

## **HEALTH AND WELLBEING SCRUTINY COMMITTEE**

### **AGENDA**

**Meeting to be held on Tuesday, 30<sup>th</sup> January, 2024 at 5.30pm in  
Committee Room 1, at City Hall, Plater Way, Sunderland, SR1 3AA**

#### **Membership**

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

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	Report of the Executive Director Health, Housing and Communities (copy attached)	

**Contact:** Joanne Stewart Principal Democratic Services Officer Tel: 07919 509 189  
Email: [joanne.stewart@sunderland.gov.uk](mailto:joanne.stewart@sunderland.gov.uk)

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

22 January, 2024

**At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in Committee Room 1 of the CITY HALL, SUNDERLAND on TUESDAY, 16 JANUARY, 2024 at 5:30pm.**

**Present:-**

Councillor Usher in the Chair

Councillors Bond, Burnicle, Graham-King, Haque, Hunter, Speding and Walton

Councillor Vera – Observing

**Also in attendance:-**

Robyn Bullock – Public Health Practitioner, Sunderland City Council

Nigel Cummings – Scrutiny Officer, Sunderland City Council

Lisa Forster – Contract Manager, North East and North Cumbria Integrated Care Board

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

Lorraine Hughes – Public Health Consultant, Sunderland City Council

Gillian Robinson – Scrutiny, Mayoral and Member Support Manager, Sunderland City Council

Joanne Stewart – Principal Democratic Services Officer, Sunderland City Council

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

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

**Apologies for Absence**

Apologies for absence were given on behalf of Councillors Heron, Jones and M. Walker and on behalf of Gerry Taylor.

**Minutes of the last meeting of the Committee held on 28 November, 2023**

1. RESOLVED that the minutes of the last meeting of the Health and Wellbeing Scrutiny Committee held on 28 November, 2023 (copy circulated) be confirmed and signed as a correct record.

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

There were no declarations of interest made.

## **Adult Mental Health Strategy Update**

The Director of Place (Sunderland), North East and North Cumbria Integrated Care Board submitted a report (copy circulated) which provided the Committee with an update on the work that has taken place to implement the Mental Health Strategy for Sunderland which was approved for publication in June, 2021.

(for copy report – see original minutes)

Lisa Forster, Contract Manager, North East and North Cumbria Integrated Care Board took Members through the report advising that the former Sunderland CCG had committed to developing an Adult Mental Health Strategy for the city. The report provided a summary of the progress made around the implementation of the three key principles of the strategy, explaining that the development had taken place over four phases, consisting of:-

- Phase one – engagement on the scope;
- Phase two – involving people;
- Phase three – review of the findings; and
- Phase four – present and publish the strategy.

The Committee were provided with the current position of each of the three priorities and advised that as the strategy approached year three of its lifespan it was important to evaluate and measure its impact to date and understand where, if appropriate, further work was required to ensure it had delivered on its aims and objectives.

The Chairman thanked Ms. Forster for their informative report and invited questions and comments from the Committee.

Councillor Hunter referred to the Ray's Corner resource being extended and the QR code that had been developed; she referred to the 1,872 times that the QR code had been accessed and asked over what length of time this had been? Ms. Forster advised that she did not have this information to hand but she would forward it to the Scrutiny Officer for circulation to the Committee.

Councillor Hunter went on to comment on the Maternal Mental Health that had been invaluable in supporting families and asked if there was anything similar in place for the parents of older children who may be experiencing problems. Ms. Forster advised that they had the parent carer's forum where issues could be raised but she was not aware of any specialised, focussed support for this age range. Ms. Hughes commented that they had the 0-19 years Public Health service that had emotional health and resilience nurses which young people of school age could access but explained that this was a tier 1 level service and not a specialist support.

Councillor Hunter in a follow up comment, explained that this was more around the adult perspective and support for parents whose children may be struggling to cope due to all of the changes they had experienced during the CoVid pandemic. Ms. Forster advised that she was not aware of any support groups but there was a counselling service that could be provided.

Councillor Speding referred to the family hubs and access to mental health services, referring to his own ward of Shiney Row, and asked how he would be able to recognise residents from his ward who wished to access the services at the family hub which was in Hetton, and what alternative provision was available and how Members could have access to that information made available. The Committee were informed that the family hubs were slightly different from the Community Mental Health Hubs initiative that was being developed and that it was actually an initiative that was led by the local authority and she would take those concerns back to her colleagues who could make that information available to Members.

In response to a query from Councillor Walton regarding the relationship between the Sunderland Counselling Services and the Talking Therapies support sessions, Ms. Forster advised that the offer in Sunderland was contracted through the local Mental Health Trust who utilised a number of organisations to provide services around the city; including the likes of Washington Mind, Sunderland Counselling Service and Sunderland Mind.

In a further query Councillor Walton asked what waiting times currently were to access a service, as this had always been an issue in the past? Ms. Forster explained that it was all dependent upon the service the individual had been referred to; there were a lot of mainstream services that could offer support but if there was a particular service he was interested in she could check on this. She advised that there were significant waiting times for specialist services but explained that this was an issue countrywide and not just specific to Sunderland.

Councillor Usher referred to comments from Councillor Speding and agreed that there was a breakdown of what services existed in wards and where they could be accessed, and asked if information could be circulated to Members to clarify this issue. Ms. Forster advised that the Community Mental Health Hubs were in the development stages and not yet operational but she could look to ensure that the information on family hubs could be circulated to Members.

In response to a further query from the Chairman regarding whether the services would be able to cope with the demands put upon them, Ms. Forster advised that it would always be a struggle but they were looking to break down the barriers and stigmas associated with mental health and encourage residents to come forward. There was a whole range of services available across the city, commissioned through health and the local authority and also being offered from voluntary sector organisations.

