployment issues and she was wondering how much level of detail they were trying to gather in terms of why there were differences in the five deprived areas. Ms. Bailey advised as they had gone through the pandemic they had gathered more detailed data on certain aspects and there were a number of key pieces of research going on nationally and internationally around the spread of the infection. There had been a particular piece of work undertaken on intergenerational households and the effect on transmission but the findings from these would not be available for some time although this would not stop them continuing to carry out their own studies to understand what was happening locally.

In relation to children and mental health, Councillor McClennan raised her concerns and noted that treatment and services was being maintained but asked if services were doing anything differently and tackling the long term impact it may have on children during this hopefully one-off incident. Mr. Chandler advised that in terms of access, services had stayed open and access to those services had improved. He also advised that the NHS had to invest at least as much, if not more, into mental health services as physical services and in Sunderland they had recently agreed to

double the amount of funding into children's mental health services than was going into adult's.

Mr. Chandler went on to assure the Committee that they were trying to make it as easy as they could for families to get to see a GP and then, where appropriate, get the referral onto more specialised services. The mental health services were then trying to be as responsive as possible in terms of the kinds of issues that were being referred to them, whilst also working with local authorities and schools, etc. but they recognised there was more to do in the area.

The Committee were also advised that the PCN's continued to try to work in neighbourhoods and home in on problems suffered by children and young people and gave an example where they were working with schools in the Washington North area. Members were advised that as part of that pilot, social prescribers were being used to go into schools, to work in a different way to traditional mental health workers, and try to tackle some lower level issues such as anxiety, bullying, etc with children before it could become a bigger issue. Councillor McClennan commented that it was heartening to know this work was being piloted and asked if more information could be provided on the scheme.

Councillor McClennan referred to an article circulated by the Scrutiny Officer on the Finnish Education System and found it fascinating how they were tackling the spreading of misinformation through social media and the internet by working with children from kindergarten and upwards through the curriculum and urged Together for Children to consider exploring it in greater detail and possibly look to run a similar trial with a school in the city. Mr. Cummings advised that he would pass the article and comments on to Officers in Together for Children who were not present at the meeting.

In response to comments from Councillor McClennan regarding the Sunderland Royal Hospital becoming the sole base for patients with CoVid in the region, Mr. Chandler advised that as Chief Officer of the CCG this was not something he had been made aware of but he could not comment on behalf of the NHS. Ms. Bailey commented that at the beginning of the pandemic it had been discussed as an early strategy as the hospital had a specialist infectious disease unit but it was not something she was aware of for the future. Ms. Hetherington also commented that it would be dependent on the numbers of cases of infection, and that Sunderland did have a specialised ward so if it was deemed necessary patients from across the region may be sent there, although Councillor MacKnight did raise the fact that Sunderland was not the only hospital to have this facility.

Councillor MacKnight referred to the increase in A&E attendances and asked if Officers had any idea what the drivers were behind that and what message, if anything, Councillors could be giving to members of the public about alternative routes for treatment that were available. Mr. Foster commented that the rise in demand could be for a whole range of reasons and factors and explained that there

was a vast amount of communications that was circulated through the outbreak boards, the Trust's and CCG's information, signposting patients to the 111 telephone service and GP services, etc. If anything, he would ask Members to promote the message that if it was not a real emergency situation or condition then not to present to A&E.

Mr. Chandler added that the key message for urgent care would be for patients to use the 111 telephone service who could help signpost them to the correct service for assistance, rather than just turning up at A&E where it may not be appropriate.

Councillor MacKnight referred to the progression of the vaccination programme and the cautious optimism that we were on the road to recovery and asked what the key message would be as to where we currently are and what steps need to be taken to ensure the continued moving out of the pandemic phase. Ms. Bailey commented that the vaccine programme was really important and the key thing that was making the big difference in tackling the pandemic. The only thing that could possibly undermine the success of the programme would be the reluctance of some groups to come forward for the vaccine or a new variant that does not respond to current vaccines. The key messages would be for residents to remain cautious in the progressing roadmap and continue with the hand, face, space behaviours going forward.

Ms. Taylor commented that there was also the need to ensure that people were encouraged to attend for their second injection as they were seeing a higher drop off rate, especially in younger people, and they were having to be chased up to attend.

The Committee thanked all those in attendance for their hard work and dedication during very difficult times and appreciated all of the work that was being undertaken in the successful roll out of the vaccination in the city, and it was:-

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

### **Path to Excellence Phase Two – Joint Health Scrutiny Committee Update**

Mr. Cummings, Scrutiny Officer, advised the Committee that the wrong report had been included in the papers and as such, requested that the item be deferred to a future meeting of the Committee.

Councillor Haswell sought assurance that in doing so the Committee were not missing any deadlines in relation to the roll out of phase two and Mr. Cummings confirmed that they were not as the report was purely for information.

Accordingly, it was:-

3. RESOLVED that the report be deferred to a future meeting of the Committee.

### **Annual Scrutiny Work Programme 2021/2022**

The Scrutiny and Members' Support Coordinator submitted a report (copy circulated) which provided options, support and advise to Members on the development of the scrutiny work programme for the municipal year ahead.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, advised that a working group session had been arranged for 22<sup>nd</sup> June, 2021 which all members and colleagues were invited to attend to look towards setting out a number of relevant issues and topics for consideration by the Committee.

Members having considered the report, it was:-

4. RESOLVED that the work programme be received and noted and that the development of the scrutiny work programme through a working group session be agreed.

### **Notice of Key Decisions**

The Strategic Director of People, Communications and Partnerships submitted a report (copy circulated) providing Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from 17 May, 2021.

(for copy report – see original minutes)

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

5. RESOLVED that a briefing note be requested as set out above and the Notice of Key Decisions be received and noted.

The Chairman then closed the meeting having thanked Members and Officers for their attendance and contribution throughout the year and having wished Councillor Davison well in the future as she would not be standing in the forthcoming elections.

(Signed) N. MACKNIGHT,  
Chairman.

## HEALTH & WELLBEING SCRUTINY COMMITTEE 8 SEPTEMBER 2021

### SUNDERLAND SAFEGUARDING ADULTS BOARD ANNUAL REPORT

#### REPORT OF THE SUNDERLAND SAFEGUARDING ADULTS BOARD

##### 1. Purpose of the Report

- 1.1. It is a Care Act requirement for the Independent Chair of the Safeguarding Adults Board to give an annual account of the work of the Board.
- 1.2. The annual report, attached for members' information, highlights the current work of Sunderland Safeguarding Adults Board (SSAB) during the year 2020-21.

##### 2. Background

- 2.1. The workings of the Board and its current sub-committees, and importantly what they have achieved, are shown within the body of the report and also the links the Board has with other strategic partnerships within the City.
- 2.2. The work of SSAB in 2020-21 focused on four strategic priorities, as identified in its Strategic Delivery Plan 2019-24:
  - Prevention
  - Making Safeguarding Personal (MSP)/ User Engagement
  - Partnership (including regional collaboration)
  - Key local areas of risk (self-neglect, mental capacity and exploitation)

These priorities informed the Board's local actions to safeguard adults in Sunderland and were underpinned by the Care Act's six key principles of adult safeguarding.

- 2.3 The report highlights significant progress against its strategic priorities through the work of the SSAB & its Sub Committees, and through the training offer the SSAB commissions. It also features the Key Achievements; Good Practice, Partnership Working and Making Safeguarding Personal activity undertaken by the SSAB's statutory partners, and a 'Year in Figures' Performance Summary giving the headline activity figures for 2020-21 in relation to the Safeguarding Adults operational process. It highlights how partners worked differently during the COVID-19 pandemic to enable safeguarding adults activity to still be maintained and progressed. It sets out the future direction of travel for the Board with regard to work on focusing on recovery following COVID-19, and implementation of the lessons learned, to ensure good practice and innovation are not lost going forward. In addition, a range of work to strengthen the Safeguarding Adults resources available; the launch and embedding of the Complex Adults Risk Management (CARM) process for managing the most complex safeguarding adults cases; participation in National Safeguarding Week in November 2021.

