HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

Meeting to be held in the Civic Centre (Committee Room No. 1) on Wednesday 8th January, 2020 at 5.30 pm

Membership

Cllrs Butler, Cunningham, Davison, D. Dixon, Essl, Heron, Leadbitter, N. MacKnight, Mann, McClennan, McDonough and O'Brien.

Contact: **Joanne Stewart Principal Governance Services Officer Tel: 561 1059**
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Information contained in this agenda can be made available in other languages and formats on request

6.	**Sunderland Care and Support Annual Report** Report of the Chief Operating Officer (copy attached)	20
7.	**Policy Review : Oral Health in Sunderland : Draft Final Report** Report of Executive Director of Corporate Services (copy attached)	32
8.	**Annual Work Programme 2019/2020** Report of the Strategic Director of People, Communications and Partnerships (copy attached).	58
9.	**Notice of Key Decisions** Report of the Strategic Director of People, Communications and Partnerships (copy attached).	60
	Part C – Health Substantial Variations to Service No Items	-
	Part D – CCFA/Members Items/Petitions No Items	-

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

20th December, 2019

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 27th NOVEMBER, 2019 at 5.30p.m.

Present:-

Councillor D. Dixon in the Chair

Councillors Butler, Cunningham and O'Brien

Also in attendance:-

Ms Kath Bailey – Public Health Specialist, Sunderland City Council
Mr Nigel Cummings – Scrutiny Officer, Sunderland City Council
Ms Janet Griffin – Directorate Manager (Obstetrics and Gynaecology) – South Tyneside and Sunderland NHS Foundation Trust
Ms Andrea Hetherington – Head of Corporate Affairs – South Tyneside and Sunderland NHS Foundation Trust
Mr Matthew Jackson – Principal Governance Services Officer, Sunderland City Council
Ms Vicky Mitchell – Divisional Director (Family Care) – South Tyneside and Sunderland NHS Foundation Trust
Mr Craig Steele – Clinical Director and Consultant (Obstetrics and Gynaecology) – South Tyneside and Sunderland NHS Foundation Trust

The Chairman opened the meeting and introductions were made.

Apologies for Absence

Apologies for absence were submitted to the meeting on behalf of Councillors Davison, Leadbitter, N. MacKnight, Mann and McDonough.

Minutes of the last meeting of the Committee held on 30th October, 2019

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 30th October, 2019 (copy circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

There were no declarations of interest made.

Maternity Services Update

The South Tyneside and Sunderland NHS Foundation Trust submitted a report which provided an outline of how maternity services had been delivered by the Trust

since the implantation of the revised service model for obstetrics and gynaecology services across Sunderland and South Tyneside since August 2019.

(for copy report – see original minutes)

Ms Mitchell introduced the report and advised Members of the changes that had been made to the service since August 2019 which had seen maternity services being centred on Sunderland Royal Hospital with the consultant led services being from this site and a midwife led birthing centre being established at South Tyneside District Hospital.

Councillor Butler queried what was being reported by the front line staff. Ms Griffin advised that the scale of the change had been challenging but the induction period for staff who were transferred had been well received and had ensured that staff were prepared for the changes. There were monthly staff forums taking place so that staff could feed back their experiences and to ensure that the trust was best placed to support staff. There would be an assessment carried out in December by external assessors; on the whole the feedback from staff had been positive and although it was a big change staff had adapted well. The figures had been based on there being an anticipated two extra births in Sunderland Royal Hospital per day.

Councillor Cunningham referred to the figures in paragraph 4.2 of the report and queried whether this reduction in numbers of births at South Tyneside had been anticipated and what was being done to increase the numbers. Ms Mitchell advised that it had been anticipated that there would be a reduction; it had been expected that there would be around 25 births per month at the Midwife Led Birthing Centre; in order for the centre to be sustainable there needed to be 300 births at the centre per annum. Currently the figure was lower than this but it was still early in the centre's existence and there was a need to build confidence in the new service. Expectant mothers often wanted to be at a consultant led facility although for routine births they would normally receive a midwife led service. The centre provided facilities for the family including kitchens and sleeping areas for fathers. There had been good feedback received about the centre from parents who had used it. An holistic family approach was being looked at with additional services such as anti-natal and mental health services being linked into the service. There was a need for all partners to work together to support the joining up of services.

The Chairman queried the unexpected births at Sunderland in August 2019 as he would have thought that most births would be well planned and expected within a particular timeframe. Ms Griffin stated that the averages from year to year and also the anti-natal service users were looked at to plan the number of expected births. It was not always possible to get an accurate delivery date and in this case there had been mothers who expected to deliver in July who had not delivered until August.

The Chairman then asked for information on the benefits of the new maternity hub. Ms Griffin advised that there was a lot more work being done to meet mothers early in pregnancy; there were a lot more anti-natal classes and early pregnancy sessions taking place. There was work being done to link in with specialist clinics such as those for teenage pregnancies and for mothers with high BMI. Work was also being done to link in with breast feeding support and mental health support. There were focus groups being held with parents to see what services they needed and wanted.

The Chairman then queried whether the joined up services would link into oral health which was a priority for the committee. Ms Griffin stated that there was a need to look at how to target the younger age groups and Ms Mitchell stated that pregnant women got free NHS dental care so there was a need to encourage them to take advantage of this offer. Ms Hetherington stated that it was good to see different services coming together in one place as this made it easier for patients to access the services.

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

Oral Health in Sunderland: Progress Report

The Executive Director of Corporate Services submitted a report (copy circulated) which provided Members with an ongoing progress report in relation to the review into oral health in the city.

(for copy report – see original minutes)

Mr. Nigel Cummings, Scrutiny Officer, presented the report advising that Members had undertaken further evidence gathering sessions and that they had visited a water distribution plant and control centre in the North East to see how supplies were regulated, treated and distributed, since the last update provided to the Scrutiny Committee. The evidence gathering sessions for the review had now been completed and there had been a session arranged for Wednesday 4th December 2019 to discuss the evidence and look at the draft report and findings in order to consider potential recommendations. The review remained on course for completion by December 2019. Members were advised that any decision taken on fluoridisation would need to be taken in conjunction with County Durham and South Tyneside.

Members having considered the report, it was:-

3. RESOLVED that the progress in relation to the policy review be received and noted.

Annual Work Programme 2019/20

The Strategic Director of People, Communications and Partnerships submitted a report (copy circulated) which set out for Members information the current work programme for the Committee's work during the 2019-20 municipal year.

(for copy report – see original minutes)

Mr. Nigel Cummings, Scrutiny Officer, presented the report and advised that there were a lot of items going to the January meeting and that it may be the case that some of the items needed to be moved to the February meeting.

4. RESOLVED that the work programme for 2019/20 be received and noted.

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 11 November, 2019.

(for copy report – see original minutes)

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

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

(Signed) D. DIXON,
Chairman.

HEALTH AND WELLBEING SCRUTINY COMMITTEE **8 JANUARY 2019**

INTEGRATED CARE SYSTEMS AND INTEGRATED CARE PARTNERSHIPS UPDATE

REPORT OF THE CHIEF OFFICER SUNDERLAND CLINICAL COMMISSIONING GROUP

1. PURPOSE OF THE REPORT

1.1 To provide the Committee with an update from Sunderland Clinical Commissioning Group on integrated care systems and integrated care partnerships.

2. BACKGROUND

2.1 The North East and North Cumbria has a strong performing system, with a long history of collaboration that builds on the foundations established in North Cumbria, which has been an ICS since 2017.

2.2 Covering a population of over 3.15m, the NHS in the North East and North Cumbria will be working together with 14 local authorities, the voluntary and community sector and wider partners to tackle the area's biggest health issues, which include cardiovascular disease, respiratory disease and cancer.

3. CURRENT POSITION

3.1 The Sunderland CCG Chief Officer will provide the Committee with an update on the developments with regards to the integrated care systems and partnerships. This will be provided as a presentation to ensure the most update to date information is made available.

3.2 The presentation will be forwarded to Members in advance of the meeting.

4 RECOMMENDATION

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

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

HEALTH AND WELLBEING SCRUTINY COMMITTEE 8 JANUARY 2020

MANAGING THE MARKET

REPORT OF THE EXECUTIVE DIRECTOR PEOPLE SERVICES

1. Purpose of the Report

1.1 This report provides information relating to the care and support provider market in Sunderland, including the on-going work undertaken by the Commissioning Team with regards to working with and developing a diverse care and support market, and an update on quality and adult safeguarding matters. The report is one of a series of regular updates to Scrutiny Committee.

2. Current Position

2.1 The Council currently operates a range of commissioning arrangements for the provision of adult care and support services. The Council's preferred method of securing services is via a formal procurement process whereby the Council enters into a contractual arrangement with care and support providers. There are services that are commissioned that sit outside of a formal contracted arrangement whereby services have been arranged on an individual basis. Individuals are also able to commission services directly with providers via Direct Payment arrangements.

2.2 The Commissioning Team is responsible for facilitating market development, management of demand and supply, and ensuring the quality of services provided by the market are of a high standard, appropriate and flexible to the needs of the individuals being supported.

2.3 Within Sunderland there are different provider markets which support the health and social care agenda. These can be broken down into the following:

I. **Accommodation based services for older people** – Residential and Nursing Care; Extra Care Accommodation
II. **Accommodation based services for people with disabilities** – Residential Care; Independent Supported Schemes; Core and Cluster Schemes.
III. **Accommodation based services for people with mental health needs** – Residential Care; Independent Supported Living Schemes; Core and Cluster Schemes.
IV. **Community services** – Care and Support into people's homes; Day Care/Opportunities; Preventative Services.

3. Market Facilitation and Development

3.1 As outlined in previous updates, there are a number of ways in which the Commissioning Team engages with the provider markets and looks at patterns of demand, to determine how the markets need to develop to respond to future need and commissioning intentions. These include the following activities, which are the core business of the Commissioning Team:

- Contract Management Processes
- Provider Forums
- Individual Provider Meetings
- Quality assurance and service improvement processes
- Monitoring capacity within older persons care homes
- Regional collaborations and networks
- Customer engagement
- Fee Negotiations
- Publications and guidance, benchmarking and identifying best practice
- The use of performance and intelligence data
- Individual social care team meetings to input on the needs of users

4. Older Persons Care Homes

4.1 There are 47 older person's care homes in the city that deliver a mixture of general and dementia residential care, general and dementia nursing care, support for younger people with dementia and people with enduring mental health needs. In terms of beds, based on information gathered from the care homes, there are 2,022 beds available across all homes with an average occupancy of 88% (1,842 beds occupied). Nine homes are operating 100% occupancy. The overall average occupancy level represents the ideal balance in terms of viability of homes and placements being available to support new demand and customer choice.

4.2 Care Homes Based on Locality

Locality	Total number of homes	Total number of beds	Residential Care Only	Nursing Care Only	Dual Registered Residential and Nursing
Coalfields	11	474	6	0	5
Sunderland East	8	246	4	1	3
Sunderland North	11	434	4	1	6
Sunderland West	12	471	6	0	6
Washington	5	218	3	0	2

4.3 CQC Ratings and Inspections

4.3.1 Of the 47 homes currently operating in Sunderland, there are 40 (85%) homes with an overall rating of Good; 5 (11%) rated as Requires Improvement (RI); and 2 (4%) homes which have a rating of Outstanding.

4.3.2 Since the last update report, 2 homes were inspected (and reports have been published) by the Care Quality Commission (CQC). 1 home was rated Requires Improvement, which was the same as it previous rating, and 1 home was rated Good which is an improvement from its previous rating of Requires Improvement.

4.3.3 The home which received a rating of Requires Improvement was found to have breached the following regulations:

- **Regulation 9 Person Centred Care**: The inspection found that care plans did not reflect people's needs and preferences and did not provide the information staff required to provide the care people wanted.

- **Regulation 17 Good governance:** The inspection found that quality assurance systems were not effective in monitoring the service and promoting sustained improvement in the quality and safety of people's care.

4.3.4 Whilst the inspection identified the two breaches the Inspection report acknowledged very positive feedback about the new management team (in post from June 2019) and that they had been proactive in assessing the current position of the home and identifying the actions required to drive further improvement. The new manger was developing a structured approach to quality assurance and they had improved the systems for analysing incidents and accidents. Checks and risk assessments were completed to help keep people and the environment safe.

4.3.5 Due to the breaches, the Manager was required to submit an action plan to CQC to demonstrate what they will do to improve the standards of quality and safety. The action plans have also been shared with the Council who will be meeting with the Manager to monitor progress. The actions identified include:

- All care plans written prior to the new Manager being in post (pre-June 2019) will be rewritten on new documentation and written in a person centred way. Named staff have been identified to undertake this task.
- Audit processes have been implemented for all new care plans
- Training sessions have been carried out by management around care plans, risk assessments, supplementary information and staff have been given guidance on writing the care plans
- To ensure the quality assurance processes which have been

implemented continue to ensure the health and safety of residents and staff an to carry out health and safety, infection control, catering, medication and care plan audits all in line with company policy.

4.3.6 Since the last update report the home which had received a rating of Requires Improvement, which was reported to Scrutiny members in the last update, has been re-inspected and the home received a rating of Good. The Council has continued to receive updates of the providers action plan and the result of the most recent internal quality assurance audit demonstrated 94.3% compliance.

4.3.7 Please see **Appendix 1** for details of the services that have been inspected and a breakdown of the ratings.

4.4 Current or ongoing points to note:

4.4.1 Further to the update provided in the last report regarding Four Seasons Health Care (FSHC), the Council (and as part of the Association of Directors of Adult Social Services ADASS) has been advised that the sale of FSHC is being undertaken in a measured and controlled way with business as usual continuing whilst the sales process is underway. The sales process had an expected completion date of end September.

4.4.2 The planned sale of FSHC to another Provider has not progressed and FSHC are now seeking further discussions with other bidders who have expressed an interest in the sale. The sale of the majority of freehold homes as a collective to a new supplier is still expected, which would include Sunderland as part of the arrangement. Negotiations are still ongoing with landlords about leasehold arrangements.

4.4.3 The Care Quality Commission (CQC) are aware of the current sale position.

4.4.4 FSHC will be meeting with Local Authorities to go through all of their premises by Council area and also continue to communicate closely with a number of property landlords who have offered commitment and assurance to service continuity.

4.4.5 For the four homes in Sunderland that are operated by FSHC, the Council will continue to review the situation to ensure there is continuity of care for the residents of each home and will continue to link closely with Association of Directors of Adult Social Services as developments progress

4.4.6 There are ongoing concerns regarding a care home in South Tyneside in which two Sunderland funded residents are currently living. This has resulted in Sunderland Council taking the decision to work with service users and family members to support a move to alterative appropriate accommodation. The service has recently been inspected by CQC and has been rated as Inadequate. CQC have issued a Notice of Decision to remove the location from the Providers registration which will result in the service closing and this process is ongoing as the provider appealing against this decision.