Councillor Usher asked if some examples could be given of some of the barriers to engagement that were encountered, and Ms. Forster explained that they had undertaken some work through the Better Mental Health Fund with the Bangladeshi Centre and when they were hosting services they were trying to make them more accessible across a range of communities. As they developed plans further, they would continue to try and take a whole host of issues into consideration to ensure they reduce as many barriers as they could and look at alternative ways to offer services.

Ms. Bullock added that in relation to accessing the BME community they had undertaken a project that looked at engagement with Asian Communities access to mental health support, this had been time limited to 12 months but they had sought

Public Health funding to reestablish that project and identify champions in the community to link to support and services, offering them the opportunity to take part in the mental health training. They were also looking at a piece of work to understand how they could better engage with men in the city as they knew they did not engage in the same way women did.

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

2. RESOLVED that the report and the progress that was being made to date towards the delivery and interim evaluation of the Adults Mental Health Strategy outcomes in Sunderland be received and noted.

### **Suicide Prevention Update**

The Executive Director of Public Health and Integrated Commissioning submitted a report (copy circulated) which provided an update on the whole systems approach to suicide prevention in Sunderland.

(for copy report – see original minutes)

Robyn Bullock, Public Health Practitioner, took Members through a presentation which provided the Committee with more up to date figures from the Office of National Statistics than those that were included within the report.

The presentation also provided the outcomes which the Suicide Prevention Action Plan aspired to achieve and shared with Members the key accomplishments to date.

(for copy presentation – see original minutes)

The Chairman thanked Ms. Bullock for their presentation and invited questions and comments from the Committee.

In response to a query from Councillor Vera regarding the number of children who committed suicide, Officers advised that the number remained very small, less than five, and that the most common age was residents who were 18-34 years old.

Councillor Graham-King asked how the Suicide Prevention and Mental Health Awareness Training was going to be rolled out and whether young people would have access to it, and was informed that it was expected to be delivered from March, 2024; initially being offered to all Health Champions in the city, whilst looking at ways to offer it through the network to other providers; using Washington Mind to share promotional materials and provide some sessions. Ms. Forster also advised that the Mental Health newsletter they produced was circulated to all partners and they would be able to advertise the training within it.

When asked how the training sessions would be delivered, the Committee were informed they would primarily be face to face sessions with a look to offer something online if required.

Councillor Speding commented that it appeared to be a problem prevalent with single males, and asked how services were able to capture that section of residents who had never sought help previously, so they were not known to services. Ms. Bullock advised that they recognised there was a significant issue around men's mental health and suicide rates and advised Members that there were quite a few projects that were being ran in the city to engage with men at an earlier stage. They were in the process of commissioning a provider to take the lead on and deliver training to VCS organisations on what could be done to better engage with males.

The Committee were also informed that they had secured some Public Health Funding for a men's mental health call for projects, as it was widely recognised that there was a stigma attached to men accessing mental health support, so it would help provide more low-level interventions, such as setting up groups similar to Andy's Men Clubs. There were examples of good practice in other areas where they had men's health networks which brought awareness of the services available and took on board some of the barriers that stop men accessing services.

In response to a further query from Councillor Speding regarding the planned pedestrian bridge, Ms. Bullock advised that they had been involved in conversations at the planning stages.

Councillor Speding asked if the network ever came together and was advised by Ms. Bullock that they had the suicide prevention partnership where a number of organisations came together to look at issues, but that the Men's Health Network could be the ideal group for all of these issues to be raised and to look at bespoke solutions. She also referred to the training that was being provided and advised that they had noticed there were more women involved than men, so the focus of year two would be trying to get into some of the more male dominated workplaces and raise engagement.

Ms. Forster also advised that the near real time surveillance system that had been established did provide intelligence as to some of the circumstances which may have contributed towards the suicide or attempted suicide and they could use that information to see if there was any correlation to job losses, or relationship issues, which they could then take to the suicide prevention partnership. Through the Work Place Alliance they also had the opportunity to tap into future details of any expected redundancies and job losses so that services could get involved.

Councillor Haque referred to paragraph 3.3 of the report, and noted that Sunderland was ranked 4<sup>th</sup> highest in the region, and asked Officers for their opinions as to why this was the case as they were not the 4<sup>th</sup> highest for other issues such as unemployment, poverty or drug misuse. Ms. Bullock commented that Sunderland was quite deprived, but it was complex and hard to pinpoint one element as there were usually a number of contributing factors. They were looking at having a suicide audit from the Coroner's records which may provide a better understanding of what it is that was contributing to a number of suicides.

Ms. Hughes commented that from previous suicide audits they had found that there was a strong correlation for adults that had been through the care system as children, or trying to break the cycle as people who were bereaved by suicide were more at risk of suicide themselves; and that drug use and deprivation also played a part, so it was difficult to pinpoint just one reason. Going forward they would hope

that they would be able to support and identify those at risk sooner and engage them with services.

Ms. Bullock informed the Committee that they had established a near miss project group who were initially looking at data from suicide attempts and the learning from the group would help inform next steps, with the scope widening as the group is developed.

Councillor Walton asked if there was anything the Committee could do to help address the issues with Wearmouth Bridge, such as getting the side rails heightened, and Ms. Bullock advised that there was evidence to support that the signage on the bridge was an effective intervention but there was Public Health Guidance around the different options that could be explored by local authorities, such as the raised sides or nets under the bridge. The Committee were informed that there was CCTV across all of the bridges which increased the likelihood of human intervention but there were some blind spots so they had put in a proposal to get full coverage.

