HEALTH AND WELLBEING SCRUTINY COMMITTEE

AGENDA

Meeting to be held on Tuesday, 29th November, 2022 at 5.30pm in Committee Room 1, at City Hall, Plater Way, Sunderland, SR1 3AA

Membership

Cllrs Ayre, Bond, Butler (Chairman), Chisnall (Vice-Chairman), Heron, Mann, McDonough, Potts, Speding, D. Trueman, Usher and M. Walker

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	No Items	
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E. WAUGH,
Assistant Director of Law and Governance,
City Hall,
SUNDERLAND.

21st November, 2022

At a meeting of the HEALTH AND WELLBEING SCRUTINY COMMITTEE held in Committee Room 1 of the CITY HALL, SUNDERLAND on TUESDAY, 1 NOVEMBER, 2022 at 5:30pm.

Present:-

Councillor Butler in the Chair

Councillors Ayre, Bond, Heron, Speding and Usher

Also in attendance:-

Mr. Nigel Cummings – Scrutiny Officer, Sunderland City Council
Ms. Vicky Mitchell – Divisional Director, South Tyneside and Sunderland NHS Foundation Trust
Ms. Joanne Stewart – Principal Governance Services Officer, Sunderland City Council
Ms. Gerry Taylor – Executive Director Health, Housing and Communities, Sunderland City Council
Mr. Scott Watson – Director of Place (Sunderland), North East and North Cumbria Integrated Care Board

Apologies for Absence

Apologies for absence were given on behalf of Councillors Chisnall, Potts and D. Trueman and on behalf of Dr. Sean Fenwick, South Tyneside and Sunderland NHS Foundation Trust.

Minutes of the last meetings of the Committee held on 27th September and 4th October, 2022

1. RESOLVED that the minutes of the last meetings of the Health and Wellbeing Scrutiny Committee held on 27th September and 4th October, 2022 (copies circulated) be confirmed and signed as a correct record.

Declarations of Interest (including Whipping Declarations)

Councillor Butler made an open declaration as he may have a professional interest in items on the agenda as an employee of North Cumbria Integrated Care Services.

Operational Recovery Update – NHS Foundation Trust

South Tyneside and Sunderland NHS Foundation Trust submitted a report which provided the Committee with an update on operational recovery of South Tyneside and Sunderland NHS Foundation Trust.

(for copy report – see original minutes)

Ms. Vicky Mitchell, Divisional Director, South Tyneside and Sunderland NHS Foundation Trust advised Members that they had received an overview of the recovery plan in November 2021 and gave a presentation which provided an update on the current situation and covered:-

- Current National Guidance;
- Key Operational Deliverables;
- Cancer Care and Performance; and
- Major Pressures.

(for copy presentation – see original minutes)

The Chairman thanked Ms. Mitchell for her informative presentation and commented that it was very welcoming that the trust had been chosen to deliver the national screening programme offering targeted lung health checks but asked where the staff and resources would be coming from. Ms. Mitchell advised that they were in quite a fortunate position whereby they had been able to attract the respiratory nurses that they needed, for example they were able to offer progression to some nurses who they may have otherwise lost to other services. They had also used international recruitment to appoint more radiographers; as there were not sufficient coming through their local streams; and they also had staff who were willing to work extra shifts given that it was only a short-term service that was being offered.

Ms. Mitchell advised that they need to deliver the service regardless of whether the trust had been chosen as a pilot and in being able to deliver it initially allowed them more control so they could then manage incidental findings, i.e. where a CT scan was taken of the lung and a problem was identified in another part of the anatomy, they were able to ensure patients were given the right care with the right people.

The Chairman provided Ms. Mitchell with a compliment that he had received from a resident whose parent had been diagnosed with lung cancer and the time from the GP appointment to investigation, to treatment and feeling better had been only six weeks and she had been extremely complimentary of the service.

Councillor Heron referred to recruitment and commented that there were a lot of news stories advising of nurses leaving the profession and asked if they were able to recruit new nurses to vacancies and was informed that locally they were working quite closely with the University of Sunderland to try and improve nurses arriving from the nursing school, where the facilities were exceptional, as previously they had to rely on other areas of the country to fill their cohort.

Ms. Mitchell also explained that they were pursuing international recruitment; which was not something they would necessarily want to have to rely on; but it was the reality of where they currently were. They had recently carried out an international

recruitment drive with an NHS agency who had identified 140 nurses that they were integrating and bringing into the trust, and they would continue to pursue this further. She advised that there were moves afoot within the NHS to improve the number of training places in the country but the position they found themselves in now meant that they were exploiting opportunities that were available to them to fill their cohort.

In response to a further comment from Councillor Heron regarding previous training schemes where nurses were trained through the hospital rather than universities, Ms. Mitchell advised that they were looking at different mechanisms for delivering solutions to the recruitment of nurses and that model did work in other areas such as allied health professionals and therapy areas, and they were looking at options so that they could try to diversify their workforce.

Councillor Usher referred to the comments made on recruitment and staffing and asked if the succession plan could be described to the Committee. Ms. Mitchell advised that they had lost some consultants in radiology and did not have the amount of workforce that they needed to run the service, which was through a combination of retirements and people relocating, and that this reflected a national problem in that they had not previously trained enough radiologists to fulfil the demand. Five to six years ago they realised that there was going to be a problem so they had put a lot more people through the training programme so they would be looking at 6/7 people who they were hoping would come to and be the right fit for the organisation, although there was a very competitive market between hospitals for the same staff.

In response to a further comment from Councillor Usher, Ms. Mitchell advised that they did not have the same recruitment issue with radiographers and were in a really good position with those staff, again working with the university to maintain a local feed and through international recruitment.

When asked by Councillor Bond how the patient initiated follow up's (PIFU's) would work, Ms. Mitchell advised that it would be a consultant and patient conversation at the appointment to explain that having reviewed things from a clinical pathway they did not think the patient would need to be seen in twelve months, or whatever the standard practice was. The consultant would then advise that they would leave the case open for the patient for them to contact them if they were comfortable with that arrangement. Everyone would then know that the patient was initiating their own follow up and if they made contact an appointment would be arranged.

Councillor Bond raised concerns that without follow up from a member of staff then a patient may fail to self-refer and was assured by Ms. Mitchell that PIFU's would not be the relevant approach for all patients and that during the discussions the consultant would assess which patients were suitable for a PIFU and which would still require that follow up review.

In response to a question from Councillor Bond as to how many patients were waiting 104 weeks or how many of those patients had fallen off that waiting list, Ms. Mitchell advised that from her experience you typically had 10% drop-off rate of patients who are on a waiting list, regardless of their waiting time. Mr. Watson informed the Committee that as of last week there was a single 104 week waiter patient in Sunderland who was awaiting complex spinal surgery. He also advised that there was a region wide initiative that looked at all of the long waiters across the

region and made interventions, contacting patients to see if there had been any changes they should be aware of, so there was proactive intervention.

With regards to comments from Councillor Speding around the recruitment of radiologists, Ms. Mitchell advised that the issues STSFT were having were felt in the majority of trusts that had a similar profile to them such as Durham and Gateshead; and the tertiary specialist centres with more high profile cases had less issues, such as Newcastle and South Tees.

In a follow up question, Councillor Speding asked why there was such an issue in recruiting to radiology and was advised that it had been short-sightedness in that there had not been enough training spaces in the past, and it was a national problem with insufficient trained radiologists in the system to fulfil the demands. NHS England profile how many places they think they will need per specialism, as the worst thing they could do would have been to overtrain groups of consultants and then not have jobs for them to go into.

Councillor Ayre asked for an idea of the activities that they had for the health and wellbeing of staff and also asked if they were being proactive in the retention of staff, understanding why they may consider leaving the service. Ms. Mitchell informed Members that they had a significant drive at the moment to improve staff health and wellbeing and explained that they were offering Thrive, which was their own psychological support system that had been commissioned which they could access for one to one or group support, and that it was being really well received and accessed. There were also various wellbeing initiatives that were being explored in the organisation such as providing healthy food in canteens, a freedom to speak up guardian and getting more positive conversations embedded, as well as proactive absence so staff were contacted if absent to understand the reasons and also providing workshops on issues such as personal finances.

In terms of staff retention, exit interviews were given to staff who did leave, and stay questionnaires were being rolled out to ask current staff members what would convince them to stay within their service; whereby they could then promote those services that were already available or look to make any improvements or address areas that may make them consider leaving.

In response to a further question from Councillor Ayre as to whether paper letters were still being maintained for those patients who were not technical; Ms. Mitchell advised that only those patients that had signed up to electronic appointments and letters would receive them and that the default position was always to issue a paper letter. They were also doing a lot of work on health literacy at the moment ensuring that information and letters were based on reading age to ensure it was accessible, wherever possible.

With regards to the lung health checks, Councillor Ayre asked if they were signposting people to the stop smoking services and Ms. Mitchell advised that this was one of the criteria of the national scheme and every patient was referred regardless and then must opt out if they wish.

Councillor Butler referred to the potential for strike action and asked what, if anything, would be in place should strike action be called? Ms. Mitchell informed the Committee that they had an emergency response lead and business continuity plans

in place which cover things such as strike action and they would be considering this as much as possible. In the event that they were made aware of strike action they could mobilise these. She believed there was a clause where they had to provide a basic minimum level of service from an emergency perspective but clearly they would want to mitigate any impact on the elective recovery programme so they would be reverting to those processes.

The Chairman thanked Ms. Mitchell for her report and presentation, and it was:-

2. RESOLVED that the content of the report and presentation be received and noted.

Integrated Care System Update

The Director of Place – North East and North Cumbria Integrated Care Board submitted a report which provided the Committee with an overview of the North East and North Cumbria Integrated Care System and what this meant for Sunderland.

(for copy report – see original minutes)

Mr. Scott Watson, Director of Place (Sunderland) – North East and North Cumbria Integrated Care Board advised the Committee that Integrated Care Systems (ICS) were partnerships of organisations that have come together to plan and deliver joined up health and care services, with the outcome to improve the outcomes in population health and healthcare, tackle inequalities in outcomes, experiences and access, enhance productivity and value for money and help the NHS support broader social and economic development.

The Committee were given a presentation which covered a number of key issues, including:-

- What are ICS's, ICP's and ICB's;
- Strategic aims of the ICB's;
- Continuity of place-based working; and
- Developing Integrated Care Partnerships.

(for copy presentation – see original minutes)

The Chairman thanked Mr. Watson for his presentation and invited comments and questions from Members of the Committee.

In response to a query from Councillor Bond as to who had instigated the changes, Mr. Watson advised that it had initially been instigated by the Secretary of State pre-CoVid and had taken some time to get through Parliament, so they had known the changes were coming. He advised that some of the 42 ICB areas were relatively small and not too dissimilar a footprint from that which the CCG had covered. The North East and North Cumbria ICB was a much bigger footprint so it could look and feel much more complicated but they had tried to retain a lot of what they had under the CCG's; such as staff continuity giving organisational memory.

Councillor Ayre made an observation that he had seen a number of changes in the NHS and commented that it felt very much like that in a few years' time the Committee would be being advised that it was now becoming a central, integrated, primary care trust.

Councillor Speding commented that he understood Healthwatch to be a statutory watchdog and that now this did not seem to be the case and the ICB's were independent in real terms, and he wondered how easily the changes could be explained to the people on the streets. Mr. Watson informed the Committee that it was probably not easily explained, and it was more important to focus on the message and the narrative of what the joint committee was doing in Sunderland. The ICB was really clear that most of its work would be carried out by delegating its authority down to the joint committee to make decisions for the residents of Sunderland, with the 'Sunderland pound'.

In response to further comments from Councillor Speding regarding housing being one of the biggest contributing factors to health and wellbeing, Ms. Taylor advised that the place-based arrangements allow the opportunity to think about the broader subjects which needed to be woven together across Sunderland and would encompass more of the partnership than the ICB at the wider geography does. The Health and Wellbeing Board cover a range of areas under its remit and some of those need to be incorporated into the place-based arrangements which may not be at the moment.

She advised that at the moment, NHS colleagues were trying to establish what had been outlined within the national documentation at the wider geography and as work developed some things may be done differently in the future at a local level. At the moment they were working on getting set up nationally with what had been described in the documentation.

Mr. Watson gave the Committee assurances that from an ICB perspective they saw the Health and Wellbeing Board as being important within the governance and structure; and the expectation was that they would be calling on the views, knowledge and understanding of the three Health and Wellbeing boards and would be absolutely key to that Integrated Care Partnership.

Councillor Butler was pleased that the issue of housing had been raised as he felt that it was an area that had slipped under the radar for a lot of health and wellbeing, especially considering the contacts they receive from residents regarding housing standards and quality. Adequate scrutiny of the housing provision needed to be undertaken and he fully intended to undertake that and he was happy that it had been included in their policy's and documentation. He felt that it was the Council's responsibility to ensure that housing standards were delivered for the residents of Sunderland.

Councillor Butler asked if Mr. Watson could provide any information on elected Member representation on the ICB and whether the inclusion of the Council Leader or the Chairman of the Health and Wellbeing Board on the ICP's had been confirmed and if there was any available correspondence on that consultation? Mr. Watson advised that he did not think the ICP membership had been confirmed as yet but they were expecting that as part of the area ICP they would either have the three

Health and Wellbeing Board Chairman or a mixture of Council Leaders and Chairman as a mix of elected representatives.

In terms of the ICB, Mr. Watson advised he would circulate the diagram which showed the membership, which included local authority representatives, provider representatives and lay members and a local authority Lead Member representing all the local authorities. Councillor Butler commented that he felt that it was extremely important that elected Members had representation at every level of the decision making and Mr. Watson commented that for delivery the ICB would answer to the ICP which had a lot of elected Membership so there was definitely that opportunity to hold to account and scrutinise.

In closing, Mr. Watson advised that the expectation from their perspective was that they would continue to do what the CCG had in attending this Committee and providing updates as requested.

The Chairman thanked Ms. Mitchell for her presentation and the information provided, and it was:-

3. RESOLVED that the Committee noted the content of the presentation and the information provided.

Work Programme 2022/2023

The Scrutiny, Mayoral and Members' Support Coordinator submitted a report (copy circulated) which attached the current work programme for the year and also provided an update on a number of potential topics, as raised by Members, for the Committee's consideration.