4.4.7 The Council are working with a provider to explore the potential development of a new unit in Ryhope that will support people with acquired brain injury. This is in partnership with the CCG and will explore the potential of bringing back to Sunderland those people who are currently living in placements outside of the Sunderland area.

4.4.8 A current extra care provider is also working with the Council in respect of an extra care development in Washington, on the site where the closed Albany House care home is located. This would provide additional capacity and choice in the care and accommodation market and further updates on this will be provided at future Scrutiny meetings.

5. Care and Support at Home

5.1 The Council currently has a framework contract in place with 11 care providers who are commissioned to provide care and support at home to all service user groups including adults with complex needs and there are 3 non-contracted providers who are frequently utilised as a back-up to the contracted providers.

5.2 CQC Ratings/Inspections

5.2.1 Of the 14 providers, 12 (86%) providers are rated as Good, 1 (7%) is rated as Requires Improvement and 1 (7%) has not yet been inspected. Since the last update report, there has been 1 service inspected and where reports have been published by CQC. The service received an overall rating of Good.

5.3 Current or ongoing points to note:

5.3.1 The Council has concluded the tender process for the new contract which commences January 2020 and a contract has been awarded to 6 providers who are existing providers on the current contract.

6. Extra Care

6.1 There are currently 12 Extra Care schemes in the city providing 851 apartments, of which 840 (98%) are currently occupied.

6.2 Extra Care Schemes based on Locality

Locality	Total number of schemes	Total number of apartments
Coalfields	2	95
Sunderland East	3	165
Sunderland North	2	183

Sunderland West	3	290
Washington	2	118
Total	**12**	**851**

6.3 CQC Ratings/Inspections

6.3.1 Overall, 1 scheme (8%) is rated as Outstanding; 8 Schemes (67%) are rated as Good; 2 (17%) are rated as Requires Improvement (RI).

6.3.2 Since the last update report, there have been no services inspected or reports published by CQC.

6.4 Current or ongoing points to note:

6.4.1 There are currently no concerns or points to note with the extra care market.

7. Domestic Abuse Services

7.1 The Directorate has in place a contract for the provision of Crisis Refuge Accommodation and Specialist Domestic Abuse Outreach Support including Independent Domestic Violence Advisors (IDVA) Provision and this has been in place since July 2017. The current service provides a 10 bed refuge service; a Domestic Abuse Specialist Outreach Support and an IDVA linked to Sunderland Royal Hospital. The current contract has been extended until March 2020.

7.2 Adult Social Care, Public Health, Together for Children and Sunderland Clinical Commissioning Group are carrying out joint scoping of the future service requirements for domestic abuse services, including the potential of joint commissioning services.

7.3 The service continues to see high demand and has received a total of 279 referrals in the period. The service accepted 117 (41.94%) of these referrals and declined 162 (58.06%) with the highest number 114 (70.37 %) of all declined referrals being due to no space or capacity to support. For any unsuccessful referral, the service provider proactively signposts or refers to other refuge services to ensure that people receive the support that they need. The Council are reviewing future domestic abuse provision, including future demand and service requirements and the service provider are developing services to support with demand i.e working with Changing Lives; looking at reopening a refuge which is currently closed following extensive refurbishment.

7.4 The service is reporting positive outcomes for people including:

- The therapeutic / counselling sessions which is reducing the number of recontacts
- 3 women have been supported into employment.
- 4 women supported into full time education.
- 1 woman with complex needs has been supported to reduce her alcohol intake and supported back into work part time and successful move into her own property.
- 3 women have been supported to gain Leave to Remain status with 1 supported into full time employment.

7.5 The meeting room at the refuge has been converted into a training room and the service is delivering several training programmes including:

- Helping Hands
- You & Me programme
- DART programme working with TFC
- Journey to Change
- Power to Change (once they have left the relationship)

7.6 Department for Homes, Community and Local Government (DHCLG) have announced another round of funding for 2020 and work is ongoing developing a regional bid.

8. Independent Advocacy

8.1 The service remains under pressure to meet demand for advocacy and the actual number of hours being delivered has reached the point where the providers current infrastructure is at maximum capacity and further additional hours cannot be delivered. Referrals for Relevant Persons Representative (RPR) have grown beyond expectation and make up 47% of the referrals to the service. This has resulted in demand greatly outstripping available resources.

8.2 The Commissioning Team are in the process of seeking approval to extend the current contract until July 2021 and this includes a review of the current contracting arrangement to enable the provider to increase capacity within the service to meet demand by employing additional staff.

8.3 For the period July 2019 – September 2019, there were 277 new referrals to the service, which is a slight decrease from the previous period April 2019 - June 2019 where there was 278.

8.4 The total number of clients on the advocacy waiting list covering all 5 categories of advocacy at the end of the period from July 2019 - September 2019 was 23 which are broken down as follows:

- Relevant Person's Representative (RPR) – 23
- Independent Mental Capacity Act Advocacy (IMCAs) – 0
- Independent Mental Health Advocacy (IMHA) – 0
- Care Act Advocacy – 0

8.5 This was a slight reduction from the previous period April 2019 – June 2019 where there was 28 on the waiting list.

8.6 The service triaging system ensures that the most urgent cases are prioritised at point of contact. The waiting list is reviewed and cases are triaged daily. Triage is undertaken by the Managing Advocate to ensure urgent and time critical referrals are allocated to an advocate.

8.7 The service has been focusing on people who are on the RPR Active and Waiting Lists to ensure fair access to service and this has as a result reduced the Allocation time for RPR (and IMCA).

8.8 The average time taken to respond to the service users for RPR is 4.6 days with cases taking 8.8 days to allocate.

8.9 The service reported a slight increase in both IMHA and RPR referrals between July and September (with a slight drop in IMCA and Care Act numbers but this is not significant).

8.10 The average times for all referrals are:

- Average time taken to respond to referral 1.6 days
- Average time taken to contact service user 5.8 days
- Average time taken to allocate referral 7.2 days

8.11 Advocate caseloads are managed daily and there were 288 cases closed in the reporting period. At the end of the reporting period (September) there were 291 active cases.

8.12 The Commissioning Team monitor the waiting list through contract management processes and there is regular dialogue in relation to understanding current demands and management of the waiting list.

8.13 Current or ongoing points to note:

8.13.1 The implementation date is still awaited for the Liberty Protection Safeguards (LPS) which replace Mental Capacity (Amendment) Act 2018.

9. Care and Support Services (Sunderland Care and Support Ltd)

9.1 The Services Agreement with Sunderland Care and Support (SCAS) is in place up until 30 November 2020.

9.2 CQC Inspections/Ratings

9.2.1 Since the last update report, the Sunderland Shared Lives Scheme which carries out the regulated activity of Personal Care has been inspected and has had the report published. The Scheme maintained its overall rating was Good.

9.2.2 The Sunderland Community Support Service has a new CQC Registered Manager.

9.2.3 Further to the CQC inspection that took place earlier in 2019 of the Sunderland Community Support Service, SCAS has been working through its internal service improvement plan. It is anticipated that all actions will be completed by end January 2020. Training on the Mental Capacity Act has been successfully delivered to management level and team leaders so that knowledge and practice is embedded at leadership and management level. Further bespoke training will be undertaken.

9.3 Current/ongoing points to note:

9.3.1 The Council continues to have strategic and operational management oversight of Sunderland Care and Support and is driving forward a number of organisational changes to strengthen the company, both internally and within the care market.

9.3.2 There are no concerns to note about the services being provided by SCAS.

10. Accommodation for People with Learning Disabilities/Mental Health Needs

10.1 The Council has arrangements in place with providers for the provision of care and support and accommodation for people with learning disabilities and mental health needs, known as Supported Living and Registered Services. Sunderland Care and Support Ltd is the largest provider of this type of support in Sunderland, however there are also a number of other providers that are commissioned on an individual level to provide this type of support.

10.2 CQC Inspections/Ratings

10.2.1 There have been no inspections where reports have been published since the last update report.

10.2.2 There are no updates or issues to note with regard to these services.

10.2.3 There are no reported quality concerns with accommodation based services that the Council are aware of.

10.3 Current/ongoing points to note:

10.3.1 The demand for accommodation care and support for individuals continues to be monitored via scoping work completed by the Commissioning Team and Adult Social Care. The Scoping work is completed in partnership working together to monitor demand and determine future need for accommodation-based services.

10.3.2 Scoping work continues to be taken forward across all areas of Adult Social Care including Older Person/Physical Disabilities, Learning Disability and Mental Health service areas in order to explore alternative models of care and support that are cost effective and that supports individuals to maximise independence.

10.3.3 Two Supported Living Schemes are currently being developed within the City for people with a Learning Disability.

- 1 property is a converted town house with 4 self-contained apartments that will be redeveloped by the new owner. The service will provide a hub and satellite service model for 3 tenants who will each have their own apartment with a core care and support service offer which will be shared with the other 2 tenants. The 4th apartment will be used by support staff as a base/hub area where care and support will be coordinated. The 3 tenants will also have individual 1-1 support hours linked to their individual assessed need. The date for completion and handover of the property has not finalised but it is anticipated that it will be late March 2020.

- The 2nd property is made up of 9 self-contained apartments within the same 3 floor building. The property will be used to provide an alternative model of care and support for 9 people with a Learning Disability using a hub and satellite service model. Development work is on-going and its anticipated that building work will be completed late March 2020.

10.3.4 All new developments will be supported by the use of up to date assistive technology solutions where appropriate.

11. Short Break Services

11.1 During the period April 2019 to September 2019 there were a total of 4,232 nights of short break provided to 278 people across all age groups.

2,069 nights were provided to 145 people aged 18-64 years. The majority of these breaks were provided by Sunderland Care and Support Ltd (1,881 nights to 130 people).

11.2 SCAS operate 3 short breaks services for adults. Grindon Mews has 5 beds, 2 of which are transitional beds for 18-25 year olds and these are currently at full capacity. A waiting list in place for this element of the service which is managed by SCAS via their Short Break Allocation meetings. Across the other 2 short break services average usage is currently at 84%.

11.3 2,163 nights were provided to 133 people aged 65 years and over. The majority of these breaks were typically provided within an older persons care home setting, with Ashbourne Lodge and Donwell House each providing around 100 nights over the two quarters.

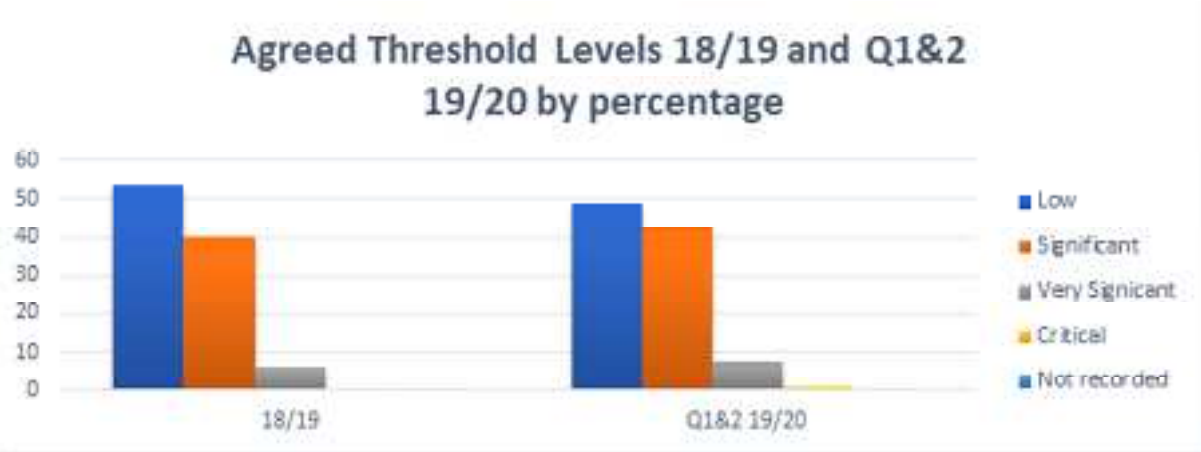
11.4 There are no reported quality concerns or issues to note with short break provision that the Council are aware of and there are no indications that there are any gaps in service provision at this current time.

12. Safeguarding Activity

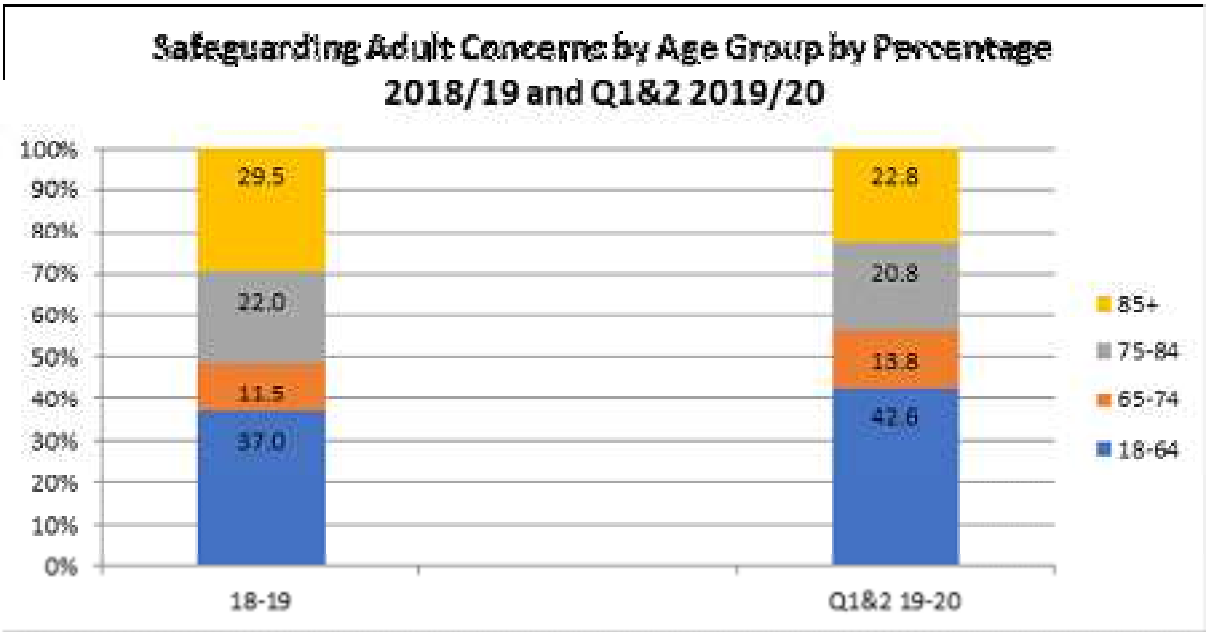
12.1 The volume of Safeguarding Concerns is continuing to increase. In 2017/18 the regional average of safeguarding concerns received was 2,816 compared to 2,655 received in Sunderland. The number of concerns received in Quarter 2 2019/20 is 828 compared to 774 in quarter 1 2019/20. In 2018/19 the average number of concerns received per quarter was 664 compared to 801 in 2019/20, an increase of 21%. The majority of concerns raised continues to be from Care Homes at 24.3%, although a decrease compared to 2018/19 at 28%

12.2 At the end of quarter 2, 29.3% of concerns progress to a Section 42 enquiry or other enquiry compared to 34.3% in 2018/19. However, 13.8% of concerns were linked to an already open episode compared to 10.5% in 2018/19.