They had also explored having a staff sanctuary in close proximity to the bridge which would mean that whoever was in attendance could see the individual to a place where they will get the wraparound support straight away instead of going to the police station. Amongst all of the physical interventions they could make they needed to ensure that people were getting the right support, as they were seeing the same individuals presenting on multiple occasions.

In relation to any physical changes to Wearmouth Bridge, Ms. Bullock advised that there were a few obstacles to overcome, firstly that a structural assessment of the bridge needed to be undertaken to see what weight the bridge could actually take, and then following that there would need to be a feasibility study which would look at all of the options. That would be put forward to the Chief Officers Group but it was not a quick turnaround and solutions would be very costly.

Ms. Hughes commented that all of the options would form part of the feasibility study and nothing would be ruled out, but one of the challenges the group faced was that the majority of suicides take place in a private dwellings, and not in public where there is an opportunity to intervene. The railings on the Wearmouth Bridge meet the guidelines that were in place when it was built and they had tried over a number of years to make changes but they were always advised that it was a listed structure.

Councillor Usher asked what was the best way of raising the profile of suicide prevention in the city and was informed that one of the best ways was to promote the help that was available, and there were guidelines from the Samaritans which could be followed when using social media.

Councillor Burnicle commented that from his experiences not one person had the same issues and concerns; there was always a different reason for each person who was struggling with their mental health and there was not one solution for all. This made it all the more difficult and it was best to ensure that as Councillors they continued to share details of the support services that were available.

In response to a query from Councillor Haque regarding which prevention measures were proven to help individuals attempting suicide at the bridge, Ms. Bullock



explained that the evidence suggested that people often tried to take their own life in a moment of impulse; so any preventative measures helped in giving them more time to reflect on their decision. They were often asked if the problem would be moved elsewhere but there was no evidence to suggest that, although Public Health Guidance do recommend where there is an opportunity, to put measures in place at the earliest opportunity from the offset, rather than having to backtrack, such as in the case of the new pedestrian bridge.

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

3. RESOLVED that:-

- i) The content of the report be received and noted; and
- ii) The findings of the report be accepted and the Suicide Prevention Action Plan be endorsed; taking forward the identified actions for the purpose of supporting a continued reduction in the rate of suicides.

### **Work Programme 2023/24**

The Scrutiny, Members and Mayoral Support Coordinator submitted a report (copy circulated) which briefed members on the development of the Committee's work programme for the municipal year 2023/24 and appended a copy of the programme for Members' consideration.

(for copy report – see original minutes)

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

He informed Members that the Action Plan Update from South Tyneside and Sunderland NHS FT scheduled for 30 January, 2024 had now been moved to 27 February, 2024. A report on the changes to Health Scrutiny Regulations coming into force on 31<sup>st</sup> January, 2024 would now be submitted to the meeting on 30<sup>th</sup> January, 2024.

Councillor Bond referred to a report that had been published by the UK Health Security Agency (UKHSA) on 15<sup>th</sup> January, 2024 who had concluded their investigation into the cause of illness experienced by some of the participants at the World Championship Series in Sunderland in July and commented that it would be remiss of the Committee not to include it in their work programme.

Following discussions, Mr. Cummings advised that he would forward the protocol for Members to raise issues for inclusion on the agenda from the Scrutiny Handbook to the Committee and progress it from there.

4. RESOLVED that subject to the comments as set out above; the report be received and noted.

## Notice of Key Decisions

The Scrutiny, Members and Mayoral Support Coordinator submitted a report (copy circulated) which provided Members with an opportunity to consider those items on the Executive's Notice of Key Decisions for the 28 day period from the 2<sup>nd</sup> January, 2024.

(for copy report – see original minutes)

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

Councillor Speding asked if the Scrutiny Committee would have the opportunity to discuss the following items, prior to their submission to Cabinet:-

- 23028/799 – To seek approval for Housing Strategy for Sunderland 2023-2030; and
- 231116/856 – To consider Housing Investment and Delivery Plan Housing Disposals (private meeting).

Mr. Cummings agreed to get further information and advise Members accordingly, and it was:-

5. RESOLVED that subject to the comments as set out above, the Notice of Key Decisions be received and noted.

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

(Signed) J. USHER,  
Chairman.

**UPDATE ON THE SUNDERLAND ALCOHOL STRATEGY 'CALLING TIME: IT'S TIME TO RETHINK DRINK' AND SUPPORTING ACTION PLAN****Report of Executive Director of Health, Housing and Communities****1. Purpose of the report**

- 1.1 To provide an update on the Sunderland Alcohol Strategy 'Calling Time: it's time to rethink drink' and supporting action plan.

**2. Background**

- 2.1 Alcohol is a complex issue within society and no single approach to reduce alcohol harms will be successful in isolation, therefore it requires commitment and contributions from a range of partners across the city. Alcohol remains one of the main drivers of health inequalities and one of the key causes of premature death.
- 2.2 Alcohol use has health and social consequences borne by individuals, their families and the wider community and impacts upon a range of frontline services including the council, NHS, Police, Ambulance and Social Care. It impacts upon the workplace, through lost productivity and absenteeism and on education, through non-attendance and disruption.
- 2.3 The majority of Sunderland's alcohol-related harm outcomes remain worse than the England average, these are highlighted in our alcohol Joint Strategic Needs Assessment (JSNA)<sup>1</sup>.

**3. Sunderland Alcohol Strategy 'Calling Time: It's time to rethink drink'**

- 3.1 'Calling Time: It's time to rethink drink'<sup>2</sup> was developed via the Sunderland Drug and Alcohol Harm Reduction Group and outlines the collaborative approach and collective vision to reduce alcohol related harms. The strategy was officially launched in July 2023 to coincide with Alcohol Awareness Week, and received positive press coverage including Sunderland Echo and a feature on ITV X.
- 3.2 The strategy adopts a universal proportionalism approach ensuring resources and services are allocated proportionately to population need. It focuses on delivering our Healthy City Plan, using local data and intelligence to inform programmes work, building on the community response to the pandemic to ensure diverse and under-represented groups' voices and experiences are heard. Our ambition within the strategy and supporting action plan is to achieve the best possible health and wellbeing outcomes for Sunderland whilst creating the conditions for economic growth.