- 2.4 The report also sets out the new priorities that SSAB has agreed for 2021, following an exercise to review and follow the data, and refresh performance and assurance frameworks, and notes that SSAB will work jointly with the Sunderland Safeguarding Children Partnership (SSCP) on some of these areas. The new priorities are:
- Prevention
  - Local Areas of Risk (Self-Neglect; Mental Capacity; Homelessness; Complex Adults Risk Management (CARM) – at Risk / Vulnerable / Complex Cases (including Substance Misuse); Domestic Abuse; Suicide Prevention (particularly in light of the effects of COVID-19)).
  - Transitions; Exploitation; Learning from Safeguarding Adult Reviews (SARs) and Local Safeguarding Children Practice Reviews (LSCPRs).

### **3. Recommendation**

- 3.1 The Scrutiny Committee is asked to note and comment on the content of the Safeguarding Adults Board Annual Report 2020-21.





# Annual Report 2020-2021



[www.sunderlandsab.org.uk](http://www.sunderlandsab.org.uk)

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## Foreword—by the Independent Chair of SSAB

I was delighted to be appointed as chair in December 2020 and, as such, this will be my first annual report. As I joined the Board part way through the year, I would like to offer my thanks to the outgoing chair, Paul Ennals, for his support in my transition and his leadership of the Board.

The world of adult safeguarding has always been challenging, however, 2020/2021 has proven even more so. COVID-19 has tested organisations capacity and ability to respond to crisis. Our most vulnerable residents have been at risk and have been isolated and service delivery was required to change quickly to meet new demands and procedures, in order to protect our communities.

Despite all of these challenges, organisations and partners have continued to offer assurances, present and interrogate data and provide actions that ensure adult safeguarding remains a priority. I would like to take this opportunity to thank organisations and their staff for their level of commitment and increased reporting during this time.

Sunderland has been part of the national Insights work and this has enabled the Board and members to scrutinise our position and plan ahead. In addition, we have taken the time in the last quarter of 2020/21 to refresh our priorities and ensure our assurance and performance frameworks reflect our learning.

Whilst I cannot overstate how challenging the next year will be as we enter a recovery stage of the pandemic, bringing new demands on our services and communities, in terms of an increase in presentations and complexity of need, I am confident, given the robust governance and commitment from partners and wider community members, that we will be innovative in our approach and place vulnerable adults at the heart of our planning.

Lastly, I would like to thank Pam Weightman and Amy Paulson for supporting me in my new role and for their detailed work in ensuring the Board runs smoothly.

**Vanessa Bainbridge, Independent Chair, Sunderland SAB**

## Sunderland Safeguarding Adults Board

[Sunderland Safeguarding Adults Board \(SSAB\)](#) is a statutory body which brings together partner organisations in Sunderland to safeguard and promote the welfare of adults at risk of abuse and neglect, and is responsible for ensuring the effectiveness of what partner agencies do. SSAB has a strong focus on partnership working and has representation from the following organisations across the City:

- [Sunderland City Council](#)
- [Northumbria Police](#)
- [Sunderland Clinical Commissioning Group](#)
- [South Tyneside & Sunderland NHS Foundation Trust](#)
- [Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust](#)
- [Healthwatch Sunderland](#)

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

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

## Our Vision

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

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

SSAB's vision for safeguarding adults in Sunderland can only be delivered effectively through the support and engagement of a wide range of partner agencies and organisations across the city.

SSAB continues to work toward achieving its vision through the committed local partnership working between a range of organisations that comprise the membership of SSAB, the SSAB Partnership Group and Sub-Committees, working together with common objectives and commitments.

## Strategic Delivery Plan

SSAB's [Strategic Delivery Plan](#) details key focus areas for the period of 2019-2024, and identifies how SSAB will ensure its statutory responsibilities are met in accordance with the [Care Act 2014](#) and embedded in practice across the partnership. The Plan is underpinned by SSAB's Multi-Agency Memorandum of Understanding, which describes the Board's remit and governance arrangements.

SSAB established four strategic priorities detailed in the Plan:

- Prevention
- Making Safeguarding Personal (MSP) / user engagement
- Partnership (including regional collaboration)
- Key local areas of risk (self-neglect, mental capacity and exploitation)

These priorities inform the Board's local actions to safeguard adults in Sunderland, and are underpinned by the Care Act's [six key principles of adult safeguarding](#).

The strategic priorities have been progressed through the work of the SSAB's Partnership Group and the Learning and Improvement in Practice (LIIP) and Quality Assurance (QA) sub-committees.

## Strategic Delivery Plan:

### Progress and Achievements

#### Prevention

- SSAB Prevention Strategy refreshed in March 2021, to take account of the COVID-19 pandemic
- Successful local campaign in line with National Safeguarding Adults Week, including messages on SSAB's Twitter page and networking events (virtual due to pandemic) and social media messages across the partnership to promote safeguarding adults messages
- During the COVID-19 pandemic, key safeguarding adults information continued to be shared with partners

#### Making Safeguarding Personal (MSP)/user engagement

- During COVID-19, alternative methods of communication (such as video calls) have been used to ensure individuals could remain engaged
- Development of easy read SSAB Annual Report 2019-20 by self-advocates from Sunderland People First; this has been published on the SSAB website
- Safeguarding adults operational model continues to have MSP at its heart, meaning figures for meeting MSP targets in 2020-21 were consistently high

#### Partnership (including regional collaboration)

- SSAB representatives were part of regional work via SAB's, Police & Clinical Commissioning Groups to develop a Missing Adults Protocol, which was launched in November 2020
- Continued representation at the Safeguarding Adults Regional Network
- Key statutory partners met regularly throughout the pandemic period in 2020-21, to provide updates and assurance in relation to COVID-19 and safeguarding adults activity

#### Key local areas of risk

- How To Assess Mental Capacity training course commissioned for another year and delivered to multi-agency staff
- Self-Neglect was the key theme for Safeguarding Adults Week, and SSAB's Self-Neglect resources were promoted as part of this
- Work undertaken looking at complex safeguarding cases, including those where exploitation is a factor, aiming to develop a consistent multi-agency approach

## The Work of SSAB and its Sub-Committees

### Governance

- Meeting frequency: quarterly for sub-committees and twice yearly for Board—COVID-19 pandemic meant that the SSAB and sub-committees held virtual meetings (some meetings cancelled where this was unavoidable)
- SSAB governance documents reviewed and refreshed in light of COVID-19 and also new SSAB Independent Chair appointment
- The SSAB newsletter was published & distributed to a wide range of stakeholders once during 2020-21, with the COVID-19 response preventing more, but a return to 3-4 copies per year is planned for 2021-22
- Continued interface with other statutory processes where required, despite the pandemic

### Quality Assurance

- During the COVID-19 pandemic, audit activity was mostly suspended; however the audit tools themselves were reviewed and updated so they collate data more easily. This will enable SSAB partners to use the results of future audits more effectively to improve processes/services, and to identify areas of good practice more easily
- Audit undertaken of sample of hospital discharge cases during COVID-19
- Progressed the SSAB's Quality Assurance Framework action plan
- Supported Safer Internet Day on 5th February 2021 via social media posts
- Held National Safeguarding Week events— necessarily mostly online-based information events & social media posts due to the pandemic.
- Ensured SSAB Multi-Agency Safeguarding Adults Procedures continued to be up to date
- Progressed Quality Assurance Sub Committee actions identified in the SSAB Work Programme, or agreed new timescales where progression wasn't possible due to the pandemic.
- Refreshed the SSAB Communications & Engagement Activity Plan
- Produced an easy read version of the SSAB Annual Report 2019-20 with Sunderland People First self-advocacy group