12.3 In 85% of cases commenced in Q1&2, there was no change in the threshold level identified following action taken and the level agreed between the person raising the concern and the Safeguarding Officer. This is a similar figure to that in 18/19 86%.



12.4 Concerns relating to females over the age of 75 continue to account for the highest volume of concerns raised. There is no comparator information available in this area. The % of concerns received for received for individuals aged 18-64 who are female continues to increase in quarter 2 with 38.6% from 32% in 2018/19



12.5 Physical abuse and neglect and acts of omission continue to account for the highest categories of alleged abuse in quarter 2 2019/20, with physical abuse being the highest at 25.5% (28.9% in 2018/19) and neglect at 21.2% (21,8% in 2018/19). Nationally and regionally the trend is the same in terms of the top 2 highest alleged abuse categories however in both cases the highest is neglect and acts of omission followed by physical abuse.

12.6 At the end of quarter 2, 43.2% of completed cases the client was identified to be lacking capacity and 100% of those identified as lacking capacity were supported.

12.7 At the end of quarter 2, 2019/20 99.3% of completed cases had the risk reduced or removed an improvement against the rate of 95.3% in 2018/19 and better than the 2017/18 rates nationally at 90% and regionally at 88%.

12.8 At the end of quarter 2, 78% of completed cases clients were asked their desired outcomes an increase against the 84.2% seen at in 2018/19, this is decrease is largely down to people not being asked or the information not being recorded. In 2017/18 nationally 74.8% of completed cases were asked their desired outcomes and regionally 73.7% were asked.

12.9 At the end of quarter 2, 84.7% of those asked their desired outcomes were achieved or partially achieved.

13. EU Exit Planning (Brexit)

13.1 Further to the update provided in the last report regarding EU Exit Planning the Commissioning Team has continued to liaise with Providers.

13.2 Medication remains an area of concern, however mitigating actions for the risk of a shortage of medications would need to be developed in accordance with any national guidance that is given.

13.3 The Association of Directors of Adult Social Services (ADASS) held a provider day in October which was attended by local care providers. Contingency planning guidance was shared on the day and disseminated to Providers who were unable to attend the Provider day. The main concern which was highlighted by home care providers was in relation to any fuel shortages that may occur. The Commissioning Team has linked with the home care providers to gather information on their fuel consumption and is feeding this information back to ADASS.

13.4 Providers have signed up to the Department of Health and Social Care update service to stay up-to-date with the most recent guidance and are continuing to further develop business continuity plans using the information provided from the update service and guidance shared at the Provider Day.

14. Recommendations

14.1 Scrutiny Committee is requested to receive this report for information.

14.2 Scrutiny Committee to agree to receive regular updates from the Commissioning Team in relation to the market position.

Appendix 1

CQC Inspection and Ratings

Services where inspection reports have been published between September and November 2019

Older Persons Care Homes

Service	Report published	Location of Service	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
Donwell House	28/9/2019	Washington	Requires Improvement (RI)	Good	RI	Good	RI	RI
Barnes Court	1/11/2019	West	Good	Good	Good	Good	Good	Good
Washington Manor	28/11/19	Washington	Good	Good	Good	Good	Good	Good

Care and Support at Home Services

Provider	Report Published	Overall Rating	Safe	Effective	Caring	Response	Well-led
Thorncliffe Home Care	19/11/19	Good	Good	Good	Good	Good	Good

Care and Support in Extra Care Accommodation

No services inspected

Care and Support Services: Sunderland Care and Support Ltd

Provider	Reported publication date	Overall rating	Safe	Effective	Caring	Responsive	Well-led
Sunderland Shared Lives Scheme	30/10/2019	Good	Good	Good	Good	Good	Good

Care and Support in Accommodation for people with Learning Disabilities/Mental Health needs

No reports published

HEALTH AND WELLBEING SCRUTINY COMMITTEE 8 JANUARY 2020

SUNDERLAND CARE AND SUPPORT ANNUAL REPORT

REPORT BY CHIEF OPERATING OFFICER

1. Purpose of the Report

1.1 The report presents to Scrutiny Committee, Sunderland Care and Support's Annual Report for 2019.

2. Background

2.1 Sunderland Care and Support Ltd (SCAS) is a 100% Council owned local authority trading company which was established on 1 December 2013.

2.3 SCAS provides a range of services to adults who have social care and support needs and short break services to children with disabilities.

Our services currently include:

- **Recovery at Home Service (including Farmborough Court Intermediate Care and Community Reablement Teams):** this service supports individuals to recover from illness or a crisis, supporting timely hospital discharge and to remain independent and living at home

- **Sunderland Telecare:** providing individuals with 'touch of a button' access to year round, 24/7, social care and support services at home

- **Community Equipment Service:** supporting individuals to maximise their independence, to live as independently as possible at home, feel safe and lead fulfilling lives through the provision of a wide range of equipment, minor adaptations, telecare and assistive technology equipment and access to a wide range of community equipment and resources

- **Home Improvement Agency:** supporting individuals to remain in their own home, in a warm safe and secure environment through a programme of property repairs, adaptations or home improvements

- **Supported Living Services:** providing positive person centred support and planned care for individuals with learning or physical disabilities and / or mental health needs, enabling them to live as independently as possible

within their local community and supporting their independence in-line with their assessed needs

- **Short Break (Adults and Children's):** providing person centred short break provision for adults and children with learning or physical disabilities and / or mental health needs that support carers to have a break from their caring role

- **Day Services, Sunderland Recovery College & Supported Employment Services:** providing wide range of social, learning and wellness activities, supported employment and volunteering opportunities to individuals with learning or physical disabilities and / or mental health needs

- **Sunderland Shared Lives Service:** enabling adults with learning disabilities the opportunity to be looked after in the homes of carefully chosen carers; to live in a family environment and to have a full and independent life where they can be part of their local community

2.4 Over the last 6 years, we have maintained our reputation as one of the city's high-quality care providers; we have delivered on very challenging financial efficiency targets and we have adapted and been responsive to support the rising pressures and demand on the health and social care system across Sunderland.

2.5 Throughout 2019 SCAS has undergone its most significant change since the company was established in 2013 with a change in the management and leadership of the organisation.

3. Corporate Governance

3.1 We have a number of governance arrangements in place, as follows:

- **Company Board:** The company Board continues to be responsible for all aspects of the company's business. Current Board members are:
  Cllr Anne Lawson
  Cllr Jill Fletcher
  Cllr Linda Williams
  Graham King – Assistant Director Adult Social Care, SCC/ Chief Operating Officer SCAS
  Darren Lough – Principle Accountant, SCC/ Strategic Finance Manager, SCAS
  Gregg Clarke – Business Manager, SCAS

- **Financial Governance:** We meet with the Council on a bi-monthly basis as part of the financial governance of SCAS and our finances are audited by an independent auditor. Accounts are submitted to Companies House.

- **Care Quality Commission (CQC):** Where required, we are registered and inspected by CQC for any service where we are carrying out a regulated activity to adults

- **Ofsted:** Where required, we are registered and inspected by Ofsted for any service where we are carrying out a regulated activity to children

- **Contract Management:** SCAS meet with the Council on a quarterly basis to review our performance against the contract requirements

- **Joint Consultative Forum (JCF):** the JCF meets monthly with Unions to discuss any work related issues

- **Carers Groups:** we have a number of independent carer groups which monitor the company's activities and service delivery and they are regularly consulted about changes to company policies and procedures

- **Internal committees/boards:** we have a number of internal committees/ boards that oversee our services, such as a Quality, Training and Development Board; Safeguarding Governance Group; Health and Safety Group; Senior Management Team.

4. Key achievements / points to highlight from 2019

The following section provides an overview of the key achievements throughout the year:

4.1 Organisational

The start of 2019 saw the departure of the existing Chief Operating Officer, Philip Foster, which led to the Council taking over the strategic and operational leadership and management of the Company.

A significant focus of this year has been to drive forward a change in culture across all parts of the organisation and to strengthen our organisational structure, both strategically and operationally. This will enable us to position ourselves better within the care market; continue to improve our standards of

care and service provision and deliver on our new Business Plan in the coming years.

4.1.1 Staffing and Recruitment

As one of the largest social care providers in the North East, our workforce of 1,136 employees is one of our greatest assets.

Our workforce is broken into:

- 693 full time colleagues working in the company and 443 part time colleagues.
- 1,033 full time equivalent post holders in the company

The number of employees working in each service area is:

Service area	Number of Staff
Supported Living Services	663
Day Services	99
Reablement at Home	88
Short Break Services	87
Recovery at Home Services	71
Management / Administration	52
Telecare	41
Community Equipment Service	26
Home Improvement Agency	9

4.1.2 Learning and Development

We have continued to invest in our employees to ensure that our services are provided by a highly skilled and competent workforce that reflect the changing organisational culture and the expectations and standards of service of the staff that we employ. Our training and development team provide learning and development opportunities to all colleagues which ensures they are able to:

- Develop their skills and knowledge
- Deliver a professional service
- Be fit to practice
- Meet the needs of the business.

Through a detailed and diverse training programme we lay the foundations for new employees and provide opportunities for continual professional development to our existing staff. We meet our training requirements using varied methods of training delivery, which include taught sessions, distance learning and e-learning. We ensure that our training needs are met via the

delivery of our focussed induction programme, our core mandatory training strategy, and through working in partnership with local providers to deliver accredited qualifications which include diplomas and full apprenticeships.

1,094 members staff have undertaken training in 2019 on subjects such as:

- Moving and Assisting
- First Aid
- Health and Safety
- Fire Safety
- Safeguarding
- Mental Capacity Awareness
- Food Safety
- BSL
- Makaton
- PMVA
- Person Centred Support Planning
- Domestic Violence Awareness
- Mental Health Awareness
- Equality and Diversity
- End of Life Care

We have continued to invest in our future potential workforce and support local skills development by offering 9 apprenticeships within the company over the past year. In 2019, 4 apprentices gained permanent employment within the Company.

4.2 Quality

4.2.1 We have begun a review of our approach to quality assurance with the aim of developing a revised quality assurance framework for our services that ensures we maintain our high standards of quality. Our aim will be to continue delivering person centred care of the highest standard to everyone who is supported by our services by systematically monitoring and evaluating our services to ensure that they are meeting our own company values, our customers expectations and our regulatory requirements and that quality is maintained.

4.2.2 We welcome and encourage feedback from all of the people we support, their families/ representatives and other partners that we work with including the reporting of concerns, good practice, complaints and compliments about our services. Any feedback that we receive enables us to both highlight to staff the positive work that they are doing and also address any areas that fall short

of our expected service standards and learn about how we can improve future practice.

4.3 Complaints

4.3.1 Our Complaints Policy has been reviewed and is in the process of being relaunched to reflect changes in the way that we will deal with any complaints that are made about our services.

4.3.2 From January to the end of September 2019, we received 123 complaints about our services. 107 were resolved by local resolution, however 16 of these concerns were a formal complaint that were investigated under our complaints process. The majority (60) of the concerns/complaints made were in respect of the Community Equipment Service.

4.4 Compliments

4.4.1 From January to the end of September 2019, we received 231 compliments across a range of services.

4.5 Care Quality Commission

4.5.1 7 of the services we provide are regulated activities and are therefore registered with CQC. 6 services out of 7 are rated as Good which demonstrates our commitment to ensuring we deliver high quality services to people.

Service	Inspection Date	Overall Rating	Safe	Effective	Caring	Responsive	Well-led
Doric View	15/09/2017	Good	Good	Good	Good	Good	Good
Farmborough Court	06/08/2018	Good	Good	Good	Good	Good	Good
Grindon Lane	30/04/2018	Good	Good	Good	Outstanding	Good	Good
Grindon Mews	22/06/2018	Good	Good	Good	Good	Good	Good
Shared Lives	30/09/2019	Good	Good	Good	Good	Good	Good
Sunderland Community Support Service	18/02/2019	RI	Good	RI	Good	Good	RI
Villette Lodge	17/12/2018	Good	Good	Good	Good	Good	Good

RI – Requires Improvement

4.6 Ofsted

4.6.1 Grace House our Children's short break service is regulated with Ofsted and retained its rating of Good at its most recent inspection in September 2019.

5. Service Delivery

The following section provides an overview of the support that we have provided during 2019 across our services:

5.1 Recovery at Home (including Farmborough Court Intermediate Care Centre)

Our Recovery at Home Service is delivered in partnership with Sunderland and South Tyneside NHS Foundation Trust (SSTFT). It is a Health and Social Care integrated and co-located Intermediate Care and Reablement Service, consisting of health and social care professionals - including GPs, Nurses, Health and Social Care Assistants. Recovery at Home provides both health and social care to people in a crisis or urgent situation to enable them to stay in their own home in the community.

The aims of the service are:

- To avoid admission to hospital where appropriate with assessment and short term intervention to maximise independence, preferably at home or where necessary in an alternative bedded setting
- To provide support on hospital discharge to reduce the risk of patients remaining in hospital longer than clinically necessary - ideally rehabilitation / reablement should take place wherever possible in a person's own home particularly for frail older people
- Prevention of premature entry into long term care and ensuring optimum care packages in a person's home
- To provide a seamless coordinated service as part of the hospital's Emergency Department supporting the appropriate streaming and support to patients

Points to note:

- Our Recovery at Home Service receives around 300 referrals a month the majority of which are received from a hospital setting. For each referral received a solution is sourced by the Recovery at Home service that best meets the persons needs and outcomes

5.2 Community Reablement at Home

Our Community Reablement Service provides many vulnerable local people and their carers with a range of high quality personal care, assistance and

support - helping them to live as independently as possible, maximising their long-term independence, choice and quality of life at home through helping people 'to do' rather than 'doing to or for' people having services that are outcome and customer focused.

Points to note:

- We support around 130 people every month within our Reablement at Home service and provide around 1,400 hours of support each month.

5.3 Sunderland Telecare

Sunderland Telecare provides vulnerable people and their carers living across Sunderland with:

- A wide-range of Telecare equipment, linked to the Council's highly trained Customer Services Network and our mobile social and health care workforce, able to respond in an emergency and also to provide planned visits to maintain people at home in safety
- An Overnight Care Service, supporting vulnerable people with complex needs to live at home through the provision of planned and emergency support, with the aim of preventing unnecessary admission into care
- Security and reassurance; help in remaining independent and living safely at home and peace of mind

Points to note:

- At the end of September 2019, we were supporting 3,846 customers who are connected to our Telecare Service
- The Telecare Service receives around 11,000 alarm activations every month
- Our mobile staff respond to around 2,000 alarms every month
- We have recently become a member of the TSA (Tech Services Association) which is the representative body for technology enabled care (TEC) services. This means that our service has been independently audited against the requirements of the TSA Quality Standards Framework and has met the majority of the requirements.