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<sup>1</sup> [Sunderland Joint Strategic Needs Assessment - Sunderland City Council](#)

<sup>2</sup> [FINAL\\_ALCOHOL\\_STRATEGY2.pdf \(sunderland.gov.uk\)](#)

3.3 The priorities are all important in addressing alcohol harms and form the basis of our partnership action plan. There are several key priorities in the strategy, these are:

- Promote an alcohol-free pregnancy.
- Promote an alcohol-free childhood.
- Create a culture where people drink less alcohol.
- Reduce availability of cheap alcohol.
- Promote the responsible sale of alcohol.
- Reduce the harms that alcohol currently causes.

3.4 **Objective One:** Prevention and early intervention:

- Promote the management of licensed premises through effective implementation of the Licensing Act (2003) ensuring Public Health involvement as a responsible authority.
- Contribute to the reduction of the availability and supply of counterfeit alcohol and raise awareness of harms to reduce demand.
- Promote harm reduction messages for the reduction of alcohol intake.
- Increase early identification and support for those affected by alcohol harms across the life course.
- Improve the quality and consistency of awareness raising campaigns and education programmes in all settings and improve the quality of treatment services via effective workforce training and development.

3.5 **Objective Two:** Providing specialist interventions to promote a quality treatment and recovery system:

- Ensure that individuals, families/carers, and wider partners have access to high quality information on support and treatment options.
- Provide effective and quality specialist treatment and recovery services in Sunderland.
- Monitor outcomes for service delivery via the National Drug Treatment Monitoring System, public health outcomes framework and the targets identified in the Substance Misuse Treatment and Recovery grant.
- Work with partners and STSFT to develop our hospital Alcohol Care Team.

3.6 **Objective Three:** Protecting children, young people and families from alcohol related harm:

- Contribute to the effective safeguarding of children, young people and adults where substance misuse and is a factor, alcohol related harm and death, those at risk of domestic abuse and exploitation.
- Provide effective responses for those experiencing severe and multiple disadvantage substance misuse, offending, homelessness, mental health, long-term chronic conditions.
- Strengthen an integrated approach to providing support for children, young people and families affected by parental alcohol use.

#### **4. Developing the action plan**

- 4.1 The Sunderland Drug and Alcohol Harm Reduction Group led the development of the action plan. The Partnership comprises of key stakeholders who work together across Sunderland to tackle alcohol and drug related harms and is chaired by the chair of the Sunderland Health and Wellbeing Board and Cabinet Member for Healthy City.
- 4.2 Strategy implementation groups were formed based on each of the three objectives via membership or nominations from the partnership. The action plan was then coproduced with a wide range of partners including South Tyneside and Sunderland Foundation Trust, Northumbria Police, commissioned drug and alcohol treatment and recovery providers, ICB, Sunderland City Council and those with lived experience. There was also further consultation with internal partners such as Licensing, Trading Standards, Safeguarding, Housing, and wider Public Health Mental colleagues alongside an internal directorate session for officers. The strategy implementation groups also ensured alignment to strategy and action plans across the wider system.
- 4.3 The final action plan (appendix one) was agreed by the partnership and is now a live working document that partners and stakeholders input into. Updates are provided to the Sunderland Drug and Alcohol Harm Reduction Group on a regular basis.

#### **5. Recommendations**

- 5.1 Health and Wellbeing Scrutiny Committee is recommended to receive progress on the Sunderland Alcohol Strategy 'Calling Time: it's time to rethink drink' and endorse supporting action plan.

#### **Appendix one:**

Calling Time: It's time to rethink drink' action plan



<b>Objective One:</b> Prevention and early intervention	<b>Action</b>	<b>Measure</b>	<b>Outcome</b>	<b>Lead Agencies</b>
Promote the management of licensed premises through effective implementation of the licensing act (2003) ensuring Public Health involvement as a responsible authority.	Contribute to future updates of the Statement of Licensing Policy and ensure that relevant health data is used when developing the policy.	Public Health Input into Statement of Licensing policy	Published SOLP	Public Health, Sunderland City Council Licensing, Sunderland City Council
Promote the management of licensed premises through effective implementation of the licensing act (2003) ensuring Public Health involvement as a responsible authority.	Licensing & Trading Standards enforcement of existing legislation	Number of visits undertaken	Quarterly Reports	Public Health, Sunderland City Council Licensing, Sunderland City Council Trading Standards, Sunderland City Council
Promote the management of licensed premises through effective implementation of the licensing act (2003) ensuring Public Health involvement as a responsible authority.	General on/off alcohol sales compliance - undertake compliance visits/investigations and respond to complaints & requests and take appropriate enforcement action as required. Working in coordination with Police, HMRC & other Regulatory partners.	Number of intelligence submissions received.	Quarterly Reports	Public Health, Sunderland City Council Licensing, Sunderland City Council Trading Standards, Sunderland City Council
Promote the management of licensed premises through effective implementation of the licensing act (2003) ensuring Public Health involvement as a responsible authority.	The Responsible Authorities Group will continue to work with licensing and regeneration so they have the relevant insight and intelligence to consider the impact of alcohol in the design and regeneration of our city centre.	Responsible Authorities group work plan	Quarterly Reports	Responsible Authorities Group
Contribute to the reduction of the availability and supply of counterfeit alcohol and raise awareness of harms to reduce demand.	Undertake inspection visits to retail premises searching for illicit/counterfeit alcohol products and targeting hotspot areas in partnership with HMRC, Northumbria Police and Border Agencies.	Number of Inspection visits undertaken	Quarterly Reports	Trading Standards, Sunderland City Council
Contribute to the reduction of the availability and supply of counterfeit alcohol and raise	Carry out alcohol test purchase exercises including proxy sales and report findings.	Number of test purchases undertaken	Quarterly Reports	Trading Standards, Sunderland City Council