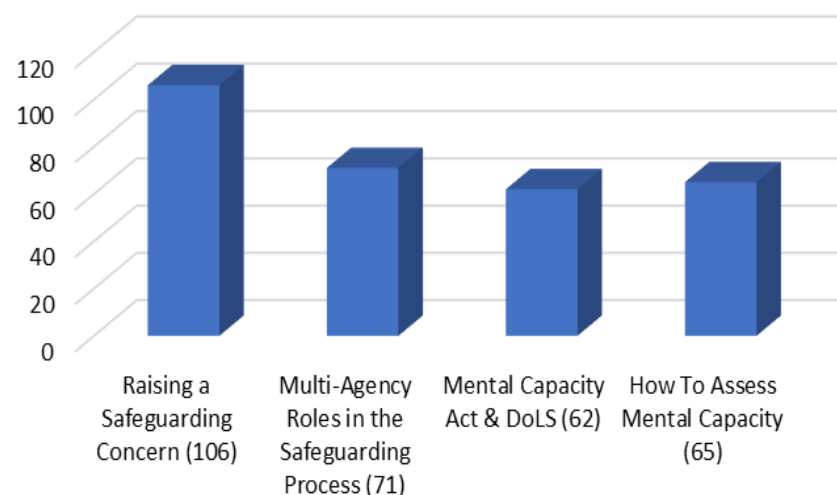
### Learning and Improvement in Practice

- Kept up-to-date with the upcoming changes from DoLS to Liberty Protection Safeguards (LPS) and the potential implications of this
- Considered 2 cases against the Safeguarding Adult Review (SAR) criteria; one of which met the criteria, and was progressed accordingly

### Training

- Re-commissioned the CPD-accredited Safeguarding Adults e-learning package from Social Care Institute for Excellence (SCIE)
- Continued commissioning of multi-agency safeguarding adults training, delivering 34 training sessions across the year
- This continues to be well received & to result in an improvement in the number and quality of safeguarding concerns being raised, as well as the contribution of partner agency attendees at safeguarding meetings, delivering upon the key principles of adult safeguarding: empowerment, prevention, proportionality, protection, partnership and accountability

Training Attendance 2020-21



## Statutory Partners' Contribution to Safeguarding

### Key Achievements

SSAB partners continue to support the safeguarding adults agenda, meeting key statutory responsibilities and contributing to the work of the sub-committees and Board. Partners have proactively engaged in local and national safeguarding campaigns, and continue to share good practice and learning. Partners also undertake regular governance and assurance activities.

#### Sunderland Clinical Commissioning Group (CCG)

- Agreed funding to support the continued development of the Adult Multi-Agency Safeguarding Hub (MASH) in March 2021 with health staff co-located in an integrated MASH team. The funding has been increased from 2020 to accommodate a full time post with a further review in September 2021 to support recurrent funding for the post
- Provided grant funding in March 2021 to support the ongoing development of a Trauma-Informed Recovery Unit for women with complex needs
- Provided grant funding March 2021 to support community counselling services for domestic abuse victims
- Provided a further year of grant funding March 2021 to support the health domestic abuse advocate role in primary care providing support to all Sunderland practices. This is an increase from the original programme for 12 practices. This includes training for staff, support for MARAC referral and support to primary care staff who identify victims of domestic abuse
- Provided one off funding March 2021 to Sunderland Council Housing Department to develop and improve health outcomes for the homeless population

#### Cumbria, Northumberland Tyne and Wear NHS Foundation Trust (CNTW)

After a successful business case from the Sunderland Clinical Commissioning Group, a practitioner post has been established and funded to work into the Adult Multi-Agency Safeguarding Hub (MASH) for a 12 month period. CNTW has developed and embedded this role, which has been invaluable throughout the pandemic, providing a patient-centred approach and a strong multi-agency opinion.

#### South Tyneside and Sunderland NHS Foundation Trust (STSFT)

- Utilise Datix as their standardised Informatics reporting system, ensuring a responsive safeguarding culture throughout the organisation. Datix has functionality to generate and send safeguarding referrals securely to the relevant Local Authority
- Effective multi-agency working has continued throughout the pandemic, inclusive of information sharing activity with the Multi-Agency Safeguarding Hub (MASH) and Northumbria Police whilst assisting with Prevent information requests
- The IDVA/DAHA has continued to support staff to recognise and respond to Domestic Abuse. Throughout 20/21 there were a total of 104 IDVA/DAHA referrals across the Trust

#### Northumbria Police

Northumbria Police recently created a new Safeguarding Strategic Innovation Partnership Team (SIP), and ensures that the same member of the Safeguarding Senior Management Team (SMT) at DCI level attends all 6 of the Local Authority's Safeguarding Adults boards. This allows wider learning from all Safeguarding Adults Boards and consistency of approach.

#### Sunderland City Council

- Reviewed and updated relevant parts of the Adult Safeguarding procedures
- A key priority for the Adult Safeguarding Team is raising awareness and empowering staff to recognise signs and symptoms of abuse. The Team continue to provide advice, training and support to staff, in line with their statutory duties so that all staff continue to feel informed and confident to access the team for support and advice. The Safeguarding Adult Team are invested in increasing professional knowledge by staff development and have created an additional Officer post
- Safeguarding Adults Team have dealt with over 3,063 Safeguarding Adult Concerns for 2020/21
- Levels of service and support have been maintained throughout the course of the pandemic. Prior to the pandemic, the MASH was receiving approximately 60 referrals per week. However, as a direct consequence of predominantly Covid related reasons, the average number of MASH referrals has increased to 106 per week and is continuing to rise. This has led to the need for the service to develop of a full-time social work post to respond appropriately to this demand



## Statutory Partners' Contribution to Safeguarding

### Good Practice

Examples of good practice across the partnership include attendance at multi-agency safeguarding training and dissemination of learning throughout organisations of local reviews—including news bulletin articles, face-to-face sessions and “7 minute” briefings. Assurance of safeguarding compliance is provided through rigorous audit programmes, internal agency reporting mechanisms and regular reporting to commissioners and regulating bodies, such as the [Care Quality Commission](#).

### Sunderland City Council

The Prevent duty requires local authorities to establish or make use of existing multi-agency groups to assess the local picture, coordinate activity and to put in place arrangements to monitor the impact of safeguarding work.

Local authorities now take a greater role in supporting the Channel programme bringing the process more into line with common safeguarding procedures. Sunderland continues to deal with a number of referrals under the Prevent Agenda and has developed a Joint Channel Panel—for Adults and Children/Adolescents. Thus, continuing to be a nationally recognised example of exceptional good practice for the Home Office Channel Team in the Office for Security and Counter-Terrorism, Prevent.

The Strategic Manager for Community & Safety is involved in local and regional forums for Prevent to ensure Sunderland is informed of and engaged in continual practice development including review of the training requirement.

The Prevent programme is currently being reviewed nationally and Sunderland/Newcastle have jointly been chosen to contribute to this via an on-line community event.