5.4 Community Equipment Service

Our Community Equipment Service (CES) is a jointly funded partnership between Sunderland City Council and the Sunderland Clinical Commissioning Group. The service supplies and fits equipment and minor adaptations to enable children and adults with disabilities to live at home. Equipment is loaned to the customer and designed to promote their personal independence, safety and mobility. The provision of high quality care, equipment, aids and adaptations are a vital component to the independence of people of all ages with health conditions, disabilities and/or mobility issues.

Points to note:

- We deliver around 3,000 items of equipment every month
- We collect around 1,700 items of equipment every month where people no longer need it
- We are carrying out a review of the community equipment service to ensure that we deliver a highly efficient and quality service to our customers

5.5 Home Improvement Agency

The Home Improvement Agency aims to enable those in need of support to maintain their independence in their chosen home for the foreseeable future - Achieved by supporting people throughout repair, adaptation or improvement process of their property, so that individuals are able to remain in their own home in a warm safe and secure environment. The HIA provides access to:

- Disabled Facilities Grants (DFG's) and adaptations
- Housing Assistance (practical and financial advice)
- Handypersons and Minor Alterations Services
- General Advice and signposting in relation to practical tasks that support people to live independently Handyperson services

Points to note:

- Throughout 2019 so far,
  - 734 DFG applications were approved
  - We carried out 861 adaptations
  - We provided 1 person with housing assistance
  - We supported 1,354 people with minor alternations and 214 people with a handyperson service
  - We provided 73 people with general advice

5.6 Supported Living

Our Supported Living Services provide the opportunity for vulnerable people to live in the community in a wide range of different types of supported living accommodation—which offers the customer their own tenancy or own home with 24/7 care and support. All our services provide flexible, individualised support based on the needs of the individual which aim to maximise independence, self-reliance, encourage community participation, promote health and wellbeing and encourage each person to reach his or her full potential.

Points to note:

- We provide care and support into 106 supported living properties
- We support 343 people who have a learning disability, mental health need, autism or a physical disability

5.7 Short Break Services (Adults and Children's)

Grace house, our specialist children's Short Break Service, which is delivered in partnership with the Grace House charity, offers specialist short break care to children and young people aged 5 to 17 years and 11 months living in the North East, who have a complex disability, health needs or a life limiting condition.

Our 3 adult short break services provide specialist care to meet the assessed needs of adults with complex physical and / or learning disabilities and autism.

Our four centres provide bespoke breaks tailored to the specific requirements of the children and adults, within vibrant and well-equipped environments and with support from professional carers who are highly experienced at working alongside people with the most complex needs. The dedicated services aim to create enabling environments and to support customers to achieve the very best outcomes, including maintaining good health, providing social and developmental opportunities and giving parents and carers peace of mind during a break from their caring role.

Points to note:

- We provided 1,963 nights breaks to 134 people within our adult short break services between April and September 2019
- We provided 585 nights of short break to 67 children within our children short break service

5.8 Day Care Services

We provide a wide-range of day opportunities for people with learning disabilities, autism, physical disabilities and/or mental health needs and their carers across out two centres. Support is provided to customers with complex needs in a person centred way to facilitate good health, help develop skills, build relationships and participate in meaningful activities.

Points to note:

- We provide support to around 170 people across our Washington and Fulwell Centres

5.9 Sunderland Shared Lives Scheme

We manage the Sunderland Shared Lives Scheme which recruits and supports Shared Lives Carers who provide care and support within their home to adults with learning disabilities.

Points to note:

- We provide support to 16 Shared Lives Carers who are supporting 15 adults with a learning disability
- We are working with the Council and the national organisation Shared Lives Plus to expand the scheme to offer different types of support

5.10 Supported Employment Services

We provide meaningful employment opportunities to people with disabilities within a range of services including our community equipment service and business administration Teams; Coffeestop Cafés, Handypersons team and our evening activity teams. Through these initiatives we provide enhanced support and mentorship to enable disabled people to gain valuable skills and work experience.

Points to note:

- We offer supported employment placements to 31 people across our range of services

5.11 Recovery College

Our Recovery College offers a range of free recovery focused educational courses to help people with mental health needs improve their understanding and experience of day to day living. All courses have been co-developed and co-facilitated by somebody who has their own experience of mental health. Courses are designed to contribute to recovery and wellbeing, supporting customers to recognise their own talent and resourcefulness in order to become an expert in managing their own health; make informed choices and achieve the things they want from life.

Points to note:

- We provide support to 663 people in our Recovery College

6. Fundraising and Contribution to our Local Community

6.1 Each Year our employees nominate ‘Good Causes’ the company should support. This year we have raised £9800 which we donated to Sunderland RNLI and City Hospital’s Intensive Care Unit. In total over the past 6 years, we have raised £69,340.96 which we have used to support local good causes.

7. The year ahead – plans for 2020 and beyond

7.1 We are in the process of finalising our new Business Plan which will take us 2022. Our focus for the coming years is to consolidate our work to date, to ensure that we have the solid foundations we need to deliver the best possible services going forward and to ensure the company continues to be

financially viable. We also need to maintain our position of being a market leader in providing supported living services for some of the most vulnerable adults in our City.

8. Recommendations

8.1 Scrutiny Members are recommended to note the content of this report.

HEALTH AND WELLBEING SCRUTINY COMMITTEE 8 JANUARY 2020

POLICY REVIEW 2019/20: ORAL HEALTH IN SUNDERLAND - DRAFT FINAL REPORT

1. Purpose of Report

1.1 The purpose of this report is to provide the committee with a draft report of the review into oral health in Sunderland.

2. Background

2.1 The Health and Wellbeing Scrutiny Committee development session held on 22nd May 2019 provided Members, officers and partners with the opportunity to discuss a variety of scrutiny topics, compiling a shortlist of potential issues for review during the coming year. At its meeting on 5 June 2019 the committee agreed to undertake a review into oral health.

3. The Policy Review

3.1 The title of the review was agreed as 'Oral Health in Sunderland'. The full draft report is attached at **appendix 1** of this report.

3.2 Activities included a number of opportunities which included the following:

- Desktop research
- Evidence presented by key stakeholders
- Evidence from members of the public at meetings or focus groups
- An expert evidence gathering event
- Site visit.

3.3 The review gathered evidence from a variety of sources as follows:

(a) Kathryn Bailey – Public Health Specialist;
(b) Lynne Bennett - Governance Law Specialist – Sunderland City Council;
(c) Lisa Brownbridge - Dental Lead Sunderland 0-19 Service;
(d) Rachael Fitzsimmons – Health Education England – North East;
(e) Pauline Fletcher – Local Lead NHS Commissioner for dental services;
(f) Dave Forrest – Fight Against Fluoridation;
(g) Linda Forrest – Fight Against Fluoridation;
(h) Dr Marie Holland – Clinical Director of the salaried dental service;
(i) Dr Colwyn Jones – NHS Health Scotland Dental Public Health Consultant
(j) Diane Jones - Service Manager Sunderland 0-19 Service;
(k) Dr Peter Knops – Chair of Sunderland Local Dental Committee;
(l) David Landes – Public Health England Consultant;
(m) Professor Emeritus Mike Lennon OBE – British Fluoridation Society;
(n) Dr John Morris – Senior Lecturer in dental public health;
(o) Brian Plemper – Senior Network Analyst – Northumbrian Water;
(p) Joanne Purvis - Oral Health Promotion Lead/Manager South Tyneside and Sunderland NHS FT;
(q) Tom Robson – Chair of Local Dental Network;
(r) Eric Rooney – Public Health England;

(s) Malcolm Smith - Post Graduate Dental Dean Health Education England;
(t) Dr Simon Taylor – Chair of Local Dental Network;
(u) Dr Christopher Vernazza – Consultant in Paediatric Dentistry;
(v) Joy Warren – UK Freedom From Fluoride Alliance (UKFFFA);
(w) Alice Wiseman – Director of Public Health – Gateshead.

3.3 The review deals with a number of issues across a selection of headings including the current state of oral health in Sunderland, dental access, key oral health interventions and water fluoridation.

4. Conclusions

4.1 Despite the improvements in oral health that have been seen over recent decades Sunderland still performs poorly when compared to regional and national indicators. Levels of tooth decay in Sunderland 5-year-olds remains higher than national averages. The review also acknowledged how the mouth is often viewed separate from the rest of the body despite poor oral health being linked with poor general health.

4.2 The review hopefully highlights some key areas for consideration including a number of interventions and strategies that can contribute to improving the oral health of the population. Reducing dental decay and improving oral health in a population requires activity at all levels. The effects of interventions, preventions and strategies should not be viewed as competing alternatives but seriously considered as a collective approach to reducing tooth decay and improving oral health across the population.

5. Recommendations

5.1 That the committee notes the draft report and provides comment on the review and recommendations.

5.2 That subject to amendments the report is agreed and submitted to Cabinet for consideration.

Contact Officer: **Nigel Cummings**
Scrutiny Officer
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Telephone: **0191 561 1006**

Health and Wellbeing Scrutiny Committee
Policy Review 2019 – 2020

Oral Health in Sunderland

Draft Final Report

Health and Wellbeing Scrutiny Committee
Policy Review 2019 – 2020

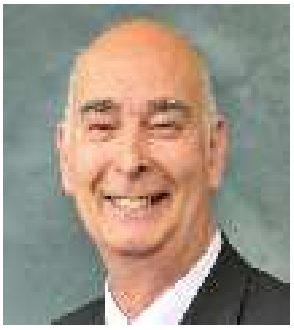
Oral Health in Sunderland

Draft Final Report

Contents

1 Foreword from the Chair of the Health and Wellbeing Scrutiny Committee

The mouth is a portal into the rest of the body.
Dr. Donald Ratcliffe Chairman of the Department of Dental Medicine at Staten Island University Hospital in New York



This review has been an extremely important piece of work not only for the committee and the council but also for the people of Sunderland. The importance of good oral health cannot be underestimated, a healthy mouth should be very important to everyone.

We often take our teeth and oral health for granted, but they play a very important role in our lives. Teeth help us chew and digest food, they help us to talk and speak clearly and they also give our face its shape. Good oral health provides greater confidence for people as well as influencing our social lives, careers and our relationships.

Maintaining good oral hygiene is also important in a person's overall health. Oral health research has linked gum disease to heart disease, premature birth and even knee arthritis. So oral health is extremely important not only to looking good but to feeling good too.

The Health and Wellbeing Scrutiny Committee has taken evidence from wide ranging sources and on behalf of the Committee I would like to express our gratitude to everyone for their time and cooperation during our evidence gathering. It is through gathering a variety of viewpoints and opinions from experts, key stakeholders and interested parties that the Committee look to get a balanced view and form recommendations.

Finally, I would also like to thank all the Members of the Committee for their support and commitment to the Health and Wellbeing Scrutiny Committee and this review.

Councillor Darryl Dixon
Chair of the Health and Wellbeing Scrutiny Committee

2 Introduction

2.1 The Annual Scrutiny Workshop provided a variety of scrutiny issues for potential review during the coming year. The Health and Wellbeing Scrutiny Committee agreed to undertake a review around oral health in Sunderland.

3 Aim of the Review

3.1 To provide a better understanding of the state of oral health in Sunderland and investigate the arguments for and against a number of interventions to inform Sunderland's strategy to improve the oral health of the local population.

4 Terms of Reference

4.1 The title of the review was agreed as 'Oral Health in Sunderland' and its terms of reference were agreed as:

(a) To determine the oral health of the population of Sunderland; understanding the significant factors contributing to oral health issues and identifying the key risk groups within the city;

(b) To determine the effectiveness of a number of interventions including adding fluoride to the water supply as a means of improving dental health, reducing dental decay in children and addressing dental health inequalities;

(c) To explore the ethical issues associated with oral health interventions;

(d) To identify the benefits, risks and wider health concerns in respect of adding fluoride to the water supply;

(e) To understand the current legal position, procedural process and financial implications for making changes to the water supply;

(f) To provide an agreed report that can be discussed by Cabinet.

5 Membership of the Committee

5.1 The membership of the Health and Wellbeing Scrutiny Committee during the current Municipal Year is:

Cllrs Darryl Dixon (Chair of the Health and Wellbeing Scrutiny Committee), Michael Butler, Jack Cunningham, Ronny Davison, Michael Essl, Juliana Heron, Shirley Leadbitter, Neil MacKnight, Pam Mann, Barbara McClennan, Dominic McDonough and Stephen O'Brien.

6 Methods of Investigation

6.1 The approach to this work included a range of research methods namely:

(a) Desktop Research;
(b) Use of secondary research e.g. surveys, questionnaires;

(c) Evidence presented by key stakeholders;
(d) Evidence from members of the public at meetings or focus groups; and,
(e) Site Visits.

6.2 Throughout the course of the review process the committee gathered evidence from a number of key witnesses including:

(a) Kathryn Bailey – Public Health Specialist;
(b) Lynne Bennett - Governance Law Specialist – Sunderland City Council;
(c) Lisa Brownbridge - Dental Lead Sunderland 0-19 Service;
(d) Rachael Fitzsimmons – Health Education England – North East;
(e) Pauline Fletcher – Local Lead NHS Commissioner for dental services;
(f) Dave Forrest – Fight Against Fluoridation;
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(s) Malcolm Smith - Post Graduate Dental Dean Health Education England;
(t) Dr Simon Taylor – Chair of Local Dental Network;
(u) Dr Christopher Vernazza – Consultant in Paediatric Dentistry;
(v) Joy Warren – UK Freedom From Fluoride Alliance (UKFFFA);
(w) Alice Wiseman – Director of Public Health – Gateshead.

6.3 Statements in this report are based on information from a variety of published sources and from individual witnesses. No guarantees can be given as to the accuracy or completeness of such information. Views and opinions expressed by individual witnesses may or may not be representative of the views of the majority but are worthy of consideration nevertheless.

7 Findings of the Review

Findings relate to the main themes raised during the committee's investigations and evidence gathering.

7.1 What is Oral Health?

7.1.1 Oral health is a key indicator of overall health, wellbeing and quality of life. The World Health Organisation defines oral health as "a state of being free from chronic mouth and facial pain, oral and throat cancer, oral infection and sores, periodontal (gum) disease, tooth decay, tooth loss, and other diseases and disorders that limit an individual's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing.[1]"

7.1.2 What does this mean in practice, the illustration below highlights the differences between healthy and unhealthy mouths.