awareness of harms to reduce demand.				
Promote harm reduction messages for the reduction of alcohol intake.	Contribute to the developing model for social prescribing and scope how we can best support the system to prevent alcohol harm and signposting to the Aspire service.	Drug and Alcohol treatment and recovery services embedded in social prescribing model links for life  Number of referrals into Aspire	Quarterly Reports	Public Health, Sunderland City Council  Wear Recovery, CGL
Promote harm reduction messages for the reduction of alcohol intake.	Increasing the proportion of the local population which is aware of the links between alcohol and various health harms	Increased knowledge of alcohol harm identified via the Balance public perception survey	Balance Public Perception Survey Results	Public Health, Sunderland City Council  Balance Northeast
Promote harm reduction messages for the reduction of alcohol intake.	Through the Better Health at Work programme, support employers to develop their own organisational policies around alcohol.	Number of employers with drug and alcohol policies	Quarterly Reports	Public Health, Sunderland City Council
Promote harm reduction messages for the reduction of alcohol intake.	Promote an Alcohol Free Childhood with continued work with Balance North East	DAHRG engagement and involvement in balance promotions and initiatives	Quarterly Reports	Public Health, Sunderland City Council  Balance North East  DAHRG Members
Promote harm reduction messages for the reduction of alcohol intake.	Promote engagement with Balance North East	DAHRG engagement and involvement in Balance promotions and initiatives	Quarterly Reports	Public Health, Sunderland City Council  Balance North East  DAHRG Members



Promote harm reduction messages for the reduction of alcohol intake.	Continue to advocate for evidence-based action at a national level, particularly in relation to the price, promotion and availability of alcohol and no /lo products	Number of national consultations completed.  Advocacy Initiatives undertaken	Quarterly Reports	Public Health, Sunderland City Council  Balance North East  DAHRG Members
Promote harm reduction messages for the reduction of alcohol intake.	Work with Balance North East to support regional approaches to advocate change and encourage the Government to prioritise the interventions which decrease the affordability of alcohol – such as Minimum Unit Price (MUP).	Advocacy initiatives undertaken	Quarterly Reports	Public Health, Sunderland City Council  Balance North East  DAHRG Members
Promote harm reduction messages for the reduction of alcohol intake.	Work with Balance North East to support regional approaches to advocate change and encourage the Government to introduce restrictions on alcohol marketing to protect children and vulnerable people and should be aligned with the restrictions proposed for 'unhealthy food and drink' in the Health and Care Bill, including a 9pm watershed on TV and on-demand services	Advocacy initiatives undertaken	Quarterly Reports	Public Health, Sunderland City Council  Balance North East
Increase early identification and support for these affected by alcohol harms across the life course	Ensure alcohol brief intervention training is embedded in relevant council frontline services and within NHS frontline service such as the midwifery services.	No. of front line staff trained	Quarterly Reports	Wear Recovery, CGL  Public Health Midwife, STSFT
Increase early identification and support for these affected by alcohol harms across the life course	Raise awareness of the dangers of alcohol during pregnancy by promoting relevant campaigns	No. of campaigns promoted	Quarterly Reports	Public Health, Sunderland City Council

Increase early identification and support for these affected by alcohol harms across the life course	Embed an alcohol in pregnancy local maternity system pathway and screening tool at local level through STSFT Maternity Services, supported by the Best Start in Life action plan.	Training embedded on NENC Programme for Alcohol Studies  No of Referrals/Screens	Training Embedded  Quarterly Reports	Public Health, Sunderland City Council
Increase early identification and support for these affected by alcohol harms across the life course	Expansion of the community outreach element of the Youth Drug and Alcohol Project to allow early identification of under 18's needing support.	No. of YDAP referrals	Quarterly Reports	Public Health, Sunderland City Council
Increase early identification and support for these affected by alcohol harms across the life course	Support our local Street Pastors scheme via funding a volunteer recruitment drive to support an expansion of the service to deliver targeted support to vulnerable groups	No. of new street pastor volunteers	Quarterly Reports	Sunderland Street pastors
Improve the quality and consistency of awareness raising campaigns and education programmes in all settings and improve the quality of treatment services via effective workforce training and development	Ensure professionals supporting parents with substance misuse and alcohol related issues receive effective training.	Numbers of those receiving drug and alcohol training	Quarterly Reports	Wear Recovery, CGL
Improve the quality and consistency of awareness raising campaigns and education programmes in all settings and improve the quality of treatment services via effective workforce training and development	Work with colleagues across the North East to develop a local alcohol harm reduction educational offer to ensure a consistent approach is being used within educational settings and isn't influenced by industry.	Numbers of those attending Wear Recovery alcohol awareness events  Number of adults entering drug and alcohol treatment	Quarterly Reports	Public Health, Sunderland City Council