### South Tyneside and Sunderland NHS Foundation Trust (STSFT)

- A rigorous programme of safeguarding audits have continued throughout 2020-21 despite the pandemic, to monitor safeguarding practice across STSFT, e.g. MCA/DoLS, compliance with routine & selective enquiry and self-neglect
- The safeguarding team attend Emergency Department (ED) huddles (Monday-Friday) to share safeguarding practice and provide direct support to ED practitioners
- The safeguarding team undertake an audit of ED attendances to ascertain if there are any missed opportunities. Any learning to arise from missed opportunities is Incident reported and shared at ED Interface meetings and ED huddles
- Safeguarding training compliance has exceeded the 90% organisational target and this has been maintained throughout 2020-21. Following Intercollegiate guidance, a level 3 training needs analysis has been completed and Level 3 training has now been implemented. Compliance is currently at 89% and so is on the correct trajectory to obtain 90% compliance by August 2021. The Trust continues to exceed NHS England's 85% compliance target for WRAP Prevent training and Basic Prevent Awareness training (BPAT)
- Throughout 20/21, safeguarding learning from SARs/DHRs & CSPRs has been cascaded to all departments via the bi-monthly newsletter and quarterly champion's virtual presentation. Learning has also been made available via '7-Minute Briefings' available on the Trust intranet site

## Statutory Partners' Contribution to Safeguarding

### Good Practice (continued)

#### Sunderland Clinical Commissioning Group (CCG)

- CCG safeguarding has a full remote training programme in place for level three safeguarding training across primary care. There is noted to be excellent attendance from primary care staff and analysis of all feedback data informing new sessions
- Time in Time out (TiTo) annual safeguarding training level three was delivered to primary care services in March 2021 via Microsoft Teams with a focus on the new Liberty Protection Safeguards and including a presentation from Neil Allen from the Essex Chambers (law firm)
- Self-Neglect training was delivered at a national conference in March 2021 from the Designated Professional for Adult Safeguarding and will also be delivered nationally in September 2021
- Following a recent Safeguarding Adult Review (SAR), actions from the report have been implemented with the Special Allocations Service including specialist safeguarding supervision and improved communications to support complex patients
- The Domestic Abuse Health Advocate Programme has a rolling audit process to monitor practice, outcomes and rates of referral.
- The Named GP Adult Safeguarding chairs the quarterly primary care Safeguarding Leads meeting incorporating safeguarding updates, good practice, complex cases and areas of discussion for safeguarding leads

#### Cumbria, Northumberland Tyne and Wear NHS Foundation Trust (CNTW)

With the introduction of new MASH post the CNTW Safeguarding Adults and Public Protection (SAPP) Team are able to contribute to multi-disciplinary key decision making around information that comes into the MASH, supporting:

- The navigation of client care around a complex mental health system
- Timely review of care and treatment and support
- The Domestic Abuse agenda

#### Northumbria Police

Within the new SIP team, there is now a learning and improvement function, overseen by a Detective Inspector who will attend all learning and improvement/quality improvement sub groups, to work with partners to drive and share internal and external learning and improvement.

The SIP team will help support the SSAB priorities and provides a consistent and innovative approach to Safeguarding and the development of vulnerable adult procedures.

The Hub Detective Chief Inspector will attend all SAR / DHR panels and the SIP Detective Inspector reviews all SAR / DHR / MAPPA reviews to identify internal and external learning and manages our response to this to ensure learning is embedded in policy and practice and learned throughout the force.



## Statutory Partners' Contribution to Safeguarding

### Working with Partners

Partners continue to contribute to multi-agency working, in particular by representation at a wide range of multi-agency safeguarding fora, which includes: [MAPPA](#) (now [MOSOVO](#) - Management of Sex Offenders & Violent Offenders), [MATAC](#), [MARAC](#), [CONTEST](#) Board and [Channel](#) Panel.

### Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW)

- Throughout the pandemic CNTW SAPP team have maintained its key function and continued to contribute to safeguarding adults reviews, learning events and rapid reviews. The learning is taken back into the organisation and used to support the front line teams to embed good multi agency practice and enhancing multi-agency communication in the organisation
- Developed the role of a CNTW MASH worker within the Sunderland MASH. This has worked very well and is being evaluated

### South Tyneside and Sunderland NHS Foundation Trust (STSFT)

- STSFT Safeguarding Team continue to be active members of local partnerships ensuring representation and contribution across all meetings & groups. This has been essential throughout Covid-19 to enable partner agencies to identify safeguarding themes and trends and work together to improve outcomes for adults
- The MCA/DoLS Advisor has worked closely with the Local Authority MCA/DoLS team to safely implement changes to the DoLS process following the Coronavirus Act 2019

### Northumbria Police

A key priority for Northumbria Police is to continue to protect and safeguard vulnerable adults, to identify opportunities for early intervention / prevention, and pursue perpetrators who cause harm. We do this with a coordinated partnership response, cognisant of diverse needs and vulnerabilities, to safeguard vulnerable adults and tackle perpetrators. Our ultimate aim is to achieve a safe environment for families to thrive without fear of harm and to ensure perpetrators are identified and targeted, and that the opportunity for them to cause further harm is removed or minimised.

### Sunderland City Council

- Safeguarding Adults Team continues to provide information to support a safeguarding and quality discussion with commissioning, CCG and CQC colleagues.
- Strategic Manager for Community Safety and Safeguarding works closely with Violence Reduction Unit who look to improve lives so we can prevent crime, especially violent crime
- Worked with partners to develop Complex Adults Risk Management (CARM) process, providing a framework for professionals to facilitate effective multi-agency working with adults at risk aged 18 or over who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect, refusal of services and/or high levels of risk taking activity

## Statutory Partners' Contribution to Safeguarding Working with Partners (continued)

### Sunderland Clinical Commissioning Group (CCG)

The CCG have actively supported partnership working across a number of key areas including:

- Representing the CCG and regional health colleagues at the Regional CONTEST Board
- Supporting the development of the combined Chanel Panel for Prevent
- Supporting the Learning and Improvement Partnership (LIPP) with the Designated Professional as chair of the group.
- The Designated Professional Adult Safeguarding, in conjunction with the Safeguarding Adults team manager, reviewed and developed a framework/protocol for the management of complex cases, Complex Adults Risk Management (CARM). The Learning and Improvement in Partnership (LIIP) Sub Committee approved a protocol and process which was presented at the SSAB Partnership Group in March 2021 and agreed as the new framework going forward to support the coordination and management of complex cases. Continued development for 2021 includes a workshop, planned and developed by the Designated Professional and the Safeguarding Adults Team Manager, for all partner agencies, to help the implementation of the new process
- CCG Safeguarding support the Domestic Abuse Working Group and Domestic Abuse Commissioning Group to ensure there is a multi-agency view of domestic abuse strategic developments and commissioning processes
- The Designated Professional Adult Safeguarding and the Safeguarding Adult Team worked together to produce data for the national Self-Neglect training module which also referenced the self-neglect guidelines and policy developed by SSAB
- The named GP Adult Safeguarding, Designated Professional Adult Safeguarding and the Safeguarding Nurse CCG all support the SAR / DHR and LLR processes via the panel processes, scoping reports, IMR reports and the action and implementation of agreed recommendations from the panels. SCCG also offer administrative support for the collation of reports to the SSAB
- The Designated Professional Adult Safeguarding and Named GP adult Safeguarding are working with the housing department following a funding grant from SCCG to develop health and social care outreach posts. These two posts have a clear remit to improve health outcomes for the homeless population in conjunction with partner agencies. This includes access to health care, access to vaccination services, access to GP services and GP registration and improved liaison with health and social care services

## Statutory Partners' Contribution to Safeguarding Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) has been actively embraced by partners in Sunderland since it was introduced. Partners have taken forward a significant amount of work to incorporate the principles of MSP into their policies and procedures, staff ways of working, staff communications (e.g. newsletters), and single-agency training opportunities.