(for copy report – see original minutes)

Mr. Cummings, Scrutiny Officer, presented the report advising that the report included a number of potential topics to consider along with a draft Scrutiny Work Programme for 2022/23. He informed the Committee that the work programme was a 'living' document and could continue to incorporate emerging issues as and when they arose throughout the forthcoming year.

Members having considered the report and update, it was:-

4. RESOLVED that the work programme, including amendments, and the update on topics for review during 2022/23, 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 12 October, 2022.

(for copy report – see original minutes)

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

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

The Chairman then closed the meeting having thanked everyone for their participation.

(Signed) M. BUTLER,
Chairman.

HEALTH AND WELLBEING SCRUTINY COMMITTEE **29 NOVEMBER 2022**

MATERNITY SERVICES ASSURANCE UPDATE – NHS FOUNDATION TRUST

REPORT OF SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST

1. PURPOSE OF THE REPORT

1.1 To provide the Health and Wellbeing Scrutiny Committee with an assurance update on maternity services at South Tyneside and Sunderland NHS Foundation Trust.

2. BACKGROUND

2.1 The Health and Wellbeing Scrutiny Committee requested an update on maternity services at South Tyneside and Sunderland NHS Foundation Trust as a result of the partial compliance for CNST (Clinical Negligence Scheme for Trusts') MIS (Maternity Incentive Scheme) reported in the Trusts annual report for 2021/22.

2.2 The Health and Wellbeing Scrutiny Committee last received an update on maternity services at its meeting in November 2019.

3. CURRENT POSITION

3.1 A full report from South Tyneside and Sunderland NHS Foundation Trust is attached at **appendix one** of this report and covers a number of key issues including:

- Maternity Service Provion – the last two years;
- Maternity Services in Sunderland; and
- Maternity Assurance Update.

3.2 Representation from the Foundation Trust will be in attendance at the meeting to provide the update on the situation and answer any questions that Members of the Committee may have.

4 RECOMMENDATION

4.1 The Health and Wellbeing Scrutiny Committee are asked to note and comment on the report provided.

Contact Officer: Nigel Cummings, Scrutiny Officer
07554 414 878
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Maternity Assurance update for Sunderland Overview and Scrutiny Committee

November 2022

Introduction

The last update received by the Overview and Scrutiny Committee on maternity services at South Tyneside and Sunderland NHS Foundation Trust (STSFT) was provided in November 2019 following the reconfiguration of Obstetric service across South Tyneside and Sunderland in August 2019. Since this report the Trust has experienced considerable external factors that were unforeseen at this time, namely the COVID-19 pandemic and three high profile national reviews into maternity services provided by two NHS Trusts (the Ockenden Review into Shrewsbury and Telford NHS Trust December 2020 & March 2022 and the report into East Kent maternity services October 2022).

This paper provides an update against the ten safety actions within the Central Negligence Scheme for Trusts Maternity Incentive Scheme (CNST MIS) via the Ockenden maternity assurance and assessment process, which have been included within the assurance framework. It is noted that Overview and Scrutiny Committee commented on the partial compliance declared for CNST MIS for Year 3 as reported in the Trust's Annual Quality Report 2021/22.

This paper provides an overview of the enhanced scrutiny on all maternity services across the country and also covers the progress of maternity provision for women and families in Sunderland against the national actions.

Maternity service provision – the last two years

1. COVID-19

The pandemic brought considerable challenges to ensuring provision of maternity care remained safe from increased risk through infection from COVID-19. By its very nature maternity couldn't be stood down and instead adaptation to the provision of care was essential. It is important to mention the exceptional care that our maternity team continued to provide to pregnant women and partners during this period of uncertainty and evolving infection control guidance. Women who received care in STSFT during 2021 took part in the annual Care Quality Commission survey of maternity care and STSFT scored higher than other Trusts for care in hospital (supportive, safe), during labour (comfortable, listened to) and postnatal support from healthcare practitioners.

2. National Maternity Reviews

1. Ockenden – Emerging Findings Report December 2020

The Ockenden Report published on 10 December 2020, presented the Emerging Findings and Recommendations from an Independent Review of a number of alleged avoidable neonatal and maternal deaths and harm at The Shrewsbury and Telford NHS Trust. The first of two reports, reviewing a selection of 250 cases, including the original 23 cases, covering the period from 2000 to 2019.

Key findings:

- Poor governance across a range of areas, especially Board oversight and learning from incidents
- Lack of compassion and kindness by staff
- Poor assessment of risk and management of complex women
- Failure to escalate
- Poor fetal monitoring practice and management of labour
- Women's choices not respected
- Poor bereavement care
- Obstetric anaesthetic provision
- Neonatal care documentation and care in the right place

The report contained 27 recommendations for Shrewsbury and Telford NHS Trust and seven Immediate and Essential actions (IEAs) for all maternity services in the country covering:

1. Enhanced Safety;
2. Listening to women and families;
3. Staff working and training together;
4. Managing complex pregnancy;
5. Risk Assessment throughout pregnancy;
6. Monitoring fetal well-being; and
7. Informed consent

The second element of the report covered maternity workforce planning; effective workforce planning for obstetric and midwifery staff; adopting NICE guidance for safe midwifery staffing/principles of Royal College of Obstetricians and Gynaecologists workforce; and reporting through to Trust Board workforce gaps.

All maternity units across the country were tasked to provide evidence to demonstrate compliance with a newly developed Maternity Services Assessment and Assurance Tool to self-assess against the required actions. These were cross referenced to both recommendations made from the Morecambe Bay investigation in 2015 and the 10 Safety Actions contained within the Maternity Incentive Scheme (CNST). This resulted in a total of 49 standards to be addressed.

2. Ockenden – Final Report March 2022

Published on 31st March 2022, this report brought together a full review of the experiences of 1,486 families who received maternity care at the Shrewsbury and Telford Hospitals NHS Trust.

Over 60 local actions for learning are identified in the final Report for Shrewsbury and Telford Hospital NHS Trust. In addition 15 immediate and essential actions to improve care and safety in maternity services across England are proposed, relating to:

- Workforce planning and sustainability
- Safe staffing
- Escalation and accountability
- Clinical governance and leadership
- Incident investigation and complaints
- Learning from maternal deaths
- Multidisciplinary training
- Complex antenatal care
- Pre term birth
- Labour and birth
- Obstetric anaesthesia
- Postnatal care
- Bereavement care
- Neonatal care
- Supporting families

The Report also endorsed the Health and Social Care Committee Report (2021) in relation to the need

- for a further £200 – 350 million per annum is required to properly fund maternity services;
- to deliver adequate and sustainable medical training posts in obstetrics, obstetric anaesthesia and neonates;
- to ring fence maternity training budgets and back fill;
- to establish a single set of maternity training targets which should be enforced; by the NHSI/E Maternity Transformation Programme and CQC;
- to end the monitoring of caesarean section rates; and
- support the NHS Maternity Digital Programme.

3. East Kent – reading the signals – October 2022

In February 2020, the Department of Health and Social Care commissioned an independent review into maternity and neonatal services at East Kent Hospitals University NHS Foundation Trust, following concerns raised about the quality and outcomes of maternity and neonatal care. Dr Bill Kirkup CBE conducted the extensive review of 202 cases, publishing the report on 19 October 2022. The report titled ‘Reading the Signals’ was commissioned to ‘set out the truth’ of what happened to women and babies at the maternity units at East Kent between 2009 and 2020.

Since the report of the Morecambe Bay Investigation in 2015, maternity services have been subject to more significant policy initiatives than any other service. This report acknowledges that a change in approach is required based on the minimal impact from reviews undertaken since the Inquiry into Ely Hospital Cardiff 1967-69.

Unlike these reviews, the report's recommendations are not focussed on policy changes but are to address wider systemic issues.

The East Kent report identified four areas of action and subsequent recommendations:

1. Identifying poorly performing units "Monitoring safety performance – finding signals among the noise"

   The prompt establishment of a Task Force with appropriate membership to drive the introduction of valid maternity and neonatal outcome measures capable of differentiating signals among noise to display significant trends and outliers, for mandatory national use

2. Giving care with compassion and kindness "Standards of clinical behaviour – technical care is not enough"

   Those responsible for undergraduate, postgraduate and continuing clinical education be commissioned to report on how compassionate care can best be embedded into practice and sustained through lifelong learning.
   Relevant bodies, including Royal Colleges, professional regulators and employers, be commissioned to report on how the oversight and direction of clinicians can be improved, with nationally agreed standards of professional behaviour and appropriate sanctions for non-compliance

3. Team working with a common purpose "Flawed team work – pulling in different directions"

   Relevant bodies, including the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Royal College of Paediatrics and Child Health, be charged with reporting on how team working in maternity and neonatal care can be improved, with particular reference to establishing common purpose, objectives and training from the outset.
   Relevant bodies, including Health Education England, Royal Colleges and employers, be commissioned to report on the employment and training of junior doctors to improve support, team working and development

4. Responding to challenge with honesty "Organisational behaviour – looking good while doing badly"

   The Government reconsider bringing forward a bill placing a duty on public bodies not to deny, deflect and conceal information from families and other bodies.
   Trusts be required to review their approach to reputation management and to ensuring there is proper representation of maternity care on their boards.
   NHSE reconsider its approach to poorly performing trusts, with particular reference to leadership

Reflecting on the recommendations put forward report it is important to note that this report:

- is more far-reaching in nature with the focus beyond the technical provision of care, bringing to the fore the wider harm to families who were involved in this review. That this harm is no less significant than clinical outcomes; and
- recognises that enablers for addressing sup optimal care are not solely the responsibility of Trusts, requiring action from the wider infrastructure. This report goes further than the Ockenden reports in seeking action from regulators but also professional bodies.
-

Maternity services for the women and families of Sunderland

Following the publication of the initial Ockenden report (December 2020) national investment was announced to reduce variation in experience and outcomes for women and their families across England. NHS England/Improvement (NHSE/I) invested an additional £95.9m in 2021/22 to support the system to address all 7 Immediate and Essential Actions consistently, and to bring sustained improvements in maternity services. STSFT was awarded a sum of £380k (full year) against a bid of £932k.

This investment supported increasing the number of frontline midwifery staff by 4.71 whole time equivalents along with increased obstetric time for fetal well-being and multidisciplinary training.

In January 2022, the Trust's Executive Team approved recurrent investment of £680k into maternity services enabling appointments of specialist midwifery roles and increasing the number of maternity support workers. Requisite to enhancing safety and quality of maternity care.

Further national bid monies have been available this financial year and STSFT has been successful in securing investment towards recruitment and retention activities, enhancing access to bereavement care, dedicated psychological well-being support for our maternity team, increasing time for obstetric leadership, MDT training and enhancing patient experience through a dedicated lead Midwife.

Among the Ockenden essential actions for maternity services across England, the report stated that robust pathways must be in place for managing women with complex pregnancies, to include regional integration of maternal mental health services. In November 2019, STSFT was successful in an Integrated Care System-led bid to be a fast follower site for the Maternal Mental Health Service. This was launched on 28 March 2022. This service is focused on women with moderate to severe or complex perinatal psychological needs relating to, or arising from, their maternity experience. Previously these women were falling through the gaps in existing service provision. In South Tyneside and Sunderland this accounts for 3.85% of women giving birth (c.3700)

STSFT Maternity Assurance update

Since the publication of the initial Ockenden report all maternity services have been required to submit evidence of compliance against the Immediate and Essential Actions (triangulated against the CNST safety actions).

NHSEI and the Local Maternity Neonatal System (LMNS) also undertook assurance visits across the country, with a remit of a supportive critical challenge to indicate where further progress was required to achieve compliance for the 7 IEAs. One output from the initial Ockenden report was moving the role of LMNS from advisory to one of assurance.

STSFT received a visit on 11th May 2022 where the service still had further progress to make against 4 of the 7 IEA's. The Trust declared full compliance against all IEA's in September 2022. (See attached Appendix 1– IEA's position)

The final Ockenden report published in March introduced an additional 15 IEAs. The position of STSFT maternity services as at September 2022 is full compliance for 2 IEAs (supporting families and Pre-term Birth) and partial for 13 IEAs.

There are 82 sub actions in total sitting under the overarching 15 IEAs.

Noting compliance is achieved where the service can demonstrate evidence of embedded practice in line with the action requirement.

NHSE is set to issue a single delivery plan early in 2023 to cover the actions for maternity and neonatal from the Ockenden and East Kent reports.

In terms of the CNST Maternity Incentive scheme the Trust is now in year 4 with self-declaration sign off by the Trust's Board of Directors and submitted to NHS Resolution before 3 February 2023. The approach for Year 4 reflects learning from Year 3, utilising the investment received to support the action plans arising from Year 3 partial compliance. Good progress is being made against the Year 4 safety actions with regular updates via the Trust governance process.

Recommendations

The overview and scrutiny committee is asked to note the contents of the report, acknowledging the heightened national and subsequent regional assurance requests on maternity services across the country.

This level of scrutiny is expected to continue with a further review currently underway of maternity services at Nottingham University Hospitals NHS Foundation Trust.

Claire McManus

Divisional Director Family Care

South Tyneside and Sunderland NHS Foundation Trust

14.11.22

APPENDIX 1

7 Ockenden IEAs (including 12 Clinical Priorities): Trust _____ Exec Sign off _____	Compliant	Partially Compliant	Non-Compliant
1) Enhanced Safety			
A plan to implement the Perinatal Clinical Quality Surveillance Model			
All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB			
2) Listening to Women and their Families			
Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services			
Identification of an Executive Director with specific responsibility for maternity services and confirmation of a named non-executive director who will support the Board maternity safety champion			
3) Staff Training and working together			
Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week			
The report is clear that joint multi-disciplinary training is vital. We are seeking assurance that a MDT training schedule is in place.			
Confirmation that funding allocated for maternity staff training is ringfenced			
4) Managing complex pregnancy			
All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place			
Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres			
5) Risk Assessment throughout pregnancy			
A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance			
6) Monitoring Fetal Wellbeing			
Implement the saving babies lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies lives care bundle 2 and national guidelines.			
7) Informed Consent			
Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.			

HEALTH AND WELLBEING SCRUTINY COMMITTEE 29 NOVEMBER 2022

HEALTH PROTECTION ARRANGEMENTS UPDATE

Report of the Executive Director of Health, Housing and Communities

1. Purpose of the Report

The purpose of the report is to update the Health and Wellbeing Scrutiny Committee on health protection arrangements in Sunderland.