<b>Objective Two:</b> Providing specialist interventions to promote a quality treatment and recovery system	<b>Action</b>	<b>Measure</b>	<b>Outcome</b>	<b>Lead Agencies</b>
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Ensure that individuals, families/carers and wider partners have access to high quality information on support and treatment options.	Promotion of In-Patient Detoxification referral pathways amongst partners	Number of IPD referral	Quarterly Reports	Public Health, Sunderland City Council Wear Recovery, CGL
Ensure that individuals, families/carers and wider partners have access to high quality information on support and treatment options.	Continue to effectively communicate the effects of alcohol related harms so individuals can make informed choices about their alcohol consumption, with a focus on the effects of drinking at home.	Commission alcohol insights campaign	Publish findings March 24	Public Health, Sunderland City Council
Ensure that individuals, families/carers and wider partners have access to high quality information on support and treatment options.	Promote and signpost individuals and their families / carers to wider services, support and resources including Links for Life Sunderland, the NENC MECC website and Live Life Well Sunderland.	Numbers engaged in services	Quarterly Reports	Public Health, Sunderland City Council
Build capacity across the system for those providing support to individuals and their family/carers	Promote the A Life Worth Living suicide prevention training delivered by Washington Mind and encourage up from frontline staff.	Services accessing training can be identified through contract management arrangements	Quarterly Reports	Public Health, Sunderland City Council
Build capacity across the system for those providing support to individuals and their family/carers	Ensure effective pathways to primary care and embed knowledge across the system	Numbers of GP referrals	Quarterly Reports	Public Health, Sunderland City Council
Build capacity across the system for those providing support to individuals and their family/carers	CGL to link in with other groups/partnerships to promote their services, share insight and raise awareness of substance misuse and the correlation to wider determinants of health.	Numbers in treatment  Numbers accessing training and awareness raising	Quarterly Reports	Public Health, Sunderland City Council
Provide effective and quality specialist treatment and recovery services in Sunderland.	Exploration of regional opportunities for In-Patient Detoxification and Residential Rehabilitation providers.	Establishment of regional IPD facility  Numbers referred into IPD facility	Quarterly Reports	Public Health, Sunderland City Council

Provide effective and quality specialist treatment and recovery services in Sunderland.	Establish a partnership Substance Misuse Related Death Inquiry Panel to gain a better understanding of substance-related deaths in Sunderland with the aim of preventing future deaths.	Substance related death quarterly reports to DAHRG	Quarterly Reports	Public Health, Sunderland City Council
Provide effective and quality specialist treatment and recovery services in Sunderland.	Develop effective pathways and information sharing protocols to link criminal justice enforcements requirements with housing and treatment and recovery services	Information sharing protocol signed by all partners	Protocol Signed by all agencies	Wear Recovery, CGL
Provide effective and quality specialist treatment and recovery services in Sunderland.	Develop effective pathways and information around physical activity offer within Wear Recovery/CGL ensuring link with Active Sunderland	Numbers accessing Physical Activity offer	Quarterly Reports	Wear Recovery, CGL
Monitor outcomes for service delivery via the National Drug Treatment Monitoring System, public health outcomes framework and the targets identified in the Substance Misuse Treatment and Recovery grant.	Evaluate the projects funded via the substance misuse treatment and recovery grant and use these findings to continue to develop effective and sustainable projects for the future funding periods.	Ensure the evaluation of the year two grant is communicated to all partners via the drug and alcohol harm reduction group and the findings shape future delivery Work	Dissemination and presentation of report via the Sunderland Drug and Alcohol Harm Reduction Group  Commission Year 3 SSMTR Grant Evaluation	Public Health, Sunderland City Council  Office for Health Improvements Disparities  Wear Recovery, CGL
Monitor outcomes for service delivery via the National Drug Treatment Monitoring System, public health outcomes framework and the targets identified in the Substance Misuse Treatment and Recovery grant.	Continue to monitor outcomes for service delivery via the National Drug Treatment Monitoring System, public health outcomes framework and the targets identified in the substance misuse treatment and recovery grant	Meet the targets reported on NDTMS Local Outcome Framework for SSMTR Grant  Meet targets identified on Pentana	Quarterly Reports	Public Health, Sunderland City Council

Work with partners and STSFT to develop our hospital Alcohol Care Team.	Integrate alcohol specialist advice and support into wider health and care system and NHS multi-disciplinary team processes	Monitor ACT delivery targets	Quarterly Reports	<p>Wear Recovery, CGL</p> <p>ACT Team, STSFT</p> <p>Public Health, Sunderland</p>
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<b>Objective Three:</b> Protecting children, young people and families from alcohol related harm	<b>Action</b>	<b>Measure</b>	<b>Outcome</b>	<b>Lead Agencies</b>
Contribute to the effective safeguarding of children, young people and adults where substance misuse is a factor, alcohol related harm and death, those at risk of domestic abuse and exploitation.	Applying a Focused Deterrence Model in partnership with Northumbria Police and the Violence Reduction Unit to target young people who are disproportionately responsible for serious and violence related crime. This will involve working with partners to identify the wider determinants of the root causes which will support individuals to make lasting changes and reduce risk taking behaviours, problematic substance misuse and alcohol use and reduce exposure to further harm.	Number of young people engaged in the intervention	Quarterly Reports	<p>Public Health, Sunderland City Council.</p> <p>Northumbria Police. Violence Reduction Unit. Office of the Police &amp; Crime Commissioner.</p>
Contribute to the effective safeguarding of children, young people and adults where substance misuse is a factor, alcohol related harm and death, those at risk of domestic abuse and exploitation.	Continue to support the work of the Safeguarding Adults Board and contribute to Safeguarding Adults Review process	Number and Outcomes of SAR process	Quarterly Reports	<p>Public Health, Sunderland City Council</p> <p>Safeguarding Adults Board, Sunderland City Council</p>
Provide effective responses for those experiencing severe and multiple disadvantage substance misuse, offending, homelessness, mental health, long-term chronic conditions.	Use the results of the commissioned Health Related Behaviours Survey for young people in Sunderland in 2023 to identify future initiatives and projects to reduce alcohol harm amongst children and young people.	<p>Data and findings from completed survey</p> <p>Number and outcomes of identified initiatives</p>	Quarterly Reports	Public Health, Sunderland City Council.