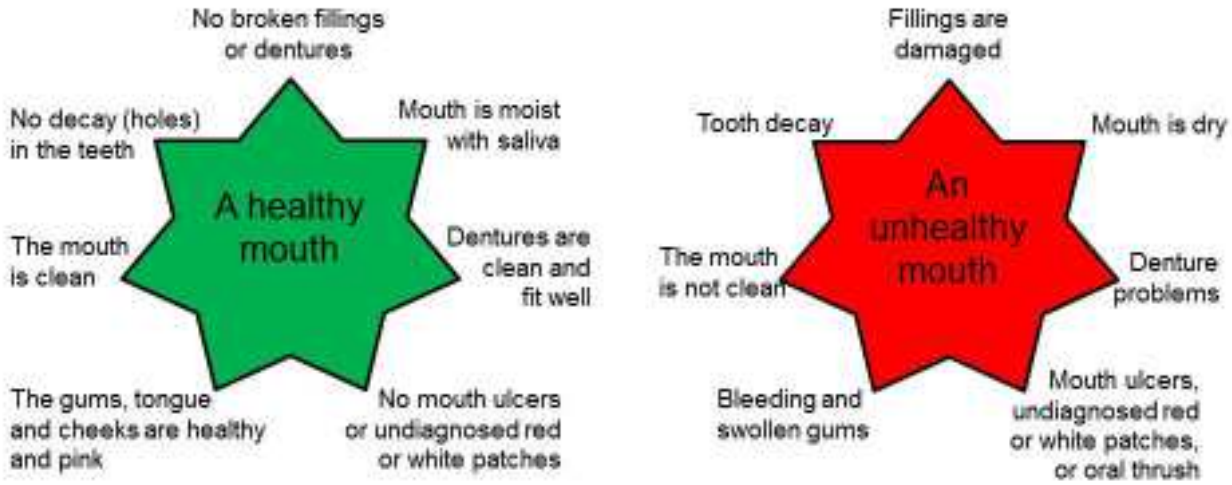

Diagram 1: Differences in healthy and unhealthy mouths

7.1.3 Oral health is inextricably linked to general health and well-being at every stage of life. A healthy mouth enables not only nutrition of the physical body, but also enhances social interaction and promotes self-esteem and well-being. The mouth can act as an early indicator for the rest of the body, providing signals of general health disorders. For example, mouth lesions may be the first signs of HIV infection, pale and bleeding gums can be an indicator for blood disorders, bone loss in the lower jaw can be an early indicator of skeletal osteoporosis, and changes in tooth appearance can indicate bulimia or anorexia. The presence of many compounds (e.g., alcohol, nicotine, opiates, drugs, hormones, environmental toxins, antibodies) in the body can also be detected in the saliva.

7.1.4 Oral conditions have an impact on overall health and disease. Bacteria from the mouth can cause infection in other parts of the body. It is important to recognise that oral health and general health are interlinked, particularly when determining appropriate oral health care programmes and strategies at both individual and community care levels. That the mouth and body are integral to each other

[1] World Health Organisation. World Health Report 2003.

underscores the importance of the integration of oral health into holistic general health policies and recognising that we need to start putting the mouth back in the body.

7.1.5 Members heard from the chair of the local dental network that oral health was linked to many factors including self-worth, nutrition and also direct links to lung and cardiovascular disease. Members noted that poor oral health frequently equated to poor general health.

7.2 The Main Oral Diseases and Conditions

Dry Mouth (Xerostomia)

7.2.1 A dry mouth is caused by a lack of saliva in the mouth. Saliva is important in helping with swallowing and talking as well as helping to repair tooth enamel and removing food debris from the mouth. There are a range of causes for a dry mouth including mouth breathing, dehydration and some types of medication. A dry mouth can range in severity and can lead to plaque build up and result in tooth decay and gum disease.

Tooth Decay (Dental Caries)

7.2.2 Tooth decay is a process of destruction of tooth tissue by acid produced by bacteria living in the mouth reacting with sugars in the diet. Tooth decay may not cause any pain, but if you have dental caries, you might have toothache, tooth sensitivity, grey, brown or black spots appearing on your teeth, bad breath and an unpleasant taste in the mouth. Tooth decay is very preventable through control of sugar in the diet, good oral hygiene and the use of fluoride, which helps to prevent, control and stop decay.

Gum Disease (Periodontal Disease)

7.2.3 Gum disease is an inflammatory disease of the gums and the bones that surround the teeth. In the early stages of gum disease (gingivitis) gums are inflamed and red and can bleed when brushed. At this stage the condition is reversible through good oral hygiene. However, if left untreated, gum disease can progress to periodontitis where the inflammation destroys the ligaments and bone that support the teeth, leading to tooth loss. At this stage the condition is irreversible, but progression can be halted with treatment and improved oral hygiene.

Tooth Wear

7.2.4 Tooth wear occurs in three main ways, they are through erosion (prolonged exposure to acid), abrasion (too much pressure when brushing teeth) and attrition (grinding of teeth). The overall result is loss of tooth tissue and is becoming more common with changes in diet, habits, lifestyle and increasing age.

Oral Cancer

7.2.5 There are many differing types of oral cancer and the risk factors are typically, smoking tobacco, alcohol, chewing tobacco, genetic factors and human papillomavirus (HPV). The impact of oral cancer and its treatment can be very severe and therefore early detection is essential for increasing both survival rates and quality of life.

Mouth Ulcers

7.2.6 Mouth ulcers are sores in the mouth which appear as white or cream ovals surrounded by red inflammation, they are most common on the cheeks and lips.

Mouth ulcers are generally very sore and painful but will normally resolve themselves within a couple of weeks.

Oral Thrush

7.2.7 Oral thrush is an infection of the mouth caused by the fungus candida. Candida can be present in a healthy mouth and is usually kept in check by the body's immune system. Risk of oral thrush is increased in people who have a dry mouth, smoke, take steroids, wear dentures or have an impaired immune system.

Angular Cheilitis

7.2.8 This is a condition where one of both corners of the mouth become red, inflamed, crusted and cracked. This can lead to infection by bacteria and fungus.

Dental Fluorosis

7.2.9 Fluoride is a mineral that prevents tooth decay and occurs naturally in water at varying levels, it can also be added to water supplies with the aim of preventing tooth decay. Fluoride is also present in most toothpastes and is also available in mouth rinses, varnishes and gels. There is a risk of young children swallowing too much fluoride while permanent teeth are developing resulting in white marks developing on these teeth, known as dental fluorosis. The condition does not usually affect the function of the teeth or cause pain but may cause some concern for people in relation to how their teeth look.

Dental Trauma

7.2.10 Trauma to the teeth causes irreversible damage and can affect the function and appearance of the mouth. Trauma can be caused by falls, participation in sports and other high-risk activities, road traffic accidents or violence.

7.3 The Current State of Oral Health in Sunderland

7.3.1 The Committee has looked at the current state of oral health in Sunderland and looked at how this compares with our regional neighbours and the England averages. A useful data set is produced by Public Health England, who have undertaken intermittent surveys into the oral health of 5-year old children, through its National Dental Epidemiology Programme for England. These surveys provide information on the prevalence and severity of dental decay for local authority areas.

7.3.2 The most recent survey for which data is available was undertaken in 2017, this was undertaken as a "full census" as requested by Sunderland City Council, therefore this sample size was large enough to provide ward level data.

7.3.3 Sunderland performs extremely poorly in relation to measures of prevalence of tooth decay in 5-year olds. Results from the 2017 survey show that:

- 71.6% of 5-year olds examined were free from tooth decay; the remaining 28.4% of 5-year olds had tooth decay. Equivalent figures for England are 76.7% free from decay and 23.3% experiencing decay.

- The prevalence of tooth decay is higher than the England average and Sunderland is ranked 11 of 12 when compared with other local authorities in the North East.

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	0.78	0.77	0.79
North East region	-	-	0.75	0.72	0.78
Middlesbrough	-	-	1.16	0.97	1.34
Sunderland	-	-	0.99	0.89	1.09
Redcar and Cleveland	-	-	0.89	0.72	1.05
Darlington	-	-	0.87	0.72	1.03
County Durham	-	-	0.79	0.72	0.86
Newcastle upon Tyne	-	-	0.69	0.59	0.79
South Tyneside	-	-	0.66	0.56	0.76
Stockton-on-Tees	-	-	0.64	0.53	0.76
Northumberland	-	-	0.64	0.56	0.71
Gateshead	-	-	0.62	0.53	0.71
Hartlepool	-	-	0.57	0.44	0.69
North Tyneside	-	-	0.54	0.46	0.62

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2017

Table 1: Decayed, Missing or Filled Teeth (dmft) in 5-year-olds compared to regional neighbours
Source: Dental Public Health Epidemiology Programme for England. 2017

7.3.4 Sunderland also performs poorly in relation to measures of severity of tooth decay in 5-year olds. Results from the 2017 survey show that:

- The average number of teeth affected by decay (decayed, missing or filled teeth) was one compared to 0.8 across England.
- 4% of Sunderland 5-year olds had had at least one tooth extracted, compared to 2.4% across England.
- When limited to children experiencing some decay, the average number of teeth affected by decay (decayed, missing or filled teeth) was 3.5 compared to 3.4 across England.
- The Care Index shows that only 12% of decayed teeth were filled, compared with 11.8% across England. This may indicate use of restorative activity by local dentists, though it should be noted that evidence of the benefits of filling primary (milk) teeth is not clear.
- 8.3% of 5-year olds had a serious mouth infection (e.g. dental abscess) sepsis compared to 1.4% across England resulting from the dental decay process or, in some cases, from traumatic injury of the teeth.

7.3.5 The survey concludes by stating that the Sunderland local authority area has levels of decay that are higher than the average for England. It can be seen that areas with higher prevalence of tooth decay also tend to have a higher severity of decay. Both prevalence and severity of tooth decay are strongly linked to deprivation. Table 2 provides a detailed breakdown at Sunderland ward level of tooth decay in 5-year-olds.

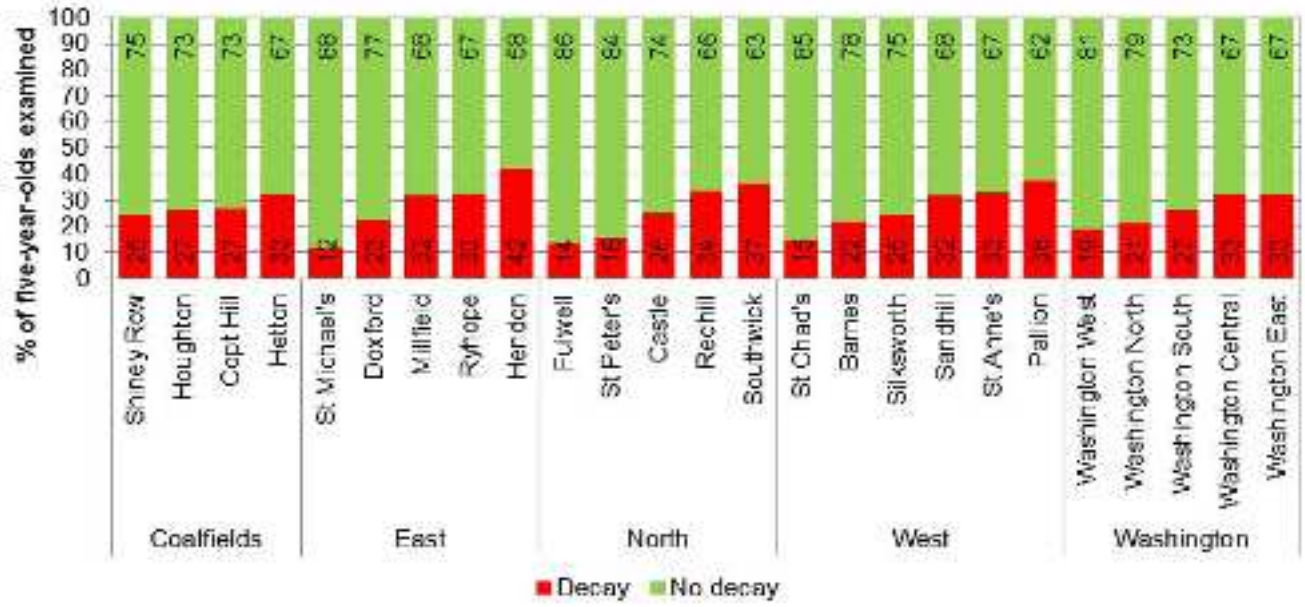

Table 2: Prevalence of tooth decay in 5-year-olds by ward

7.3.6 In one of the committee's evidence gathering sessions, Members heard from local dentists who acknowledged that they were experiencing a rise in tooth decay cases and admitted that they were struggling to combat this rise in Sunderland. It was also noted that this rise in dental caries was predominately identified in those from lower socio-economic groups. Research evidence also generally concludes that children and adults with special needs and vulnerable older adults suffer worse oral health than the general population. While local figures might not be available for these groups the development of an oral health strategy will help to gain a better perspective on the situation in Sunderland.

7.4 Dental Access in Sunderland

7.4.1 The importance of access to a dentist to ensure oral health is maintained and issues are diagnosed and treated is very important for every resident of Sunderland. In Sunderland there are a number of services in place as follows:

Oral Health Promotion – this is through the 0-19 public health contract with Harrogate and District NHS Foundation Trust and the community dental team from South Tyneside and Sunderland NHS Foundation Trust.

Primary Dental Services – there are currently 26 general dental practices across Sunderland.

Orthodontics Services – this is through one general dental practice with a further two specialist orthodontic practices.

Community Dental Services – clinics are held in Houghton, Monkwearmouth and Washington.

Domiciliary Care – this provides care through home visits or visits to nursing and care homes via general dental practices and/or community dental services.

Specialist Dentistry – some of this is provided at Sunderland Royal Hospital through the Head and Neck Service, the remainder is provided by Newcastle upon Tyne NHS Foundation Trust at Newcastle Dental Hospital.

Out of Hours, Urgent and Emergency Access to Dental Services – NHS 111 will undertake triage and direct to self-care, community pharmacy support, in-hours primary dental services, out of hours dental service or emergency department with oral and maxillofacial services as required.

7.4.2 As previously mentioned there are 26 general dental practices across Sunderland providing general dental access to adults and children. Members were informed by the Primary Care Commissioning Manager (Dental) that during the period April 2018 to March 2019 there were 539,395 Units of Dental Activity (UDAs) commissioned to support general patient access across Sunderland. It was also noted that a recent audit of practices across Sunderland (August 2019) identified that 85% had capacity to accept new patients for urgent and routine treatment.

	Adults (18+) (24 Months)	**Children (0-17) (12 Months)**
Sunderland	51.6%	53.5%
Cumbria & North East	55.9%	64.5%
North of England	56.1%	62.4%
All England	50.5%	59.4%

Table 3: Patients seen by NHS Dentist as a % of population
Source: NHS England (June 2019)

7.4.3 The Primary Care Commissioning Manager (Dental) for NHS North East explained to the Committee that NHS dental access was impacted both positively and negatively by individual or family behaviours. This can include such factors as age, gender, social class, level of income, area of residency, work patterns and dental anxiety. It was unlikely that NHS dental access would ever reach 100% as there are those who seek NHS dental care on an 'irregular' basis or not at all, and those who choose to secure private dental services. However, children aged under 18 years are entitled to free NHS dental treatment so it should be possible to improve on the position where just over half of Sunderland children access a dentist regularly.

7.4.4 Members were made aware that current NHS dental contracts do not encourage dentists to concentrate on preventative types of work, although an evolving process (National Dental Contract Reform Programme) was looking at reforming the contract framework. Recent information to the Health and Social Care Committee inquiry in to dental services also reinforced this by stating that it was important to prioritise prevention so that it is strategic and across health, social care and education platforms.