2. Background

2.1 The protection of the health of the population is one of the legally mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Executive Director of Health, Housing and Communities is responsible for the discharge of Sunderland local authority's health protection functions.

2.2 Health protection describes activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:

Prevention	screening and immunisation to prevent diseases
Surveillance	to monitor the burden and epidemiology of disease, monitor trends, and identify outbreaks
Control	management of cases and outbreaks of certain diseases to reduce the risk of transmission
Emergency Planning Resilience and Response (EPRR)	arrangements to plan for and respond to, a wide range of incidents and emergencies that could affect health or patient care including extreme weather, a large or complex outbreak of an infectious disease, a major transport accident or a terror attack

2.3 Responsibilities for aspects of health protection are distributed across the health system as follows:

- NHS England is responsible for the commissioning of screening and immunisation programmes.
- UK Health Security Agency's (UKHSA's) Health Protection Teams (HPT) are responsible for the provision of expert functions to respond directly to incidents and outbreaks and to support the Council in understanding and responding to threats. Sunderland has an identified link Consultant in Health Protection.
- The Executive Director of Health, Housing and Communities has responsibility for the health protection of the local population and a local leadership role in providing assurance that robust arrangements are in place to protect the public's health.

2.4 A health protection assurance report is produced annually to provide an overview of health protection arrangements and some relevant activity across the city. The 2021/22 report can be found in Appendix 1. The report was endorsed by the Health and Wellbeing Board on 30 September 2022.

3. Health Protection Arrangements

3.1 National health protection arrangements

3.1.1 National health protection arrangements and responses are coordinated by the UKHSA, an executive agency, sponsored by the Department of Health and Social Care. The UKHSA replaced Public Health England in April 2021.

3.1.2 UKHSA mission statement is 'The UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats'.

3.1.3 The UKHSA national team provides an integrated public health service that provides expertise, information and intelligence to public health teams based in local authorities and the NHS.

3.1.4 The UKHSA provide leadership in the response to nationwide and international outbreaks or incidents and provide support and advice to local HPTs if required.

3.2 Regional health protection arrangements

3.2.1 The UKHSA North East HPT is based in Newcastle upon Tyne and covers all of the North East. The HPT leads the response to all health protection related incidents in the region, providing specialist support to prevent and reduce the impact of:

- infectious diseases
- chemical and radiation hazards
- major emergencies

3.2.2 Sunderland has a link Consultant in Health Protection and a Senior Health Protection Practitioner at the North East HPT who are responsible for the South of Tyne patch which includes Sunderland, South Tyneside and Gateshead.

3.2.3 The link Consultant in Health Protection communicates any issues or situations of concern for Sunderland with the Executive Director of Health, Housing and Communities and Public Health Consultant with responsibility for health protection at Sunderland City Council (SCC).

3.2.4 The North East HPT take a lead role in the following areas of health protection:

- *Acute response*
  The HPT take a lead role in the response to single cases of infectious disease, outbreak management and the response to exposure incidents. If an outbreak or issue is of concern or has wider potential for public health impact an outbreak control team (OCT) will be convened. A representation from SCC public health team would usually be a member of the OCT and part of the decision making process.

- *Surveillance*
  The HPT analyse epidemiological data and produce regular reports which are shared with local authorities. They monitor trends in infectious diseases and have a robust system in place to identify any issues or potential outbreaks, which allows prompt response and mitigation actions when required.
- *Response outside of office hours*
  The HPT provide an on-call response for outside normal office hours. This is for all health protection related emergencies. It is a two tier system with a Health Protection Practitioner, Senior Health Protection Practitioner or Public Health Speciality Registrar first on call with support from a Consultant in Health Protection. The on-call response covers seven days a week and 24 hours a day.

3.3 ***Local health protection arrangements***

3.3.1 In Sunderland local health protection arrangements are led by the Executive Director of Health Housing and Communities. SSC has a Public Health Consultant with lead responsibility for health protection and 1.6 full time equivalent Public Health Leads in Health Protection.

3.3.2 A Health Protection Board meets quarterly and is formed from partner agencies and works to assure the standard of health protection for the population of Sunderland. The Board is chaired by the Executive Director of Health Housing and Communities. An agreement is in place that the Board will be reconvened more regularly if necessary. The Board was subjected to an internal audit in September 2022 and the level of assurance scored as substantial. The purpose of the Board is to:

- enable the Executive Director of Health Housing and Communities to fulfil the statutory role in assuring the Council and Health and Wellbeing Board that satisfactory arrangements are in place to protect the health of the local population;
- focus on facilitating the Executive Director of Health Housing and Communities statutory oversight and assurance role for health protection;
- provide a link between the Health and Wellbeing Board and partner organisations with roles in the delivery of health protection plans;
- provide a setting for the exchange of information, scrutiny of plans and analysis of data with all partners with a role in the delivery of health protection in Sunderland, ensuring they are acting jointly and effectively to protect the population's health.

3.3.3 SCC have a health protection inbox which is used by UKHSA, colleagues and other settings to contact the public health team with any questions or concerns relating to health protection.

3.3.4 Currently the management of COVID-19 related outbreaks and incidents is dealt with by the local HPT, the Council may need to provide additional support if there was a significant surge in cases.

3.3.5 A quarterly South of Tyne and Wear health protection meeting is held to update local authorities about all health protection related incidents or issues, chaired by a Consultant

in Health Protection from the local HPT. The meeting also acts as a forum for discussion and sharing of information and ideas.

3.3.6 Key areas of work for SCC public health team include to:

- ensure the population of Sunderland are informed about current and emerging threats to health and provided with information and advice to make informed decisions to protect their own health;
- work with partners to improve COVID-19 and influenza immunisation uptake;
- continue to actively participate in the management of outbreaks and incidents;
- continue to drive improvements in infection, prevention and control standards in care homes;
- continue to work with partners to improve immunisation and screening uptake;
- reduce health inequalities in health protection with focus on immunisation and screening programmes;
- ensure that there is adequate and appropriate support available for refuges and asylum seekers.

4. Summary

Overall, the Executive Director of Health, Housing and Communities is satisfied that the health protection assurance arrangements in Sunderland are appropriate and effective in dealing with the various aspects of health protection. SCC public health team will keep the arrangements under review and will seek to make improvements as and when necessary.

5. Recommendations

The Health and Wellbeing Scrutiny Committee is recommended to receive and comment on the update of Sunderland health protection arrangements.

6. Appendix 1

SUNDERLAND HEALTH PROTECTION ASSURANCE REPORT 2021/22

Report of the Executive Director of Health, Housing and Communities

1. Purpose of the Report

1.1. This report provides an overview of health protection arrangements and some relevant activity across the city during 2021/22. The report supports the Executive Director of Health, Housing and Communities in their statutory remit to provide assurance to the Health and Wellbeing Board and Sunderland City Council in relation to health protection of the local population.

1.2. The report outlines the local position on health protection issues and priorities covering prevention, surveillance and control.

2. Executive summary

Sunderland generally performs well in most areas of health protection. There are robust systems in place to monitor performance in screening and immunisations and assurances that there is focus on areas where improvement may be required. Response to the pandemic has highlighted that Sunderland has a robust health protection system in place, which has been significantly strengthened since 2020. To respond to the pandemic all areas of the health system had to work together to protect the population of Sunderland, which has strengthened and developed relationships and ways of working. Sunderland is in a strong position to respond to any health protection emergency and will use lessons learnt from the pandemic to reinforce any response.

3. Key achievements

Sunderland historically performs very well in the uptake of most routine immunisations and continues to do so. Even during the pandemic uptake in childhood immunisations were not impacted and remained high. Sunderland also performs generally well in the uptake of most screening programmes.

4. Areas for improvement

Influenza immunisation uptake in some at risk groups such as pregnant women and the 2-3 year age group remains low in Sunderland. The uptake of the spring COVID-19 booster did not reach the level of previous boosters, which is of concern particularly for care home residents. There is also an inequity in uptake of all COVID-19 vaccinations across wards in Sunderland. Breast cancer screening in Sunderland is below the England average and does not meet national standard levels. The rate of some health care associated infections remains above the national average for those recorded.

5. Background

5.1. The protection of the health of the population is one of the legally mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Executive Director of Health, Housing and Communities for Sunderland is responsible for the discharge of the local authority's public health functions.

5.2. Health protection describes activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:

Prevention	screening and immunisation to prevent diseases
Surveillance	to monitor the burden and epidemiology of disease, monitor trends, and identify outbreaks
Control	management of cases and outbreaks of certain diseases to reduce the risk of transmission
Emergency Planning Resilience and Response (EPRR)	arrangements to plan for and respond to, a wide range of incidents and emergencies that could affect health or patient care including extreme weather, a large or complex outbreak of an infectious disease, a major transport accident or a terror attack

5.3. Timely, accurate and authoritative communication is an essential element of effective health protection. Through good communication accountability can be demonstrated and confidence can be provided, which is especially important when responding to an incident. It underpins all prevention, surveillance and control activities.

5.4. A key priority for health protection in Sunderland is to reduce inequalities in access to screening and immunisations and to protect the most vulnerable in our population in adult social care enabling more people to live healthier longer lives.

5.5. Responsibilities for aspects of health protection are distributed across the health system as follows:

- NHS England is responsible for the commissioning of screening and immunisation programmes.
- UK Health Security Agency's Health Protection Teams are responsible for the provision of expert functions to respond directly to incidents and outbreaks and to support the Council in understanding and responding to threats. Sunderland has an identified link Consultant in Health Protection.
- The Executive Director of Health, Housing and Communities is responsible for co-ordinating the Council's contribution to health protection issues and providing a local leadership role in providing assurance that robust arrangements are in place to protect the public's health.

5.6. Since early 2020 health protection activity has largely focused on the COVID-19 pandemic. Having a robust and responsive health protection system in Sunderland has been vital in coordinating the response to the pandemic.

5.7. To support the COVID-19 response capacity was diverted away from routine health protection work towards responding to the pandemic and some routine health protection programmes were paused or subject to delays to protect people from COVID-19 and allow NHS staff to support critical services.

5.8. Throughout the COVID-19 pandemic, the UKHSA's regional Health Protection Team (HPT) has been significantly overstretched and at times some of their functions were passed to the local authority public health team. There has been a return to business as usual and all functions have now returned to the HPT, although an enhanced offer of support continues to be available for care homes when needed across adult social care, public health and the infection, prevention and control team.

5.9. Since 24 February 2022 all legal COVID-19 restrictions have been removed. Access to free lateral flow device tests for the general public stopped on 1 April 2022 and has now been paused in health and social care settings. The Government has set out it's Living with COVID-19 plan, which includes no restrictions or public health measures for the general population. Some measures such as testing and the use of personal protective equipment (PPE) remain in high risk settings.

5.10. All health protection programmes that were paused have restarted and all programmes have either returned or are making progress to return to pre-pandemic levels.

6. Assurance Arrangements

6.1. A range of groups, information flows and reports are in place to support health protection arrangements in Sunderland. The purpose of these groups and reports ranges from formal assurance to providing a forum for discussion, information sharing and improvement. The system as a whole provides assurance to the Executive Director of Health, Housing and Communities that the health protection system is functioning as it should. These groups and sources of information include:

- a regional Programme Board for each screening and immunisation programme;
- a Healthcare Associated Infections (HCAI) Improvement Group which operates across Sunderland and South Tyneside;
- an Area Health Protection Group which provides a forum for discussion of strategy, policy and implementation across Northumberland, Newcastle, North Tyneside, Gateshead, South Tyneside and Sunderland;
- the Northumbria Local Resilience Forum (LRF) which co-ordinates responding bodies to help them provide the most effective and efficient response to civil emergencies when they occur;

- the North East Local Health Resilience Partnership (LHRP) which facilitates the production of sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning; and
- a range of surveillance reports which may be weekly, monthly, quarterly or annual reports (depending on the topic), supplemented by NHS England dashboards and by UKHSA's Fingertips resources.

6.2. Additional governance and assurance arrangements were put in place specifically for the pandemic and included:

- a Health Protection Board - an expert group drawn from partner agencies which worked to prevent, identify and contain outbreaks to protect the health of the public in Sunderland against COVID-19; and
- a Local Outbreak Control Board - a leadership group drawn from partner agencies which provided challenge, facilitated political ownership, supported public engagement and communications and supported delivery of the COVID-19 Control Plan through resource deployment and co-ordination.

6.3. The Local Outbreak Control Board last met in April 2022 and in line with the Government's living with COVID-19 plan the Board has been stood down.

6.4. From May 2022 the Sunderland Health Protection Board converted from a focus of COVID-19 to all general health protection issues including COVID-19. The Health Protection Board meets quarterly. The expert group is chaired by the Executive Director of Health Housing and Communities and is formed from partner agencies and works to assure the standard of health protection for the population of Sunderland. The Terms of Reference for the Health Protection Board can be found in Appendix 1.

7. Healthy City Plan

The Sunderland City Plan was developed to address the economic and social challenges in Sunderland. One of the aims is to develop a healthy smart city, where people will live healthier, independent lives for longer. The overall focus for health protection is to protect residents of Sunderland across the life course from biological, environmental and chemical hazards, which fits naturally with the City Plan by helping people live healthier and longer. The Healthy City Plan has key values and behaviours that are a focus for health protection in Sunderland:

- *Focusing on prevention* – supporting the population of Sunderland to make informed choices to protect their health by promoting immunisation, screening and healthy behaviours we can try and reduce the burden of disease in Sunderland.
- *Tackling health inequalities* – those who have poorer health and live in deprived areas are often more likely to be affected by infectious diseases as seen during the pandemic. By improving living environment and access to healthcare the effects of some infectious diseases can be reduced.
- *Equity* – we know that there is a disparity in access to some immunisation and screening programmes. Health protection work across Sunderland has a focus of trying to improve access in populations with lower than average uptake to try and reduce this gap and improve health across the population.

8. Prevention

8.1. **Immunisation**

8.1.1. Immunisation programmes help to protect individuals and populations from specific diseases. There are programmes for children and adults as follows:

- The national universal childhood immunisation programme offers protection against thirteen different vaccine preventable diseases.
- The adult immunisation programme is offered to people in certain age groups and/or those who may be at particular risk due to underlying medical conditions or lifestyle risk factors.
- The selective immunisation programme targets children and adults needing protection against specific diseases such as TB, hepatitis B and pertussis in pregnancy.