### Sunderland Clinical Commissioning Group (CCG)

The CCG has promoted Making Safeguarding Personal through training it provided to practitioners during 2020-2021 which references MSP throughout. Training also reflects the requirements to risk assess the MSP process if there are high risk to the individual or others. MSP is embedded in safeguarding policy and procedure and referenced throughout safeguarding documents. A person-centred approach is encouraged and advised throughout any advice to primary care services with the emphasis on service user involvement in the safeguarding process. The Health Advocate role supports a person centred approach and the CCG-supported health navigator role in MASH has a clear focus on the individuals needs and rights, involving the service user throughout the process.

### South Tyneside and Sunderland Foundation Trust (STSFT)

Throughout Safeguarding Adults week (16-22 Nov 2020), STSFT Safeguarding team focused upon a different safeguarding theme each day. Tuesday was "Think MSP". Staff were directed to an episode of "Safeguarding Matters" where thinking behind the concept of MSP was explored with practical tips on how to apply MSP in practice.

### Northumbria Police

We ensure victim focused investigations are delivered and take the views of victims to the heart of our decision making. Our policy and procedures incorporate Making Safeguarding Personal and we adhere to the Victims Code of Practice to ensure that the views of victims are taken in to account when decisions are made regarding safeguarding and investigation.

Victim personal impact statements presented at Court ensures victims' views are known to Courts prior to any offender being sentenced.

We support the National Vulnerability Action Plan and we are reviewing how the plan may be implemented to develop coordinated, effective and evidence-based responses to protect vulnerable people.

### Cumbria, Northumberland Tyne and Wear NHS Foundation Trust (CNTW)

Our safeguarding adults policy has MSP as an appendix for use, and when safeguarding concerns are raised by our service users, we support our clinicians with the use of this tool in the gathering of information. To ensure that the person's voice is heard throughout and to allow the Local Authority to make the best decision going forward.

## Statutory Partners' Contribution to Safeguarding

### Making Safeguarding Personal (MSP) (continued)

#### Sunderland City Council

Making Safeguarding Personal (MSP) is an initiative which aims to develop an 'outcome focus' to safeguarding work and a range of responses to support people to improve or resolve their circumstances. MSP in its simplest form means putting the person at the centre of everything we do during a safeguarding enquiry, from the very beginning to the very end.

MSP seeks to achieve a personalised approach that enables safeguarding to be done with, not to, people. Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'. An approach that enables practitioners, families, teams and safeguarding adult boards to know what difference has been made. Sunderland's Adult Safeguarding Team put MSP at the centre of referral enquiries to the authority.

#### Sunderland City Council

##### Case example:

AA was a 65 years female with a learning disability diagnosis living in the community with her partner. AA's escalating behaviour towards her carers, her fellow residents, landlord and her partner were threatening her community tenancy. In particular the care provider was finding it incredibly difficult to provide her with care and support and manage AA's behaviours. The landlord was receiving complaints from tenants and staff are very apprehensive when providing support due to the number of allegations AA was making towards professionals.

A number of Safeguarding Adults Meetings were held to address these concerns and were attended by multi-agency partners involved in AA's care, along with AA and her partner. Specialist behavioural health support was provided as well as social care support and advocacy. AA's partner's support was also engaged. AA with therapeutic support accepted that her behaviours could put her home in the community at risk and expressed that her desired outcome was to remain in her home with her partner in which she felt safe.

AA was engaged with sustained and patient support and care, with AA at the centre. Applying MSP and with AA's full support a number of outcomes were achieved including the introduction of a new health worker for AA at her request. AA also engaged in work in relation to her mental health and support and AA re-engaged with her landlord with the support of professionals involved in supporting AA. This work culminating in AA agreeing and entering into an easy read behavioural contract and social story relating to the contract and her tenancy. AA currently remains in her flat with her partner to date with ongoing support from her family and health and social care professionals.

## 2020-21 in Figures



**3310**  
Concerns received  
50% of cases progressed to an enquiry:  
31% Section 42  
19% other enquiry



### Desired Outcomes

Of those with a completed Enquiry, 86% of individuals or individuals' representatives were asked what their desired outcomes were, of these 86% expressed a desired outcome. 97.5% were either fully or partly achieved



### Primary support Reason

Individuals with physical support needs represented almost half of all concerns received



### Mental Capacity

In 29% of completed cases the client was identified to lack mental capacity, with the majority being supported by friends and family. 100% of these individuals were supported



### Main Location of Abuse

Individuals' own homes: 45%  
Residential/nursing homes: 35%  
Alleged perpetrator's home: 8%  
Concerns raised in a health setting continues to be low at 5%



### Main categories of Abuse

Physical abuse: 27%  
Neglect: 24%  
Psychological abuse: 11%  
Self-neglect: 14%  
Financial abuse: 10%



### Age/Gender

Females account for 60% of all concerns raised, with 51% of these being aged 75+. Males account for 40% of all concerns raised, with 51% of these being aged 18 - 64

## Working Differently during the COVID-19

### Pandemic

During the COVID-19 pandemic, SSAB has endeavoured to ensure that its strategic-level business was able to continue, although this has at times been in a reduced or different way. This approach has ensured the safety of staff across the partnership, and also ensured that the partner agencies could refocus their activity and resources on individuals who needed the most care and support in the community, e.g. people who were shielding or who didn't have family support networks.

Examples of work that SSAB partners have been involved in include:

- Coordinating a network of volunteers to help support individuals who were shielding to still access supplies such as groceries or medication prescriptions
- Staff using various available technologies to undertake video calls, texts, etc to keep in touch with service users, including issuing tablets & other devices, or directing people to where they could obtain one through national funding/other sources
- Holding operational safeguarding meetings virtually, to ensure cases continued to be examined in a timely manner, with concerns investigated and issues dealt with
- Holding strategic safeguarding meetings virtually, to ensure continuity of business and that updates and assurance could continue to be sought on a range of safeguarding adults issues, plus 'think family' issues. This has included 2 joint meetings (May & June 2020) of SSAB & SSCP, then a series of Safeguarding Adults & COVID-19 Assurance meetings (held approximately every 6 weeks and continuing into 2021) to gain assurance for SSAB that the key statutory partners have been able to continue their safeguarding adults activity during the COVID-19 pandemic.

## What does 2021-22 Hold?

- Recovery from COVID-19 and addressing 'hidden harm' following COVID lockdowns and shielding etc, will be our focus.
- Implementation of the lessons learned from the impact of COVID-19 on the working practices and activity of SSAB partners, to ensure good practice and innovation are not lost going forward; key areas identified include: better use of technology to support safeguarding adults work; more streamlined use of resources; more flexible and agile staff working practices
- Final revision and re-launch of SSAB's Multi-Agency Safeguarding Adults Procedures (postponed in 2020 due to the COVID-19 pandemic), streamlining them and making them easier to navigate and more accessible to professionals and public
- Ongoing development of the SSAB website (postponed in 2020 due to the COVID-19 pandemic), to include a greater breadth of safeguarding resources
- Launch and embed the Complex Adults Risk Management (CARM) process for managing the most complex safeguarding adults cases, to ensure a comprehensive multi-agency response that gains positive outcomes for individuals, in line with Making Safeguarding Personal principles
- Getting back on track (following a pause during the pandemic) with a planned cycle of themed case file audits and assurance exercises
- SSAB will be participating in the National Safeguarding Week in November 2021, with SSAB partners undertaking a range of safeguarding adults awareness-raising activities
- SSAB has agreed new priorities for 2021, following an exercise to review and follow the data, and refresh performance and assurance frameworks: Prevention; Local Areas of Risk (Self-Neglect; Mental Capacity; Homelessness; Complex Adults Risk Management (CARM) – at Risk/Vulnerable/Complex Cases (including Substance Misuse); Domestic Abuse; Suicide Prevention (particularly in light of the effects of COVID-19)). We will work jointly with the SSCP on some of these areas, as well as on Transitions; Exploitation and Learning from Safeguarding Adult Reviews (SARs) and Local Safeguarding Children Practice Reviews (LSCPRs).