7.4.5 In discussion with local dentists the committee did note that the cost of dental treatment was recognised as a barrier to access and may prohibit any treatment required. In fact, a recent survey conducted by Sunderland City Council identified the top three barriers to regular attendance at the dentists as affordability, anxiety and the view that it was not necessary.

7.5 Water Fluoridation

A Brief History of Water Fluoridation

7.5.1 Members were informed that Fluoride is a naturally occurring mineral found in water and some foods, including tea. The amount of naturally occurring fluoride in water varies across the country. In some areas, the natural level of fluoride is close to, or even slightly greater than, the level that water fluoridation schemes aim to achieve.

7.5.2 Professor Lennon from the British Fluoridation Society explained that the protective properties of naturally fluoridated water were identified in the 1930s, leading to several large-scale studies. This included the Grand Rapids (USA) trial in 1945, a community intervention which tested the theory that artificial fluoridation would reduce incidence of dental decay. Based on the trial results, several American and Canadian towns decided to increase the fluoride content of their water supplies in the late 1940s.

7.5.3 In 1953, a group of British scientists examined the North American studies and recommended to the Ministry of Health that similar research be undertaken in the UK. These studies yielded similar results to those in North America, influencing several areas around the country to artificially fluoridate their water supplies.

7.5.4 Most of the community water fluoridation (CWF) schemes in England were introduced by local authorities. Birmingham City Council and Solihull Borough Council established the first substantive scheme in 1964 and were followed by Worcestershire County Council in 1965 and Cumberland County Council in 1968, with Northumberland, Gateshead and Newcastle making fluoridation agreements the same year and by Durham in 1970. Further schemes, predominantly in the West Midlands, were introduced by the NHS from the late 1970s onwards. At 1 January 2016, around 26 local authorities had CWF schemes covering the whole or parts of their area with some six million people in England receiving a fluoridated water supply, principally in the North-East and in the West and East Midlands[2].

Community Water Fluoridation Schemes

7.5.5 Dr John Morris, University of Birmingham, informed Members that water fluoridation schemes can reach an entire population - both children and adults. Dr Morris also identified water fluoridation as the only effective intervention to improve oral health that requires no change in behaviour by individuals, which can be difficult to achieve particularly for those in disadvantaged communities. Water fluoridation has demonstrated that it can reduce oral health inequalities and child admissions to hospital for dental extractions.

7.5.6 Gateshead has operated a CWF scheme since the 1960s this was, acknowledged by their Director of Public Health as, the most cost-effective way to reach the whole population. Also, in terms of the ethical considerations it provided the best benefits to the most disadvantaged communities.

7.5.7 The review also noted the recently published Public Health England report, “Water Fluoridation Health Monitoring for England (PHE 2018)”, which compared a range of dental and non-dental health indicators in fluoridated and non-fluoridated areas. Its conclusions concurred with those of other authoritative reviews in finding no

[2] Improving Oral Health. Public Health England. March 2016.

convincing evidence of harm to health due to fluoridation schemes and lower levels of tooth decay in fluoridated areas. These findings were consistent with the previous report published in 2014[3].

7.5.8 Members also heard evidence from local dentists that highlighted the comparisons between 5-year-old children in Sunderland and Hartlepool, with Hartlepool having lower rates of dental disease. The diagram illustrates those areas which are fully fluoridated** either naturally or by artificial schemes (Durham and Northumberland have populations that have partial artificial and/or natural coverage*) have lower levels of dental disease compared to non-fluoridated areas despite them having similar or worse socio-economic challenges in their communities. It was argued as a result of this that water fluoridation should be considered as a public health measure to address dental disease.

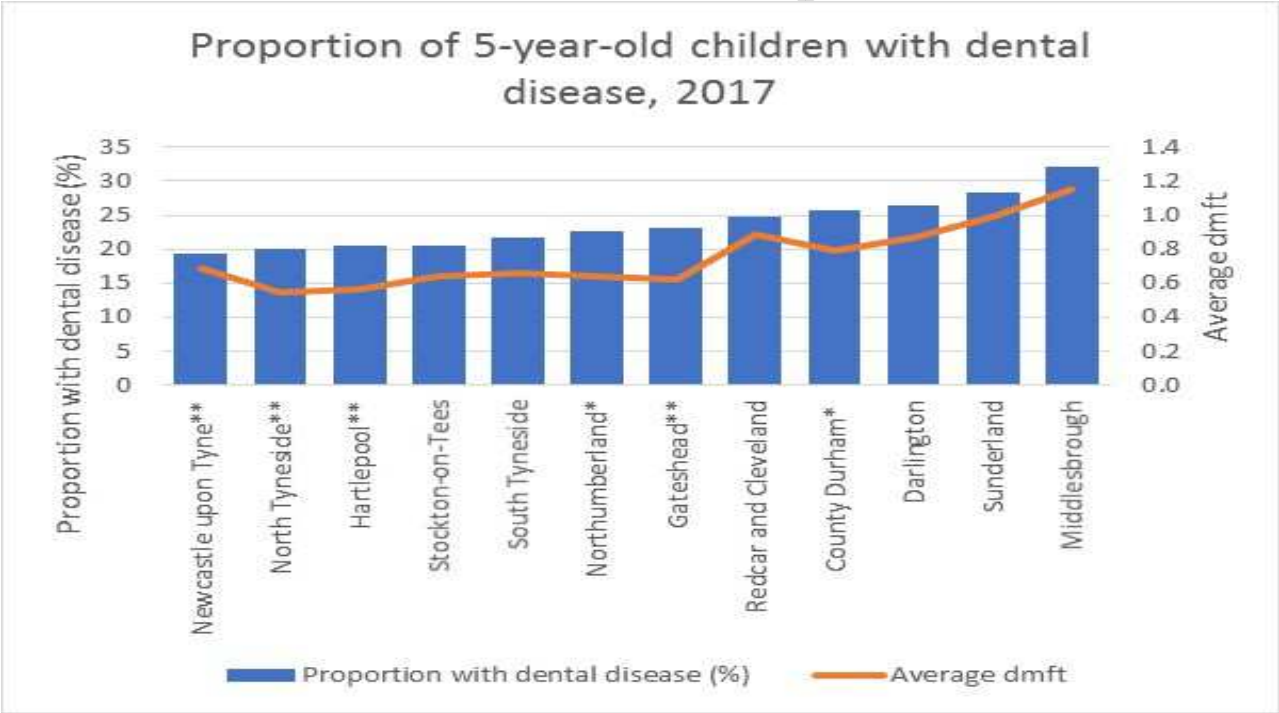

Table 4: Proportion of 5-year-old children with dental disease. 2017
Source: NHS England

7.5.9 One of the key considerations that Members have looked at is around the safety of adding fluoride to a community water supply. Water fluoridation schemes in the UK use either Disodium Hexafluorsilicate ($Na_2(SiF_6)$) or Hexafluorosilicic Acid ($(H_3O)_2SiF_6$). Several reviews of fluoridation have stated that CWF is safe. In particular Public Health England reports show no harm to health, also in the USA the CDC (Centres for Disease Control and Prevention) have published a new statement (2018) expressing the fact that there is no convincing scientific evidence to any potential adverse effects of CWF schemes.[4]

7.5.10 Oral health specialists reported that there were two known harms/unwanted effects from chronic exposure to fluoride these were skeletal fluorosis and dental

[3] Community water fluoridation and health outcomes in England: a cross-sectional study. Young N., Newton J., Morris J., Morris J., Langford J., Iloya J., Edwards D., Makhani S., Verne J. Community Dentistry and Oral Epidemiology 2015.
[4] Water fluoridation health monitoring report for England 2014 & 2018. Public Health England. Young et al. Water Fluoridation and Human Health in Australia. NHMRC (Australia).
Statement on the Evidence Supporting the Safety and Effectiveness of Community Water Fluoridation. Centers for Disease Control and Prevention (USA).

fluorosis. Both can occur irrespective of the source of the fluoride. Skeletal fluorosis is extremely rare in the UK; the very small numbers of cases are related to individuals who migrate in from areas with very high exposure to environmental fluoride (e.g., > 8 parts per million in water), suffer an industrial accident or who have extreme and unusual dietary habits. In terms of dental fluorosis there are only a very small number of very mild cases reported via the referral centre in Newcastle. It is also reported to the committee that it would be very difficult to ingest enough fluoride to cause acute toxicity, the science around fluoride safety was noted as being robust.

7.5.11 When discussing dental fluorosis, a mottling of the teeth, it was reported that the overall risks can increase from 1.6% where there is no CWF scheme to 3.5% when 1.0 mg/l or 1.0 parts per million (ppm) of fluoride is added to the water supply. The upper limit for public and private water supplies in England is 1.5mg per litre of water (1.5ppm). Interestingly the upper limit for bottled mineral water in England is 5mg/l (due to coming under food regulations rather than water regulations) and a cup of tea also contains approx. 5mg/l. By way of comparison a fluoride toothpaste contains up to 1,500 mg/l or 1,500 ppm.

7.5.12 Dr Morris also advised Members that it was almost impossible to scientifically prove that something is safe, instead scientists and policy-makers have continued to look for evidence of harm, and this has been ongoing since 1940s. The Chair of the Local Dental Network also remarked that despite millions of people drinking fluoridated water in England there had been no significant health issues reported, and that there would always remain a challenge to any CWF scheme.

7.5.13 The review also noted the resolutions passed by the World Health Assembly and reports published by the World Health Organisation which have consistently endorsed water fluoridation.

7.5.14 The Public Health England return on investment demonstrates the relative cost effectiveness of water fluoridation against other oral health improvement programmes for 0-5-year-olds. There are also international studies which highlight the cost effectiveness of CWF schemes.[5]

[5] The costs and benefits of water fluoridation in New Zealand. BMZ Oral Health. 2017
Economic Evaluation of Community Water Fluoridation: A Community Guide Systematic Review. 2018

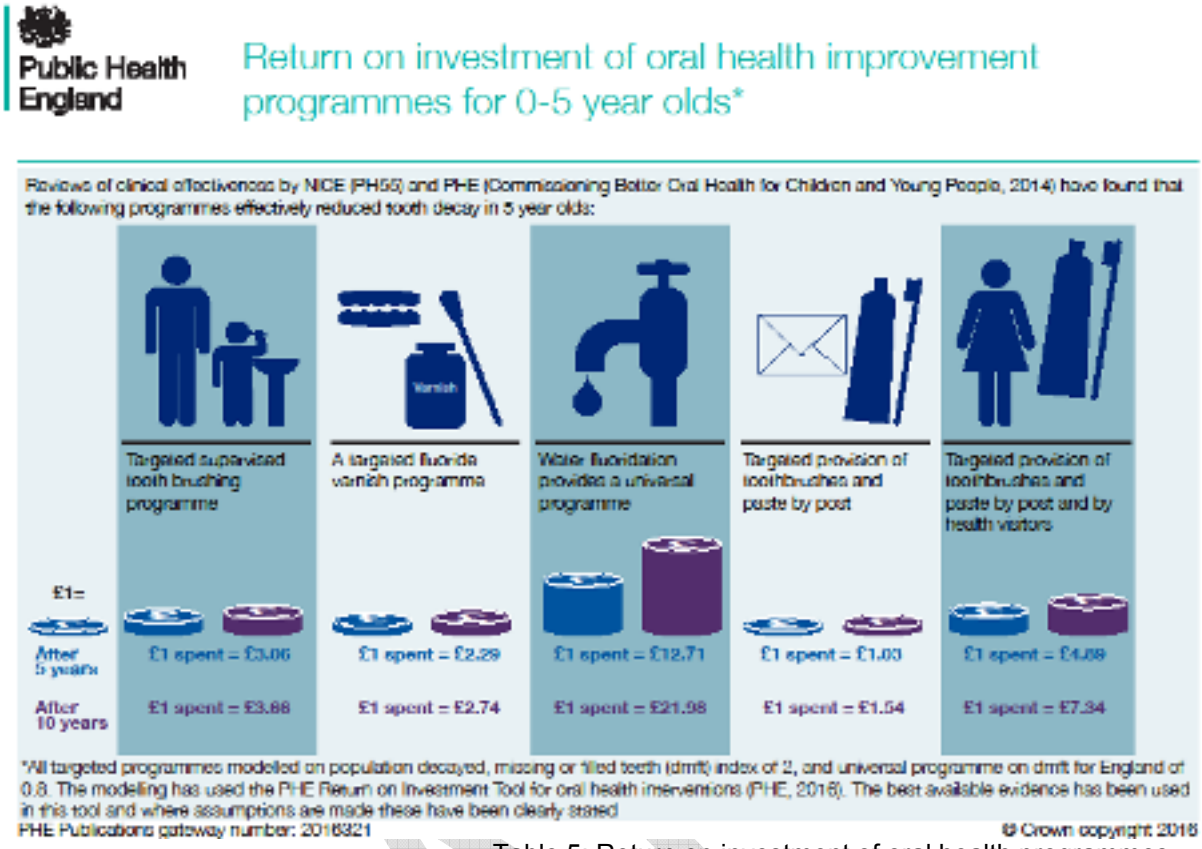

Table 5: Return on investment of oral health programmes
Source: Public Health England

7.5.15 While the role of decision-making rests with local authorities and their responsibilities are clearly defined in regulations and supporting documents[6] the recently published green paper on prevention[7] discusses the removal of funding barriers for CWF Schemes. This may indicate the Government's desire to encourage more local authorities to develop proposals for CWF schemes. Also given that the return on investment heavily benefits the NHS it was rational that the NHS and/or central Government should share accountability for any recurrent costs associated with a CWF Scheme.

7.5.16 During the review, Members had the opportunity to visit a water treatment plant that provided fluoridated water and the regional control centre of our water company to learn about the water distribution system for Sunderland and to see at first hand the layers of monitoring, control and intervention ensure the safe, effective and efficient delivery of water to households, businesses and organisations across the City.

Opposition to Community Water Fluoridation Schemes

7.5.17 Members also recognised that both positive and negative arguments existed for water fluoridation and that to get a balanced view any negative arguments would need to be considered too. Members invited representatives of the UK Freedom From Fluoride Alliance (UKFFFA) to attend a meeting and provide evidence for the committee.

[6] Improving Oral Health: a community water fluoridation toolkit for local authorities. Public Health England. 2016
[7] Advancing our health: prevention in the 2020s. Department of Health and Social Care. 2019

7.5.18 UKFFFA raised questions over Public Health England's costs and savings associated with water fluoridation schemes. It was suggested that Public Health England (PHE) should have used similar criteria across all schemes to better reflect the return on investment of the highlighted oral health improvement programmes. Members were also informed that in any water scheme ongoing maintenance costs would be the responsibility of the local authorities involved. It was stated that PHE would pay the capital costs initially but may also seek to recover these costs from local authorities.