8.1.2. The immunisation programme schedule can be found in Appendix 2.

8.1.3. The national COVID-19 vaccination programme was implemented in December 2020, with the first COVID-19 vaccination given on 8 December 2020. This marked the start of the biggest NHS vaccination campaign in history. The main objective of the COVID-19 vaccination programme is to protect those who are at highest risk from serious illness or death. The programme has proceeded in stages with those most at risk offered vaccination first. The programme is currently in the reinforcement stage with autumn boosters being offered to those most at risk COVID-19: the green book, chapter 14a - GOV.UK (www.gov.uk).

8.1.4. Routine childhood and adult vaccination and immunisation programmes have operated throughout the pandemic.

8.1.5. *Routine childhood immunisations*

The position for Sunderland can be summarised as follows:

- In general, Sunderland performs well in relation to the uptake of vaccination and immunisation programmes.
- By 12 months of age, 98.7% of children in Sunderland had been immunised against diphtheria, tetanus, pertussis (whooping cough), polio (inactivated polio vaccine), and Haemophilus influenza type b, compared to 91.9% across England (Quarter 4 2021/22 COVER data).
- By 24 months of age, 98.6% of children in Sunderland had received one dose of measles, mumps and rubella (MMR) vaccine, compared to 93.0% across England (Quarter 4 2021/22 COVER data).
- By 5 years old, population vaccination coverage for two doses of MMR was 95.0%, above the England average of 85.9% (Quarter 4 2021/22 COVER data).

- By 5 years old, population vaccination coverage for the DTaP/IPV booster was 96.3%, above the England average of 85.5%, (Quarter 4 2021/22 COVER data).

Table 1 Childhood routine immunisation coverage (%) in Sunderland and England from 2017/18 to 2021/22 for Q4

	2017/18	2018/19	2019/20	2020/21	2021/22
12 month DTaP/IPV/Hib					
Sunderland	85.3	94.8	98.7	98.2	98.7
England	92.6	91.9	92.7	91.6	91.9
24 month DTaP/IPV/Hib					
Sunderland	98.7	86.1	98.8	99.5	98.6
England	95.0	94.0	93.7	94.0	93.0
5 year MMR1					
Sunderland	97.3	97.6	98.7	98.4	96.7
England	95.1	94.7	94.6	94.3	93.5
5 year MMR2					
Sunderland	90.6	95.0	95.4	96.0	95.0
England	87.2	87.6	86.9	85.1	85.9

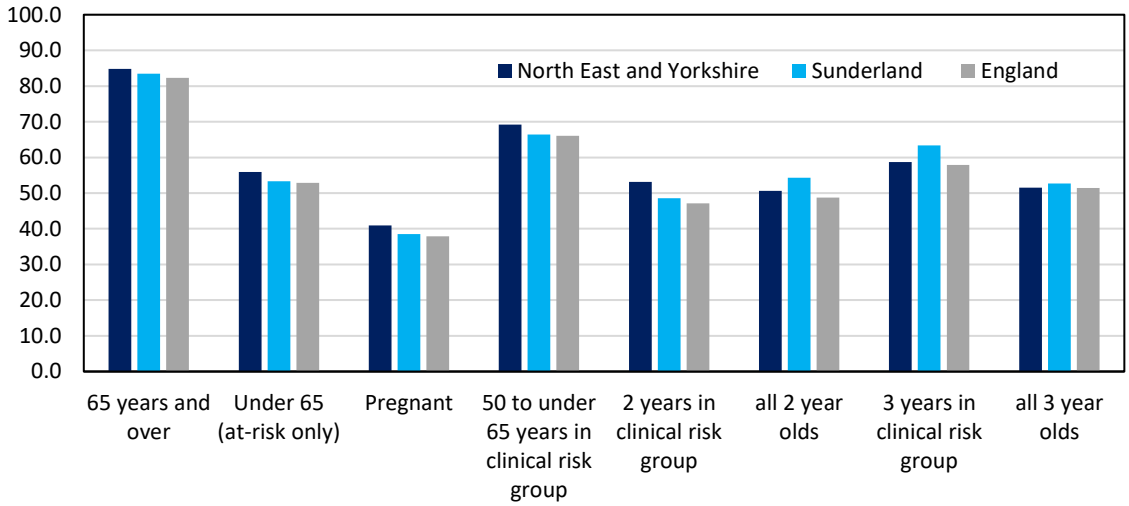
Source Local Authority Assurance Report: Section 7a Services, July 2022

8.1.6. Influenza immunisation

High priority was given to the seasonal influenza immunisation programme for the 2021/22 winter season. It was anticipated that there would be a significant influenza season with co-circulation of COVID-19. What was observed however, was low transmission. For the 2022/23 winter season we are again anticipating significant transmission of influenza. This is underpinned by the current significant influenza season Australia have experienced, which usually sets a precedence for the UK. Sunderland achieved good influenza immunisation uptake in most groups, but some groups have low uptake:

- For all adults aged 65 year and over 83.5% were vaccinated in Sunderland compared to 84.8% in North East and Yorkshire.
- For those aged under 65 years in an at-risk group 53.3%. were vaccinated in Sunderland compared to 56.0% in North East and Yorkshire.
- For children aged 2 years 50.6% were immunised in Sunderland compared to 48.6% in North East and Yorkshire.
- For children aged 3 years 52.7% were immunised in Sunderland compared to 51.5% in North East and Yorkshire.
- For pregnant women 38.5% were vaccinated in Sunderland compared to 41.0% in North East and Yorkshire.

Figure 1 Influenza immunisation uptake (%) by at risk group for Sunderland, North East and Yorkshire and England for 2021/22



Source Seasonal influenza vaccine uptake amongst GP Patients in England 2021 to 2022 UKHSA, Seasonal flu vaccine uptake in GP patients: monthly data, 2021 to 2022 - GOV.UK (www.gov.uk)

8.1.7. Flu immunisation uptake is routinely low in pregnant women and young children in Sunderland as seen in the North East. The Sunderland Winter Vaccination Board are currently planning how the uptake in these groups can be improved for the 2022/23 winter season.

8.1.8. COVID-19 vaccination

A major focus of health protection work in 2021 and 2022 has been to achieve good COVID-19 vaccination uptake across the population of Sunderland, especially in those most at risk of serious illness from COVID-19. Assuring vaccine equity has also been a focus of health protection work. The position in Sunderland can be summarised as follows:

- For care home residents 97% have had their first dose, 96% second dose and 82% spring booster compared with 97% for their first dose, 96% for second and 81% for spring booster for North East and North Cumbria
- For those aged 70-74 and high risk individuals (JCVI group 4) 96% have had their first dose, 95% second dose and 58% spring booster compared with 96% for first dose, 95% for second and 68% for spring booster in North East and North Cumbria.
- For first, second and booster doses there was significant disparity in uptake across wards. For all booster doses the uptake ranged from 88% in Fulwell to 44% in Millfield.
- As of September 2022 there were 60,317 eligible Sunderland residents not vaccinated, predominantly in those aged less than 50 years.

Figure 2 COVID-19 vaccination uptake by JCVI group in Sunderland (data as of 14 August 2022, as a proportion of total who are eligible)

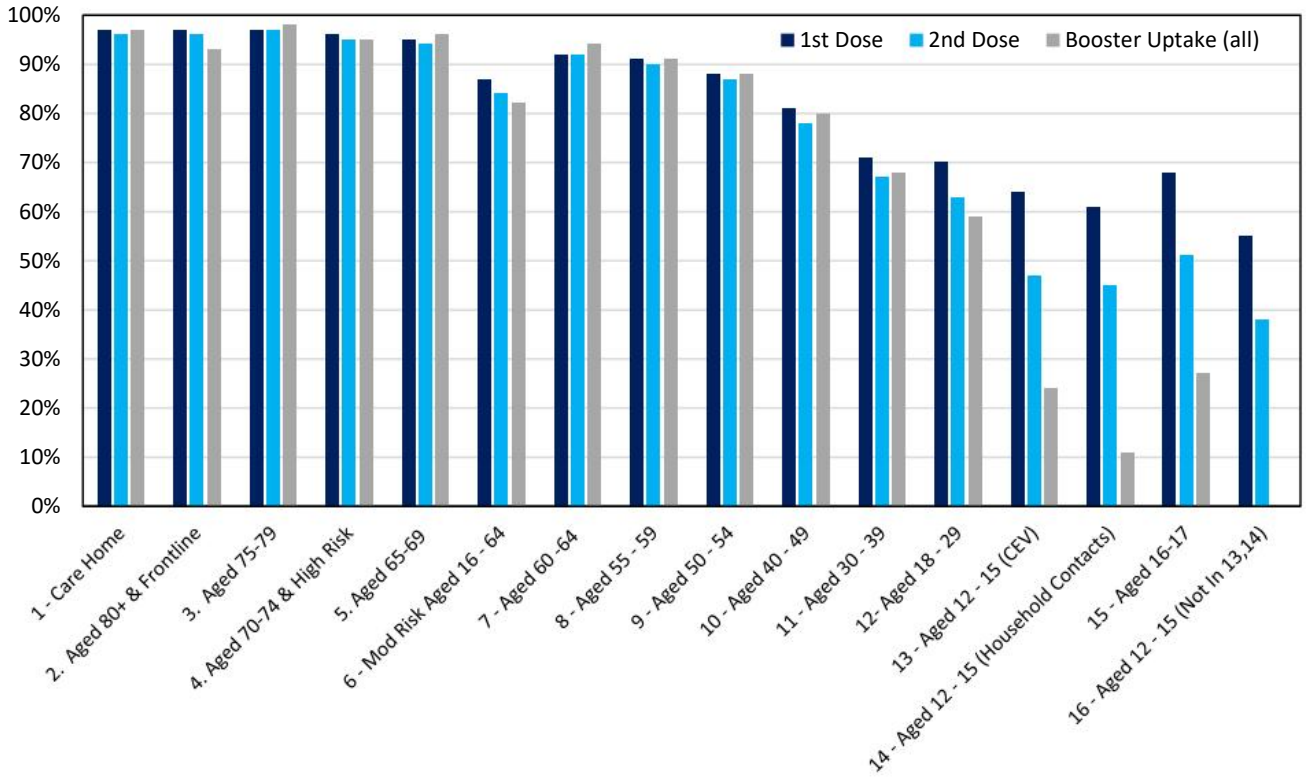


Figure 3 COVID-19 vaccination uptake for all boosters by Sunderland primary care network (data as of 14 August 2022)

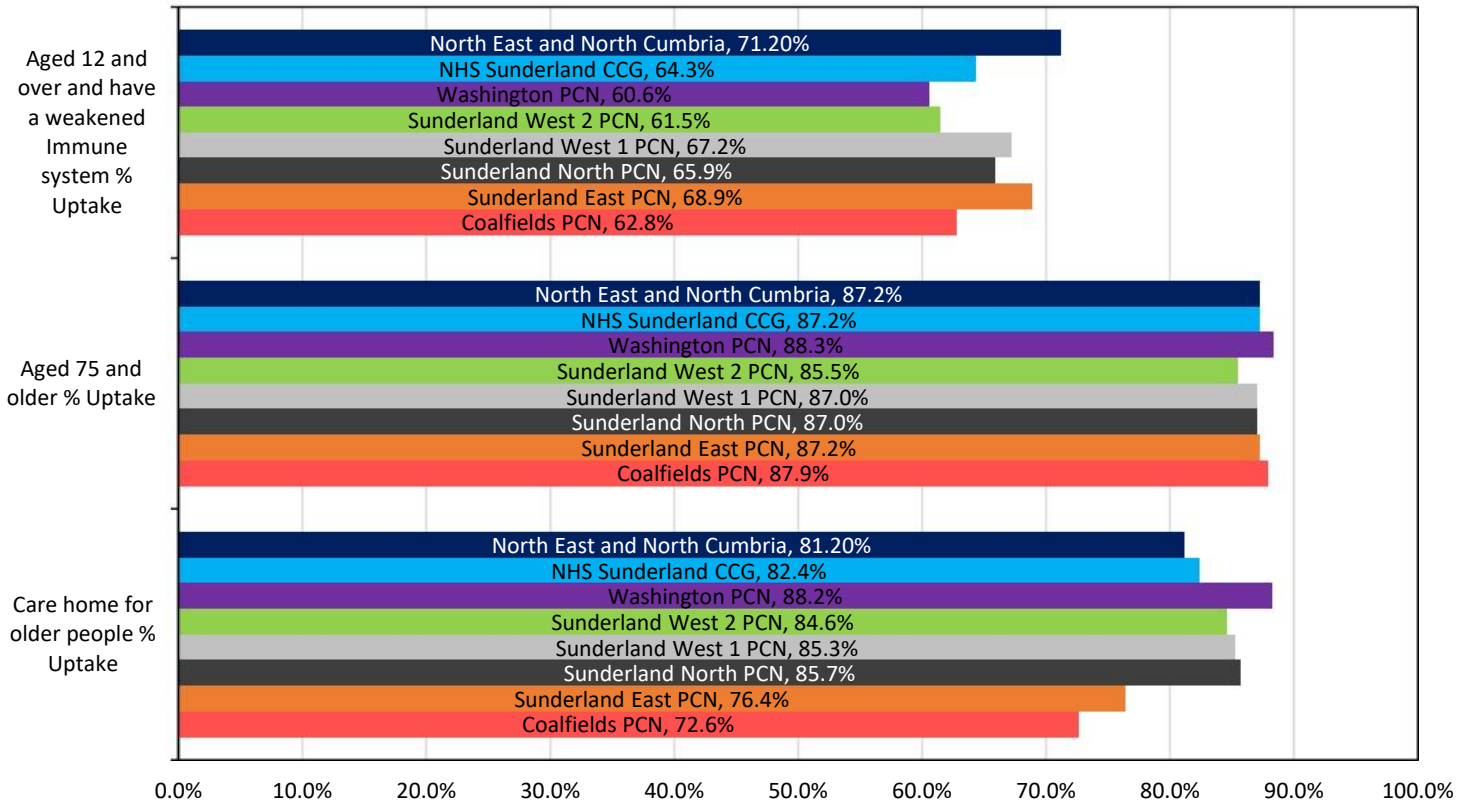


Figure 4 COVID-19 vaccination uptake for spring booster by Sunderland ward (data as of 14 August 2022)