## HEALTH AND WELLBEING SCRUTINY COMMITTEE

8 SEPTEMBER 2021

### COVID-19 IN SUNDERLAND - UPDATE

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

#### 1. PURPOSE OF THE REPORT

- 1.1 To provide the Health and Wellbeing Scrutiny Committee with the latest update on Covid-19, including recovery, in Sunderland.

#### 2. BACKGROUND

- 2.1 A number of key health partners and officers have throughout 2020/2021 provided the committee with an ongoing update of the latest position and information related to the risks and recovery from the Covid-19 pandemic in Sunderland.
- 2.2 This has been a key focus for the Health and Wellbeing Scrutiny Committee and will continue to feature as part of the committee's work programme as Sunderland, and England as a whole, moves to a more open society through the removal of the majority of social restrictions set out by the Government.

#### 3. CURRENT POSITION

- 3.1 The Covid-19 pandemic continues to create challenges across all health and social care services and remains a constantly changing situation. The latest updates will provide Members with up-to-date information on infection rates, the vaccination programme, hospital numbers and the roadmap to recovery.

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

Public Health (Executive Director of Public Health & Integrated Commissioning) – an update on the latest public health developments in relation to Covid-19 across the City.

City Hospitals South Tyneside and Sunderland – an update from the NHS Foundation Trust on admission rates (including age profiles), current capacity and how this compares to other stages of the pandemic

Sunderland CCG Update – the latest information from the Clinical Commissioning Group in relation to the vaccine programme and other current Covid-19 activity and recovery.

- 3.3 Due to the ongoing and constantly evolving nature of the Covid-19 situation Members should be aware that a number of the updates will be verbal with presentations forwarded to Members nearer to the time of the meeting to ensure the information provided reflects the latest position in terms of the pandemic.

#### **4 RECOMMENDATION**

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

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### INTEGRATED DIAGNOSTIC CENTRE

#### REPORT OF SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST

##### 1. Purpose of the Report

- 1.1 The report attached is for Members' information, and provides an update on plans for an integrated diagnostic centre at South Tyneside District Hospital.

##### 2. Background

- 2.1 The plans to develop an integrated diagnostic centre at South Tyneside District Hospital go back to 2017 and are due to the increased demand in diagnostic work.
- 2.2 Discussions have been on hold due to the impacts of the worldwide pandemic and the use of resources to tackle the pandemic across the Trusts area.

##### 3. Current Position

- 3.1 The briefing paper attached provides an update to the Health and Wellbeing Scrutiny Committee on the development and progress of these plans. It covers a number of areas including:
  - Update on the new diagnostic centre;
  - Impact on Health Inequalities;
  - Partnership arrangements;
  - Patient involvement and experience; and
  - Next steps.

##### 4. Recommendations

- 4.1 That the Health and Wellbeing Scrutiny Committee note and comment on the update provided on the integrated diagnostic centre.

##### 5. Background Papers

None

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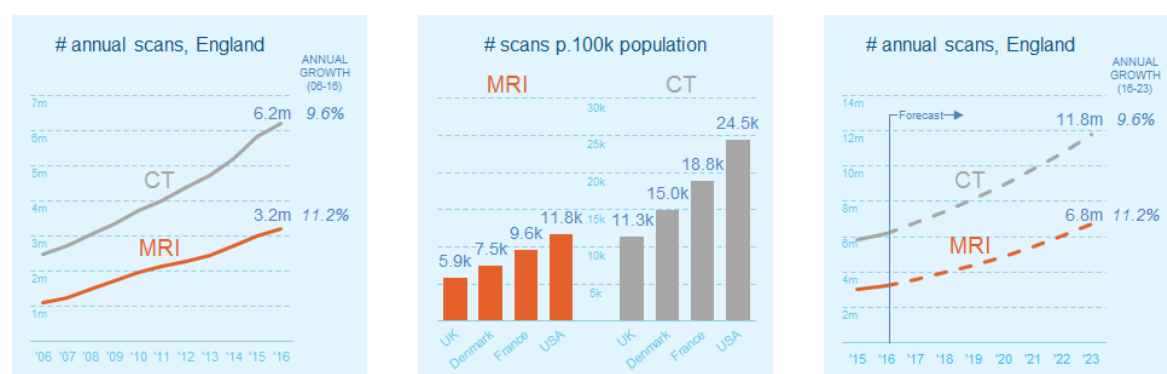
## Integrated Diagnostic Centre briefing

**September 2021**

### **Background context**

Since 2017, South Tyneside and Sunderland NHS Foundation Trust (STSFT) has been in discussions to develop plans for a new Integrated Diagnostic Centre. The primary driver for this development is the major growth in demand for diagnostic imaging which is increasing by approximately 10% per year nationally across the NHS. Essentially, STSFT is facing more demand for scans than it has capacity to deliver.

This growth, demonstrated in the graphics below, does not consider the impact on diagnostics from the NHS five year cancer plan where shorter turnaround times will be mandated and more challenging standards will be set – all of which will require additional scanning and reporting capacity. The impact of the global COVID-19 pandemic has further exacerbated pressures on diagnostic services.



### **Ambition**

In early 2019, STSFT shared its ambition (with staff, patients and the public) to create a new world-class diagnostics centre at South Tyneside District Hospital which would provide additional scanning capacity and allow the Trust to optimise imaging demand.

Discussions were put on hold due to COVID-19 however STSFT is now progressing plans following approval from the Trust's Board of Directors with a formal planning application underway. The need for such a facility is now increasingly important to help services recover from the pandemic, reduce waiting lists, and future proof services in South Tyneside and Sunderland for years to come.

### **About the new Integrated Diagnostic Centre**

The new Integrated Diagnostic Centre at STSFT will include additional MRI and CT scanning capacity, a number of clinical consultation rooms, as well as a 'docking' station for mobile scanners should these be needed in future to cope with the ever rising demand. It will ensure patients have timely access to scans and even more choice. The new facility will be fully integrated to the Trust's digital patient record, allowing consultants to view and report on images in multiple locations, including their own homes. This will mean a much quicker reporting turnaround time so that patients can begin treatment sooner.

Most importantly, the new facility will also include a PET-CT scanner, meaning patients will no longer need to travel to Freeman (Newcastle) and James Cook (Middlesbrough) if they have a suspected cancer diagnosis. A PET-CT scan is a specialist diagnostic procedure which uses a drug to show areas of the body where cancer cells may be active. This is a major development for the local populations of South Tyneside, Sunderland and North Durham with STSFT becoming one of only three Trusts across the whole North East and North Cumbria ICS to host PET-CT. This means a significant number of patients will no longer need to travel as part of their cancer pathway which will be of great benefit to local residents and help improve some of the known health inequalities which exist in relation to accessing cancer services.

STSFT's plans for a new Integrated Diagnostic Centre do not constitute any service change or reconfiguration of patient services. The development is in addition to existing services and will provide extra diagnostic capacity, as well as the provision of PET-CT scanning locally for South Tyneside, Sunderland and Durham residents.