Provide effective responses for those experiencing severe and multiple disadvantage substance misuse, offending, homelessness, mental health, long-term chronic conditions.	Continue to support Changing Futures Northumbria programme and ensure pathways with wider treatment and recovery services	Number of people accessing the programme	Quarterly Reports	Public Health, Sunderland City Council. CGL. Wear Recovery  Changing Futures Northumbria Programme
Strengthen an integrated approach to providing support for children, young people and families affected by parental alcohol use.	Continue to work with Sunderland Safeguarding Childrens Partnership and Sunderland Safeguarding Adults Board to develop effective interventions to support children, young people and families affected by alcohol harms by continued contribution to the Safeguarding Adults Review process	Outcomes of SAR process	Quarterly Reports	Public Health, Sunderland City Council.  Community Safety and Safeguarding, Sunderland City Council
Strengthen an integrated approach to providing support for children, young people and families affected by parental alcohol use.	Continue to support pathways between children's services and commissioned drug and alcohol services through SSMTRG funding	Number of parents engaging in services	Quarterly Reports	Public Health, Sunderland City Council  Wear Recovery, Change Grow Live  Together for Children, Sunderland City Council
Strengthen an integrated approach to providing support for children, young people and families affected by parental alcohol use.	Continue to support pathways between Domestic Abuse services and commissioned drug and alcohol services through SSMTRG funding	Number engaging in services	Quarterly Reports	Public Health, Sunderland City Council  Wear Recovery, Change Grow Live  Wearside Women in Need

**CHANGES TO HEALTH SCRUTINY  
ARRANGEMENTS**

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

**1. Purpose of the Report**

- 1.1 The report provides an overview of changes that are being made to health scrutiny in England through legislation and guidance issued by Department for Health and Social Care on 9 January 2024.
- 1.2 These changes will take effect from 31 January 2024.

**2. Background**

- 2.1 Health overview and scrutiny committees (HOSCs) gained the power to scrutinise local health services further to the Health and Social Care Act 2001, with powers commencing in 2003. Health scrutiny is a fundamental way by which democratically elected local councillors are able to voice the views of their constituents and hold relevant NHS bodies and relevant health service providers to account.
- 2.2 Health overview and scrutiny committees continue to play a vital role as the body responsible for scrutinising health services for their local area. They retain legal duties to review and scrutinise matters relating to the planning, provision and operation of the health service in the area. The operation of the referral power has stayed broadly the same since then. The relevant legislation can be found in the National Health Service Act 2006, which is the main repository for the statutory provisions relating to the governance and organisation of the NHS in England.

**3. Changes to Health Scrutiny**

- 3.1 The changes are predominantly related to the reconfiguration of local health services and will come into effect from 31 January 2024. What this means fundamentally is that health scrutiny committees will no longer be able to formally refer matters to the Secretary of State for Health that relate to substantial variations of local health services, as this power is removed.
- 3.2 This will be replaced by the Secretary of State having a much broader power to intervene in local services. It should be noted that health scrutiny committees and local Healthwatch organisations will have the right to be formally consulted on how the Secretary of State uses their powers to “call in” proposals to make reconfigurations to local health services.
- 3.3 The Secretary of State’s powers to “call in” proposals will be used as a last resort and will only be considered when all local methods and avenues for resolution have been exhausted. Where any proposal is “called in”, the Secretary of State will consult stakeholders, including local authorities, in considering how the intervention

power should be used. Where a notice is issued by the Secretary of State using their power of intervention, the relevant body must comply with that notice.

- 3.4 It should be noted that other aspects of health scrutiny remain unchanged in that the power still remains to require representatives of NHS bodies to attend formal meetings, get information from NHS bodies and require NHS bodies to have regard to scrutiny's recommendations. Health scrutiny committees' status as statutory consultees on reconfigurations also remains in place, with health and care providers required to engage as they do currently.

#### **4. What does this mean in reality?**

##### **4.1 The new system will operate in the following way:**

- i. The NHS provider will need to consider if the proposed service reconfiguration is notifiable (in other words would this trigger a local authority consultation). The notification should be made to Department of Health and Social Care (DHSC) via a form created specifically for this purpose. The notification given to DHSC should consider the relevant HOSC's on a proposal when deciding when to notify and should make it clear to the Secretary of State of the HOSC's view of whether this reconfiguration is notifiable.
- ii. The reconfiguration will be managed at a local level in the usual way, as DHSC's guidance notes that "local organisations are best placed to manage challenges related to NHS reconfiguration". This may involve the establishment of a statutory Joint Overview and Scrutiny Committee (JOSC), similar to the one created for the Path to Excellence reconfiguration proposals and will also involve the usual liaison and dialogue between relevant provider(s) and the HOSC/JOSC.
- iii. It is at this point that anyone locally (including a HOSC) may make a request to the Secretary of State that the proposal be "called in". However, the guidance envisages that a proposal will be called in only under "exceptional" circumstances. The criteria used to determine this is as follows:
  - Attempts have been made to resolve any concerns through the local NHS commissioning body, or through raising concerns with the local authority/HOSC, and;
  - NHS commissioning bodies and local authorities/HOSCs have taken steps to resolve issues themselves, and;
  - There are concerns with the process that has been followed by the commissioning body or the provider (e.g., options appraisal, the consultation process), and/or;
  - A decision has been made (i.e., a Decision-Making Business Case has been approved) and there are concerns that a proposal is not in the best interests of the health service in the area.