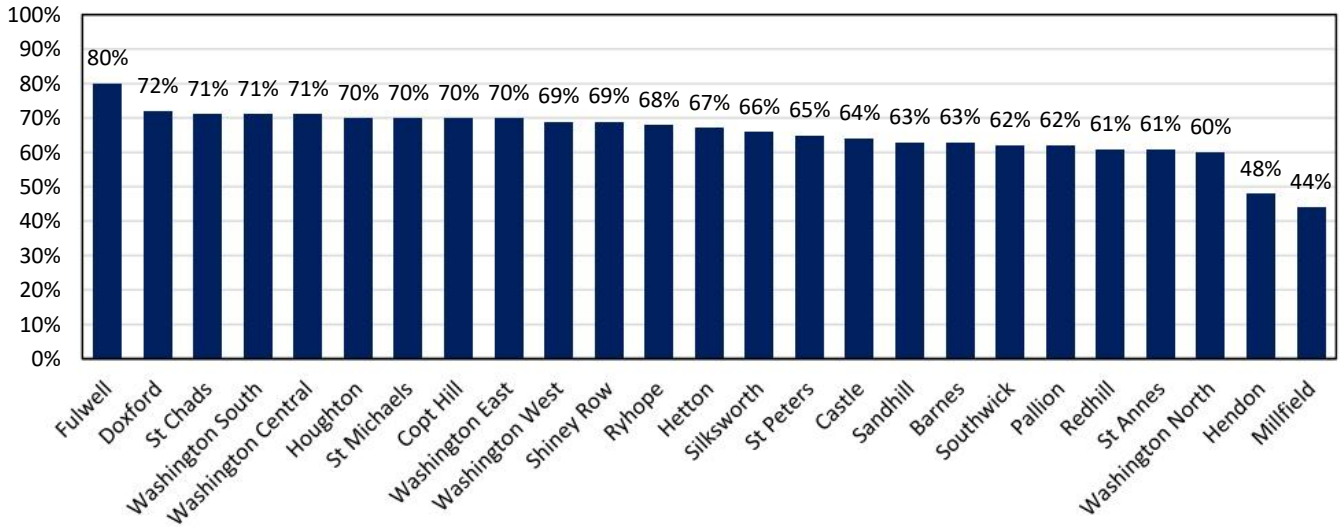
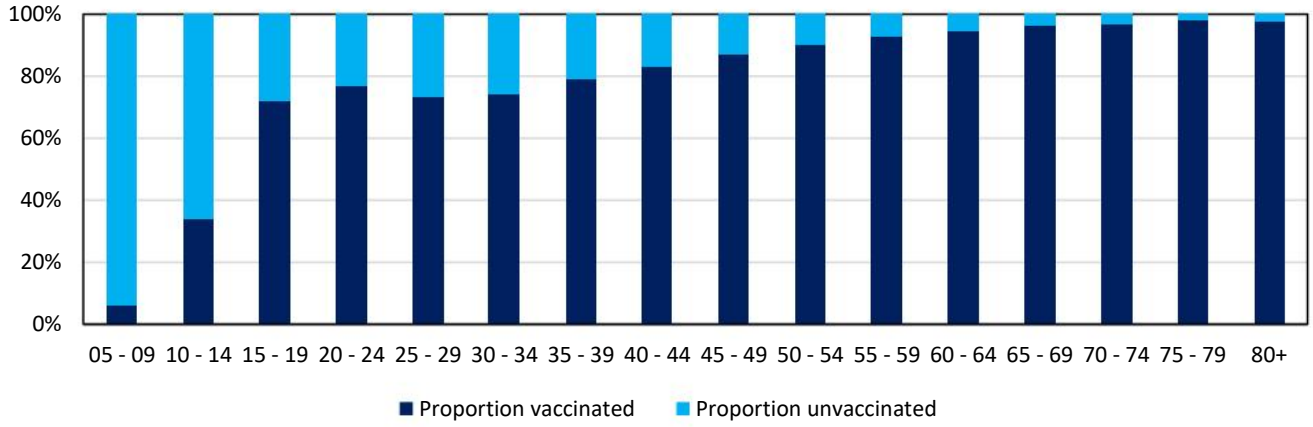


Figure 5 Proportion of Sunderland population that have received at least one COVID-19 vaccination by age group in years (data as of September 2022)



8.2. Cancer screening programmes

8.2.1. Screening is the process of identifying people who appear healthy but may be at increased risk of a disease or a condition. Screening programmes protect the health of the population by carrying out tests on individuals to determine whether they have or are likely to develop particular, often life threatening, conditions. Individuals are selected for screening programmes based on eligibility criteria including age, gender and pre-existing conditions.

8.2.2. The cancer screening programmes which are commissioned by NHS England and for which the Executive Director of Health, Housing and Communities has an assurance role are:

- breast cancer screening programme;
- bowel cancer screening programme; and
- cervical cancer screening programmes.

8.2.3. In March 2020 cancer screening programmes were paused to allow a focus on responding to the COVID-19 pandemic. NHS England have worked with providers to restart all cancer screening programmes and to return uptake to pre-pandemic levels.

8.2.4. The position for Sunderland can be summarised as follows:

- Coverage in Sunderland for the breast cancer screening programme was 63.7% in 2021. This is similar to the England coverage of 64.1%. It is however substantially lower than the coverage pre-pandemic, which was 78.0% in 2019 and lower than the national target of 80%. Work is being carried out to try and restore coverage to the consistent level obtained pre-pandemic.
- Coverage in Sunderland for the bowel cancer screening programme was 67.2% in 2021. This is higher than the coverage for England of 65.2% and higher than the national target of 60%. There has been an increase in coverage since the pandemic from 58.6% in 2018 and 60.2% in 2019 as a result of implementation of faecal immunochemical test (FIT). The age eligibility for the screening programme is in the process of being extended to include those aged 50-59 years, in addition to those aged 60-74 years who are already eligible.
- Coverage in Sunderland for the cervical cancer screening programme was 74.7% of women aged 25-49 years in 2021 compared to 68% for England. This was similar to coverage in 2019 of 76.1%.
- Coverage in women aged 50-64 years was 77.0% in 2021 compared to 74.7% coverage in England. This was similar to coverage in 2019 of 77.3%.

Table 2 Coverage of cancer screening programmes in Sunderland and England 2015 to 2021

	Lower threshold*	Standard^	2015	2016	2017	2018	2019	2020	2021
Breast cancer screening (%)									
Sunderland	70	80	78.2	78.9	78.1	77.7	78.0	76.9	63.7
England			79.2	78.9	78.5	78.3	78.2	77.6	64.1
Cervical cancer screening age 25-49 (%)									
Sunderland	75	80	74.8	74.0	74.1	74.3	76.1	76.9	74.7
England			74.9	74.4	74.0	73.8	75.0	75.6	68.0
Cervical cancer screening age 50-64 (%)									
Sunderland	75	80	79.1	78.3	78.0	77.1	77.3	77.5	77.0
England			80.4	80.1	79.4	78.5	78.6	78.8	74.7
Bowel cancer screening (%)									
Sunderland	55	60	57.2	57.1	57.6	58.6	60.2	64.5	67.2
England			62.0	62.7	63.6	63.4	64.1	67.9	65.2

Below lower threshold, above lower threshold, but below standard, above standard. Source Local Authority Assurance Report: Section 7a Services, July 2022, *Lower threshold based on the 2018-19 Public Health Functions Agreement, ^Standard is the clinical standard required to control disease and ensure patient safety

8.3. Non-cancer screening programmes

8.3.1. The non-cancer screening programmes which are commissioned by NHS England and for which the Executive Director of Health, Housing and Communities has an assurance role are:

- Diabetic eye (retinopathy) screening;
- Abdominal Aortic Aneurysm (AAA) screening; and
- Antenatal and newborn screening (ANNB).

8.3.2. Antenatal and newborn screening programmes operated throughout the pandemic, however AAA and diabetic eye screening were paused in March 2020. The diabetic eye screening and ANNB screening have been restored in Sunderland and the AAA screening programme is anticipated to be restored July 2022.

8.3.3. The position for Sunderland can be summarised as follows:

- For AAA screening, coverage of the eligible population in 2020/21 was 46.4%, which is lower than the coverage for the North East at 50.0% and lower than England at 55.0%.
- For newborn and infant physical examination screening the coverage in Sunderland in 2020/21 was 97.2%, which is similar to the North East coverage at 97.2% and England coverage at 97.3%.
- For newborn hearing screening the coverage in Sunderland in 2020/21 was 95.5%, which is lower than both the North East coverage at 97.6% and England coverage at 97.5%.

8.4. Infection, prevention and control in care homes

8.4.1. Care home residents are amongst the most vulnerable in our population. The closed setting nature of care homes makes them susceptible to transmission of infectious diseases and the development of outbreaks. Outbreaks of infections such as COVID-19, influenza, norovirus and Salmonella can cause significant morbidity to care home residents.

8.4.2. Outbreaks can be prevented or their severity reduced by good IPC measures. The COVID-19 pandemic has highlighted the importance of maintaining a high standard of IPC in care homes.

8.4.3. In Sunderland care homes are supported by the IPC nursing team, based at South Tyneside and Sunderland Foundation Trust. Support and oversight of IPC in care homes is given by SCC Adult Social Care Commissioning Team and SCC Public Health Team.

8.4.4. Outbreaks of infectious disease are managed by UKHSA, in line with national guidance. An outbreak control team will be convened by the UKHSA if they decide that an outbreak or situation in a care home has potential to cause significant morbidity. A representative from the SCC public health team would join the OCT.

8.4.5. In 2021/22 a focus of health protection work has been to ensure providers maintain (or improve if required) good standards of IPC through regular communications, providing advice, support and training.

9. Surveillance

9.1. Effective surveillance systems are essential to identify trends in, and outbreaks of, communicable diseases and to monitor the outcome of control actions. The COVID-19 pandemic has highlighted the importance of good surveillance data to be able to quickly identify and rapidly respond to cases, clusters and outbreaks.

9.2. Working with the UKHSA's Health Protection Team, Sunderland City Council's Environmental Health team play a key role in identifying and investigating cases and outbreaks of infectious diseases (particularly food borne) notified by GPs, the public, businesses and other local authorities.

9.3. **Health Care Associated Infections**

9.3.1. The term health care associated infection (HCAI) covers a wide range of infections. The most well known include those caused by methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C. difficile).

9.3.2. The UKHSA monitors the numbers of HCAIs through routine surveillance programmes and also monitors the spread of antibiotic resistant infections and advises healthcare professionals about controlling antimicrobial resistance.

9.3.3. Arrangements within the Sunderland Clinical Commissioning Group (CCG) and South Tyneside CCG were that there was a joint HCAI improvement Group which ensured a consistent whole system approach to preventing and controlling HCAIs across the local health economy. This group is to continue under the new Integrated Care Board (ICB) arrangements. It is supported by a panel that undertakes root cause analysis:

- Monitoring antimicrobial prescribing in line with Quality Premium targets;
- Auditing antibiotic, proton pump inhibitor and laxative prescribing in C. difficile cases to identify outlying practices and to identify actions for improvement;
- Reducing gram negative blood stream infections using root cause analysis of device associated infections and monthly compliance audits for high impact interventions;
- Reviewing and coordinating policy and procedures between the two hospital sites; and
- Supporting capacity, capability and intelligence by aligning policies, procedures, guidelines and mandatory IPC training; reviewing resources from NHS improvement to identify opportunities to improve performance.

9.3.4. The position in Sunderland is as follows:

- The rate of MRSA infections was similar to that of the England average.
- The rate of MSSA infections is higher than that of the England average, 24.5 per 100,000 compared to 20.8 per 100,000 in 2020/21, which is similar to previous years other than 2019/20.
- The rate of C. difficile infections is consistently higher than the England average, 32.0 per 100,000 population in 2020/21 compared to 22.2 per 100, 000 population in England. There has been little change in rate over the past five years.
- There was a reduction in the rate of E. coli infections in 2020/21 compared to previous years, however the rate is still substantially higher than the England average, 85.7 per 100, 000 population compared to 65.3 per 100,000 population for England.
- The has been a reduction in Pseudomonas aeruginosa infections over time with the rate in 2020/21 below that of the England average 6.1 cases per 100, 000 population compared to 7.6 per 100,000 population for England.

Table 3. Trend in number and rate per 100,000 population of HCAI infections for Sunderland CCG and England, 2016/17 to 2020/21

	2016/17	2017/18	2018/19	2019/20	2020/21
MRSA					
Sunderland number	4	5	2	6	2
Sunderland rate	1.4	1.8	0.7	2.2	0.7
England rate	1.5	1.5	1.4	1.4	1.2
MSSA					
Sunderland number	62	68	63	58	68
Sunderland rate	22.4	24.5	22.7	20.9	24.5
England rate	20.8	21.5	21.6	21.7	20.8
C. difficile					
Sunderland number	77	89	96	84	89
Sunderland rate	27.8	32.1	34.6	30.2	32.0
England rate	23.3	23.9	21.9	23.5	22.2
E. coli					
Sunderland number	276	285	289	311	238
Sunderland rate	99.7	102.8	104.1	112.0	85.7
England rate	73.6	73.8	77.2	77.0	65.3
Pseudomonas aeruginosa					
Sunderland number	-	34	29	22	17
Sunderland rate	-	12.3	10.5	7.9	6.1
England rate	-	7.7	7.5	7.7	7.6

Source: MRSA, MSSA and Gram-negative bacteraemia and CDI: annual report - GOV.UK (www.gov.uk)

9.4. Sexual transmitted infections

9.4.1. Sexually transmitted infections (STIs) are more common in people aged under 25 years. They can have long lasting effects on health, including cervical cancer, pelvic inflammatory disease and infertility.

9.4.2. The UKHSA collects and collates anonymised information from genito-urinary medicine and sexual health clinics on the number of sexually transmitted infections, sexual health screening tests and treatments; it also produces and publishes a national annual report on STIs. Accompanying local data is published in the Sexual and Reproductive Health Profiles.