For routine MRI and CT scans, all patients will continue to have access to scans locally at Sunderland Royal Hospital and Durham Treatment Centre just as they do now. They will also have the choice to attend the new Integrated Diagnostic Centre in South Tyneside once it becomes operational. There are no plans to reduce the number of fixed CT or MRI scans at Sunderland Royal Hospital and STSFT will continue to use mobile capacity where appropriate – for example at Durham Treatment Centre where there has never been fixed CT or MRI scanners.

By increasing overall diagnostic capacity across the Trust, STSFT hopes to improve the range of services on offer to local residents through the development of services like cardiac MRI (which patients also currently have to travel much further afield for).

#### **Impact on health inequalities**

Increasing diagnostic capacity at STSFT will impact positively on system-wide goals to help reduce health inequalities, particularly as demand continues to increase and waiting times are currently longer than they were before the pandemic. Health and equality have been consistently considered throughout the initial planning phases and will continue to be an integral part of discussions to ensure that the nine main characteristics protected by the Equality Act 2010 are met. An Equality Impact Assessment in line with public sector equality duties will also be undertaken.

It is clear that COVID-19 has impacted more negatively on certain groups than others with many people not accessing NHS care at all. This means we must work harder than ever to close the gaps that exist and make sure everyone has access to the same high quality care. The provision of a new diagnostic facility, alongside existing local services, will provide more opportunity for timely diagnostic investigation and prompt treatment.

The additional provision of PET-CT will also help reduce health inequalities providing more local access to cancer diagnosis compared to current arrangements.

#### **Partnership with Alliance Medical**

The development has been made possible thanks to partnership working with Alliance Medical who have provided mobile diagnostic vans to STSFT for over ten years and already provide PET-CT scanning across the entire NHS. Alliance Medical will front the £10 million capital cost of building the new facility and purchasing equipment. Upfront costs will be recouped over time through a partnership agreement with STSFT to deliver additional diagnostic capacity. The new Integrated Diagnostic Centre will be 100% owned by the NHS and STSFT's investment into diagnostic provision will be used in a

much more cost effective way with a lower cost per scan negotiated through the partnership with Alliance Medical.

### **Patient involvement and experience**

Since sharing our ambitions for a new Integrated Diagnostic Centre back in 2019, extensive public engagement has taken place. This has shown that *'being diagnosed quickly so that treatment can begin sooner'*, is something which matters to patients with, 97% of patients stating timely access to tests and scans as extremely important (77%) or very important (20%). STSFT's ambition for a new diagnostics facility has been well supported with lots of positive comments from staff and stakeholders. For example:

*"The integrated diagnostic centre is positive to increase capacity/ability to respond to demand."*

*"The Diagnostic Centre is very good and will improve current waiting times."*

*"An extra Diagnostic and Imaging Centre makes more sense to do it at ST as it is a bigger site (with more space)."*

A number of virtual patient and public engagement sessions will be held over the summer for people to find out more about the development of an Integrated Diagnostic Centre at STSFT. Through engagement already undertaken to date, along with further involvement activities, the Trust will ensure a robust process of patient / service user and public involvement as plans progress. This will continue to be undertaken in line with best practice and as part of a co-production approach to inform the design process and build phases of the new Integrated Diagnostic Centre at STSFT.

### **Summary**

This is a hugely positive development for the local populations of South Tyneside, Sunderland and parts of North Durham and will mean faster diagnosis and treatment for more patients as the NHS recovers from COVID-19. The plans have been welcomed and supported by the region's Integrated Care System (ICS) and mean STSFT is now one of only three specialist centres in the North East and North Cumbria to offer PET-CT scanning. This will also benefit the wider region with increased capacity overall for the NHS to care for more patients undergoing cancer diagnosis.

### **Timings and next steps**

Work is underway at South Tyneside District Hospital to prepare the site for future development with the safe demolition of aging buildings over the summer. STSFT hopes to receive planning approval for the new Integrated Diagnostic Centre in the autumn. Building work is then expected to begin in late 2021(subject to planning approval) with the new facility set to open to patients towards the end of 2022.

**Liz Davies**

**Director of Communications**

**South Tyneside and Sunderland NHS Foundation Trust**

**07771943066**

## HEALTH AND WELLBEING SCRUTINY COMMITTEE

8 SEPTEMBER 2021

### WORK PROGRAMME 2021/22

#### 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 2021-22 Council year.
- 1.2 The report also provides a number of potential topics as raised by Members, for a more in-depth review approach, for the Committee's consideration.

##### 2. Background

- 2.1 The work programme is a working document which Committee can develop throughout the year. As a living document the work programme allows Members and Officers to maintain an overview of work planned and undertaken during the Council year.
- 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. POTENTIAL IN-DEPTH REVIEW TOPICS

- 3.1 In-depth reviews can take a number of different forms from wide-ranging, cross-cutting reviews to more focused task and finish work. Reviews will usually examine intended policy outcomes but will also explore other issues such as service user's perspective, awareness of services and the processes involved in accessing services.
- 3.2 Policy development and policy review are necessarily part of the same process, since undertaking policy review will usually lead to making recommendations for developing policy.
- 3.3 Policy reviews are project planned with appropriate methodology applied to investigate the chosen topic. This may include meetings, site visits, surveys, public meetings or analysis of comparative practice in other local authorities.
- 3.4 Following the selection of a topic for review, the Committee will receive a report setting out a possible approach to the review. This will include the terms of

reference, definitions, links to corporate goals, partnerships, the national and local context, and proposals for gathering evidence.

- 3.5 The shortlist of topics for 2021-22 is listed below. The Committee is recommended to select one topic from this shortlist for an in-depth review. The list includes topics suggested as priorities at the discussions between members, officers and partners at the Scrutiny Work Programme Session held on 22 June 2021.

<b>Potential Task and Finish or Review Work Topics</b>	
Accessibility across the city	<p>To look at how accessible the city is for local residents and visitors including people with disabilities. The review would look at:</p> <ul style="list-style-type: none"> <li>• What it means to be an age-friendly city;</li> <li>• What specific issues relate to mobility, sight and access in the City;</li> <li>• Is there appropriate disabled access and parking provision;</li> <li>• What barriers exist to accessing the city.</li> </ul>
Impact of Decent Homes Standard	<p>A possible review to look at the importance of housing on people's health and how the pandemic has highlighted the health implications of better housing. The review would look at:</p> <ul style="list-style-type: none"> <li>• Quality and Condition of housing and its impacts on health;</li> <li>• Improvements in decent housing;</li> <li>• The benefits of a decent home standard;</li> <li>• What is the relationship between Covid-19, housing and health;</li> <li>• What are housing-related health inequalities.</li> </ul>
GP Access in Sunderland	<p>To look in general at GP Access across Sunderland. The review would look at:</p> <ul style="list-style-type: none"> <li>• Understanding what is meant by GP access;</li> <li>• What is a patient's expectations;</li> <li>• What is the overall local offer of GP Services;</li> <li>• What factors and barriers are influencing access including demand, practice mergers, the pandemic, recruitment and technology advancements;</li> <li>• Implications of move to ICS on GP offer.</li> </ul>

#### **4. Recommendations**

4.1 That the Health and Wellbeing Scrutiny Committee:

- (a) notes and comments on the work programme of the committee, including amendments: and
- (b) considers and agrees a topic for policy review during 2021/22.