It should also be noted that Ministers may also consider whether the proposal is considered to be "substantial", and the regional or national significance of a reconfiguration, and the impact of service quality, safety and effectiveness.



The criteria outlined are very similar are similar to, but not identical, the current criteria for a referral by a HOSC to the Secretary of State.

- iv. When a call-in request is received that shall be considered and appropriate evidence collated to support the Secretary of State's decision-making. This is a process that will be co-ordinated between DHSC and the Independent Reconfiguration Panel (IRP). A range of people may be contacted to provide further information, including the relevant HOSC. The guidance also points out that this process is separate to a substantive review that would take place should a decision to call in be made.
- v. Should the Secretary of State decide to call in a proposal they will issue a Direction Letter to the NHS commissioning body, at which point the call-in becomes "live". The Direction Letter will set out the steps that the NHS commissioner is permitted to take next (which may or may not include continuing with a consultation). The requester will be informed as well. Other interested parties such as the HOSC would be copied in "if it is considered helpful to the stakeholder to have sight of the information included". It is worth noting that it is explicitly stated that the NHS commissioning body should themselves share information on the call-in with the HOSC at this stage.
- vi. The Secretary of State may formally seek advice from the IRP at this point.
- vii. The Secretary of State will also give interested parties the opportunity to make formal representations at this stage. This can be expected to involve the relevant HOSC, the guidance does indicate that where there are multiple HOSCs involved and there are no established joint arrangements, a single HOSC will take the lead on making representations.
- viii. The Secretary of State will make a decision within six months. A number of decisions can be taken, up to and including that the proposal should not be taken forward. Decisions will be notified and published, and commissioners will have to act on them. Decisions are stated to be "final" although, similar to other administrative actions, will remain subject to judicial review.

## **5. Powers and Duties for Health Scrutiny**

5.1 It is important to note that existing arrangements for health scrutiny, in a broader sense, will continue. This means that upper tier and unitary authorities in England still have the power to:

- review and scrutinise matters relating to the planning, provision and operation of the health service in the area. This may well include scrutinising the finances of local health services.
- require information to be provided by certain NHS bodies about the planning, provision and operation of health services that is reasonably needed to carry out health scrutiny.
- require employees including non-executive directors of certain NHS bodies to attend scrutiny meetings to answer questions.

- make reports and recommendations to certain NHS bodies and expect a response within 28 days.
- where practicable, set up joint health scrutiny committees with other local authorities and delegate health scrutiny functions to an overview and scrutiny committee of another local authority.

## 6. Conclusion

- 6.1 As of 31 January 2024 the health scrutiny power of referral for substantial variations in service is to be removed, meaning that the health scrutiny committee will no longer be able to formally refer such matters to the Secretary of State.
- 6.2 This will be replaced by broader power for the Secretary of State to intervene in reconfigurations of local health services. Although health scrutiny committees should be formally consulted on how the Secretary of State uses this power of “call-in” and is only used as a last resort after all local methods of resolution have been exhausted.
- 6.3 Where any proposal is “called in” by the Secretary of State they will consult stakeholders including local authorities, in determining how any intervention power should be used. Any intervention decision from the Secretary of State must be fully complied with by the relevant body.
- 6.4 Other aspects of health scrutiny remain unchanged including HOSC’s status as a statutory consultee on substantial variations, with health and care providers required to engage with scrutiny committees as they currently do. It will remain important to engage early with commissioners where there is the potential for reconfigurations of health services. As well as continuing to work collaboratively, observing the principles set out by the Department of Health and Social Care in relation to best practice for ways of working between HOSCs, ICBs, ICPs and other local system partners to ensure the benefits of scrutiny are realised.

## 7. Background Papers

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

<https://www.legislation.gov.uk/ukxi/2024/16/contents/made>

Statutory guidance: “Local Authority Health Scrutiny: Guidance to support local authorities and their partners to deliver effective health scrutiny” (DHSC, 2024).

<https://www.gov.uk/government/publications/advice-to-local-authorities-on-scrutinising-health-services/local-authority-health-scrutiny>

Statutory guidance: “Reconfiguring NHS services – ministerial intervention powers” (DHSC, 2024).

<https://www.gov.uk/government/publications/reconfiguring-nhs-services-ministerial-intervention-powers/reconfiguring-nhs-services-ministerial-intervention-powers>

Guidance: “Health overview and scrutiny committee principles” (DHSC, 2022). This is guidance issued following the passage of the 2022 Act, and which remains in force:

[Health overview and scrutiny committee principles - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles/health-overview-and-scrutiny-committee-principles)

Contact Officer: Nigel Cummings

Tel: 07554 414 878

[Nigel.cummings@sunderland.gov.uk](mailto:Nigel.cummings@sunderland.gov.uk)



**WORK PROGRAMME 2023/24**

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

**1. Purpose of the Report**

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

**2. Background**

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

**3. Work Programme Update**

- 3.1 The Health and Wellbeing Scrutiny Committee raised a number of issues at its work programme development session and a number of these issues have now been programmed into the Committee's work programme for 2023/24.
- 3.2 The first session for the task and finish working group looking at integrating care at the neighbourhood level took place on Monday 6 November 2023 at 4:30pm, with the second session taking place on Monday 27 November 2023. A visit is being planned to look at some of the neighbourhood level services through the Links For Life initiative.
- 3.3 The working consists of the following members Cllrs Burnicle, Heron, Hunter, Jones, Speding, Usher and Walton.

**4. Recommendations**

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

## **5. Background Papers**

### **5.1 Scrutiny Agendas and Minutes**

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Contact Officer: Nigel Cummings

Tel: 07554 414 878

[Nigel.cummings@sunderland.gov.uk](mailto:Nigel.cummings@sunderland.gov.uk)

# HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2023-24

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