9.4.3. In Sunderland, rates of diagnoses of STI amongst people accessing sexual health services are generally similar to or lower than the England average. Data for 2020 shows that:

- 1,501 new STIs were diagnosed in Sunderland residents giving a rate of 540 per 100,000 population. This is higher than the North East rate of 470 per 100,000, but lower than the England rate of 562 per 100,000.
- There were 155 diagnosed HIV cases amongst people aged 15-59 years in Sunderland giving a rate of 0.98 per 1,000 persons aged 15-59. This is lower than the North East rate of 1.10 per 1,000 persons aged 15-59 years and the England rate of 2.31 per 1,000 persons aged 15-59, and benchmarks relatively favourably with statistical neighbours.

9.5. **Air quality**

9.5.1. Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often less affluent areas.

9.5.2. The Environment Act 1995 requires the Council to review and assess the air quality in Sunderland and to determine whether or not national the Air Quality Objectives (see below) are likely to be achieved.

- For Nitrogen Dioxide (NO2):
  - A 1 hour mean of 200 µg/m3 not to be exceeded more than 18 times a year;
  - An annual mean of 40 µg/m3 not to be exceeded.
- For Sulphur Dioxide (SO2):
  - A 15 minute mean of 266 µg/m3 not to be exceeded more than 35 times a year;
  - A 1 hour mean of 350 µg/m3 not to be exceeded more than 24 times a year;
  - A 24 hour mean of 125 µg/m3 not to be exceeded more than 3 times a year.
- For particulate matter (PM10):
  - A 24 hour mean of 50 µg/m3 not to be exceeded more than 35 times a year;
  - An annual mean of 40 µg/m3 not to be exceeded.

9.5.3. Sunderland City Council's Public Protection and Regulatory Services Team is responsible for overseeing air quality monitoring and reporting the data to DEFRA.

A full Air Quality report for Sunderland City Council is available Air quality reports - Sunderland City Council.

9.5.4. Air Quality in Sunderland is good. Health based objectives known as the Air Quality Objectives are being met across the City and we have seen a general decline in some of the pollutants measured. We have not declared any Air Quality Management Areas in our City.

9.5.5. Sunderland City Council is committed to trying to reduce levels further and to support initiatives that will improve air quality and wellbeing in Sunderland. We are continuing to monitor levels of air quality throughout the City.

10. Control for specific diseases

10.1. The UKHSA's HPT work to control specific infectious diseases to protect the health of the local population. The HPT operate an emergency on call system, which is active 24 hours a day and 7 days a week.

10.2. Control measures implemented to limit transmission of COVID-19 have been shown to have had a significant impact on the transmission of many other infectious diseases with some common diseases such as scarlet fever and some gastrointestinal diseases at low levels during restrictions.

10.3. It is challenging to interpret data given the impact the pandemic control measures has had on other infectious diseases.

10.4. **Gastrointestinal diseases**

10.4.1. A number of organisms can cause gastrointestinal (GI) infection including bacteria, viruses and parasites. Most cases are sporadic and isolated cases, but occasionally outbreaks can occur often linked to closed settings such as care homes and prisons. Occasional GI outbreaks can be associated with a food premise or a function.

10.4.2. The HPT works closely with the Council's Environmental Health Team to investigate certain GI disease cases with an aim to identify the cause and implement control measures to prevent onward transmission. Since the removal of COVID-19 restrictions most gastrointestinal pathogens are now circulating at a level seen before the pandemic.

10.4.3. During 2019, 2020 and 2021, Sunderland had the following numbers of confirmed gastrointestinal infections.

Table 4 Number of cases of gastrointestinal infections notified for 2019-2021 in Sunderland

	2019	2020	2021
Campylobacter			
Number	268	271	335
Salmonella			
Number	21	17	32
Giardia			
Number	42	12	12
Cryptosporidium			
Number	21	6	12
Escherichia coli 0157			
Number	3	4	1

Source: UKHSA gastrointestinal summary stakeholder reports

10.4.4. Outbreaks of infectious diseases are relatively common. The most common outbreaks are of vomiting/diarrhoea in closed settings such as care homes and schools caused by norovirus. During the current 2021/22 season there have been 38 GI outbreaks investigated and managed by the health protection system as follows:

- 24 GI outbreaks in care homes;
- 14 GI outbreaks in educational settings;

10.5. **Tuberculosis**

10.5.1. Tuberculosis (TB) is a bacterial infection that is transmitted via respiratory droplet spread, although prolonged exposure is usually required. TB is a disease most commonly associated with deprivation with the incidence among the most deprived quintile of North East residents (4.9 per 100,000) almost five times higher than least deprived quintile (1.1 per 100,000).

10.5.2. The North East, Yorkshire and Humber TB Control Board has been paused and the UKHSA along with partner organisations are in discussion nationally to deicide the approach moving forward. This has not affected the management of cases and incidents by the local HPT. For complex cases and situations an incident management team may be convened and the Executive Director of Health, Housing and Communities or their representative would attend.

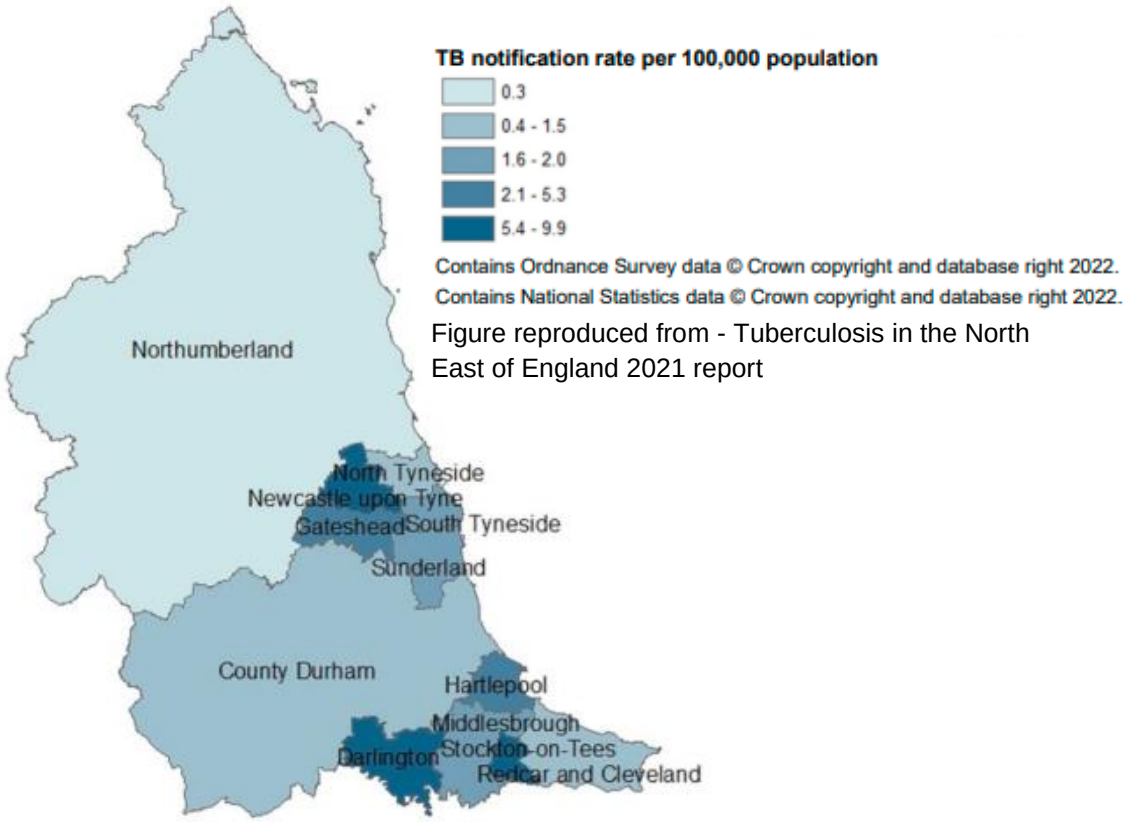
10.5.3. Sunderland has relatively small number of cases of TB. Over time there has been a gradual decline in the rate of TB in Sunderland. There were 22 cases over the three year period from 2018-2020, an average annual incidence of 2.6 cases per 100,000 population. Rates of TB notifications are lower than the England average of 8.0 case per 100,000 population for the same period and benchmark reasonably well compared to statistical neighbours.

Table 5 Trend in average annual number and rate per 100,000 population of TB case notifications based on three year rolling data periods 2000-2002 to 2018-2020

Period	Number	Rate per 100,000 population (three year average)		
	Sunderland	Sunderland	North East	England
2000 - 02	56	6.6	5.5	12.7
2001 - 03	60	7.1	5.3	13.1
2002 - 04	54	6.4	5.0	13.5
2003 - 05	51	6.1	4.9	14.1
2004 - 06	60	7.2	4.9	14.7
2005 - 07	60	7.2	5.5	15.0
2006 - 08	66	7.9	5.9	15.0
2007 - 09	59	7.1	6.2	15.1
2008 - 10	58	7.0	5.6	15.1
2009 - 11	50	6.0	5.1	15.2
2010 - 12	55	6.6	5.2	15.1
2011 - 13	62	7.5	5.1	14.7
2012 - 14	64	7.7	5.5	13.5
2013 - 15	57	6.9	5.0	11.9
2014 - 16	40	4.8	4.8	10.8
2015 - 17	36	4.3	4.2	9.9
2016 - 18	32	3.8	4.1	9.2
2017 - 19	31	3.7	-	8.6
2018 - 20	22	2.6	-	8.0

Source [TB Strategy Monitoring Indicators - Data - OHID (phe.org.uk)]

Figure 6 TB notification rate per 100,000 population by upper tier local authority of residence, North East, 2020



10.6. **Monkeypox**

10.6.1. Monkeypox (MPX) is a rare viral infectious disease, which is usually found in central and west Africa. MPX cases outside of endemic areas were predominantly associated with travel.

10.6.2. MPX is usually a self-limiting and mild illness with most people recovering within several weeks. However, severe illness can occur in some individuals. The incubation period can be prolonged and ranges from 5-21 days.

10.6.3. A multi-country outbreak of MPX has been ongoing since early May 2022. As of 12 September 2022, there were 3,552 confirmed cases in the UK. Most cases have no associated travel to endemic regions suggesting community transmission.

10.6.4. In Sunderland there have been <5 confirmed cases managed by the HPT and a total of 47 cases in the North East.

10.6.5. The UK response is being coordinated nationally by the UKHSA who are working closely with the NHS and other stakeholders.

10.6.6. Regionally, the North East HPT are coordinating local response and managing MPX cases in line with any other uncommon infectious disease and advise the Executive Director of Health, Housing and Communities of all cases. If a complex case were to arise an Incident Management Team may be established with local authority involvement if required.

10.6.7. NHS England are coordinating vaccination efforts with key staff cohorts, at risk population groups and certain high risk contacts currently the target population. There is at present a low supply of vaccine with a large batch anticipated to be distributed in September.

10.7. **COVID-19**

10.7.1. COVID-19 is an infectious disease caused by the SARS-CoV-2 virus. Most people will experience mild to moderate respiratory illness and recover without requiring treatment. However, some will become seriously ill and require medical attention.

10.7.2. Some populations are at greater risk of developing severe illness including older people and those with underlying medical conditions. The long term implications of infection with SARS-CoV-2 are still not fully understood, but a proportion of COVID-19 cases have been shown to develop an array of chronic symptoms which has been termed ‘long COVID’. Estimates from ONS indicate approximately 2.8% of the UK population had self-reported long-COVID in April 2022. The long term implications for population health and health services are still unknown.

10.7.3. The current position in Sunderland as of 15 September 2022 is:

- 105,139 cases of COVID-19 have been recorded
- 1, 114 deaths within 28 days of positive test result
- a total of 2,184,260 tests have been recorded (PCR and lateral flow device)
- 7,796 COVID-19 patients have been admitted to South Tyneside and Sunderland Foundation Trust
- COVID-19 prevalence, estimated by ONS, is 1 in 75 people in the North East and 1 in 70 for the sub-region (Sunderland, Gateshead and South Tyneside) and the current PCR positivity rate in Sunderland is 3.9% (as of 5 September).

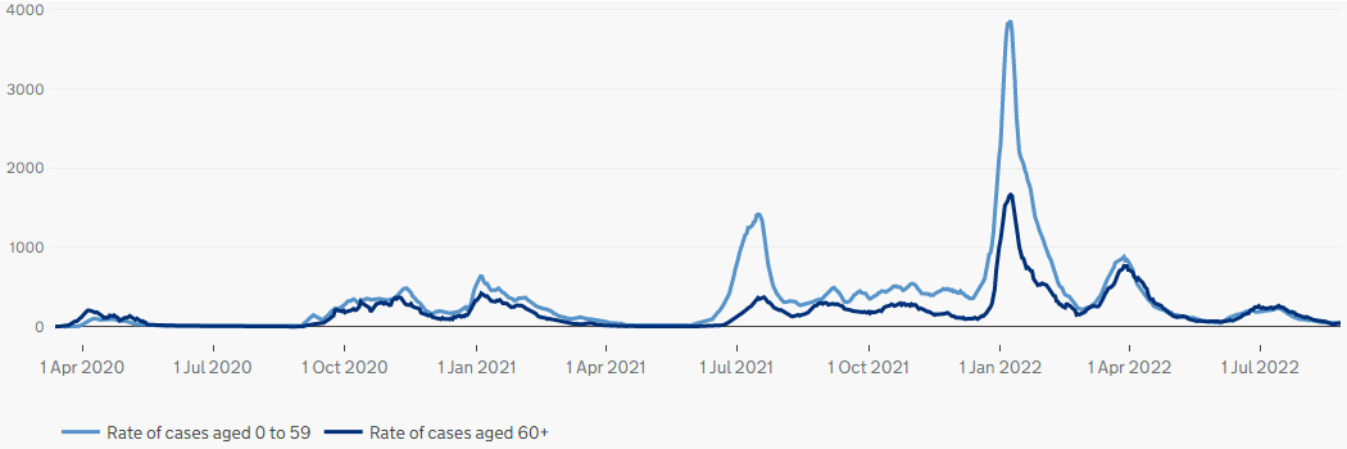
10.7.4. COVID-19 case numbers are anticipated to fluctuate over time. The current long term predictions indicate that there will be a peak in cases in November 2022 Long-term forecasting of the COVID-19 epidemic - Dynamic Causal Modelling, UCL, UK.

10.7.5. The national, region and local health protection system continues to respond to the COVID-19 pandemic. The future of the pandemic remains uncertain and SCC have a priority to protect the population of Sunderland from COVID-19 by improving access to vaccinations and promoting positive and protective behaviours. A continued effort is focused on helping care homes to protect their residents by preventing transmission and outbreaks. SCC, along with partner organisations, has contingency plans in place if there were to be a requirement to step up COVID-19 control measures and are in a good position to mount a rapid response.