7.5.19 Members were informed that there had been a tremendous reduction in dental decay over the past 40 years, whether water has been fluoridated or not. It was stated that dental decay rates were universally low. It was also reported, to the committee, that both the York and Cochrane reports highlighted a reduction in dental caries levels of 15% through water fluoridation, which was just under half of that identified by the PHE tool.

7.5.20 One of the main concerns raised by UKFFFA was that adding fluoride to the local water supply removes freedom of choice for an entire population affected. If added to the water supply, it is impossible to control the amount being used by individuals. The main people at risk from fluoridation are the very young, the very old, those with kidney problems, those who drink a lot of water, such as manual workers, nursing mothers, take part in a lot of sport, or who are exposed to fluoride at work or in the environment.

7.5.21 UKFFFA representatives argued that CWF Schemes are indiscriminate, non-consensual, take no account of a person's health and make no impact on a person's behaviour.

7.5.22 It was reported to the Committee that any dental health benefits from fluoride were derived from the topical application to the exterior surface of the teeth. The UKFFFA argued that no dental benefit was gained from swallowing fluoride but the risks of exposure to adverse health effects were increased. It was noted that there was nothing positive about swallowing fluoride and the view was expressed that fluoridation was not the solution as there were too many side effects to its use, including dental fluorosis and an effect on intelligence.

7.5.23 Representatives from the UKFFFA, acknowledged the importance of improving dental health education to tackle the causes of tooth decay and not the symptoms. The various supervised tooth brushing schemes across the country were highlighted as a positive way forward.

7.5.24 UKFFFA raised concerns on the effects of exposure to fluoridated water and the link to a decrease in intelligence levels. It was also argued that it had led to increased cases of hypothyroidisms in fluoridated areas and in particular in the West Midlands.

7.5.25 UKFFFA also claimed that water fluoridation, as practised by the majority of fluoridating water treatment works in England was not compatible with primary UK Law. It was also reported that water companies were indemnified against any issues as a result of a CWF Scheme.

7.5.26 UKFFFA summed up their argument by stating that water fluoridation was:

- Inefficient and costly as a treatment for patients;
- Unnecessary as there were better alternatives;
- Set a precedent of using the public water supply to deliver medication to individuals;
- Breached the fundamental rights of an individual;
- Widely opposed;
- Legality is questionable;
- Uncertainty over the benefits;
- Exposes populations to inadequately safeguarded harmful risks[8].

Ethical and environmental issues associated with water fluoridation

7.5.27 There are ethical and environmental issues associated with instigating a CWF scheme. In terms of environmental issues questions have been raised across Europe on the ecological effects of artificial water fluoridation levels on water-dwelling life. Research, from the Scientific Committee on Health and Environmental Risks, indicates that adding fluoride to drinking water does not result in unacceptable risk to water-dwelling life[9].

7.5.28 The Nuffield Council on Bioethics have conducted an extensive case study around the ethics of water fluoridation[10]. Members of the Committee have considered their findings which suggested that the evidence on both the benefits and dangers of water fluoridation were weak and difficult to truly evaluate.

7.5.29 Professor Lennon from the British Fluoridation Society also concurred with the Nuffield Council in that the decision to proceed, or not, with a CWF scheme requires validation. Local decision-making procedures allow for the opportunity to consider the views of the local population, the specific health needs and possible alternative courses of action.

7.5.30 Members also noted from the Nuffield Council report that it would be important to ensure that any interaction with the public needs to be extremely clear and accurate as much of the information is based around scientific knowledge which is complex and difficult to evaluate.

Legislative framework

7.5.31 Members took advice on the legal considerations from the council's Governance Law Specialist. It was noted that there were a number of key issues in terms of the legal aspects and decision-making responsibilities in relation to the introduction of water fluoridation schemes in England. Decisions about whether to introduce such schemes have always been made at a local level in the UK either by local authorities or by health authorities.

7.5.32 From 2013, the decision-making responsibility has rested with local authorities. An authority wishing to introduce a new CWF scheme or to vary/extend an existing scheme makes an initial proposal to the Secretary of State and a decision is made as to whether the proposal is 'operable and efficient'. Then the proposer would

[8] Presentation against a proposed water fluoridation programme. UK Freedom From Fluoride Alliance. 2019
[9] Critical review of any new evidence on the hazard profile, health effects, and human exposure to fluoride and the fluoridating agents of drinking water. SCHER (Scientific Committee on Health and Environmental Risks) of the European Commission. 2011
[10] Nuffield Council on Bioethics. Public Health: Ethical Issues. 2007

notify any other local authorities affected by the proposal and they would have three months to respond.

7.5.33 If there is no consensus, weighted voting would apply (calculated on the basis of relative size of population affected by the proposal) with a 67% majority required to proceed further. If the decision was for the proposal to proceed, a joint committee would be established to consider the proposal and a three-month public consultation would be undertaken.

7.5.34 Following public consultation, the decision to proceed would, in the absence of consensus, require a majority vote of 67%. This is again a weighted vote with a single block vote for each local authority calculated on the basis of percentage of affected individuals resident in their area. If the requisite majority is not achieved, the proposal goes no further. If there is a majority to proceed then a formal request is made to the Secretary of State under the relevant provision of the Water Industry Act 1991 for the necessary arrangements to be entered into.

7.5.35 If the statutory procedures have been correctly followed the Secretary of State enters into an agreement with the water undertaker. Water companies are required by law to accede to requests made by the 'relevant authority' to fluoridate specified water supplies[11]. The initial set-up costs (capital) and the costs of replacing equipment are paid by the Secretary of State. (Statute provides that these costs may be recovered from the participating local authorities but the practice is that this is not pursued.) Operating costs are covered by the participating local authorities.

7.6 Further Oral Health Interventions

7.6.1 The Committee, has through this review, endeavoured to look at and assess some of the other key interventions available with the aim of improving the oral health in a population.

Promotion of Oral Health

7.6.2 In discussions with local dentists it was highlighted how important it was to promote oral health and ensure that all children had a dental check by the age of one. This was further supported by Sunderland's 0-19 service which also recognised the poor dental health rates and the importance of starting with positive oral health messages in nursery and school settings for children.

7.6.3 Members were informed that many dentists were not providing advice on improving oral health or that the message was not consistent with that provided in the Delivering Better Oral Health publication. The Committee acknowledged that this was partly due to the current dental contract being structured on bands of dental activity, focusing on treatment and the repair of teeth, rather than the prevention of future disease.

7.6.4 Members were also concerned to learn that the recent survey of dentists had identified that 10% of dentists were worried about seeing and treating children

[11] *"If requested to do so by a relevant authority, a water undertaker shall enter into arrangements with the relevant authority to increase the fluoride content of the water supplied by that undertaker to premises specified in the arrangement"*. The Water Act 2003.

under two-years-old. It should be noted that the General Dental Contract makes no exclusions for young children.

7.6.5 Again, the importance of ensuring that any promotion was consistent in the message promoted was identified by the Committee. Members were clear that all the strands of advice, guidance and intervention were acknowledged in any strategy or promotion used throughout Sunderland.

Advice and Support for Parents/Carers

7.6.6 In promoting oral health, Members were informed by Sunderland's 0-19 service that it was important to start with oral health messages as soon as possible and that included at the ante-natal stage with parents.

7.6.7 Members were informed that every parent/carer was provided with a Personal Child Health Record (PCHR or red book) by their midwife. This is a national standard health and development record given to parents/carers at a child's birth. It was acknowledged that parents/carers are the 'gatekeepers' of oral health for children. It is parents/carers who make the food and drink choices for their children and it is important that these choices are as informed as is possible.

7.6.8 Members also raised concerns around looked after children and children entering the care system. In Sunderland, Together for Children ensure where possible that children attend an annual review of their oral health with a dentist in line with expected standards.

7.6.9 Dentists also have an important role to play in advice for parents/carers as they are recognised as the experts on dental hygiene. At one of the evidence gathering sessions, it was noted that dentists will provide information sheets to families explaining the many hidden sugars that exist in the average family diet.

Fluoride Varnishing

7.6.10 Fluoride varnish provides additional protection against tooth decay, for children, when used in addition to brushing. Fluoride varnish is a gel that sets quickly when applied to children's teeth using a soft brush. Scientific studies have shown that fluoride varnish provides added protection to teeth against decay when used in addition to brushing teeth regularly with fluoride toothpaste. In discussing this with dentists it was noted that this would be used for high risk patients and referrals. It is certainly an approach that, along with other interventions, can provide positive benefits to young children and it is recommended that such a varnish is applied twice-yearly from the age of three[12].

7.6.11 Members recognised that it was important for fluoride varnishing to be promoted in schools, as several of the key risk groups may not visit a dentist and miss the opportunity to have the treatment applied. The Committee acknowledged the requirement to ensure that this was acknowledged in any strategy or promotion in early years services.

Supervised Tooth Brushing Schemes

7.6.12 Public Health England reports that multiple research studies have shown that the daily application of fluoride toothpaste to teeth reduces the incidence and severity of tooth decay in children. However, as the review has highlighted, children in more deprived areas are less likely to brush their teeth at least twice daily. Therefore,

[12] NHS England

childhood settings such as nursery and school can provide a suitable supportive environment for children to take part in a supervised toothbrushing programme, teaching them to brush their teeth from a young age and encourage support for home brushing. Children should be educated to 'spit not rinse' after brushing with toothbrushing supervised by an adult.

7.6.13 This form of supervised brushing each day at school over a two-year period was noted as being effective for preventing tooth decay and the establishment of life-long behaviour to promote oral health. Members of the Committee were also keen that this school based toothbrushing activity should promote and support toothbrushing in the home as well as in school or the early years setting.

7.6.14 Members were informed that the current 0-19 service was looking to introduce toothbrushing schemes as a targeted intervention into a number of schools. These targeted interventions are aimed at those vulnerable areas in terms of levels of tooth decay against areas of deprivation. Members acknowledged the success of similar schemes operated in other parts of the UK and this reinforced the success of schemes beyond their initial period.

7.6.15 Members also heard from Dr Colwyn Jones, NHS Scotland ChildSmile scheme, which highlighted the Scottish supervised brushing scheme as a positive intervention that looked at promoting a sustained behavioural change in children and parents. Dr Jones reported that the universal provision of nursey schools in Scotland had been a big advantage to the success of the scheme.

An Oral Health Strategy

7.6.16 The importance of a current oral health strategy that sets out how the local authority and its health partners will address the oral health needs of the local population was recognised by members as a key requirement in addressing oral health inequalities in Sunderland.

7.6.17 The review has outlined a number of oral health interventions and an underpinning strategy can assist in the determination of commissioning arrangements for intervention both for the population as a whole and those deemed more vulnerable to oral health issues.

7.6.18 An important issue that was raised on several occasions was around 'putting the mouth back in the body' namely recognising that oral health is the domain of a number of organisations and services. Identifying and working in partnership with the organisations and services that can help to improve oral health in communities, including those working in children's services, education and health will be important.

7.6.19 Any strategy will also help in monitoring and evaluating the effect of the local oral health programmes and interventions as a whole and will help to achieve the healthy city objectives of the Council's City Plan.

8 Conclusions

The Committee made the following overall conclusions:-

8.1 The Review recognises that oral health in England has improved significantly, as a whole over recent decades, across the population but inequalities remain. Poor oral

health outcomes for children, young people and adults are linked to socio-economic factors. Risk factors for dental caries may include: living in a deprived area; experiencing deprivation, social exclusion or isolation; belonging to a particular minority ethnic group; experiencing mental health problems; having impaired physical mobility; smoking, drinking alcohol and having a poor diet; or having a chronic medical condition. Those with complex needs, such as older people who are frail or people who misuse alcohol or drugs are also at higher risk of poor oral health and longer-term oral conditions including oral cancer.

8.2 Despite the improvements in oral health Sunderland still performs poorly when compared to regional and national indicators. Levels of dental caries in Sunderland 5-year-olds are higher than national averages which was reinforced in conversations with local dentists who reported seeing increased levels of tooth decay.

8.3 Oral health is a big issue and should involve a wide range of services, providers and stakeholders. As the review has mentioned it is about recognising that the mouth is part of the body and poor oral health commonly results in poor general health. An oral health strategy for the city is central to identifying and improving the oral health of the local population and in particular those from recognised high-risk groups. An oral health strategy is also useful to assist in developing and targeting interventions through to the monitoring and evaluation of these interventions.

8.4 Promotion of good oral health messages across the city was recognised by Members as an integral part of improving outcomes for all groups. Although it was highlighted as important to begin these messages as soon as possible even in the pre-natal stages with parents. Oral health can be promoted in a number of ways through midwives, family nurse practitioners and early years services. Also working with families is equally important in ensuring that parents and carers understand how good oral health contributes to overall health, development and wellbeing. There are important messages to convey around diet, nutrition, toothbrushing and how to minimise the potential for tooth decay. However oral health is promoted across Sunderland, the message needs to be consistent, clear and concise.

8.5 Despite the progress in oral healthcare provision within NHS Dentistry; those in most need often have the greatest difficulty in accessing services. This has been highlighted in a Care Quality Commission (CQC) Report[13] on the state of oral health care in care homes across England. Programmes such as Mouth Care Matters supported by Health Education England aim to improve oral health in hospital and community care settings. Also the Faculty of General Dental Practice (UK) publication Dementia-Friendly Dentistry: Good Practice Guidelines is designed to help support patient management and clinical decisions for those patients with dementia. These types of initiatives should be welcomed as an attempt to address some of the inequalities within oral health care.

8.6 The report has considered water fluoridation extensively. The adding of fluoride into the water supply is a subject that polarises opinion with numerous studies that support the arguments both for and against its use, but these are often weak and difficult to evaluate. The reason for committing to a community water fluoridation scheme is to reduce the cases of dental caries in the local population without the requirement for behavioural change and deliver improvements to all areas including those identified with the poorest oral hygiene.

[13] Smiling matters: oral health care in care homes. Care Quality Commission. 2019

8.7 One of the key concerns is around the safety and adverse health impacts of water fluoridation. The latest PHE Fluoride monitoring report states: 'The findings of this 2018 monitoring report are consistent with the view that water fluoridation is an effective and safe public health measure to reduce the prevalence and severity of dental caries and reduce dental inequalities'[14]. Members also heard from many oral health professionals who reported that researchers have continued to look for evidence of harm since the 1940s and this remains a challenge in terms of fluoridation.

8.8 The report has highlighted that fluoridation of a local water supply is the only intervention that requires no behavioural change by individuals. It can also help to reduce the oral health inequalities that are prevalent across local communities. Although other interventions can also play a key part in improving oral health including supervised tooth brushing schemes and oral health strategies which are well documented in the Commissioning Better Oral Health[15] report. Such interventions can help to elicit behavioural change, address inequalities and are realistically deliverable.

8.9 Reducing dental decay and improving oral health in a population requires activity at national, regional, local and individual levels. It is about reducing sugar consumption, maximising the appropriate use of fluoride and ensuring oral health interventions and messages are tailored to the Sunderland population. The effects of interventions and preventions be they sugar reduction strategies, programmes in schools, community water fluoridation schemes should not be viewed as competing alternatives but seriously considered as a collective approach to reducing tooth decay and improving oral health across the population.