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

5.1 Scrutiny Agendas and Minutes

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

REASON FOR INCLUSION	9 JUNE 21 D/L: 28 MAY 21	7 JULY 21 D/L:25 JUNE 21	8 SEPTEMBER 21 D/L:27 AUGUST 21	6 OCTOBER 21 D/L: 24 SEPT 21	3 NOVEMBER 21 D/L: 22 OCT 21	1 DECEMBER 21 D/L: 19 NOV 21	5 JANUARY 22 D/L: 23 DEC 21	2 FEBRUARY 22 D/L: 21 JAN 22	9 MARCH 22 D/L: 25 FEB 22	6 APRIL 22 D/L: 25 MAR 22
<b>Policy Framework / Cabinet Referrals and Responses</b>										
<b>Scrutiny Business</b>	<p>Covid-19 – Update (Gerry Taylor, CCG, Graham King)</p> <p>Path to Excellence Phase 2 Update (Nigel Cummings)</p> <p>Work Programme Overview (Nigel Cummings)</p>	<p>Covid-19 Update (Gerry Taylor, CCG, Graham King)</p> <p>Sunderland Eye Infirmary – update</p> <p>NHS Dentists Sunderland (NHS Improvement)</p> <p>Path to Excellence Phase II Update (Nigel Cummings)</p>	<p>Covid-19 Recovery Update (Gerry Taylor, CCG, NHS FT)</p> <p>Diagnostic Centre (NHS FT)</p> <p>SSAB Annual Report (Sunderland Safeguarding Adults Board)</p>	<p>Covid-19 Recovery Update</p> <p>Winter Planning (Sunderland CCG)</p> <p>Urgent Care Update (Sunderland CCG)</p>	<p>Assistive Technology (G King)</p> <p>Waiting Lists, times and access – Recovery from the Pandemic (NHS FT)</p>	<p>Better Health at Work (Public Health)</p>	<p>ICS-CCG Transition (Sunderland CCG)</p> <p>Patient Engagement (Sunderland CCG)</p>	<p>North East Ambulance Service Update (Mark Cotton)</p> <p>Adult MH Provision (Sunderland CCG)</p>	<p>Sexual Health Provision (Public Health/NHS FT)</p> <p>Annual Report (Nigel Cummings)</p>	<p>Inequalities – Impact of the Pandemic (Public Health)</p> <p>Health Protection Arrangements (Public Health)</p>
<b>Performance / Service Improvement</b>										
<b>Consultation/ Information &amp; Awareness Raising</b>	<p>Notice of Key Decisions</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>	<p>Notice of Key Decisions</p> <p>Work Programme 21-22</p>



## **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 16 August 2021.

#### **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 16 August 2021 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 16 August 2021 at the Scrutiny Committee meeting.

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

- Cabinet Agenda

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

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

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
210118/552	To consider the making of a Compulsory Purchase Order in relation to the New Wear Footbridge.	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210419/577	To approve the dilapidation settlement figure and the procurement of the dilapidation works in respect of the CESAM building.	Cabinet	Y	14 September 2021	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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210510/588	To approve the receipt of external funding for the public sector decarbonisation scheme and green homes grant local programme and the procurement of the necessary contractors to deliver the schemes.	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210420/579	To consider a Local Cycling and Walking Infrastructure Plan	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210505/586	To approve the procurement of Rock Armour for the coastal defence structures at Stonehill Wall and Hendon Foreshore Barrier, Port of Sunderland.	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210528/601	To consider the establishment of a Bus Enhanced Partnership.	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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210602/603	To commence the procurement process and subsequently award the necessary contract for a concession contract for the installation, maintenance, and management of advertising for Large Digital Media Advertising (LDMA) Screens in the City.	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
170927/212	To approve in principle the establishment of a new police led Road Safety Partnership (Northumbria Road Safety Partnership) embracing the Northumbria Force Area.	Cabinet	Y	During the period 14 September to 30 November 2021.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
200813/494	To approve funding mechanisms for the acquisition of residential properties.	Cabinet	Y	14 September 2021	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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210621/609	To consider the selection of a Preferred Bidder in respect of the procurement of a JV partner for the Council's 5G Smart City project and approval of the proposed next steps, including contract award	Cabinet	Y	14 September 2021	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210706/611	To extend the current E-Scooter Trial until the end of March 2022	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210709/612	To authorise the Executive Director of City Development to deliver the Washington F-Pit Museum Heritage Visitor Centre and Albany Park Improvement project, including to procuring of consultants and contractors.	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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210728/613	To seek approval for strategic land acquisitions in Sunnyside, Sunderland.	Cabinet	Y	14 September 2021	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210729/614	To seek approval for the Lease of Land at Azure Court, Doxford Park.	Cabinet	Y	14 September 2021	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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210803/618	To seek approval for the Lease of Space in the Sunderland Software Centre to the Department of Work and Pensions (DWP)	Cabinet	Y	14 September 2021	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210804/619	To seek approval of the Highway Asset Management Policy and Strategy 2021-26.	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210805/620	To consider proposed changes to the Procurement Procedure Rules and financial thresholds, with a recommendation to Council for formal approval if agreed	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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210805/621	To consider potential financing proposals from a regional body	Cabinet	Y	14 September 2021	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210805/622	To seek approval to introduce Private Sector Leasing Models	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210805/623	To seek approval for a variation to extend the HWRC Service Contract at Beach Street	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>



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
210805/624	To seek approval to negotiate and enter into a contract with MCC Homes in the delivery of 16 one bed bungalows at Hudson Road	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210805/625	To seek approval for the Winter Maintenance Plan 2021/22	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210805/626	To seek approval to acquire land from and negotiate to enter into a build contract with MCC Homes Limited in the delivery of 11 one bed bungalows and 5 three bed houses at Old Mill Road.	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210805/627	To seek approval to acquire land from and negotiate to enter into a build contract with Fit Out Yorkshire in the delivery of 13 one bed apartments at St James William Street.	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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210805/628	To seek approval to enter into a Collaboration Agreement with Sunderland Culture Ltd, the University of Sunderland, and the Sunderland Music, Arts and Culture Trust	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210810/629	In respect of the Licensing Act 2003, to review the Cumulative Impact Assessment.	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210810/629	To seek approval in principle to the making of a Compulsory Purchase Order over land at Washington Road, Sunderland, and to authorise the necessary land acquisitions by private treaty and the proposed next steps.	Cabinet	Yes	14 September 2021	Y	This report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report contains information relating to the financial or business affairs of any particular person (including the authority holding that information) The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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210810/630	To appoint a multi-agency Domestic Abuse Local Partnership Board which the Council must consult as it performs certain specified functions under Part 4 of 2021 Domestic Abuse Act.	Cabinet	Y	14 September 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210510/590	Subject to the receipt of external funding, to approve funding and partnership arrangements to enable support of advanced manufacturing innovation and growth.	Cabinet	Y	During the period 14 September to 31 October 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210729/615	To consider the draft International Advanced Manufacturing Park (IAMP) Interim Planning Policy Statement.	Cabinet	Y	During the period 14 September to 31 October 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210729/616	Subject to the outcome of a funding application to approve payment of a grant to support development of Social Enterprise and Co-operative businesses on a city-wide basis	Cabinet	Y	During the period 14 September to 31 October 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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210505/587	To approve the procurement of a Contractor for the Repair Works at Hendon Foreshore Barrier, Port of Sunderland.	Cabinet	Y	12 October 2021	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210607/608	To seek approval to proposed funding arrangements with Siglion Investments LLP.	Cabinet	Y	12 October 2021	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraphs 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>
210623/610	In respect of the Gambling Act 2005, to review of Statement of Principles.	Cabinet	Y	16 November 2021	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

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210729/617	To approve the International Advanced Manufacturing Park (IAMP) Interim Planning Policy Statement for adoption.	Cabinet	Y	9 February 2022	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN  <a href="mailto:committees@sunderland.gov.uk">committees@sunderland.gov.uk</a>

**Note;** Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure. Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below.

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

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

**Who will decide;**

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

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

Elaine Waugh,  
Assistant Director of Law and Governance

16 August 2021