10.7.6. The autumn COVID-19 booster campaign has begun and is targeting individuals at increased risk of severe infection or those who care for at risk individuals. Enhanced efforts are being made across Sunderland to obtain the highest possible uptake leading into the winter months with the likely possibility of co-circulating COVID-19 and influenza for the first time.

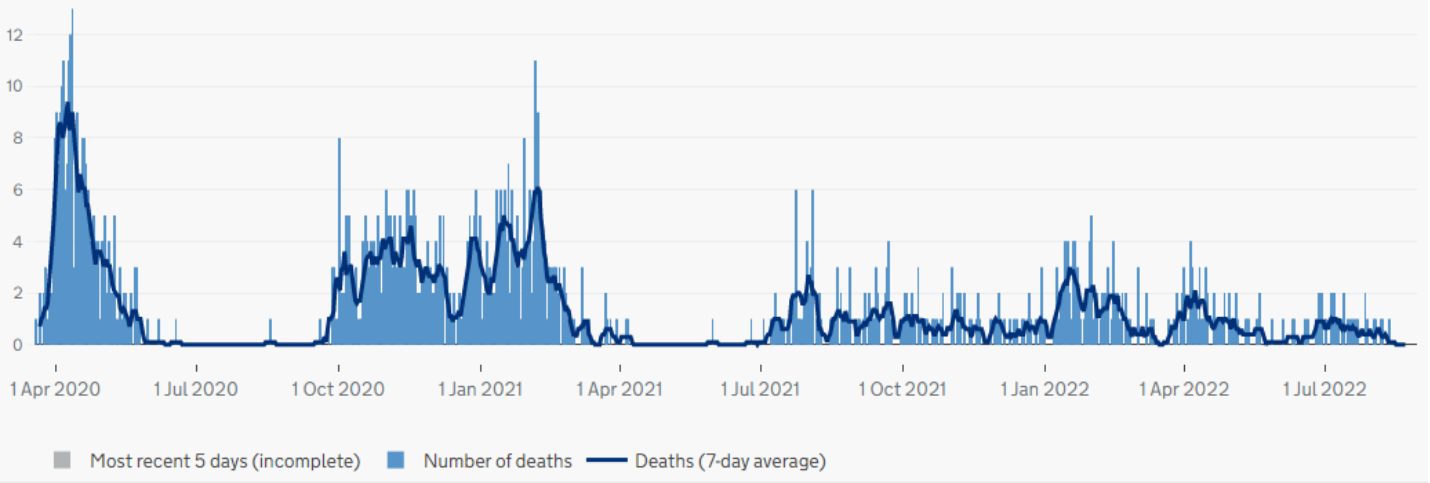
10.7.7. SCC will continue to support the vaccination campaign and provide the population of Sunderland with information and advice to allow people to make informed decisions to protect their own health through media communications.

Figure 7 COVID-19 cases in Sunderland by age (0-59 and ≥60 years) 7 day rolling rate per 100,000



Source [Cases in Sunderland | Coronavirus in the UK (data.gov.uk)]

Figure 8 Deaths within 28 days of a positive test by date of death



Source [Deaths in Sunderland | Coronavirus in the UK (data.gov.uk)]

10.8. **Polio**

10.8.1. The UKHSA, working with the Medicines and Healthcare products Regulatory Agency (MHRA), conducts routine environmental surveillance for polio as part of the UK's commitment to the global polio eradication programme.

10.8.2. In June, UKHSA announced that through this surveillance poliovirus had persistently been detected in sewage samples collected from the London Beckton Sewage Treatment works since February 2022.

10.8.3. A UKHSA national enhanced incident response was established and environmental surveillance was expanded. Following the discovery of type 2 vaccine-derived poliovirus in sewage in north and east London, the JCVI advised that a targeted inactivated polio vaccine (IPV) booster dose should be offered to all children between the ages of 1 and 9 year in all London boroughs.

10.8.4. More recently wastewater surveillance has been expanded to assess the extent of transmission outside of London and identify local areas for targeted action. The areas to be included is based on low vaccination coverage in the childhood programme, pockets of under vaccinated communities and risk of importation.

10.8.5. Sunderland has a very high uptake of polio containing vaccination for the routine childhood immunisation programme and no known pockets of under vaccinated communities and is therefore not included in the enhanced surveillance.

10.8.6. Almost all GP practices in Sunderland have an uptake higher than the 95% national target. NHS colleagues are working directly with the small number of GP practices that have an uptake below 95%. SCC are also using regular communications messages to remind parents and guardians of the importance that children are up to date with their vaccinations and that they are immunised as soon as they become eligible.

11. Winter preparedness

11.1. This winter there is likely to be co-circulation of COVID-19 and influenza and it is therefore very important that high levels of uptake of both the COVID-19 booster and influenza immunisation are achieved.

11.2. The responsibility for oversight of the Winter Vaccination Programme 2022/23 sits with the Winter Vaccination Board. This is a multi-agency Board, which reports to the Health Protection Board and has oversight for implementation of the Winter Vaccination Programme and monitoring progress.

11.3. Local planning of the Winter Vaccination Programme has focused on how best to target populations who historically have lower uptake. The Board meets regularly and assesses data to be able to adapt delivery to target areas as needed.

12. Health protection in relation to asylum seekers and refugees

12.1. Refugees and asylum seekers may have complex health needs that are influenced by experiences prior to arrival in the UK. These include:

- untreated communicable diseases
- poorly controlled chronic conditions
- maternity care
- mental health and specialist support needs

12.2. Health protection in relation to asylum seekers and refugees includes support with immunisation and screening eg TB, HIV.

12.3. To properly support asylum seekers and refuges the council must work closely with health services and external organisations in line with current guidance from

the UKHSA and other relevant guidance Migrant health guide - GOV.UK (www.gov.uk).

12.4. An important part of health protection support is to ensure that all health needs are met and also that any potential health inequalities are considered and addressed.

13. Emergency Preparedness, Resilience and Response (EPRR)

13.1. Local health protection arrangements must plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease, a major transport accident or a terror attack.

13.2. Planning takes place at regional and local levels as follows:

- The Local Resilience Forum (LRF)
- The Local Health Resilience Partnership (LHRP) is responsible for ensuring that the arrangements for local health protection responses are robust and resilient. The LHRP works with the Local Resilience Forum (LRF) and multiagency partners, to develop collective assurance of local arrangements.
- UKHSA co-ordinates the health management of the response to biological, chemical, radiological and environmental incidents, including specialist services which provide management advice and/or direct support to incident responses.
- The Sunderland Resilience Group brings together partners across Sunderland to prepare for both planned and unexpected events. The group ensures that Sunderland is adequately prepared to respond to disruptive challenges and that there is an appropriate level of engagement from all organisations

13.3. The Executive Director of Health, Housing and Communities is trained to chair the Scientific and Technical Advice Cell (STAC) which could be convened by the UKHSA to co-ordinate such advice in the event of an emergency incident.

13.4. There is a continued effort to ensure that all Sunderland partners are ready to respond to potential threats. To support these efforts a multi agency flood exercise is planned for September 2022 and a water contamination incident exercise is planned for November 2022.

14. Summary

14.1. This report has set out an overview of health protection arrangements and relevant activity across the City of Sunderland during 2021/22 including:

- Setting out the broad scope of health protection arrangements covering prevention, surveillance and control;

- Setting out the many and varied mechanisms for seeking and gaining assurance about health protection issues in Sunderland;
- Providing a description of services and activities available to protect the health of Sunderland's population; and
- Providing a summary of key supporting data.

14.2. The unprecedented COVID-19 pandemic has brought many health protection challenges. It has highlighted that Sunderland has a robust health protection system where partner organisations work together to protect the health of the population of Sunderland.

14.3. Overall, the Executive Director of Health, Housing and Communities is satisfied that the Health Protection Assurance arrangements in Sunderland are appropriate and effective in dealing with the various aspects of health protection.

14.4. SCC public health team will keep the arrangements under review and will seek to make improvements as and when necessary.

15. Forward planning for 2022/23

To continue to strengthen and improve health protection services across Sunderland the following key areas will be a focus for 2022/23:

- Continue to ensure that the population of Sunderland are informed about current and emerging threats to health and to provide information and advice to enable people to make informed decisions to protect their own health.
- To work with partners to improve COVID-19 and influenza immunisation uptake with focus on at risk groups and groups with historically low uptake such as pregnant women and adult social care staff.
- To continue to actively participate in the management of outbreaks and incidents and to support partners to protects residents from infectious diseases and environmental hazards.
- To continue to drive improvements in infection, prevention and control standards in care homes through training, providing advice and supporting partners.
- To continue to work with partners to improve immunisation and screening uptake in Sunderland, with focus on areas that have not yet returned to pre-pandemic levels.
- To reduce health inequalities in health protection with focus on immunisation and screening programmes.
- To ensure that there is adequate and appropriate support available for refuges and asylum seekers.

16. Recommendations

The Health and Wellbeing Board is recommended to:

- note and comment on the report;
- be assured that Sunderland has a robust health protection system where partner organisations work together to protect the health of the population of Sunderland;
- be assured that the Council's public health team will keep health protection arrangements under review and will seek to make improvements as and when necessary; and
- endorse the health protection forward plan priorities for 2022/23 as set out in section 15 of the report.

17. Abbreviations

AAA	Abdominal Aortic Aneurysm
ANNB	Antenatal and newborn screening
CCG	Clinical Commissioning Group
DEFRA	Department for environment and rural affairs
DTaP/IPV/Hib	Diphtheria, tetanus, pertussis, inactivated polio vaccine, Haemophilus influenzae type B,
E. coli	Escherichia coli
EPERR	Emergency Planning Resilience and Response
HCAI	Health care associated infection
HPT	Health Protection Team
ICB	Integrated Care Board
IPC	Infection Prevention and Control
JCVI	Joint committee on vaccination and immunisation
LHRP	The Local Health Resilience Partnership
LRF	Local Resilience Forum
MMR	Measles, Mumps and Rubella
MPX	Monkeypox
MRSA	Methicillin resistant Staphylococcus aureus
MSSA	Methicillin sensitive Staphylococcus aureus
ONS	Office for National Statistics
PCR	Polymerase chain reaction
PPE	Personal protective equipment
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SCC	Sunderland City Council
STAC	Scientific and Technical Advice Cell
STI	Sexually transmitted infection
TB	Tuberculosis
UKHSA	UK Health Security Agency

18. Appendices

18.1. Appendix 1 Sunderland Health Protection Board terms of reference

Sunderland City Council Health Protection Board Terms of Reference

Sunderland City Council

Health Protection Board

Terms of Reference

1. Purpose

1.1. Sunderland Health Protection Board (HPB) aims to enable the Director of Public Health to fulfil the statutory role in assuring the Council and Health and Wellbeing Board that satisfactory arrangements are in place to protect the health of the local population.

1.2. The HPB will focus on facilitating the Director of Public Health's statutory oversight and assurance role for health protection.

1.3. The HPB will provide a link between the Health and Wellbeing Board and partner organisations with roles in the delivery of health protection plans.

1.4. The HPB will provide a setting for the exchange of information, scrutiny of plans and analysis of data with all partners with a role in the delivery of health protection in Sunderland, ensuring they are acting jointly and effectively to protect the population's health.

2. Objectives

The objectives of the Board are to:

2.1. Provide assurance to the Director of Public Health that plans are in place to protect the population's health (mandated function, Health and Social Care Act 2012);

2.2. Co-ordinate public health input to Council plans and policies relevant to health protection, for example flu pandemic planning and air quality;

2.3. Ensure a system is in place to alert the Director of Public Health to any issues and provide an appropriate response;

2.4. Provide regular updates to the Sunderland Health and Wellbeing Board;

2.5. To strengthen the health protection aspects of emergency preparedness with consideration for lessons learned from the COVID-19 pandemic, including, preparing for future COVID-19 waves

or response to a new threat and ensuring consideration is given to vulnerable and complex populations and settings;

2.6. Seek to improve population health and wellbeing in the context of health protection, advising the local system on areas for improvement and where health inequalities should be addressed;

2.7. Reflect on local incidents and outbreaks, securing assurance that lessons are learned and actions arising from them are implemented;

2.8. Oversee preparation of the annual health protection assurance report;

2.9. To support the Director of Public Health in providing information for the purposes of Scrutiny on any health protection related matter; and

2.10. To receive reports on any other issue that would enable the Director of Public Health to undertake their assurance role in relation to health protection.

3. Membership

The membership of the group will be (some names/roles still to be confirmed due to new Integrated Care Board (ICB) arrangements):

- Director of Public Health (Executive Director of Health, Housing and Communities), SCC **(chair)**
- Public Health Consultant, SCC
- Senior Communications Officer, SCC
- Assistant Director of Adult Services, SCC
- Principal Environmental Health Officer, SCC
- Public Health Lead (Health Protection), SCC
- Assistant Director of Business and Property Services, SCC
- Medical Director, ICB (Sunderland)
- Executive Director of Nursing, Quality and Safety, ICB (Sunderland)
- Head of Primary Care, ICB (Sunderland)
- Executive GP and Clinical Chair, ICB (Sunderland)
- Clinical Director of ATB (also Sunderland West locality Executive GP lead and Clinical Vice-Chair, ICB (Sunderland))
- Consultant in Health Protection, UKHSA
- Executive Medical Director, South Tyneside and Sunderland NHS Foundation Trust
- Consultant Microbiologist, South Tyneside and Sunderland NHS Foundation Trust
- Director of Education, Together for Children
- General Manager / Locality Manager, 0-19 Public Health Service, Harrogate and District NHS Foundation Trust

4. Frequency of Meetings

4.1. The group will meet quarterly and at other times as required by the Director of Public Health.

5. Chair

5.1. Meetings will be chaired by the Director of Public Health, or their appointed deputy.

5.2. Minutes will be produced by the administrative team of the Director of Public Health. Meeting papers will be circulated ahead of meetings, with minutes also circulated in a timely fashion to Board members following each meeting.

6. Reporting arrangements

6.1. The group, through the Director of Public Health, will produce an annual assurance report to the Health and Wellbeing Board.