8.10 In deciding on progressing with a CWF scheme all viewpoints need to be taken into consideration and these need to be carefully considered. It is not the role of the committee to endorse water fluoridation or condemn it, nor would the committee wish to stop further consideration of such a scheme. There are several prescriptive stages in the process of implementing a CWF scheme and the importance of robust consultation that allows all opinions to be brought forward and discussed is vital. Only then can local policy makers and the local population make an educated and informed response to proposals. Ultimately any decision should be determined by each local authority based on the evidence, the oral health of its population and the strength of feeling of its local people to such a scheme.

9 Recommendations

9.1 The Health and Wellbeing Scrutiny Committee has taken evidence from a variety of sources to assist in the formulation of a balanced range of recommendations. The Committee's recommendations to Cabinet are:-

a) To develop an oral health strategy for the City that:
   i) identifies the oral health of the local population;
   ii) develops and targets oral health interventions to improve health;
   iii) looks at the promotion of oral health across the City.

[14] Water fluoridation health monitoring report for England 2018. Public Health England. 2018
[15] Local authorities improving oral health: commissioning better oral health for children and young people. Public Health England. 2014

b) To promote with the wider population the value of regular attendance at a dentist including information on NHS dentist locations, availability of NHS dentists and the eligibility for free NHS treatment.

c) That the local authority, health partners and commissioners look at the promotion of good oral health and suitable interventions for the most vulnerable in the local population including the homeless, the elderly and those admitted to hospital.

d) That the Council looks to support and promote with health commissioners the 'dental check by one' campaign to ensure that all young children are seen by a dentist before their first birthday.

e) To consider the implementation of supervised tooth brushing schemes and fluoride varnish programmes for primary schools with a particular focus on those areas where children are at a high risk of poor oral health.

f) That oral health promotion is included in the service specifications for all early years services provided by the Council and health partners including health visiting teams, maternity services and frontline health and social care practitioners to ensure a consistent message on the principles and practices that promote good oral health. This offer should also be extended to local schools and nurseries.

g) That further consideration is given to any proposed community water fluoridation scheme through the prescribed process and that following robust consultation, with all interested parties, the local authority makes an appropriate determination on the suitability of entering into such a scheme based on all the available evidence and representations.

10. Acknowledgements

10.1 The Committee is grateful to all those who have presented evidence during the course of our review. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named individuals and organisations:

(a) Kathryn Bailey – Public Health Specialist;
(b) Lynne Bennett - Governance Law Specialist – Sunderland City Council;
(c) Lisa Brownbridge - Dental Lead Sunderland 0-19 Service;
(d) Rachael Fitzsimmons – Health Education England – North East;
(e) Pauline Fletcher – Local Lead NHS Commissioner for dental services;
(f) Dave Forrest – Fight Against Fluoridation;
(g) Linda Forrest – Fight Against Fluoridation;
(h) Dr Marie Holland – Clinical Director of the salaried dental service;
(i) Dr Colwyn Jones – NHS Health Scotland Dental Public Health Consultant
(j) Diane Jones - Service Manager Sunderland 0-19 Service;
(k) Dr Peter Knops – Chair of Sunderland Local Dental Committee;
(l) David Landes – Public Health England Consultant;
(m) Professor Emeritus Mike Lennon OBE – British Fluoridation Society;
(n) Dr John Morris – Senior Lecturer in dental public health;
(o) Brian Plemper – Senior Network Analyst – Northumbrian Water;
(p) Joanne Purvis - Oral Health Promotion Lead/Manager South Tyneside and Sunderland NHS FT;

(q) Tom Robson – Chair of Local Dental Network;
(r) Eric Rooney – Public Health England;
(s) Malcolm Smith - Post Graduate Dental Dean Health Education England;
(t) Dr Simon Taylor – Chair of Local Dental Network;
(u) Dr Christopher Vernazza – Consultant in Paediatric Dentistry;
(v) Joy Warren – UK Freedom From Fluoride Alliance (UKFFFA);
(w) Alice Wiseman – Director of Public Health – Gateshead.

11. Background Papers

11.1 The following background papers were consulted or referred to in the preparation of this report:

World Health Report 2003. World Health Organisation. 2003

Improving Oral Health. Public Health England. March 2016.

Water fluoridation health monitoring report for England 2014 & 2018. Public Health England.

Water Fluoridation and Human Health in Australia. NHMRC (Australia).

Statement on the Evidence Supporting the Safety and Effectiveness of Community Water Fluoridation. Centers for Disease Control and Prevention (USA) 2018.

The costs and benefits of water fluoridation in New Zealand. BMZ Oral Health. 2017

Economic Evaluation of Community Water Fluoridation: A Community Guide Systematic Review. 2018

Improving Oral Health: a community water fluoridation toolkit for local authorities. Public Health England. 2016

Advancing our health: prevention in the 2020's. Department of Health and Social Care. 2019

Nuffield Council on Bioethics. Public Health: Ethical Issues. 2007

Smiling matters: oral health care in care homes. Care Quality Commission. 2019

Water fluoridation health monitoring report for England 2018. Public Health England. 2018

Local authorities improving oral health: commissioning better oral health for children and young people. Public Health England. 2014

Critical review of any new evidence on the hazard profile, health effects, and human exposure to fluoride and the fluoridating agents of drinking water. SCHER (Scientific Committee on Health and Environmental Risks) of the European Commission. 2011

Presentation against a proposed water fluoridation programme. UK Freedom From Fluoride Alliance. 2019

HEALTH & WELLBEING SCRUTINY COMMITTEE

8 JANUARY 2019

ANNUAL WORK PROGRAMME 2019-20

REPORT OF THE STRATEGIC DIRECTOR OF PEOPLE, COMMUNICATIONS AND PARTNERSHIPS

1. PURPOSE OF THE REPORT

1.1 The report attaches, for Members' information, the current work programme for the Committee's work during the 2019-20 Council year.

1.2 In delivering its work programme the committee will support the council in achieving its Corporate Outcomes.

2. Background

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

3. Current position

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

4. Conclusion

4.1 The work programme developed from the meeting will form a flexible mechanism for managing the work of the Committee in 2019-20.

5 Recommendation

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

6. Glossary

n/a

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HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2019-20

REASON FOR INCLUSION	**5 JUNE 19** D/L:28 May 19	**3 JULY 19** D/L:21 June 19	**4 SEPTEMBER 19** D/L:23 August 19	**2 OCTOBER 19** D/L:20 Sept 19	**30 OCTOBER 19** D/L:18 Oct 19	**27 NOVEMBER 19** D/L:15 Nov 19	**8 JANUARY 20** D/L:23 Dec 19	**5 FEBRUARY 20** D/L:24 Jan 20	**11 MARCH 20** D/L:28 Feb 20	**8 APRIL 20** D/L:27 March 20
Policy Framework / Cabinet Referrals and Responses		Scoping Report (N Cummings)		Policy Review Update (N Cummings)	Policy Review Update (N Cummings)	Policy Review Update (N Cummings)	Draft Review Report (N Cummings)			
Scrutiny Business	Managing the Market (G King) Annual Work Programme 19/20 (N Cummings)	CQC GP Inspection Annual Report (Sunderland CCG) CCG Operational Plan 19/20 (Sunderland CCG)	Refresh of GP Strategy (Sunderland CCG) NHS Performance Update (Sunderland CCG) Adult Safeguarding Board Annual Report (P Weightman) Healthwatch Annual Report 18/19 (Margaret Curtis – Healthwatch)	Managing the Market (G King)	All Together Better Alliance (Sunderland CCG) Urgent Care Mobilisation Update (Sunderland CCG)	Maternity Services (City Hospitals)	Managing the Market (G King) Integrated Care System/Partnership Update (Sunderland CCG) Care and Support Annual Report (Sunderland Care and Support)	North East Ambulance Service (M Cotton) End of Life Care (Sunderland CCG)	Annual Report (N Cummings) Urgent Care Mobilisation Update (Sunderland CCG) Joint Engagement Strategy (Sunderland CCG)	Managing the Market (G King)
Performance / Service Improvement										
Consultation/ Information & Awareness Raising	Notice of Key Decisions	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20	Notice of Key Decisions Work Programme 19-20

Items to be scheduled

HEALTH AND WELLBEING SCRUTINY COMMITTEE 8 JANUARY 2019

NOTICE OF KEY DECISIONS

REPORT OF THE STRATEGIC DIRECTOR OF PEOPLE, COMMUNICATIONS AND PARTNERSHIPS

1. PURPOSE OF THE REPORT

1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28-day period from 16 December 2019.

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 December 2019 is attached marked **Appendix 1**.

3. CURRENT POSITION

3.1 In considering the Notice of Key Decisions, Members are asked to consider only those issues where the Scrutiny Committee or relevant Scrutiny Panel could make a contribution which would add value prior to the decision being taken.

3.2 In the event of Members having any queries that cannot be dealt with directly in the meeting, a response will be sought from the relevant Directorate.

4. RECOMMENDATION

4.1 To consider the Executive's Notice of Key Decisions for the 28-day period from 16 December 2019 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
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28 day notice
Notice issued 16 December 2019

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
190906/402	To consider expansion proposals by an existing Council tenant in respect of a strategic property and the associated capital funding and revised lease term proposals.	Cabinet	Y	During the period from 14 January to 29 February 2020.	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 committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
190925/406	To recommend to Council that changes to polling districts and polling places are agreed.	Cabinet	Y	14 January 2020	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190910/405	To approve revisions to the city's Unauthorised Encampment Policy 2018.	Cabinet	Y	14 January 2020.	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
191205/425	To agree changes to the Community Care Support Scheme (part of Local Welfare Provision) to provide successful applicants with more choice	Cabinet	Y	14 January 2020	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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191205/426	To approve the procurement of a direct payment employment support service	Cabinet	Y	14 January 2020	N	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 committees@sunderland.gov.uk
191205/427	To agree to review the Council's Waste Management policy in light of recent public consultation on National Resources and Waste Strategy	Cabinet	Y	14 January 2020	Y	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
191210/430	To approve the Third Capital Review 2019-2020 (including Treasury Management).	Cabinet	Y	14 January 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
191210/431	To approve the Third Revenue Review 2019-2020.	Cabinet	Y	14 January 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
191210/432	To approve the Council Tax Base 2020-2021	Cabinet	Y	14 January 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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191210/433	To recommend to full Council for approval the Local Council Tax Support Scheme for 2020-21	Cabinet	Y	14 January 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
191210/434	To approve a Pension Guarantee Arrangement	Cabinet	Y	During the period 14 January to 31 March 2020.	Y	The report is one which relates to an item during the consideration of which by Cabinet the public are likely to be excluded under Paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended, as the report will contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining this exemption outweighs the public interest in disclosing the information.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
191210/435	To note the Revenue Budget 2020/2021 to 2023/2024 – Update and Provisional Revenue Support Settlement	Cabinet	Y	14 January 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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191212/436	To approve the Council's participation in a procurement exercise through the North East Procurement Organisation to establish a Regional framework arrangement for Post-Mortem Examination services.	Cabinet	Y	14 January 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
191212/438	To consider and recommend to Council the Feed and Food Law Service Plan to be used by the Public Protection and Regulatory Service of the Neighbourhoods Directorate	Cabinet	Y	14 January 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
191216/440	To approve the adoption of Core Strategy and Development Plan	Cabinet	Y	During the period 11 to 30 January 2020	N	Not applicable.	Core Strategy and Development Plan, Planning Inspector's Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
191212/429	To consider the recommendations of the Health and Wellbeing Scrutiny Committee following a scrutiny review into oral health.	Cabinet	Y	During the period 14 January to 30 March 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
191212/437	To consider the response to be made to any notification given by Durham County Council under section 88K Water Industry Act 1991 regarding a proposal for variation of an existing community water fluoridation scheme to include the City of Sunderland area.	Cabinet	Y	During the period 14 January to 30 March 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
190813/380	To seek approval to develop a strategic framework and action plan to enable the development of more resilient communities, including a more vibrant Social Enterprise sector.	Cabinet	Y	During the period 11 February to 30 March 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter	Address to obtain further information
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 11 February to 30 March 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
181024/312	To receive an update report on the Regional Adoption Agency proposals and to agree the next steps	Cabinet	Y	During the period from 11 February to 31 March 2020.	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
191009/412	To approve the funding for specialist and move on accommodation for people with mental health needs with Home Group.	Cabinet	Y	During the period from 11 February to 30 March 2020.	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 committees@sunderland.gov.uk

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190823/385	To approve the proposed Governance Arrangements for the Centre of Excellence for Sustainable Advanced Manufacturing (CESAM) and related matters.	Cabinet	Y	During the period from 11 February to 30 April 2020	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 committees@sunderland.gov.uk
191008/409	To approve the disposal of the former Gillbridge Police Station, Sunderland.	Cabinet	Y	11 February 2020	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 committees@sunderland.gov.uk

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191024/417	To seek approval for the City Council to enter into a partnership arrangement to establish a new Voluntary Community Sector Infrastructure Support Service for Sunderland	Cabinet	Y	11 February 2020	N	Not applicable.	Cabinet Report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
191105/421	To approve Sunderland's Empty Homes Strategy.	Cabinet	Y	11 February 2019	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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191105/424	To note the Core Strategy and Development Plan: update on development including authorisation of draft Supplementary Planning Documents for consultation in relation to South Sunderland Growth Area, Planning Obligations, Homes in Multiple Occupation and Biodiversity.	Cabinet	Y	11 February 2020	N	Not applicable.	Draft South Sunderland Growth Area Supplementary Planning Document; Draft Planning Obligations Supplement-ary Planning Document; Draft Homes in Multiple Occupation Supplement-ary Planning Document Scoping Report; Draft Biodiversity Supplement-ary Planning Document Scoping Report.	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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191205/428	To agree Sunderland's Housing Delivery and Investment Plan	Cabinet	Y	11 February 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk
191213/439	To approve the updated business plan for Siglion LLP and related matters.	Cabinet	Y	During the period from 11 February to 30 March 2020.	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 committees@sunderland.gov.uk
190114/325	To procure a contractor to undertake works at Jacky Whites Market and associated properties in The Bridges Shopping Centre.	Cabinet	Y	24 March 2020	N	Not applicable.	Cabinet report	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

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	To approve the Five Neighbourhood Investment Plans	Cabinet	Y	24 March 2020	N	Not applicable	Cabinet report Investment Plans	Governance Services Civic Centre PO BOX 100 Sunderland SR2 7DN committees@sunderland.gov.uk

Note; Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure.
Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact Governance Services at the address below.
Subject to any prohibition or restriction on their disclosure, copies of documents submitted to the decision-maker can also be obtained from the Governance Services team PO Box 100, Civic Centre, Sunderland, or by email to committees@sunderland.gov.uk

Who will decide;

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

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

Elaine Waugh,
Assistant Director of Law and Governance 16 December 2019