7. Review

7.1. Terms of Reference will be fully reviewed at least once a year.
Next review by March 2023.

8. Standing Agenda Items

Model agenda for Health Protection Board:

i. Apologies for absence
ii. Minutes and matters arising
iii. Action log
iv. Health protection dashboard
v. Feedback from meetings
vi. Emergency planning issues
vii. Partner updates
viii. Any other business

9. Example of types of issues to be discussed at the Board will include:

9.1. Communicable diseases
9.2. Infection prevention and control in care settings
9.3. Health care associated infections
9.4. Screening and immunisation
9.5. Environmental hazards (air quality, adverse weather)
9.6. Outbreaks and incidents
9.7. Emergency planning and preparedness

18.2. Appendix 2 The routine immunisation schedule, from February 2022

The routine immunisation schedule from February 2022

Age due	Diseases protected against	Vaccine given and trade name		Usual site[1]
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, *Haemophilus influenzae* type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus[2]	Rotarix[2]	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Rotavirus	Rotavirus[2]	Rotarix[2]	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro[3] or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age groups[4]	Influenza (each year from September)	Live attenuated influenza vaccine LAIV[2,5]	Fluenz Tetra[3,5]	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro[3] or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal Polysaccharide Vaccine (PPV)	Pneumovax 23	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
70 to 79 years of age	Shingles	Shingles	Zostavax[3] (or Shingrix if Zostavax contraindicated)	Upper arm

1. Intramuscular injection into deltoid muscle in upper arm or anterolateral aspect of the thigh.
2. Rotavirus vaccine should only be given after checking for SCID screening result.
3. Contains porcine gelatine.
4. See annual flu letter at: www.gov.uk/government/collections/annual-flu-programme
5. If LAIV (live attenuated influenza vaccine) is contraindicated or otherwise unsuitable use inactivated flu vaccine (check Green Book Chapter 19 for details).

For vaccine supply information for the routine immunisation schedule please visit portal.immform.phe.gov.uk and check Vaccine Update for all other vaccine supply information: www.gov.uk/government/collections/vaccine-update

immunisation | The safest way to protect children and adults | NHS

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old[1,2]	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with TB incidence >= 40/100,000	Around 28 days old[4]	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country[3]	Around 28 days old[4]	Tuberculosis	BCG
Children in a clinical risk group	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV)

1. Take blood for HBsAg at 12 months to exclude infection.
2. In addition hexavalent vaccine (Infanrix hexa or Vaxelis) is given at 8, 12 and 16 weeks.
3. Where the annual incidence of TB is >= 40/100,000 – see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people
4. Check SCID screening outcome before giving BCG.

Additional vaccines for individuals with underlying medical conditions

Medical condition	Diseases protected against	Vaccines required[1]
Asplenia or splenic dysfunction (including due to sickle cell and coeliac disease)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (up to ten years of age)[2] PPV (from two years of age) Annual flu vaccine
Cochlear implants	Pneumococcal	PCV13 (up to ten years of age)[2] PPV (from two years of age)
Chronic respiratory and heart conditions (such as severe asthma, chronic pulmonary disease, and heart failure)	Pneumococcal Influenza	PCV13 (up to ten years of age)[2] PPV (from two years of age) Annual flu vaccine
Chronic neurological conditions (such as Parkinson's or motor neurone disease, or learning disability)	Pneumococcal Influenza	PCV13 (up to ten years of age)[2] PPV (from two years of age) Annual flu vaccine
Diabetes	Pneumococcal Influenza	PCV13 (up to ten years of age)[2] PPV (from two years of age) Annual flu vaccine
Chronic kidney disease (CKD) (including haemodialysis)	Pneumococcal (stage 4 and 5 CKD) Influenza (stage 3, 4 and 5 CKD) Hepatitis B (stage 4 and 5 CKD)	PCV13 (up to ten years of age)[2] PPV (from two years of age) Annual flu vaccine Hepatitis B
Chronic liver conditions	Pneumococcal Influenza Hepatitis A Hepatitis B	PCV13 (up to ten years of age)[2] PPV (from two years of age) Annual flu vaccine Hepatitis A Hepatitis B
Haemophilia	Hepatitis A Hepatitis B	Hepatitis A Hepatitis B
Immunosuppression due to disease or treatment[4]	Pneumococcal Influenza	PCV13 (up to ten years of age)[2,3] PPV (from two years of age) Annual flu vaccine
Complement disorders (including those receiving complement inhibitor therapy)	Meningococcal groups A, B, C, W and Y Pneumococcal Influenza	MenACWY MenB PCV13 (up to ten years of age)[2] PPV (from two years of age) Annual flu vaccine

1. Check relevant chapter of the Green Book for specific schedule: www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book
2. If aged two years to under ten years of age and unimmunised or partially immunised against pneumococcal infection, give one PCV13 dose.
3. To any age in severely immunocompromised.
4. Consider annual influenza vaccination for household members and those who care for people with these conditions.

HEALTH AND WELLBEING SCRUTINY COMMITTEE

29 NOVEMBER 2022

WORK PROGRAMME 2022/23

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 2022-23 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 2022/23.

3.2 A number of topics were considered for review and an update on each of these has been provided below for information and further discussion:

Potential Task and Finish work programme items	
Challenges of Adult Social Care in Sunderland (Sunderland City Council)	The Committee is to look at the challenges of adult social care in Sunderland and this is the first task and finish working group that is to be established. Terms of reference and scope of the work have been submitted to the Committee for agreement. *This work is now underway.*

Alcohol Strategy (Sunderland City Council)	An opportunity to look at the development of the strategy and ensure it has the right focus and how impact of the strategy will be monitored and measured.
Adult Mental Health Strategy (Sunderland CCG & CNTW)	To look at the progress on the Adult Mental Health Strategy for the City and look to include input from service providers. Potential to look at this from a neighbourhood perspective and how services are accessed. *A report on this is now expected at 28 February 23 Meeting.*
GP Access in Sunderland	To understand the role of primary care- raising awareness of the new roles and multidisciplinary teams that now make up General Practice (the different roles and what each does) which can offer alternative appropriate appointments for patients to a GP appointment • Access to GP appointments- Face to face / Telephone/ Virtual • Out of Hours provision- to include GP Extended Access and out of hours GP service • Patient experience of using GP and Primary care services *A report on this is now expected at 28 March 23 Committee Meeting.*

4. Recommendations

4.1 That the Health and Wellbeing Scrutiny Committee:

(a) notes and comments on the work programme of the committee, including amendments: and

(b) notes the update on topics for review during 2022/23.

5. Background Papers

5.1 Scrutiny Agendas and Minutes

Contact Officer: Nigel Cummings
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Nigel.cummings@sunderland.gov.uk

HEALTH AND WELLBEING SCRUTINY COMMITTEE – WORK PROGRAMME 2022-23

REASON FOR INCLUSION		**5 JULY 22** D/L:24 JUNE 22	**27 SEPTEMBER 22** D/L:2 SEPT 22	**4 OCTOBER 22** D/L: 23 SEPT 22	**1 NOVEMBER 22** D/L: 21 OCT 22	**29 NOVEMBER 22** D/L: 19 NOV 22	**3 JANUARY 23** D/L: 23 DEC 23	**31 JANUARY 23** D/L: 20 JAN 23	**28 FEBRUARY 23** D/L: 17 FEB 23	**28 MARCH 23** D/L: 17 MAR 23
Policy Framework / Cabinet Referrals and Responses										
Scrutiny Business		Public Health – Annual Report (Gerry Taylor) Dental Services Update (NHS Improvement)	Task and Finish Working (Nigel Cummings)	Winter Planning (ATB/ICB) SSAB Annual Report (Sunderland Safeguarding Adults Board) Social Care Health Check (Graham King/Ann Dingwall)	Elective Surgery – Update (NHS FT) Integrated Care System Update (Scott Watson – ICB)	Health Protection Arrangements incl. Flu Immunisation Update (Public Health) Maternity Services Assurance Update (NHS FT)	ICB Sunderland Update (Scott Watson)	North East Ambulance Service Update (Mark Cotton)	MH Strategy Update (Sunderland ICB) Annual Report (Nigel Cummings)	GP Access Review Update (Sunderland ICB)
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

Item 7

HEALTH AND WELLBEING SCRUTINY COMMITTEE **29 NOVEMBER 2022**

NOTICE OF KEY DECISIONS

REPORT OF THE SCRUTINY AND MEMBERS' SUPPORT COORDINATOR

1. PURPOSE OF THE REPORT

1.1 To provide Members with an opportunity to consider the items on the Executive's Notice of Key Decisions for the 28-day period from 9 November 2022.

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 9 November 2022 is attached marked **Appendix 1.**

3. CURRENT POSITION

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

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

4. RECOMMENDATION

4.1 To consider the Executive's Notice of Key Decisions for the 28-day period from 9 November 2022 at the Scrutiny Committee meeting.

5. BACKGROUND PAPERS

- Cabinet Agenda

Contact Officer : Nigel Cummings, Scrutiny Officer
07554 414 878
Nigel.cummings@sunderland.gov.uk

28 day notice
Notice issued 9 November 2022

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

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

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
221006/742	To consider proposals to Lower the Age Range at Thorney Close Primary School	School Organisation Committee of Cabinet	Y	10 November 2022 (published on the Notice dated 12 October 2022).	N	Not applicable.	School Organisation Committee of Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
221006/743	To consider proposal to make Changes to the Link School	School Organisation Committee of Cabinet	Y	10 November 2022 (published on the Notice dated 12 October 2022).	N	Not applicable.	School Organisation Committee of Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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220712/722	To seek agreement to the proposed development strategy of the Council's Self and Custom Build Sites.	Cabinet	Y	8 December 2022	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 City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220808/732	To seek Cabinet approval to the disposal of South West Lodge, Mere Knolls Cemetery, Dovedale Road, SR6 8LW.	Cabinet	Y	8 December 2022	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 City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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220719/723	To seek approval for the acquisition of Property at Crowtree Road and to grant a lease of the former Crowtree Leisure Centre	Cabinet	Y	During the period 10 November to 31 December 2022.	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 City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
221005/738	To seek approval to acquire land from and negotiate to enter into a build contract with MCC Homes Limited in the delivery of 19nos. 1-bed bungalows for supported use at Hylton Road	Cabinet	Y	8 December 2022	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 City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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221005/740	To approve the Capital Programme Planning 2023/2024 to 2026/2027.	Cabinet	Y	8 December 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
221005/741	To approve the Budget Planning Framework and Medium Term Financial Plan 2023/24 to 2026/27.	Cabinet	Y	8 December 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
221006/745	Subject to the award of external funding, to seek approval to enter into a funding agreement and delivery arrangements for a proposed Sunderland Advanced Mobility Shuttle	Cabinet	Y	8 December 2022	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 City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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220725/725	To approve the Electric Vehicle Infrastructure Delivery Plan	Cabinet	Y	8 December 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220207/690	To approve the sale of the former Alex Smiles site and to undertake required remedial works.	Cabinet	Y	8 December 2022	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 City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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220621/720	To approve funding options in respect of development at Nile and Villiers Street Sunniside.	Cabinet	Y	8 December 2022	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 City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
221018/745	To consider a disposal of land at Silksworth Row, Sunderland.	Cabinet	Y	8 December 2022	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 City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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221026/747	To provide an update on the disposal of the former Civic Centre site	Cabinet	N	8 December 2022	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 City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
221031/748	To seek agreement to sign up to the Mental Health Prevention Concordat.	Cabinet	Y	8 December 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
221031/749	To seek approval for the Financial Assistance Policy	Cabinet	Y	8 December 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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221101/750	To consider the outcome of the review of the governance and contract arrangements for Together for Children Sunderland Limited and approve the recommended next steps.	Cabinet	Y	8 December 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
221103/751	To seek Cabinet's endorsement of the Better Care Fund submission and to seek approval to complete a Section 75 agreement (Health and Social Care Act 2012) between the Integrated Care Board and the City Council to cover the Better Care Fund (BCF) services and other integrated care functions. To seek approval for the establishment of collaborative arrangements between the Integrated Care Board (ICB) and Sunderland City Council (SCC) for the provision of integrated health and care.	Cabinet	Y	8 December 2022	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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220524/714	To agree to the grant of an option to sell property at Richmond Street, Sheepfolds, Sunderland.	Cabinet	Y	During the period 8 December 2022 to 31 January 2023.	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 City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220207/691	To approve the acquisition of strategic sites in the Commercial Road Area.	Cabinet	Y	19 January 2023	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 City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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220819/734	In respect of the Sunderland Heat Network to provide an update and to seek Cabinet approval for change in delivery approach.	Cabinet	Y	19 January 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
220822/736	To update Cabinet on progress of the New Wear Footbridge ("the Scheme") and seek approval to award the main works contract for the Scheme.	Cabinet	Y	19 January 2023	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 City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
221006/744	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	19 January 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

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221018/746	To consider the acquisition of land and buildings at Cowies Way, Sunderland.	Cabinet	Y	19 January 2023	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 City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk
221107/752	To authorise the acceptance of potential external grant funding (subject to a successful bid outcome) and subsequent procurement of an external design team to support the refurbishment of Sunderland Museum and Winter Gardens.	Cabinet	Y	19 January 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Item no.	Matter in respect of which a decision is to be made	Decision-maker (if individual, name and title, if body, its name and see below for list of members)	Key Decision Y/N	Anticipated date of decision/ period in which the decision is to be taken	Private meeting Y/N	Reasons for the meeting to be held in private	Documents submitted to the decision-maker in relation to the matter*	Address to obtain further information
210709/612	To authorise the Executive Director of City Development to deliver the Washington F-Pit Museum Heritage Visitor Centre and Albany Park Improvement project, including the procurement of consultants and contractors.	Cabinet	Y	During the period 19 January to 31 March 2023	N	Not applicable.	Cabinet report	Governance Services City Hall Plater Way Sunderland SR1 3AA committees@sunderland.gov.uk

Note; Some of the documents listed may not be available if they are subject to an exemption, prohibition or restriction on disclosure.

Further documents relevant to the matters to be decided can be submitted to the decision-maker. If you wish to request details of those documents (if any) as they become available, or to submit representations about a proposal to hold a meeting in private, you should contact 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 City Hall, Plater Way, Sunderland, or by email to committees@sunderland.gov.uk

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

Who will decide;

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

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

Elaine Waugh,
Assistant Director of Law and Governance 9 November 2022